



Vermont Health Care Innovation Project Core Team Meeting Minutes

Date of meeting: Monday, August 31, 2015, 1:00pm-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	<p>Lawrence Miller called the meeting to order at 1:00. A roll-call was taken and a quorum was present.</p> <p>Chair's Report: <i>Update on Contract Approvals and Negotiations with CMMI:</i> We received written approval for our Year 1 Carryover request on Friday after several months of negotiations. We're now able to pay a significant number of our contractors; all were approved retroactively to the date we requested, and we've already started approving invoices and paying contractors.</p> <p>We have not yet received approval for our re-baselined Year 2 budget for contractors, and have now received new instructions for our Year 2 submission which are very different from previous CMMI requests – rather than moving approximately \$10 million into our Year 3 budget, CMMI has requested that we move these funds back into Year 2, expand our Year 2 milestones to reflect this change, and plan for a significant carryover period. In response to this, Lawrence has been in touch with Dr. Cha at CMMI, and suggested that in the interest of resolving these issues and moving our work forward, we keep our Year 2 budget the same and give back the funds in question. CMMI has communicated that this is not its desired outcome, and we have a call set up later this week to discuss further. Georgia noted that in our budget request (included in attachments), there is a short list of contracts for which we do not yet have approval; we have not been paying these contractors since June, with the exception of one Green Mountain Care Board contractor being paid out of the State General Fund with permission from Commissioner Reardon. For unapproved contractors, there are varying degrees of risk for these contractors and the State.</p> <p><i>Recent Reports Released:</i></p> <ul style="list-style-type: none"> • Prevention Institute Report: Accountable Communities for Health: Opportunities and Recommendations. This is the first report of its kind nationally, and has been getting significant national attention. Tracy 	

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	<p>Dolan, Karen Hein, and Heidi Klein will be coming back to the project with proposed next steps. Paul Bengtson noted that work is already happening locally to advance this work, sponsored by hospitals and other providers and community organizations.</p> <ul style="list-style-type: none"> • DLTSS Core Competency Briefs (available here): These will be disseminated both through the Integrated Communities Care Management Learning Collaborative and otherwise. Monica Hutt noted that these briefs begin to embed in education and training best practices for providers working with people with disabilities. Julie Wasserman commented that we are pursuing a multi-pronged distribution strategy to ensure providers and other stakeholders throughout the state receive these briefs. <p><i>Sub-Grantee Symposium:</i> The second sub-grantee symposium will be held October 7th in Montpelier; Core Team members are encouraged to attend this half-day meeting if they are available.</p>	
<p>2. Approval of Meeting Minutes</p>	<p>Robin Lunge moved to approve the July 2015 meeting minutes (Attachment 2). Steven Costantino seconded. A roll call vote to approve the minutes was taken. The motion passed with 2 abstentions.</p> <p>Paul Bengtson noted that the minutes from the July meeting include a comment regarding aligning HIT projects in the future and requested we keep this in mind for future Core Team meetings and discussions.</p>	
<p>3. Mid-Project Risk Assessment: Rebasing and Realignment</p>	<p>Lawrence Miller introduced this item and reiterated the intention to continue to incorporate input from all stakeholders and constituencies, but to reduce the number of meetings we hold monthly. Georgia Maheras presented on the mid-project risk assessment and proposed project governance changes (Attachment 3).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Paul Bengtson expressed support for the redesign, and asked that we ensure continued focus on improving care for Vermonters and improving individuals’ experience of care. • <i>Percentage of Vermonters in Alternatives to Fee-for-Service:</i> <ul style="list-style-type: none"> ○ Paul Bengtson asked how we might go from 60% of Vermonters in alternatives to fee-for-service to 80% - is there a ranking of options? Georgia noted that the easiest is to count programs we’re not currently counting, such as commercial insurers’ value-based payment programs. We’ll also examine whether to work to include currently non-participating small group plans and/or ERISA plans. Current beneficiary impact counts are not non-duplicated – Alicia Cooper at DVHA is leading the effort to identify a non-duplicated beneficiary count, which we expect to have by the next quarter. • <i>Providers Impacted:</i> <ul style="list-style-type: none"> ○ Al Gobeille asked how we’re quantifying providers impacted. Georgia noted that this is not a measure requested by CMMI, it’s a metric we’re using to track our own progress. Al suggested he would do this differently and more expansively, based on providers impacted by improvements – for example, connecting UVMHC and DHMC to the VHIE impacts far more than 400 providers, the current count listed. Georgia and Lawrence commented that we set few goals in this area 	

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	<p>early in the SIM grant, and are still assessing our impact; there is limited evidence to suggest where future investments could have the largest impact.</p> <ul style="list-style-type: none"> ○ Monica Hutt asked whether we can break down providers engaged in the Learning Collaborative by provider type. Georgia noted that our new reporting format focuses more on milestones and could incorporate a breakdown by provider type. ○ Al Gobeille noted that with GMCB’s new role in governing VITL, it’s important to have a better sense of how this is impacting VITL. How can we measure progress toward our goal? ○ Paul Bengtson noted that his community’s priority is which providers are connected to the VHIE and reporting meaningful data. He also noted that provider needs should shape connectivity: What is it that DAs need to know about patients’ history and experience, for example? ○ Georgia suggested we provide additional information about impact, especially with regard to health data infrastructure, in future months. Lawrence noted that this work is ongoing. <ul style="list-style-type: none"> ● <i>Micro-Simulation Demand Model:</i> Paul Bengtson asked about the micro-simulation demand model. The contract with the vendor is still in process; the model will take about 6 months to build. We hope to receive our first set of data in Spring 2016. This work lives with the Workforce Work Group. ● <i>Population Health Plan:</i> Al Gobeille asked whether the Population Health Plan will be created in an iterative process with federal partners. Georgia noted that the outline for the plan has been drafted in collaboration with CMMI and CDC, with CDC taking the lead. Georgia suggested that despite previous direction from CMMI, she expects this to be an iterative process. <ul style="list-style-type: none"> ○ Paul Bengtson asked what a Population Health Plan recommendation might look like. Georgia suggested that a strategic plan for impacting social determinants of health live with health care leadership across SOV departments, rather than just at VDH. Paul wonders how this could link to Accountable Health Communities and community assessments. Georgia noted that plan development will involve community-based stakeholders. ● <i>Health Data Infrastructure Projects:</i> <ul style="list-style-type: none"> ○ <i>SCÛP:</i> Monica Hutt asked whether the Shared Care Plan and Uniform Transfer Protocol were based at the DLTSS Work Group. Georgia clarified that both were based at the HIE/HIT Work Group, though the UTP request initially came from DAIL and the SCP project came from the CCMC Work Group. ○ <i>Telehealth:</i> Monica Hutt asked about the definition of telehealth. Al Gobeille noted that Southwestern Medical Center presented on a telehealth pilot underway with Dartmouth at last week’s hospital budget hearings, and commented that there is a great deal of impressive telehealth work in the state and across the country. ○ <i>Expanded Connectivity:</i> Monica Hutt asked whether most HIT investments have focused on traditional medical providers, and that other provider types have less capacity in this area. Georgia agreed, and noted that this is in large part due to federal HIT investments like Meaningful Use that strictly limited provider eligibility for incentive payments. 	

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	<ul style="list-style-type: none"> • <i>Sustainability</i>: Paul Bengtson asked who will be leading our sustainability efforts. Georgia replied that we don't yet have a lead on this – it will be a huge focus across the project. • Paul Bengtson asked whether this proposal includes changes to the Steering Committee. It does not. <p>Lawrence noted that written comments on the proposed changes were distributed this morning, and requested any additional comments from members.</p> <ul style="list-style-type: none"> • Paul Bengtson remarked that he was not surprised that most comments came from the DLSS Work Group. Monica Hutt noted that Hal Cohen submitted some comments not part of this packet that reiterated some specific comments and suggestions around DLSS inclusion in this process – many of these were also included in Susan Aranoff's comments. Lawrence summarized these, noting that Hal suggested that DLSS concerns be explicitly included in future workplans and agendas as they relate to our milestones, and that there be a process for raising concerns about inclusiveness. <ul style="list-style-type: none"> ○ UPDATE (10/13): At the October 13 Core Team meeting, Monica asked about the status of comments made at the August 31 Core Team meeting related to DLSS Work Group integration into the new governance structure. Georgia responded that the Secretary's suggestions and other related comments have been integrated into the new structure and workplans, and Lawrence requested the minutes for the August 31 and October 13 meetings reflect this. • Julie Wasserman noted that she sent Georgia a crosswalk of DLSS Year 2 Workplan activities and VHCIP Year 2 milestones this morning, and distributed copies to in-person attendees. Robin requested an electronic copy for members attending by phone. <p style="text-align: center;"><i>(Public comments, including Hal Cohen's noted above are attached to this document.)</i></p> <p>Lawrence solicited additional public comment.</p> <ul style="list-style-type: none"> • Susan Aranoff noted that these slides have been edited based on Steering Committee comments, though the Steering Committee did not vote on this plan. She noted that the slides don't include subject matter experts yet for each work stream, and suggested this will be important for successful implementation. Lawrence responded that these slides are not final and are illustrative; Georgia will work with staff to make final assignments. <p>Lawrence expressed the desire not to vote today if members aren't ready, noting that Hal Cohen was absent and Monica Hutt is attending via phone. Lawrence deferred to Monica Hutt.</p> <ul style="list-style-type: none"> • Monica commented that she supports the consolidation and feels ready to vote, and noted that implementation and process are key issues that will ensure success. Lawrence noted that if the proposal is approved today, we would plan for the September work group meetings to happen as scheduled, and the new structure to launch in October. If in September the DLSS and Population Health Work Groups decide to meet sooner than quarterly to discuss implementation within the transition, we will support it. 	

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	<ul style="list-style-type: none"> Monica suggested that Susan and Julie could also support the new groups in ensuring DLTS concerns are heard and included. Georgia noted that various staff will act as subject matter experts in different areas for the new work groups, but that there will be one staff person assigned to manage logistics. Monica suggested identifying the DLTS subject matter expert on these slides to ensure clarity. Georgia supports this change and will work with staff to clarify roles. Al Gobeille asked how to word a motion. Lawrence suggested moving to support high-level principles. <p>Al Gobeille moved to approve the plan to reduce the number of work groups to the number proposed here and with the structure proposed here, with the Project Director to oversee implementation. Paul Bengtson seconded. The motion carried unanimously.</p>	
<p>4. Policy Recommendation: HIE/HIT Work Group: Telehealth Strategy</p>	<p>Sarah Kinsler presented the principles and core elements of the draft Statewide Telehealth Strategy, drafted by contractor JBS International.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> Paul Bengtson asked how this strategy takes into account patient portals, mobile devices, wearable devices, and retail clinics. Sarah noted that the strategy addresses some of these issues but not all, and agreed that these are fast developing areas. Karen Bell of JBS International agreed. Al Gobeille agreed that area is evolving. He noted that there are local companies working in this area. <p>Steven Costantino moved to approve the strategy elements. Al Gobeille seconded. A roll call vote was taken and the motion passed unanimously.</p>	
<p>5. Funding Recommendation: HIE/HIT Work Group: Telehealth Implementation RFP</p>	<p>Sarah Kinsler presented the draft scope of work for the Telehealth Implementation RFP, drafted by contractor JBS International.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> Al Gobeille noted that some organizations have other ways to fund pilots, for example, Southwestern Medical Center is funding telehealth activities through the hospital budget process. He suggested we amend the RFP to prioritize funding projects that would otherwise not be funded. Steven Costantino wondered whether telehealth services would replace services Vermonters are already receiving (for example, primary care services) or increase the use of new services. Paul Bengtson suggested that both would happen. In some cases we will have major improvements through telehealth, but those will substitute for other, costly things that we're doing. Hopefully they're less costly. Paul suggested that there are other types of organizations that need to be brought into the telehealth fold to provide the varied services needed. Steven Costantino noted that this could positively impact Medicaid's transportation budget, for example. <p>Lawrence requested a motion for approval for the RFP to be released with a maximum of \$1.1 million. Al Gobeille</p>	

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	moved. Paul Bengtson seconded. A roll call vote was taken and the motion passed unanimously.	
6. Public Comment	There was no additional public comment.	
7. Next Steps, Wrap Up and Future Meeting Schedule	Next Meeting: Monday, October 5, 1:00pm-3:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Core Team Participant List

Attendance:

8/31/2015

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	<i>None</i>	AHS - DAIL	S
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Paul	Bengston	<i>None</i>	Northeastern Vermont Regional Hospital	M
Beverly	Boget		VNAs of Vermont	X
Harry	Chen		AHS - VDH	X
Amanda	Ciecior		AHS - DVHA	S
Hal	Cohen		AHS-CO	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Steven	Costantino	<i>None</i>	AHS - DVHA, Commissioner	M
Mark	Craig			X
Diane	Cummings	<i>None</i>	AHS - Central Office	S
Gabe	Epstein	<i>None</i>	AHS - DAIL	S

Jaime	Fisher		GMCB	A
Erin	Flynn		AHS - DVHA	S
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille	here	GMCB	M
Bea	Grause	here	Vermont Association of Hospital and Health Systems	X
Sarah	Gregorek		AHS - DVHA	A
Thomas	Hall		Consumer Representative	X
Carrie	Hathaway		AHS - DVHA	X
Selina	Hickman		AHS - Central Office	X
Monica	Hutt	more	AHS - DAIL	M
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
Robin	Lunge	more	AOA	M
Carole	Magoffin		AHS - DVHA	S
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		UVM Medical Center	X
Annie	Paumgarten	here	GMCB	S
Luann	Poirer		AHS - DVHA	S
Frank	Reed		AHS - DMH	X
Lila	Richardson	more	VLA/Health Care Advocate Project	X
Julia	Shaw	here	VLA/Health Care Advocate Project	X
Richard	Slusky		GMCB	S
Kara	Suter		AHS - DVHA	S

Carey	Underwood			A
Steve	Voigt		ReThink Health	M
Julie	Wasserman	<i>none</i>	AHS - Central Office	S
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	<i>none</i>	Bi-State Primary Care	X
Cecelia	Wu		AHS - DVHA	S
				58

Karen Bell, JBS International - phone

VHCIP Core Team Member List

Roll Call:

8/31/2015

- . Dianne
- . Sue
- . Annie
- . Sarah
- . Bea
- . Sherrin
- . Gabe
- . Julie
- . Joelle
- . Sarah

Member	Last Name	Minutes	Project Rebasing	Telehealth	Funding Request	Organization
Paul	Bengston	✓	✓	✓	✓	Northwestern Vermont Regional Hospital
Hal	Cohen	X	✓	✓	✓	AHS - CO
Steven	Costantino	✓	✓	✓	✓	AHS - DVHA
Al	Gobelle	✓	✓	✓	✓	GMCB - left @ 2:30 pm
Monica	Hutt	✓	✓	✓	✓	AHS - DAIL
Robin	Lunge	✓	✓	✓	✓	AOA - Director of Health Care Reform
Lawrence	Miller	✓	✓	✓	✓	AOA - Chief of Health Care Reform
Steve	Voigt	X	✓	✓	✓	Rethink Health

1^o Robin 1^o Al 1^o Steven 1^o Al
 2^o Steven 2^o Paul 2^o Al 2^o Paul
 Mother passes
 Mother passes
 Mother passes
 Mother passes

From: Cohen, Hal
Sent: Monday, August 31, 2015 10:54 AM
To: Miller, Lawrence
Cc: Maheras, Georgia; Hutt, Monica
Subject: Re: Core Team Meeting

That works for me. Thanks, Hal

Hal Cohen
Secretary, Agency of Human Services
802-871-3008

On Aug 31, 2015, at 6:41 AM, Miller, Lawrence <Lawrence.Miller@vermont.gov> wrote:
I want to be really clear that the purpose of reducing the number of DLTSS meetings is to incorporate members in the workflow of the other groups so that there is better integration. We didn't want to forgo the DLTSS standalone meetings completely though. We will definitely talk about it today, but totally understand your concern and it will be fully considered. You don't need to call in if Monica will be there.

--

Lawrence Miller
Senior Advisor, Chief of Health Care Reform
Office of the Governor, State of Vermont
Mobile: (802) 989-0569
lawrence.miller@vermont.gov

On Aug 31, 2015, at 7:28 AM, Maheras, Georgia <Georgia.Maheras@vermont.gov> wrote:
Hal,

Thanks for your email. I am cc'ing Lawrence with this email so that he can see your concerns. I defer to him regarding the process you described.

Best,
Georgia

Sent from my iPhone

On Aug 30, 2015, at 9:44 PM, Cohen, Hal <Hal.Cohen@vermont.gov> wrote:

Hi Georgia,
I hope you had a good week. I'm on vacation and not back to the office until September 8th, but I'm writing because of a concern that we have at AHS regarding the proposed restructuring proposal that will reduce the six SIM Work Groups to three Work Groups.

Our concern is that under this new proposal, the DLTSS Work Group would meet only quarterly which would result in it being an "informational" group rather than a "work" group. I think that this would marginalize the

DLTSS Work Group which doesn't make sense given that the majority of Medicaid expenditures goes toward DLTSS services, and given that Medicaid is a big piece of the All Payer Model.

According to staff, the DLTSS work activities under the SIM Project are underway and are aligned with SIM priorities. At the national level we are hearing that there is an urgent need for health plans, ACOs, and providers to integrate DLTSS into their overarching framework since community-based care (provided by DLTSS providers) often prevents hospitalizations and Emergency Room visits.

I do support the SIM restructuring plan but I would request that there is a clear and formal incorporation/integration of the DLTSS Work Plan activities as they relate to the SIM Milestones.

On Monday I'll be enroute to the airport on my way back to Vermont and would rather not call into the Core Team meeting if I don't have to. Could you include the above condition in the restructuring plan? Monica Hutt is supportive of this addition to the plan and could explain our thinking when she calls into the meeting. That said, if necessary, I will call in. Let me know.

Thanks, Hal

Hal Cohen
Secretary, Agency of Human Services
802-871-3008

Begin forwarded message:

From: "Geiler, Christine"

<Christine.Geiler@vermont.gov>

Date: August 27, 2015 at 12:01:56 PM
MDT

To: "Aranoff, Susan"

<Susan.Aranoff@vermont.gov>,

"Backus, Ena"

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<swinn@bistatepca.org>, "Wu, Cecelia"
<Cecelia.Wu@vermont.gov>
Subject: Agenda and Materials for 8-31-15 Core Team Meeting
Dear Core Team,

In this email, please find materials for your upcoming Core Team meeting. Please note that the agenda includes hyperlinks for many of the reference materials and they will not be part of the

printed packet at the meeting.
They can also be found here:

Addendum to the Year 2
Operational Plan - August 2015
Milestone/Metrics Matrix - August
2015
VCHIP Year 2 Budget Request -
August 2015

In addition we have included
hyperlinks for reports/briefs
referenced which can also be
found here: Work Group Reference
Materials.

The meeting is:
Monday, August 31, 2015
1:00 pm – 3:00 pm

DVHA Large Conference Room
312 Hurricane Lane, Williston
Call-In Number: 1-877-273-4202
Conference ID: 8155970

Christine Geiler
Vermont Health Care Innovation
Project
Grant Program Manager and
Stakeholder Coordinator
802-249-0519
christine.geiler@vermont.gov
[http://healthcareinnovation.vermont.g
ov](http://healthcareinnovation.vermont.gov)

<8.31.15.CT.Meeting.Materials.pdf>

Written Comment: Proposed VHCIP Governance Changes

Comments from Dale Hackett, Consumer Representative, DLTSS Work Group, August 26, 2015:

some basic concerns about changes in sims structure,
first, not against the change, understand it needs to trend in certain way,
as feds want, etc..

technology investments, timelines will snag progress in ways there is no options around,
what they can't do, many comments coming in i hear is that technology is becoming a huge
obstacle to person centered care, that is integration of services.. a virtual nightmare on the
horizon,
and the cost, may be trending to be, prohibitive, because of maintenance cost, and how often
costs of updates to existing structure, tech system occurs, it seems clear every place that invests
in technology may find when the reinvestment annual costs come in, limits to further growth in
technology, not affordable..

technology inertia,, and it is a very real problem that gets expensive, with very low returns.

as payment reform, takes place, my gut feeling is at no time is the consumer, at more risk to
lose the very things we have been fighting for... the ought to do, and was doing, becomes a
scaled down version of , what we can afford, have infrastructure to do..

mainstreaming results,, i felt i did hear to include 80% of vermonters,, well you actually need to
reach above the goal number, like 85% suggests this will be so difficult, we will feel a pressure to
streamline, standardize delivery, to get inclusion. the problem is, whom immediately gets
excluded may be the most expensive, or certain small but expensive populations..

so there are challenges,, and i see the consumer facing some of there greatest challenges to
date, and risks, to losing what they have been fighting for.

legislature is going to have to understand and be on board? that is a very tough sell.. they will be
squirring for sure if asked to lock into anything. but you got to have some commitments from
them..

Lawrence is correct, what happens on the ground is key, however they must be supported on
ground by what we are doing now... in this restructuring..

dvha has to be on board, and it becomes key issue, how they balance there budget, etc. if they
start cutting services?

medicare savings, don't really exist except by extensive restructuring. ? does this put pressure
on medicaid? to perform better in certain ways, not in patients best interest?

Comments from Dion LaShay, Consumer Representative, DLTSS Work Group, submitted at Dion's request by Deborah Lisi-Baker, DLTSS Work Group Co-Chair, August 28, 2015:

Hi Sarah,

Dion asked me to submit his comments on the proposed restructuring. Here are my notes:

"I believe combining some groups may be good and helpful to the collective work. [But] I am concerned that we not lose the pace we have been doing in our work on DLTSS activities relating to the project and that key activities may be lost or forgotten. . . We all need to be clear about how we will be working on specific DLTSS concerns in the larger groups; I am not sure how the DLTSS Work Group will be able to bring things to fruition if we are meeting quarterly."

Thank you!

Deborah

Comments from Kim Fitzgerald, Chief Executive Officer at Cathedral Square and Steering Committee Member, August 28, 2015:

Hi Sarah,

Even though I have not been on the VHCIP Steering Committee long, I thought as a new comer my feedback on the combining of work groups might be beneficial. I believe the consolidation of the 7 groups down to three groups (PMPS, HDI, and Provider Transformation) is a wise decision. Not only does it save staff time, but it will save organization's staff time as well since many are trying to cover every meeting. In addition, there seems to be a lot of repetition between the presentations at each workgroup. I also agree that all of these groups are interrelated and difficult to separate but 3 groups is still better than 7.

I might recommend that when there is a presentation that it be open to all groups – so everyone sees and hears the same thing. Then discussions around the presentation topic could happen within their specific groups but the overall presentation could happen once. I'd also recommend within the remaining work groups that small breakout sessions occur as often as possible or acceptance of written comments so that each member of the group feels comfortable commenting, especially since these group may grow in size with combing the workgroups.

I appreciate the State's efforts to realign as needed.

Best wishes,
Kim Fitzgerald
Chief Executive Officer
Cathedral Square
412 Farrell St, Suite 100
South Burlington, VT 05403



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Comments from Susan Aranoff, Health Integration Oversight Quality Analyst at DAIL and VHCIP Steering Committee and Work Group Member, August 28, 2015:

To: Lawrence Miller, Chief of Health Care Reform
Robin Lunge, Director of Health Care Reform

From: Susan Aranoff, Esq. Health Integration Oversight Quality Analyst, VHCIP
Vermont Department of Disabilities, Aging, and Independent Living

Date: August 28, 2015

Re: Comments on the Vermont Health Care Integration Project proposed rebasing

Good afternoon:

Thank you for the opportunity to submit comments regarding the proposed rebasing of the Vermont Health Care Innovation Project. First, thank you for your tremendous efforts to ensure the success of the Vermont Health Care Improvement Project (VHCIP). In general, the Department of Disabilities, Aging and Independent Living (DAIL) supports the proposal and views it as a tremendous opportunity to better integrate the needs and interests of Vermonters served by DAIL into the overall work of VHCIP. Specifically, we support infusing the Disability and Long Term Services and Supports (DLTSS) Workgroup's ideas and initiatives into the ideas and initiatives of the payment reform, health information technology and practice transformation workgroups.

While we welcome the opportunity for greater integration, we want to ensure that the activities of the DLTSS work group – current and planned – proceed to the greatest extent possible. Many of the DLTSS activities are in alignment with the new SIM milestones.

In order to ensure that the work of the DLTSS Workgroup continues – we suggest the following:

1. Amend the organizational chart to reflect that the DLTSS and Population Health Workgroups exist and will meet quarterly;
2. Ensure that DLTSS work plan activities are integrated into the SIM milestones;

3. Ensure that proposals for new payment models, quality performance measures, health information technology expansion, and practice transformation address DLTSS issues;
4. Ensure that there is time on the agenda at all meetings of the new workgroups to discuss DLTSS issues; and
5. Ensure that the new workgroups have DLTSS subject matter experts on staff and/or leadership that contribute to the agenda setting process.

I thank you in advance for your consideration of these comments and hope they are helpful. Please do not hesitate to contact me if you have any questions or would like additional information.

Sincerely,

Susan L. Aranoff, Esq.

CC: Monica Hutt, Commissioner, DAIL