



**VT Health Care Innovation Project
Care Models and Care Management Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Tuesday, November 18th, 2014: 10:00 AM to 11:00 AM, 4th Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions, Approval of meeting minutes	<p>Erin Flynn called the meeting to order at 10:00AM and indicated that co-chairs Bea Grause and Nancy Eldridge would not be in attendance at this month’s work group meeting. Erin asked for a motion to approve the October meeting minutes. Beverly Boget moved approval of the October meeting minutes as is, and Vicki Loner seconded the motion. There was no discussion of the meeting minutes, and Georgia Maheras took a role call vote. The results of the vote indicated that a quorum was not present, and therefore the meeting minutes could not be approved.</p>	
2. Update on Integrated Communities Care Management Learning Collaborative:	<p>Erin Flynn provided an update on progress of the Integrated Communities Care Management Learning Collaborative, including:</p> <ul style="list-style-type: none"> • Status of quality improvement facilitator procurement: Erin indicated that after conducting interviews of bidders to the quality improvement facilitator RFP, the bid review team has identified two apparently successful bidders. A contract is currently routing through state approvals for one of the two approved bidders to begin work in December. The second bidder is an organization that put forth a proposal consisting of staff to be hired (with input from the bid review team), with support from organization-wide resources. The planning group will continue to update the full work group of the status of this procurement in future meetings. • November kickoff webinars: The Learning Collaborative planning group conducted two kickoff webinars on November 12th and November 21st. Nearly 100 participants signed up for the kickoff webinars from across the three communities: Burlington, Rutland and St. Johnsbury. The power point presentation from those webinars is included as attachment 2 to the meeting materials. The goal of these webinars was to introduce participants to the background, goals, expectations, timeline, and processes for participation in the integrated communities learning collaborative 	

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	<p>throughout the year to come.</p> <ul style="list-style-type: none"> Potential Learning Session Topics: the dates and location for the first three in-person learning sessions of 2015 have been confirmed; January 13th, March 10th and May 19th at the Three Stallion Inn in Randolph. The planning group continues work to solidify logistics and materials for the first learning session, which will focus on an overview of the Plan-Do-Study-Act (PDSA) model for quality improvement, as well as using data effectively to identify at risk individuals. 	
3. Support and Services at Home (SASH) Evaluation Results	<p>Molly Dugan from Support and Services at Home (SASH) presented results from a recent evaluation of the SASH program conducted by RTI International under contract to the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services. The goal of this evaluation was to better understand the impacts of affordable congregate housing models that provide long-term services and supports to low income seniors who wish to age in an independent setting. The evaluation sought to assess whether the SASH model of coordinated health and supportive services in affordable housing properties improved the health and functional status of participants, and lowered medical expenditures and acute care utilization for seniors. The findings of this evaluation showed that the SASH program reduced the rate of growth in total Medicare expenditures and expenditures for post-acute care among SASH participants residing in SASH properties that implemented their program before April 2012 and relative to both comparison groups. Furthermore, the authors observed the rate of growth among the SASH program participants' Medicare expenditures trending lower in seven of the ten payment categories analyzed, and described very positive findings with respect to reduced rates of growth in Medicare expenditures. More specifically, the evaluation found that savings began to appear in the second year of operation of a SASH panel, reflecting the time-intensive intake and assessment process that occurred in year one. The savings SASH produced were relative to two control groups: a demographically similar group of rural, upstate New York Medicare beneficiaries living in HUD-funded properties who were not SASH participants and who were not part of an MAPCP innovation program, and Vermont Medicare beneficiaries who lived in HUD-funded properties and were included in a Blueprint medical home but were not SASH participants. For Vermonters receiving care from a medical home, supplemented by SASH services provided by experienced, well-established panels, the growth in annual total Medicare expenditures was \$1,756 - \$2,197 lower than the growth in expenditures among Medicare fee-for-service beneficiaries in the two comparison groups.</p>	
4. ACO Care Management Standards	<p>Pat Jones provided a summary of the work group's process to date for developing Care Management Standards for ACO Shared Savings Programs, and reviewed the current draft standards provided as attachment 3a. Pat reviewed a summary of comments on draft standards included as attachment 3b, and indicated that since meeting materials were distributed, additional comments and suggested edits were received from a combination of DAIL and DLTSS work group co-chairs and staff. Since distributing those last minute edits and suggestions, further comment was received from the ACOs and the Vermont Medical</p>	

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	<p>Society. The consensus was that more time is needed to discuss these suggested edits before a vote can take place.</p> <p>Marybeth McCaffrey reviewed the suggested edits from DAIL/DTSS work group leadership, and the following comments were made:</p> <p>Regarding a suggested edit to include language about culturally competent, accessible, and universal design:</p> <ul style="list-style-type: none"> • Vicki Loner requested clarification of the definition of Universal Design. • Susan Aranoff offered NIH definitions of cultural competency and universal design. • Madeleine Mongan questioned if these standards have been presented to the HIE work group, and Georgia indicated that they have not. Madeleine suggested that as there are federal requirements regarding these concepts, that work group is likely aware of it. Madeleine also indicated that she would be interested in seeing the NIH paper referenced by Susan Aranoff. Finally, she suggested that there may be opportunity to add language about complying with state and federal law. • Nancy Breiden noted that she supports the idea of being compliant with federal law, as well as addressing the disparate needs of different populations. • Vicki Loner indicated that the Medicaid contracts contain language about complying with existing federal and state law, and that we should be careful to keep the language relevant to care management more so than HIE. <p>Regarding the suggested language for standard #4:</p> <ul style="list-style-type: none"> • Madeleine indicated that she would like some examples of what a DTSS service guideline is. • Trish Singer from DMH indicated that she thinks that this is implied in the word clinical (i.e. - something that is given by a clinician, a service and an intervention). It is a slippery slope to start listing out every single population. • Beverly Boget indicated that a lot of supports are not necessarily clinical. • Vicki Loner noted that OCVT has been cautious about calling out specific populations as they have been trying to take a population health approach. If you start calling out sub-populations, there is great potential to forget to include every population. • Dale Hackett indicated that he agrees that the term clinical doesn't cover it all. That said, he agrees that we should include broader language rather than more specific so as not to exclude anyone. • Beverly Boget suggested adding the language "evidence based clinical and support services." • Mary Moulton noted that in many communities, this communication and collaboration is really starting to happen. We may not need this language a year from now, but we need it now. She also thinks that DTSS includes a very broad range of people, and is ok with the suggested language. Finally, she recognizes the balance between calling out specific sub-populations and taking a 	

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	<p>population wide approach.</p> <ul style="list-style-type: none"> • Trish Singer noted that if we list out specific sub-populations, we have to make sure we don't forget anyone (i.e. – peer supports). • Marlys Waller indicated that she supports the addition of DLTSS, and suggested removing the last instance of the word clinical. • Dale Hackett posed a question: are social determinants of health included? Yes, there is language about considering social determinants of health in the new standard #7. • Clare McFadden indicated that she supports adopting guidelines where they exist, but for a lot of the populations there are not existing guidelines. There needs to be flexibility to innovate in places where these practices don't currently exist. <p>Regarding the suggested language for standard #5:</p> <ul style="list-style-type: none"> • Kristin Murphy indicated that people don't view themselves as managing a disability, and it would be hard for the self-advocacy community to support this language. • Trish Singer noted that she also has trouble with the word "needed" or "required." Who determines the need? Who determines the requirement? • Dale Hackett indicated that he prefers the word challenges. He would like to see the word that is most commonly used so that there is a common understanding. <p>Regarding the suggested language for standard #6, no comments were offered.</p> <p>Regarding the suggested language for standard #8:</p> <ul style="list-style-type: none"> • Nancy Breiden noted that this is good broadening language. Mary Moulton agrees that it is more integrative. <p>Regarding the suggested language for standard #9, no comments were made.</p> <p>Regarding the suggested language for standard #10:</p> <ul style="list-style-type: none"> • Beverly Boget suggested changing adult day care to adult day services. • Vicki Loner commented that she does not think the HIE will achieve this aspirational goal in 2015; we need to be aware of what is possible and what we can do. • Georgia Maheras indicated that the federal barrier on part 2 data is one of the biggest challenges. • Marybeth McCaffrey noted that the intro clause indicates that there are challenges and that there are many things that aren't currently possible, but there are many that are. • Vicki Loner responded indicating that she is hesitant to put binding language into a contract that is dependent on an outside organization, such as VITL. It could result in people looking to the ACOs to 	

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	<p>do this work when much of it is being led by VITL.</p> <ul style="list-style-type: none"> Madeleine noted that right now we are at the pilot level. It is hard to make a standard that all the ACOs have to follow. This can have unintended consequences, we don't want people to avoid trying something because they could be held to a standard. <p>Next steps were discussed, including convening another meeting of the subgroup with representation from the DAIL/DLTSS leadership group that proposed edited language, and potentially pulling together the full work group for a vote by phone in December.</p>	
<p>5. Care Models and Care Management Work Plan Review and Revision</p>	<p>Time did not allow for discussion of this agenda item.</p>	
<p>6. Next Steps, Wrap-Up and Future Meeting Schedule</p>	<p><i>Please note that the work group will not meet in December 2014. Work group meeting times and locations for 2015 will be distributed shortly.</i></p>	

VHCIP CMCM Work Group Member List

Roll Call: **11/18/2014**

*10 No quorum
20 Beverly Boget
minutes*

Member		Member Alternate				
First Name	Last Name	First Name	Last Name			Organization
Beverly	Boget ✓			✓		VNAs of Vermont
Nancy	Breiden ✓	Rachel	Seelig	A		VLA/Disability Law Project
Dr. Dee	Burroughs-Biron X	Trudee	Ettlinger			Vermont Department of Corrections
Barbara	Cimaglio X					AHS - VDH
Peter	Cobb X	<i>Robert Boget</i>				VNAs of Vermont
Dana	Demartino X					Central Vermont Medical Center
Nancy	Eldridge X					Cathedral Square and SASH Program
Joyce	Gallimore X					CHAC
Eileen	Girling X	Heather	Bollman			AHS - DVHA
Bea	Grause X					Vermont Association of Hospital and Health Systems
Dale	Hackett ✓			✓		None
Linda	Johnson X	Cameron	Erickson			MVP Health Care
Pat	Jones ✓	Richard	Slusky			GMCB
Trinka	Kerr X	Julia	Shaw			VLA/Health Care Advocate Project
Patricia	Launer X	Joyce	Gallimore			Bi-State Primary Care
Vicki	Loner ✓	Maura	Crandall	✓		OneCare Vermont
Clare	McFadden ✓			A		AHS - DAIL
Madeleine	Mongan ✓			✓		Vermont Medical Society
Judy	Morton ✓			✓		Mountain View Center
Mary	Moulton ✓			A		Washington County Mental Health Services Inc.
Paul	Reiss X	Amy	Cooper			Accountable Care Coalition of the Green Mountains
Laural	Ruggles X					Northeastern Vermont Regional Hospital
Ken	Schatz X	April	Allen			AHS - DCF
Catherine	Simonson X					HowardCenter for Mental Health
Patricia	Singer ✓					AHS - DMH
Lily	Sojourner					AHS - Central Office
Audrey-Ann	Spence ✓	Robert	Wheeler	✓		Blue Cross Blue Shield of Vermont
Jason	Wolstenholme	Jessica	Oski			Vermont Chiropractic Association

VHCIP CMCM Work Group Participant List

Attendance:

11/18/2014

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	Care Models
Peter	Albert		Blue Cross Blue Shield of Vermont	X
April	Allen		AHS - DCF	MA
Susan	Aranoff	<i>here</i>	AHS-DAIL	X
Ena	Backus		GMCB	X
Melissa	Bailey			X
Michael	Bailit		SOV Consultant - Bailit-Health Purchasing	X
Susan	Barrett		GMCB	X
Susan	Besio	<i>here</i>	SOV Consultant - Pacific Health Policy Gro	X
Charlie	Biss		AHS - Central Office - IFS	X
Beverly	Boget	<i>here</i>	VNAs of Vermont	M
Heather	Bollman		AHS - DVHA	MA
Mary Lou	Bolt		Rutland Regional Medical Center	X
Nancy	Breiden	<i>here</i>	VLA/Disability Law Project	M
Stephen	Broer		Northwest Counseling and Support Servic	X
Martha	Buck		Vermont Association of Hospital and Hea	A
Dr. Dee	Burroughs-Biron		Vermont Department of Corrections	M
Nick	Carter		Planned Parenthood of Northern New En	X
Jane	Catton		Northwestern Medical Center	X

Amanda	Ciecior		AHS - DVHA	S
Barbara	Cimaglio		AHS - VDH	M
Peter	Cobb		VNAs of Vermont	M
Amy	Coonradt	here	AHS - DVHA	X
Amy	Cooper		Accountable Care Coalition of the Green M	MA
Maura	Crandall		OneCare Vermont	MA
Claire	Crisman		Planned Parenthood of Northern New En	A
Dana	Demartino		Central Vermont Medical Center	M
Steve	Dickens		AHS - DAIL	X
Nancy	Eldridge		Cathedral Square and SASH Program	C/M
Cameron	Erickson		MVP Health Care	MA
Trudee	Ettlinger		Vermont Department of Corrections	MA
Erin	Flynn	here	AHS - DVHA	S
Aaron	French		AHS - DVHA	X
Meagan	Gallagher		Planned Parenthood of Northern New En	X
Joyce	Gallimore		Bi-State Primary Care/CHAC	MA/M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Eileen	Girling		AHS - DVHA	M
Kelly	Gordon		AHS - DVHA	X
Bea	Grause		Vermont Association of Hospital and Hea	C/M
Dale	Hackett	here	None	M
Bryan	Hallett		GMCB	X
Selina	Hickman		AHS - DVHA	X
Bard	Hill		AHS - DAIL	X
Breena	Holmes		AHS - Central Office - IFS	X
Marge	Houy		SOV Consultant - Bailit-Health Purchasing	X
Christine	Hughes		SOV Consultant - Bailit-Health Purchasing	X
Jay	Hughes		Medicity	X

Linda	Johnson		MVP Health Care	M
Pat	Jones	here	GMCB	S/M
Joelle	Judge		UMASS	S
Trinka	Kerr		VLA/Health Care Advocate Project	M
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Patricia	Launer		Bi-State Primary Care	M
Diane	Leach		Northwestern Medical Center	X
Deborah	Lisi-Baker	here	Unknown	X
Vicki	Loner	here	OneCare Vermont	M
Georgia	Maheras	here	AOA	S
Mike	Maslack			X
John	Matulis			X
James	Mauro		Blue Cross Blue Shield of Vermont	X
Clare	McFadden	✓	AHS - DAIL	M
Elise	McKenna		AHS - DVHA - Blueprint	X
Jill	McKenzie			X
Jeanne	McLaughlin		VNAs of Vermont	X
Darcy	McPherson		AHS - DVHA	A
Madeleine	Mongan	here	Vermont Medical Society	M
Monika	Morse	here		X
Judy	Morton	here	Mountain View Center	M
Mary	Moulton	here	Washington County Mental Health Service	M
Kirsten	Murphy	here	AHS - Central Office - DDC	X
Reeva	Murphy		AHS - Central Office - IFS	X
Sarah	Narkewicz		Rutland Regional Medical Center	X
Jessica	Oski		Vermont Chiropractic Association	MA
Annie	Paumgarten		GMCB	X
Luann	Poirer		AHS - DVHA	X
Betty	Rambur		GMCB	X

Molly Dugan
Marybeth McCaffrey