

1 VERMONT MEDICAL SOCIETY
2 RESOLUTION

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4 *Adopted on October 14, 2006*
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6 **Sustainability of Vermont Blueprint for Health**
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9 Whereas, Chronic conditions include diabetes, hypertension, cardiovascular disease, cancer,
10 asthma, respiratory diseases, substance abuse, psychiatric illnesses, and hyperlipidemia, among
11 other conditions; and
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13 Whereas, Chronic conditions are the leading cause of illness, disability and death, touching the
14 lives of most Vermonters and consuming more than three-quarters of the \$2.8 billion spent each
15 year on health care; and
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17 Whereas, Driven by the combination of an aging population, increased prevalence of obesity,
18 and lifestyle habits such as poor nutrition, physical inactivity, and
19 tobacco use, the needs of people with chronic conditions will be the primary driver of demand
20 for health care and the resulting costs for the foreseeable future; and
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22 Whereas, Vermont's response to the challenge of chronic conditions is embodied in the Vermont
23 Blueprint for Health, a collaborative project begun in the fall of 2003 and led by a public-private
24 partnership; and
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26 Whereas, The Vermont Blueprint is actively pursuing change in the four broad areas of patient
27 self-management, provider practice change, community development and information system
28 development; and
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30 Whereas, Effective chronic disease management is best achieved when the patient actively
31 manages his or her own care in collaboration with their primary care physician and other
32 members of a health care team; and
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34 Whereas, The Blueprint is working in the areas of delivery system design, decision support and
35 the use of a patient registry in order to assist physicians and other health professionals in
36 delivering needed chronic care services; and
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38 Whereas, A key laboratory for testing ways to improve this design is the Vermont Community
39 Diabetes Collaborative, run by the Vermont Program for Quality in Health Care; and
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41 Whereas, There are numerous existing community nutrition and physical activity services that
42 can support people with chronic conditions; and
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44 Whereas, Effective chronic illness care is enhanced with information systems that assure ready
45 access to key data on individual patients as well as on patient populations; and
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47 Whereas, The cost of information technology solutions, including hardware, software, and
48 technical expertise, are significant; and
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1 Whereas, Reimbursement structures and rates that vary among payers, as well as prior
2 authorization procedures complicate the providers' ability to apply uniform approaches to the
3 treatment and management of the same condition; and
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5 Whereas, In order to ensure its sustainability, much of the Blueprint's work must involve
6 significant collaboration to facilitate agreement on decision support guidelines, clinical
7 information systems, and to support design of new delivery and reimbursement structures; and
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9 Whereas, It is incumbent on the Blueprint for Health to devise strategies to cover the financial
10 and administrative costs of adopting the new office systems, decision support tools, and
11 information systems associated with the implementation of the Blueprint; therefore be it
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13 **RESOLVED, That the Vermont Medical Society (VMS) advocate for and support**
14 **strategies to cover the financial and administrative costs of adopting the new office**
15 **systems, decision support tools, and information systems associated with the**
16 **implementation of the Blueprint; and be it further**
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18 **RESOLVED, That the VMS advocate for administrative uniformity by payers regarding**
19 **treatment and management of the same condition and the payment by payers of a case**
20 **management fee to physicians for services relating to coordinating and managing the**
21 **care of patients with chronic conditions; and be it further**
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23 **RESOLVED, The VMS continue its active involvement in the Vermont Blueprint for**
24 **Health.**