



Health Care Access: Mental Health

There are typically 30 patients waiting in Vermont emergency departments for mental health inpatient admission, outpatient resources, or community placement. Currently, about half of people have been waiting more than 24 hours.



VAHHS and hospitals are working to increase capacity and improve care by:

- Submitting point-in-time data to better inform policy development
- Partnering on new models of care, such as the Brattleboro Healthworks initiative to treat and house individuals with serious mental illness and reduce hospitalizations
- Developing trauma-informed care for emergency departments
- Partnering with VPQHC to provide comfort kits to children in emergency departments
- Implementing medical clearance protocols to safely move individuals to inpatient care from the emergency department
- Working with Vermont Care Partners on policies and processes to create better outcomes for patients



Hospitals need legislative action:

- Make the ED daily rate permanent and sustainable to cover long-stay costs
- Remove barriers to licensure for out-of-state mental health professionals in good standing
- Expand current capacity with more inpatient beds, psychiatric urgent care, step-up and step-down beds, and intensive outpatient care, including partial hospitalization and assertive community treatment
- Create alternatives to emergency departments, such as mobile crisis units and EmPATH units and put in place conditions to have initial certifications outside of emergency departments
- Stand up a state telepsychiatry network
- Create a certification process for peer support



Health Care Access: Public Safety

Nationally, two nurses are assaulted every hour. Vermont's largest hospital is reporting, on average, more than one incident of workplace violence a day in its Emergency Department alone. Violence in hospitals endangers patients directly and has ended the careers of some health care providers.



VAHHS and hospitals are working to make patients and providers safer:

- VAHHS convened a work group of nurses, physicians, HR directors, and compliance officers to look at best practices
- Hospitals completed a gap analysis of current resources
- Work group and VAHHS developed a workplace violence toolkit and recommendations
- VAHHS launched a workplace violence public awareness campaign
- Hospitals are distributing gun safety locks in emergency departments and primary care offices



Hospitals need legislative action:

- Treat workplace violence in health care facilities like domestic violence incidents and have law enforcement remove the perpetrator immediately
- Create and support a formal forensic system of care for individuals who are involved with the justice system
- Develop a restoration of competency program to allow for individuals to stand trial and increase capacity for other patients
- Create and increase placements for intoxicated and incapacitated individuals
- Address gun violence as a public health issue and adopt reasonable gun safety initiatives



Health Care Access: Long Term Care

For almost a year, 10-35 percent of inpatient beds are being used by individuals who no longer need hospital level of care but have no place to go. This lack of capacity severely limits the trauma care hospitals can provide and the ability for individuals to receive care locally.



VAHHS and hospitals are working to get more patients to the right level of care:

- Collaborating with provider partners locally to improve communication and processes to place patients more efficiently
- Working with provider partners and AHS to identify and remove eligibility barriers to transitions in care
- Working with provider partners and AHS to identify and fill gaps in care coordination
- Advocating federally to prevent Medicare cuts to home health agencies and skilled nursing facilities
- Advocating for state and federal resources to support long-term care and post-acute providers
- Working with providers, AHS and OneCare to identify barriers to physician recruitment and retention in skilled nursing facilities and develop a sustainable model for physician support going forward



Hospitals need legislative action:

- Allocate resources to stabilize long-term care and post-acute providers to prevent further erosion of capacity
- Support increased Medicaid reimbursement for long-term care facilities and home health agencies
- Support primary care investments to bolster physician services in skilled nursing facilities
- Advocate to remove federal regulatory barriers for skilled nursing facilities to allow increased use of advanced practice providers and telehealth



Health Care Access: Regulatory Opportunities

As we emerge from COVID and enter into federal negotiations for a new health care reform model, now is the time to adopt regulatory flexibilities that have worked for hospitals and patients and adjust the regulatory framework to meet the future of health care reform



Improve workforce and capacity through regulation:

- Create apprenticeship permit to support student nurses while working and allow students to practice skills as they become proficient
- Expedite certificate of need process for emergency departments needing to expand due to increased capacity
- Make some COVID-19 regulatory flexibilities permanent:
 - Temporary licenses for out-of-state health care professionals in good standing
 - Flexibility in provider credentialing requirements from Medicaid and health insurers
 - Advance directives are valid when the person explaining it was not physically present but explained via telephone or video



Match regulatory framework to new health care reform efforts:

- Focus regulation on payment model rather than organizations to measure effectiveness and hold state, payers, hospitals, and community providers accountable