Overview of Health Care Reform in Vermont

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Key Elements of 2006 Reform

- Expand affordable coverage: Goal = 4% uninsured by 2010
  - Voluntary model
  - Enhanced Medicaid outreach and enrollment processes
  - Catamount Health Plan:
    - new commercial offering by two insurers (10/07)
    - benefit design specified in legislation
    - reduced price due to reduced hospital & physician reimbursement

- Reduce the rate of increase in medical costs while improving the health of Vermonters
  - Blueprint for Health: Chronic Illness Care

- Use health information technology as a catalyst for reform
  - regional health information exchange (VITL)
  - pilot projects in medications and Chronic Care Info. System
  - state-wide health technology plan
Reducing diabetes deaths

Projected Diabetes Deaths (per 1000 Vermont Adults)

- Do Nothing
- Better Care
- Obesity Prevention
- Both
Chronic Illness Care

- Chronic illness major driver of cost increase
  - Past: Ken Thorpe, Health Affairs
  - Future: CDC 10 year projections

- Blueprint for Health
  - Prevention: reduce growth rate of prevalence
  - Treatment: Chronic Care Model

- Public/private partnership managed by Health Dept.
  - Three major commercial insurers plus Medicaid
  - Hospital association and medical society
  - Business community
  - Key state agencies

- Expand from 2 pilot towns to statewide by 2011
The Model for Chronic Disease Care

Blueprint Care and Prevention Model

Supportive Environment

Informed, Activated Patient  Productive Interactions  Prepared, Proactive Practice Team

Improved Outcomes-Healthier People