



# Toward Evidence-Based Health Care Reform

## Vol. 1, No. 8

### FACTS AND REFORMS: Quality and Access to the Health Care System

Welcome to "Toward Evidence-Based Health Care Reform," a periodic e-memo providing facts, figures, examples and analysis of current issues in health care reform in Vermont. The memo is written by Jeanne Keller, Keller & Fuller, Inc., and sponsored by BRS, Inc., a member organization providing a range of services and support to Vermont's small businesses. For more about BRS, please visit our website: [LINK](#)

To review past issues of *Toward Evidence-Based Health Care Reform*, [click here](#).

To read and download the comprehensive health care reform proposal supported by BRS and several other Vermont business associations, [click here](#).

There are many important but little recognized facts about our health care system in Vermont that should guide our choices on what to include in reform package. This memo focuses on Quality and Access to Our Health Care System: facts about our system, and the reform proposals the facts suggest.

#### Facts about Quality and Access

- F** Vermont was recently ranked third by the United Health Foundation in America's Health: State Health Rankings, a report that combines personal behaviors, community environment, public health policies and health outcomes.
- F** In 2003, Vermont ranked second in a national study comparing quality of care for Medicare patients with heart attacks, congestive health failure and strokes. (JAMA January 15, 2003-Vol 289.)
- F** According the VT Health Resource Allocation Plan, every town in the state is within 30 miles of at least one acute care hospital, 4 of 13 health regions in the state have a serious shortage of primary care physicians, with shortages particularly acute in towns with fewer than 10,000 residents.
- F** Our health care workforce is aging. The average age of a Registered Nurse in Vermont is 47. More than two thirds of our nursing workforce is over the age of forty, with other professions citing an even older workforce.
- F** VT is currently one of five states with insurance regulations requiring guaranteed issue and one of three with "pure" community rating. This means that any individual or small business has access to insurance, regardless of their health status or past health claims, and that insurance premiums are the same for everyone, not adjusted for demographics or health status. (FamiliesUSA credits this, in part, with explaining the low percentage of uninsured in our state.)
- F** All of Vermont's hospitals are fully accredited by the Joint Commission on the Accreditation of Hospitals and Health Systems. All of Vermont's HMOs are fully accredited by the National Committee on Quality Assurance, in addition to undergoing rigorous reviews annually by BISCHA.

The facts do not support claims that our health system is broken, in chaos or disarray, as some have suggested. It does not have to be torn down and rebuilt from the bottom up. There are weaknesses and there is plenty of room for improvement, but not a crisis. Reforms should build on the strengths of the current system and further improve access, quality and safety. **Based on the Facts, here are some recommended Reforms:**

- R** Continue the move toward more transparency about quality, safety, costs and outcomes that started with the Act 53 community hospital reports. Hospitals, physicians and insurers must cooperate in providing current information on comparative provider costs and quality to all consumers.
- R** Institute “pay for performance” in Medicaid and private insurance to align payments to providers with quality and evidence-based treatments, instead of paying more for more treatments, visits and procedures.
- R** Establish a Patient Safety Program within the Department of Health to work non-punitively and confidentially with hospitals to investigate adverse events and ensure that corrective action is taken. Funding is needed for this important public safety effort.
- R** Invest in proven health care workforce development strategies to improve access to care throughout the state by funding the recommendations of the Human Resource Investment Council’s Workforce Development Partnership. With \$100,000 in funding, the Partnership can expand the state’s capacity to coordinate and expand on existing recruitment and retention efforts for many healthcare occupations.
- R** We need to provide the health care system with the tools and incentives to become more efficient, without compromising quality or access. The state should establish low interest loan funds for provider investments in information technology, for moving to electronic medical records and common electronic claims processing, and for technologies --- like bar coding and electronic order entry --- that have proven to reduce medication and treatment errors by over 50%, saving money by eliminating costly errors.
- R** We need to use our current system more efficiently and make future investments carefully to avoid duplication and increase productive use of expensive health care technology assets. For example, we should consider whether the growing use of hospital emergency rooms for routine health care is a sensible use of scarce resources. The Certificate of Need program should compare competing applications for approval and certify the highest needs and best uses for our funds. This may require the public to scale back expectations about what services will be available in every community hospital, but with good planning we can provide access for everyone to all needed services, while keeping costs sustainable.

***Don't forget that all of our e-memos are posted and downloadable from our website: [www.vtreform.com](http://www.vtreform.com). Past memos cover “Facts and Reforms: Costs;” “Why Vermont Can't Have a Single Payer;” the myth of saving “30%” on administration; cost shifting; and more.***