

# Vermont hopes new chronic care model will slow costs

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by Anne Wallace Allen  
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MONTPELIER — Insurance companies, state officials, doctors, and others are working together on a new health care system aimed at lowering costs and improving the health of Vermonters who have chronic conditions.

The plan will change the focus of the system — which was developed to treat acute or one-time health problems such as sprained ankles or rashes — to a chronic care model, said Gov. James Douglas at a news conference.

"The system as it now stands can't do the job of caring for people with chronic conditions," Douglas said. "We can't afford to wait for national solutions."

Almost 85 percent of Vermonters ages 65 and over have one chronic condition — and many have three or four. Chronic conditions \_ those expected to last a year or longer \_ include diabetes, asthma, cardiovascular disease, and depression.

Chronic care is expensive; it accounts for 78 percent of health care spending and 88 percent of all prescriptions, Douglas said.

That's why Douglas and the many other public and private entities working on the plan decided to make improving chronic care delivery the focus of their program to lower Vermont's huge health care bill.

The proposed health care program, called "The Vermont Blueprint," is now a work in progress that its creators intend to submit to Douglas for his approval when they've worked out some of the details.

The program would make service delivery more efficient by coordinating the public and private sectors, helping consumers take a more active role in their own care, and giving health providers the tools and information they need to handle their large caseloads.

Dr. Paul Jarris, Vermont's health commissioner, used the case of a diabetic patient as an example. The program will focus on diabetes first because it is common in Vermont.

Many patients have uncoordinated care. If they miss an appointment and fail to make another, their doctor, who might have as many as 2,000 patients in the files, won't know to call and remind the patient to reschedule, Jarris said.

That might cause the patient to miss out on care that could have prevented an expensive and debilitating amputation, Jarris said.

The system Jarris and others proposed Thursday would have that patient referred to a nutritionist and to other professionals in the community; would educate the patient to know when appointments were necessary and connect them with services such as transportation; and would give the doctors' offices better tools for keeping track of which patients need to be seen, and when.

"Living well with chronic conditions requires ongoing coordinated care across health care settings, among various service providers, patients, and families," Douglas said. "Trying harder won't work; the system as it exists sets up our health care workers to fail."

Vermont's system will be based on a nationally recognized model developed by a Seattle physician, said Jarris. □