

Note: Text below is planning section of bill only.

General Comments:

The current section on planning has many strong elements. **I have the following concerns:**

(1) it fails to recognize the urgency of the crisis currently confronting Vermont and the remarkable degree of uncertainty we face. We cannot wait 3 years to start taking the actions that are needed – including the need to improve emergency medical systems, strengthen primary care, mental health care and home servicers and transform hospital and specialist delivery systems,

(2) A single plan presented and updated only every three years won't be likely to help.

(3) A plan does not necessarily include specific actionable recommendations.

(4) The plan is not linked to the annual budget review and planning process for hospitals, a missed opportunity. (see my earlier testimony

(5) The plan is silent on the critical role of primary care and the degree to which it is threatened. Without strong primary care we cannot keep patients healthy and out of the hospital.

(6) I worry that placing the leadership and coordination of the planning process at AHS will be less transparent, accountable and independent and more subject to political influence than if it were based at the GMCB.

Recommendations:

(For concerns 1,2 and 3): Establish an ongoing evaluation and planning process that calls on the agencies to regularly (continually?) identify the acute and longer term risks to access, quality and affordability and underlying causes of poor performance and annually (or more frequently if needed) make recommendations about opportunities that all stakeholders could take to address these, including developing and presenting concrete proposals for steps that private entities, state agencies and the legislators should take to improve the performance and resilience of the VT health care system.

(For concern 4): call on plan to align with longer term primary care and hospital budget planning process

(For concern 5): add a specific focus on primary care. I would strongly consider creating a primary care commission as in the draft I shared that was developed by Chris Koller and myself. The legislature might also consider streamlining the current advisory committee structure (one each for the GMCB and the Blueprint!). It would also be reasonable to have a single advisory committee that includes very strong primary care representation and has specific responsibilities to report annually on the state of primary care.

§ 9403. STATEWIDE HEALTH CARE DELIVERY PLAN

(a) The Agency of Human Services, in collaboration with the Green Mountain Care Board, the Department of Financial Regulation, the Vermont Program for Quality in Health Care, the Office of the Health Care Advocate, the Health Care Delivery Advisory Committee established in section 9403a of this title, and other interested stakeholders, shall lead development of an integrated Statewide Health Care Delivery Plan as set forth in this section.

ESF suggestion: replace above with:

The Green Mountain Care Board, in collaboration with the Agency for Human Services, the Department of Financial Regulation, the Vermont Program for Quality in Health Care, the Office of the Health Care Advocate, the Health Care Delivery Advisory Committee established in section 9403a of this title, and other interested stakeholders, shall establish an ongoing evaluation and planning process intended to address the immediate and longer term challenges facing the Vermont health care system and provide timely recommendations to relevant actors on how to address these, as set forth in this section.

(b) The Plan shall:

ESF note: Replace with:

The planning process shall continually evaluate the current threats to access, quality and affordability faced by Vermont residents, identify opportunities to improve health system performance, and make recommendations on at least an annual basis on how private entities, state agencies and the legislature could act to address these threats and take advantage of these opportunities. The resulting recommendations shall be based on the best judgement of the Board, shall be made no less frequently than annually, and shall:

(1) Align with the principles for health care reform expressed in section 9371 of this title.

(2) Promote access to high-quality, cost-effective acute care, primary care, chronic care, long-term care, and hospital-based, independent, and community-based services across Vermont

(3) Strive to make mental health services, substance use disorder treatment services, emergency medical services, nonemergency medical services, and nonmedical services and supports available in each region of Vermont.

(4) Provide annual targets for the total cost of care across Vermont's health care system and include reasonable annual cost growth rates while excluding from hospital total cost of care targets all revenue derived from a hospital's investments in primary care, mental health care, and

substance use disorder treatment services. Using these total cost of care targets, the Plan shall identify appropriate allocations of health care resources and services across the State that balance quality, access, and cost containment. The Plan shall also establish targets for the percentages of overall health care spending that should reflect spending on primary care services, including mental health services, and preventive care services, which targets shall be aligned with the total cost of care targets.

ESF note: I don't think you should exclude primary care costs from total spending target. Drop the sentence in red. (The last sentence makes clear that the planning process should include relevant targets for primary care etc.

(5) Build on data and information from:

(A) the transformation planning resulting from 2022 Acts and Resolves No. 167, Secs. 1 and 2;

(B) the expenditure analysis and health care spending estimate developed pursuant to section 9383 of this title;

(C) the State Health Improvement Plan adopted pursuant to subsection 9405(a) of this title;

(D) the Health Resource Allocation Plan published by the Green Mountain Care Board in accordance with subsection 9405(b) of this title;

(E) hospitals' community health needs assessments and strategic planning conducted in accordance with section 9405a of this title;

ESF note: I suggest that you add something about hospital budget planning process. Perhaps like: (E) hospitals' community health needs assessments, strategic planning conducted in accordance with section 9405a of this title, and budget develop process in accordance with section XX (as suggested in my earlier testimony).;

(F) hospital and ambulatory surgical center quality information published by the Department of Health pursuant to section 9405b of this title;

(G) the statewide quality assurance program maintained by the Vermont Program for Quality in Health Care pursuant to section 9416 of this title; and

(H) such additional sources of data and information as the Board, Agency, and Department deem appropriate.

(6) Identify:

(A) gaps in access to care, as well as circumstances in which service closures or consolidations

could result in improvements in quality, access, and affordability;

(B) opportunities to reduce administrative burdens, such as complexities in contracting and payment terms and duplicative quality reporting requirements; and

(C) federal, State, and other barriers to achieving the Plan’s goals and, to the extent feasible, how those barriers can be removed or mitigated.

(c) The Green Mountain Care Board shall contribute data and expertise related to its regulatory duties and its efforts pursuant to 2022 Acts and Resolves No. 167. The Agency of Human Services shall contribute data and expertise related to its role as the State Medicaid agency, its work with community-based providers, and its efforts pursuant to 2022 Acts and Resolves No. 167.

See suggested revisions (drop strikethrough, add italics)

(d)(1) ~~From 2025 through 2027,~~ *Throughout the evaluation and planning process,* the Agency of Human Services shall engage with stakeholders; collect and analyze data; gather information obtained through the processes established in 2022 Acts and Resolves No. 167, Secs. 1 and 2; and solicit input from the public.

See suggested revisions here:

(2) ~~In 2028, the Agency shall prepare the Plan.~~ *The Board shall present an annual report to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare, no later than (December 15?) 2026 and annually thereafter that summarizes the current findings of the evaluation and planning process and includes specific, actionable recommendations on steps that health care organizations, state agencies, and the legislature should consider to improve health system performance and strengthen the resiliency of the Vermont health care system.*

(3) *The annual report shall include a major section devoted to strengthening the primary care system in Vermont.* **Here is some text adapted from earlier document on primary care commission. (Chris Koller likely more helpful)**

The report shall include at least the following:

1. A data-based scorecard on the current state of primary care financing, access, workforce and primary care practice transformation in Vermont overall and by service area where data permits, and changes in these measures over time.
 - a. Financing includes but is not limited to...(investment, payment methods etc)
 - b. Access includes but is not limited to the number of Vermonters who report having access to a usual source of care
 - c. Workforce includes but is not limited to supply and future pipeline for physicians, advanced practitioners and other clinical staff
 - d. Practice Transformation includes but is not limited to the formation of clinical teams able to provide “whole-person, integrated, accessible, and equitable healthcare” and “who are accountable for addressing most of an individual’s health needs across settings and through sustained relationships” (NAM 2021) and progress on reducing the administrative burdens on clinical teams and improving their joy in work.

S126 – supposedly as passed by the Senate. Word version -

2. Key findings from the scorecard
3. Coordinated evidence-informed recommendations, amounting to a strategy that is annually adjusted, on how the public and private sectors on can address the findings and improve performance in each of these areas.
4. An assessment of progress on the implementation of these recommendations.

~~(3) On or before January 15, 2029, the Agency shall present the Plan to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.~~

~~(4) The Agency shall prepare an updated Plan every three years and shall present it to the General Assembly on or before January 15 every third year after 2029.~~