Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

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

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Lawrence Miller called the meeting to order at 1:02. A roll-call was taken and a quorum was present. **Chair's Report:** *Update on Negotiations with CMMI:* Revised milestones were submitted to CMMI on May 26th; there was a call with CMMI on Friday, 5/29. We have a new project officer, Bridget Harrison, who is also working closely with our All-Payer Model team at CMMI. We reviewed the milestones chart at a high level as well as the All-Payer Model alignment spreadsheet. CMMI was pleased with these and requested some additional documents. Georgia submitted a clarification on the status of each of our contracts and federal approvals. Georgia and Robin are pushing to resolve this as soon as possible, and to have an in-person meeting to support this goal if needed. Lawrence noted that Georgia and Robin also provided an update to the Steering Committee on the mid-project risk assessment process at its meeting last week. Lawrence also noted that there will be no vote on the Self-Evaluation Plan at this meeting, but that Core Team members should expect a vote at the June 15th meeting.	
2. Approval of Meeting Minutes	Paul Bengtson moved to approve the April 2015 meeting minutes (Attachment 2). Steve Voigt seconded. A roll call vote to approve the minutes was taken and passed unanimously.	
3. Policy Recommendation: Request for Approval of Modifications to Quality	Pat Jones from the Green Mountain Care Board (GMCB) introduced proposed changes to the Year 2 quality measures (Attachments 3a and 3b). Two changes are proposed in response to changes in national guidelines; approval of changes would keep Vermont's ACO Shared Savings Program measure set in line with best practice and national measure sets. The QPM Work Group approved both changes unanimously; the changes were also approved with none opposed at the Steering Committee.	

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Measures from QPM Work Group *Public Comment*	The group discussed the following: • Does this do anything to reduce the total number of measures collected? Pat noted that proposal does reduce collection efforts in going from the D5 composite measure to the D2 composite measure. The ACOs indicated this would be an improvement in terms of administrative burden and ability to focus on a smaller set of measures for improvement; this is also something the QPM Work Group will examine for Year 3. Lawrence commented that moving from active to passive collection is also a major shift that we're working toward; Pat agreed and noted that some of the clinical data here can be captured electronically. Steve Voigt moved to accept the changes. Robin Lunge seconded. A roll call vote was taken and the motion passed unanimously. Lawrence asked how this mid-year change impacts data collection. Pat noted that affected parties are well aware and voted in favor of this recommendation; all agree that identifying necessary changes earlier would be helpful. These recommendations will also be included in the Year 3 measure set recommendation. There was no additional public comment.	

4. Presentation of Self-Evaluation Plan	Annie Paumgarten from the Green Mountain Care Board introduced the Self-Evaluation Plan. She reminded the group that CMMI requires two evaluations for all SIM projects: a federal evaluation being conducted by RTI (qualitative and quantitative; audience: CMMI) and a State Self-Evaluation (audience: State leadership). The goal of the self-evaluation is to produce actionable results.
	
	Brad Smith from IMPAQ presented the Self-Evaluation Plan. (Attachment 4)
	• The Self-Evaluation Plan proposes a thematic approach focused on three high-priority areas: Use of data and performance measurement; care coordination/integration; and payment reform effects. IMPAQ produced a literature review to compile evidence in relevant areas.
	  ○ Steve Voigt asked how the selected themes are addressed by the federal evaluation. Brad noted that the evaluations are based on different logic models; there may be some overlap in the value-based care focus area, but the research questions are different.
	• Brad described the self-evaluation methods.
	  ○ Susan Wehry asked whether a 35% response rate on provider surveys is acceptable. Brad responded that physicians are challenging to survey, and CMMI rules prevent us from offering monetary incentives.
	  ○ Paul Bengtson asked how these methods will result in actionable findings. Brad responded that these methods may result in options for policies or structures that could reduce provider burden. Georgia Maheras noted that we're looking for a product that is highly usable in crafting policy and regulations, rather than an academic document.	

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	• Brad described reporting plans, which include frequent "just in time" reports (monthly), interim reports; the final report; and issue briefs on State-selected topics that summarize final report topics for dissemination to a lay audience. The group discussed the following: • Lawrence asked whether there were additional activities that were dropped because of timeline, scope, cost, or other concerns. Brad noted that there are some challenges with the topics selected – payment reform, for example, is moving very quickly in the state, and findings might not be relevant in one or two years. He also noted that the State and the evaluation team were in agreement that care coordination and use of data were key issues; there were no looming issues that were excluded. • Paul Bengtson noted that this appears very focused on care models and payment models and asked how this will involve the other VHCIP Work Groups. Paul would like to vet this plan with providers and others working in these areas; Lawrence encouraged Paul to share any feedback with Annie and solicit other feedback. Paul noted that provider desire for easily shared plans of care has continued to come up, as an example. Annie will be in touch with Paul. • Lawrence reminded the group that the Core Team will vote on this in a few weeks. Georgia noted that the budget included in today's materials is preliminary and could change.	
Public Comment	There was no additional public comment.	
5. Financial Requests **a) No Cost Extensions:** Stone Environmental, Coaching Center, Deborah Lisi-Baker **b) Shared Care Plan and Universal Transfer Protocol (SCÜP) Project**	**a) No-Cost Extensions:** Georgia reviewed the contracts for which we are requesting approval to extend contracts through the end of the year, using already approved carryforward funds: • *Stone Environmental* • *Coaching Center* • *Deborah Lisi-Baker* Paul Bengtson moved to approve these requests. Steve Voigt seconded. A roll call vote was taken and the motion was approved unanimously. **b) Shared Care Plan and Universal Transfer Protocol (SCÜP) Project (HIE/HIT Work Group):** Georgia hopes that this request will be sent to CMMI for approval soon based on other work in process with CMMI; however, no contracts would be executed and no work would begin prior to CMMI approval. Simone Rueschemeyer presented the request from the HIE/HIT Work Group. • The project will be approved in waves to allow for continuous updates to the HIE/HIT Work Group, and to allow the Work Group to regularly reassess project utility and progress to date before recommending approval of additional funds. • How will this align with other projects, including Blueprint practices? Simone responded that part of this next phase is to ensure connection with other efforts. The project will focus on three regions	

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	(Bennington, St. Johnsbury, Rutland) during business requirements gathering, as well as incorporating feedback from the Blueprint and others to prevent duplication. The group discussed the following: 1. Susan Wehry asked how the Business Analyst and Subject Matter Expert would be supervised. Georgia noted that the Business Analyst would likely be through an existing contract or resource already in place at AHS. We have a SME in mind who would be brought in on a sole source contract. Lawrence clarified that contract management would take place wherever the contracts are owned.	
Public Comment	Susan Wehry moved to approve this request. Paul Bengtson moved to second. The motion passed unanimously.	
6. ACO Proposals a) Community Health Accountable Care (CHAC) b) OneCare	Lawrence introduced proposals from OneCare and CHAC; there will be no vote on this today. Lawrence noted that Paul Bengtson is a member of an ACO, but that this has not risen to the level of conflict of interest in the past; he invited members to comment on this issue and received no comment. **a) Community Health Accountable Care (CHAC)** Kate Simmons from CHAC presented CHAC's proposal with Joyce Gallimore. 1. Funding for Existing Operational Capacity: Requesting funding for this team through December 2016 (currently funded through June 2016), along with associated costs. 2. 2015 Quality Reporting: To take place in early 2016. CHAC has a good sense of costs and effort associated. 3. Telemonitoring: Care management intervention with Medicare beneficiaries, pilot launched in February 2015 (includes telemonitoring contractor and local care coordinator) with the goal of preventing unnecessary hospital admissions. Requesting funding to extend through the end of the Shared Savings Program at the end of 2016. 4. Analytic Solution: Would allow CHAC to turn claims feeds from all payers into actionable reports. Greatest unmet need. Have begun researching possible solutions; staff and board think solutions have tremendous promise to support improved care. The group discussed the following: • Georgia reminded the group that chart abstraction was funded for all ACOs as a separate activity for 2015. Georgia is anticipating getting recommendations from the QPM Work Group on this and will follow up with them. • Paul Bengtson commented that he is interested in where these efforts are heading. He noted that organizations can often gather real-time data rather than waiting for an analytic solution. He suggested that the ownership of CHAC and OneCare are administratively expensive, and suggested organizational structures could change to be more efficient and better integrate lessons learned. • Susan Wehry requested more information on the telemonitoring pilot; while the evidence is supportive	

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	of this strategy, how will it be sustained when funding ends? Susan believes Medicare now allows billing for this, and that VNAs are also doing this. Kate responded that this is a different model from the VNAs, because it does not require any special equipment or skills. CHAC will assess value of the program at the time funding ends. Kate will request more information on Medicare billing. • Joyce Gallimore commented that CHAC was founded by FQHCs, which are important health care access points. The SSPs were an opportunity to form an ACO that applies the FQHC model and is based on strong primary care and can test whether there are things we can learn from each ACO model (CHAC and OneCare). CHAC wants to be able to bring Medicaid and commercial data and learnings to their Clinical Advisory Committee to support change at the practice level, comparison across the state, and identification of best practices. **b) OneCare** Greg Robinson from OneCare presented OneCare's proposal with Martita Giard. 1. Continued Funding to Offset Participant Fees ($2 million): This funds infrastructure, operations, and other expenses. These funds are looked at to support OneCare as it moves into its next phase of operations, which will be aligned with Vermont's All-Payer Model OR as a Next Generation ACO through Medicare. A Next Generation ACO model would support reduced reliance on participant fees. 2. Technical Assistance Funds to Support Additional EHR Connectivity and High Data Quality ($750,000): To support VITL in creating a data stream to move provider data. 3. Care Management Tool Implementation ($250,000): A centralized care management tool to help providers manage care for large populations. Not looking to replace EHRs, but rather to share care plans, provide population-wide analytics to support targeting patients at-risk (financial and clinical). OneCare will carry ongoing costs; this request represents set-up. 4. Statewide Post-Acute Care Network Patient Identification and Tracking ($500,000): PatientPing is a real-time admission, discharge, and transfer (ADT) notification tool. Would not be limited to OneCare members; PatientPing would live at VITL and would be provided at the statewide level, and would allow VITL to devote energy to bringing more data into the VHIE. This tool can also be extended to incorporate the functions for VITLAccess. The group discussed the following: • Georgia noted that there could be overlaps between requests #2 and #3 above and existing State- and VHCIP-funded projects. Georgia noted that there is an Event Notification System (ENS) project in development phase that does overlap with request #4 (PatientPing); this project is going less than optimally and there is a meeting next week to discuss next steps, and there are strong possibilities of alignment. • Paul Bengtson asked how PatientPing would help if a patient was in the hospital and needed nursing home or skilled nursing support. How would this support decision-making for and with patients and	

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Public comment	families? Greg noted that PatientPing is a lightweight ADT mechanism; it is not a decision-making tool. • Susan Wehry noted that there are some redundancies here – she would love to see that overlap prior to a vote. She commented that CHAC provided significantly more backup for their funding request than OneCare, and requested more information on how funds will be spent. She also noted that the previous request to fund participant fees was for a specific reason, and asked why we are being asked to fund again. Georgia clarified that last year's funding cut participant fees in half for parts of the OneCare network. • Paul Bengtson noted that participant fees are new money paid by provider organizations to reduce their income. Susan Wehry asked what happens when VHCIP funds go away. • Al Gobeille commented that the Core Team's efforts can be summed up by asking how our money is being spent, how it is contributing to change, and where we're getting the most change for the least funding. Lawrence noted that this is an introduction, and requested members communicate any questions or comments to Georgia, and reminded the group that this will be discussed again at future meetings. There was no additional public comment.	
7. Public Comment	There was no additional public comment.	
8. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Thursday, June 15, 2015, 1:00pm-3:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.	**Joelle will assess whether the June 15th meeting could be moved from 2-4pm.**