

S.211 Testimony

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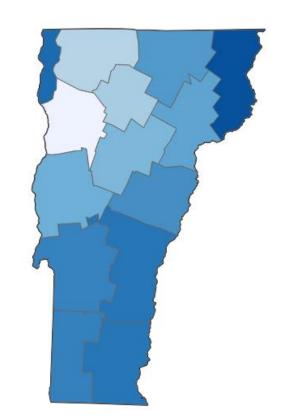
January 19, 2024



Vermont Landscape: Rural and Aging Population

- According to the 2020 census, Vermont is the most rural state in the nation, with 65% of population residing in rural areas
- Vermont is also one of the oldest states in the nation with aging individuals disbursed throughout the state

2020 Census, Median Age

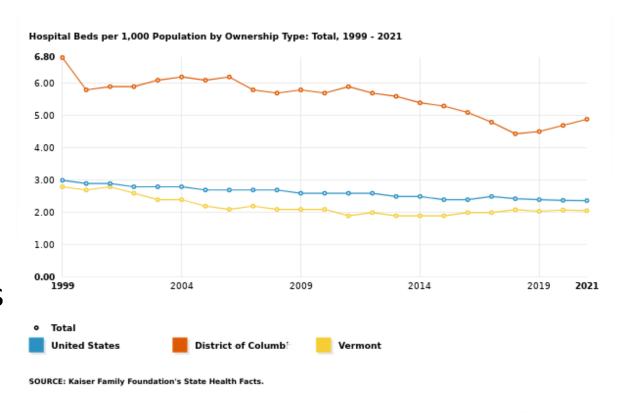






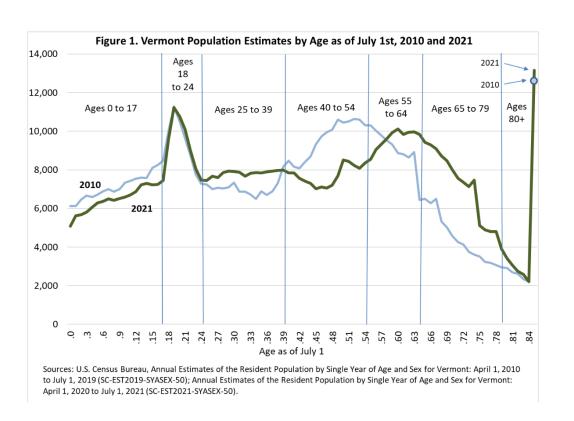
Vermont's Hospitals in Context

- Half the beds per capita of Washington D.C.
- Lower than the national average
- Vermont consistently ranks as one of top five healthiest states



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65-79 Age Group Increase in Last Decade

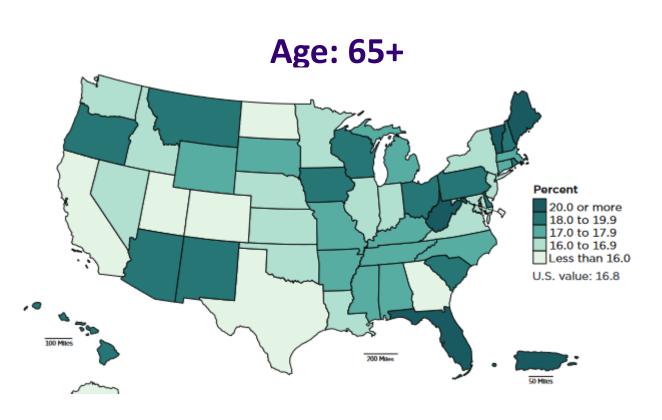


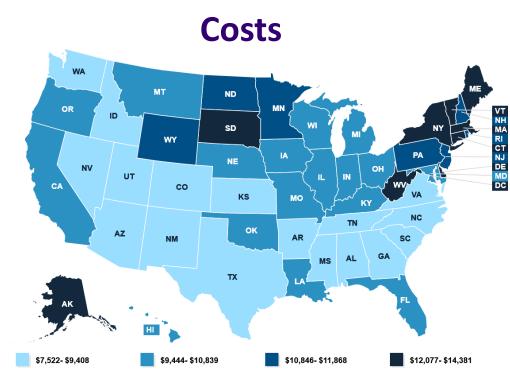
- The 65-to-79 age group saw an increase of about 40,000 from 2010 to 2021
- That increase is the largest of any age group and more than double the overall population gain of about 19,600 people
- 2021: 70 people waiting for post-hospital placement
- Today: 142 people waiting





National Context on Aging and Costs





Source: US Census, Percentage of Population 65 Years and Over, 2020

<u>Source: KFF Health Care Expenditures per Capita by State of</u> Residence, 2020



Hospital Financial Picture

- 9 out of 14 hospitals have negative operating margins
 - 60% of expenses are labor
 - 30% of expenses are medical and surgical supplies and pharmaceuticals





Health Care System in Crisis 2023



- 30 people needing mental health care boarding in EDs, half for longer than 24 hours
- 25 patients boarding in ED waiting for a medical surgical bed
- Increase in workplace violence



ICU/Medical Surgical

- Last week, medical surgical beds were over 97% full
- Largest hospitals were at 100% capacity
- 3-6 ICU beds available



Sub-Acute Care

- Last week, 137 patients waiting for discharge because there are no placement options
- Hospitals have seen 35% of inpatient beds filled by patients waiting to be discharged

Emergency Dept.



2024: Update



- 15-25 people waiting for mental health placement on any given day. Wait times have improved, with closer to 50% of patients having waited less than 24 hours at time of reporting.
- 30 patients boarding in ED waiting for a medical surgical bed



• Largest hospital had 0 medical surgical beds





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Sub-Acute

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ICU/Medical Surgical

Emergency Dept.



Health Care Reform Timeline



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- Tight alignment of financial incentives among all participants.
- Sharing of accurate and timely clinical information and financial performance with all participants
- Adequate resources for primary care, mental health and preventive services in the community
- Availability of referrals to specialists and needed diagnostic tests
- Availability of appropriate levels of care other than acute inpatient beds (inpatient and outpatient mental health services, extended care facilities)
- Ability of Tertiary and other referral facilities to accept patient transfers for needed care
- Availability of appropriate transportation for patients between facilities

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Role of GMCB

System-Wide View

Delivery System

FQHCs
Independent Providers
Ambulatory Surgical Centers
(only CON, no budget)
DAs/SSAs
Out of state providers
... and more

Payers

Medicare and Medicaid
Medicare Advantage Plans
Self-insured plans (many
employer plans)
Out of state plans
... and more

GMCB Regulation

Health Insurer Rate Review
Certificate of Need (CON)
Hospital Budgets
(incl. Hospital Sustainability Planning)
ACO Oversight and Certification
Medicare TCOC Benchmark

TCOC: Total cost of care



Principles for Regulation

- Role clarity
- Predictability
- Stakeholder input



Health Care Reform Needs

- Clear definition of roles without duplication of efforts
- Administrative alignment
 - Quality
 - Data
 - Credentialing and enrollment
- Stakeholder representation in global budget setting process
- Payment model governance and fee for service regulation