

**Vermont Health Care Innovation Project
DLTSS Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Thursday, February 19, 2015; 10:00am-12:30pm, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
<p>1. Welcome and Introductions</p>	<p>Deborah Lisi-Baker called the meeting to order at 10:05 am. A roll call attendance was taken and a quorum was present.</p> <p>Deborah Lisi-Baker entertained a motion to approve the December 4, 2014, meeting minutes. Julie Tessler moved to accept the minutes by exception. Sue Aranoff seconded. The minutes were approved with three abstentions.</p> <p>Kirsten Murphy moved to accept the minutes for the January 22, 2015, meeting. Sue Aranoff seconded. The minutes were approved with five abstentions.</p>	
<p>2. Central Vermont Health Service Area Collaborative: Informational Presentation and Progress to Date</p>	<p>Mary Moulton of Washington County Mental Health Services presented on the Central Vermont Health Services Area Collaborative (see Attachment #2).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • How to ensure appropriate and cost-effective utilization? How can a one-door approach support this? Mary Moulton clarified that a “virtual” one door uses similar processes at multiple provider types/provider sites to make sure patients get the most appropriate care for their needs. • How are participating providers sharing medical information electronically in a way that protects patient health information and privacy? Data security is key, as are releases that allow sharing of patient data and ensure that patients understand what data will be shared and how. • How does this work interact with local Blueprint and ACO committees and projects? This has broadened the types of providers who are participating in local QI activities. • How does this relate to the idea of Totally Accountable Care Organizations, Coordinated Care Organizations, Accountable Communities for Health, or Unified Community Collaboratives? All of these concepts touch on 	

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	<p>the same ideas – Central Vermont HSA is working to increase collaboration and coordination across providers through this model, which would also be a key component of TACOs, CCOs, ACHs, and UCCs.</p> <ul style="list-style-type: none"> • How are consumers involved? Consumers will be involved in systems planning in the future (not patient case review). • Are all of the pilot patients living in community settings? Yes. • Do all have both physical health and mental health needs? No, many do not have mental health needs, though many have been referred to mental health services to better address psycho-social needs. • Did participating provider organizations need BAAs or other formal agreements to share patient information? Yes, they have BAAs in place. • Mary Moulton estimated that the group has achieved approximately 60% fidelity to the DLTSS model. There are some gaps: for example, it has been a challenge to have a single case manager that is the point person for all the individual’s needs • How are people with substance use disorders being served by this work? A few of the pilot population have substance use disorders; those patients have been referred for treatment and substance abuse providers brought into the care team. • How is data being collected? Through the Blueprint practices. • Who is currently the lead care coordinator? Always the care coordinator at Blueprint physician’s office. • How does this group support patients in taking prescribed medications? Partnerships with community providers support this. • Do Blueprint CHTs already include behaviorists or health coaches? They may in some areas. In Washington County, CHTs still expressed need for Motivational Interview training. • What’s happening in other areas of the state? Mental health is represented on CHTs in other areas of the state. • Has this group connected with the ACTT Project, specifically the Universal Transfer Protocol design work? Vermont Care Partners is involved in the ACTT Project as well as this group. <p>Mary Moulton closed her presentation with a brief description of other initiatives underway at Washington County Mental Health Services, including: Medical practice integration with medical practices; wellness programming; case review with community providers; a pediatrics pilot with medical practices; system integration with the local Health Center; a doula program with CVMC; and an initiative to create bi-directional care as part of a health home. WCMHS has also requested funds from the Susan G. Komen to support cancer pre-screening for people with serious and persistent mental illness.</p> <p>If members have additional comments, feedback, or questions, please contact the co-chairs or Julie Wasserman (Julie.Wasserman@state.vt.us).</p>	

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3. An Introduction to the All-Payer Waiver	<p>Robin Lunge presented on Vermont’s proposed All-Payer Model (see Attachment #3). Julie Wasserman noted that Lawrence Miller will be at this group’s March meeting to present on this topic in more detail.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Will this waiver be time limited? Yes, as with other waivers, this would have a 5-year term, after which we must re-negotiate or extend. • Have we had any assurance that CMS will listen to this and negotiate on a waiver? CMS is excited to work with Vermont, but if the State and federal government aren’t able to come to a compromise, we will not agree to a waiver. • How will we decide which providers will be included in the waiver? Robin Lunge suggested examples of possible providers that might be included, only intended for examples. The State is working with CMS to design a process for deciding which providers will be included. • What will the waiver do? Robin emphasized that the waiver would not affect eligibility, benefits or beneficiary protections. It would provide authority to change the Medicare reimbursement methodology; however, this will not result in more funding coming into the system, but rather it just changes the reimbursement model. • Is there a website or other public information out there on this? This presentation is the only public document available at this time. <p>DLTSS members are invited to submit their follow up questions and comments to Julie Wasserman (Julie.Wasserman@state.vt.us) by COB next Friday, February 27th.</p>	
4. ACTT Project Overview and Accomplishments to Date	<p>Larry Sandage introduced the Advancing Care Through Technology (ACTT) Project, a project to support HIT development across the full continuum of care, including DA and SSA systems, and the DLTSS system. There are three projects within ACTT (see Attachment #4).</p> <p>The group discussed the following:</p> <p>Project 1: Data Quality Project</p> <ul style="list-style-type: none"> • What is MSR data? Monthly Service Report, data already sent by Designated Agencies to DMH. This is something providers already collect and send and provided a starting point to test data quality. • Initial data dictionary is complete. What is a data dictionary? A data dictionary is an index of all the data elements within a database that describes what kind of data would be entered and how it is collected. The goal is consistency within the data entry, collection and reporting. • What is QSOA? Qualified Service Organization Agreement – an agreement between the agencies and Vermont Care Partners. • Three reasons to do this project: 	

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	<ul style="list-style-type: none"> ○ For efficiency purposes – to create a single point of access for reporting purposes and ultimately, connection to the VHIE (Vermont Health Information Exchange) ○ For quality improvement of services – ability to look at consistent, aggregated data with a lens toward population health improvement ○ A solution for the 42 CRF Part 2 data sharing restrictions (related to substance use and abuse) – ultimately, the goal is to find a way to aggregate data in a manner that is compliant with the rule ● An RFP will be forthcoming <p>Project 2: DLTSS Data Planning Project</p> <ul style="list-style-type: none"> ● The project is assessing the current state of technology tools for care management and care coordination. It is an inventory of HIT capabilities for a variety of DLTSS providers across the state. “Who’s using what” in terms of already existing tools, or planned tools. This includes an assessment of interoperability with the VHIE. ● A report will be forthcoming in March ● A question was posed whether we will ultimately be able to compare data across systems? The response was that this is problematic because of how data is collected, stored and used from one entity to another. There is, however, some similarity in certain data related to payment and outcomes. <p>Project 3: Universal Transfer Protocol (UTP)</p> <ul style="list-style-type: none"> ● The UTP is not just a form; it is a system to exchange data sets; it is a process. ● The project is creating a charter for the next phase of the project, including creating a definition of UTP: <i>“Universal Transfer Protocol (UTP) is a process across the entire system that gives all partners who have a role in the patient’s care access to the same standardized information and the responsibility to ensure that the information is accurate, current, and supports the patient’s goals and quality of life.”</i> Heather Johnson, ADRC project manager ● Project focus has been to design, test and create standard data sets so they can be shared. Ultimately, a single data dictionary is needed to link anyone to everyone. ● It is designed to prevent gaps in care, coverage and information sharing as patients move within the system of care. ● Providers have been interviewed in Bennington, Rutland and St. Johnsbury to determine data criteria. ● The solution needs to be technology-agnostic ● The methodology has been to engage providers to determine: <ul style="list-style-type: none"> ○ The most basic information ○ Channels across which to share the data ○ Communication continuity (follows the patient through the care continuum) ● The recommendation for next steps includes a ‘harmonization period’ in which to true-up the data. 	

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	<ul style="list-style-type: none"> • A question was posed – will the system be useable when sequencing makes a difference? The response is that data integrity – a shared, agreed-upon basis for information exchange is the key. • A question was posed related to some testing in Bennington and St. Johnsbury – the response is that the testing was related to clarifications around roles and responsibilities within the system of care so that persons in similar positions know who to contact and what to ask in another facility. The testing is related to correctly directing communications. • More information can be found at http://im21-utp-vt.com/ 	
5. Public Comment/Next Steps	<p>There was no additional comment.</p> <p>Next Meeting: Thursday, March 26, 2015, 10:00am-12:30pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.</p>	