

## ***VT Health Care Innovation Project Core Team Meeting Agenda***

**May 20, 2015 2:00 pm-4:00pm**  
**4<sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier**  
***Call-In Number: 1-877-273-4202; Passcode: 8155970***

<b>Item #</b>	<b>Time Frame</b>	<b>Topic</b>	<b>Presenter</b>	<b>Relevant Attachments</b>
1	2:00-2:05	Welcome and Chair's Report	Lawrence Miller	
<b>Core Team Processes and Procedures</b>				
2	2:05-2:10	Approval of meeting minutes	Lawrence Miller	Attachment 2: May 5, 2015 minutes <i>Decision needed.</i>
3	2:10-3:50	Executive Session: Mid-Project Risk Assessment	Lawrence Miller	
4	3:50-3:55	<i>Public Comment</i>	Lawrence Miller	
5	3:55-4:00	Next Steps, Wrap-Up and Future Meeting Schedule: 6/1: 1-3p, Pavilion, Montpelier	Lawrence Miller	

## Vermont Health Care Innovation Project Core Team Meeting Minutes

### Pending Core Team Approval

**Date of meeting:** Monday, May 4, 2015, 1:00pm-3:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
<p><b>1. Welcome and Chair's Report</b></p>	<p>Lawrence Miller called the meeting to order at 2:03.</p> <p><b>Chair's Report:</b>  <i>Project-Wide Convening:</i> Scheduled for June 17<sup>th</sup>.  <i>Quarterly Report:</i> Submitted on April 30<sup>th</sup>.  <i>Legislative Update:</i> Significant legislator interest in VHCIP project activities; mostly positive interest, though some concern from members. Senators Ashe, Kitchel, and others had expressed interest in developing an Accountable Community for Health pilot in St. Johnsbury, and included a plan to do so in S. 135. This plan was set to be pulled from S. 135 at the time of the Core Team meeting; Paul Bengtson reported that he had received confirmation that it would not be included in the final version of the bill, a draft of which went to Senate Appropriations today.</p> <p>In response to this, Robin Lunge presented a draft project plan to design a multi-phase pilot for Accountable Communities for Health. The program could involve multiple interested communities. This work would happen in partnership with health system leaders in St. Johnsbury and other regions in the state and the VHCIP Payment Models and Population Health Work Groups.</p> <ul style="list-style-type: none"> <li>• Paul Bengtson noted that St. Johnsbury has been interested in this for quite a while and is already engaging in a number of community-driven and VHCIP-supported projects to pursue some of the goals of an Accountable Community for Health, including the oncology pilot and a program serving people dually eligible for Medicare and Medicaid. He noted that the community is particularly interested in taking on risk for DLTS populations and services.</li> <li>• Robin Lunge noted that this will dovetail with work by the VHCIP Population Health Work Group.</li> <li>• Susan Wehry requested more information about process and available funding.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>○ Georgia Maheras clarified that there are contractor resources (Bailit Health Purchasing) available to support design, as well as SOV staff resources; there is no funding directly to the St. Johnsbury Hospital Service Area team.</li> <li>○ Susan noted that there may be other interested communities; Robin clarified that the design process could support implementation in multiple communities. Paul and Lawrence Miller pointed out that different communities may be interested in different scopes of services.</li> <li>○ Georgia noted that this project would take a similar path to the Frail Elders Project; there is currently no budget associated with this, though Georgia pointed out that the VHCIP Population Health Work Group does have funds available to support proposals like this.</li> <li>● Susan requested more information on how this pilot would add new value given the projects St. Johnsbury is already engaged in. <ul style="list-style-type: none"> <li>○ Paul believes this will be an opportunity for a community to take on broader risk that includes a broader scope of services, to use funds more flexibly, and to learn from other communities if additional communities choose to participate.</li> </ul> </li> <li>● Al Gobeille suggested the design process will be a large amount of work for staff and contractors, but that it will surface valuable findings. Steven Costantino noted that there are significant differences between this model and other payment reforms, including the shared savings model. Paul noted that he does not expect the St. Johnsbury community to receive shared savings from a pilot like this.</li> <li>● Susan suggested that this will intersect with state and federal rules, including rules and regulations that set standards of patient care in areas like home- and community-based services (HCBS).</li> </ul> <p>Lawrence Miller called for a motion to move this proposal forward. Steve Voigt moved to advance the proposal. Al Gobeille seconded. The motion passed unanimously with one abstention.</p>	
<b>2. Approval of Meeting Minutes</b>	Steve Voigt moved to approve the April 2015 meeting minutes (Attachment 2). Robin Lunge seconded. The motion to approve the minutes passed unanimously.	
<b>3. Director's Report</b>	<p>Project Director Georgia Maheras provided a series of updates.</p> <p><b>a) Staffing Update (Attachment 3a):</b> In the past three months, the project has hired three new staff. The project still has three positions in recruitment. Georgia requested that funding for one position, Payment Program Manager: Health Access Policy &amp; Planning Chief, be shifted to contracts; supervisory responsibilities associated with this position have been shifted to others on staff, and technical tasks can be completed by contractors. No action was required on this item.</p> <p><b>b) Sub-Grantees Update (Attachment 3b):</b> Georgia presented slightly updated slides (updated version now posted on VHCIP website), providing brief updates on each the status of each sub-grant. Georgia closed by noting the number of providers and beneficiaries impacted. These numbers are self-reported by grantees and do not represent unduplicated provider and beneficiary impact; Lawrence Miller requested that trends over</p>	

Agenda Item	Discussion	Next Steps
	<p>time be included in future updates.</p> <p><b>c) ACTT Restructuring:</b> Georgia reported that the scope of the three projects under the Advancing Care Through Technology (ACTT) program umbrella has diverged since they were approved last summer. These projects will now be managed separately to support efficient project management and ensure each project receives sufficient attention.</p> <p><b>d) CMMI Convening, April 22-23, 2015:</b> Several VHCIP staff attended a convening of Round 1 and Round 2 SIM states in Baltimore in April. Georgia shared a few key notes: CMS is increasing Medicare’s efforts to coordinate; Vermont presented more than most other states (along with Arkansas); there was a strong focus on sustainability, population health, incorporation of mental health treatment; and the three payment models being used most often (shared savings programs, patient-centered medical homes, and episode-based payments).</p> <p><i>Public Comment</i> No further public comment was offered.</p>	
<p><b>4. Policy Update: Medicaid Expenditure Analysis</b></p>	<p>Susan Besio and Scott Whitman (Pacific Health Policy Group) presented the Medicaid Expenditure Analysis (Attachment 4). The Medicaid Expenditure Analysis is a one-time analysis conducted to support analyses and planning.</p> <p>Scott noted that relative resource use by different individuals and by service type has not changed much, though this data is from 2012. He also noted that this data excludes a number of categories that do not produce claims equaling about \$250 million in costs (see Slide 2).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Paul Bengtson asked where this funding comes from. Scott clarified that all of this money is Medicaid funding, most of it matched by the federal government. Approximately 60% of total funds are federal, 40% are state funds.</li> <li>• Steven Costantino requested clarification about where mental health services from private practitioners are characterized. Scott replied that this would be under “other services.” Steven noted that it’s necessary to understand that people receive mental health services from multiple provider types, and suggested that additional analytics could be useful in this area. Scott noted that commercial insurance does not meet the needs of some populations; some (e.g., children with serious emotional disturbance from middle-income families) might end up enrolled in Medicaid because the benefit package is more appropriate for their needs.</li> <li>• Steven requested clarification on the total number of Medicaid enrollees; Lawrence Miller reported that the forecast for FY2016 is 205,000 enrollees. Lawrence noted that nearly 30% of Vermonters are Medicaid beneficiaries at this point.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>Paul asked how analyses like this one could support a better system in five years or so. Lawrence responded that variances might be the most interesting aspect over time – trends plus future demographics can help predict pressure points and indicate resource needs. Steven noted that Medicaid costs are growing much faster than taxes, creating a structural deficit.</li> <li>Susan Wehry asked what the Core Team can do with this information. She noted that among DLTSS populations, enrollment in some types of programs and services is growing much more quickly than others. She asked where carve-outs will come back into the larger system, and asked what to do in areas where trends are going sharply upward. Lawrence suggested the Core Team note this information for now, but observed that it ties into the work of Core Team members outside VHCIP.</li> </ul>	
<i>Public Comment</i>	No further public comment was offered.	
<p><b>5. Financial Update</b></p> <p><b>a) Learning Collaborative Expansion Request</b></p> <p><b>b) Financial Request</b></p>	<p><b>a) Learning Collaborative Expansion Request (\$500,000):</b> Georgia Maheras presented a proposal to expand the Integrated Communities Care Management Learning Collaborative to additional communities (up to three additional cohorts of up to three communities each). She noted that community interest in participating is high.</p> <ul style="list-style-type: none"> <li>Susan Wehry asked about the proposed funds to contract for conference planning and logistics, which Georgia indicated could go to UVM. Georgia noted that UVM is the go-to contractor on this and has provided conference planning services for the Blueprint for Health and others in the past; the project would pay its standard indirect rate (10%, the federal maximum) on any contract for these services.</li> </ul> <p>Steve Voigt moved to approve this request. Susan Wehry seconded. The motion was approved unanimously.</p> <p><b>b) Financial Requests:</b> Georgia provided an overview of financial requests related to current contracts.</p> <ul style="list-style-type: none"> <li><i>Policy Integrity: No cost extension.</i> Policy Integrity is currently providing technical assistance to two sub-grantees; a no-cost extension will allow this to continue through the end of the sub-grant program.</li> <li><i>Truven Health Analytics: No cost extension.</i> Truven is currently providing technical assistance to two sub-grantees; a no-cost extension will allow this to continue through the end of the sub-grant program.</li> </ul> <p>Al Gobeille moved to approve these changes. Steve Voigt moved to second. The motion passed unanimously.</p> <ul style="list-style-type: none"> <li><i>Bailit Health Purchasing: Travel adjustment.</i> This contract unintentionally did not include fully-loaded rates; the contractor is now traveling to Vermont every week to work on this contract, a significant drain on contractor resources. The proposed new travel funds bring this contract into compliance with Bulletin 3.4.</li> </ul> <p>Steve Voigt moved to approve this request. Al Gobeille seconded. The motion was approved unanimously.</p>	<p><b>Follow up at a future Core Team meeting regarding all HIT/HIE investments to date.</b></p>

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• <i>Healthfirst Chart Review: No cost extension and budget adjustment.</i> Healthfirst did not use all funds originally requested to support chart review (the ACO was required to review fewer charts than originally expected as a condition of participation in the Commercial Shared Savings Program). Healthfirst requested the funds be rolled over to support chart review following the next program year.</li> </ul> <p>Al Gobeille moved to approve this request. Steven Costantino seconded. The motion was approved unanimously.</p> <ul style="list-style-type: none"> <li>• <i>Clinical Registry: \$1,000,000 license fee.</i> Covisint will no longer be managing the DocSite clinical registry software, currently used by the Blueprint for Health. DocSite is a database of clinical information and is the only available clinical registry for some provider types, including SASH. Purchasing the license is a one-time investment that fits into an existing SIM budget line to support investment in a centralized clinical registry. If approved, DocSite will migrate to VITL for hosting, which allow the State to retain the existing data in the registry, and will support improved analytic capabilities going forward. It will save the state approximately \$180,000-\$200,000 per year in ongoing fees. This will also allow some expansion of services if the State chooses to do so in the future. <ul style="list-style-type: none"> <li>○ Lawrence noted that this initially started as a strategy to mitigate the risk of losing the program while the State built something new. Questions about future possibilities remain, but this investment will support mitigating this significant risk. A key component of the contract with Covisint is that the State will pay only part of the total amount up-front, with a large payment contingent on successful data migration. DVHA will own the license; data will be managed by the Blueprint for Health with broader access than in the past under existing data use agreements.</li> <li>○ Al asked why this item didn't go through the HIE Work Group. Lawrence noted that this has been fast-moving, and that the previous plan (an undefined solution to be developed by November) was not robust enough to gain his confidence; the connection to SIM came later. Al noted that there's more to this plan than the funding – there are significant governance issues around VITL and this contract. Lawrence agreed that these issues need to be addressed; this mitigates near-term risk, but does not solve all problems. Lawrence believes that if we decide to pursue another solution in 18 months, this will still be worth the license fee. Steven suggested this isn't carved in stone for the long term; eventually, the data needs to end up in one place.</li> <li>○ Susan Wehry asked for more information on the connection to SIM. Paul Bengtson suggested this is part of SIM's HIE investment; we would still need CMMI approval, like every contract. Georgia clarified that this fits a SIM budget line around a centralized clinical registry. She noted that we have tried to use SIM funds for design projects or for one-time investments that have limited maintenance costs – this fits well with the sustainability concept, given that the Blueprint already has a budget line to support ongoing operation. The other option would have</li> </ul> </li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>been to use the HIT Fund to pay for this, but Lawrence and Georgia recommend that SIM funding is a more appropriate source.</p> <ul style="list-style-type: none"> <li>○ Paul Bengtson suggested it would be good to hear more about how all of our HIE investments will work together. Steven and Al requested more ongoing data analytics from sources like this. Georgia noted that the Health Data Inventory Project is helping to raise our awareness of data sources and analyses in the state that may now be underutilized.</li> </ul> <p>Al Gobeille moved to approve this request. Robin Lunge seconded. The motion passed unanimously.</p> <p><b>c) Funding to Support ACOs for Years 2 and 3 (discussion only):</b> Lawrence pushed this discussion to a later meeting due to time constraints; the group will accept requests from the ACOs with justification and respond to these directly at the next meeting. Al noted that this needs to happen within the hospital budget timeframe. Susan Wehry requested as much advanced notice as possible to support informed decision-making. Al noted that requests would need to be made at the 6/1 Core Team meeting, with votes at the July meeting.</p>	
<i>Public Comment</i>	No further public comment was offered.	
<b>6. Public Comment</b>	No further public comment was offered.	
<b>7. Next Steps, Wrap Up and Future Meeting Schedule</b>	<b>Next Meeting:</b> Monday, June 1, 2015, 1:00pm-3:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.	

# VHCIP Core Team Member List

## Roll Call:

5/4/215

*1<sup>o</sup> Steve V. 1<sup>o</sup> Steve C. 2<sup>o</sup> Robin 2<sup>o</sup> Steve V. 2<sup>o</sup> AI 1<sup>o</sup> Steve V. 2<sup>o</sup> AI*

*moved together*

*TRM AHC all app'd w/ Bengston abstaining*

Member		Minutes	Learning Collaborative Expansion	Policy Integrity - No Cost Extension	Truven - No Cost Extension	Bailit - Modify Payment Provisions	Healthfirst - No Cost Extension	Clinical Registry License	Organization
First Name	Last Name								Organization
Paul	Bengston ✓								Northeastern Vermont Regional Hospital
<del>Hal</del> Hal	<del>Steve</del> Cohen ✓								AHS - VDH/Rep AHS -CO for Hal Cohen
AI	Gobeille ✓								GMCB
Steven	Costantino ✓								AHS - DVHA
Robin	Lunge ✓								AOA
Lawrence	Miller ✓								Chief of Health Care Reform
Steve	Voigt ✓								ReThink Health
Susan	Wehry ✓								AHS - DAIL

*all app'd* ↓ *all app'd* ↓

*phone Attendees: Kate Simmons  
Larry Sandage*

# VHCIP Core Team Participant List

Attendance:

5/4/2015

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

First Name	Last Name		Organization	Core Team
Susan	Aranoff	here	AHS - DAIL	S
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Paul	Bengston	here	Northeastern Vermont Regional Hospital	M
Beverly	Boget		VNAs of Vermont	X
Harry	Chen		AHS - VDH/Rep AHS -CO for Hal Cohen	M
Amanda	Ciecior		AHS - DVHA	S
Hal	Cohen	here	AHS-CO	X
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Steven	Costantino	here	AHS - DVHA, Commissioner	M
Mark	Craig			X
Diane	Cummings	here	AHS - Central Office	S

Paul	Dupre		AHS - DMH	X
Gabe	Epstein		AHS - DAIL	S
Erin	Flynn		AHS - DVHA	S
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard	here	OneCare Vermont	X
Al	Gobeille	here	GMCB	M
Bea	Grause		Vermont Association of Hospital and Health Systems	X
Sarah	Gregorek		AHS - DVHA	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett		GMCB	S
Carrie	Hathaway		AHS - DVHA	X
Kate	Jones		AHS - DVHA	S
Pat	Jones		GMCB	S
Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Monica	Light		AHS - Central Office	X
Robin	Lunge	here	AOA	M
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Mike	Maslack			X
Marisa	Melamed		AOA	S
Lawrence	Miller	here	AOA - Chief of Health Care Reform	C
Meg	O'Donnell	here	UVM Medical Center	X
Lisa	Parro		AHS - DAIL	A
Annie	Paumgarten		GMCB	S
Luann	Poirer		AHS - DVHA	S
Lila	Richardson	here	VLA/Health Care Advocate Project	X
Julia	Shaw		VLA/Health Care Advocate Project	X
Richard	Slusky	here	GMCB	S
Kara	Suter		AHS - DVHA	S

Carey	Underwood			A
Steve	Voigt	here	ReThink Health	M
Julie	Wasserman	here	AHS - Central Office	S
Susan	Wehry	phone	AHS - DAIL	M
Spenser	Weppler		GMCB	S
Kendall	West		Bi-State Primary Care	X
James	Westrich		AHS - DVHA	S
Katie	Whitney			A
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	X
Sharon	Winn		Bi-State Primary Care	X
Cecelia	Wu		AHS - DVHA	S
				59

Kate Simmons - CHAC - phone  
 Harry Sandage - UHCIP HIE - phone  
 Susan Besio - ~~PHPG~~ - here  
 Kirsten Murphy - Developmental Disability Council - here  
 Scott Whitman - PHPG - here