



# VMS Education & Research Foundation

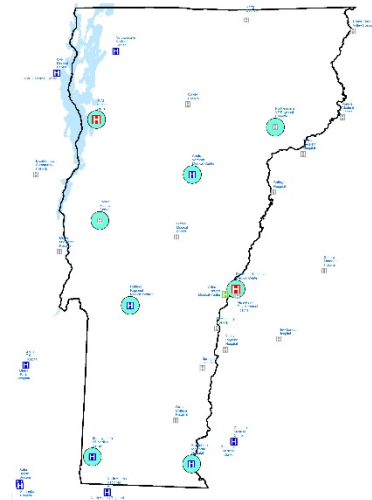
Pursuing High Value Care for Vermonters

1. Please tell us a bit about the grant and how it was utilized.

The Physicians Foundation is helping Vermont physicians develop the leadership skills needed to navigate Vermont's political environment and successfully influence health care policy. Grant funds are being used to augment five existing physician leadership initiatives, all targeting policy changes needed to support continual improvement in patient care and maintain an attractive medical practice ecology in Vermont. The five leadership initiatives and their change targets are:

1. The VT Academy of Family Physicians and Blue Cross Blue Shield of Vermont's pursuit of a new payment mechanism for caring for Frail Elders;
2. The VT Chapter of the American College of Surgeons proposal for a state-wide surgical resource allocation plan;
3. The Vermont Region Hospitalist Community's pursuit of CMS waivers to reimbursement rules pertaining to inter-facility transfers and patient eligibility for skilled nursing facility beds;
4. The Vermont Region Hospitalist Community's pursuit of high value care for Vermonters through a regional collaborative optimizing lab testing of inpatients; and
5. The VT Chapter of the American Academy of Pediatrics' struggle to have the state direct adequate health reform resources towards child and family health care.

Grant funded activities build on the success of two previous Physician Foundation grants to the VMS Foundation. All five activities are direct results of previous PF leadership development grants.



2. Why is your physician leadership project important in today's healthcare environment?

The Vermont Legislature and the current Governor embarked on an ambitious plan to reform how health care is delivered and financed in 2013. To date a few changes in the regulatory arena have been implemented, but significant proposals about delivery system redesign, new payment models and new financing of the system will be presented in the next two legislative sessions culminating in the spring of 2017. Primarily supported through two previous Physician Foundation Leadership grants, Vermont physicians have had significant and unexpected influence on reform policy decisions. The principal vehicle for physician influence has been the two PF supported physician leadership communities, the Vermont Region Hospitalist Community and the Core Community Practices Group. Both of these physician groups composed influential whitepapers that made recommendations for how the state's delivery system should be designed to keep Vermont an attractive place to practice medicine and ensure that the overarching goal of health care reform is to improve things that matter to patients. The current PF leadership grant is helping Vermont physicians consolidate and expand their policy influence.

*"The Green Mountain Care Board (GMCB) contracted with the Vermont Medical Society Education and Research Foundation to interview clinicians and physicians about practicing medicine in Vermont. The providers who participated in the interviews joined the Foundation in presenting its findings to the Board. The presentation from these physician leaders remains as one of the most powerful and educational meetings the Board has had. During the meeting the physicians identified key areas for ongoing discussion and planning to support health care reform and then engaged in a series of conversations and activities facilitated by the Foundation. The success of this project was rooted in the Foundation's work to document physicians' point of view and then to meaningfully involve them as leaders on the topics that they had identified as most important to improving health care in Vermont."* – Al Gobeille, GMCB Chair, Allan Ramsay, MD, GMCB Board member and Ena Backus, MS, GMCB Director of Evaluation

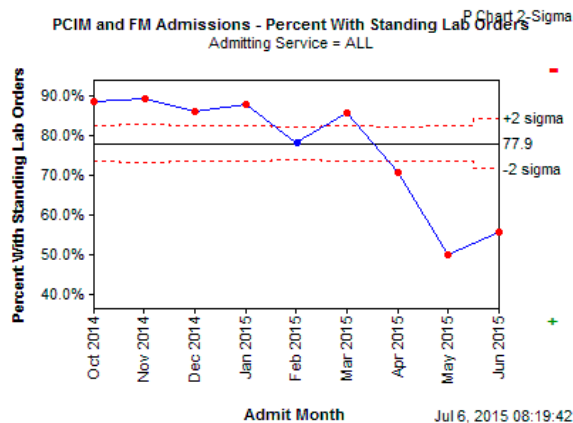
*“Physicians order the tests and treatments; physicians know what is needed for patients and care about harm and benefit. Physicians are key to developing and implementing changes that will enhance value to patients and society. The VMS Foundation supported physician leaders help focus and inform their colleagues in these processes and work to make it easier for them to do use best practices.” - Virginia L. Hood MB.BS, MPH, MACP, Professor of Medicine, University of Vermont, President American College of Physicians, 2011-2012 and ACP Board of Regents 2005-2012*

*“We chose to highlight some areas that are particularly difficult in a rural health care setting, i.e. specific services and conditions that require specialty consultation not commonly available to a rural hospital. Vermont has 8 of 14 hospitals designated as “Critical Access”. We are looking for ways to streamline this care for patients while maintaining their continuity with our community hospital” - Mike Rouse MD, Northeastern Vermont Regional Hospital, Director of Hospitalist Medicine*

*“Transforming care delivery for specific populations (frail elderly) is important as it will inform any true payment reform – since this model utilizes non-traditional providers and home visits as part of its structure it would not be sustainable within the current payment structure however it would be an ideal method if operationalized within a bundled or capitated program”- - Joshua Plavin, MD, MPH Senior Medical Director Blue Cross Blue Shield of Vermont*

3. How has the grant helped to improve healthcare in the community?

The **Optimizing Laboratory Testing Collaborative** - <http://www.vmsfoundation.org/simgrant> is the most mature of the 5 leadership efforts. A rigorous transparent meaningful quality improvement effort affecting more than 90% of regional inpatient beds, this project is changing clinician lab ordering behavior ensuring patients get only appropriate tests with a minimal of harm and inconvenience. The 8 participating hospitals upload billing and laboratory data to a secure data enclave at the University of Chicago. Monthly reports are sent to each hospital team assessing the effect of their improvement tests and allowing comparisons to hospitals in the region. The effort has decreased unnecessary needle sticks, wasted blood and hospital acquired anemia and sleep disturbances. The effort is supported by a \$548,000 CMS State Innovation Model grant that ends in June 2016. The current Physicians Foundation grant is being used to support these physician leaders secure funding to continue and expand this project after the federal funding ends. This improvement infrastructure is an engine that can be used to retool multiple additional low value inpatient care processes resulting in reduced waste and less harm.



*“The Laboratory Collaborative is promoting rational decisions guided by physicians to:: 1) reduce unnecessary blood testing during hospitalization; 2) minimize harm to patients by reducing painful venipuncture;; 3) reduce blood loss that can lead to anemia; and 4) reduce costs of overall care for patients and the community..” - Virginia L. Hood MB.BS, MPH, MACP, Professor of Medicine, University of Vermont, President American College of Physicians, 2011-2012 and ACP Board of Regents 2005-2012*

4. How has this program helped to re-engage physicians and inspire physician leadership?

*“The VMSERF’s 2012 white paper on Safe and Effective Treatment of Chronic Pain in Vermont engaged more than 30 physician leaders with expertise in pain treatment, addiction treatment, palliative care, orthopedics, maternal fetal medicine, and emergency medicine. Their recommendations formed the basis of the white paper and have been influential. The recommendations have led to state government efforts to create a single set of*

*recommendations for treating pain, and to physician leaders in several communities developing, sharing, evaluating and testing opioid treatment tools and procedures for prescribing opioids and for treating addiction in medical offices.” - Madeleine Mongan, Deputy Executive Vice President and Vice President for Policy, Vermont Medical Society*

*“This program has engaged teams from eight hospitals in our region enabling the physician/hospitalist champion at each institution to be a leader for his/her colleagues as well as promote team work with other health care professionals. In addition, their role has been recognized by the group and positioned the physician to be engaged in other leadership opportunities in the local area or region if so desired.” - Virginia L. Hood MB.BS, MPH, MACP, Professor of Medicine, University of Vermont, President American College of Physicians, 2011-2012 and ACP Board of Regents 2005-2012*

*“This program has highlighted the need for physician leadership in our current health care system. The grant has enabled us to realize how important physician leadership is going to be as we move into a new age of health care delivery. Physicians have to realize that change is going to happen, either with them or around them. The leadership program has inspired me to want to be involved.” - Mike Rousse MD, Northeastern Vermont Regional Hospital, Director of Hospitalist Medicine*

*“The program has not only highlighted that physicians need to be involved as we seek to address healthcare reform in Vermont but also provides an avenue and method for that involvement in a tangible focused form. Involved physicians re-engage as thought leaders in their areas and that spills over into other projects and energizes providers who were at the brink of burnout” - Joshua Plavin, MD, MPH Senior Medical Director Blue Cross Blue Shield of Vermont*

5. Since the completion of this grant (e.g., Individual Leadership Objective projects), are there areas that need to be broadened / refined in order to meet the demands of the medical practice environment today? If so, what would you recommend?

*“We must look for all opportunities to engage physicians in leadership of the practice changes that are coming as health care systems evolve. Physicians know and care about doing the best for patients and we need to ensure their voices are heard, while at the same time helping them to adjust to and fully participate in the new systems of care that will improve patient outcomes and experiences.” - Virginia L. Hood MB.BS, MPH, MACP, Professor of Medicine, University of Vermont, President American College of Physicians, 2011-2012 and ACP Board of Regents 2005-2012*

*“Our project demonstrates the need for hospitals to work together for the sake of our patients. There is much work to do on issues like bed availability, payment methods, transportation issues, safety, and quality issue” - Mike Rousse MD, Northeastern Vermont Regional Hospital, Director of Hospitalist Medicine*

*“We need to redesign our outpatient practices to extend beyond the clinic walls, using extenders and community partner in innovative ways as we are not succeeding in the areas of chronic care management and primary prevention due to our current practice design. We are simply not meeting our patient’s needs within our current environment” - - Joshua Plavin, MD, MPH Senior Medical Director Blue Cross Blue Shield of Vermont*