

# April 2014 - VHCIP Work Group Status Reports

## ***VT Health Care Innovation Project Care Models and Care Management Work Group Status Report***

Date: April 2, 2014

Co-Chairs: Bea Grause and Nancy Eldridge

The Care Models and Care Management (CMCM) Work Group held its monthly meeting on March 11, 2014. At that meeting, the CMCM workgroup listened to a joint presentation from the Blueprint- VCCI-SASH and ACOs on a proposed Care Management Learning Collaborative. This presentation was at the conceptual level. The presenters walked through the high-level goals, highlights of their background research and next steps. Members of the CMCM requested regular updates as this work continues. Michael Bailit presented a summary from a survey monkey aimed at prioritizing the CMCM work group's activities. Workgroup members appeared to agree with the findings that showed a predominance of support for addressing fragmentation and focusing on the relationship between social and medical issues.

CMCM Work Group co-chairs met with the DLTSS Work Group co-chairs to discuss their related work and prepare for a presentation to the CMCM WG by the DLTSS WG in May. Deborah Lisi-Baker will craft a memo to the Core Team seeking clarification on language in the ACO Medicaid agreements pertaining to what entity has ultimate authority over care management models.

The CMCM WG spent several hours with DVHA and GMCB staff discussing the VHCIP Master Work Plan and the care management standards for ACOs.

The Population Health WG will present at the April CMCM WG meeting to help us define "the demand side" of care management.

# *VT Health Care Innovation Project DLTSS Work Group Status Report*

**Date: April 2, 2014**

**Co-chairs: Judy Peterson & Deborah Lisi-Baker**

**1) WG Project updates this month: (if possible contrast to master timeline and work plan)**

The DLTSS Work Group met on March 20<sup>th</sup>, 2014. We briefly reviewed our revised work plan and discussed how it relates to the broader project work plan Anya has prepared. The primary agenda item was an orientation to the VHCIP's work on quality and performance measures, in preparation for making recommendations to the QPM Work Group. Areas we have been asked to address are: recommendations regarding subpopulation analysis of particular measures, recommendations of pending measures to prioritize because of their importance to individuals with DLTSS needs, and recommendations of new measures to adopt because of their significance in improving services and outcomes for this population of key subgroups.

DLTSS Work Group members also identified additional information they felt would be important to have prior to making recommendations to the QPM Work Group. Staff and consultants are now preparing this information, which will be reviewed at upcoming meetings. Deborah Lisi-Baker gave an initial report on our interests and concerns to the QPM workgroup outlining our intent to provide additional information and recommendations in the next few two months.

**2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan)**

Our April meeting will include a final vote on the DLTSS Charter and Work Plan, a presentation by Scott Wittman of PHPG on DLTSS expenditures in Medicaid, work on developing our recommendations to the QPM Work Group, and reviewing the Care Model developed by the Duals Stakeholder group prior to its presentation to the CMCM Work Group in May. We are in the process of scheduling an extra May meeting to continue our



preparation of recommendations to the QPM Work Group and reviewing related background materials and policy issues. Planned activities include presentation and discussion of an updated information table on Vermont ACOs, review of the ACTT Grant Proposal, and review of the DLSS FAQ document developed by DAIL. Some of this work will continue in our regularly scheduled May meeting or in June.

**3) Issues/risks that need to be addressed:**

The underlying issues and concerns of the DLSS Work Group is a desire to fully understand how the project's work on the ACO shared savings model, on quality and performance measures, and on care models and standards will affect DLSS populations and programs, both within ACOs and within the context of state policy and practice.

**4) Other matters:**

## ***VT Health Care Innovation Project HIE Work Group Status Report***

Date: April 9, 2014

Co-Chairs: Simone Rueschemeyer & Brian Otley

- 1) WG Project updates this month: (if possible contrast to master timeline and work plan)
  - Brought the Advancing Care through Technology (ACTT) proposal to the Steering Committee. Will present to the Steering Committee again on April 16 2014.
  - Provided updates to the HIE WG on the Status of the Population-based Collaborative HIE proposal and the ACTT proposal.
  - Numerous meetings with VITL to align activities
  - Continued discussions on the HIE WG Work Plan goals and gaps in meeting those goals. Discussion around what we have done and what we have left to do, including: HIT Plan, telemedicine, provider grants, and more. Discussion around patient portals
  - Discussed telemedicine and types of additional information needed for next month's meeting
  - Briefly discussed the types of provider grants that would be coming to the workgroup for assessment and how they relate to the work plan.
  - Presentation by VITL on Data Warehousing Roadmap. This was the beginning of a conversation about the warehouse. Many questions were asked and responded to and participants were very interested in the topic. This will be discussed further at the next meeting.
  
- 2) Planned accomplishments for next month/future: (if possible contrast to master timeline and work plan)
  - Present additional information to the Steering Committee on the ACTT proposal to pass on to the Core Team
  - Telemedicine: additional clarity, additional information, criteria development and solicitations
  - Continued discussion around the VITL Data Warehouse
  - Continued discussion around the patient portal
  - Grant Program referral assessment and recommendations
  - Referrals from QPM
  - Evaluation

## ***VT Health Care Innovation Project***

- Link to the Vermont Health Information Strategic Plan
- Continued updates from ACTT and Population-based proposals

### 3) Issues/risks that need to be addressed:

There is a lot of need and there are a lot of great ideas. How activities are prioritized and how they link to the overall state plan as well as how they connect to other workgroup initiatives should be continually assessed.

### 4) Other matters: none at this time

## ***VT Health Care Innovation Project Payment Models Work Group Status Report***

Date: March 11, 2014

Co-Chairs: Don George & Stephen Rauh

The Payment Models Work Group will hold its next monthly meeting on April 7, 2014. The primary focus of this meeting is to facilitate discussion and finalize approach to the next phase of EOC program development. Consultants from Brandeis will present a variety of approaches and facilitate discussion. The goal will be to, through this discussion, better inform and finalize the analytic work plan that will support the EOC program design phase that will occur over the coming months. The co-chairs and staff will also be meeting in late April to further develop the strategic approach to incorporation of other related work into the work plans and clearly define “asks” of other work groups (like quality and performance work group for example).

## ***VT Health Care Innovation Project Population Health Work Group Status Report***

Date: April 1, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

### 1) WG Project updates this month:

- During our March Working Group meeting we
  - Prioritized a review of the current ACO measures with an eye toward the possibility of adding measures that reflect a stronger prevention/population health focus. This focus for the March meeting was in part based on the schedule of the Measures group who indicated that they would be looking at the year 2 measures for the ACOs. PHWG presented criteria for selecting population health measures among those that were previously labelled as 'pending' measures among the ACO measures. The group then reviewed measure sets and identified an initial set of population health measures to recommend for ACOs
  - A smaller group met and reviewed the measures and further narrowed them down using the framework of the State Health Improvement Plan
  - Our staff person, Heidi Klein, presented our initial recommendations to the Measures working group during their March meeting and the group had a rich discussion as a result. Determinations on year 2 measures for ACOs have not yet been made.
  
- We developed a scope of work to address our third goal which involves *Identifying and disseminating current initiatives in Vermont and nationally where clinical and population health are coming together. Identifying opportunities to enhance new health delivery system models, such as the Blueprint for Health and Accountable Care Organizations (ACOs), 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.*
- We made plans to present at the Care Models Working Group in May.
- The proposal for a consultant to support the work around our objective related to paying for population health was approved by the steering committee.

### 2) Planned accomplishments for next month/future :

In the next 2-6 months, we hope to

- a) post an RFP for a consultant support in work related to our third objective (described above), namely highlighting examples of accountable health communities and other models of care based in communities.
- b) explore new financing mechanisms for paying for population health and prevention;
- c) consider measures outside of the ACO framework that will help move efforts toward upstream prevention
- d) reach out to other Working Groups to determine shared priorities

3) Issues/risks that need to be addressed :

none

4) Other matters :

none

## ***VT Health Care Innovation Project Quality & Performance Measures Work Group Status Report***

**Date:** March 2014  
**Co-Chairs:** Laura Pelosi & Cathy Fulton

1) **WG Project updates this month:** (if possible contrast to master timeline and work plan)

The first three items listed on the Work plan have been completed to date; The following items were addressed during the March 24, 2014 Workgroup meeting:

- Quality & Performance Measures Workgroup Work Plan was approved by the entire workgroup as presented on March 24.
- Criteria for Measure Selection were reviewed; previous ACO workgroup criteria were presented and discussed; also presented were other criteria and selection principles used in other programs such as NQF, CMS, Maine Medicaid and Oregon's Medicaid Metrics. A crosswalk of criteria was also reviewed. Michael Bailit presented a Measure Selection Criteria worksheet tool. Following discussion, the group agreed to modify this worksheet for our purpose of evaluating each criterion for measure selection under consideration for our workgroup currently. Group members were asked to review the current Criteria List to rate each criterion using the modified worksheet tool. The group's responses will be aggregated to create a prioritized list of criteria for discussion at the next meeting.
- Measure recommendations from the DLSS and Population Health workgroups were submitted for consideration in payment reform programs.
- The Office of the Health Care Advocate submitted recommendations for consideration in the measure review process.
- A request from the Howard Center for a substance abuse screen such as CAGE was submitted for consideration.

2) **Planned accomplishments for next month/future:** (if possible contrast to master timeline and work plan)

- Implement a measure review process to address all measures for consideration, adjudicate all requests and prepare recommendations for the full workgroup to review and discuss.
- Finalize criteria selection and prioritization for use in reviewing submitted measures.

3) **Issues/risks that need to be addressed:**

- Finalize sampling methodology with sufficient time to implement necessary changes in procedures for providers and insurers; this item remains on the “to do” list for resolution. Discussion indicated that this will potentially be addressed by the analytics contractor.

4) **Other matters:**

- Establishing a meeting schedule or marathon session to address the submitted measures for inclusion in the payment or pending measures sets in the time frame allotted for development of recommendations.

# *VT Health Care Innovation Project Workforce Work Group Status Report*

**Date: April 2, 2014**

**Co-chairs: Mary Val Palumbo & Robin Lunge**

## **1) WG Project updates this month: (if possible contrast to master timeline and work plan)**

- The WG reviewed the Workforce Strategic Plan recommendations in order to update the status of the work toward meeting each recommendation. The recommendation status was updated, but needs further consideration. The WG will also need to update the Strategic Plan for January as required by law.
- The group reviewed the SIM grant criteria for spending, which includes data collection and analysis, but would not currently fund workforce training, loan repayment, or other programs of that nature.
- Because this group is established for a dual purpose, the group also discussed establishing a process to solicit proposals to recommend to the Governor, understanding that this would need to be presented as a possible priority for state funding, but that there is no set amount of dollars.
- The WG heard an update from VDH, then discussed and approved an updated workforce survey collection proposal:
  - The licensure schedule is every two years, but it's staggered and data will be gathered when professionals are licensed. Analysis will then be prioritized for that data.
  - There is currently one full time person working on this project and they are recruiting for a second. Dawn will report to the group in 2-4 months with an update and see whether or not they need to add another full time person.
  - The work group can conditionally approve the addition of another FTE or additional contract resources, so that the approvals can go through Steering and Core Team first, and then back to the work group to save time.

- The group discussed the following changes to the professional categories listed in the document presented by the Department of Health: Naturopath be changed to Naturopathic Physician and placed under primary care; Mental Health Licensed Professional Counselor be changed to Licensed Clinical Mental Health Counselor; Licensed Lay Midwife should be included; Alcohol and Drug Abuse Counselor should be changed to include Therapists and Substance Abuse Counselors.
- Medical assistants are not licensed or certified so they are not listed but this is an important area and may want to look at other ways to capture this data.
- The group approved the Department of Health's proposal for prioritization with the changes discussed subject to the Workforce work group getting a report back on potential additional resource needs..
- The group also approved VDH assembling a task force to determine what further analytic resources VDH needs. VDH will report back in the May meeting and present a proposal if needed.
- DAILEY gave an update to the group on the first meeting of the Long Term Care (LTC) Subcommittee. The group met on March 24<sup>th</sup> and 10-12 attendees, in addition to staff, with more expected to attend the next meeting on May 5<sup>th</sup>. They plan to meet each month thereafter to develop recommendations to the Workforce work group. Brendan Hogan from Bailit Health Purchasing, Inc. will be acting as the lead and doing consulting work, looking at what constitutes direct quality care. The subcommittee acknowledges the importance of training, noting little has been done. They plan to collect the data around supply and demand from existing reports and providers. Hogan will compile and review the data at the next subcommittee meeting. Most of the data will come from the fiscal agent ARIS Solutions, the Department of Labor and agencies such as Home Health. Tasks for Hogan include creating an overall work plan and summaries of data supplied, recruitment retention, and training efforts. The LTC subcommittee will present to the work group again in September.
- The group discussed implementing a Symposium subcommittee and looking outside the US to understand recruitment in other single payer-like systems. Molly Backup and Deborah Wachtel will meet to discuss preceptorships, which may eventually form into a subcommittee

**2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan)**

- The WG will begin meeting monthly due to the volume of work needed to be done. The group will revisit monthly meetings, which do pose a hardship for some members, in late summer.
- The WG will finalize the process to get project recommendations.
- The LTC Subcommittee will report on data and available information they have collected/analyzed.
- The WG will consider suggestions for additional members to represent other professions & make a recommendation which Robin will bring to the Governor.
- S.252 current directs the Administration to have a Workforce Symposium before November 15<sup>th</sup>. The group will hear back from the planning subcommittee.
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**3) Issues/risks that need to be addressed :**

- There is much interest in getting information about new care models & we need to be mindful not to do the work of the care models workgroup. This group should, however, coordinate with that workgroup and understand the future state, in order to make recommendations for how to plan for it.
- There is a lot of interest in funding proposal which are outside of the SIM grant funding.
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**4) Other matters :**