PART 1 – 10:45 – 11:00 Health Care Reform discussion

What are your thoughts about health care reform? Where do you see linkages to your work? The Council's work?

- VAMHR: Investment in SDOHs should be prioritized (housing, transportation, food security)
    - Reduce overdose fatalities and suicide; social isolation- peer-supported recovery coaching in different settings and grow these workforces; expand tools to those providing these services (reimbursement, livable wages, training/credentialing)
- OneCare: moving towards value-based, quality-based care and not FFS; attributing lives programs related SDOHs
- BCBSVT: creating projects to address integration, a lot of it is tripped up with alignment of reimbursement and outcomes with Medicare/Medicaid; looking broader than just BCBSVT members
    - Challenges with outcomes, EMRs/EHRs; creates complication; opportunity for successes to build on
    - Thinking of all health care, not just primary care
        - Data related to members and being accountable to companies who are purchasing insurance
- DCF: intersectionality of different spaces, FFPSA, health equity
- DRVT: Lack of input from members of the community; missing a big voice
    - Communication barriers related to Vermonters who are deaf and/or have barriers to accessing care

What questions do you have? We will gather the questions and follow-up with our guests for their responses. Kathy will send out the response to the entire Council after the meeting.

11:00 – 12:00 – Drafting the legislative report

The report is due to the legislature in January 2023. We will work on a **draft** at the November Council meeting. Kathy will send subsequent drafts for comment around via email.

Because of the pandemic, the Council started late and will continue to meet through July of 2023, so the report will be "interim" rather than final. We will update the report after the final meeting in July of 2023.

We are asking that each workgroup begin populating the report, and to continue this work in Workgroup meetings between Council meetings.

Information added can take the form of bulleted lists that state progress to date or information that is more specific if possible. ***You may be recording what will be needed to accomplish a goal (making recommendations), as well as what you have been able to do. That is progress too!*** Sometimes identifying how to move the work forward is as important as actually moving it.

- Membership list
- Review the template

- Steve will share working draft with workgroup members
- Lindsey identified importance of involving members of the community in identifying measures and barriers to alignment of funding
    - Billing, cost of care causing some to not seek care
    - Importance of tapping peers/peer resources
    - Funding limitations/restrictions (crises needing to occur in order to receive care; lack of preventive/upstream care)
- EHR/EMRs: different systems and how these systems interface/"talk to each other"; communication and care coordination, if these systems had improved connectivity
- Limitation between mental health and physical health care coordination
    - Example of BCBSVT Advisory Group
    - Area for improvement to improve health outcomes
        - Lack of resources to create clearinghouse infrastructure
        - Linkage of primary care and mental health providers (example of pediatric care)
- (VAMHAR): Specifically looking to recommend expanding the mental health peer support and recovery coaching workforce and fund the organizations they work in adequately to provide them livable wages, good benefits, and ongoing professional development opportunities. (And Medicaid reimbursement should definitely be investigated for all of the above).
- Accessing adequate level of care, specifically for Vermonters experiencing homelessness
    - Severe barriers to assisting people to access appropriate levels of care, if they are experiencing homelessness; needing to have a particular level of acuity to access appropriate care/program and having adequate coverage to pay for care
- Attribution challenge: who is attributed to a practice/agency and how is accountability factored into this challenge, specifically reimbursement and payment structures
- HEDIS metrics and accreditation requirements; opportunities to improve alignment around these types of measures, given the standardization of these metrics (in particular measurement specifications)
    - FUH example: opportunity to improve care coordination between both inpatient and outpatient providers
        - Data quality/integrity and reporting (measurement specifications, different EHRs, etc.)
        - A lot of work in studying/improving associated processes related to a metric
- Prospective payment versus reimbursement payment: administrative burden associated with reimbursement payments
    - Need for prospective payments, example of hospitals, and how this could ease administrative burdens
    - Prior authorization work (DFR), how this ties to payment and access to data
- Lack of full information for full dataset and obtaining a full dataset (OneCare/ACO example); lack of access to patient-level data in certain situations
- Operational definition and scope of health equity: sometimes it is narrowly defined in scope, importance to be inclusive of a more broadly defined definition (not only race/ethnicity)

- **Review the section for your workgroup – adjust/edit as needed (example language below)**

    - Identified billing codes to support peers and a wellness focus
        - Reimbursement methods for peer support services; explore possibilities in further depth
    - Identified performance measures that ensure equity in addition to other performance concerns
    - Mapped process for using codes and measures

Other example topics

- The Practice Integration Profile (PIP) behavioral health integration (umassmed.edu)
- Adoption of "shared interest measures"; MHPR/VBP measures
    - FUH example
    - OneCare scorecards: Quality Improvement Results - OneCare Vermont (onecarevt.org)
- Landscape assessment of covered services, MH and physical health, by payor (Medicare, Medicaid, BCBSVT, etc.)
- Integration Models
    - AIMS Center | Advancing Integrated Mental Health Solutions in Integrated Care (uw.edu)
    - Collaborative Care Model
        - Example of primary care and having consultative psychiatric services (UVMMC example)
            - Associated billing codes being turned on and practices
    - Whole Health Model
    - Add others from previous
- VT RETAIN
    - SDOHs
    - Integration of employment services into MH/Primary Care providers
- Landscape assessment by payor of covered health care services, specifically mental health care
- Measurement: what are we measuring…structure (level of integration), process, outcomes?
    - Structural racism piece
    - Inclusive of quantitative and qualitative data; groups with oral histories and documented/written histories