

Vermont State Health Plan 2005

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Vermont State Health Plan 2005

Executive Summary

In 2003, the Vermont General Assembly passed Act 53, an act relating to hospital and health care system accountability, capital spending and annual budgets. The act requires the Secretary of Human Services to adopt a state health plan that sets forth the health goals and values for the state.

The focus of the Vermont State Health Plan 2005 is on changing the Vermont system of health care to address the challenges of chronic illness, emphasize prevention, improve quality, and endorse a collaborative care model that recognizes the role of the patient as primary care giver. The plan includes information on health promotion, health protection, nutrition, and disease prevention priorities for the state. It identifies resources needed to achieve the state's health goals and areas in which additional resources are needed to improve the health of the population. And, it employs a health systems approach to planning and recognizes that the systems needed to eliminate health disparities and increase quality and years of healthy life are not currently in place.

At this time there is no unified system of health care. Rather, there is a collection of services, organizations and financing units that take on various functions of a system, but without a common vision and with little coordination. Until health care is truly systematic, and the various sectors work together in collaboration, it will be difficult, if not impossible to move toward the goals of improved health, better access to care, high quality care and reduced costs.

The foundation of this plan must be a combination of the collaborative models of public health and the chronic care model of clinical health care. At the core of the model are the people who deliver and receive health services in a "patient-provider" partnership. Three key organizational sectors facilitate this partnership and the overall effectiveness of health services—the health care sector, communities and public health. Each sector will play a greater or lesser role. Depending on the issue presented, patient needs or services delivered. All, however, must be aligned, supported, and work in concert to achieve the goal of healthy Vermonters living in healthy communities.

The plan identifies outcomes, action steps and background descriptions for the core planning areas described in the planning model and five key policy areas—prevention, access to care, accountability and transparency, quality of care and integrated health information system. In addition, many priority health issues that require special focus are described and actions stated. Following is a brief description of each section in the plan.

Planning Model

Individuals/Consumers

To most effectively manage their own health and health care, individuals must be fully informed, share responsibility for deciding their treatment plans, and undertake the lifestyle changes or treatments necessary to prevent disease or reduce complications. This requires that health education be understandable, the support systems to promote and maintain self-management skills are in place, and tools to allow fully informed, shared decision making be available.

- Specific topic areas in this chapter include: Health Education, Self Care, Shared Decision Making, and Support Systems.

Providers

Combining knowledge of health and medicine, technology, and the human touch, physicians, nurses and other health workers administer services around the clock, responding to the needs of Vermonters, from newborns to the critically ill. Providers include physicians, nurses, dentists, dietitians, therapists, counselors, and many other health care specialties. In Vermont, a shortage of health care workers in key industry specialty areas, including nursing and mental health, threatens the quality of services people receive. This plan calls for a greater emphasis on patient-centered care, new skills for guiding and supporting individuals, and new information technology to improve the quality, timeliness and efficiency of care.

- Specific topic areas in this chapter include: Health Professions' Shortage, Proactive, Planned Care, Person-centered Care, Complementary and Alternative Medicine, Health Professions' Education, and Maintaining Competency.

Health Care Sector

The health care sector is where health policies are established and the availability and delivery of services are controlled. It is large and complex and encompasses, among others, hospitals, ambulatory care organizations, health plans and the purchasers of health insurance. The entities that make up the health care sector are individual organizations that, although they often work together, are also likely to work independently and compete with one another. Unlike most markets, the entities in health care must ensure the continued availability of services that have a low return on investment and must provide those services to those who cannot afford to pay.

- Specific topic areas in this chapter include: The Health Care System, Markets and Regulation, and Cost Control.

Community

Communities are made up of people, institutions and services that provide social identity and that support attitudes and behavior about health, both good and bad. In most cases, communities don't view themselves as part of a health system. Communities however, have a profound effect on public health. By their very design they help shape beliefs and behaviors regarding health. Further, they support healthy behavior and discourage unhealthy practices through community norms and the availability of services.

- Specific topic areas in this chapter include: Community Support Services and Infrastructure and Policies.

Public Health

The focus of public health is on population health rather than individual health. Public health is responsible for the development and implementation of policies, services and systems to prevent health problems. Their policies regulate, influence and support the actions of individuals, providers, health care and communities. Another critical role of public health is the control of infectious disease and the ability to respond quickly to events such as disease outbreaks or epidemics. The need for public health intervention to help control chronic disease has emerged over the past several decades. It is estimated that 70 percent of premature mortality could be prevented by reducing risky behaviors and environmental threats. An effective public health system requires collaborative effort from a fully integrated yet complex network of people and organizations.

- Specific topic areas in this chapter include: Public Health Functions and Services, Public Health as an Investment, Response to Infectious Disease Events, and Collaboration with the Health Care and Community Sectors.

Key Policy Areas

Prevention as a Priority

Promoting and preserving good health and preventing disease is so obviously important that few would disagree that prevention should be the focus of any health system. Yet the demands of treating illness and disability consistently overwhelm the desire for prevention. Prevention involves the identification and avoidance of risk factors in personal behavior and the environment and active promotion of protective assets and resiliency factors. It also requires implementing community-based preventive services; attending to early detection and prevention through clinical screening, counseling and immunization, and preventing adverse consequences in those who already have chronic conditions.

- Specific topic areas in this chapter include: Risk Factors, Personal Attributes and Social Environment, Physical Environment, Community Preventive Services, Clinical Preventive Services, and Preventing Adverse Consequences.

Access to Care

Making health care accessible to all Vermonters requires that health insurance coverage is available and affordable. It also requires attention to factors such as poverty, cultural differences, the availability of health care providers, access to transportation and location of needed services within the community.

- Specific topic areas in this chapter include: Health Insurance, Cultural Competency, Poverty, and Safety Net Services.

Quality of Care

Quality of care is defined as the “degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” High quality care avoids overuse, under use and inappropriate use of services and assures that care is safe and effective.

- Specific topic areas in this chapter include: Patient Safety, Practice Variation, and Evidence-based Care.

Accountability and Transparency

Individuals, providers, health care institutions, communities and public health must all be held accountable for their activities, policies and practices. As appropriate they should be called upon to justify and/or change the way they do business. Accountability obligations include regular reports to the public on critical measures of performance.

- Specific topic areas in this chapter include: Systems of Accountability and Reporting.

Integrated Health Information System

A major barrier to better health care in Vermont and the U.S. is the lack of a comprehensive integrated information system. There are significant gaps within and between existing information technology components. As a result health care providers seldom have the tools they need to provide proactive, planned care. In addition public health and health care organizations lack the information they need to effectively plan and deploy services and resources.

- Specific topic areas in this chapter include: Practice-based systems, Public Health Systems, and Health Care Information Systems.

Focus Areas

Chronic Conditions (Vermont Blueprint for Health)

More than half of all Vermonters have chronic conditions and the cost of their care represents 83 percent of all health care spending. Improving care and outcomes for this population requires knowledgeable consumers practicing improved self care, a practice team providing timely planned care, improved information (data), decision support, office systems and supportive community, health care and public health infrastructure.

- Specific topic areas in this chapter include The Vermont Blueprint for Health and Health Care and Public Health.

Emergency Medical Services (EMS)

The rural nature of Vermont's challenges emergency services to be available statewide while demographics dictate that in many areas these services will be used infrequently. It costs about \$350,000 per year to staff and operate a single ambulance, however, approximately one-third of services make less than one call per day. There is little data by which to measure quality, set performance targets, develop new systems or meet public reporting standards for EMS.

- Specific topic areas in this chapter include Resources, Standards of Performance (Quality), and Trauma Care.

End-of-Life Care

Most people wish to die at home surrounded by family and friends, free of pain and without unwanted medical intervention to prolong suffering. The majority however, die in hospitals or nursing homes receiving unwanted medical intervention. End-of-life care and management of associated pain must be addressed in the same manner as other chronic conditions.

- See also: *Report to Vermont Attorney General William H. Sorrell from the Committees of the Attorney General's Initiative on End of Life Care, January 31, 2005.*

Environmental Health

Preventing environmentally related disease requires coordinated actions and policies of the community and public health organizations to protect, change or control environmental conditions that pose threats to health. To do this effectively, the multiple agencies responsible must work collaboratively and invest in the coordinated collection, analysis and dissemination of information relating to environmental risks.

- Specific topic areas in this chapter include: Prevention, Information Systems, Professional and Public Education and Organization and System Capacity.

Health Promotion (Disease Prevention)

It is estimated that each year behavioral factors are associated with more than half of all deaths in the U.S. Health promotion uses multiple strategies to improve knowledge, develop skills and support behavior change. It also includes interventions within the community and social environment that foster healthy decision making.

- Specific topic areas in this chapter include: Tobacco, Nutrition and Physical Activity and Other Behaviors.

Infectious Disease

Despite advances in the understanding and control of infectious disease, during the last century, new challenges continue to emerge. These include new and more virulent strains of infectious agents; an increase in the number of people with compromised immune systems; and an increase in the numbers of microorganisms that are resistant to anti-microbial agents.

- Specific topic areas in this chapter include: Community-acquired Infections, Immunization Programs, and Facility-acquired Infections.

Injury

Injuries are the leading cause of death among Vermonters aged 1 to 44 and the fifth leading cause of death among Vermonters of all ages. Risk for injury can be decreased through individual behavior, automatic protections, eliminating or minimizing dangerous environments, improved worker safety, and changed community and cultural norms.

- Specific topic areas in this chapter include: Motor Vehicle Injuries, Falls, and Interpersonal Violence.

Long-term Care

The term “long-term care” is used to describe the care and support that older people and people with disabilities need in order to perform their everyday activities, whether they are residents of a nursing facility or living in home or community-based settings. Since 1996, Vermont has worked to decrease the utilization of nursing homes and to develop more home and community-based services. As a result, Vermont has seen a marked shift in its long-term care system toward greater use of home and community-based care.

- Specific topic areas in this chapter include: People with Developmental Disabilities, Older Vermonters and Other Adults with Physical Disabilities and Home-care Workforce.

Maternal and Child Health

Despite much data and numerous reports identifying Vermont as an excellent place for families to live and thrive, many concerns remain for this highly vulnerable population. These include smoking among pregnant women and youth, alcohol use, sexual violence and low breastfeeding among low income women.

- Specific topic areas in this chapter include: Prenatal Care and Birth Outcomes, Family and Child Health, School Health and Children with Special Health Needs.

Mental Health

It is estimated that as many as 25 percent of adults and 20 percent of children will have a diagnosable mental health condition in any given year. These range from less severe conditions such as grief reaction to severe disorders such as schizophrenia. The scope of services needed ranges from prevention and primary care through ongoing treatment and emergency services.

- Specific topic areas in this chapter include: Impact of Mental Illness, Prevention, Primary Care Services, Treatment Services, Self-Care and Community Support Services, and Quality of Care.
- See also AHS Secretary's February 4, 2005 *Recommendations For the Future of Services Provided at the Vermont State Hospital: Strengthening the Continuum of Care for Vermonters with Mental Illness*.

Oral Health

The fragility of the dental health system in Vermont is widely recognized. The number of dentists increased by 20 between 1999 and 2003; however, during that time the number of full time equivalent dentists decreased from 290 to 281. Also, more than one-third of dentists plan to retire within 10 years.

- See also: *Vermont Oral Health Plan*.

Substance Abuse

Vermont has a serious substance abuse problem, with nearly 10 percent of adults and youth over age 12 in need of treatment. The societal impact of drug addiction including increased crime and lost productivity has exploded within our communities in recent years. This is evident by the significant increase in demand for treatment services and in incarceration rates, particularly among the female population.

- Specific topic areas in this chapter include: Impact of Substance Abuse, Prevention and Community-based Services, Access to and Integration of Services, and Accountability and Quality Assurance.

Introduction

“[We are] confident that Americans can have a health care system of the quality they need, want and deserve. But we are also confident that this higher level of quality cannot be achieved by further stressing current systems of care. The current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”

Crossing the Quality Chasm

In 2003, the Vermont General Assembly passed Act 53, an act relating to hospital and health care system accountability, capital spending and annual budgets. The act requires the Secretary of Human Services to adopt a state health plan that sets forth the health goals and values for the state (Appendix A).

The focus of the Vermont State Health Plan 2005 is changing the Vermont system of health care to address the challenges of chronic illness, emphasize prevention, improve quality and endorse a collaborative care model that recognizes the role of the patient as primary care giver. This option was selected to draw all players into the process and to address how change can occur. At this time, there is no unified system of health care. Rather, there is a collection of services, organizations and financing units that take on various functions of a system, but without a common vision and with little coordination. Until health care is truly systematic it will be difficult, if not impossible to move toward the goals of improved health, greater access, higher quality care and reduced costs.

The Vermont State Health Plan 2005 proposes a “model for lifelong prevention and care” that draws on the work of the Vermont Blueprint for Health, an initiative that focuses on chronic disease care. The emphasis on prevention and care of chronic conditions is appropriate at this time. More than half of adult Vermonters have one or more chronic conditions (68% of people ages 45-65 and 88% of people over age 65) and in excess of 80 percent of all health care expenditures are for the care of these conditions. Further, there is ample evidence that investments in prevention of disease and improved quality of health services are cost effective strategies that can save money and improve quality of life. The proposed model has five components: individuals, providers, health care organizations, communities and public health. The plan identifies outcomes, action steps and background description for each.

Essential to effective and efficient systems are five overarching priorities (Key Priority Areas) that apply to all sectors of the health system and must be addressed to achieve our goals. These key policy areas include: prevention, access to care, quality of care, accountability and transparency and integrated information systems. Again, outcomes, action steps and background are described for each.

Finally, there are 12 specific health issues that require particular focus and attention in the new systems approach (Focus Areas). These are described and actions stated for each.

Development of this Plan involved the participation of countless individuals from the Department of Health, the Agency of Human Services, and others. Guidance was provided by the Advisory Committee to the Vermont Health Resources Allocation Plan, convened by the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) and the Executive Committee of the Vermont Blueprint for Health. The draft plan was posted on the Vermont Department of Health website and two public hearings were held. One hearing was done via interactive television and one “live.” Comments from many Vermonters were incorporated into the final version of this plan.

This plan is not all inclusive, nor should it be considered final. There are numerous plans, mandated by the legislature or funding agencies currently in process, and many already in place. Appendix B lists many of these with publication dates (actual or planned). All need to be viewed as more specific components of this Vermont State Health Plan.

Vision and Values Guiding this Plan

Vision

The vision for Vermont is that the State will be a model for the rest of the nation with the healthiest people, living in healthy communities, with a proactive health system and a public health and government infrastructure that work collaboratively to minimize risks, prevent disease and disability, promote health, ensure access and provide state-of-the art care. In the new Vermont system the provider-individual partnership that is essential to good health outcomes, will be recognized and supported by all. Individual Vermonters will have the knowledge, skills and confidence to direct their own health care. Together with their health care provider they will set attainable goals and receive the support to work toward those goals from their family, friends and community. Health care providers will have the tools they need to deliver the right care at the right time. Communities will support consumers and providers to achieve good health outcomes through modeling healthier norms in behavior, services and basic infrastructure. Public and private sectors will work in partnership. Through these critical changes, the health of Vermonters will be improved and the cost of health care in Vermont will be moderated and become more sustainable.

Accomplishment of that vision is dependent on shared values for health and health systems.

Values

- “Health is a state of **complete physical, mental and social well being**, and not merely the absences of disease.” (*World Health Organization, 1948*).
- There are **multiple determinants** of health; it is the complex interactions of social, behavioral, economic, environmental and genetic influences.
- Improving health status and the quality of health services is a **shared responsibility** of individuals, health care providers, public health officials, health care executives and many others who contribute to the well being of individuals and populations.
- Multi-sector, multidisciplinary **partnerships and coalitions**, coupled with increased awareness of personal responsibility, are essential to decreasing risk and improving health. Organizations, associations, agencies and civic and community groups must work together, guided by *collaborative* leadership, sharing resources, and accountability for the common good.
- Services known to **prevent** occurrence of disease and/or limit progression of illness or disability in the population are a priority for both the public health and health care systems. Prevention services address behavioral, biological, clinical and environmental factors.
- It is essential to understand and address problems of social **equity** to ensure access to services for the poor, disabled, poorly educated, unskilled, racial-ethnic minorities and other vulnerable groups. Programs and policies need to incorporate a variety of approaches that anticipate diverse values, beliefs and cultures in the community.

- A supportive **environment** is essential to facilitate the ability of individuals and communities to create the conditions that make it possible to determine and act on informed choices and attain optimal health. These conditions can be enhanced by information, education, social support and public policies that encourage behavioral and environmental change.
- **Accountability and transparency** to patients, the public and one another is an essential component of an integrated and collaborative health system.
- Health services must be **safe, effective, patient-centered, timely, efficient and equitable**¹. These aims have been adopted as the principles guiding development of the Health Resources Allocation Plan.

The Commission on the Public's Health Care Values and Priorities, using the results of a phone survey and multiple focus groups held throughout the state, identified values that have helped guide the preparation of this plan particularly the Chapters on Access to Health Care and End-of-Life Care. See Appendix C for a summary of results of the phone survey component of that work.

¹ Institute of Medicine. *Crossing the Quality Chasm*. National Academy Press, Washington DC. 2001.

Healthy Vermonters 2010

Healthy Vermonters 2010 is the product of a public-private process that selected priority outcome objectives in 16 focus areas with two overarching objectives. More than 96 specific outcomes were identified in this process. These objectives are grouped into eight health objectives for the Vermont State Health Plan. The health systems change advocated in this plan is essential to meeting the objectives of Healthy Vermonters 2010.²

1. **Eliminate health disparities among different groups within the population.** Disparities include differences that occur because of gender, race, ethnicity, education, income, disability, living in rural localities or sexual orientation.
2. **Increase quality and years of healthy life.** This involves helping individuals gain the knowledge, motivation and opportunities they need to make informed decisions about their health.
3. **Improve access to primary health care services in Vermont.** The specific measures of success for this objective include the proportion of people with a source of ongoing primary care, dental care, and with insurance coverage.
4. **Increase the availability of community services that support healthy behaviors.** These Healthy Vermonter objectives are targeted to school interventions. In other plans (Appendix B) objectives for improving health include other community organizations including worksites, localities and others.
5. **Increase the proportion of Vermonters who adopt healthy behaviors that reduce their risk of disease and injury; and/or reduce the risk complications of disease.** There are 25 specific measures of success in this area addressing alcohol, cancer, food safety, heart disease, HIV/STD, injury, nutrition, physical activity, and tobacco. There are two objectives related specifically to self management education for people with diabetes and asthma.
6. **Ensure that the environment in which Vermonters live, work and play protects them from risk and promotes their health.** Seven objectives address environmental issues for Vermonters including: restaurant safety, drinking water, fluoridation, radon, fire protection, workplace safety and hunger.
7. **Increase the proportion of Vermonters that receive, from their health care provider, the preventive and treatment services known to be effective in promoting health and preventing and controlling disease.** There are 14 measures indicating that people have received the screening, counseling and immunization services appropriate to their age and risk. These address alcohol, chronic disease, mental health and oral health. In addition, there are six measures indicating that people have received specific services related to management of their chronic health condition.
8. **Increase the percent of people who are actively engaged in developing their own written health care plans with their provider(s).**

² Vermont Department of Health. *Healthy Vermonters 2010: Vermont's Blueprint for Improving Public Health*. 2000.