

**Letter Agreement Regarding Schedule, Quality Measures and Focus Areas
State Fiscal Year 2023**

REPORTING PERIOD: MARCH 1, 2022-FEBRUARY 28, 2023

Parties: Department of Vermont Health Access (DVHA), University of Vermont Medical Center (UVMHC) and the University of Vermont and State Agricultural College (UVM)

This Letter of Agreement consists of eight (8) pages. Except as modified by the Letter of Agreement, all provisions of Contract #42012 dated June 24, 2021 shall remain unchanged and in full force and effect.

WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS LETTER OF AGREEMENT.

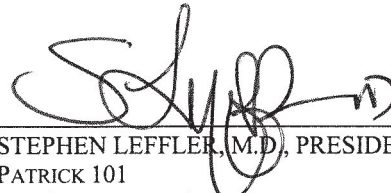
BY THE STATE OF VERMONT:

**BY THE UNIVERSITY OF VERMONT
MEDICAL CENTER:**



6/30/2022

ANDREA DELABRUERE, COMMISSIONER DATE
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6/29/2022

STEPHEN LEFFLER, M.D., PRESIDENT DATE
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**BY THE UNIVERSITY OF VERMONT
AND STATE AGRICULTURAL COLLEGE:**

Richard H Cate Digitally signed by Richard H Cate
Date: 2022.06.30 07:13:13 -04'00'

RICHARD CATE, V.P. FOR FINANCE, TREASURER DATE
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SFY 2023 Payments:

DVHA and UVM agree to pay the SFY 2023 supplemental payments for Qualified Teaching Physicians and Qualified Teaching Hospitals noted below:

UVM to DVHA		
	Qualified Teaching Physician	Qualified Teaching Hospital
Quarter 1:	\$3,264,750	\$00.00
Quarters 2, 3, 4:	\$3,313,500	\$00.00
Total:	\$13,205,250	\$00.00

DVHA to UVMMC		
	Qualified Teaching Physician	Qualified Teaching Hospital
Quarterly:	\$7,500,000	\$00.00
Total:	\$30,000,000	\$00.00

SFY 2023 Schedule of Key Activities:

Activity	Date
UVM Funds Transferred to State Treasurer and Certified Letter Sent to DVHA.	9/1/2021, 12/1/2021, 3/1/2022, 6/1/2022
DVHA Payments Made to UVMMC.	9/30/2021, 12/31/2021, 3/31/2022, 6/30/2022
Medicaid Supplemental Payment Calculations for SFY 2023 Due to DVHA from UVMMC.	4/30/2022
Draft 2023 GME Annual Report Due to DVHA.	5/1/2023
DVHA Accepts Annual Report or Requests Additional Information from UVMMC.	6/1/2023

Final Annual Report Due to DVHA.	6/30/2023
DVHA and UVMHC Meet to Discuss SFY 2024 Schedule and Annual Report Requirements.	7/1/2023
SFY 2024 Schedule, Quality Measures, and Focus Areas Agreed to and Letter of Agreement signed and added to Contract file.	8/30/2023

ATTACHMENT

Graduate Medical Education Annual Report Template SFY 2023 **REPORTING PERIOD: MARCH 1, 2022-FEBRUARY 28, 2023**

Section 1 – Training a Physician Workforce

- Provide an annual listing of residency and fellowship slots by specialty/ patient population.
- Provide a listing of graduates by specialty who are remaining in Vermont after graduation.
- Describe the involvement of residents and fellows in quality projects aimed at improving the processes for providing safe and effective patient care.
- Provide ways residents and fellows are taught about health care disparities.
- Provide Accreditation Council for Graduate Medical Education UVM Medical Center institutional data for resident/fellow and faculty surveys.
 - o Culture reinforces personal responsibility for patient safety
 - o Information not lost during shift changes, patient transfers, or the hand-over process
 - o Interprofessional teamwork skills modeled or taught
 - o Taught about health care disparities
 - o Faculty members discuss cost awareness in patient care decisions
 - o Education in assessing patient goals e.g. end of life care
 - o Preparation for interaction with diverse individuals

Section 2 – QI Focus Areas

QI Focus Area - Behavioral Health Integration in Medical Homes

UVMHN is actively engaged in implementing the Ambulatory Integration of the Medical and Social (AIMS) model in our patient-centered medical homes, which provide comprehensive and high quality primary care across the network. The embedded mental health resources provide care coordination between primary care providers and members of the extended care team who focus exclusively on assessing, managing, and coordinating the mental health needs of our

primary care patients. For the reporting period of March 1, 2022 through February 28, 2023, we will report on progress as follows:

- Number and percentage of UVMHN medical homes with embedded mental health resources.
- Geographic spread of UVMHN medical homes with embedded mental health resources (state of Vermont only for this reporting).
- Number of patients receiving a short-term mental health intervention because of this embedded resource and percent of Medicaid patients utilizing this service.
- Referrals made to community health resources by embedded primary care mental health team members.
- Successes, challenges, and lessons learned during this reporting period that will inform continued roll out of this approach.

QI Focus Area - Implement E-Consultations

UVMHN will actively deploy e-consultations initially in Chittenden county and then across communities served by UVMHN employed primary care providers. When a patient has a straightforward, low-acuity issue that benefits from a specialist review, the patient's primary care provider can initiate an e-consult to a specialist colleague with an expected response time of one week. The implementation of e-consultations should improve access for our patients by allowing primary care providers to continue to manage the patient's care within the medical home rather than referring their patient to a specialist that normally requires a wait time for the patient to see the specialist to determine the next steps in care. For the reporting period of March 1, 2022 through February 28, 2023, we will report on progress as follows:

- Number of unique e-consultations built within our electronic health record system and deployed to our employed primary care providers.
- Number of e-consultations requested by primary care providers.
- Number of requested e-consultations that were completed.
- Timeliness of e-consultation completion.
- Number of unique patients served by e-consultations and the percentage of Medicaid patients utilizing the service.
- Geographic range of patients served by e-consultations (state of Vermont only for this reporting).
- Successes, challenges, and lessons learned during this reporting period that will inform expansion of our digital strategies.

QI Focus Area - Telehealth Expansion as Strategy for Improving Access

UVMHN rapidly deployed tele-video visit technology as part of the early strategy for addressing

safe access for patients needing an ambulatory visit with a provider during the early stages of the COVID-19 pandemic. The rapid implementation was critical to maintaining our ability to provide care to those patients who were at risk for not getting their health needs met through our previously "normal" in person visits. In the two plus years since that time, our network has continued to implement EPIC as our foundational electronic health record (EHR) system and has started to work on deploying a fully integrated tele-video technology leveraging MyChart, the EHR patient portal. For the reporting period of March 1, 2022 through February 28, 2023, we will report on progress as follows:

- Number and percentage of ambulatory visits conducted via telehealth from 2019 to present.
- Geographic range of patients receiving care from 2019 to present (with particular focus on telehealth impact).
- Number of UVMHN clinic locations that migrated to the MyChart tele-video visit platform.
- Percent of UVMHN patients with active MyChart accounts and percent of Medicaid patients using MyChart.
- Successes, challenges and lessons learned during this reporting period that will inform our telehealth strategies.

Section 3 - Additional Data

Provide graphs, with the 12-month trend and definitions as well as aggregate annual data from the current and previous reporting periods for comparison, for the following Quality Measures.

Include a narrative describing any environmental factors, processes, procedures, or changes UVM Medical Center (UVMHC) has implemented that may have affected metrics. Describe steps taken to address any measures that fall below the target metric (when applicable).

1. Measure: Inpatient Admission rates per 1000Patients.

Graph A:

- Numerator: Medicaid population, Patient admissions.
- Denominator: Medicaid population, Patient encounters for UVM MC for the

preceding 12 months.

Graph B:

- Numerator: All payer population, Patient admissions.
- Denominator: All payer population, Patient encounters for UVM MC for the preceding 12 months.

2. Measure: Vizient Overall 30 Day Related

Readmission Rate.

Graph A:

- Numerator: Medicaid population, Patients with a related readmission* (using Vizient related readmission criteria) to UVM Medical Center (UVMHC).
- Denominator: Medicaid population, Patients discharged from UVMHC.

Graph B:

- Numerator: All payer population, Patients with a related readmission* (using Vizient related readmission criteria) to UVMHC.
- Denominator: All payer population, Patients discharged from UVMHC.

*Related is defined as being for only clinically related, non-reoccurring readmissions and does not normally include visits considered planned.

3. Measure: Overall ED Visits per 1000 Patients.

Graph A:

- Numerator: Medicaid population, Number of ED visits.
- Denominator: Medicaid population, Patient encounters for the UVMHC organization for the preceding 12 months.

Graph B:

- Numerator: All payer population, Number of ED visits.
- Denominator: All payer population, Patient encounters for the UVMHC organization for the preceding 12 months.

4. Measure: Inpatient Press-Ganey Overall Satisfaction - Percentage of Responses that are 9 or 10.

Graph A:

- Numerator: Medicaid population, Respondents that gave a 9 or 10 response.
- Denominator: Medicaid population, Respondents to the CMS defined HCAHPS

patient satisfaction survey "Overall Satisfaction" question.

Graph B:

- Numerator: All payer population, Respondents that gave a 9 or 10 response.
- Denominator: All payer population, Respondents to the CMS defined HCAHPS patient satisfaction survey "Overall Satisfaction" question.

5. Measure: Medicaid Dental visits for the reporting period.

Graph A:

- Numerator: Medicaid population, Number of Dental visits.
- Denominator: Medicaid population, Patient encounters for the UVMMC organization for the preceding 12 months.

Graph B:

- Numerator: All payer population, Number of Dental visits.
- Denominator: All payer population, Patient encounters for the UVMMC organization for the preceding 12 months.

6. Measure: Telehealth Visits for Medicaid Patients

The COVID pandemic surge in Vermont greatly restricted in-person access to healthcare services. UVMMC rapidly increased the use of telehealth during this time and has since continued using telehealth as an option for access to healthcare. The intent of this metric is to measure access to healthcare services offered through telehealth for Vermont Medicaid patients before, during, and after the peak surge of the COVID pandemic.

Graph A:

- Numerator: Medicaid population, Number of Medicaid telehealth visits for the preceding 12 months.
- Denominator: Medicaid population, Number of Medicaid patient visits for UVMMC for the preceding 12 months.

Graph B:

- Numerator: All payer population, Number of telehealth visits for the preceding 12 months.
- Denominator: All payer population, Number of patient visits for UVMMC for the preceding 12 months.