

VHCIP Core Team Agenda

1.05.15

VT Health Care Innovation Project Core Team Meeting Agenda

January 5, 2015 1:00 pm-3:00pm
Pavilion Building, 4th Floor Conference Room, 109 State Street, Montpelier
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:05	Welcome and Chair's Report a. DLTSS Work Group Letter to the Governor b. Medicaid Shared Savings Program Update	Anya Rader Wallack	
Core Team Processes and Procedures				
2	1:05-1:10	Approval of meeting minutes	Anya Rader Wallack	Attachment 2: December 3, 2014 meeting minutes. <i>Decision needed.</i>
3	1:10-1:40	Project Update: Meeting project goals	Georgia Maheras	Attachment 3: Project Update (ppt)
Policy Update				
4	1:40-2:35	1. Learning Collaboratives Update 2. ACTT Projects Update 3. Workforce Symposium Debrief	4.1 Pat Jones (phone) 4.2 Brad Wilhelm	Attachment 4.1: Learning Collaborative Update (ppt) Attachment 4.2: ACTT Projects Update (ppt) Attachment 4.3: Workforce Symposium Debrief (ppt)

		<i>Public Comment</i>	4.3 Amy Coonradt	
5	2:35-2:45	Staffing Update	Georgia Maheras	Attachment 5: Staffing Memo
6	2:45-2:55	<i>Public Comment</i>	Anya Rader Wallack	
7	2:55-3:00	Next Steps, Wrap-Up and Future Meeting Schedule: 2/5: 1:00pm-3:00pm, Large Conference Room, 312 Hurricane Lane, Williston	Anya Rader Wallack	

Attachment 2 - Core Team
Minutes
12.03.14

**VT Health Care Innovation Project
Core Team Meeting Minutes**

Date of meeting: December 3, 2014 **Location:** DFR 3rd Floor Conference Room, 89 Main Street, Montpelier VT

Members: Anya Rader Wallack, Chair; Robin Lunge, AOA (arrived at 1:34); Paul Bengtson, NVRH; Al Gobeille, GMCB; Mark Larson, DVHA; Susan Wehry, DAIL; Steve Voigt, ReThink Health.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's report	<p>Anya Rader Wallack called the meeting to order at 1:10 pm.</p> <p>Anya reordered the agenda to begin with the Policy updates (agenda items #4.1 and 4.2).</p>	
4. Policy Updates (4.1 and 4.2)	<p><i>4.1 Learning Collaboratives Update:</i></p> <ul style="list-style-type: none"> • Pat Jones provided an update on “Vermont’s Integrated Communities Care Management Learning Collaborative” by going through the powerpoint in the meeting materials. Emphasized improving communication among the goals listed. • There was discussion about the measures that will be used to determine success of particular interventions. Additionally, it was noted that ‘at risk’ is defined by each of the three communities. For example, St. Johnsbury has selected their duals population. The collaborative will be highly structured in the first half of the year and then in the second half of the year, there will be an alternate second track with additional skill and resource building, like hospice. • Final report and next steps (due 12/2014) will be in the form of a written document. <p><i>4.2 Medicaid SSP Update:</i></p>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> Kara Suter provided this update. DVHA provided more time to the ACOs to determine whether or not to add services (Pharmacy and non-emergency transport) in year two. 	
2. Approval of Minutes	Steve Voigt moved to approve the October 21 st minutes. This was seconded by Paul and approved unanimously (with the exception of Robin Lunge who had not yet arrived).	
3. Financial Update	<p>Financial Request: Georgia provided a very brief overview.</p> <ol style="list-style-type: none"> HIE/HIT: Simone provided an introduction to this proposal. John Evans and Mike Gagnon from VITL walked through the slides outlining the proposal. VITL will provide quarterly updates on progress related to VHIE interoperability to the Core Team. Questions were raised about sustainability of these efforts, when a patient portal would be rolled out, and when the data would be completely interoperable. Moved by Paul; seconded by Robin. Susan Wehry clarified that this was approved unanimously (with one recusal) by the Steering Cmte. Mark Larson commented that this proposal will reduce the manual chart abstraction and that is a benefit. All approved with Susan Wehry abstaining. Datastat: Pat Jones provided an overview of the request for additional funding for this contract. The results from the survey will be available around August of 2015. Susan moved to approve and Mark seconded. All approved. Sub-Grant Program reallocation: Georgia Maheras provided an overview of this request. Paul moved to approve this and it was seconded by Steve. Paul moved to approve and this was seconded by Susan. All approved. Coaching Center: Georgia Maheras provided an overview of this request. Steve moved to approve and this was seconded by Robin. All approved. 	

Agenda Item	Discussion	Next Steps
4.3 Policy Update	<p>Debrief Project Retreat 11/3</p> <p>The Core Team discussed the project retreat, using the handout provided to aid in the discussion. Paul led the conversation. The Core Team requested that Georgia come back with a plan to address items two and four by March. Georgia will follow-up with Steve Voigt on 'what we are learning about the structure of the project'. Additionally, the Core Team would like further information about the Docsite replacement at a future meeting.</p>	
5. Public Comment	N/A	
6. Next Steps, Wrap up	Next meeting: January 5, 2015, 1:00-3:00pm, DFR 3 rd Floor Conference Room, 89 Main St, Montpelier.	

VHCIP Core Team Participant List

Attendance:

12/3/2014

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

First Name	Last Name		Organization	Core Team
Susan	Aranoff		AHS-DAIL	X
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Paul	Bengston	<i>Paul Bengston</i>	Northeastern Vermont Regional Hospital	M
Beverly	Boget		VNAs of Vermont	X
Harry	Chen		AHS - VDH	M
Amanda	Ciecior		AHS - DVHA	X
Amy	Coonradt		AHS - DVHA	X
Alicia	Cooper		AHS - DVHA	X
Mark	Craig			X
Diane	Cummings	<i>D Cummings</i>	AHS - Central Office	X
Paul	Dupre	<i>Paul Dupre</i>	AHS - DMH	X
Erin	Flynn		AHS - DVHA	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille		GMCB	M
Sarah	Gregorek		AHS - DVHA	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett		GMCB	X
Carrie	Hathaway		AHS - DVHA	X
Kate	Jones	<i>Kate Jones</i>	AHS - DVHA GMCB	S

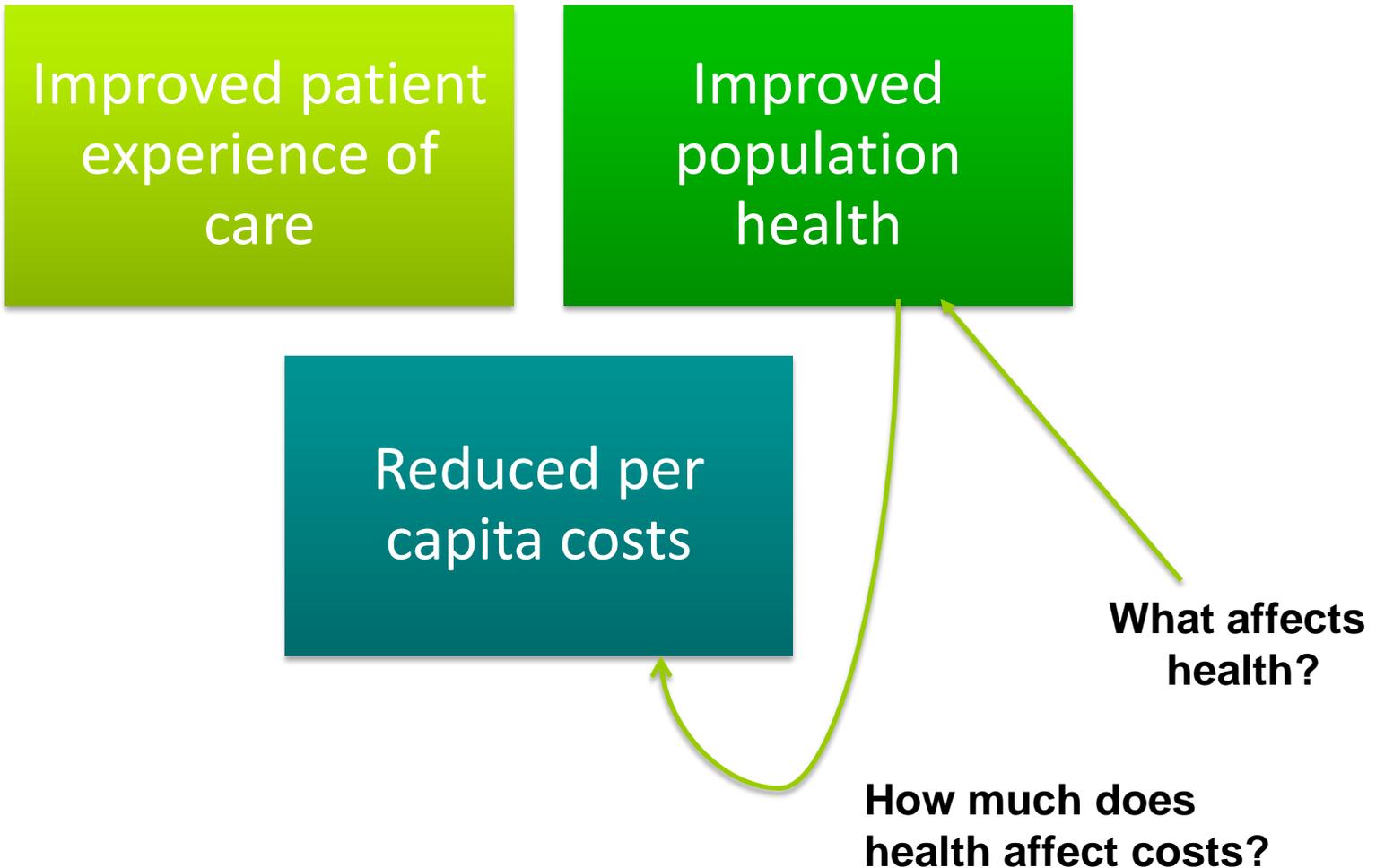
Pat	Jones	<i>Pat Jones</i>	GMCB	X
Joelle	Judge		UMASS	S
Heidi	Klein		AHS - VDH	X
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Mark	Larson	<i>Mark Larson</i>	AHS - DVHA	M
Monica	Light		AHS - Central Office	X
Robin	Lunge		AOA	M
Georgia	Maheras		AOA	S
Steven	Maier	<i>Steven Maier</i>	AHS - DVHA	X
Mike	Maslack			X
Marisa	Melamed		AOA	A
Lawrence	Miller			X
Meg	O'Donnell	<i>Meg O'Donnell</i>	Fletcher Allen Health Care <i>UVM Medical Center</i>	X
Lisa	Parro		AHS - DAIL	A
Annie	Paumgarten		GMCB	X
Luann	Poirer		AHS - DVHA	X
Lila	Richardson	<i>Lila Richardson</i>	VLA/Health Care Advocate Project	X
Julia	Shaw	<i>JS</i>	VLA/Health Care Advocate Project	X
Richard	Slusky		GMCB	X
Kara	Suter		AHS - DVHA	X
Carey	Underwood		King Arthur Flour	A
Steve	Voigt			M
Anya	Wallack		SIM Core Team Chair	C
Julie	Wasserman		AHS - Central Office	X
Susan	Wehry		AHS - DAIL	M
Spenser	Weppler		GMCB	X
Kendall	West			X
Katie	Whitney			A
Bradley	Wilhelm		AHS - DVHA	X
Jason	Williams		Fletcher Allen Health Care	X
Sharon	Winn	<i>Sharon Winn</i>	Bi-State Primary Care	X
Cecelia	Wu		AHS - DVHA	X
				55

Attachment 3 -Project Update

Project Update: Meeting Project Goals

Georgia Maheras, Project Director
January 5, 2015

VHCIP's goal: the "triple aim"



Three Main Goals:

- Care Delivery: enable and reward care integration and coordination;
- HIT/HIE Investments: develop a health information system that supports improved care and measurement of value; and
- Payment Models: align financial incentives with the three aims.

What would constitute success?

A health information technology and health information exchange system that works, that providers use, and that produces analytics to support the best care management possible.

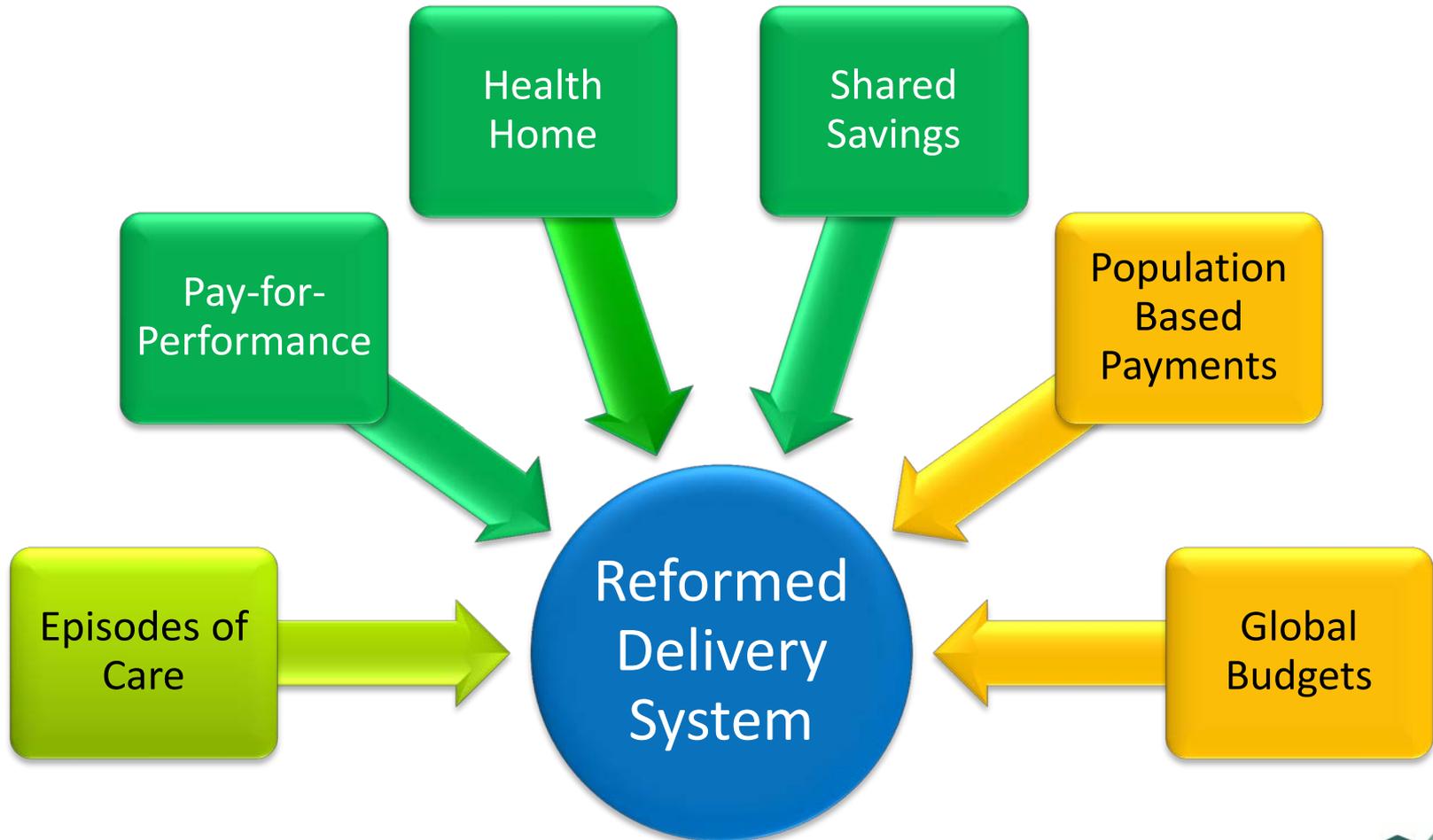
A predominance of payment models that reward better value.

A system of care management that is agreed to by all payers and providers that:

- utilizes Blueprint and Community Health Team infrastructure to the greatest extent possible
- fills gaps the Blueprint or other care models do not address
- eliminates duplication of effort
- creates clear protocols for providers
- reduces confusion and improves the care experience for patients
- follows best practices

YEAR ONE PROGRESS

Payment Model Development



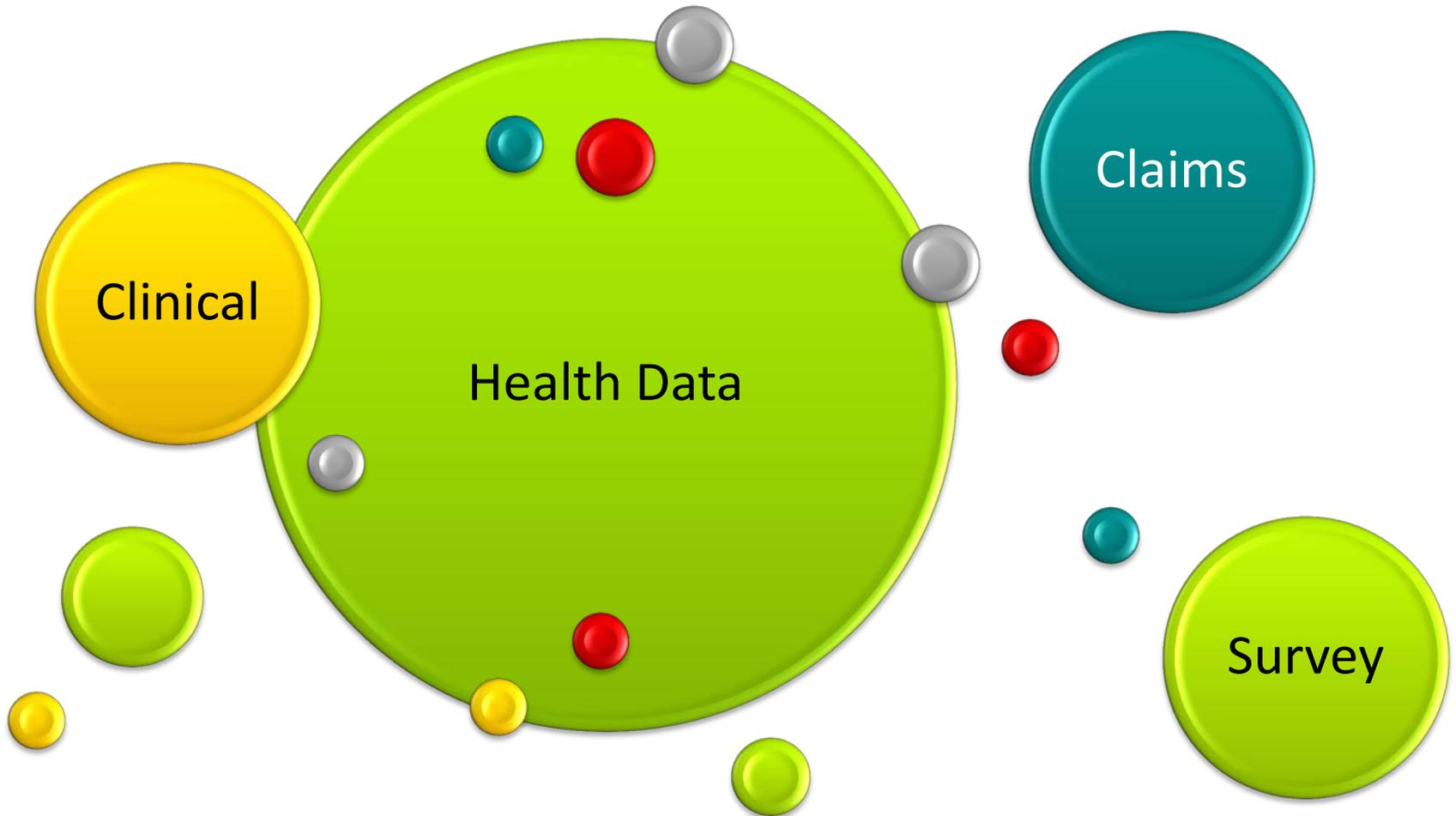
2014 Accomplishments

- Medicaid and commercial Shared Savings ACO Programs Launched
 - Attributing Providers: ~427-500
 - Beneficiaries: 153,878
- Blueprint for Health (P4P)
 - Attributing Providers: 638
 - Beneficiaries: 274,558
 - 2,506 beneficiaries and 128 providers for Hub and Spoke (Health Home)
- Episode of Care Planning

Coming up in 2015

- Y2 of the Shared Savings Program
- Episode of Care Design
- Blueprint for Health program changes
- Health Home – new opportunities
- Population-Based Payment Design
 - ACO providers
 - Non-ACO providers
- Accountable Health Community exploration
 - NVRH, Brattleboro, NMC

HIE/HIT Infrastructure



Progress in 2014

- Electronic Medical Record Installation and Interoperability
 - Specialized Service Agency procurement
 - Providers connected with at least one interface to the VHIE: 177
- Event Notification System: testing
- ACO Gateways: 1 built
- Data Quality Initiatives:
 - Designated Agencies; ACOs; Blueprint
- Uniform Transfer Protocol and DLTSS Data Quality Phase One Launched
- **Providers Impacted by 2014 investments: 399**

Coming up in 2015

- HIT Strategic Plan
 - Electronic Medical Record Installation (SSAs)
- ACO Gateways: Finish build
- Data Warehousing (VCN; DocSite)
- Data Quality Initiatives Continue
- Uniform Transfer Protocol and DLTSS Data Quality Phase One Recommendations
- Provider Connectivity to the VHIE
 - Target: ?
- Event Notification System: Test and Launch

Delivery System

- Build on the Blueprint for Health foundation
- Integrate care management efforts across payers and providers
- Address gaps in care management/care coordination

Progress in 2014

- Landscape analysis
- Learning Collaboratives Launched:
 - Providers: 58
 - Vermonters: TBD
- Sub-Grant Program: Delivery System Focus
 - Providers: 692
 - Vermonters: 281,808
- ACO/Blueprint Alignment begins

Coming up in 2015

- Learning Collaboratives:
 - Providers: TBD
 - Vermonters: TBD
- Sub-Grant Program: Delivery System Focus
- Further alignment towards unified or aligned system of care management

Key Opportunities and Challenges in 2015

- Sub-Grant Program- dissemination of lessons learned and expansion of successful programs.
- HIT/HIE-development of short, medium and long term strategic plan.
 - Focus on sustainability.
- Overall project sustainability – what should be sustained? How?
- CMMI increasingly asking for more info

Attachment 4.1 - Learning Collaborative Update

Update:

Integrated Communities Care Management Learning Collaborative:

- **January 13th In-Person Learning Session**
 - **Quality Improvement Facilitators**

VHCIP Core Team Meeting

January 5, 2015

Learning Collaborative Snapshot

- Vermont's delivery system reforms have strengthened coordination of care and services, but people with complex care needs sometimes still experience fragmentation, duplication, and gaps in care and services.
- A number of national models have potential to address these concerns.
- **Health and community service providers were invited to participate in the year-long Integrated Communities Care Management Learning Collaborative to test interventions from these promising models on behalf of at-risk people in 3 communities: Burlington, Rutland and St. Johnsbury.**

January 13th Learning Session

Three Stallion Inn
Randolph, VT

Preparation for Learning Session

- Participants from the 3 regions were surveyed about:
 - Their role within their organization
 - Challenges they face in providing care management services
 - The likelihood that promising interventions will improve integration
 - How they define care management
 - What would constitute a successful learning collaborative

Content & Faculty for Jan. 13th Event

Care Coordination: Benefits to the Family, the Practice and the Provider

*Hagan, Rinehart & Connolly
Pediatricians*

- Jill Rinehart, MD, F.A.A.P.
- Kristy Trask, RN, Care Coordinator
- Tammy Carroll, Family Health Partner

Using Data to Identify People in Need of Services, Build Provider Coalitions and Improve Care

Putting Care Management Into Action

*Camden Coalition of
Healthcare Providers*

- Aaron Truchil, Associate Director of Data, Research & Evaluation
- Kelly Craig, Program Director, Care Management Initiatives

80+ people have signed up, including staff from:

Primary Care Practices

Hospitals

Designated Mental Health Agencies

Visiting Nurse Associations and Home Health Agencies

Skilled Nursing Facilities

Medicaid's Vermont Chronic Care Initiative (VCCI)

Community Health Teams

Support and Services at Home (SASH) Sites

Area Agencies on Aging

ACOs

Agency of Human Services (including DVHA staff)

Private Mental Health Practitioners

Learning Session Objectives

- Familiarize teams with learning collaborative format and measures of success
- Support teams in building or enhancing care coalitions to improve integration
- Increase knowledge of potential data sources and how to use them to identify at-risk people and understand their needs
- Introduce promising interventions to improve coordination between organizations, including using data, establishing shared plans of care and learning from patient case studies

Post-January 13th Activities

- Each team will receive training on the Plan-Do-Study-Act (PDSA) model of rapid cycle quality improvement
- During a February webinar, each team will report on its progress in using data to identify at-risk people, establishing information sharing agreements among team members, and developing transitions in care protocols

Quality Improvement Facilitators

Role of facilitators

Progress in contracting

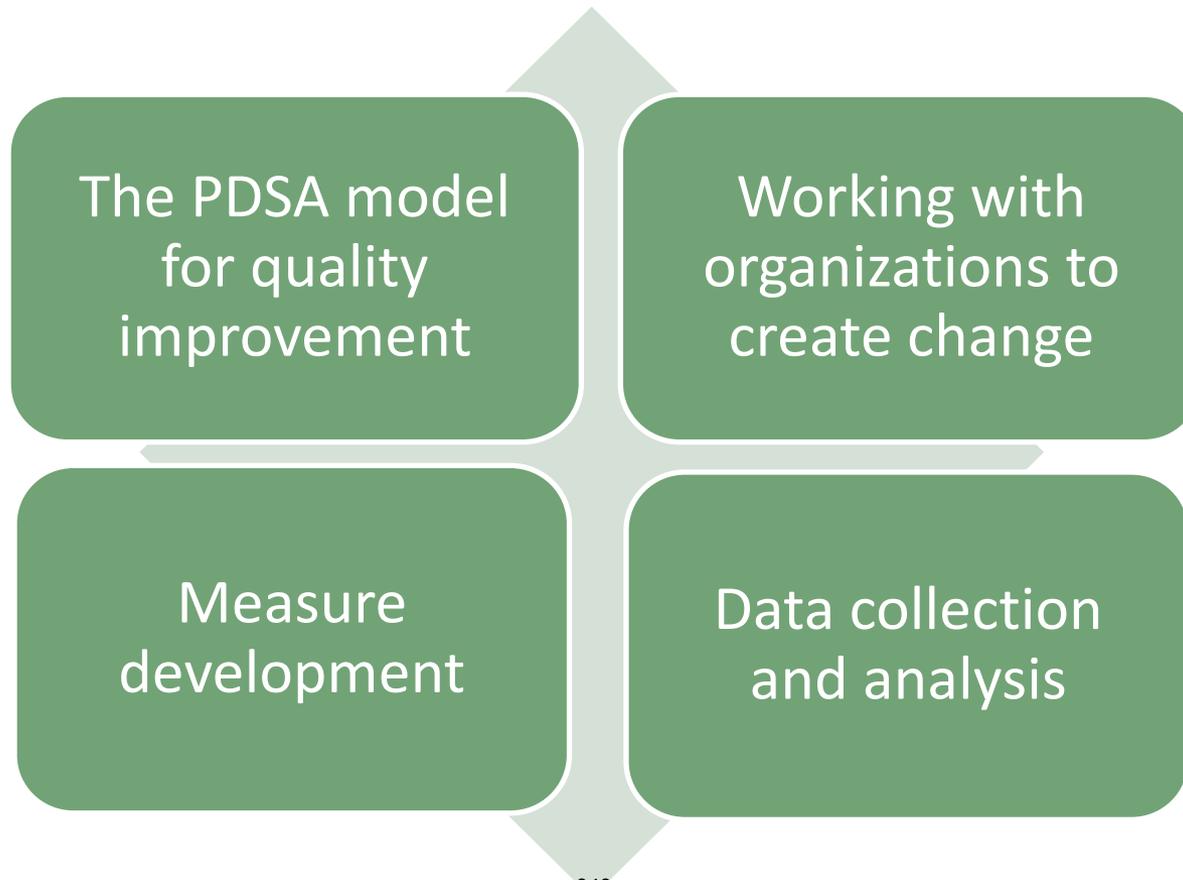
Role of QI Facilitators

Skilled QI facilitators support teams by:

- Promoting an environment of shared learning
- Meeting with teams regularly to provide:
 - Change management support
 - Technical assistance and training
 - Data analysis, measurement and IT support
 - Creation of a learning health system
 - Connections within and between teams

QI Facilitator Areas of Expertise

The vision was to obtain QI facilitators who would provide expertise in:



Progress on Contracting

- RFP posted in late August
- Bids received and interviews conducted
- Contract executed with Nancy Abernathey, MSW, an experienced Blueprint practice and learning collaborative facilitator
- Contracting underway with organization with data collection and analysis expertise; this “apparently successful bidder” will provide a facilitator as well as organizational depth

Key Future Dates

- **1st In-Person Learning Session:** Jan. 13, 2015; full-day
- **First Action/Measurement Period:** Jan.-Feb. 2015
- **2nd In-Person Learning Session:** March 10, 2015; full-day
- **Second Action/Measurement Period:** March-April 2015
- **3rd In-Person Learning Session:** May 19, 2015; full-day
- **Third Action/Measurement Period:** May-June 2015
- **Monthly Educational Webinars:** 1 hour (during months without in-person learning sessions)
- **Core Competency Training for Care Managers; Continued Testing and Measurement:** July-Nov. 2015
- **Final Results and Next Steps:** Dec. 2015

Attachment 4.2 - ACTT Projects Update



ACTT Project Staffing Changes

- Brendan Hogan, formerly of Bailit Health Purchasing, permanently left the project in November in order to take a position with Optum.
 - He has been replaced by Beth Waldman of Bailit Health Purchasing, and Susan Besio of Pacific Health Policy Group.
- Katie McGee, an HIS Professionals' subcontractor, took an indefinite leave of absence from the project in September due to an illness in her family.
 - She has been replaced as an HIS Professionals' subcontractor by AnneMarie Curley.



ACTT Project #1 (VCN Data Quality, Data Repository, and SSA EHR)

- Agreements are being signed with DA/SSAs:
 - Business Associate Agreement, Qualified Service Organization Agreement, and Memorandum of Understanding for participation in the Data Quality and Data Repository Projects.
- A draft Data Dictionary, an important component of the Data Quality project, has been completed.
- VITL SOW for data quality work is being finalized.
 - Business requirements for Data Repository are being developed.
- Interoperability review for SSA unified EHR is underway.
 - Contract is under review. An update meeting was conducted on 12/29. Two vendors have been identified



ACTT Project #2 (LTSS Data Planning)

- Initial discussion with state about DLSS outcome measures has been completed.
- Technology Assessment of DLSS providers is currently being conducted by HIS Professionals with guidance from Beth Waldman.
 - Area Agencies on Aging
 - Adult Day Centers
 - Traumatic Brain Injury Providers
 - VCIL
 - SASH Program
- Prior Technology Assessments are currently being updated.
 - DA/SSAs
 - LTC facilities (both SNF & Residential Care)
 - Home Health Agencies



ACTT Project #3 (Universal Transfer Protocol)

- Interviews with providers and patients began in Bennington, and are currently being conducted in St Johnsbury.
- A report detailing findings and recommendations from Bennington interviews has been submitted.
 - Fundamental processes recommended to be used to develop the UTP:
 - Identify the most basic exchanges in the system;
 - Determine the information needed to support these exchanges; and
 - Establish a shared meaning for the information.
- Selected “Request for Service” use case for pilot, proposed an initial set of data elements which is being reviewed with Bennington ADRC and SVCOA staff.

Attachment 4.3 - Workforce Symposium Debrief

2014 VT Health Care Workforce Symposium Debrief

VHCIP Core Team Meeting
January 5, 2015

2014 VT HEALTH CARE WORKFORCE SYMPOSIUM DEBRIEF

1. Summary of symposium
2. Debrief and discussion by the Health Care Workforce Work Group
3. Follow-up items identified by the Work Group

Background and Summary

- Legislative requirement in SB 252 to conduct a symposium to *“address the impacts of moving toward universal health care coverage on Vermont’s health care workforce and on its projected workforce needs.”*
- Symposium (“May the Workforce Be With Us”) was held on November 10, 2014 in Burlington, VT
- Attended by approx. 100 people, both public and private sector stakeholders

Background and Summary

- Keynote address:
 - Speaker: Erin Fraher, PhD, MPP
- Panel One – Perspectives on Transformations in Care
 - Moderator: Michael Rea, MPH
 - Panelists: Alicia Jacobs, MD; Frederick Chen, MD, MPH
- Panel Two – Highly Integrative Systems
 - Moderator: Ian Coulter, PhD
 - Panelists: Courtney Baechler, MD, MSCE; Cindy Breed, ND
- Closing Remarks – Emerging Models and the Changing Workforce
 - Speaker: Shannon Brownlee, MS

Healthcare Workforce Work Group Debrief

- The following points were discussed at the December 17th, 2014 Health Care Workforce Work Group symposium debrief:
 - The symposium was a good initial brainstorm around VT's future healthcare workforce, and should be used to further develop and refine initiatives.
 - There should be more focus on skillsets and flexibility within positions, less on headcounts within healthcare professions
 - Efficiency and better coordination of care can be achieved through a greater emphasis on team-based care and linking existing programs such as the Hub and Spoke to the community in a more integrative manner.
 - More flexibility is needed going forward in terms of licensing laws, scope of practice, and training for multiple skill sets within various healthcare professions.

Health Care Workforce Symposium: Next Steps

- Further investigate care coordination/care management initiatives from other work groups
- Use symposium topics and content to guide and inform Health Care Workforce Strategic Plan updates
- Conduct further research into non-clinical positions and skillsets, such as Community Health Workers and Medical Assistants, and how they can support a reformed, better-coordinated health system
- Explore how scope of practice laws, credentialing standards, licensing laws can be revisited and updated to reflect growing need for flexibility within positions
- Survey practices in VT to find out what skill sets are lacking and what these practices are looking for on the ground

Questions?

Attachment 5 - Staffing Memo

To: Core Team
 Fr: Georgia Maheras
 Date: January 5, 2015
 Re: Staffing Report

This memo provides an update on VHCIP funded staff recruitment and requests approval of three changes related to the staff.

Recruitment

VHCIP includes 25 funded positions, of which 17.5 are filled and 6.5 are vacant. Of those, 2.25 of the positions are at the Green Mountain Care Board, 2 are at the Department of Aging and Independent Living, 3 are at the Agency of Human Services Central Office, 16.25 are at the Department of Vermont Health Access, and 1.5 is at the Agency of Administration. Below please find a list of filled and vacant positions:

Agency	Employee Name	Position Title	% dedicated to the project
AHS	Diane Cummings	Fiscal Manager: Financial Manager II	100%
AHS	Julie Wasserman	Program Manager for Duals: Duals Director	100%
AOA	Georgia Maheras	Project Director	100%
DVHA	Alicia Cooper	Payment Program Director: Health Care Project Director (P4P&EOC)	100%
DVHA	Erin Flynn	Quality Monitoring & Evaluation: Senior Policy Advisor	100%
DVHA	Amy Coonradt	Payment and Policy Specialist: Health Policy Analyst	100%
DVHA	Kara Suter	Payment Reform Director	25%
DVHA	Amanda Ciecior	Service Delivery Analyst: Health Policy Analyst	100%
DVHA	Luann Poirier	Service Delivery Specialist:	100%

		Administrative Services Manager I	
DVHA	Jessica Mendizabal	Fiscal Manager: Contract and Grant Administrator	100%
DVHA	Bradley Wilhelm	Quality Monitoring & Evaluation: Senior Policy Advisor	100%
DVHA	Cecelia Wu	Payment Initiative Director, Shared Savings	80%
DVHA	Sarah Kinsler	Health Care Policy Analyst	100%
DVHA	Jim Westrich	Payment Program Manager: Quality and Oversight Analyst II	100%
GMCB	Annie Paumgarten	Evaluation Director	100%
GMCB	Christine Geiler	Grant Program Manager: Grant Manager Coordinator	100%
GMCB	Richard Slusky	Payment Reform Director	25%
IFS	Carolynn Hatin	Medicaid Data Analyst: Business Administrator	100%
Vacant Positions			
AOA		Workforce Work Group Manager	50%
DVHA		Payment Program Manager: Health Access Policy & Planning Chief	100%
DAIL		Payment Program Manager	100%
DVHA		Medicaid Data Analyst: Quality and Oversight Analyst II	100%
DVHA		Medicaid Data Analyst: Health Care Statistical Information Administrator	100%
VDH	Hired: eff. 2/1/15	Public Health Analyst	100%

		III	
DVHA		Fiscal Manager: Contract and Grant Administrator	100%
DVHA	James Westrich	Payment Program Manager (Episodes): Senior Policy Advisor	100%