



# ALL ABOARD! DESTINATION: HEALTH REFORM

THE NATIONAL ACADEMY FOR STATE HEALTH POLICY 22ND ANNUAL STATE HEALTH POLICY CONFERENCE

OCTOBER 5-7, 2009 / LONG BEACH, CALIFORNIA

NATIONAL ACADEMY  
*for* STATE HEALTH POLICY

# Health Care Reform Lessons from Vermont

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# Vermont Health Care Reform

**60+ Initiatives**



## Increase Coverage

- New Coverage Options
- Premium Assistance
- Integrated Marketing and Outreach

## Improve Quality

- Provider Access
- Promote Wellness / Prevention
- Blueprint for Health
- Accountable Care Organizations
- Health Information Technology
- Quality Transparency

## Contain Cost Growth

*All of Above PLUS*

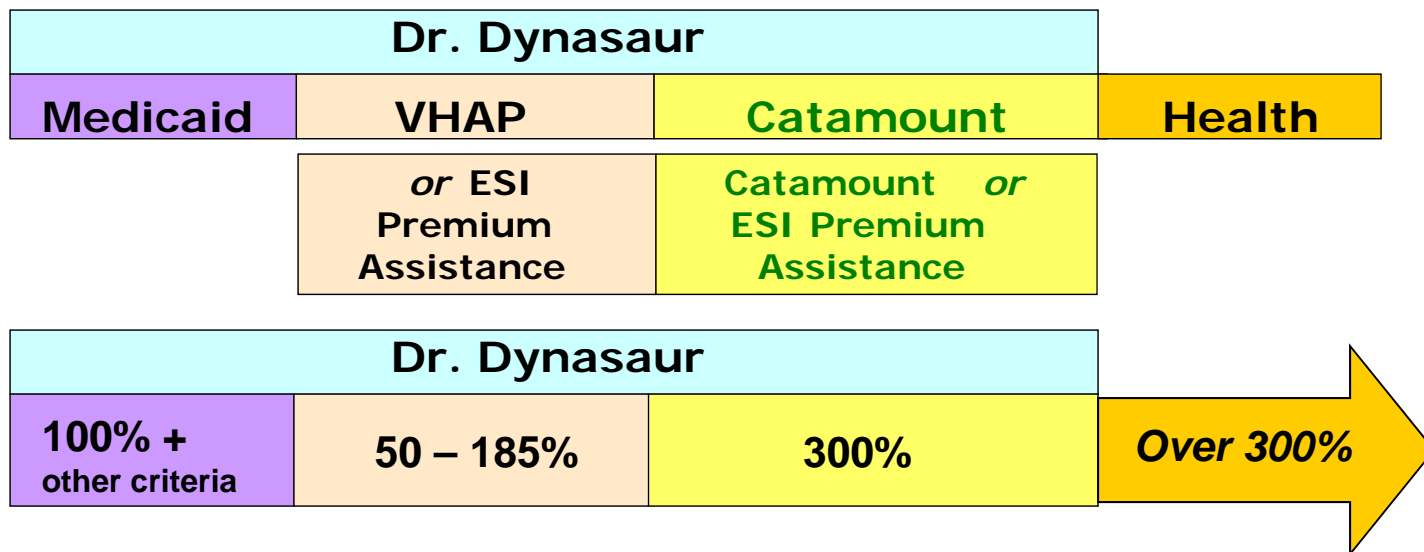
- Cost Transparency
- Statewide Health Resource Planning and Review
- Prescription Drug Cost Containment
- Administration Simplification

# Lessons Learned: Comprehensive Health Care Reform

- Strong Governor and Legislative Support
  - To weather fiscal and operational pressures
- Collaborative Relationship with Key Legislative Leaders
  - Closed door discussions
- One Accountable Entity
  - Neutral Convener within State Government
  - Identify Linkages Across Initiatives, Policies
    - ✓ For Coordination and Implementation
    - ✓ For External Communication

# Expanding Coverage: Green Mountain Care

- **New** Catamount Health Plan offered by private carriers (Individual Market)
- **New** Premium Assistance for Catamount Health and ESI
- Integrated marketing, outreach and enrollment across all state-sponsored programs (50% eligible for existing programs but not enrolled)



***Income Eligibility: Federal Poverty Level***

# Lessons Learned: Coverage Implementation

- State Agencies do not understand each other's work
  - Health Insurance Regulation versus Medicaid
- Private Carriers do not understand Medicaid
- People's income changes often
- Public – Private Data Exchange is complex and must be kept in sync (eligibility, coverage and premium information)
- Planning and Implementation Process takes a Long Time (18 + months)

# Implementation Lessons Learned

- Resources related to Eligibility Changes
  - Eligibility IT systems re-programming
  - Increased Staffing Needs
    - ✓ New training
    - ✓ More Quality Control Cases (federal requirement for face-to-face reviews)
    - ✓ More Fraud Referrals
    - ✓ More Grievances and Appeals
  - Material costs (e.g., application forms, notices, ID cards, call centers, web pages)
  - Beneficiary education about changes

# Enrollment Results (since November, 2007)

<u>New Programs</u>	<u>Enrolled</u>
Catamount Full Cost	1,339
Catamount w/Premium Asst	7,988
Catamount ESIA	586
VHAP ESIA	<u>966</u>
<i>Sub-total</i>	<b>10,879</b>
<u>Existing Programs</u>	
Adult Medicaid Increase	2,603
VHAP Increase	7,545
Dr. Dynasaur Increase	<u>4,502</u>
<i>Sub-total</i>	<b>14,650</b>
<b>TOTAL</b>	<b>25,529 *</b>

\*As of end of July, 2009

## Who Is Still Uninsured? Fall, 2005 and 2008 Comparison

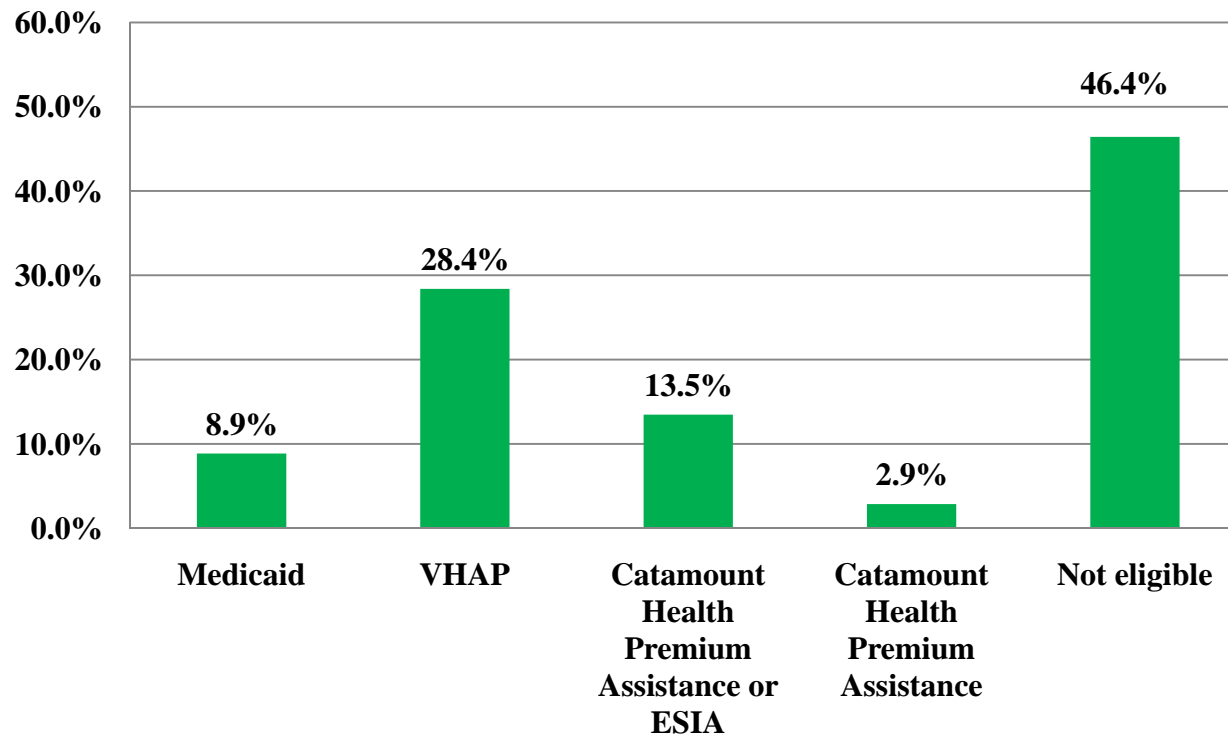
Age	Uninsured Rate		Uninsured Count	
	2005	2008 *	2005	2008
0-17	4.9%	2.9% *	6,580	3,869
18-34	20.5%	16.9% *	26,146	21,807
35-44	12.8%	9.0% *	11,313	7,850
45-64	8.9%	7.2% *	16,454	13,636
65+	0.5%	0.1%	563	123
Total	9.8%	7.6% *	61,056	47,285

*\* Statistically significant change*

*Data Source: 2005, 2008 Vermont Household Health Insurance Surveys*

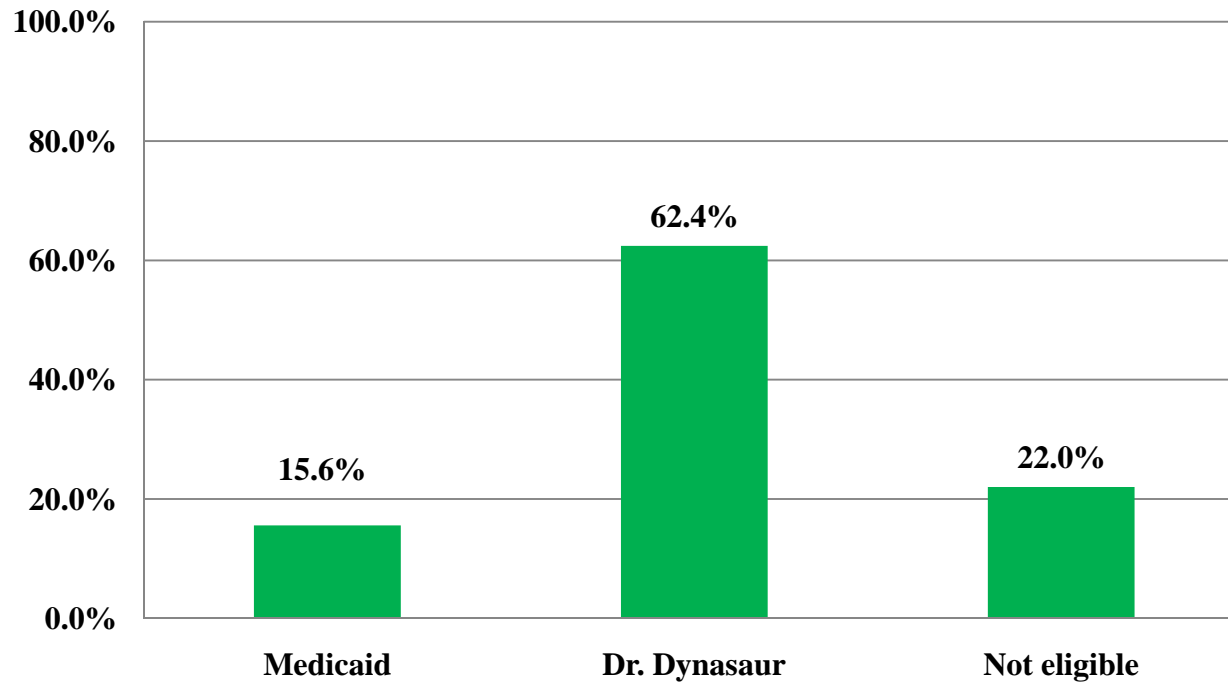
# Of the 43,294 uninsured adults age 18 to 64, 53.6% (23,000) meet the eligibility requirements for state health insurance

Is uninsured person eligible for state health insurance?  
(Uninsured adults age 18 to 64)



# Of the 3,869 uninsured children, 78.0% meet the eligibility requirements for state health insurance

Is uninsured person eligible for state health insurance?  
(Uninsured children under age 18)



*Data Source: 2008 Vermont Household Health Insurance Survey*

# Perceived Barriers by Uninsured People who Are Eligible for State Coverage

Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.  
(% among uninsured adults)

	<b>Major Reason</b>	<b>Minor Reason</b>	<b>Not a Reason at All</b>
Worried costs would be too high.	72.3%	14.3%	9.6%
Believe not eligible because household makes too much money.	38.1%	18.6%	39.3%
Concerned you would not be able to go to the Dr you want.	20.4%	21.0%	54.3%
Believe not eligible because employer offers insurance.	9.8%	12.0%	73.7%
Don't want to be on public assistance.	9.7%	21.6%	64.1%
Don't need insurance.	6.9%	15.6%	73.4%

## Lessons Learned: Coverage Results

- **People Do Not Know What “Estimate” Means**
  - Be Conservative for Public Targets
  - Be Practical for Implementation Needs
- **Young Adults are Still Hard to Reach**
- **People Do not Understand What They are Eligible For**

# Blueprint Pilot Objectives

The purpose of this project is to determine whether providing practices with the infrastructure and financial incentives to operate a PCMH, thru a public-private partnership, leads to:

- A sustained increase in practice adherence with nationally recognized standards for a PCMH.
- An increase in the proportion of patients that receive guideline based care for prevalent chronic conditions and health maintenance.
- An increase in the proportion of patients that achieve improved control of their chronic health condition
- A shift from episodic to preventive patterns of care
- A beneficial shift in the total and / or marginal costs of care

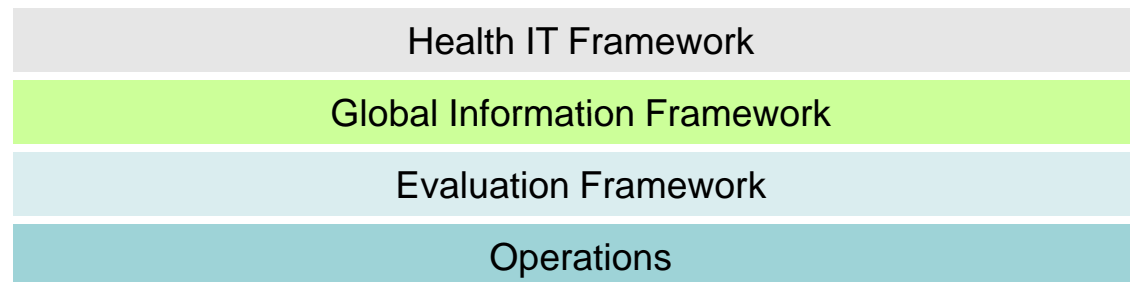
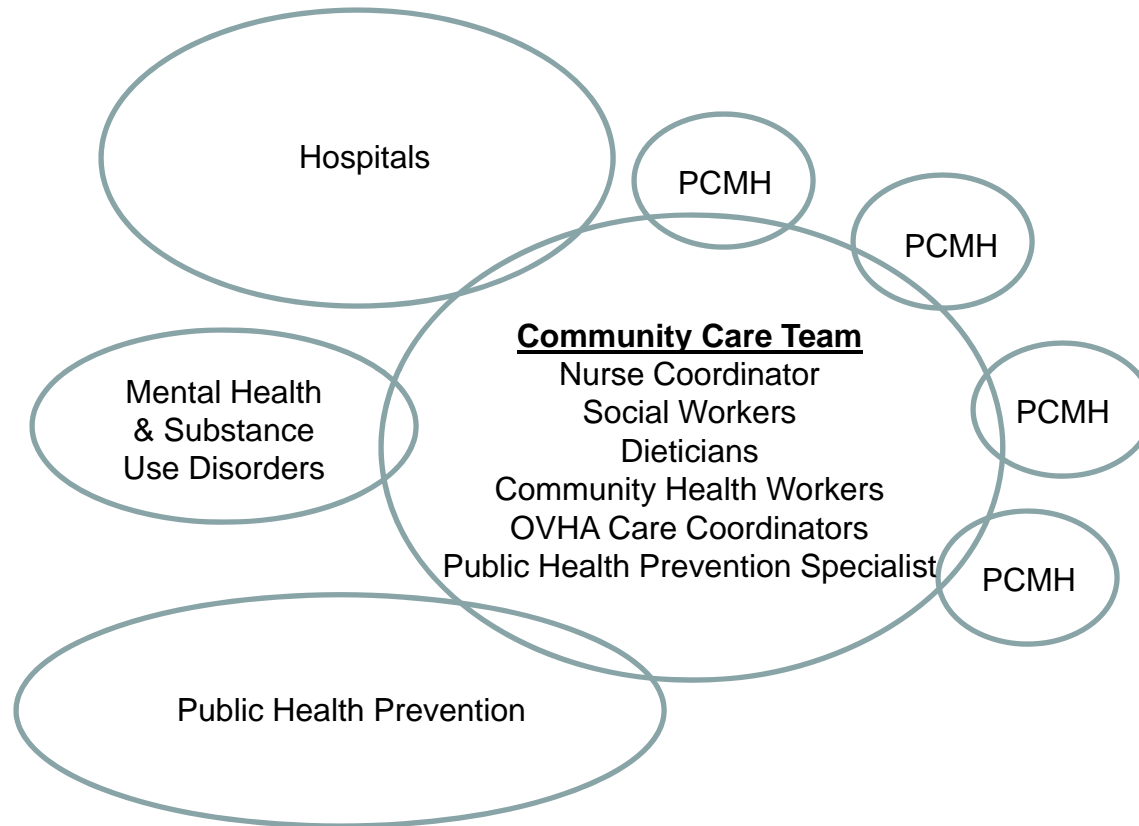
# Blueprint Integrated Pilot Summary

- **Financial reform (2 major components - includes MCAID & commercial insurers)**
  - Payment to practices based on NCQA PCMH score
  - Shared costs for Community Care Teams
- **Multidisciplinary care support teams (CCT Teams)**
  - Local care support & population management
- **Health Information Technology**
  - Web based clinical tracking system (DocSite)
  - Visit planners & population reports
  - Electronic prescribing
  - Updated EMRs to match program goals and clinical measures in DocSite
  - Health information exchange network
- **Community Activation & Prevention**
  - Prevention specialist as part of CCT
  - Community profiles & risk assessments
  - Evidence based interventions
- **Evaluation**
  - NCQA PCMH score (process quality)
  - Clinical process measures
  - Health status measures
  - Multi payer claims data base
  - Population Indicators

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# Blueprint Integrated Pilots

## *Coordinated Health System*



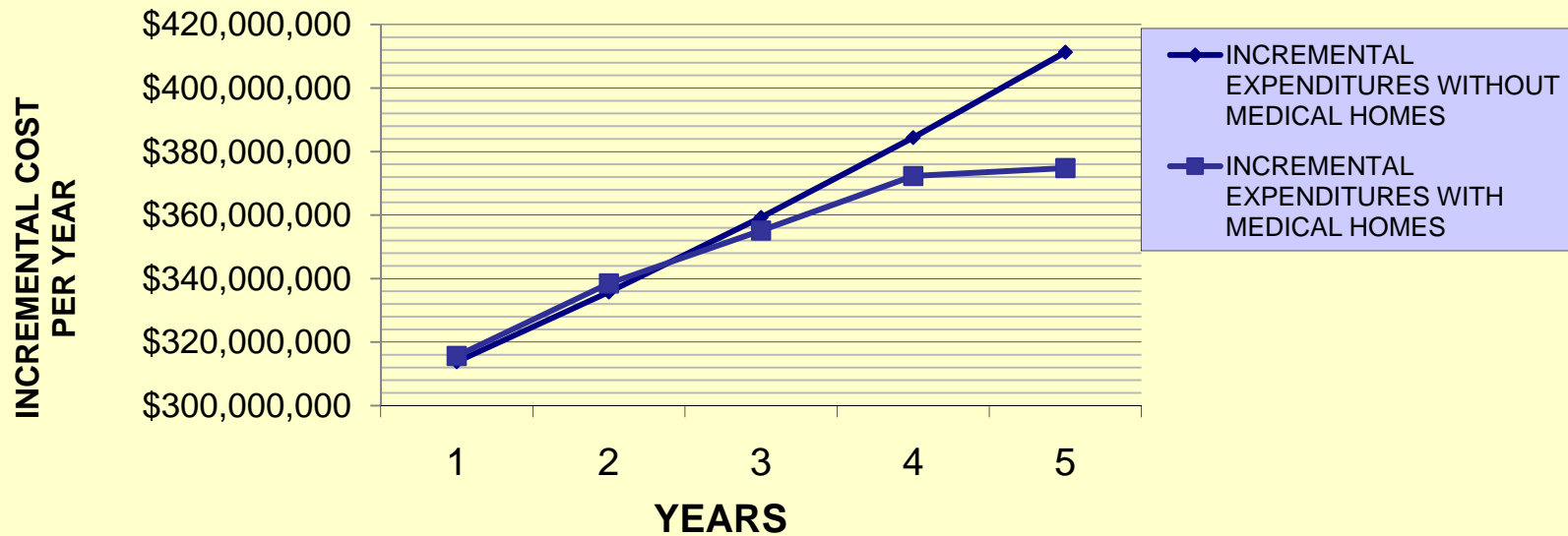
# Blueprint Community Care Teams

- Team Supports Active caseload of 5,000 patients and oversees total of 20,000 Target Population
  - Medical Home clinical model supports general health maintenance of Target Population as well as care for chronic conditions
- Team composition varies by community (Formal Team)
  - Team coordinates with already existing community resources (Functional Team)
- Team members move as individuals across practice sites, are linked via HIE
- Costs: \$350,000 per 5-FTE team
  - Equal shares across 5 payers
    - ✓ BCBS-VT, MVP, CIGNA, Medicaid, Medicare (State-funded)
- Designed to be Flexible and Scalable

# Blueprint Integrated Pilots

## *Projected Financial Impact*

### IMPACT OF MEDICAL HOME SAVINGS ACROSS TOTAL POPULATION



	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Percentage of Vermont population participating	6.7%	9.8%	13.0%	20.0%	40.0%
Participating population	42,179	61,880	82,332	127,045	254,852
Besio # Community Care Teams	2	3	4	6	13

# Lessons Learned: Blueprint Medical Home Pilots

- Need a Strong Leader with Provider Credibility
- Need strong Clinical Leader at Local Sites
- Need Good HIT Infrastructure and Common Data Repositories
  - Clinical Support - defining Core Data Elements is Key
  - Public Health Data
  - Claims Data (for evaluation)
- Legislative Mandates for Payer Participation
- Build It and They (other HSAs) Will Come

# HIT & HIE - Fully Integrated in Reform

- 2005: VT authorized and funded a single statewide Regional Health Information Organization (RHIO)
  - VITL (Vermont Information Technology Leaders), a public/private partnership, 501(c)3
  - Developed Statewide HIT Plan (2006)
  - Medication History Pilot Project in Emergency Rooms
  - EHR adoption and deployment, starting with primary care pilot (2007)
- 2008: Health IT Fund - 0.2% fee on paid medical claims for 7 years
  - Electronic Health Record: fund implementation for primary care practices
  - Fund Development of State-wide Health Information Exchange Infrastructure
- 2009: Moved HIT responsibility to State Division for Health Care Reform

**Federal HIT/HIE Policy, Oversight, & Standards - Office of the National Coordinator (ONC)**

**State HIT/HIE Policy, Oversight, & Standards – OVHA/HCR**

**Vermont State Government & Public Health**

**Vermont Health Care Providers & Institutions**

**Public Health surveillance, registries, & other public health functions**

**Medicaid health programs case management functionality and connectivity**

**Other Medicaid & AHS case management functionality and connectivity**

**Other state agency & dept. case management functionality and connectivity**

**Law Enforcement, Corrections, & Court System**

**Vermont Health Information Exchange (HIE) “Cloud”**

*for interchange of health records, demographic data, image files, clinical messaging, & other digitized health information*

**Statewide HIE Operated by VITL**

**Individual Vermonters: connectivity to EHR Portals, Personal Health Records (PHR), Health 2.0 applications and Ix Services**

**Tertiary and Community Hospitals**

**Primary Care & Specialty Providers**

**Federally Qualified Health Centers & Rural Health Clinics**

**Free Clinics**

**Mental Health/BH/SA Providers**

**Long Term Care Providers**

**Home Health & Hospice Providers**

**Community Human Service Agencies (Family Centers, Area Agencies on Aging, etc.)**

# Lessons Learned: Health Information Technology

- It Takes Longer than you Think
- It takes More Money than you Think
- It is More Complicated than you Think
- It is Crucial to True Reform
  - Clinical Care
  - System Efficiencies
  - Cost Containment

*For More Information*

**Vermont Health Care Reform Web-site:**

**[www.hcr.vermont.gov](http://www.hcr.vermont.gov)**

**Health Care Coverage Information:**

**[www.GreenMountainCare.org](http://www.GreenMountainCare.org)**

**1-800-250-8427**



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