

## Vermont Hospital Current Transformation Plans, Goals and Approach

Hospitals are engaging in transformation in different ways dependent on type, location, services provided and resources available.

| Hospital                      | Goal  | How  | Desired Impact   |
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| Brattleboro Memorial Hospital | Improve utilization of existing capacity  | Increase inpatient census to meet community needs and regional demand via transfers  | Financial sustainability, overall system level loading   |
| Brattleboro Memorial Hospital | Shared purchasing, administrative, and/or clinical services                     | Shared purchases and services via participation in New England Collaborative Health Network  | Reduce expenditures  |
| Brattleboro Memorial Hospital | Strategic alignment for organizational stabilization and service transformation | Conduct a comprehensive review and strategic realignment of organization and service offerings, implement targeted changes to strengthen core services   | Ensure long-term stability, financial sustainability, and high-quality patient care                              |
| Brattleboro Memorial Hospital | Analyze primary care model  | Evaluate and determine how to best manage hospital-owned primary care practices  | Expand access, enhance affordability, and strengthen community-focused care                                      |
| Brattleboro Memorial Hospital | Expand and sustain the Mobile Integrated Health Model                           | Expand populations served, enhance population health outcomes, and transition to sustainable payment model   | Reduce avoidable hospital readmissions   |
| CVMC                          | Increase access to specialists  | Expand access through telehealth, remote consultations, improved referral systems, shared recruitment and staffing   | Improved access for all Vermonters for difficult-to-recruit and access specialties                               |
| CVMC                          | Increase support at home and in the community                                   | Expand home health and hospice, launch a medical respite program, strengthen connections between hospital, primary care, and community providers   | Reduction in higher acuity and more costly levels of care  |
| CVMC                          | Keep healthcare affordable  | Build on previous reductions in contract labor utilization, reductions in supply chain costs, shifts to lower cost sites of service, negotiations for drug formulary cost savings, and right-sizing administrative and facility costs. | Expense reduction and cost containment   |
| Copley Hospital               | Shared purchasing, administrative, and/or clinical services                     | Shared purchases and services via participation in New England Collaborative Health Network  | Reduce expenditures  |
| Copley Hospital               | Right-size and focus service lines  | Conduct service line analysis, identify opportunities for shared positions and/or programs, update infrastructure to support care delivery, strengthen and support workforce   | Improved operational sustainability and care alignment   |
| Copley Hospital               | Service redesign  | Medication reconciliation process redesign, ED workflow improvements for OUD, discharge process redesign for chronic conditions, regional SANE exam collaboration, mental health and social care coordination                          | Improved care quality, efficiency, and patient safety across key service areas                                   |
| Copley Hospital               | Supporting a connected health record system                                     | Interoperability efforts and data-sharing agreements.  | Reduction in duplicate documentation, reduction in delays in care, supported workforce in seamless care delivery |
| Gifford Medical Center        | Improve utilization of existing capacity  | Increase inpatient census to meet community needs and regional demand via transfers  | Financial sustainability, overall system level loading   |

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| <b>Gifford Medical Center</b>                 | <b>Shared service exploration</b>   | Collaboration with another hospital to share radiology providers  | Cost containment and improved quality  |
| <b>Gifford Medical Center</b>                 | <b>Service line analysis</b>  | Assess which service lines are best situated under the CAH and those better served within the FQHC, evaluate all service cost structures and related reimbursement                            | Reduction in costs, improvement in primary care sustainability   |
| <b>Gifford Medical Center</b>                 | <b>Shared purchasing, administrative, and/or clinical services</b>              | Shared purchases and services   | Reduce expenditures  |
| <b>Grace Cottage</b>                          | <b>Assess inpatient capacity and bed utilization</b>                            | Conduct a service line analysis, identify and act on opportunities.   | Improve access to high-quality care at the right time, right place, and right cost   |
| <b>Grace Cottage</b>                          | <b>Expand and sustain the Mobile Integrated Health Model</b>                    | Expand populations served, enhance population health outcomes, and transition to sustainable payment model  | Reduce avoidable hospital readmissions   |
| <b>Grace Cottage</b>                          | <b>Improve same day primary care clinic access</b>                              | Same day clinic access workflow development, workforce recruitment, physical space renovations  | Improve timely access to primary care  |
| <b>Mount Ascutney Hospital</b>                | <b>Improve delivery of geriatric care</b>                                       | Focus on improving identification and care coordination related to geriatric specific needs including falls, polypharmacy, mental health, advanced care planning, and hospice/palliative care | Support geriatric care needs in the most appropriate and lower cost settings   |
| <b>Mount Ascutney Hospital</b>                | <b>Improve local surgical capacity utilization</b>                              | Collaborate with academic medical centers and community hospitals to strengthen regional surgical capacity, optimizing workforce availability and prioritizing in-region transfers            | Timely, high-quality surgical care closer to home, more efficient use of regional capacity                                 |
| <b>Mount Ascutney Hospital</b>                | <b>Keep care affordable</b>   | Shared administrative costs with network partner hospital and decrease reliance on high-cost staffing through local training programs   | Cost containment   |
| <b>North Country Hospital</b>                 | <b>Implement a new electronic health record system</b>                          | Work with implementation partner OCHIN to deploy new EHR to improve care coordination, clinical decisions, patient outcomes, and hospital operations  | Improve clinical, operational, and financial efficiency and improve opportunities for regional and statewide collaboration |
| <b>North Country Hospital</b>                 | <b>Address specialist gaps through collaboration</b>                            | Partner with local regional hospitals and academic medical centers to implement a plan to address pulmonology needs   | Improve care management for populations with pulmonology needs   |
| <b>Northeastern Vermont Regional Hospital</b> | <b>Keep care affordable</b>   | Identifying and prioritizing operational cost savings   | Cost reduction while preserving workforce stability, without compromising access, quality, or patient safety               |
| <b>Northeastern Vermont Regional Hospital</b> | <b>Improve preventative care</b>  | Design a comprehensive, community-centered outreach and education strategy  | Strengthening community trust, health literacy, and prevention   |
| <b>Northeastern Vermont Regional Hospital</b> | <b>Improve transitions of care</b>  | Design and implement an integrated care and transition model for patients with complex medical, cognitive, and social needs   | Appropriately reduce length of stay and readmissions for complex populations   |
| <b>Northeastern Vermont Regional Hospital</b> | <b>Enhance care closer to home</b>  | Move appropriate services to the patient's home hospital and expand telehealth e-consults and/or remote monitoring  | Support high-quality care delivery closer to home  |
| <b>Northwestern Medical Center</b>            | <b>Design and implement a sustainable, community-based maternity care model</b> | Investigate new practice model to continue providing comprehensive reproductive health services while supporting independent provider operations  | Preserve local access to labor and delivery services while aligning staffing, care delivery, and regional partnerships     |

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| <b>Northwestern Medical Center</b>      | <b>Shared purchasing, administrative, and/or clinical services</b>           | Shared purchases and services via participation in the New England Collaborative Health Network   | Reduce expenditures   |
| <b>Porter</b>                           | <b>Increase access to specialists</b>  | Expand access through telehealth, remote consultations, improved referral systems, shared recruitment and staffing  | Improved access for all Vermonters for difficult-to-recruit and access specialties  |
| <b>Porter</b>                           | <b>Increase support at home and in the community</b>                         | Expand home health and hospice, launch a medical respite program, strengthen connections between hospital, primary care, and community providers  | Reduction in higher need and more costly levels of care in hospital, improved patient experience  |
| <b>Porter</b>                           | <b>Keep healthcare affordable</b>  | Build on previous reductions in contract labor utilization, reductions in supply chain costs, shifts to lower cost sites of service, negotiations for drug formulary cost savings, and right-sizing administrative and facility costs.    | Expense reduction and cost containment  |
| <b>Rutland Regional Medical Center</b>  | <b>Increase appropriate utilization of hospice services</b>                  | Formalize partnerships between stakeholder organizations and enhance access to services   | Coordinated referral pathways, shared clinical protocols, and integrated care teams to ensure timely access, smoother transitions, and improved patient and family outcomes |
| <b>Rutland Regional Medical Center</b>  | <b>Improve ICU coordination and capacity</b>                                 | Establish standardized transfer and acceptance pathways coordinated with UVMMC and regional partners for management of high-needs patients  | Improve access critical care, optimize utilization of ICU beds and specialized staff, strengthen regional capacity for managing complex cases                               |
| <b>Rutland Regional Medical Center</b>  | <b>Shared purchasing, administrative, and/or clinical services</b>           | Shared purchases and services via participation in New England Collaborative Health Network and partnerships with other hospitals   | Reduce expenditures, improve access to services   |
| <b>Rutland Regional Medical Center</b>  | <b>Improve efficiency of specialty service.</b>                              | Implement technology and workflow improvements.   | Improved access and efficiency of oncology service.   |
| <b>Southwest Vermont Medical Center</b> | <b>Innovate primary care</b>   | Launch a Family Medicine Residency Program, engage individuals who have no current PCP with a recent acute care event, expand team-based care, embed Mental Health treatment in primary care. Improve care coordination with specialists. | Increased access to primary care, improved care management, reductions in unnecessary ED visits and inpatient admissions.   |
| <b>Southwest Vermont Medical Center</b> | <b>Expand palliative care and hospice services and increase utilization.</b> | Increase community awareness of advanced care planning, and coordinated referral pathways.  | Improve access and utilization of palliative care and hospice services, reduction in ED visits and inpatient admissions outcomes.   |
| <b>Southwest Vermont Medical Center</b> | <b>Increase access to cancer care.</b>                                       | Expand access to oncology care by completing new planned cancer center building and expanding treatment options including clinical trials. Consider options for partnerships, telehealth and remote consultations.                        | Improved access to oncology care and innovative oncology treatments.  |
| <b>Southwest Vermont Medical Center</b> | <b>Improve patient transport</b>   | Participate in state and regional solutions for transfer and transport.   | Increased efficiency to get patient to right care site.   |
| <b>Springfield Hospital</b>             | <b>Create a data-informed plan for new payment model readiness</b>           | Bring together a team to study options, work with partners, analyze financial impacts, and recommend the best path forward  | Organizational readiness for value-based and alternative payment models   |

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| <b>Springfield Hospital</b> | <b>Review and implement enterprise EHR supporting telehealth</b>                       | Create a cross-functional team to evaluate current systems and implement a single enterprise EHR that improves care coordination, clinical workflows, and patient safety   | Improved care coordination, clinical workflow efficiency, and support for regional and state health goals        |
| <b>Springfield Hospital</b> | <b>Strategic alignment for organizational stabilization and service transformation</b> | Conduct a comprehensive review and strategic realignment of organization and service offerings, implement targeted changes   | Ensure long-term stability, financial sustainability, and high-quality patient care                              |
| <b>UVMMC</b>                | <b>Supporting a connected health record system</b>                                     | Explore of hosting a shared EHR instance for hospitals and providers to opt in statewide, allowing care teams to securely share health information   | Reduction in duplicate documentation, reduction in delays in care, supported workforce in seamless care delivery |
| <b>UVMMC</b>                | <b>Enabling faster, better-coordinated hospital care</b>                               | Explore feasibility of a statewide system to track hospital beds and coordinate transfers  | Optimal bed utilization across the state, patient safety, right level of care at the right place and time        |
| <b>UVMMC</b>                | <b>Increase access to specialists</b>  | Expand access through telehealth, remote consultations, improved referral systems, shared recruitment and staffing   | Improved access for all Vermonters for difficult-to-recruit and access specialties                               |
| <b>UVMMC</b>                | <b>More support at home and in the community</b>                                       | Expand home health and hospice, launch a medical respite program, strengthen connections between hospital, primary care, and community providers   | Reduction in higher acuity and more costly levels of care  |
| <b>UVMMC</b>                | <b>Keep healthcare affordable</b>  | Build on previous reductions in contract labor utilization, reductions in supply chain costs, shifts to lower cost sites of service, negotiations for drug formulary cost savings, and right-sizing administrative and facility costs. | Expense reduction and cost containment   |

Please note, UVM is working on internal optimizations with the Green Mountain Care Board Liaison team and has focused transformation work more on regional and statewide initiatives.