State Levers to Advance Accountable Communities for Health

Vermont State Profile

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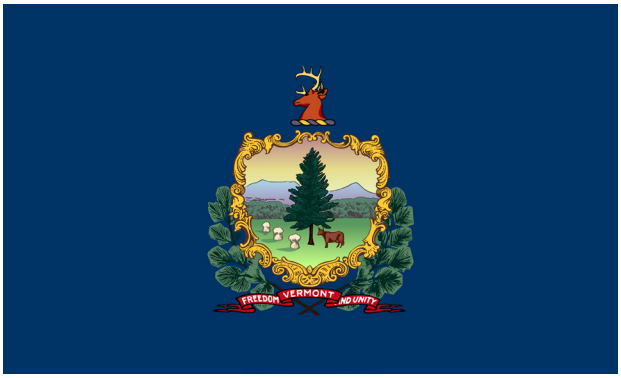

Overview

Vermont is currently in the planning stages for a statewide Accountable Communities for Health (ACH) initiative that will build off existing state and local health innovations. The state is pursing its ACH initiative as part of the Vermont Health Care Innovation Project (VHCIP), its State Innovation Model (SIM) Testing Grant. In 2013, Vermont received $45 million in SIM funding to work towards achieving the goals of the Triple Aim by integrating health care delivery and payment system reforms with advanced health information technology. Vermont is currently using a portion of SIM funds to implement a 12-month Peer Learning Lab that will gauge the readiness of communities to launch ACHs and identify resources necessary to support this initiative.

ACHs in Vermont will build off the Unified Community Collaborative (UCC) initiative, a Blueprint for Health/VHCIP project with the goal of connecting statewide delivery transformations at the local level to improve care for targeted patient populations. UCCs specifically strive to integrate the work occurring under the Blueprint for Health, primarily medical home and community health team implementation, with Vermont's accountable care organizations (ACOs). Vermont structured the UCCs to align with its 14 Health Services Areas (HSAs) and required them to use a shared governance structure that includes local leaders from ACOs, the Blueprint for Health, and other community organizations such as housing. While UCCs currently emphasize developing community-clinical linkages to integrate services for individuals, Vermont envisions potential ACHs as evolving from UCCs to incorporate community-wide prevention strategies and policies to promote health and wellness for the whole population in addition to integrated services for specific individuals.

Governance

While Vermont recommended a specific governance structure for UCCs (a maximum of 11 members representing certain organizations, agencies, and providers), the communities participating in the ACH Peer Learning Lab will have greater flexibility in building a leadership body that addresses the needs of the communities they serve. As Vermont intends for UCCs to serve as building blocks for ACHs, the governance structure of each community participating in the ACH Peer Learning Lab will likely reflect existing partnerships forming under the UCC initiative.

Vermont ACH Fast Facts

Number of possible ACH demonstration sites:
up to 14

ACH Peer Learning Lab Timeframe:
February 2016-February 2017

Applicants for the ACH Peer Learning Lab were encouraged to include UCC participants such as ACOs, Blueprint for Health partners, and hospitals in addition to at least four leaders with decision-making authority from within their organizations, an array of community leaders, and other partners focused on community disease prevention such as district health departments and community prevention coalitions.

Similar to other states, all communities participating in ACH Peer Learning Labs in Vermont will have a backbone organization to convene partners and guide activities. A variety of organizations may serve in this position, however Vermont anticipates that the role may often be filled by hospitals, as they are well suited to take on this role for several reasons. First, all Vermont hospitals are non-profits that have historically demonstrated a strong commitment to community health improvement initiatives, even prior to the hospital community benefit program. Additionally, hospitals in Vermont have divided service areas that generally align well with district health departments and HSAs, meaning they are well positioned to align with ACH Peer Learning Lab service areas.

Targeted Populations and Conditions

Communities participating in the ACH Peer Learning Lab will propose their own focus areas by evaluating existing data sources to identify the greatest community needs and areas where an ACH can have the greatest impact. These communities will be able to review data from a number of sources such as regional HSA profiles developed through the Blueprint for Health, community profiles generated by the Department of Health, hospital community health needs assessments, and data collected through ACOs. Once the community selects a topic, they will work with the state to identify evidence-based strategies in three domains: traditional clinical approaches, innovative patient centered care and/or community linkages, and community-wide strategies. Given that ACHs focus on the entire population in a defined geographic area, they will place a greater emphasis on implementing community-wide strategies that promote overall population health and reduce disparities. Some examples of community activities may include promoting access to physical activity and healthy foods through new zoning regulations, banning the sale of alcohol and tobacco products near schools, or expanding affordable housing options.

Financing Model

Vermont is currently using funding from SIM to support both the UCC initiative and ACH Peer Learning Lab, until SIM funding expires in June 2017.

State Resources offered to Communities in the ACH Peer Learning Lab

As part of the Peer Learning Lab, the state will provide training, technical assistance and facilitative support during the project year. Communities will be able to leverage certain resources and supports from existing initiatives such as the Blueprint for Health, ACOs and the broad range of evidence-based activities supported through the state's public health agencies. Vermont will determine additional resources as the ACH initiative rolls out.

Next Steps

Vermont is currently exploring sustainable funding mechanisms including a waiver for an all-payer model that contains strategies to improve population health. Ideally, the state envisions developing a payment and delivery system that can sustain ACHs through re-invested savings from health care costs.