



# Building New Partnerships: How we care for the seriously ill

Vermont Blueprint for Health/OneCare Vermont  
with HealthFirst and Community Health Accountable Care

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## Disclosure

- ❑ The opinions presented are mine.
- ❑ More information about the Green Mountain Care Board is available at: [www.gmcboard.gov](http://www.gmcboard.gov)
- ❑ My contact information is:

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## Building Partnerships: the issues

1. Our current performance measures are largely based on professional standards
2. Those with Medicare--In the last month of life:
  - One in two goes to the ED
  - One in three is admitted to an ICU
  - One in five has an inpatient surgical procedure

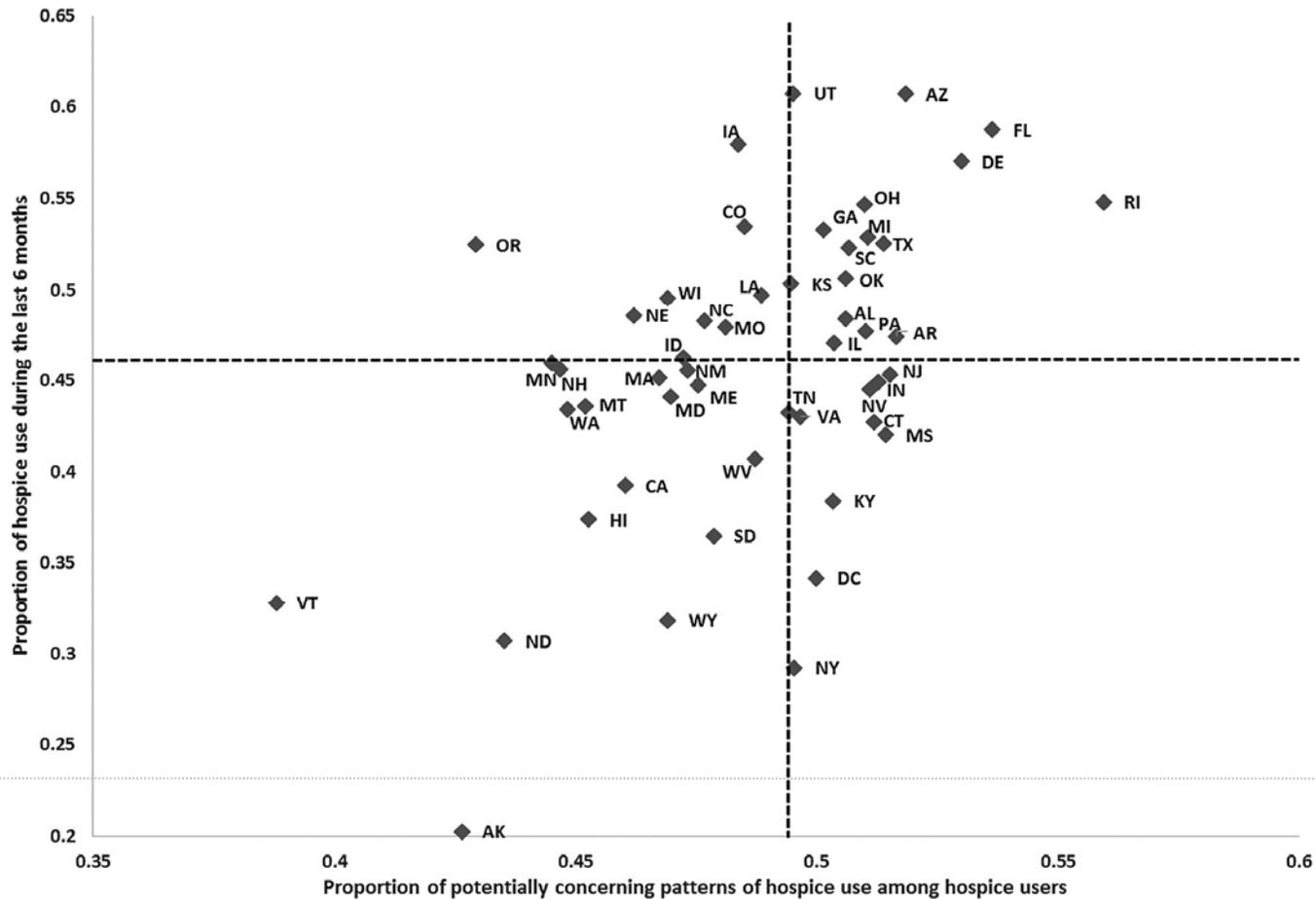
*(Hospice/palliative care is the only current practice proven to improve the care of millions of people with life limiting disease. NEJM. DOI:10.1056/NEJMp1509664)*

3. Social determinants of health need to play a larger role in an integrated health system

## Vermont recently received an “A” rating for access to palliative care from CAPC and NPCRC

- Overall, the southern U.S. states received a grade of C as compared to As and Bs for all other regions
- In a sign of progress since 2008, 17 states received a grade of A (up from 3 in the 2008 report and 7 in the 2011 report)
- 90% hospitals with 300 beds or more have palliative care teams
- 96% of teaching hospitals now have palliative care teams, increasing the likelihood that the next generation of clinicians will receive training

## Hospice use among decedents and potentially concerning patterns of hospice use across states



Published in *Journal of Palliative Medicine*. DOI: 10.1089/jpm.2014.042

## How are we doing with LOS in Vermont?

	2010	2011	2012
Medicare Hospice	1363	1397	1448
LOS (<7d)	29.6%	25.5%	24.9%
LOS (31-60d)	16.5%	13.9%	15.5%

# Opportunities to improve access to hospice

*(there is hope for a better future)*



## Money

- Medicare Care Choices Model
- ACOs, Value based payment, risk sharing

## Structural

- Palliative care (improves timeliness)
- Inpatient level care (not enough)
- PCMH/CHT—OCV/HF/CHAC

## Attitudinal

- Tools that open the door to a values based conversation
- Community wide coalitions

# The good news- our patients want this conversation!

## Large Majorities Say Medicare, Private Insurance Should Cover Discussions Between Doctors And Patients On End-Of-Life Care

- Percent who say Medicare should cover discussions between doctors and patients about end-of-life treatment options
- Percent who say private health insurance should cover discussions between doctors and patients about end-of-life treatment options



SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted September 17-23, 2015)

