

Catamount Health

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Principles of Health Care Reform in Vermont Established by Coalition 21

- *Principle I:* It is the policy of the State of Vermont to ensure universal access to and coverage for essential health care services for all Vermonters.
- *Principle II:* Health care coverage needs to be comprehensive and continuous.
- *Principle III:* Vermont's health delivery system will model continuous improvement of health care quality and safety.
- *Principle IV:* The financing of health care in Vermont will be sufficient, equitable, fair and sustainable.
- *Principle V:* Built-in accountability for quality, cost, access and participation will be the hallmarks of Vermont's health care system.
- *Principle VI:* Vermonters will be engaged, to the best of their ability, to pursue healthy lifestyles, to focus on preventive care and wellness efforts, and make informed use of all health care services throughout their lives.

Vermont's New Law Catamount Health

Goal: Control the steeply rising costs of health care by:

- Covering the uninsured
- Making health care more affordable for the insured
- Improving the quality and value of health care delivery

What's wrong with chronic care now?

What is a chronic condition?

- A chronic condition is defined as an established clinical condition that is expected to last a year or more and that requires ongoing clinical management.
 - Examples include: diabetes, hypertension, cardiovascular disease, cancer, asthma, pulmonary disease, substance abuse, and mental illness.
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- Approximately 75% of all health care spending today is for people with chronic conditions.
 - Accepted national studies indicate that people with chronic conditions receive the right care at the right time only about 55% of the time.

So What Do We Do?

Follow the Money !!!

Delivery of Better Health Care

Catamount Health will include a chronic care management program that focuses on providing the right care at the right time.

- Incentives to join: co-pays and deductibles will be waived
- Aligns with the Vermont Blueprint for Health, a statewide public/private partnership for all Vermont residents, engaged in fundamental change in:
 - The delivery of chronic care
 - The prevention of chronic disease to Vermont citizens

What's the Financial Case?

- It will not SAVE money
- It will only reduce the rise in cost of care
- How?
 - By reducing hospitalizations, complications, specialist visits

So Why Doesn't That Save Money

- Because when we take better care of chronic illness, we prolong productive life
- Because more people are developing chronic illness (e.g. obesity)
- That means more people in Vermont with chronic illness
- More cases at less cost per case still means more total health care cost

What's Going Well?

- Change is happening in pilot communities
 - 88% of providers in Bennington County (36,000 people) are participating
 - Over 2,000 patients with diabetes are entered in the registry
 - Registry produces reports for doctors:
 - Recall lists for patients with missed appointments or abnormal labs
 - Teaching sheets for the patient
 - Population report for the practice
 - Outcomes report for the practice
- As a result doctors are changing care patterns

■ Self management – Healthy Living

- 8 trained facilitators
- 2006: 44 people completed workshop
- 2007: through March 20 people so far

■ Community

- 2006: 1237 completed a walking program
- 2007: over 2000 people have registered for the same program

Challenges

- It's bigger, more complex and more difficult than we thought
- Too many moving parts
- Management and Evaluation of results are lagging
- Get the process right for diabetes first: other diseases need to be added more slowly
- Payment reform needs to accompany care changes
- Doctors need incentives, not mandates

But This Is The Right Road!

“As long as the acute care model dominates health care systems, health care expenditures will continue to escalate, but improvements in populations’ health status will not.”

World Health Organization, 2002