VERMONT MEDICAL SOCIETY
RESOLUTION

Adopted on October 14, 2006

Sustainability of Vermont Blueprint for Health

Whereas, Chronic conditions include diabetes, hypertension, cardiovascular disease, cancer, asthma, respiratory diseases, substance abuse, psychiatric illnesses, and hyperlipidemia, among other conditions; and

Whereas, Chronic conditions are the leading cause of illness, disability and death, touching the lives of most Vermonters and consuming more than three-quarters of the $2.8 billion spent each year on health care; and

Whereas, Driven by the combination of an aging population, increased prevalence of obesity, and lifestyle habits such as poor nutrition, physical inactivity, and tobacco use, the needs of people with chronic conditions will be the primary driver of demand for health care and the resulting costs for the foreseeable future; and

Whereas, Vermont’s response to the challenge of chronic conditions is embodied in the Vermont Blueprint for Health, a collaborative project begun in the fall of 2003 and led by a public-private partnership; and

Whereas, The Vermont Blueprint is actively pursuing change in the four broad areas of patient self-management, provider practice change, community development and information system development; and

Whereas, Effective chronic disease management is best achieved when the patient actively manages his or her own care in collaboration with their primary care physician and other members of a health care team; and

Whereas, The Blueprint is working in the areas of delivery system design, decision support and the use of a patient registry in order to assist physicians and other health professionals in delivering needed chronic care services; and

Whereas, A key laboratory for testing ways to improve this design is the Vermont Community Diabetes Collaborative, run by the Vermont Program for Quality in Health Care; and

Whereas, There are numerous existing community nutrition and physical activity services that can support people with chronic conditions; and

Whereas, Effective chronic illness care is enhanced with information systems that assure ready access to key data on individual patients as well as on patient populations; and

Whereas, The cost of information technology solutions, including hardware, software, and technical expertise, are significant; and
Whereas, Reimbursement structures and rates that vary among payers, as well as prior
authorization procedures complicate the providers’ ability to apply uniform approaches to the
treatment and management of the same condition; and

Whereas, In order to ensure its sustainability, much of the Blueprint’s work must involve
significant collaboration to facilitate agreement on decision support guidelines, clinical
information systems, and to support design of new delivery and reimbursement structures; and

Whereas, It is incumbent on the Blueprint for Health to devise strategies to cover the financial
and administrative costs of adopting the new office systems, decision support tools, and
information systems associated with the implementation of the Blueprint; therefore be it

RESOLVED, That the Vermont Medical Society (VMS) advocate for and support
strategies to cover the financial and administrative costs of adopting the new office
systems, decision support tools, and information systems associated with the
implementation of the Blueprint; and be it further

RESOLVED, That the VMS advocate for administrative uniformity by payers regarding
treatment and management of the same condition and the payment by payers of a case
management fee to physicians for services relating to coordinating and managing the
care of patients with chronic conditions; and be it further

RESOLVED, The VMS continue its active involvement in the Vermont Blueprint for
Health.