

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2021

Organization's Name: UVM Health Network Home Health and Hospice

Address: 1110 Prim Road

City, State, Zip: Colchester, Vermont 05446

Website address: https://www.uvmhomehealth.org/

A. GENERAL INFORMATION

1. Program Name: The UVM Health Network Home Health and Hospice provides health and related services such as, home care nursing and physical therapy, hospice, adult day programs and family and children's services to Richmond residents in their homes and other community settings.

2. Contact Person/Title: Ayeshah Raftery, Director of Development

Telephone Number: (802) 860-4475

E-mail address: Ayeshah.Raftery@uvmhomehealth.org

3. Total number of individuals served in the last complete fiscal year by this program: 5,924 unduplicated patients from Chittenden and Grand Isle Counties

4. Total number of the above individuals who are Town residents: 119
Please attach any documentation that supports this number. (See attached FY19 Care Report detailing services provided to Richmond residents)

Percent of people served who are Town residents: 2.1%

5. Amount of Request: \$9,693

6. Total Program Budget Percent of total program budget you are requesting from the Town of Richmond: .03%

7. Please state or attach the mission of your agency: We help people live their fullest lives by providing innovative, high-value, and compassionate care wherever they call home.

8. Will the funding be used to?

Maintain an existing program

Expand an Existing Program

Start a new program

9. Has your organization received funds from the Town in the past for this or a similar program? Yes, the UVM Health Network Home Health and Hospice receives funding from Richmond and the other 21 cities and towns we serve each year.

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase. No.

b. Were any conditions or restrictions placed on the funds by the Selectboard? No.
If yes, describe how those conditions or restrictions have been met.

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond? The UVM Health Network Home Health and Hospice is a nonprofit home health and hospice agency caring for people of all ages: from critically ill children to vulnerable families to adults who need rehabilitation, care for chronic illness, adult day services, or end-of-life care. The UVM Health Network Home Health and Hospice provides medically necessary home and community-based care to individuals and families regardless of their ability to pay. The UVM Health Network Home Health and Hospice serves over 5,900 individuals and families throughout Chittenden and Grand Isle Counties every year. In our most recently completed fiscal year, the UVM Health Network Home Health and Hospice cared for 125 Richmond residents. This care equated to 2,747 nursing, rehabilitation therapy and social work visits, as well as 62 hours of licensed nursing assistant, personal care attendant and waiver attendant care. Please refer to the attached FY19 Care Report for a detailed list of services provided.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. The recipients of UVM Health Network Home Health and Hospice services can range from a pregnant mother receiving prenatal care at home to an adult who need rehabilitative therapy following a surgery to an individual with a terminal illness who is able to die at home surrounded by family and friends with assistance of the UVM Health Network Home Health and Hospice Team. Our programs serve people of all ages and there are no eligibility requirements with respect to age, race, gender, or socioeconomic status. We serve anyone who turns to us in need. Our service area includes residents of Chittenden and Grand Isle Counties.

The number of clients served in a particular town varies from year to year based on community need. Below is chart showing the number of Richmond residents served by the UVM Health Network Home Health and Hospice in the past six years.

<u>UVM Health Network Home Health and Hospice Fiscal Year</u>	<u># of Richmond Residents Served</u>
2019	119
2018	125
2017	109
2016	93
2015	96
2014	83

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? The UVM Health Network Home Health and Hospice will improve the lives of

Richmond residents by offering the following programs and services:

- Family and Children's Services: strengthening families and improving parents' capacity to nurture their children through pregnancy and early childhood years by providing nursing care and wrap-around social support services in the home.
- In-Home nursing, physical, occupational, and speech therapy to help people regain their independence after illness.
- Private Care Services: offering support for everyday tasks to make living at home safe and comfortable.
- Long-Term, In-Home Care: including our Choices for Care Program which helps people live their best lives in the setting they prefer.
- Adult Day Programs: helping older adults keep connected in a safe, stimulating, home-like environment.
- Palliative Care, Hospice Care and the UVM Health Network Home Health and Hospice Respite House: caring for people with serious illness and their families.
- Providing preventative care for long-term health.

The UVM Health Network Home Health and Hospice has a longstanding reputation in the community. We have cared for generations of families and we often receive feedback from grateful patients and families who refer to their UVM Health Network Home Health and Hospice caregivers by name. Many people find out about our services from people they know who have used them. We also receive home health referrals from primary care physicians and have very strong partnerships with other health and community service providers. In January 2018 the VNA affiliated with the UVM Health Network to improve access to care, enhance quality and control costs. Our public marketing includes television commercials and radio ads. The UVM Health Network Home Health and Hospice also employs a multi-platform strategy to engage the public in traditional media as well as the digital world. Marketing to publicize our programs and services includes press releases, Facebook posts, e-newsletters, posts on our website, and a mailed newsletter and Annual Report. This year we added Twitter and Instagram.

Facebook: 1,160 followers

E-newsletter: 4,900 subscribers that opt-in

Website: 51,491 unique website visitors in the last year

UVM Health Network Home Health and Hospice newsletter: mailed to 4,678 homes

Our programs and services are accessible to people of all income levels because we do not turn anyone away based on inability to pay.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.)The use of town funds is tied to community needs which dictate UVM Health Network Home Health and Hospice services provided. Please refer to the attached FY19 Care Report for details on the services provided to Richmond residents last fiscal year and the cost of providing that care. Last year, there was a \$2.32 million gap between the actual cost of UVM Health Network Home Health and Hospice services and what we were reimbursed by Medicare, Medicaid, private insurance, contracts and patient fees. Annual contributions from cities and towns, like Richmond, help cover a portion of the debt the UVM Health Network Home Health and Hospice incurs. The total cost of services provided to Richmond residents last year was \$369,310, but we were only reimbursed \$350,950. Our

funding request for the upcoming fiscal year helps offset the \$18,359 loss the UVM Health Network Home Health and Hospice incurred through charitable care to Richmond residents.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? The UVM Health Network Home Health and Hospice is responsible for raising funds to cover the unreimbursed care provided to individuals who could not afford to pay the full fee or whose insurance does not reimburse us for the actual cost of care. Last year, this gap was \$2.32 million. Contributions from the 22 cities and towns we serve are one way we make up this difference. We are also supported by the United Way of Northwest Vermont, individual donors, special events revenue, and grants from foundations and federal entities. The UVM Health Network Home Health and Hospice would not be able to provide the high-valued services we do without the aid of community support and the dedication of over 600 volunteers each year.

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. The UVM Health Network Home Health and Hospice is a 112 year old nonprofit home health and hospice agency with a long history of providing at-home and community based health services throughout Chittenden and Grand Isle Counties. The UVM Health Network Home Health and Hospice was founded by a small group of women in Burlington, Vermont who were concerned about the health of the young and vulnerable in the community. At the turn of the last century, Burlington was a bustling community, but one with high rates of infant mortality and a range of other health and social challenges. Our founder, Julia Smith Wheeler, and her friends took action by sending nurses to care for people in their homes and communities. The founders established a directive, "to serve all who turn to the UVM Health Network Home Health and Hospice in their time of need," which still guides our work today. Since 1979, the UVM Health Network Home Health and Hospice has been caring for residents in every city and town in Chittenden and Grand Isle Counties, including Richmond.

The management structure of the UVM Health Network Home Health and Hospice consists of a voluntary Board of Directors who hire a President and CEO to oversee the operations of the organization. A Senior Management Team directs the major areas of operations including: Finance, Human Resources, Clinical Programs, Quality and Education, Community Relations and Program Development, and IT. Program Directors manage the day to day work of our 600 + employees. Our staff consists of many licensed professionals such as RNs, Physical, Occupational and Speech Therapists, Medical Social Workers and Licensed Nurses' Aides. Some of these professionals also have advanced degrees and certifications in the areas of Care Management, Wound and Ostomy Care, Hospice, and Chronic Disease Management, to name a few. The VNA also employs more than 200 people in entry level positions called Personal Care Attendants. These staff members successfully complete a one week intensive orientation before providing client care.

On January 1, 2018, the VNA joined the UVM Health Network to improve access to care, enhance quality and control costs. We aim to have an integrated team approach to patient care, which means greater coordination between the hospital, physicians and home health providers. We will continue to provide medically necessary services to all who need our care, regardless of ability to pay.

The UVM Health Network Home Health and Hospice Board of Directors remains intact and continues to oversee UVM Health Network Home Health and Hospice business and operations. No UVM Health Network Home Health and Hospice program or service will be terminated based solely on the lack of profitability. The UVM Health Network Home Health and Hospice remains a not-for-profit organization, responsible for our own balance sheet.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from who (source of data) and when (timing of data collection). The UVM Health Network Home Health and Hospice has a Quality Management Plan that is broad and comprehensive. The primary purpose of the plan is to support the UVM Health Network Home Health and Hospice's mission of "helping people live their fullest lives by providing innovative, high-value and compassionate care wherever they call home." The plan is organized around three primary functions of quality management: quality planning, quality control, and quality improvement. This plan identifies the data we collect, the frequency and source for collection and to whom the data is reported. Please refer to attached UVM Health Network Home Health and Hospice Quality Management Plan.

Quality planning is performed at several levels of the organization and by a variety of groups such as Quality Councils and a Board- driven Quality Assessment and Performance Improvement Committee (QAPI). Quality planning includes steps such as: examining existing data and trends, improving outcomes, reducing errors, etc. Examples of quality planning includes the OASIS Outcomes and Hospice Item Set that are measured and reviewed on a monthly, quarterly, and annual basis for Home Health Services and Hospice. We use these measures to monitor performance in real time and over time and benchmark against Vermont and national outcomes. Many of these outcomes are publicly reported and guide our focus on performance improvement initiatives.

The UVM Health Network Home Health and Hospice also utilizes an external vendor, Strategic HealthCare Programs, for real time data analytics. This tool provides a drill down functionality to the clinician, team, and provider level.

Quality Control activities consist primarily of measurement and reporting. Examples of quality control activities monitored on a quarterly basis by the UVM Health Network Home Health and Hospice are patient and client occurrences such as falls, medication errors, infections, and other events. All programs at the UVM Health Network Home Health and Hospice utilize a tool or process to measure customer satisfaction and client complaints/concerns. We are required to submit much of this data to the state of Vermont as part of the Vermont Homecare Performance Markers.

Our QAPI program involves a number of approaches to achieve Quality Improvement such as improvement project teams, lean management, outcome based quality improvement, standardization, and staff education.

3. Summarize or attach program and or service assessments conducted in the past two years. In addition to the above quality management activities, the UVM Health Network Home Health and Hospice is required to comply with Federal and State regulations for home care through the Medicare Conditions of Participation for Home Health and Hospice and State Designation Rules. We are assessed on a regular basis, usually unannounced, by the following agencies: Vermont

Department of Disabilities, Aging, and Independent Living (DAIL); Division of Licensing and Protection; the Veterans Administration (for Adult Day Programs); Vermont Agency of Human Services; United Way of Northwest, VT; and through external auditing of UVM Health Network Home Health and Hospice finances and accounting practices. In the past we have completed an unannounced Federal and/or State survey of our Home Health Services for Adults, Families and Children, Long Term Care, and our Hospice Program including Vermont Respite House. Any time a survey identifies opportunities for improvement, the UVM Health Network Home Health and Hospice submits a corrective action plan which includes process and performance improvement steps.

4. Does your organization have a strategic plan and a strategic planning process in place? Yes. If yes, please attach your plan.

A copy of the UVM Health Network Home Health and Hospice 2018-2020 Strategic Plan is attached.

The strategic plan should include a mission statement, goals, and action steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? Agency bylaws state the UVM Health Network Home Health and Hospice Board of Directors must have no fewer than 5 members and no more than 25. We currently have 18 members.
How many meetings were held by the board last year? 6

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant: 

Date: 9/12/19

Ayeshah Raftery, Director of Development
Print Name of Applicant and Title

Town of Richmond

Home Health & Hospice Request for Funding 2021

Care Report for FY19

Home Health & Hospice (HHH) cared for 119 people in Richmond during our past fiscal year (July 2018-June 2019) with the following services:

HHH Service	VISITS	HOURS
Nursing	914	
Physical Therapy	583	
Speech Therapy	59	
Occupational Therapy	107	
Social Work, Social Service	176	
Licensed Nursing Assistant		27
Homemaker		0
Waiver Attendant		10
Personal Care Attendant		2
Total	1,839	39

COST OF PROVIDING CARE	AMOUNT
Total cost of HHH services	\$363,009
Amount reimbursed by Medicare, Medicaid, private insurance, contracts and patient fees	\$350,412
Remaining Balance	\$12,597

Home Health & Hospice request annual contributions from each town and city in our two-county service area. Your contribution is critical to supporting the **\$3.3 million** in charitable care that we provided this year.

Last year, the HHH cared for over **5,587** people of all ages, regardless of their ability to pay. Your contribution helps ensure Richmond residents can access innovative, high-value, compassionate care wherever they call home to keep them healthy, independent and active members of your community.

Our goal is to have each town and city help alleviate some of the debt Home Health & Hospice incurs. The town of Richmond pledged \$9,693 for FY20. Thank you.

FY21 Request

For fiscal year 2021, HHH is requesting a contribution of \$9,693.

THE
University of Vermont
HEALTH NETWORK
Home Health & Hospice

Home Health & Hospice

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1110 Prim Road, Colchester, VT 05446 | (802) 658-1900 | UVMHomeHealth.org

September 12, 2019

Town of Richmond
Ms. Kathy Daub-Stearns
203 Bridge St
Richmond, VT 05477

Dear Ms. Daub-Stearns,

The University of Vermont Health Network Home Health & Hospice, with the support of Richmond, provides innovative, high-value, compassionate care to Vermonters, regardless of their ability to pay. Together we make a difference in the lives of our neighbors.

Last year, Home Health & Hospice cared for 5,587 individuals and families and provided \$3.3 million in charitable care to people throughout Chittenden & Grand Isle Counties, including important end-of-life care at the McClure Miller Respite House. Annual contributions from the 22 cities and towns we serve help cover a portion of the cost of the services that Home Health & Hospice provides.

Attached you will find a report on Home Health & Hospice services provided in Richmond during fiscal year 2019 (July 1, 2018 – June 30, 2019) and our request for funding in FY2021. Also enclosed is information on our programs and financials. **We are respectfully requesting \$9,693 which represents level funding with your last contribution.**

We welcome an opportunity to meet with your Selectboard or committee members to discuss our services and request. Ayeshah Raftery, Director of Development, at (802) 860-4475 will be calling to arrange a meeting to familiarize you with the many ways we serve those in Richmond.

Home Health & Hospice is committed to providing expert clinical and personal care to the residents of Richmond. **Thank you for your continued partnership.**

Sincerely,



Judy Peterson, RN
President and CEO

The University of Vermont Health Network Home Health & Hospice 2018 Gratitude Report

This year has been a time of great change and opportunity for our organization.

In January 1, 2018, we began our formal affiliation with the University of Vermont Health Network and changed our name to The University of Vermont Health Network Home Health & Hospice. We are now part of the regional healthcare system that consists of six hospitals in Vermont and northern New York, and a physician organization. Our partnership signals the commitment the Network has to home health services and a recognition of the important role we play in the overall health of the community.

While our name has changed, many things have remained the same:

- We provide all the same programs and services with the same trusted staff providing patient care.
- We remain a separate non-profit organization providing our services across the 22 cities and towns in Chittenden and Grand Isle Counties.
- ▶ We have our own CEO and Board of Directors with responsibility for our own operations and budget.
- ▶ The McClure Miller Respite House will continue to provide residential hospice services as they have for nearly 30 years.

As Vermont's oldest and largest non-profit home health and hospice agency, our mission to provide the highest quality care to all who need our services, regardless of ability to pay, remains our #1 priority. With your ongoing support, we look forward to meeting our community's needs for generations to come.

Programs & Services: The Year in Review

Hospice and Palliative Care Program

Our palliative care program offers pain and symptom management for anyone with a serious illness, regardless of life expectancy.

Our hospice program provides end-of-life care to people in their homes, nursing homes and in our own in-patient hospice residence, the McClure Miller Respite House. Grief and bereavement counseling and support groups are also available.

Community Care Services: Private Care, Long-Term Care, Adult Day Program

Our private care program assists adults with disabilities, seniors and people with memory impairment with everyday tasks. Our long-term care clients receive help that allows them to live independently. Our Adult Day Program provides therapeutic and recreational activities, healthy meals and nursing oversight in a family-like environment. Specialized memory care services are available in two locations.

Home Health Services

Every day in 22 towns throughout Chittenden and Grand Isle counties, our nurses, rehabilitation therapists, medical social workers and other care givers provide skilled care for clients after surgery or hospitalization, parenting education for at-risk families and support for those managing chronic illness.

By the Numbers

271	individuals received palliative care
824	individuals received hospice care
23,724	days of care provided through community hospice
5,807	days of care provided at the McClure Miller Respite House
20,108	volunteer hours supporting hospice clients and their families

By the Numbers

170	individuals served through Adult Day
99,143	hours of care provided through Adult Day
242	individuals served through Private Care
30,488	hours of care provided through Private Care
528	individuals served through Long-term Care
129,173	hours of care provided through Long-term Care

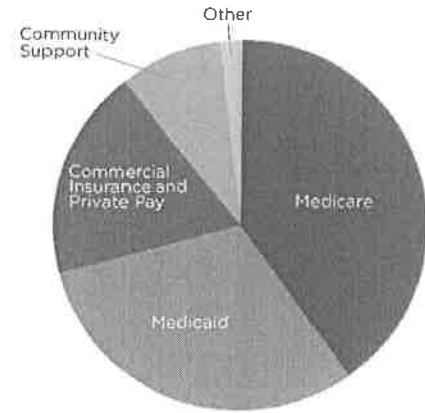
By the Numbers

29,625	nursing visits
26,797	physical, occupational and speech therapy visits
1,782	family educator visits
1,118	translator assisted visits

All information contained in this report covers the period July 1, 2017-June 30, 2018.

Financials

Thanks to your generosity, we were able to bridge the gap between our revenues and expenditures to provide care for our neighbors in need. Thank you for your continued support.



July 1, 2017 - June 30, 2018		
Medicare	\$13,838,279	40.92%
Medicaid	\$10,634,102	31.44%
Insurance & Private Pay	\$5,836,140	17.26%
Contributions	\$2,086,351	6.17%
Grants & Contracts	\$79,114	0.23%
Endowment & Investment Revenue	\$473,007	1.40%
Cities & Towns	\$343,288	1.02%
United Way	\$119,259	0.35%
Special Events	\$70,741	0.21%
Other	\$339,748	1.00%
Total	\$33,820,029	100%

Our Generous Community

The University of Vermont Health Network Home Health & Hospice is grateful to our generous donors whose support helped us provide a total of \$1,471,240 in unreimbursed care to our community through memorial and annual donations, endowment and legacy gifts and special event support.

During the 2018 fiscal year 3,251 donors gave a total of \$2,086,351 in gifts to UVM Health Network Home Health & Hospice.

In addition to general support from our friends through donations and planned gifts, the Home Health & Hospice also receives vital financial support from local, state and federal agencies, businesses, corporations, foundations and the cities and towns we serve.

Cities and Towns

Alburgh
Colton
Durlington
Charlotte
Colchester
Dodge
Grand Isle
Jesseburgh
Montpelier
North Hero
Richmond
Shelburne
South Hero
St. George
Underhill
Westford
Williston

Event Sponsors

BerryDunn
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Kinney Drugs Foundation
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Northfield Savings Bank
People's United Bank
REM Development
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Snyder Homes
Sterling Construction, Inc.
Union Mutual Fire Insurance Co.
UVM Medical Center Administrative Offices
Willie Racine's, Inc.

THE

University of Vermont

HEALTH NETWORK

Home Health & Hospice

(Formerly the VNA)

Vision 2020

Strategic Plan 2018-2020

110 Prim Road, Colchester, VT 05446

* This strategic plan covers the current time period, we are in the process of rebranding a new strategy plan.

Mission, Vision, Values

Overarching all of these changes is an uncertainty created by a new federal administration that has put forward a budget plan and health care bill that could result in significant reductions in the number of people with health insurance and in Medicaid funding.

Our Vision

People thriving in healthy communities.

Our Mission

We help people live their fullest lives by providing innovative, high-value, compassionate care wherever they call home.

Our Values

Person and Family-Centered Care

We support an individual's right to:

- ◆ Direct their own care based on their goals
- ◆ Be physically comfortable and safe
- ◆ Involve family members in their care

Holistic and Comprehensive Care

Our care will:

- ◆ Include social and environmental factors as well as medical needs
- ◆ Support families, friends and others in patient's circle of support

Dignity and Respect

We strive to provide care that is:

- ◆ Nonjudgmental
- ◆ Recognizes the unique preferences and values of each individual
- ◆ Recognize the abilities and strengths of each individual



How We Will Realize Our Vision & Mission

Strategic planning is a process the VNA uses to set priorities, focus energy and resources, strengthen operations, reach intended clinical and financial outcomes, ensure that all employees are working toward common goals, and to adjust the organization's direction in response to our changing environment.

The development of this plan included the voices and experiences from a variety of perspectives including national and local health policy experts, VNA Board members, community stakeholders, VNA citizens and families, and staff from all levels of our organization. The process has produced fundamental strategies and actions that shape and guide what our organization is, who it serves, what it does, and why it does it – all with a focus on the future.

With potential major changes in health care policy and funding from the federal government, the VNA needs to remain attentive and nimble. We believe this Strategic Plan provides the VNA with the structure and flexibility to enable our organization to respond as the health care environment evolves and changes over the next three years.

The following strategies communicate our organization's goals and some key steps needed to accomplish those goals:

STRATEGIC GOAL # 1: Improve the Health of the Populations We Serve

Priority Tactics

- ◆ Develop improved care models to better support individuals with acute, chronic and advanced care needs at home.
- ◆ Improve transitions of care to bridge care settings and support patients as they move from hospitals or skilled nursing facilities to home.
- ◆ Enhance IT capabilities to share information between the VNA and other providers, especially physicians, to promote and facilitate efficient and effective care delivery and support patient care needs.

- ◆ Improve tools and best practices to strengthen patients' ability to provide self-care and manage their health.

STRATEGIC GOAL #2: Create a Culture that Enables Staff to Thrive

Priority Tactics

- ◆ Adapt staffing models in better support changes in our care delivery.
- ◆ Develop staff and volunteer capacity, skills and leadership.
- ◆ Provide education and training to support the increased complexity of care needed by our patients.
- ◆ Attract talented staff from other settings to join our team and help them transition to the home care model.
- ◆ Augment our existing staff with caregivers working in emerging roles in health care.
- ◆ Engage and empower staff to be equal partners in creating and responding to change and develop leadership skills that support this process.
- ◆ Create a continuous learning environment to ensure that staff and volunteers have the tools, processes, and supports to thrive.
- ◆ Provide competitive wages and benefits to our employees.



Introduction

Over the next three years, we have a unique opportunity to transform the way the VNA provides health care in Vermont. We are excited to be a part of re-envisioning how we can help people to thrive and live in healthy communities. We understand that helping people to thrive is not only about good health care, but is also about where people live, their educational and job opportunities, and social connections and supports.

As we work to find ways to provide better, more integrated care at lower costs, we believe that care in home and community-based settings will be a critical part of the future of healthy communities and health care. The VNA stands ready and eager to embrace and lead this change.

The Evolving Landscape

Vermont is transitioning from an episodic, fee-for-service, volume-driven health care system to a value-based reimbursement system that integrates clinical care, supportive services and social determinants of health. This transformation will require changes in both health care delivery and health care financing.

Advancements in medicine and technology enable people to live longer, more vibrant lives even with chronic conditions, disabilities and life limiting illnesses.

As a greater number of people are living at home with increasingly complex care needs, home care will play an even more critical role in future care delivery.

There will be an increased focus on prevention and population health as well as improving quality and controlling costs. New methods of quality measurement, clinical practice, and payment methodologies will be introduced in the coming years.



Improvements in public health efforts, data analytics, staff development and training, and financial management and analysis will be necessary to achieve and sustain significant improvements in health at the community level and realize the Quadruple Aim of Health Care Reform: better control of total costs, better experience for patients and clients, better health outcomes for the population, and better support of health care providers.

Community-based services are growing in both volume and acuity levels as the evolving health care system works to decrease hospitalizations and avoid admissions to institutional settings. Integration of services and alignment of mission and goals among providers across the care continuum will be critical to achieve the shared quality and financial goals for health care in Vermont.

STRATEGIC GOAL #3: Better Integrate and Coordinate Care

Priority Tactics

- ◆ Better integrate care internally across programs for patients served by multiple VNA programs and services.
- ◆ Seek opportunities to collaborate more closely with other community-based providers to improve care and reduce duplication.
- ◆ Integrate VNA services with primary care practices and medical homes to support continuity of care.
- ◆ Seek and evaluate opportunities to integrate more formally with other health care providers to improve care to our communities.

STRATEGIC GOAL #4: Demonstrate Excellence in our Work

Priority Tactics

- ◆ Improve our ability to measure and articulate the value of the care we provide to our care partners and the community.
- ◆ Streamline processes to better support the customer experience, staff work flow and more efficiently use our limited resources.
- ◆ Prepare for future payment systems based on value instead of volume by continuously improving the quality of our services while controlling costs.
- ◆ Use data to drive strategic and operational decisions and guide what we need to accomplish and illustrate our success and impact.