

Health Care Reform Work Group: Subgroup on System Stabilization

JULY 19, 2022 MEETING SUMMARY

Revised Principles to Guide Solutions Discussion

1. Invest in strategies focused on high-value care that align with our long-term health care reform goals and objectives.
2. Work to balance cost with needed care for Vermonters, and to align revenue with access to necessary care.
3. Be predictable and flexible, measure outcomes, and adapt strategies if not achieving agreed-upon goals.
4. Maintain or improve quality of care and access, including making it possible for patients to receive care in the most appropriate setting possible, which may mean evolving how and where care is provided.
5. Strengthen primary care, mental health, post-acute and long-term care.

Solutions Discussion: Workforce

1. Prioritize rate increases Choices for Care, and for SNFs and home health, to maintain and, hopefully, grow capacity.

- Rationale: Capacity is necessary to support patient flow from higher-intensity settings to lower-intensity care settings.
- Within cost-based rate methodologies for SNF, PNMI, and residential care, address inflationary costs, including staffing.
- Under Choices for Care, allow providers a short-term rational method for targeting services to the highest need.

2. Avert the proposed Medicare rate cut to home health providers.

- Rationale: A Medicare rate cut for high acuity care will further weaken home health agency financial stability.
- Escalate to CMS a package of measures to address stability including, Medicare rates for HHS and SNF, nursing home medical director and primary care providers oversight and current APM limits requests. Include acknowledgement of the Medicaid “wins” in 1115 as an example of partnership.

Solutions Discussion: Workforce

3. Develop childcare and housing capacity.

- Rationale: Lack of affordable childcare and housing are a deterrent to hiring workers.
- *Action steps pending additional AHS options review*

4. Develop specialized care sites for patients with higher acuity mental health and substance use needs

- Rationale: Lack of trained specialty providers is leading to individuals boarding in hospitals.
- Procure for Medicaid for specialized units in LTC facilities, and, possibly, residential facilities. Include an enhanced rate and special worker training to support patients with high acuity mental health and substance use needs.

Ideas to Revisit in the Future

1. Mental health and substance use treatment professionals serving patients in SNFs
2. Incentives for educational institutions to expand training capacity
3. Incentives for worker retention and recruitment
4. Organization of services to ensure continued access
5. Provider tax