

Attachment 1 - VHCIP Steering Committee Meeting Agenda 5-14-14

**VT Health Care Innovation Project
Steering Committee Meeting Agenda**

May 14, 2014 10:00 am- 12:00 pm
DVHA Large Conference Room, 312 Hurricane Lane, Williston
Call-In Number: 1-877-273-4202; Passcode: 8155970

| Item # | Time Frame | Topic | Presenter | Relevant Attachments |
|--------|-------------|--|-----------------------|---|
| 1 | 10:00-10:05 | Welcome and Introductions | Mark Larson | Attachment 1: Agenda |
| 2 | 10:05-10:15 | Public Comment | Mark Larson | |
| 3 | 10:15-10:20 | Minutes Approval | Mark Larson | Attachment 3: April Minutes |
| 4 | 10:20-10:30 | Core Team Update | Anya Rader Wallack | |
| 5 | | Policy Request: 1. None at this time | | |
| 6 | 10:30-11:00 | Financial Requests: 1. Population Health Work Group Proposal: Request to release an RFP: \$70,000 2. Bailit Health Purchasing, Inc. Amendment: Request to support three VHCIP work groups: \$1,000,000 | Georgia Maheras | Attachment 6: Financial Proposal PowerPoint |

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|---|-------------|--|-------------------|---|
| 7 | 11:00-11:50 | <p>Status Reports from Work Group Chairs:</p> <ul style="list-style-type: none"> a. Care Models: Bea Grause and Renee Kilroy b. DLTSS: Deborah Lisi-Baker and Judy Peterson c. HIE/HIT: Brian Otley and Simone Rueschemeyer d. Payment Models: Don George and Stephen Rauh e. Population Health: Karen Hein and Tracy Dolan f. Quality and Performance Measures: Cathy Fulton and Laura Pelosi g. Workforce: Robin Lunge and Mary Val Palumbo | Work Group Chairs | Attachment 7: Status Report (to be distributed at a later date) |
| 8 | 11:50-12:00 | Next Steps, Wrap-Up and Future Meeting Schedule | Mark Larson | Next Meeting: June 11 th 1:00pm-3:00pm in Williston |

Attachment 3 - VHCIP Steering Committee Minutes 4-16-14



**VT Health Care Innovation Project
Steering Committee Meeting Minutes**

Date of meeting: April 16, 2014 at DVHA Large Conference Rm - 312 Hurricane Lane, Williston 10 am - 12 pm

Members: Al Gobeille, Co-Chair; Debbie Ingram, VT Interfaith Action; Catherine Fulton, VT Program for Quality in Health Care; Trinka Kerr, HCA; Jackie Majoros, VT Legal Aid; Todd Moore, One Care; Ed Paquin, Disability Rights VT; Judy Peterson, Visiting Nurse Assn of Chittenden and Grande Isle; Julie Tessler, VT Council of Dev. and MH Services; Simone Rueschemeyer, Behavioral Health Network of VT; Sharon Winn, Bi-State; Paul Dupre, DMH; Bea Grause, VT Assn of Hospitals and Health Systems; Harry Chen, VDH; John Evans, VITL; Bob Bick, Howard Center; Paul Harrington, VMS; Nancy Eldridge, Cathedral Square & SASH; David Martini (for Susan Donegan), DFR; Stephanie Beck, AHS; Dale Hackett, Consumer Advocate; Elizabeth Cote, Area Health Education Centers Program.

Attendees: Anya Rader Wallack, Core Team Chair; Georgia Maheras, AoA; Tracy Dolan, VDH; Julie Wasserman, Diane Cummings, Larry Sandage, Alicia Cooper, Steve Maier, Kara Suter, Amy Coonradt, Erin Flynn, DVHA; Marybeth McCaffrey, Jen Woodard, DAIL; Karen Hein, Annie Paumgarten, Pat Jones, Spenser Wepler, GMCB; Brendan Hogan, Bailit Health Purchasing; Susan Besio, Pacific Health Policy Group; Sam Liss, Statewide Independent Living Council; Nelson LaMothe, Jessica Mendizabal, Project Management Team.

| Agenda Item | Discussion | Next Steps |
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| 1. Welcome & Introductions | Al Gobeille called the meeting to order at 10:04 am. | |
| 2. Public Comment | Al Gobeille asked for public comment and no comments were offered. | |
| 3. Minutes Approval | Ed Paquin moved to approve the minutes noting he attended the March meeting. The motion was seconded including the amendment that Ed Paquin be added to the attendee list. The motion passed. Trinka Kerr abstained since she did not attend the last meeting. | The minutes will be revised and posted to the website. |

| Agenda Item | Discussion | Next Steps |
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| 4. Core Team Update | <p>Anya Wallack gave a Core Team update:</p> <ul style="list-style-type: none"> • The next Core Team Meeting is April 21st and they will discuss agenda items from today's meeting. • They held two meetings in March and spent the bulk of time considering the provider grants. They received 33 applications totaling over \$17 million in requests and eight grants were awarded totaling \$2.6 million. • There will be a second round of grants but they have not made a decision about when or how much funding will be available, and they have the authority to increase the amount. They want to give enough time to solidify existing grantee contracts, noting it is a lot of work for Georgia and the DVHA Business Office. Overall applications were great, and whether groups were collaborating was a key issue. • The Core Team approved the quality measures update process. • The Governor held a press conference in March announcing the Shared Savings program and an additional one in April announcing the grant awards. • Two grant beneficiaries, Paul Bengtson and Susan Wehry, recused themselves from the decisions of the grants. • More grant information can be found on the VHCIP website. <p>There were no questions from group.</p> | |
| 5. Policy Request | <p>1. <u>No requests at this time.</u></p> | |
| 6. Financial Requests | <p>1. <u>HIE/HIT Work Group Spending Proposal (attachments 6a & 6b):</u> The presentation contains revised information originally presented on March 5th. The Steering Committee made a request for further information at the last meeting, specifically to make sure there are no duplicative efforts with the ACO and ACTT proposals and clarify VITL's role and coordinate project management.</p> <p>Steve Maier presented the slides noting the following:</p> <ul style="list-style-type: none"> • \$120,000 was added for Project Management. • Gap Analyses refers to a readiness assessment across different agencies and what future needs are in terms of IT (which may lead to additional proposals or reports later on). | <p>Slides originally distributed for this meeting were since updated and sent to the group via email.</p> |

| Agenda Item | Discussion | Next Steps |
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| | <ul style="list-style-type: none"> • Regarding DLTSS Data Reporting: this is more related to clinical measures, not claims based, which are more social service and community oriented. <p>The group discussed the presentation and the following points were made:</p> <ul style="list-style-type: none"> • Simone noted the project is based on learnings from Bi-State and they plan to take that information and develop technological tools for designated and specialized service agencies. • The first phase of the data repository is planning and will involve a number of stakeholders to decide what the infrastructure will be and if it can fit within VITL. • Providers will be engaged in the planning of the Universal Transfer Form (UTF). <ul style="list-style-type: none"> - VITL will look at designing architecture that is more unique and continue to focus on data quality and developing a network based approach which would benefit other agencies that get their data from the VEHI. - VPQHC has been doing work on transitions with hospitals and they might be instrumental early on in the development of the UTF. • Sharon Winn noted Bi-State is acting as a technical advisor but is not a beneficiary of the proposal. Project One is scheduled for two years. Project two is scheduled from June to December 2014. Project three is June to September 2014. • The tools that Bi-State used helped to develop tools for the DA/SSA system. These tools can be customized and used statewide. <p>Before the members voted the following people exited the room: Simone Rueschemeyer, John Evans, Brendan Hogan, Julie Tessler, and Bob Bick. Any beneficiaries attending by phone were asked to hang up.</p> <p>Al proposed to have four motions to pass, one for each project and the Project Manager fee, but the group was comfortable with a single motion. Paul Harrington moved that on behalf of Steering Committee he recommended support of the ACTT proposal from April 16 for three projects (referring to the presentation) with an additional overall Project Management fee of \$120,000 for total sum of \$2,462,118.</p> <p>Debbie Ingram seconded the motion. Todd Moore noted he would like to make sure the UTF can apply to other providers across the state.</p> | |

| Agenda Item | Discussion | Next Steps |
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| | <p>Tracy Dolan clarified that the “partnership” doesn’t include VITL, who is a beneficiary.</p> <p>For Project One the majority of funds go to Behavioral Health Network, split into 4 categories: data repository; VITL and EHR platform; staff to work with DAS; and the Project Manager.</p> <p>For Project Two the funds will be for VITL IT consultation; providing stipends to LTC providers (still waiting on confirmation from CMMI to see if this an allowable cost); and consulting support to assist state staff in executing the project.</p> <p>The state will contract directly with VITL. The state has to approve subcontractors of original contracts. Contractors have to follow state procurement rules regarding subcontracts.</p> <p>Ed Paquin noted the importance of data quality and wanted to make sure the data collection effort was not just for data that could be easily collected, but that efforts be made to collect the most valuable data, particularly for DLTSS. Georgia responded that there has been discussion with agencies in other states to see how we can maximize and make the data work for VT in both directions. There has been a lot of coordination with designated agencies in VT.</p> <p>Marybeth McCaffrey offered that the questions on what to collect and what we want to collect will be part of the planning phase. Alicia Cooper is working with the DLTSS group on what data will be meaningful and that work will feed into these projects which will be an iterative and responsive process. Al restated that Project One is just the planning phase and they will have stakeholder engagement as a part of that. Todd Moore expressed his support of this project for a population that OneCare would like to see involved.</p> <p>Al asked if there were any opposition, and none were opposed. Dale Hackett abstained and the motion passed.</p> | <p>Ed will follow up with Simone offline regarding his questions.</p> |
| <p>7. Status Reports from Work Group Chairs</p> | <p>The work groups presented their status reports to the committee (attachment 7).</p> <p>A. <u>Care Models and Care Management</u></p> <p>Nancy Eldridge presented the following update: At the last meeting Population Health presented and the group is trying to figure out what “demand” means for the CMCM work group. Next</p> | <p>Al asked that a copy of Deborah’s memo be shared with Trinka and the Committee.</p> |

| Agenda Item | Discussion | Next Steps |
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| | <p>month they are reviewing the State Health Improvement Plan (SHIP) document to understand those goals. The DLTSS work group will present at the next meeting, and they will begin a conversation on the ACO standards as a work group. Julie Wasserman added that at the last meeting there was a presentation by Marie Zurra from Developmental Services who gave great examples of case management. Trinka Kerr asked if the letter from Deb Lisi-Baker (noted in the work group status report) was distributed to the Core Team. The letter was sent and will be discussed at the next Core Team meeting.</p> <p>A. <u>DLTSS</u> Judy Peterson gave the following update: The group continues to work on the revised work plan/charter. The primary agenda items are to make recommendations to QPM, especially on pending measures that should be prioritized. They will have an additional meeting in May to look at Care Models and want to present to CMCM. Deb’s letter related to a policy issue and outlines concerns about language in the ACO contract. In that letter Deb included a copy of the proposed DLTSS model of care that all work groups utilize. More information is included in the written report.</p> <p>B. <u>HIE/HIT</u> Simone Rueschemeyer gave the following update: At the last HIE meeting they had a good discussion around the work plan and gaps that needed to be filled and needs around the state. They also discussed telemedicine and talked briefly about provider grants. They had an interesting conversation around patient portals and how to plan for future needs. VITL presented a data warehouse roadmap which they will continue to discuss.</p> <p>Dale Hackett asked what the driving factors are for the data collection, noting there are integrated care models behind the data collection, but there are many different models and how is it going to work. Simone responded that they are focusing on the data exchange to integrate services being provided and are having a lot of discussions with CMCM. Ultimately the data exchange within the state will impact the delivery of services and there are a lot of questions on how to get that done. Dale asked at what point the model would need to change based on the data or if the model will dictate the framework. Simone noted that improvements can be made to the care being provided using data analysis in combination with conversations at the local level. Todd Moore asked the group to think about where we need to invest more resources and how do</p> | |

| Agenda Item | Discussion | Next Steps |
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| | <p>reallocate the resources within a care model to begin to address these issues.</p> <p>C. <u>Payment Models</u> Kara Suter gave the following update: The Payment Models Work Group met on April 7th. In that meeting the group received a high level overview about what data analytics could be done to support the Episodes of Care (EOC) program. They had a presentation from Brandeis and will start thinking about moving into the next phase of the EOC program: prioritize episodes and potential for implementing. She is working on the meeting minutes to make sure presentation is detailed for anyone that couldn't hear on the phone. Next month they will focus on recommendations for criteria for choosing EOCs upon which to focus. In late April, staff, co-chairs and technical experts are going to flesh out their current work plan and discuss how to prioritize payment models included in the SIM grant and expectations of other work groups, especially QPM. The contracts are in place for the Shared Savings Program and they are working on the payer and provider side. They have started to solidify partnerships and processes.</p> <p>D. <u>Population Health</u> Tracy Dolan gave the following update: The work group made recommendations to the QPM work group on pending measures. They are looking at the preventative side and will complete a cross walk with the SHIP. They developed a scope of work for an RFP, which will come to the Steering Committee. They presented to CMCM, and spoke with CDC regarding technical assistance to retrofit highlighting secondary screenings. The CDC is not offering technical assistance however. The work group is also looking forward to the next round of provider grants. The work group was disappointed that no Population Health related applications were awarded. Debbie Ingram encouraged the work group to look at the national network that VEHI belongs to- they are seeing a big trend looking at disparities between class, race, access to healthy things in the community, exposure to disruptions in community and she would like to see more on health disparities in VT. Tracy confirmed she has this information.</p> <p>Dale Hackett noted "environment" means many things and asked for clarification. Tracy mentioned that on the CDC technical assistance call one area they mention is policy and environmental change, and built environment (access to parks, work place environment, food, etc).</p> | |

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| | <p><u>E. Quality and Performance Measures</u> Pat Jones gave the following update: The work group is in the process of considering measures for years two and three for the ACO Shared Savings program and heard from other groups on recommendations. VT Legal Aid, Howard Center, the Population Health Work Group and the DLSS Work Group gave input on measures for year two. They will finalize the year two measure set by July, 2014 so it can go through the approval process and allow the ACOs to begin to prepare to collect those measures. They are waiting to see what new models the Payment Models work group develops and will respond as well. The work group will be evaluating the current measure set from year one and discussing whether there have been barriers in reporting measures. They have reached out to insurers to see if there is any overlap with information they already have to collect under Rule 9-03.</p> <p><u>F. Workforce</u> Georgia Maheras gave the following update: the Workforce work group will begin meeting once a month for the rest of the year. They are focused on developing a list of priorities for investments to give to the governor, since many workforce items cannot be funded under SIM. They are updating the Workforce Strategic Plan; looking at recommendations and determining what needs to change and what has been completed. There is a legislative proposal to host a workforce symposium and the work group formed a subcommittee to work on details. They also organized a subcommittee of LTSS providers that will finish in early fall and report back to the work group with recommendations about that part of the workforce.</p> <p>Bob Bick asked if the changes to professional categories are more detailed in the minutes. Georgia responded that the professions are given specific names in the documents, which are prescribed by the federal government, though it is not as forward thinking as VT. The Workforce Strategic Plan will make sure the categories are more broadly defined. A recommendation was made to have a glossary. “Rostered” refers to clinical service providers who are not licensed but they are regulated and need to pay a fee.</p> | |
| 8. Next Steps, Wrap-Up and Future Meeting Schedule | The next meeting will be Wednesday, May 14 th 10 am – 12 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston. | |

Attachment 6 - Financial Proposals

Financial Proposals

May 14, 2014

Georgia Maheras, JD

Project Director

AGENDA

1. Bailit Health Purchasing, Inc.
Amendment
2. Population Health Work Group
Proposal- RFP

POPULATION HEALTH WORK GROUP PROPOSAL

Population Health Work Group Proposal

- Request from the Population Health Work Group to release an RFP:
 - Project timeline: July 1-Dec 31, 2014
 - Project estimated cost: \$70,000
 - Project Summary: Hire a contractor to assist Vermont in exploring the development and potential application of the Accountable Health Community to Vermont's health care system. The deliverable would be a fully developed pilot program.
 - Budget line item: Work Group Consulting

Intent of Contract

- Research promising community level innovations in payment and service delivery in others parts of the country to coordinate health improvement activities and more directly impact population health;
- Identify key features to consider in developing recommendations for VT;
- Determine which features are present in the innovations currently underway through VHCIP and other health system reforms and what expansion in the scope of delivery models would be recommended;
- Identify initiatives in Vermont that have some of the features necessary to improve population health by better integration of clinical services, public health programs and community based services at both the practice and the community levels.

Population Health Work Group Charge in VHCIIP

Ops Plan

Examine current population health improvement efforts administered throughout Vermont and recommend ways in which the project could better coordinate health improvement activities and more directly impact population health, including:

- Enhancement of State initiatives administered through the Department of Health
- Support for or enhancement of local or regional initiatives led by governmental or non-governmental organizations, including employer-based efforts
- **Expansion of the scope of delivery models within the scope of SIM or pre-existing state initiatives to include population health”**

What is an Accountable Health Community(AHC)?

- An AHC would be accountable for the health of the population in a geographic area, including reducing disparities in the distribution of health. Its major functions could include:
 - convening a broad set of key stakeholders
 - assessing the needs of the community, identifying gaps and potential interventions and prioritizing actions to achieve shared goals
 - managing a diverse portfolio of interventions and allocating resources
 - creating the information systems and capability to assess performance and implement rapid cycle changes

Contract deliverables

- Project plan
- Identification of AHC-like models and summary of same
- Creation of a Request for Information soliciting input from Vermont entities seeking to become AHCs
 - This includes a readiness assessment
- Develop a draft proposal for an AHC pilot

BAILIT HEALTH PURCHASING, INC. AMENDMENT

Proposal

- Project timeline: July 1, 2014-January 31, 2017
- Project estimated cost: \$1,000,000
- Project summary: This amendments would support work performed in the following VHCIP work groups:
 - Care Models and Care Management
 - Quality and Performance Measures
 - Payment Models

Bailit will also perform tasks related to two parts of the ACTT proposal previously approved by the Steering Committee and Core Team. This is a previously approved amount of \$40,272.

- Budget line item: Work Group Consulting

Deliverables

- Payment Models, Care Models and Quality and Performance Measures Work Group Activities:
 - Research and analysis
 - Document development
 - Meeting facilitation
 - Assist the work group staff in carrying out the work plan approved by the work group
 - Assist the staff with any sub-groups of work groups

Proposal relationship to VHCIP Goals

- VHCIP's project structure relies on seven work groups performing critical tasks. Bailit has provided consulting support to three of these groups over the past year. The work groups have approved continued support from Bailit for specific tasks.
 - The work groups will be monitoring performance and will recommend and future changes in scope.
- This amendment brings Bailit's VHCIP-related activities into one agreement for ease of managing and reporting.

Sole source justification

- Bailit is familiar with Vermont's payment and delivery system models and key personnel can draw on that expertise to inform this work. This allows Vermont to maximize efficiencies in contracting.
- Bailit has contracts with other SIM states and entities across the country engaged in payment and delivery system reform work. They bring this knowledge back to Vermont for our discussions, which ensures we have the broadest available set of information upon which to base policy decisions.
- Bailit is able to begin this work immediately. The SIM Project requires Vermont adhere to extremely tight timeframes for payment and care model development. Delaying procurement of a vendor to conduct this work would significantly jeopardize the ability of Vermont to meet critical milestones and metrics.

Key personnel

- Michael Bailit
- Mary Beth Dyer
- Kate Bazinsky
- Marge Houy
- Beth Waldman
- Megan Burns
- Christine Hughes
- Michael Joseph
- Margaret Trinity
- Brendan Hogan