It started in a Vermont coffee shop...

In 2009, the CEO of Fletcher Allen, the largest hospital in the state and the only one with nursing and medical schools, sat talking with the CEO of Central Vermont Medical Center, a beloved rural community hospital. Both had experience in health systems in other states and they believed their hospitals could provide better care to their communities if they worked together.

That conversation led to what is today the UVM Health Network—a 15,000-employee, integrated health care system serving more than one million residents across Vermont and Northern New York.

Transform health care to focus on wellness as much as illness, while changing the way we pay our providers to reward improved health and manage costs.

Think differently about how care is provided, creating connections across the Network so patients can get the right care, when and where they need it.

Offer financial assistance and other programs so that no one goes without the care or prescription medicine they need.

Commit to doing our part to create a diverse, equitable and inclusive environment for our patients, their families, our employees and our communities.
Our Network of health care providers is working to break down the barriers to accessing quality care.

The UVM Health Network, like the U.S. health care system as a whole, finds itself at a crossroads. Chronic disease is on the rise. Diabetes alone has increased 15-fold in the last five decades, and things are expected to get even worse as America’s baby boomers age. Meanwhile, many rural health care organizations and physician practices struggle to survive, limiting local access to needed health care services.

Integrated systems like ours help put rural hospitals on more solid financial footing. We save patients millions of dollars every year through better coordination and bulk purchasing power. We also save lives.* Through standardizing care, sharing expertise and directing resources where they’re needed most, rural patients can access the same high-quality care as those living in more populated areas, resulting in improved health outcomes.

This is a solid foundation, but more is needed.

Working to improve health outcomes and control the cost of care:

Focusing on prevention and wellness
Health care in our country operates within a broken fee-for-service payment system. This traditional approach pays health care providers for the number of procedures performed or tests conducted and, as a result, incentivizes performing more expensive, potentially even unnecessary, procedures. This approach financially rewards health care systems when the population is sicker, not healthier.

We are shifting away from treating people primarily when they are sick or injured to helping our patients stay well and avoid disease in the first place. By changing the way we provide health care, rewarding providers for catching and preventing medical concerns before they turn into big problems, we will attain better health outcomes at lower costs.

Partnering and transforming local access to care in our communities
Ticonderoga, New York, is an example of how innovation and strong partnerships have kept essential care local in this rural community. Here, Moses Ludington Hospital was struggling to survive as a hospital. Working in close partnership with others, and with support from the state of New York, the hospital was transformed into a hub of local care and service, including a 24/7 emergency department and outpatient center with imaging, laboratory, physical therapy and specialty medical services. A new primary care clinic, along with skilled nursing and long-term care facilities bring together a range of services locally that are a part of Elizabethtown Community Hospital.

Improving how and where we provide care
We constantly work to improve the environments where we provide care. Through medical villages, urgent care centers, renovating existing spaces or building modern facilities for outpatient surgeries and mental health care, we can support the most up-to-date practices and respond to the changing needs of our patients. Recently, after renovations to its HVAC system, we reopened inpatient rehabilitation and outpatient surgery services at the UVM Medical Center’s Fanny Allen campus to meet the increasing needs of our patients.

*From study by Journal of the American Medical Association.
Our path forward—access and impact

Providing timely access to quality health care requires continuous attention and improvement. The pandemic has only made that more apparent. The UVM Health Network launched the Access Action Plan to improve the experience of our patients and to accelerate our ability to expand access to the care our patients need.

CENTRALIZED SCHEDULING

Our Patient Access & Service Center is transforming the way we schedule patient appointments. Through a centralized scheduling program, patients can choose from all available in-person and telehealth appointments across the Network.

Early results from our pilot programs show that centralized scheduling reduced wait times for pulmonary care and colonoscopy patients by 50%.

WORKFORCE DEVELOPMENT

We are not immune from the national workforce shortage. There simply aren’t enough people to fill our available positions. We are stepping up our recruiting efforts even more, such as the fully staffed recruitment team we are developing to fill nursing vacancies across the Network. We also need solutions to reach into our communities and train people for open positions, as well as providing growth and development opportunities for employees to advance their careers.

EHEALTH

Video and Phone visits: We accelerated our work to create alternate pathways to care during the COVID-19 pandemic. Video visits increased dramatically during the early pandemic, from 1,000 visits a year to 220,000. Thousands of patients were able to access the care they needed safely, before small problems became bigger. Along with in-person visits, telehealth helps us offer patients additional pathways to getting the care they need.

Remote Monitoring: At Home Health & Hospice, telemonitors track patient weight and blood pressure remotely and alert providers to worrisome changes.

Real-time Physician eConsults: Primary care providers can now securely connect online with specialists during a patient visit, connecting patients to care more quickly because an additional appointment is not necessary and a treatment plan can be developed sooner.

NUMBER OF VIDEO VISITS DURING EARLY PANDEMIC:

1,000 PER YEAR TO 220,000 PER YEAR

WITH THE AVERAGE PATIENT EXPERIENCE SCORE FOR VIDEO VISITS

93 OUT OF 100

ECONSULTS HAVE SHOW AN:

84% increase in timely access to specialty care, as well as fewer unnecessary visits and less out-of-pocket costs*

*American Association of Medical Colleges
ELECTRONIC HEALTH RECORDS
We are rapidly implementing an Electronic Health Record system, making it easier to keep health records up to date and accessible, regardless of where a patient receives care within our Network. This means less paperwork and hassle for patients, as well as quickly giving our providers the information they need to deliver the best care. As of April 2022, all of our Network hospitals and clinics are connected to our Epic electronic health record system (with the exception of Home Health & Hospice).

We are expanding access to MyChart, our patient portal, giving more patients convenient access to request appointments, review their health records and test results, renew medications and pay bills. Over the next two years, even more of our health care appointments will be available for convenient 24/7 scheduling through MyChart.

MEDICARE ADVANTAGE
Through an innovative partnership with MVP Health Care, we introduced in 2021 a new Medicare Advantage plan called UVM Health Advantage, which is guided by our doctors and focused on the health care needs of Medicare-eligible residents of Vermont and Northern New York.

CARE INFORMED BY THE LATEST RESEARCH AND TREATMENTS
Working in close partnership with the UVM Larner College of Medicine continues to benefit more and more patients across our Network. We are able to translate research findings into the most effective care options and offer hope to patients through new treatments and clinical trials.

ACCESS TO MENTAL HEALTH CARE
In both Vermont and Northern New York, we are responding to the significant need for adults to receive care for a mental health need in the most appropriate and supportive setting.

- Mental health is as important as blood pressure, cholesterol or any other common measure of overall health. The University of Vermont Health Network is beginning to include behavioral health specialists on our primary care teams, making it possible for us to more quickly connect patients with the support they may need.

- In Northern New York, we are part of a community-wide effort to care for people with mental health needs. A new Adult Psychiatry Unit at Champlain Valley Physicians Hospital will provide inpatient psychiatric care, with emphasis on patient success after a hospital stay. The unit includes a Medical Village, a dedicated space where patients connect with community partner agencies that will support transitions to outpatient care.

TARGETED PATIENT INTERVENTIONS
Data-driven approaches can inform better patient care and contribute to our overall commitment to improve the health of our region. When health trends are visible, this helps our providers and clinical teams understand more about the community and supports their work in finding the most effective prevention and treatment strategies for our patients.