

VPQHC

VPQHC Overview & Comments on S.126

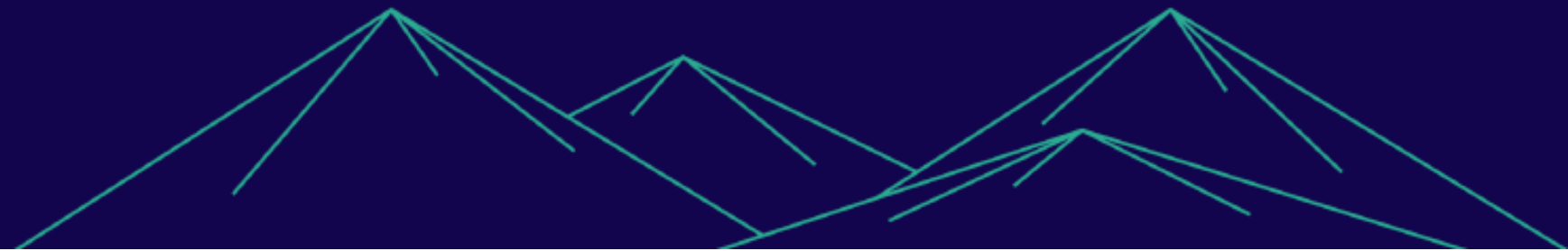
House Committee on Health Care

April 25, 2025

Presentation Outline

1. Who We Are – VPQHC Overview
2. Recent & Ongoing Work – Project Highlights
3. What Value We Bring
4. Comments on S.126
5. Quality Improvement vs. Quality Assurance
6. Closing

VPQHC at a Glance



About VPQHC

VPQHC is a 501(c) (3) nonprofit organization founded in 1988 and designated in 1989 by the Vermont Legislature as an independent, non-regulatory, peer review committee. Vermont's 9416 statute established VPQHC as the statewide quality organization in 1995.

Our **mission** is to improve healthcare quality, reduce harm, and save lives in Vermont by advancing data driven solutions.

Our People

14 staff members

Decades of experience in healthcare quality, and direct service experience across the continuum of care in Vermont



VPQHC Board of Directors

CHAIR - Jason Minor, Director, Continuous Systems Improvement, James M. Jeffords Institute for Quality, University of Vermont Medical Center

VICE CHAIR - Mary Kate Mohlman, PhD, MS, Vermont Director of Public Policy, Bi-State Primary Care

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Kelly Dougherty, Deputy Commissioner, Vermont Department of Health

Grace Gilbert-Davis, MSA, CHE, CHC, Corporate Director of Healthcare Reform, Blue Cross Blue Shield of Vermont

Mike Fisher, MS, BA, Chief Health Care Advocate, Vermont Legal Aid

Emma Harrigan, VP of Policy, Vermont Association of Hospitals and Health Systems

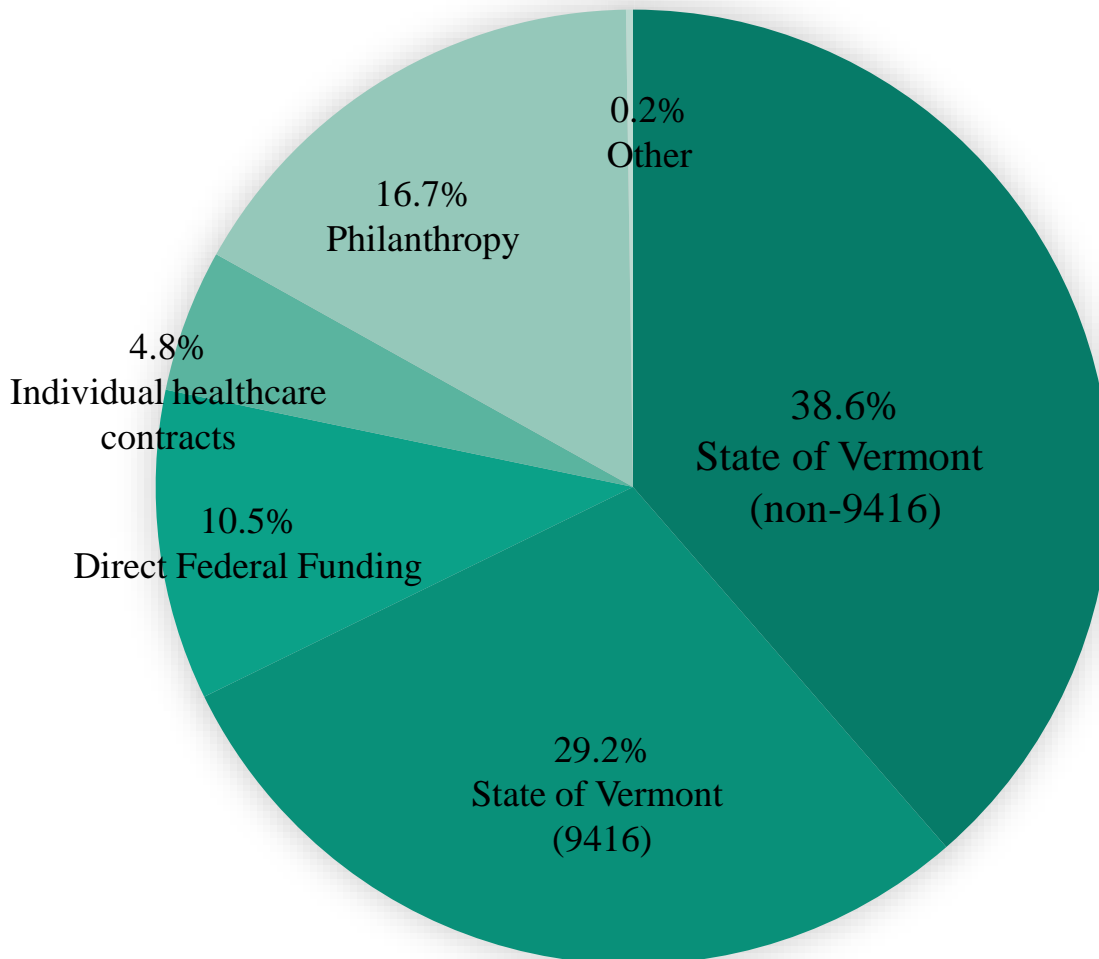
David Healy, Vice President and Senior GIS Applications, Stone Environmental

Kristy Hommel, MS, Mental Health Educator, Advocate & Public Speaker

Pat Jones, MS, BS, Project & Operations Director, Department of Vermont Health Access

Lila Richardson, Esq., Attorney, Vermont Legal Aid (retired)

VPQHC Funding



VPQHC's 9416 contract provides \$660,000 in annual funding. Per statute, this contract cannot exceed 75% of VPQHC's total operating budget.

Currently, it accounts for 29% of the organization's total operating budget.

VPQHC History & Current Initiatives

VPQHC: A Legacy of Advancing Health Care Quality in Vermont

1988

VPQHC is founded an independent nonprofit dedicated to improving the quality and efficiency of Vermont's healthcare system, governed by a coalition of providers, insurers, payers, employers, and consumers.

1990-1991

VPQHC receives a grant to advance continuous quality improvement (CQI) in Vermont hospitals, launching quality improvement projects in obstetrics, cardiology, orthopedics, mental health, AMI, CHF, patient satisfaction, and pneumonia.

1995

Vermont Statute 18 V.S.A. 9416 mandates VPQHC to implement and maintain a statewide quality assurance system, reinforcing its role in

1989

The Vermont Legislature amends Statute § 1441, granting VPQHC peer review committee status, solidifying its role in health care quality improvement. VPQHC launches statewide quality assurance efforts, implements a health care

VPQHC Current Initiatives			
#	Initiative	Funder	
1	Vermont Department of Corrections - External Quality Review Program	Vermont Department of Corrections	Conducts independent as within Vermont's correct quality improvement, me visits, and quarterly repo improvement.
2	Vermont Department of Health - 9416 Contract	Billback funding (contract overseen by the Vermont Department of Health)	Vermont Hospital Peer R Hospital Quality Director Management Directors Learning Network facilitation; technical support to Infection Preventionists with submission of HAI & SSI data into NHSN; six-part QI 101 training series for all healthcare providers; telehealth utilization analysis using VHCURES; limited time for general QI technical assistance.
3	Patient Safety Surveillance & Improvement System	Vermont Department of Health	Leads the state's efforts in patient safety through a comprehensive surveillance system, including mandatory reporting, site visits, and the development of preventive strategies to reduce serious reportable events.

VPQHC Select Reports and Resources

TRAUMA RESPONSIVE CARE FOR EMERGENCY DEPARTMENTS: TOOLKIT 2024

IMPACT REPORT 2022

A review of CMS' Hospital Star Rating and Preview Reports
Kathy Rauch, Vice President, Quality Advocacy, Research and Innovation

VERMONT TELEHEALTH SERVICES

2024 VERMONT HOSPITAL QUALITY PROFILES

2024 profiles on Vermont hospital participation in VPQHC statewide quality improvement initiatives, as well as a small subset of publicly available quality metrics.

Vermont Emergency Telepsychiatry Network (VETN)

Vermont Patient Safety Surveillance & Improvement System

mont Medicaid's ization (EQRO).

earning

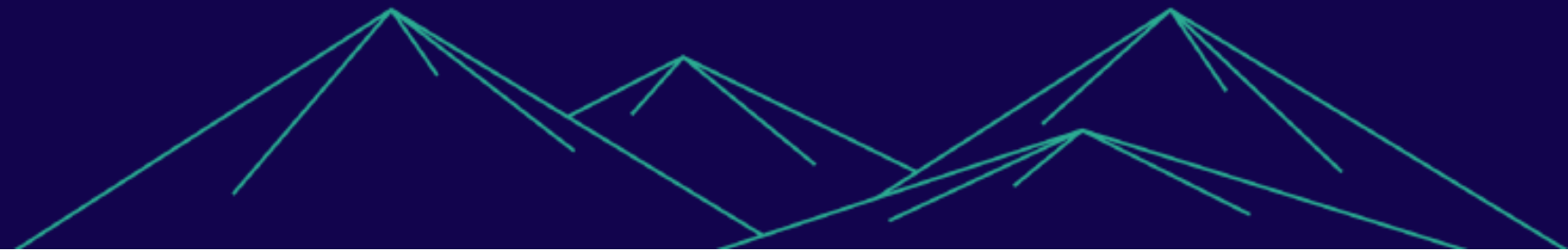
- Leading QI Initiatives in VT for 37 years
- 18 current initiatives focused on QI across the system: primary care, hospitals, DAs, independent providers, corrections

What Value VPQHC Brings

- **An independent organization solely focused on healthcare quality**, offering unbiased, evidence-based expertise across the system.
- **Deep quality improvement expertise** informed by a strong understanding of care delivery, patient safety, and regulatory frameworks.
- **Vermont-based insight with national and international perspective**, enabling the translation of evidence into locally relevant solutions.
- **A collaborative partner with a proven track record** of implementing sustainable, systems-level change.
- **A trusted, neutral connector**, fostering alignment and coordinated action across the healthcare system.
- **Efficient, aligned implementation**, reducing duplication through participation in multiple initiatives and deep knowledge of reporting programs.

VPQHC Quality Initiatives

– A Few Examples



Vermont Patient Safety Surveillance & Improvement System

Refer to 18 V.S.A Chapter 43A

Program Overview

- Monitors Serious Reportable Events* and Intentional Unsafe Acts across hospitals and surgery centers
- Collects adverse event data, supports causal analyses, and promotes improvement while maintaining confidentiality protections
- Requires patient disclosure of events
- VPQHC contracted by VDH to administer the program

Why a Statewide System?

- Identifies trends and systemic issues beyond a single institution's scope
- Facilitates shared learning across facilities

* [Serious Reportable Events defined by the National Quality Forum](#)

Year	# PSSIS Safety Events
2020	64
2021	83
2022	124
2023	111
2024	140

Note: An increase in the number of reported events does not necessarily equate to increased patient harm occurring.

Increased education and surveillance of events also contributes to increased reporting.

Patient Safety: Broader System Value & Returns





Refer to 18 V.S.A Chapter 43A

- **Reduces claims expenses** through systematic prevention of patient harm
- **Decreases avoidable healthcare utilization**, improving access
 - Increased length of stay to treat a HAC/HAI
 - Radiology imaging (and possibly surgery) after an injurious fall
 - Additional surgery to remove a retained foreign object
 - Intensive inpatient and outpatient care to heal an advanced hospital acquired pressure injury
- **Lowers facility spending** on hospital-acquired conditions
- **Improves quality metrics** impacting value-based reimbursement
- Aligns quality improvement with a common goal: **decrease preventable harm**

Transforming Suicide Care in Vermont's Emergency Departments

- Suicide is a serious public health issue, with more than 49,000 lives lost nationally in 2022.
- In Vermont, 125 individuals died by suicide in 2023. Data show that 65% of those who died had visited a healthcare provider within a year of their death, and 35% had visited an ED within a year of death.

Since March 2022, VPQHC has been leading the Vermont ED Suicide Prevention QI Initiative with the goal to improve the quality of care for patients who present to Vermont EDs, experiencing suicidality.

 Evidence-Based Care Pathways	 Training & Support
Evidence-based pathways in EDs statewide	CALM training, expert TA, and mock surveys
 QI Collaborative	 Data-Driven QI
Quarterly peer-learning and expert-led sessions	Real-time measurement reporting in PDSA format

Transforming Suicide Care in Vermont's Emergency Departments

Impact Highlights

- 93%–100% hospital participation
- 100% of EDs implementing pathways that align with essential elements of suicide care pathway
- 400+ ED staff trained in CALM
- Safety improvements from on-site mock surveys

NMC–NCSS Partnership:
Universal screening implemented
251 suicide-related cases
identified in 8 weeks; 11 disclosed
suicidality with non-MH chief
complaints

Recognition & Spread

🌟 Featured by [The Pew Charitable Trusts](#) and recognized by the Federal Office of Rural Health Policy for innovation and excellence in healthcare quality.

📘 Informed Vermont's [model protocol for suicide prevention for healthcare facilities](#) (Act 56, 2023).

🌐 Expanding to primary care and designated agencies through DMH's grant to VPQHC to support the Center of Excellence for Suicide Prevention in Vermont.

Bed-Based Quality Improvement Program: A Partnership with the Howard Center

Initiative Overview: Partnering with the Howard Center to standardize clinical and operational procedures across Vermont's bed-based mental health programs — with the goal of improving care consistency, reducing emergency department utilization, and minimizing crisis interventions.

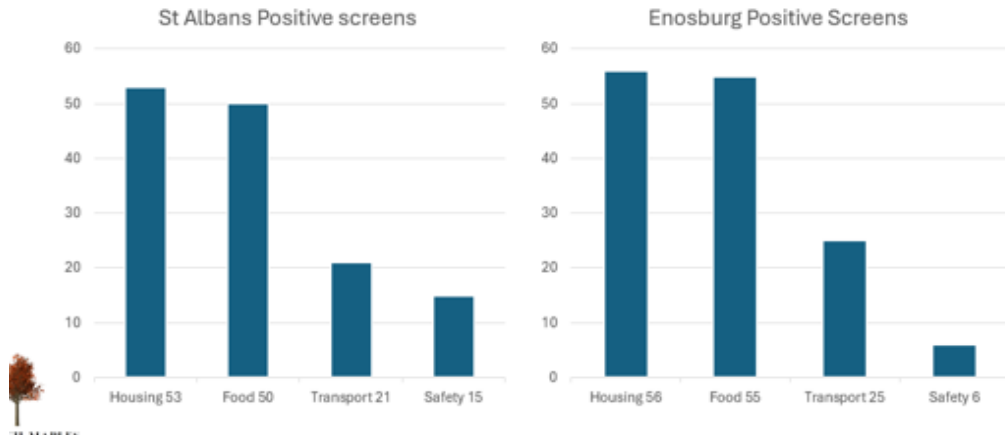
Reform Contributions:

- **Improved Care Quality:** Addressed variation in practices across programs to ensure more consistent, person-centered care
- **System Alignment:** Created standardized processes to support smoother transitions, reduce fragmentation, and align with broader system reform goals
- **Resource Optimization:** Aimed to reduce reliance on emergency departments and crisis services through more effective, proactive care delivery
- **Capacity Building:** Supported a learning health system model to drive ongoing improvement across 26 programs statewide

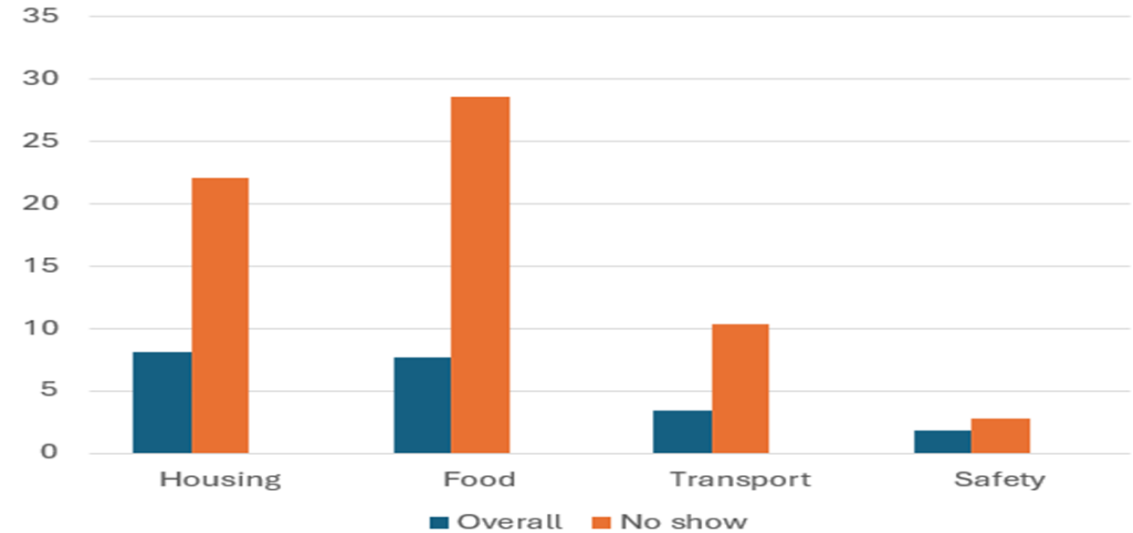
Social Drivers of Health – Pediatric Primary Care Quality Improvement Collaborative Support

What have we learned?

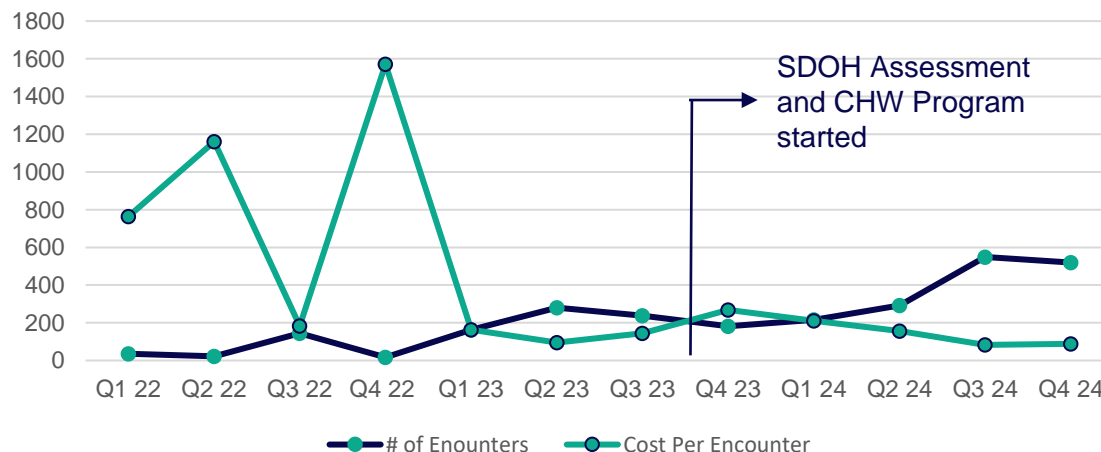
Average 14% positive screens for Health Related Social Needs



Percent Positive screens



of Encounters and Cost Per Encounter



Community Health Worker and MD Provider stepped in to coordinate transportation for Mother and child to go to Clinic instead of ER. Cost avoided greater than \$2,000

- Ambulance ride \$1000 (range \$725-1300)
- ED visit \$1516
- Lab/Bilirubin \$48

TOTAL=\$2564

- PMPM for VT Medicaid pediatric patient approx. \$40 (divided by 4 visits that month)=\$10
- CHW time \$50

TOTAL=\$60

(Outside of ACO/capitation=\$180)

Vermont Consultation & Psychiatry Access Program

Supporting Pediatric and Perinatal Providers



Overview

Summary:

FREE, immediate support and psychiatric consultation...

supports medical providers to increase their skills and confidence in managing pediatric and perinatal mental health conditions.



Mission:

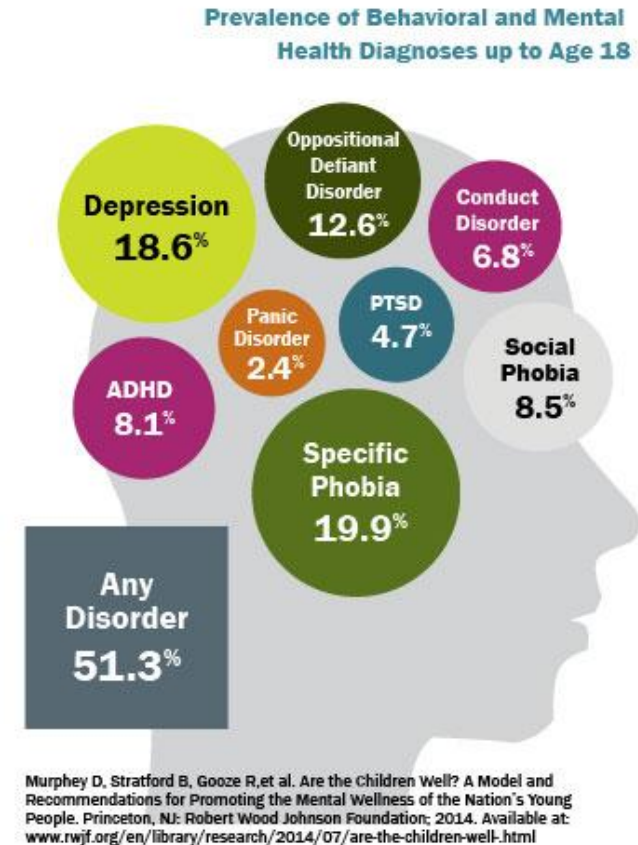
Harness **collaborative relationships** and **evidence-based strategies** to improve mental health care for kids, caregivers, and perinatal people

Meeting the Need

Pediatric mental health needs are **increasing in frequency and acuity**.

Primary care is often the **first point of contact** to address mental health needs. In ~30% of cases, the **PCP is the sole MH provider**.

PCPs have **limited training** in treating mental health conditions.



With VTCPAP Support

- **Increase provider skill and confidence** to treat MH conditions
- **Fewer referrals** to higher levels of care
- Patients **access care faster**
- **Reduce provider Burnout**

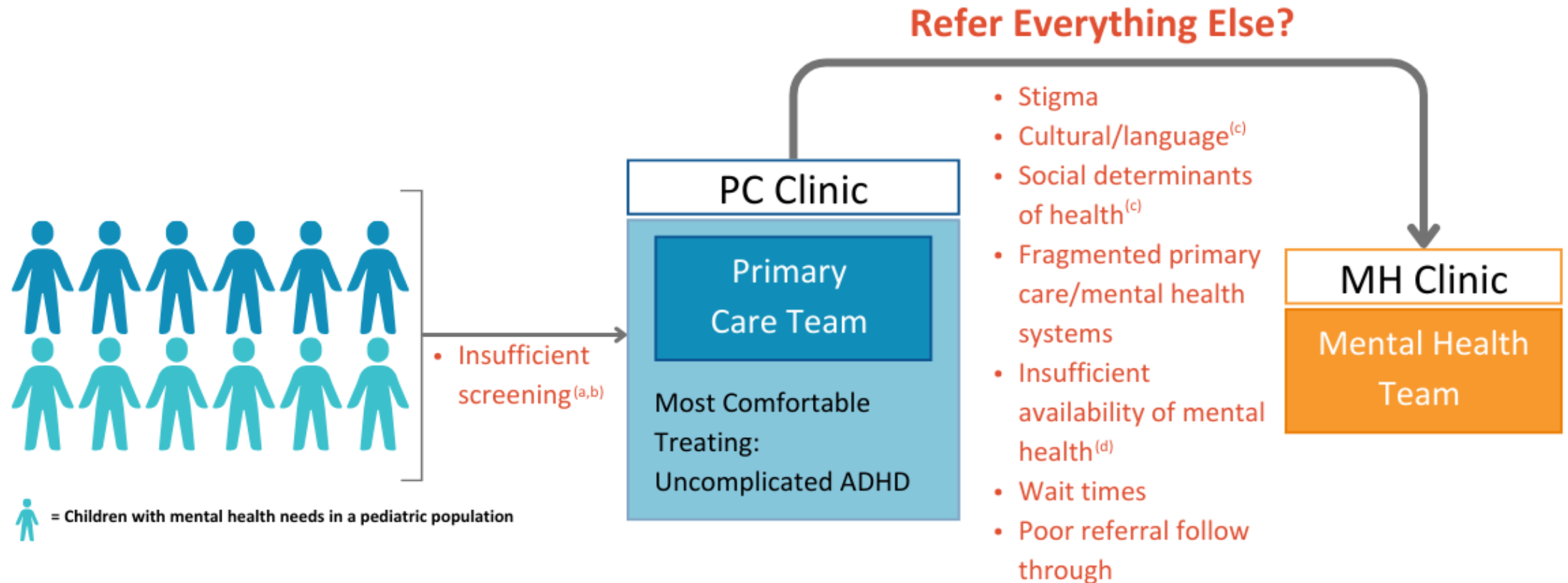


85% of PCP's report improvement in their working life due to VTCPAP support.

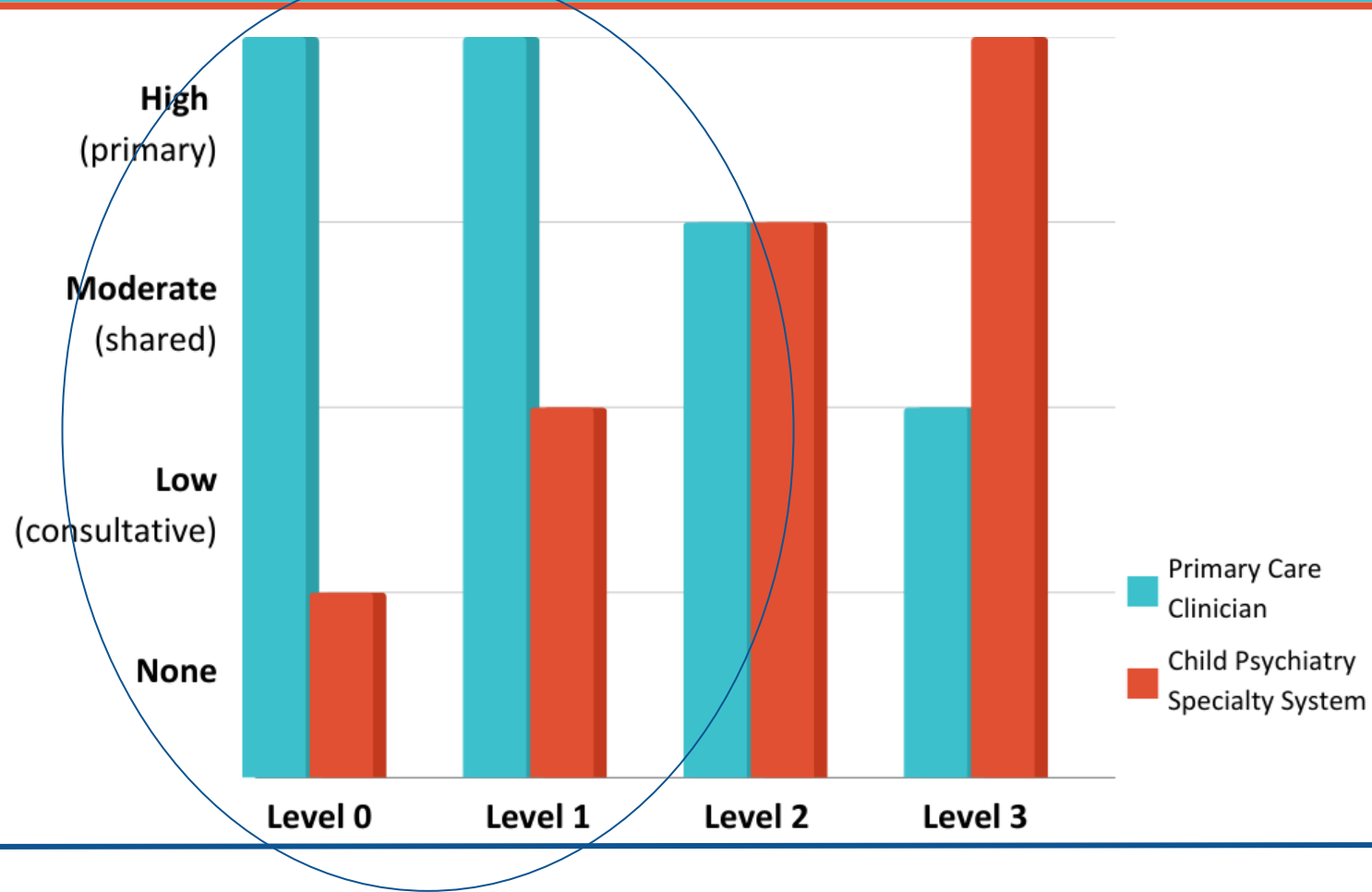


60% of PCP's reported that if not for VTCPAP services, they would have referred out - a process typically more expensive than delivering care within a patient's medical home.

Old Pediatric Mental Health Care

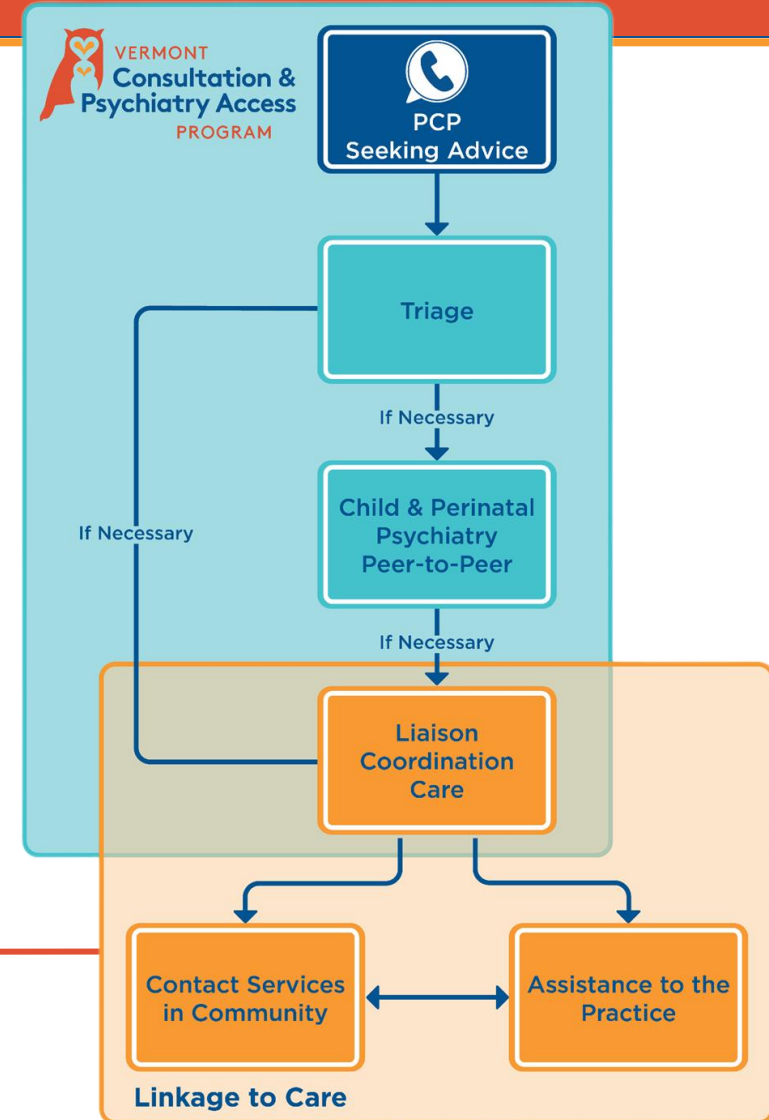


Stepped Pediatric Mental Health Care



Consultation Service:

- **FREE**, rapid peer-to-peer teaching service
- Support for diagnosis and treatment planning for providers



Impact:

- **Registered 100% of pediatric practices in Vermont!**
- **Supported over 1200 calls**
- Robust trainings to PCPs and mental health providers



Partnership & Collaboration

Hosted By



Funding Partners



Our Partners



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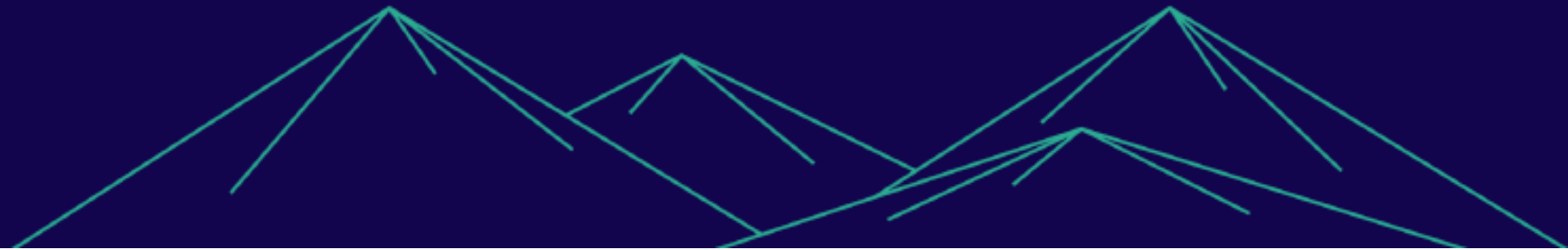
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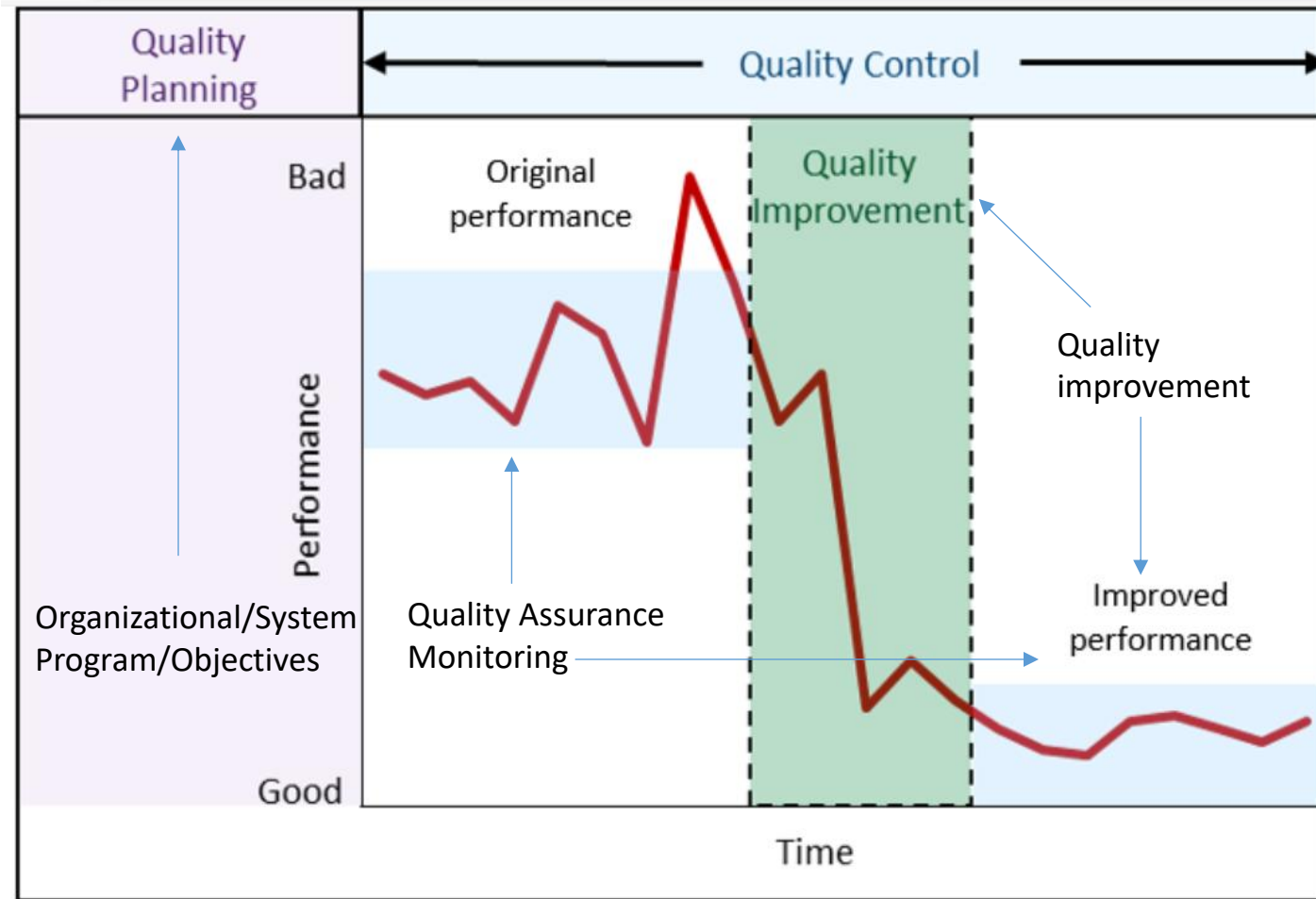
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Comments on S.126: Please
refer to handout.



The QI Planning and Quality Control Continuum



Thank you!

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