



Vermont Program for Quality in Health Care, Inc.

National Conference of State Legislatures Presentation

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Burlington, Vermont

Presenter: Catherine Fulton, MS, CPHQ
Executive Director



Who we are....



- Statewide quality assurance organization
- Established in 1988
- Legislature established the 9416 billback statute to provide funding in 1994
- Stakeholder board oversight and guidance
- Located in Montpelier, Vermont
- Independent 501c3 not-for-profit
- Multidisciplinary team

What we do:

VPQHC provides expertise in continuous quality improvement, data analysis, project facilitation and management, training coordination, and clinical case reviews to support improving the quality of healthcare for Vermonters. *For specific project details visit our website:*

<https://www.vpqhc.org/>

2022 Priorities:

- Patient safety
- Telehealth
- Health Equity
- Mental Health
- Healthcare Quality Measurement
- Suicide Prevention
- Rural Digital Equity

Overview of VPQHC's Telehealth Activities

- Statewide Telehealth Workgroup
 - Audio-Only Telemedicine & Clinical Quality Focus
- Telehealth Office Hours
- Connectivity Cares Package Pilot Program
- Vermont Emergency Telepsychiatry Network (VETN)
- Population-Level Telehealth Utilization Analysis using Vermont's All Payer Claims Database (APCD)

Telehealth Workgroup Members

Vermont Medical Society

VAHHS

BiState Primary Care Assoc.

All VT Hospitals

NETRC

VT Dept. of Health

VT. Dept. of Mental Health

Green Mountain Care Board

Blue Cross Blue Shield of VT

MVP

Dept. of VT Health Access

VNA's of Vermont

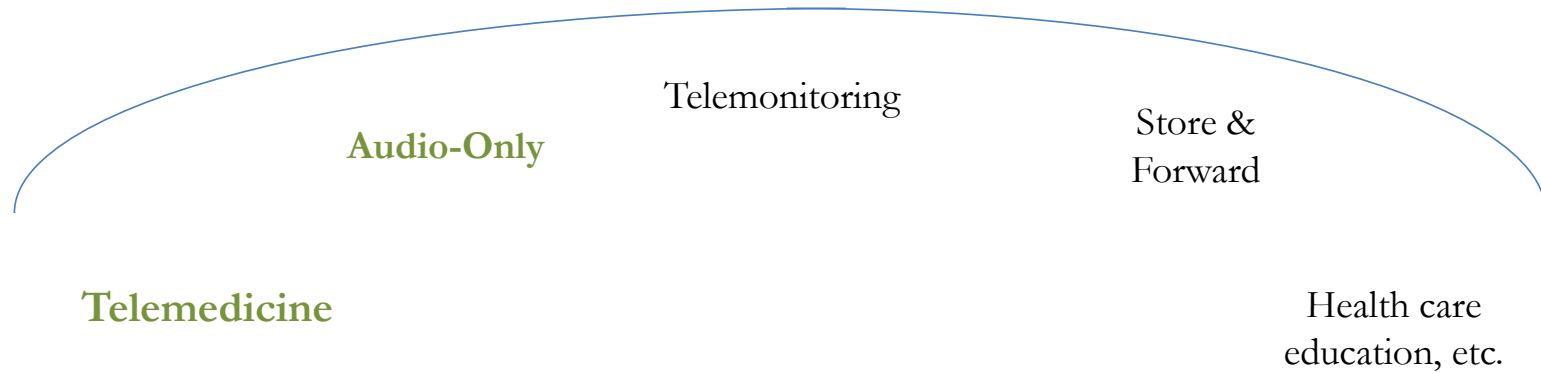
OneCare Vermont

Vermont Legal Aid

VT legislature

A few definitions...

Telehealth



Audio-Only Telemedicine & Clinical Quality

- Speaker Series featuring national SMEs
- [Audio-Only Telemedicine & Clinical Quality Report with Recommendations](#) submitted to Department of Financial Regulation (DFR)
- Continue to monitor research related to clinical quality & audio-only telemedicine

Audio-Only Focus

- Important tool for rural communities, individuals with disabilities, and others seeking the convenience of remote option; impact on equitable access to healthcare services and supportive of patient preference.

Telehealth Office Hours Series

- Twice-weekly telehealth open office hours in partnership with The Northeast Telehealth Resource Center and Bi-State Primary Care Association to support providers with implementing telehealth programs under COVID-19

Telehealth Office Hours Series *cont.*

- 34 office hours with 925 participants (April 22, 2020 - February 1, 2022)
- 153 participants in Telehealth Town Hall
- 148 participants attended “Telehealth Q&A” with commercial insurance payers
- 118 participants for “Telehealth for Mental Health Providers”

Telehealth Office Hours Series *cont.*

Moving forward:




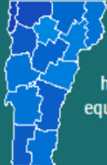
- quarterly webinars on intersection of telehealth & healthcare quality
- tracking telehealth policies across insurers

Connectivity Care Packages Pilot Program (aka - CCP)

VPQHC CONNECTIVITY CARE PACKAGES PILOT PROGRAM

PROMOTING EQUITABLE TELEHEALTH ACCESS IN VERMONT

PROJECTED TO IMPROVE ACCESS TO TELEHEALTH FOR OVER **7000** VERMONTERS

 Over 70% of total budget spent on telehealth equipment	 1325 Apple iPads Distributed	 550 WiFi Boosters Distributed	 The CCP Program has distributed equipment to ALL 14 Vermont Counties
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"We have a robust plan for these devices, and we feel the patients will truly benefit!" - Rutland Regional Medical Center

"We are so fortunate to be given this support for those we serve." - Green Mountain Support Service

58 Different Participating Organizations ranging from:



- Assisted Living & Low-Income Housing Facilities
- Diagnostic/Treatment Centers
- Domestic Violence Organizations
- FQHCs
- HIV/AIDS Support Organizations
- Home Health Agencies
- Homeless Shelters
- Hospitals
- Mental Health Counseling Centers
- Nursing Homes
- Private Practices

"I again wanted to thank you for this opportunity; our residents will be thrilled." - Fortier's Community Care Home

"Thank you for considering our request. We see a significant need for this equipment everyday." - Heineberg Community Senior Center

Telehealth Digital Resources provided through CCP:

- [Blue Cirrus Telehealth Training](#)
- CCP-curated [Telehealth Access Guide](#)
- Connection to tech support provided by [Northeast Telehealth Resource Center](#) & [Telehealth Access for Seniors](#)

COMMUNITY RELIEF FUND
Connectivity Care Packages Pilot
www.vpqhc.org/ccp/vpilot.html

Vermont Emergency Telepsychiatry Network (VETN)

- In response to increased length of stay of pediatric and adult patients with mental health primary concerns in VT EDs, recognize not a silver bullet
- Purpose of the program is to establish a statewide system where Vermonters presenting to the ED with an acute mental health crisis can receive a timely, specialized, psychiatric assessment by videoconferencing technology if deemed clinically appropriate
- Inspiration: The North Carolina Statewide Telepsychiatry Program (NC-STeP) – funding provided through North Carolina’s state general fund
- Initial planning grant supported by The Vermont Community Foundation; \$1m implementation funding through Senator Leahy’s Office/SAMSHA

Population-Level Trends in Telehealth Utilization

- Data source: Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) Initial analysis completed, in validation stage
- Collaboration with Department of Financial Regulation (DFR) and DFR telehealth workgroup
- Significant utilization trends shown during PHE and continuing
- Public report to be developed for distribution

Key Takeaways...

- The existing structure of the Statewide Telehealth Workgroup enabled a very quick pivot and response to the PHE.
- The Office Hours Series enabled subject matter expert support to guide providers in successfully establishing continuity of care despite the challenges of limited in-person care and treatment.
- The CCP provided the necessary technical equipment to support continuity of care efforts.
- Initial data analysis has demonstrated the successful uptake of telehealth technologies and continuing impact on the delivery of care.

Key Takeaways, continued...

- In Vermont, the PHE highlighted barriers that needed to be rectified in order to impact the “digital divide” and enable more consistent access to health care services.
- Continuing barriers regarding equity and connectivity issues need to be addressed moving forward.
- Significant innovation and new partnerships emerged to help direct resources.
- Resources to support identified best practice, and ensure it is captured and disseminated broadly.

Thank you!

Questions?

Catherine Fulton, Executive Director
The Vermont Program for Quality in Health Care, Inc.
(VPQHC)
802-229-2449
catherinef@vpqhc.org