

Testimony on Senate Health and Welfare Health Care Reform Committee Bill

February 26, 2025

Part 1. Statewide Health Care Delivery Plan

VCP appreciates the focus on the health delivery system at large considering care across the continuum including community-based mental health, substance use and developmental disability services. Any integrated statewide health delivery plan, analysis and oversight needs to include all sectors of the health care system – without doing so will not get Vermont to achieve high-quality, cost-effective service delivery and the efficiencies we are trying to achieve. The VCP network plays an integral role in keeping Vermonters healthy and there are key areas in which the supports, resources, and capabilities offered by our agencies help address the needs identified in the Act 167 report.

VCP appreciates that the draft bill directs the Green Mountain Care Board and AHS to collaborate with interested parties to develop the plan.

Community service organizations should become engaged as soon as possible and all parties should have a defined role. And we would certainly like to have significant engagement.

A few questions: How does this work intersect or integrate with the other numerous health care initiatives and transformations taking place including the AHEAD model, CCBHC, changes to home and community-based services, DS payment reform, Act 167 hospital transformation improvement plans etc? How do the goals differ or fit with one another?

Creating plans and reforming certain sectors in isolation from one another does not work if our focus is the larger health delivery system and a focus on broader population health. If the primary goals are cost containment or reduction and equity in access and services across the state, how is that defined and determined and how do the different transformation processes intersect?

Ensuring available services: Part one talks about ensuring services are available in each region of the state which is important. First of all, it is important to state that mental health, substance use, and developmental services are available in all regions of the state through the VCP community-based network of designated and specialized agencies and community partners. That stated, in reading this bill, we are unclear about which mental health and substance use services are being referenced. Community-based? Clinic based? Hospital based? All payers? Clarity there would be helpful.

Recommendations:

In addition to identifying gaps it is also important to conduct asset mapping against need to ensure sectors are working together and not in competition to achieve the goals

That can look different depending on who is at the center.

From the perspective of Vermonters, many of the community needs are identified already (there are numerous community needs being conducted) and as a state we know we need to place a significantly increased focus on and investment in the social drivers of health and upstream services within mental health and substance use. The Act 167 report in itself made it clear that Vermont must invest in the social drivers (housing, transportation) all of which are foundational to the services provided by the VCP network

Centering service providers, Act 167 took a significant step in conducting a robust analysis but it did not focus on the entire health care system. If we only focus on a few sectors, we will not solve the problems we are aiming to solve and other issues will be exacerbated. It is essential to look at the impact of changes in hospital services on other parts of the delivery system. If you move services out of the hospital setting, what is the impact and plan for other sectors? How are they involved in that planning? And are services being cut to reduce cost or because we have looked at the system at large and are being strategic about our investments and the impact on population health? Community-based providers must be involved in the process around program closures or consolidations in other sectors to adjust, plan and ensure the financial resources are available to support Vermonters. How do we work together as community partners to ensure efficiencies, reduce the total cost of care, reinvest where necessary and provide high quality accessible care?

It is also essential to have role delineation in this plan. How are the services defined? Who decides service closures versus funding no longer being prioritized for a service? And I wonder where the line is between holding providers accountable and administrative and/or clinical overreach.

We need to lower costs in Vermont, there is no doubt about that - health insurance premiums alone are wreaking havoc - but we also do not want to sacrifice services or quality. We recommend strengthening the language in this bill to ensure strategic assessment and investment in the entire delivery system based on shared goals and a long-term strategy.

Part 1 also requires AHS to monitor other state agencies for alignment. What does monitoring mean and how does the committee see the impact of that monitoring on community-based providers?

Part 2. Health system evaluation to support improvement and development of Statewide Health Delivery Plan

Establish advisory committee: This committee should not be comprised of outside consultants only. We request that a representative with in-depth knowledge of home and community-based mental health, substance use and developmental services be included on the advisory committee.

It will be important to clarify the roles of AHS and the GMCB versus the roles of providers and stakeholders.

Part 3: Integration of clinical and cost data for clinical improvement, regulation, healthy system evaluation, and policy development

This section speaks to the integration of cost and clinical information which we all know is essential. How do VCURES and other system fit in?

VCP recommends that the HIE Steering Committee be involved in this work as it already has representation from many different sectors. VCP has been involved in the Steering Committee and the development of the HIT/HIE Plan from the get-go and has been committed to integrated data to support integrated health services for quite a long time.

The language directs VITL to share data with State agencies and health care providers as needed to support the goals. VCP would recommend adding “and allowable” after needed.

Part 4. Hospital budgets and payment reform

Total cost of care/total health care spending/spending targets: The bill directs the GMCB to establish targets for primary care and preventative care spend including mental health spending. Mental health spending can be interpreted in different ways. Again, defining that will be important. If referencing DA/SSA spending, we would need more detail to better understand what that would look like, the role of the GMCB, and how it would intersect with current processes. The GMCB does not currently have the authority to conduct a robust financial analysis of the DAs/SSAs in the same they do for hospitals though they have been working an overarching analysis.

If the GMCB is looking at the total cost of care and health care spending it is essential that they look at and understand all parts of the health care system. The DAs and SSAs are underfunded for example and suppress costs (wages, building maintenance, investment in software, etc.) to minimize financial losses. Additionally, it is important to make sure any benchmarked costs include unfunded mandates not only billable services.

It is imperative that community-based providers remain solvent for the health, safety, and well-being of Vermonters but also to keep the cost of health care and other services low. Community-based providers have already shut down some programs. Continuing to do so will increase costs dramatically in other parts of the system and not just the health delivery system. It is important to reiterate that investment in the social drivers of health, preventive and upstream community-

based care, will focus limited resources where they are needed most preventing higher cost care across the health and social service delivery system.