Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Tuesday, July 28, 10:00-11:00am, Conference Call Only.

Core Team Members in Attendance: Robin Lunge, Steven Costantino, Hal Cohen, Monica Hutt, Lawrence Miller

Attendees: Georgia Maheras, Annie Paumgarten, Pat Jones, Julia Shaw, Sue Aranoff, Gabe Epstein, Julie Wasserman, Joyce Gallimore, Kate Simmons, Sarah Kinsler, Larry Sandage, Amy Coonradt, Sharon Winn, Martita Giard, Meg O'Donnell, Carole Magoffin

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Robin Lunge called the meeting to order at 10:01. A roll-call was taken; a quorum was not initially present, but was present following the third agenda item. **Chair's Report** Update on CMMI site visit: Federal partners commented that they were impressed with stakeholder participation during the site visit. Overall, the site visit went well and additional funds are beginning to be drawn down based on approval received from the visit. Update on contract approval: The project had previously put some contracts on hold and asked contractors to hold work contingent on federal approval, to minimize state's financial risk. Because issues were worked through during the site visit, it is expected that some contractors will be able to be paid starting at the end of this week. Any new contracts or pending approval should be approved by mid-August. All invoices are being processed as soon as possible.	
2. Minutes Approval	This item was held until after Item 4, Funding Requests, due to lack of a quorum. Steven Costantino moved to approve the minutes as written. Hal Cohen seconded the motion. Roll call was taken and the motion carried.	

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3. Consumer Representation Related to the Community Health Accountable Care ACO	**Consumer Representation Related to the Community Health Accountable Care ACO:** Georgia noted that there has been communication between the Health Care Advocate, Community Health Accountable Care (CHAC), and DVHA over the past few weeks. This issue relates to the contract between CHAC and DVHA for the Vermont Medicaid Shared Savings Program (VMSSP), specifically regarding consumer representation and CHAC's consumer advisory board. The legal and policy teams at DVHA have been working with the Health Care Advocate and CHAC to resolve this issue. Steven Costantino provided an update on DVHA's behalf, noting that CHAC sent a response and corrective action plan to DVHA, and that DVHA is satisfied with their response and would like to commend CHAC for working on this in a timely and expeditious manner. Steven stated that DVHA believes the corrective action plan meets the requirements for consumer representation on the board. Joyce Gallimore stated that on behalf of the CHAC board, she would like to acknowledge the concerns that were raised and stated that DVHA, CHAC, and the Health Care Advocate share the same goal of bringing in and engaging consumers, as it is fundamental to achieving better health and health outcomes. CHAC continues to be very committed to these goals, and hope that their actions demonstrate their willingness to comply with a robust consumer support and engagement process. Julia Shaw stated that the Health Care Advocate is also satisfied with the corrective action plan from CHAC, particularly that provider input and consumer input will be separated going forward. The Health Care Advocate is happy to help support continued consumer input.	
4. Funding Requests	A quorum was reached. **Patient Experience Survey Renewal (Datastat):** Georgia stated that the first version of the patient experience survey was approved in October 2013. A that time, the Core Team decision was to coordinate the patient experience survey with the Blueprint for Health survey in order to maximize resources and not overburden providers and individuals, in terms of generating samples, etc. The patient experience survey results are a component of the Shared Savings Program measures set. The first year of surveying is almost completed. This is a request to renew the contract with Datastat for another year, adding $100,000 of SIM funds (estimated), with a matching $100,000 on the Blueprint side, for a total of $200,000 in funding. Steven Costantino made the motion to approve the request as written. The motion was seconded by Hal Cohen. The request to renew the Patient Experience Survey contract with Datastat was approved.	

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	ACO Requests for Funding: In April, the Core Team solicited requests for additional funding from the state's ACOs. Two ACOs (CHAC and OneCare Vermont) submitted funding requests and the Core Team received information at both the late May and early June meetings on these requests, as well as heard input from ACO representatives. Staff were asked to engage in analyses to determine if any items in the funding requests were in conflict or not aligned with ongoing SIM activities that were previously approved, and also to determine if there should be a limit or cap to the amount that should be spent. CHAC's application included funding for telemonitoring activities, and it was determined that this aligns well with current telehealth strategies, with the recommendation that alignment continue and be monitored. OneCare Vermont requested funding for a number of different components. Two of these – for an event notification system, and for a shared care management tool and tracking system – are activities that the Core Team had previously funded. The current recommendation to the Core Team is that OneCare should not use these funds for those purposes, but that SIM staff work separately with OneCare to meet the goals of project. The structure of the funding proposal is similar to that approved by the Core Team a year ago, by looking at the ACO's population of attributed lives and assigning an according per-attributed-life amount. However, if an ACO's number of attributed lives increases by more than 1,000, then funding would be altered to reflect the actual attributed lives. The majority of funding would be out of the 2016 budget, but a portion would be expended in 2015. A total of $2.7 million out of the practice facilitation line item ($2.09 million to OCVT and $678,000 to CHAC). Other funds had previously been allocated. Lawrence Miller asked if the adjustment for attributed lives would apply to an increase only, or if the amount of an award would be reduced if the number of attributed lives dropped, and when that adjustment might occur. Georgia stated that an increase would be in the parameters of approval, and that the Core Team would have to approve any adjustment of funding in the event of a decrease. The ACOs have been held harmless in the past for downward fluctuations in attributed lives. Georgia asked to reserve the right to come back to the Core Team if this occurs. Steven Costantino noted that OneCare's request was for $3.5 million, but the recommended amount was $2 million, and asked what made up the difference in that amount. Georgia replied that the two components (an event notification system and a shared care management tool and tracking system) were not approved, thus the	

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	difference between the requested and recommended amounts. Steven Costantino made a motion to approve additional funds for both ACOs, incorporating the recommendation from the memo dated 7/22/15. The motion was seconded by Hal Cohen. The request for funding for CHAC and OneCare, incorporating the recommendations from the 7/22/15 memo, was approved.	
5. Public Comment	Hal Cohen noted that the ACO funding requests that were just approved were one-time requests, but asked how they would be sustainable in future? Georgia confirmed that they were one-time investments, and that the SIM project will be engaging in sustainability planning later in the fall and next year, and will ensure that whatever resources SIM has been augmenting either within or outside of the state have a sustainability trajectory. There is an assumption that shared savings or savings attained through programs would be available for reinvestment in various ways. Per discussions at its latest site visit, CMMI recommended that 20% of Vermont SIM's Year 3 activities be dedicated to sustainability. Monica Hutt stated that the recommendations made in the 7/22/15 memo around ACO funding made a specific reference to ensure alignment with HIT work happening in the agency, and asked if there is a dedicated process to ensure alignment, or if this happens at each step forward and as occasions arise? Georgia stated that ensuring alignment occurs at two different levels: 1.) Georgia is in frequent communication with AHS HSE leadership; and 2.) Larry Sandage is part of the HSE project management team and works at that level with other program and project managers to ensure that projects and requests have alignment on both levels. Additionally, ad-hoc opportunities occur, and there is a process to ensure alignment for these as well. The level of engagement was more limited in 2014, and these conversations have been stepped up more in the past month, as the potential for misalignment has increased. There is anticipation that these conversations will occur more frequently moving forward.	
6. Next Steps, Wrap-Up and Future Meeting Schedule	**Next Meeting:** August 31, 1:00-3:00pm, Large Conference Room, 312 Hurricane Lane, Williston.	