



# Vermont Health Policy Perspectives

July 2007

Vermont Association of Hospitals and Health Systems • 148 Main Street • Montpelier, Vermont 05602 • 802-223-3461

## President's Message: What I'll be Doing on my Summer Vacation...

The workload at VAHHS used to wax and wane with the legislative session, but with all the scheduled health reform activities this summer, it will prove to be a busy one. We all certainly plan to enjoy the "dog days" of summer, but plenty of time will also be spent indoors at hearings, meetings and in front of our computers.

The major health reform deadlines come from Catamount Health. With enrollment slated to begin on October 1, 2007, much activity is afoot. The Administration is heading up a multi-stakeholder effort to coordinate Catamount enrollment and outreach. VAHHS is a member of this taskforce. You'll start reading, seeing, and hearing lots more about how to enroll in Catamount Health later this summer.

Lots of efforts are also underway with the Blueprint for Health. The legislature passed "refining" legislation this spring that imposed a tighter deadline for the first Blueprint pilot to "connect all the dots" by January 2008. "Connecting the dots" means that all the major parts of the chronic care plan will be implemented in one community. Patients with diabetes will have access to self-management classes and physicians will have timely access to better patient information and a variety of system-level supports, including payments that will facilitate the efficient delivery of evidence-based healthcare services to diabetic patients.

As this newsletter goes to print, the Vermont Information Technology Leaders is putting the finishing touches on their

legislatively mandated health information technology plan for the state of Vermont. The plan will outline a recommended path for how the exchange of health information should be protected, stored, accessed, and financed. The legislature will need to approve their plan when they return next January. Since this area of healthcare continues to evolve rapidly, expect year-round debate and change regarding this issue.

As if these deadlines aren't enough to keep a blistering summer pace, the Health Care Commission will be conducting summer hearings. The Commission's Executive Director, Jim Hester, has also created five workgroups to begin delving into more health reform details. The idea for these workgroups (see also the interview with Jim Hester inside) is to "tee up" (and I don't mean golf) a suite of legislative issues for next January. Make hay while the sun shines, I guess!

Workforce will also be a summer focus. As a result of the next Generation Commission, the legislature passed H.433 (now Act 46) that created two workforce committees and provided increased funding for workforce development, lower repayment, scholarships and grants. Since healthcare is Vermont's third largest industry, VAHHS and our member hospitals will be very involved in this new effort.

Preparations for the VAHHS 72<sup>nd</sup> annual meeting (September 20-22) are humming along as well. This year's theme is "Business Leaders Driving Healthcare Reform." Registration materials will be sent to you in mid-July, but in the mean time, check out our website at [www.VAHHS.org/events](http://www.VAHHS.org/events) for more information.

We'll all be enjoying Vermont's beautiful summer over these next few months, but as the old adage goes, you can't forget to plant in the spring, idle away the summer hours and then expect to reap in the fall. We most definitely will not be idling!!

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# Legislative Commission Puts Year Round Focus on Healthcare Reform

In 2005, VAHHS developed five principles for health care reform, one of which was a full time legislative focus on health care. The Health Care Commission of the Vermont Legislature will be doing just that. They are overseeing the implementation of the comprehensive package of health reform legislation passed in 2006 and recommending future strategies to ensure that all Vermonters have access to affordable, quality health care. As one observer noted, this effort will be “harder than brain surgery” because of the depth of change needed to make these reforms successful. The Commission is currently co-chaired by State Senator Jane Kitchel and Representative Steve Maier. The Commission’s Executive Director is Jim Hester who took this position in March of 2007 after serving 10 years as the Vice President for Vermont at MVP Health Care.

The Commission will be working and meeting year round, with this summer and fall focused on convening five workgroups. These workgroups will address specific issues such as: providing affordable coverage; increasing the effectiveness of preventive care; reducing waste; using health information technology; and ensuring the success of reform initiatives. VAHHS and member hospitals have been invited to participate in these work groups. The value of our participation cannot be overstated because the Commission will lay the groundwork for legislative health care reform initiatives in January.

Bea Grause recently had lunch with Jim Hester and asked him these questions about his position as Executive Director of the Health Care Commission.

**Bea: Why did you want to become the first executive director of the Health Care Commission?**

**Jim:** Well, it was really a confluence of two things. In one sense, the timing is right for significant health care changes at the state level and health care reform will be part of the national agenda in three to four years. At the same time, some learning can only happen at the state level. Vermont, because of its size and the cooperative nature of stakeholders represents an ideal laboratory to help figure out these intensely difficult challenges. This role also ties together the work I’ve done in Vermont with my previous 30 years of experience in health care. It draws on the skill sets that I’ve developed and the relationships I have formed. Professionally, it represents a capstone experience. Personally, it will be a great challenge. It’s been a while since I’ve felt butterflies in my stomach from making a leap like this.

**Bea: What do you see as your primary role and responsibility as executive director?**

**Jim:** I’ve tried to frame the work of the commission around a tiered approach. The top tier is a long-term strategy for health care. Act 191 is the foundation piece, but it is not the end; the strategy has to evolve over time. The second step is translating that strategy into a 12-15 month long operating plan and to

work with the legislature. The two major tools they have are the budget and key pieces of legislation that establish benchmarks and the pace for reform. H.531 is a good example of this. The third tier is project oversight. The Administrative branch is responsible for the pace of implementation, but the legislature is responsible for oversight of this process. My responsibilities are to guide the work of the commission at all three of these tiers and to maintain a balance. In the legislative session, it’s easy to focus on the shorter term projects, but even amidst the hectic pace of crossover, I tried to carve out time to address longer-term strategies. The challenges of my position will be maintaining a balance and communicating effectively with the legislative leadership.

**Bea: What are some of the biggest health care reform barriers facing Vermont? If you could wave your magic wand, what would be the one health care reform issue that you would completely fix?**

**Jim:** To me, the fundamental issue is not coverage it is having affordable coverage. The heart of the issue is how to maintain a sustainable health care program. My sense is that over the long haul it is not going to be culturally acceptable to either ration care or cut back benefit packages. We have to find an approach that better recognizes prevention and supports individual behavioral change. We will have to develop the infrastructure to facilitate that and I don’t think that’s the same infrastructure we have in place now to care for people.

The challenge is to close the gap between what we know can be done and what the system actually does on a day-to-day basis. We know that payment is a big barrier, but I don’t think there is one single string you can pull to improve performance. If you look at Ed Wagner’s chronic care model, you’ll see that to effectively make improvements you need system wide change and you need a depth of change across all levels. The Institute for Healthcare Improvement does something similar with the way it bundles interventions. You can’t expect improvement if you aren’t doing the entire series of changes and sustaining it over time. All the while, you’re moving on to the next steps.

The other thing that has been on my mind is the role of mass media and the ways it drives behaviors. I recently read that for every dollar spent on advertising healthy eating habits, the food industry spend \$25. That’s not a fair fight. If I could wave my magic wand, I would soften the focus from what happens with doctors and hospitals to a much broader awareness of the influences on individual behavior. My major concern is that even if doctors and hospitals did everything they are supposed to do, there would still be huge, huge conversations we have not even begun to have, like the role of the media, public health infrastructure and other factors contributing to health.

*(Continued as Commission to right)*





## Commission (continued from left)

**Bea:** *Do you see this Commission as a permanent or temporary fixture in Vermont's health care environment?*

**Jim:** I don't think it can be permanent. The broader question the legislature has to answer is how to get the senior level staff expertise it needs in areas of focus such as health care. The legislature is very thin in terms of staff. How does a citizen's legislature that meets 4-5 months a year get the staff expertise it needs on complex issues? I think the Commission and my job is part of this larger experiment. You can't do it across the board, but you can do it in selected areas where there are complex, multi-year issues.

**Bea:** *How difficult is it to straddle the world of politics with the world of policy-making in your current role?*

**Jim:** I was appointed by the Speaker and President Pro Tempore and report on a day to day basis to the co-chairs of the commission with a 'dotted line' relationship to the chairs of the standing policy and money committees. They have a much better handle on the pragmatic side of politics and how to get things done using the legislative process. I've developed respect for the political process and for reconciling differing points of view. The heart of good policy is balancing the information with individual points of view and realities. Good outcomes can happen if there is enough consensus behind them. There is real skill involved in reaching consensus.

**Bea:** *How is the Health Care Commission's process going to be designed to help accelerate positive improvements?*

**Jim:** I'll be candid, it's not exactly clear. The Commission workgroups will involve legislators, a variety of interested parties from stakeholders, and technical resources who bring content expertise to the process. The dynamics of the workgroup will depend on the topic and the people involved. We've never done this before so we are experimenting a bit. The intent is to do solid homework, then offer a consensus building opportunity between legislators and stakeholders. Therefore, by the time we've come to a recommendation, people feel like they have been heard on these key points. This will be more achievable in some areas than in others, but it's a good goal to have. The workgroups will be working within all strata of change, from policy change to individual behavioral change.

One of the interesting questions is how to have two standing health care committees and the commission all doing interconnected work without overlapping or miscommunicating. What the leadership has done is to encourage participation on the workgroups by those committee members. When the legislature convenes in January, the hand-off to the standing committees will ideally be smooth. I hope that it will be a model of good policy, politics and process.

## Commitment to Quality Evident in Many Ways

It has been almost four years since Vermont hospitals received the distinction of being the first state in the nation to have every hospital join the Institute for Healthcare Improvement's (IHI's) IMPACT program that helps hospitals improve quality and patient safety. Hospital efforts are still going strong and have recently celebrated several milestones.

As part of an ongoing commitment to IHI's work, the VAHHS Board recently passed an aggressive quality agenda, including a commitment to join IHI's 5 Million Lives Campaign.

The Association continues to facilitate the spread of best practices at events called VAHHS Sharing Summits. These meetings provide an opportunity to hear from experts from inside and outside of IHI and individual hospitals to share about their quality improvement projects. This past May 30<sup>th</sup> marked the seventh Sharing Summit and featured James Conway, the Vice President of IHI who spoke about the exciting future of the IMPACT program and how to implement a family/patient initiated Rapid Response Team.

Springfield Hospital, Mt. Ascutney Hospital and Health Center, and Brattleboro Memorial Hospital recently hosted collaborative meetings with IHI staff to discuss the progress of several programs currently in practice at their hospitals. These site visits were an opportunity for IHI to see first hand the good work happening at our hospitals.

On June 1<sup>st</sup> Vermont Hospitals and the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) released their third annual Act 53 Hospital Report Cards which describe how hospitals performed on a variety of quality, safety and financial measures. Added this year is information on central line blood stream infection rates. To our knowledge, Vermont is one of only four states already reporting on hospital-specific infection rates. Also added this year are measures on implementing practices known to reduce surgical site infections, and measures related to nurse staffing. The Hospital Report Cards are designed to help consumers understand the quality of care at their local hospital, but patients should also talk to their family, friends, and physician when making decisions. The BISHCA comparative report and a directory of individual hospital reports can be found at <http://www.bishca.state.vt.us/index.htm>.

*Aiming Higher: Results from a State Scorecard on Health System Performance* was recently released by the Commonwealth Fund. Vermont ranked very well, tying New Hampshire for 3<sup>rd</sup> in the overall category. This report includes 32 measures of quality, access, cost, equity and healthy lifestyles. Vermont was first in the nation in several of the individual performance measures, and in the top five for some others. While many of the measures did not apply to hospitals, the report is a testament to the

*(continued as Quality on back)*



**Save the Dates! September 20-22**

**VAHHS 72<sup>nd</sup> Annual Meeting  
Killington Resort**

# **Business Leaders Driving Healthcare Reform**

Featuring keynote addresses from:  
**Emily Friedman**, nationally recognized health policy analyst and **Andrew Webber**, President and CEO, National Business Coalition on Health

visit us online at  
[www.VAHHS.org/events](http://www.VAHHS.org/events)



## **Quality** *(continued from inside right)*

collaborative nature of Vermont's health care system. The report is available at [www.commonwealthfund.org](http://www.commonwealthfund.org).

Measures and milestones like those used in the Commonwealth Fund report help hospitals monitor their progress towards national benchmarks and identify areas for improvement. Patient safety is a top priority in Vermont hospitals and is not limited to the programs, events and reports above. Most hospitals are implementing their own quality improvement projects, ranging from the Baldrige program to Lean Six Sigma. In addition, there are several statewide projects aimed at improving patient care, such as the Blueprint for Health and health information technology pilot projects that are just beginning as part of the Vermont Information Technology Leaders work.

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