The University of Vermont Health Network is a system of five hospitals, along with physicians and other health care providers in Vermont and northern New York, working together to provide high quality, cost-effective care as close to home as possible. Strengthened by our academic connection to the University of Vermont, our network members work together to give patients access to the highest level of care by sharing knowledge and resources and access to leading-edge technology.
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Many Americans – including health care providers in our region – feel uncertain and concerned about the future of health care in light of the significant political changes the national elections triggered. We want our patients to know that regardless of these developments, The University of Vermont Health Network is committed to improving quality and controlling costs by continuing to work closely with area hospitals and providers of all types to keep patients healthy, instead of just treating them when they are sick.
Uncertainty is nothing new in health care. Providers in Vermont and northern New York have continued to make progress despite the unpredictability of our environment by focusing on what’s most important: what is best for our patients and their families. This report highlights how we are working together as a health network to improve the lives of the people in our region.

We believe that a coordinated system of care focused on keeping patients healthy, instead of the current fragmented model that financially rewards the quantity of care, is the most effective way to improve quality, maintain access for everyone in our communities and control costs – goals we enthusiastically share with state and federal policymakers and the public.

To be sure, providers of all types have worked with each other and Vermont and New York state policymakers for decades, and we have excellent quality and good access to care as a result. But it will take even closer collaboration if we expect to improve our current health care system further, and especially make care more affordable.

While there is uncertainty concerning the direction health care policy will take under a new federal administration, there are also many indications of bipartisan support for continuing on the path of improving quality, coordination and affordability.

The leaders, physicians and staff across The UVM Health Network have worked closely over the past several years in a spirit of providing the best possible care for our friends and neighbors. These relationships – built on trust and the shared belief that working together we can improve people’s lives – will see all of us through the uncertain, but also exciting, times that lie ahead.

In this document, you will learn more about the partnerships between providers that are making our network stronger and our patients healthier, and about the progress we have made on many major initiatives in 2016 to improve the lives of people in our communities.

John Brumsted, MD
President and CEO, UVM Health Network
CEO, UVM Medical Center
Dale Chamberlin, a 42-year-old from Duxbury, VT, had dealt with spells of syncope (passing out) for much of his life. Doctors were baffled by his case, and his symptoms had worsened to the point where he was passing out daily.

He was admitted to The University of Vermont Health Network - Central Vermont Medical Center, where he underwent an echocardiogram, a specialized test that allows providers to view the activity of the heart.

Echocardiography technician Allyson Pratt saw something on the test that concerned her, and called cardiologist Joachim Mueller, MD, at 7 am on Friday, April 29, 2016, to review the images.

What he saw was a massive tumor in Dale’s left atrium, which was causing a clot that obstructed blood flow to his left pulmonary veins. “It was the biggest heart tumor I’d ever seen, and with the syncopal events, he could die anytime if we didn’t get it out,” recalled Dr. Mueller.

Knowing time was of the essence, Dr. Mueller informed the hospitalist team at CVMC, who then reached out to his colleague, cardiac surgeon Bruce Leavitt, MD at The University of Vermont Medical Center.

Dr. Leavitt looked at the images and quickly realized the urgency of the situation. “He could have died within a day.” An ambulance was immediately arranged to bring Dale from CVMC to UVM Medical Center.

Nancy Chamberlin, Dale’s sister, remembers. “I got to UVM Medical Center and Dr. Leavitt met us in the Emergency Department at 9 am, and by 12 pm, he was in surgery.”

Heart tumors are relatively rare. Dr. Leavitt sees them only two or three times a year, and most are classified as myxomas, which are jellylike in nature. “This tumor was hard, like a rubber ball, so I knew we had to go after it in a different way.”

Dr. Leavitt and fellow UVM Medical Center cardiac surgeon Joseph Schmoker, MD, worked together to stop Dale’s heart and cut out the tumor.

Thanks to quick thinking and teamwork between clinicians at two of The UVM Health Network’s hospitals, Dale’s life was saved. His surgery was a success, and after a few days in the ICU, he was able to return home. “They treated him very nicely, and his treatment went very well,” Nancy noted.

Today, Dale continues to fight the aggressive cancer that caused his heart tumor. He is cared for by providers at both CVMC and UVM Medical Center.
“So far, this residency exceeds all of my expectations,” says Stephen Winfield, MD, of UVM Health Network – Champlain Valley Physicians Hospital Family Medicine Residency. A native of Prince Edward Island, Canada, Dr. Winfield said the quality of the people at CVPH, access to exceptional facilities, the community and the strong affiliation with University of Vermont Medical Center have made his experience so far exceptional.

He is one of four members of the first class of Family Medicine residents at CVPH and part of a Network-wide effort to improve access to primary care in the region. Three years ago, CVPH joined with the Larner College of Medicine at UVM and what was then Fletcher Allen Health Care (now the University of Vermont Medical Center) to build a residency program to help address the Champlain Valley’s chronic shortage of primary care providers (PCPs). As the role of the PCP continues to shift to the center of the new health care structure, the need for additional primary care providers grows. That’s especially true in the North Country, where the chronic shortage will likely evolve into a crisis as the population ages and PCPs retire.

“Primary care providers are on the front line of health care and are often the best resource for managing a patient’s care, coordinating a variety of health care services and promoting their overall health and wellbeing,” said CVPH President & CEO Stephens Mundy.

It is that kind of diversity that attracted Dr. Winfield to the specialty of family medicine. “I like the idea of treating a patient who has injured his hand as well as someone who is living with chronic kidney disease, all in one day. I want to get to know people and develop relationships with my patients,” he explained.

Winfield and his fellow residents, Ashley Bernotas, MD, Therese Ray, MD and Aaron Esterson, MD, are midway through the first of three years in the program. Ultimately, they will complete rotations in emergency medicine, OB/GYN, pediatrics, cardiology, surgery, orthopedics, geriatrics and community medicine in addition to seeing patients in a family medicine practice.

Residency Administrator Kathleen Freeman said, “We hope that the residents get a well-rounded, challenging education, with a broad scope of rotations, so we can train them to be amazing doctors who can practice medicine anywhere. We do hope that they will fall in love with our program, our hospital and our community, and that some of them will choose to stay here and practice in our community.”

That was the intention when Network leaders launched a plan to develop a Family Medicine Residency. “Studies show that 60% of family medicine residents practice medicine within 100 miles of where they completed their training,” Mundy explained.

Dr. John King, practicing physician and former Residency Director at UVM Medical Center Family Medicine residency program, was asked in 2013 to lay the groundwork for the new initiative. He said UVM Medical Center and the Larner College of Medicine were instrumental in providing support to the fledgling program. “Everything from curriculum planning to didactic presentations, faculty development and resident rotations has been influenced and enhanced by the relationship,” Dr. King notes. With a full time administrative staff on board, King now serves in an advisory capacity.

The Network’s involvement in the residency has been significant to its great start. Its support of the residency’s loan repayment program has helped with not only attracting applicants but in providing an additional reason to stay in the region to practice
medicine. Family Medicine residents who complete the three-year program and opt to practice medicine locally will be eligible for a student loan relief incentive offered by CVPH, Adirondack Health in Saranac Lake, UVM Health Network – Alice Hyde Medical Center in Malone, Canton-Potsdam Hospital in Canton-Potsdam, Massena Memorial Hospital in Massena, UVM Health Network – Elizabethtown Community Hospital and The UVM Health Network.

Dr. Winfield says it’s the personal attention he’s receiving as a resident that is creating this truly robust experience. “We are with the attending all the time – there are no other residents – so we are not competing for their time.”

Patient response to Dr. Winfield and his colleagues has been equally as positive. “There are good folk around here; they are hard working. They understand what we are doing – that we are here to improve their health. They embrace it,” Winfield said.

The residency administrative team is busy preparing for the next class of Family Medicine residents in addition to supporting Dr. Winfield and his colleagues. “My hope for this program is that it continues to grow and thrive,” Freeman said.

“Primary care providers are on the front line of health care and are often the best resource for managing a patient’s care, coordinating a variety of health care services and promoting their overall health and wellbeing...”

Stephens Mundy, President & CEO
UVM Health Network – Champlain Valley Physicians Hospital
Trauma care between University of Vermont Medical Center and UVM Health Network – Champlain Valley Physicians Hospital has continued to strengthen through coordination, knowledge sharing and expertise since the formation of The UVM Health Network.

Tammy Trombley, trauma program manager at CVPH, says, “We were New York state-designated for many years, but now New York is getting out of the designation business and requiring all of our hospitals become designated by the American College of Surgeons (ACS). This includes many rigorous requirements, and essentially expands the role of trauma at our hospital, and how the trauma service impacts patients and our community.”

To better understand and implement these requirements, Tammy has turned to her colleague at UVM Medical Center, trauma program manager Jennifer Gratton.

“Jen has been great! She’s a mentor, a valuable resource. I can pick up the phone and call her anytime,” Tammy says.

The process is far from one-sided, Jen says. “Tammy and her team have been over here at UVM Medical Center. She’s invited us to participate in their trauma conference. We work on rural transport initiatives together, and I attend their regional trauma meetings.”

CVPH has submitted its application for verification and expects ACS to review the hospital for Level 3 status in late 2017. The hospital is one of only a few applying for Level 3 status in New York state.

UVM Medical Center recently completed its own recertification process to remain a Level 1 trauma center. The application is in review with ACS. The Medical Center hopes to retain Level 1 status, as well as to receive Level 2 verification in Pediatrics for the first time. A Level 1 trauma center is capable of providing total care for every aspect of injury – from prevention through rehabilitation. It’s not uncommon for a center to be Level I for adult care and Level 2 for pediatric care. As a Level 2 pediatric trauma center, UVM Medical Center can initiate care for any pediatric injury and refer to the Level 1 center for tertiary needs when necessary. Both approvals are anticipated in early 2017.

Amy Sharpe plays a specialized role in The UVM Health Network, as a contracted employee of UVM Medical Center who splits her time between the two hospitals as a trauma registrar. She began her employment at UVM Medical Center, training with Jen and Fran Martin, another UVM Medical Center trauma registrar. “They have really invested in me – teaching me to collect data, sending me to conferences. Now I’m spending two to three days a week at CVPH. It’s been an interesting experience learning the New York state requirements for data collection and how they differ from Vermont’s.”

In her role, Amy collects data on when and where injuries occur, what treatment a patient receives in the ambulance and at the emergency department of the admitting hospital, how long the patient stays at that hospital, how transfers between hospitals occur, and process improvement information for making the overall process smoother in the future. In other words, she is responsible for forming a full picture of injury severity. “Great things will come of having this continuity for our patients – seeing what happened from the time of the patient’s injury in New York, their care at CVPH, transfer to Vermont and their stay at UVM Medical Center. It’s a great feeling knowing I am involved in improving the patient’s quality of care.”

“One of the cool things about sharing Amy (between UVM Medical Center and CPVH) is her ability to share what’s happening at UVM Medical Center with us. What data they collect, compared to what data we collect. She brings a shared perspective of what’s needed that is very helpful,” Tammy says.
“Having this position would not be possible without the support from our leadership. We appreciate their willingness to try this staffing approach and to think outside the box,” says Jen. “We are sharing knowledge and ideas all the time.”

“Great things will come of having this continuity for our patients – seeing what happened from the time of the patient’s injury in New York, their care at CVPH, transfer to Vermont and their stay at UVM Medical Center. It’s a great feeling knowing I am involved in improving the patient’s quality of care.”

Amy Sharpe
UVM Health Network
Last year, a collaborative effort between Cardiology and the Jeffords Institute for Quality focused on reducing the 30-day readmission rate for heart failure patients across the network – an effort that has been a success.

This year, The UVM Health Network has expanded its focus, launching a Heart Failure Workgroup, led by Peter Van Buren, MD, cardiologist and heart failure specialist at UVM Medical Center. The workgroup looks beyond readmissions to improving the overall system of care for heart failure patients across the Network. The overarching goal of this initiative is to ensure patients will receive the highest quality care by providers using consistent practices and tools, no matter where they enter our network.

“This is a nice opportunity for us right now for two reasons,” Dr. Van Buren said. “One, we are moving to an accountable care model, so it makes sense to apply standards of care across the Network; and two, EPIC (our electronic health record) will be expanded across the Network, so leveraging that tool to help clinicians provide optimal care is very advantageous.”

The workgroup consists of physician, nursing and administrative leaders from Cardiology and Primary Care/Hospitalist services network-wide, including cardiologists Joel Wolkowicz, MD, from UVM Health Network – Champlain Valley Physicians Hospital and Preeth Sundaran, MD, from UVM Health Network – Central Vermont Medical Center.

The workgroup is developing common protocols, order sets and clinical workflows to support the care of heart failure patients network-wide. “We have already approved inpatient management guidelines for heart failure across the Network, and we have drafted guidelines for the care of outpatients, which is in review. We are also working on commonality around discharge planning, and follow-up with providers after discharge. Follow-up is a major thing, as 60 to 70 percent of our patients are managed by primary care physicians. If we do this process well, then rates of readmission - and admission in the first place - are reduced.”

Going forward, the team is looking into a novel approach: leveraging EPIC to support providers in their care of heart failure patients, which would be piloted at UVM Medical Center. “Working with primary care physicians David Ziegelman, MD, and John King, MD, as well as Dawn Godaire, director of Clinical Operations and Training for the UVM Medical Group, and Jodey Byers, senior EHR application specialist, we are spearheading a heart failure registry so we can provide a dashboard to help manage these patients. As physicians look them up in Epic, they can easily see if their patients are meeting the standards of care.” The goal is to make this tool available to physicians once Epic is implemented across the Network.
HEART FAILURE PILOT PROGRAM

Employees in clinical, administrative, and technological specialties will coordinate efforts to develop a dashboard in EPIC, allowing medical information from different locations to be analyzed and interpreted from any single location.

RESULTS:
Up-to-the-minute patient management and standards of care
“With all the hospital-acquired infections you hear about in the news, the role of infection prevention at our hospitals has really grown. Being able to network with my peers and ask questions has been invaluable,” says Meredith King, RN, director* of Outpatient Services and Infection Prevention at UVM Health Network–Elizabethtown Community Hospital.

Long before the inception of The University of Vermont Health Network, infection prevention specialists at all of the Network hospitals had established a relationship over the phone to discuss their work. “Now that we are officially part of a network, we have quarterly meetings, rotating amongst our facilities, and are really getting to know each other in person,” notes Carolyn Terhune, manager of Infection Prevention at University of Vermont Medical Center. “We all make a big effort to attend these meetings since such good energy comes from networking. It’s great to be able to see everyone’s units as well, to have a more concrete understanding of the patient care environment.”

The team has been busy better understanding different infection prevention reporting requirements for Vermont and New York, and the differing needs of academic medical centers and critical access hospitals around this topic.

Carolyn notes, “We do a risk assessment at UVM Medical Center every year to identify areas of high risk or areas that need improvement. Being an academic medical center gives us a focus that is different than a critical access hospital.” Meredith agrees. “While UVM Medical Center focuses on surgical site infections, I concentrate more on infections like Clostridium difficile and other issues that impact our local population.”

They have also been tackling projects together. Bonnie Edwards, infection prevention and control practitioner at UVM Health Network – Champlain Valley Physicians Hospital, said The UVM Health Network infection prevention teams have come together to address complex issues surrounding reprocessing of endoscopes and the use of devices used during cardiothoracic surgery. “We are working as a network to explore and implement the safest use of these devices across our hospitals. Why reinvent the wheel when we can work together to ensure we are following Centers for Disease Control guidelines?”

On an ongoing basis, the team shares knowledge and tools and feedback from Joint Commission surveys. They presented to the Network Quality Council this past fall, giving them insight into their work as a group and the individual challenges and successes they experience around infection prevention.

Sharon Martin, infection prevention manager at UVM Health Network – Alice Hyde Medical Center, is seeing the benefit of this collaboration. “We have had some very productive meetings, and as a result I’ve been able to make changes at Alice Hyde around length of isolation for patients with Clostridium difficile.”

Cathi Dages, RN, CIC, infection preventionist at UVM Health Network – Central Vermont Medical Center, is learning from her New York colleagues. “The New York Department of Health requires influenza vaccinations or the use of a mask for health care workers. As we are at a 77 percent vaccination rate for our staff right now, we are going to focus on how to make that work at CVMC.”

Looking ahead, the focus in 2017 will be on patient isolation in situations where contact, droplet or other precautions need to be followed to ensure that a patient’s infection does not spread to others. “We want to see some standardization of our practices, and better understand when we should or shouldn’t have the same isolation policies based on our needs and local culture,” says Bonnie. “These are patients...
we all share,” adds Meredith. “We need to keep in mind the best thing we can do for our patients is to have the same message around isolation practices.”

Another knowledge-sharing opportunity occurs every January. “We put on an infection prevention advocate program every year, for two full days. This year Meredith and two of her colleagues attended. Kathy and Erica Baker from CVMC have already participated in this program. The beauty of this initiative is the ability to network with others and connect directly with folks who provide patient care right at the bedside,” says Carolyn.

Summing up, Meredith notes, “The overall advantage of us being in a network is team cohesion. Everyone in infection prevention has a different background, experiences, and care environment. It’s great to be able to rely on my colleagues when I have questions.”

* Meredith has also recently been asked to oversee the Infection Prevention Program at Moses Ludington Hospital in Ticonderoga, in addition to her duties at Elizabethtown Community Hospital. This brings representation from all of the network affiliates to the infection prevention work group.

We are working as a network to explore and implement the safest use of these devices across our hospitals. Why reinvent the wheel when we can work together to ensure we are following Centers for Disease Control guidelines?

Bonnie Edwards
UVM Health Network – Champlain Valley Physicians Hospital
Emergency departments are recognized by all as the access point for obtaining emergent medical care. However, for most of the last century, “emergency rooms” were staffed by unsupervised residents or physicians from diverse specialties who often had no formal training in critical care. Modern emergency departments are staffed by providers specially trained to manage the sickest medical and trauma patients. These providers have specific training in critical care resuscitations, lifesaving procedures, and airway management.

“There’s an old concept that emergency medicine is staffed by people from other clinical service areas who are moonlighting, but in fact it’s now one of the most competitive residencies in the country,” says Peter Weimersheimer, MD, division chief of the University of Vermont Medical Center’s emergency department.

Weimersheimer and his colleagues in emergency medicine across the UVM Health Network are now in the process of building an Emergency Medicine residency program for clinicians who want to specialize in academic and rural emergency care.

“In emergency medicine, we manage 20–50% of patient hospital admissions, including many high acuity patients. We are the doorway to our institutions,” says Weimersheimer. “The standard at the major academic tertiary care systems like ours is to have an independent academic emergency department with a residency program. Our vision is to build a program that will support clinicians who will excel in academic emergency medicine, and who will be outstanding clinicians committed to staying in this region after they graduate.”

It’s a vision shared by his colleagues across the network and by the Network Board, who approved a budget last fall brought by Weimersheimer, fellow emergency medicine physician Ramsey Herrington, MD, and surgery chair and cardiothoracic surgeon Mitch Norotsky, MD, to begin the process of developing a residency program. Things are moving quickly, with a search committee set to hire a program director in early March. Dr. Weimersheimer and Herrington’s vision is that a formal application is ready for review by September followed by a review committee site visit in November and formal program approval early next year. Building an academic program requires increased numbers of faculty to train residents and develop a strong research program. Several faculty positions are in active recruitment. All going well, the first six students could arrive in 2019.

Over the course of the three-year program, residents would spend time training in the emergency departments at UVM Medical Center, UVM Health Network – Central Vermont Medical Center, UVM Health Network – Champlain Physicians Hospital and UVM Health Network – Alice Hyde Medical Center. They would also engage in some non-emergency rotations like obstetrics and would have the opportunity to do rural emergency medicine electives at smaller emergency departments such as Alice Hyde Medical Center and Porter Medical Center.

“Sixty percent of graduates from these programs stay in the region where they train. We are hoping that down the road, patients being cared for at any of our network hospital emergency departments would be treated by providers trained in our programs, who are well versed in the unique aspects our region and of rural emergency care,” adds Weimersheimer.

There is already regional pressure for the program to quickly develop, with even non-network hospitals asking to work with these residents to alleviate workload pressure on current staff.

“We are looking forward to this opportunity to build a homegrown residency program for students who can thrive in this kind of care environment,” concludes Weimersheimer.
2019 RESIDENTS

1 EMERGENCY ROTATION

- University of Vermont Medical Center Emergency Department
- UVM Health Network – Champlain Valley Physicians Hospital Emergency Department
- UVM Health Network – Central Vermont Medical Center Emergency Department
- UVM Health Network – Alice Hyde Medical Center Emergency Department

2 NON-EMERGENCY ROTATION OBSTETRICS, ETC.

- Various Hospitals & Locations
- Various Hospitals & Locations
- Various Hospitals & Locations

3 COMMUNITY PHYSICIAN ROTATION

- Community Providers Primary Care
- Community Providers Primary Care
- Community Providers Primary Care
Addiction to opioids is a serious public health problem, with potentially devastating consequences—both for the people who are addicted and for our communities. Vermont has been a leader in confronting opioid addiction, being one of just four states to be recognized by the National Safety Council in 2016 as having made significant progress in tackling this pervasive problem. Below is a sampling of the work led by University of Vermont Medical Center and community partners to address opioid addiction and treatment.

- UVM Medical Center and community partners joined to create a broad-based approach to addressing the crisis. The Chittenden County Opioid Alliance includes representatives from government, business, health care and social service organizations. Four teams are identifying systemic barriers to treatment, coordinating care for those with complex needs, and increasing staff capacity to provide treatment and employment services.

- Forty-six UVM Medical Center primary care physicians have been trained to administer Suboxone®—a drug used to treat opiate addiction—which has allowed two outpatient drug treatment centers run by UVM Medical Center and The Howard Center to significantly reduce their waiting list. UVM Medical Center’s DayOne program, expanded in February, acts as a bridge between the Chittenden Center’s higher level of treatment and the hospital’s medical homes, where patients are already known by primary care staff. About 90 percent of patients who have received treatment in the program have successfully transitioned to primary care practices.

- UVM Medical Center has been a leader in research on pain management and safer treatment of patients who are addicted—focusing on addiction treatment, initial safe prescribing, multi-modal pain management, integrated health options and better treatments for those who are addicted.

- A new program approaches addiction as a chronic disease, supporting primary care providers as they treat patients over the long term. Multidisciplinary interventions include medication-assisted treatment, behavioral therapy, psychotherapy and coordinated care. UVM Medical Center physicians are also leading a multi-specialty effort to develop guidelines for post-operative opioid prescribing.

These and other efforts are ongoing, as UVM Medical Center continues to look for new ways to address this problem.
The statistics on life expectancy for adults living with serious mental illness are grim. Research has shown that on average these adults die 25 years earlier than other Americans, largely due to treatable health conditions. Washington County Mental Health Services (WCMHS) Executive Director Mary Moulton wants to change that.

Her team, led by WCMHS case managers and behavioral health integration program manager Abigail Tobias, has worked to create a wrap-around model for clients enrolled in mental health services who have challenging health issues and lack a primary care provider. In this vision, case managers accompany clients to medical appointments and their records are available to providers from both systems. They call the model “Integrated Health Home.”

“Physical health is not just about treating illness but treating all facets of a person’s life,” said Tobias. “And we know that people get better care when their providers talk to each other.”

They approached CVMC Granite City Primary Care Office Manager Gail Wheatley, RN, and Nurse Practitioner Marissa Patrick, ANP, to become their medical counterparts.

In February 2016, the team kicked off a pilot program with 15 participants. So far, results from the program appear promising. Preliminary numbers indicate that Emergency Department and ExpressCare visits have been reduced and the personal response of WCMHS clients has been overwhelmingly positive.

“In the satisfaction surveys, what struck us was that people felt they were heard and understood by Marissa,” said Tobias. “She really challenged them to make positive changes in their life.”

And while the pilot project is still being completed, there are hopes that the model could be replicated in one of the other five practices where WCMHS therapists are co-located.

“Both the WCMHS and Granite City teams have worked diligently to develop this model with the goal of improving the overall health of some people with very unique needs. The service delivery is patient, caring, and respectful,” said Moulton. “Having a partner like CVMC is helping us to achieve some long-desired goals toward a more holistic system of care with the hope of bending the curve on life expectancy for people with serious mental health challenges, one person at a time.”
As part of our network mission to improve people’s lives, Alice Hyde Medical Center has taken substantial steps to help people avoid unnecessary Emergency Department visits and readmissions to the hospital. Early in the project, the hospital has made significant changes, such as:

- Daily “Accountable Care” rounding, where the full care team meets together with patients to keep them informed of their health and plans, and identifies support services with external agencies prior to discharge;
- Establishing regular weekly meetings for case management staff and community care agencies to collaborate;
- Extending case management hours and ensuring that patients are called within 24 hours of being discharged from the hospital to confirm follow-up appointments and transportation, and are able to get answers to questions about health conditions or medications;
- Expanding a palliative care program, with in-house consults within 24 hours and referrals to an in-house hospice program when necessary.

Alice Hyde Medical Center has also partnered with Community Connections of Franklin County to pursue funds to develop a peer mentorship program in the emergency department. Through this program, peer mentors would guide patients who present with alcohol, drug, mental health or other general non-medical conditions which bring them repeatedly to the Emergency Department. These peer mentors would be individuals who have lived through similar experiences and are now able to help the patient they partner with obtain appropriate services.

Should the patient need intensive treatment that includes an inpatient stay for drug or alcohol detox, or mental/behavioral issues, the peer mentor will match back with the patient upon their discharge and help these patients reintegrate into the community with the goal of attaining a productive, functional lifestyle.
CVPH Emergency Department (ED) now looks beyond its walls to find ways to meet the unique needs of a small but challenging group of patients. The CVPH ED sees 48,000 patients each year and a small percentage of them are considered super utilizers – they are return customers who have a multitude of physical and behavioral health concerns as well as psychosocial challenges that are often difficult to address in an Emergency Department setting.

“Emergency Departments are not set up to care for patients like this. We are designed to treat the medical issue and admit or discharge,” explained Ken Thayer, associate vice president of Patient Care Operations and former Emergency Department director. He added that not being able to meet the needs of these patients is a huge frustration for the staff. “They want to help; it’s what they do. Sometimes it’s simple things that could make a huge difference for these patients, like having transportation, but we’re not equipped for that.”

Super utilizers put a strain on an already overtaxed system and contribute to the skyrocketing costs of health care. Two percent of the Adirondack Health Institute’s Medicaid enrollees are defined as super utilizers. They account for 26% of the ED visits (by Medicaid recipients) and 28% of inpatient admissions. Medicaid spending on these patients is 2.3 times greater than the recipients who are not super utilizers. It spends about $19,000 on each super utilizer and just $8,000 per Medicaid recipient who is not considered super utilizers.

A team was assembled that included members of the CVPH ED team, other hospital specialties and five community organizations: AHI Medical Home, Champlain Valley Family Services, Behavioral Health Services North, The National Alliance on Mental Illness, Clinton County Mental Health and the Department of Social Services. The team identified 91 patients (those who had visited the ED 10 or more times in one year) who logged 1,245 visits and 243 inpatient admissions over the course of a year. Patients were invited to participate in the program and assessed to identify non-medical issues that may have led to their admission either to the ED or to the hospital inpatient unit. Connections to outside agencies that may be able to assist with the concerns were also facilitated.

The results of the team’s work are impressive. Both ED visits and inpatient admissions were drastically reduced as patients were able to address their non-emergent needs via connections with community agencies. “Our approach has been different. The team first established a working relationship with the patient, identified barriers to care and provided connections to and engagement with resources within the community. When he or she comes to the ED, the case manager is called in and we follow through on the plan,” Thayer explained. He added that persistence and communication in real time have also been contributing factors (to their success). “I think all involved agree that this initiative has changed lives.”
The University of Vermont Health Network is harnessing the power of patient data to identify high-need communities in our service area.

A project team including partners from UVM Health Network – Champlain Valley Physicians Hospital, UVM Health Network – Central Vermont Medical Center, University of Vermont Medical Center, Adirondacks ACO and OneCare Vermont ACO, coordinated by the Jeffords Institute for Quality, is working to identify “ambulatory care-sensitive conditions” in our communities. This is done by using Prevention Quality Indicators (PQI) developed by the Agency for Healthcare Research and Quality (AHRQ). These are conditions for which high-quality outpatient care could potentially prevent the need for hospital admission, such as chronic indicators like heart failure, diabetes and asthma, and acute indicators like dehydration and bacterial pneumonia.

Combining data from hospital admissions within the Network with OneCare Vermont admission information on surrounding hospitals, we are able to see how our patient population fares against AHRQ national PQI rates.

Using this data, UVM Health Network has identified communities in need of additional preventive health supports. One such example community is Lyon Mountain, NY, where rates of heart failure, bacterial pneumonia, chronic obstructive pulmonary disease and urinary tract infections are higher than rates in surrounding areas and the nation as a whole. Lyon Mountain, a socio-economically challenged town on the western edge of Clinton County, has very limited access to primary care and experiences a high volume of ED visits as well as inpatient readmissions.

Understanding the factors contributing to Lyon Mountain’s high PQI rate, Network partners can work together to develop strategies to improve health in the community. Those might include development of customized care plans, engaging area primary care providers, partnering with UVM Health Network Primary Care, and exploring deployment of a mobile health clinic for northwestern Clinton County.
Hunters exert themselves in areas that may be far from home and difficult to access by emergency personnel, so it’s important that they have a yearly physical to ensure that there are no obvious health issues that make them vulnerable. For the past 10 years, Elizabethtown Community Hospital has been holding an annual free health screening for hunters that assesses participants’ blood pressure, glucose, cholesterol, oxygen levels, vision, height and weight. The participants are also tested for color blindness to ensure that they have the ability to see the color orange while in the woods. Further, they receive an electrocardiogram (EKG) reading to check their heart rhythm for any issues.

This community health initiative has grown to include many community partners that offer information and advice related to hunting and preparing safely for outdoor activities. The information given at this screening is vital to the safety of the hunter and covers warning signs of heart attack and hypothermia, tree stand falls, gunshot wounds, and wearing orange to promote safety. The hospital gives away camo hats with blaze orange, gun locks, information about ticks, safety, and ear protection.

In the past five years, 52 significant health issues have been identified in participating hunters, and ten of those involved an emergent health issue that resulted in immediate health care needs. This statistic alone shows that the Hunter’s Health screening has saved lives.

The number of attendees has grown 221% over the last five years, from 19 in the first year to 61 this past year. This is a significant increase in this extremely rural community, where a large percentage of participants are without health insurance and some are without primary care physicians. Due in large part to the success of the Hunter’s Health Screening, Elizabethtown Community Hospital now also offers annual Women’s Health and Healthy Heart screenings to support the health of the community.
“As a clinician and a patient, the idea of population health management – helping people stay as healthy as they possibly can – is very exciting.”

Philip Mead, MD
UVM Medical Center Board of Trustees
2007–2014
UVM Health Network Board of Trustees
2014–2016
Being part of a health network can often lead to financial savings. When our five hospitals work together, we can combine our purchasing power to drive down the cost of everything from paper clips to advanced medical technology.

A great example of this is how we are working in new ways to purchase cardiac rhythm management (CRM) devices such as pacemakers and defibrillators.

In February 2016, UVM Health Network issued Requests for Proposals (RFP) to four suppliers of CRM to establish new system-wide pricing contracts. The goals were to reduce cost, maintain the highest standards for product quality, preserve physician choice of products, and provide physicians with comparative effectiveness information on those products.

We now contract with all four of these suppliers to encourage competition, which has resulted in reductions in cost of these products between 6 percent and 13 percent, depending on the supplier.

Between February 2016 and April 2016, UVM Medical Center piloted a physician phone application with our electro-physiologists to compare relative costs of devices as well as device features.

“Utilizing a handheld portable device, we can obtain up-to-date information on the specific features unique to the CRM products we are choosing to implant, said Bob Lobel, MD, electrophysiologist at UVM Medical Center. “By having the ability to simultaneously consider functionality, size and cost, across the spectrum of vendors, we can make better-informed decisions about the appropriate device for a specific patient need. This allows us to utilize advanced technology where it is needed and avoid it where it is not. Ultimately, this will translate to major cost savings (sometimes upwards of $7,000 in individual cases) and improved utilization of high-end technology where it is crucial to patient care and outcomes.”

Because this application was so successful, it was also rolled out at UVM Health Network – Champlain Valley Physicians Hospital and UVM Health Network – Central Vermont Medical Center. As the pilot site, UVM Medical Center continues to make enhancements to the functionality of the application.

The financial impact of this cost-management initiative has been notable, with The University of Vermont Medical Center on track to save roughly $1 million this fiscal year. CVPH is projected to save over $600,000, and CVMC, about $15,000.

“Physician engagement is the crux of this success story,” notes Charlie Miceli, CPM, Network chief supply chain officer. “While contracting together as a network has driven over $40 million in cost avoidance and cost savings since October 2011, increased involvement of physicians and nursing in supply chain is a significant contributor to our success.”

“We have robust tools to assess market competitiveness, which has allowed us to aggressively negotiate our costs. This has helped us be ranked #1 or #2 for Supply Chain Excellence by the UHC Consortium for the past few years,” adds Georgiana D’Alessandro, senior contract specialist for UVM Medical Center. “What’s been eye-opening about this effort is how much further we can drive down costs while driving high quality. We are truly able to match the right product to the right patient.”
CRM SUPPLY-CHAIN PILOT PROGRAM

For a three month period, between February and April 2016, UVM Medical Center piloted a physician phone application with our electrophysiologists to compare relative costs of devices as well as device features.

CRM phone application provides options based on functionality, size, and cost

Physicians can select the best CRM products based on specific patient needs.

ONE-YEAR SAVINGS

$1,000,000
UVM Medical Center

$600,000
UVM Health Network – Champlain Valley Physicians Hospital

$15,000
UVM Health Network – Central Vermont Medical Center

RESULTS:
Overall network supply chain savings, last five years

$40,000,000
In March 2016, The University of Vermont Health Network Leadership Council designated the Department of Pathology and Laboratory Medicine as the first to become a network-wide department – enabling them to share resources, standardize and consolidate practices, and begin working toward the development of a testing location model that works best for patients across the network.

Bringing together 723 employees across all network hospitals was no small task. “I worked with leadership across the network to develop a strategic implementation plan and a leadership structure to accomplish those strategic goals,” said Debra Leonard, MD, PhD, chief of Pathology and Laboratory Medicine for UVM Health Network. This structure includes four leadership councils to guide major initiatives: Research, People First, Education and the clinical High Value Patient Care Council.

“We are doing a lot of groundwork right now – relationship building and figuring out how to work best together,” says Tania Hong, UVM Health Network director of operations for Pathology and Laboratory Medicine. “This year, we were able to standardize some new acquisitions as well as come together on a master services agreement where the same vendor is already used. We are realizing some savings already from these few contracts – $66,000 saved across the network. It will be fascinating to see what we can save as we continue to work together.”

“The lab at UVM Health Network – Champlain Valley Physicians Hospital has already experienced significant cost reductions through group purchasing and has benefited from shared resources,” agrees Ron Brown, laboratory director at CVPH.

The secret to this success lies in engagement. “We develop guiding principles before diving into each initiative. These conversations allow us to be honest and transparent, and enable us to come up with a concise list of priorities that everyone feels they own,” said Hong.

“I feel that being a part of the High-Value Patient Care Council enables me to represent UVM Health Network – Alice Hyde Medical Center and play an active role as we work together as a team to integrate the laboratories within the health network,” said Todd Harrington, CT, Laboratory administrative director from Alice Hyde Medical Center in Malone, NY.

“Communicating as we work together is essential to the success of a department’s integration, so we spend a great deal of time doing that,” added Leonard.

This coming year promises to build on the positive momentum of the council. “Our major work will be developing our testing location model – where patients can best be served – as well as moving to a single anatomic pathology IT system,” Hong said. “We will also finalize a strategic investment profile, to articulate the work we have done and plan to do, with the anticipated savings and resource needs for that work. Essentially, we will create a 3- to 5-year business plan.”
“I feel that being a part of the High-Value Patient Care Council enables me to represent Alice Hyde Medical Center and play an active role as we work together as a team to integrate the laboratories within the health network.”

Todd Harrington, CT
UVM Health Network – Alice Hyde Medical Center
ECONOMIC IMPACT FINDINGS

Economic Impact
The UVM Health Network contributes more than $2.24 billion to the economies of Vermont and New York.

Employment Impact
The UVM Health Network’s combined direct and indirect/induced employment impact on Vermont and New York is 19,243 jobs.

State and Local Government Revenue Impact
The UVM Health Network impacts state and local government revenue by more than $144.6 million through spending in the region. In addition, because Vermont assesses provider taxes to generate matching federal funds for the state’s Medicaid program, Vermont collected an additional $90.7 million in federal funding based on taxes paid by the UVM Medical Center and UVM Health Network – Central Vermont Medical Center.

Community Impact
The UVM Health Network hospitals provided more than $199 million in community benefits as measured by IRS Form 990. In addition, employees of The UVM Health Network engage with the community on their own time, in ways that include volunteering time and donating money to local causes. Across UVM Health Network, Tripp Umbach† estimates the value of that time and money to the community as an additional $20.3 million.

† Tripp Umbach was retained to quantify the economic, employment, government revenue, and community impacts of the Network. Tripp Umbach provides economic impact analysis to leading health care organizations and academic health centers.

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Network Planning & Business Department, FY 2016

$2.24 BILLION
in economic impact

19,234
jobs created

$235.3 MILLION
in state and local tax revenue impact

$219.3 MILLION
in community impact
Alice Hyde Joins UVM Health Network

Alice Hyde Medical Center in Malone, NY, officially joined The University of Vermont Health Network in May 2016. Alice Hyde is the fifth hospital to join our growing health network.

“Becoming a part of The University of Vermont Health Network is a wonderful opportunity for Alice Hyde Medical Center and the thousands of North Country residents we serve,” says Douglas F. DiVello, MPH, FACHE, president and chief executive officer of Alice Hyde Medical Center. “For the past 18 years, Alice Hyde has been an affiliate of Fletcher Allen – now The University of Vermont Medical Center – and has seen the tremendous benefits of this collaboration. Formalizing and extending this partnership will expand our communities’ access to high quality services closer to home.”

Alice Hyde Medical Center is a private, not-for-profit hospital. Established in 1913, Alice Hyde provides high-quality, low-cost health care to the more than 55,000 residents of the North Country. The Medical Center consists of a 76-bed acute-care facility, a 135-bed long-term care facility and a 30-bed assisted living facility. Alice Hyde also has a walk-in clinic and a robust primary care practice, which includes offices on the Malone campus, as well as four family health centers that bring primary and preventive services to the community. Alice Hyde also offers specialty care, including women’s health services, a family maternity center, a cancer center, an orthopedic and rehabilitation center, a dental center, general surgery, cardiology and more. Alice Hyde Medical Center employs more than 800 people across its facilities.

Porter Takes Steps Toward Joining UVM Health Network

In October 2016, the Porter Medical Center Board of Directors in Middlebury, VT, and the University of Vermont Health Network Board of Trustees agreed to formally negotiate terms under which Porter Medical Center would join The University of Vermont Health Network. Negotiation led to an agreement for Porter Medical Center to become an affiliate of The UVM Health Network in the spring of 2017.

“Working together with Porter Medical Center providers, staff and leadership, we have the opportunity, through collaboration, to improve access to health care and specialized services and contribute positively to the overall health of the Addison County community,” notes John Brumsted, MD, president and CEO, UVM Health Network, and CEO, UVM Medical Center.