

# Health Care Reform Work Group: Short-Term Provider Stability Subgroup

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AUGUST 3, 2023

# Meeting Agenda (Continued from 6/30/23 Meeting)

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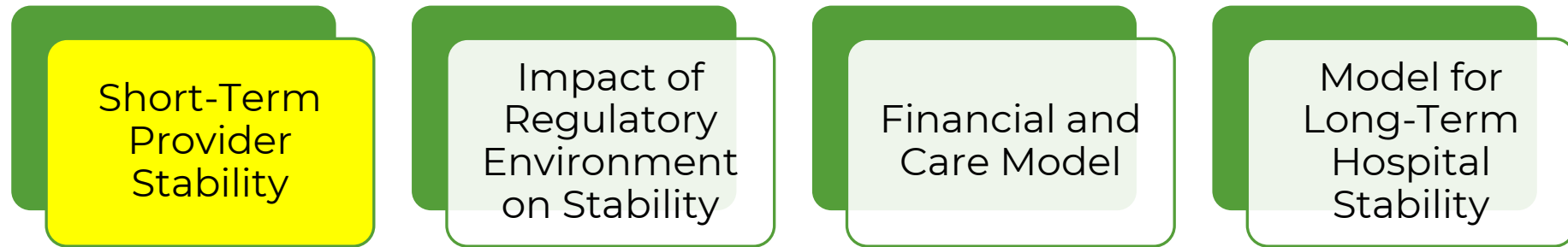
1. Welcome, Introductions, and Review of Agenda
2. Reminder - Subgroup Overview and Meeting Purpose
3. Reminder – Meeting notes from 6/30/23
4. Status of Current Activities
5. Discussion:
  - Identification of Barriers and Potential Refinements
  - Continuation of Current Activities and Identification of New Activities
  - Assessing Progress
6. Next Steps

# Subgroup Overview and Meeting Purpose

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# The Health Care Reform Work Group was initiated in June 2022 with Four Areas of Work

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Focus of  
today's  
discussion

# System Stabilization: Short-Term Provider Stability Subgroup (1 of 2)

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- Stabilizing the system was identified as a critical short-term priority.
- Subgroup met six times between July 15<sup>th</sup> and August 21<sup>st</sup> of 2022 to focus on short-term actions (i.e., within 6-18 months) that will improve system stability.
- Solutions were based on the following foundational principals of system reform to ensure long-term strategic alignment:
  - Invest in strategies focused on high-value care that align with our long-term health care reform goals and objectives.
  - Work to balance cost with needed care for Vermonters, and to align revenue with access to necessary care.
  - Be predictable and flexible, measure outcomes, and adapt strategies if not achieving agreed-upon goals.
  - 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.
  - Strengthen primary care, mental health, post-acute and long-term care.

# System Stabilization: Short-Term Provider Stability Subgroup (2 of 2)

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- Recommendations were made across four categories and focused on actions which could be taken during the next 18 months with the understanding that there is a pressing need for substantive action within the next 6 months:
  - Workforce
  - Regulation
  - System Flow
  - Revenue
- 22 discrete actions were identified; progress has occurred on many of them
- System Flow category has the most open items

# Midpoint Reconvening of the Subgroup

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## **Reconvening Subgroup to see if action plan is still on track:**

- ✓ Review progress at the activity level (*completed at 6/30 meeting*)
- ❑ Identify barriers to addressing incomplete activities
- ❑ Define potential refinements or “course corrections” on activities based on implementation experience
- ❑ Should we continue to pursue previously-identified activities that haven’t been completed?
- ❑ Are there additional activities that we should pursue?
- ❑ How can we assess progress on short-term stability?

**Goal is to complete work by September 1.**

# Summary of Input from June 30<sup>th</sup> Short-Term Provider Stability Subgroup

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- **Workforce:**

- Use of temporary labor: need to grow the **workforce pipeline**; anticipate that this will be ongoing issue.
- Mental Health: Work in collaboration with DMH has been very helpful. Still in crisis mode; programs closing, workforce challenges. Need to improve **Medicare coverage for Master's level clinicians** to support expansion of elder care.

- **Addressing complex care needs:**

- Work with Brattleboro Retreat has been beneficial; hopeful about iCare work that DAIL is leading.
- SNF and home health capacity; options for people who are too complex for home health.

- **Provider-specific challenges**

- Challenges for **hospitals** are a result of system challenges; important to **advocate for all parts of the system**.
- Challenges for **Skilled Nursing Facilities (SNF)** include caring for people with **complex needs, SNF medical directors. SNF rate methodology** discussions underway. Need to look at Extraordinary Financial Relief (EFR is time-limited).
- Challenges for **home health:**
  - **Federal issues:** Medicare rates and clawback; migration to Medicare Advantage Plans and proposed CMS Medicaid rules.
  - **State issues:** Medicaid rates; conflict free case management implementation; workforce.



# Status of Current Activities

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# All Tasks – 22 Total

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- **Workforce:**
  - ✓ Spend remaining Workforce Recruitment and Retention Program Funds (AHS)
  - ✓ Implement Workforce Development Committee recommendations regarding shortages (AHS)
- **Regulation:**
  - Escalate package of stability measures to CMS and Federal Delegation (AHS)
  - ✓ Provide public comments on Medicare rate adjustments (AHS)
  - ✓ Implement short-term method to target Choices for Care services to highest need individuals (DAIL)
- **System Flow:**
  - ✓ Procure Medicaid specialized units in LTC and residential facilities (DAIL)
  - ✓ Explore caring for high-acuity patients in hospital-owned LTCs (DVHA/DAIL)
  - Recruit a cohort of SNFs to become centers of excellence (DAIL/DMH)
  - Discuss local crisis response processes with hospitals, DAs, and SNFs to avoid using the Emergency Department (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)
  - ✓ Mental health resource sharing conversations between hospitals and DAs (DMH)
  - ✓ Invest in psychiatric/mental health urgent care (AHS)
- **Revenue:**
  - ✓ Update rate methodologies and rules to address inflationary costs (DVHA)
  - ✓ Conduct rate studies to evaluate Choices for Care rates to determine program sustainability (DVHA)
  - ✓ Provide a one-time increased DSH payment (DVHA)
  - ✓ Increase GME payment to UVMHN to maximum federal allowance (DVHA)
  - ✓ Study provider tax trends; determine opportunity for short-term one-time relief (AHS)
  - ✓ Explore in-patient psychiatric rates (DVHA)

15 of 22 completed

# Discussion - Remaining Tasks

- **Regulation:**
  - ❑ Escalate package of stability measures to CMS and Federal Delegation (AHS)
- **System Flow:**
  - ❑ Recruit a cohort of SNFs to become centers of excellence (DAIL/DMH)
  - ❑ Discuss local crisis response processes with hospitals, DAs, and SNFs to avoid using the Emergency Department (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)

## Discussion Questions:

- What are your observations about progress to date, with particular focus on System Flow, but also for Workforce, Regulation, and Revenue categories?
- Is current progress what you would have expected at the midpoint of this action plan?
- What are the known barriers to addressing incomplete activities?
- Are there potential refinements or “course corrections” on activities based on implementation experience?
- Should we continue to pursue previously-identified activities that haven’t been completed?
- Are there additional activities that we should pursue?
- How can we assess progress on short-term stability?

# Next Steps

(Next meeting is August 17)

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