Health Care Reform Work Group

MAY 22, 2023

Meeting Agenda

1. Welcome, Introductions, and Review of Agenda
2. Status of CMMI Model and Engagement
3. Medicare Waiver Advisory Group Progress Report (carryover from April 24 meeting)
4. Reconvening Short-Term Stability Subgroup
5. Payer Advisory Group Progress Report
6. Global Budget Technical Advisory Group Progress Report
7. Next Steps

Status of CMMI Model and Engagement

Discussions include more detail as we get closer to CMMI's anticipated release of Notice of Funding Opportunity for the AHEAD Model in Fall of 2023.

- ❑ Current topics include:
  - ✓Principles of AHEAD Model (e.g., basis for hospital global budgets, adjustments to budgets, eligible providers, accountability for savings and quality, payment frequency and mechanisms)
  - ✓Opportunities for flexibility under AHEAD
  - ✓Interaction of AHEAD with primary care models
  - ✓Timing
- ❑ CMMI interested in feedback from Global Budget TAG (VT will emphasize that feedback is preliminary and Global Budget TAG is advisory)

Summary of Work Group Member Input

- Important to communicate to CMMI:
  - Need for transformational funding and support
  - Operational realities
  - When calculating baseline, consideration of Vermont as low-cost Medicare state, financial health of hospitals (e.g., low or negative margins)
- Contingency plans:
  - Is 2025 realistic (CMS often needs 18 months to change payment methods)
  - Look at other Medicare alternative payment models
- Timing? State expected to have 60 days to respond to Notice of Funding Opportunity

Medicare Waivers Technical Advisory Group Progress Report

Medicare Waivers Technical Advisory Group's Charge

The group's primary goal is to identify the key "asks" on Medicare waivers to share with CMS to inform the design of the AHEAD model.

- CMMI is considering the types of waivers it could make available to states under the AHEAD model and welcomes Vermont's feedback.
- CMMI asked the State to indicate the most important "asks."
  - Include a clear policy rationale for updating existing waivers available under the VTAPM and/or requesting new waivers under the AHEAD model.
  - Members have already provided some compelling examples.
- Vermont aims to understand:
  - Problems that new or revised waivers could help address (e.g., discontinuity of care with transitions)
  - On-the-ground experiences (successes, challenges) with implementing current waivers under the Vermont All-Payer ACO Model
  - New waivers that are of interest to stakeholders

Theory of Change for Medicare Waivers

- Medicare waivers are a means to an end, not the end itself.
- Logic should be:
  - What are the care delivery models we want to see implemented in Vermont?
  - How do those care delivery models advance outcomes?
  - **What waivers do we need to implement the models?**

- Successful implementation of similar flexibilities by Medicaid and other payers is relevant and is likely to be of interest to CMMI.

Potential Framework for Discussion with CMMI

Medicare waivers can help ensure Vermonters receive the right care in the right place at the right time.

- Vermont's priorities are to:
  a. Improve quality and beneficiary experience associated with transitions between care settings
  b. Improve access to services at home
  c. Improve delivery of care at the end of life
  d. Enhance access to care, especially in rural areas, through optimal use of technology
  e. Expand access to care within long term care by optimizing staffing and organizational structures

A: Improve Transitions Between Care Settings

- **Patients transitioning from one care setting to another are vulnerable to poor outcomes.**
  - Continuity of care between settings leads to lower costs, higher patient and provider satisfaction, and reduced hospitalizations and emergency department use.
- The following Medicare waivers with operational changes may help facilitate seamless transitions between care settings:
  - Care management home visits (current APM)
  - Post-discharge home visits (current APM)
  - SNF 3-day rule waiver (current APM)
  - Expansion of Home Health benefit (would be new – see next slide)
- Consider how Medicare waivers could support health-related social needs that prevent timely transitions to lower-acuity and community settings.

High-Level Feedback

- **Administrative challenges** have limited use of the current home visits waivers (care management and post discharge). For example, the post-discharge home visit waiver requires HHAs to maintain individual contracts with physicians to receive reimbursement for services. Physicians may not have an infrastructure to bill for services and it is challenging for discharge planners to know all contractual relationships.
- **Expanding the eligibility criteria** for certain waivers beyond attribution may improve uptake and implementation. For example, expanding the 3-day SNF rule waiver beyond attributed lives would reduce administrative burden. Vermont is interested in discussing with CMMI how waivers will apply within a hospital global budget design, which will not include ACO style attribution.

B: Expand Access to Services at Home

- **Home health care enables individuals to maintain their independence, receive care in a safe, comfortable, and convenient environment, and manage total cost of care.**
- To increase alignment with Vermont's Medicaid approach, the State is interested in discussing a **new** expansion of the Medicare Home Health benefit that would allow visits for those who do not meet "homebound" criteria and aide support for individuals who do not have a need for skilled services.

High-Level Feedback

- Vermont is interested in learning more about CMMI's implementation of the **Home Health Homebound Waiver under ACO REACH**.
- **Removing the "in need of skilled services" requirement** (in addition to the flexibilities available in ACO REACH) would allow more individuals to receive other non-skilled home health services (e.g., medical social services, home health aide, DME and supplies).

C: Improve Care Delivery at the End of Life

- **Vermont is on the lower end of Medicare hospice utilization, ranking #38 out of 50 states in 2020.**
- Vermont would like to provide access to holistic hospice services for Medicare beneficiaries without them having to forgo curative care. This would align with Vermont Medicaid's approach for children and authority for adults available within the state's Medicaid 1115 waiver.

High-Level Feedback

- Vermont is interested in learning more about CMMI's implementation of **concurrent curative and hospice care under ACO REACH**.

D: Enhance Access to Care Through Optimal Use of Technology

- Telehealth enhances access to care. Various modalities of telemedicine (e.g., asynchronous e-consults, remote patient monitoring, virtual check-ins) enable individuals to receive care for a variety of acute and chronic conditions.
- **Telehealth is especially valuable since Vermont is a rural state, where nearly two-thirds of residents live in rural areas.**
- Priorities for Vermont include:
  - Use of telehealth for SNF residents (see next slide)
  - Physical and Occupational Therapy
  - Remote Patient Monitoring
  - Removing geographic restrictions (urban-rural) and location restrictions (i.e. home)
  - Removing platform-based restrictions (i.e. audio-only)

High-Level Feedback

- **Vermont is interested in improving the current APM telehealth waivers to reduce administrative burden and expand use beyond attributed members.**

E: Expand Access to Care within Skilled Nursing Facilities

- **According to SNF stakeholders in Vermont,** an unprecedented disruption to the health care workforce is interrupting facilities' ability to meet demands for patient placement, provide high quality care, and contain costs within the health care system.
- SNFs' capacity and access to care would be improved through:
  - Options to use virtual (vs. direct) observation in admissions assessments
  - Flexibility to build Primary Care Teams Led by APPs and coordinated across licensure types
  - Flexibility to meet Health Related Social Needs, such as nutrition support, to facilitate transitions from SNF to Lower-Acuity Care Settings (including home)
  - Expanded grace period for licensure of entry level nursing workforce, building the local nursing pipeline

High-Level Feedback

- **Waivers around staffing and roles/responsibilities help mitigate the impacts of workforce shortages.** The workgroup expressed interest in maintaining these flexibilities and noted those available during the PHE were helpful. It was also noted that SNF eligibility for the 3-day SNF waiver rule should not be based on star ratings.

Reconvening Short-Term Stability Subgroup (Recommendation from 4/24 meeting)

- Subgroup focus: Stabilizing the health care system was identified as critical short-term priority
- Goal to identify short-term actions (6 – 18 months) to stabilize the health care system with a focus on four categories:
  - Workforce
  - Regulation
  - Revenue
  - System Flow
- 22 discrete actions were identified; progress on many of them
- System Flow category has the most open items
  - Proposed area of focus for reconvening Subgroup

Status of Short-Term Stability Subgroup Actions

Actions from prior work that have been completed:

- ✓ Procure Medicaid specialized units in LTC and residential facilities (DAIL)
- ✓ Mental health resource sharing conversations between hospitals and DAs (DMH)
- ✓ Invest in psychiatric/mental health urgent care (AHS)

Actions from prior work still in process:

- ❑ Explore caring for high-acuity patients in hospital-owned LTCs (DVHA/DAIL)
- ❑ Recruit a cohort of SNFs to becomes centers of excellence (DAIL/DMH)
- ❑ Discuss local crisis response processes with hospitals, DAs, and SNFs to avoid using the ED (DMH)
- ❑ Create a statewide approach to SNF medical director requirements (DAIL)
- ❑ Clarify a consistent interpretation of Use-Of-Force policy between DPS, DAs, and hospitals (DPS)
- ❑ Consider a collaborative care model using telehealth "curbside consultations;" train SNF staffs on de-escalation
- ❑ Explore obtaining SMART medical clearance; have hospitals accept such patients (DMH)
- ❑ Define community emergency mental health services and identify gaps (DMH)

Payer Advisory Group Progress Report

- First meeting on May 17, 2023
- Participation from:
  - Blue Cross Blue Shield of Vermont
  - Cigna Healthcare
  - MVP Health Care
  - State of Vermont (DVHA, AHS, GMCB)
- Work group purpose: To share information about priorities and models; identify opportunities for alignment; clarify operational needs; provide feedback to CMMI
- Agenda – Areas of interest and potential alignment in:
  - Care Transformation
  - Payment Models
  - Quality Measures
  - Evaluation

Payer Advisory Group (cont'd)

Themes from discussion on Care Transformation:

- How can we best drive transformation?
- Focus on specific areas for care transformation with subsequent development of corresponding payment models has shown promise (e.g., Hub and Spoke, comprehensive pain management, access to mental health care, enhancing primary care)
- Co-location of services appears to improve care
- Importance of connectivity between providers and organizations; sharing information across systems and integrating payer data into clinical workflows across the care spectrum
- Need for transformational infrastructure (IT and care transformation)

Global Budget Technical Advisory Group Progress Report

High-level design topics include:

1) Defining Population, Services and Providers for Inclusion

2) Methodology for Determining Baseline Budgets

3) Budget Adjustments (e.g., financial performance, demographics, inflation, utilization, quality, equity, risk mitigation, exogenous factors)

4) Terms of Payer Participation and Payment Mechanism

5) Terms of Hospital Participation

6) Strategies to Support Care Transformation and Quality of Care

7) Implications for Commercial Plan Administration

8) Budget Calculation and Payment Administration

9) Monitoring and Evaluation

Summary of Work Group Member Input

- Given the lack of stability in the health care system, it is important to consider where hospitals and the health care system currently are, and level set from there.
- Many of the hospital global budget design topics/elements feel like constraints.
- Important to make changes from a place of strength.

Next Steps: Upcoming Meetings

- **Hospital Global Budget Technical Advisory Group**
  - Next Meeting = 5/23 from 10 AM – 12 PM

- **Health Care Reform Work Group**
  - Next Meeting = 6/26 from 1 PM – 2 PM