

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

Pending Work Group Approval

Date of meeting: Thursday, August 20, 2015, 10:00am-12:30pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

| Agenda Item | Discussion | Next Steps |
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| <p>1. Welcome, Approval of Minutes</p> | <p>Deborah Lisi-Baker called the meeting to order at 10:02am. A roll call attendance was taken and a quorum was not present. Deborah noted a few changes in agenda order.</p> <p>A quorum was present following the third agenda item. Deborah Lisi-Baker entertained a motion to approve the June meeting minutes. Peter Cobb moved to approve the minutes by exception. Sue Aranoff seconded. The minutes were approved with no abstentions.</p> | |
| <p>2. Accountable Communities for Health</p> | <p>Tracy Dolan, Co-Chair of the Population Health Work Group, presented on findings from a report by the Prevention Institute on Accountable Communities for Health (ACHs – also known as Accountable Health Communities). The Prevention Institute reviewed national examples of communities working toward ACHs; identified and studied a selection of Vermont communities where some elements of the model are in place; and discussed next steps.</p> <ul style="list-style-type: none"> • The Prevention Institute’s report was finalized in July. Major recommendations included: <ul style="list-style-type: none"> ○ Foster an overarching statewide approach to support ACH effectiveness; ○ Provide guidance to enable regions to effectively establish ACHs; ○ Build capacity and create an environment for ongoing learning; and ○ Explore sustainable financing models for ACHs. • CMMI is likely to release an RFP to test the ACH model later this year; Vermont’s prep work could position us well to apply. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • To what extent is a peer-directed model emphasized in this framework? How will the target population be involved in planning and execution? The researchers were looking at the structure of the ACH model, not looking in-depth at all programs within communities – however, many aspects of the communities presented in the report are based on community priorities. | |

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| | <p>Community engagement was a weakness in this model nationally – how do the Vermont communities compare? This wasn't included in the report summary, though the researchers noted that community resident engagement was not high at this point. The full report is online: Accountable Communities for Health: Opportunities and Recommendations.</p> <ul style="list-style-type: none"> • Was any thought given to how underserved populations could be addressed within this model? The report doesn't speak specifically to this in many areas, but many initiatives are in early stages. • The health care bill that came out of the Senate this year originally included language for a State-supported pilot of the ACH concept in the Northeast Kingdom; though this language was dropped from the final bill, there is currently a SIM-supported effort to explore pieces of this concept in the St. Johnsbury area. The planning group for this initiative includes staff from the Population Health Work Group who worked closely with the Prevention Institute in the development of their report. • Short pilot periods may be too brief to expect changes. • Continued work on this should reflect current efforts to integrate care and community supports. | |
| <p>3. Direct Care Workforce Report Presentation</p> | <p>Brendan Hogan (currently of Optum, previously of Bailit Health Purchasing and DAIL) presented findings from the Direct Care Workforce Report. This report was presented to the Workforce Work Group in October 2014. The full report is online: Direct Care Workforce Report. (Sarah, can you make sure this link is "live".)</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Many direct care workers (DCWs) are privately hired (over 8,000 in the state, including mental health), rather than through VNAs or other entities. • Standardized training opportunities vary significantly by setting. • How are DCWs connected to the Attendant Services Program with regard to training and other issues? They are part of the spectrum of providers that provide direct care; Brendan is not clear on current Attendant Services Program training requirements. • DCWs come from varied backgrounds and education. Some agencies that employ DCWs have instituted skills trainings. • Turnover is extremely high for DCWs who work at agencies. This likely results in part from low pay (~\$10/hour), though in focus groups many DCWs not employed by agencies identified lack of adequate training as a top concern and reason for turnover. • The group was unclear on whether the Fair Labor Standards Act rule was final or still in draft form; the group will receive an update at the next meeting. • Where is this issue going in the future, and how best to resolve it? There is no easy answer – we must continue to push to come up with answers, see how health care and long-term care can be connected, and look at data (for example, micro-simulation demand model contract in process through SIM). • Many types of workers provide support for individuals, including community health teams, SASH, case managers, DCWs – coordination across these is critical. • Have we considered using a core competency model to train DCWs? The group discussed a variety of | |

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| | possible training models and current programs that could support this. | |
| 4. Disability Awareness Briefs | Deborah Lisi-Baker provided an update on the Disability Awareness Briefs, previously discussed at the June meeting. The briefs are now posted here on the VHCIP website. Deborah thanked members of the Work Group for their feedback and input, and noted that OneCare and CHAC also brought the briefs to their clinical advisory bodies. Green Mountain Care Board members Allan Ramsay and Betty Rambur provided feedback as well. In their current form, the briefs are intended as reference materials, not training materials, though they could guide the development of training tools and materials. | |
| 5. Shared Care Plans from the Learning Collaborative – Review and Input | <p>Deborah Lisi-Baker introduced examples of shared care plans produced by communities participating in the SIM-supported Integrated Communities Care Management Learning Collaborative. Deborah noted that these materials come out of discussions and work by teams of health care, mental health, community service, and other providers at the community level. These shared care plan examples may also support future development and use of a statewide shared care plan, or future pilots. This group’s recommendations can inform future efforts in this area.</p> <p>Pat Jones noted that the Learning Collaborative uses a Plan-Do-Study-Act model to test ideas in a continuous quality improvement model.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Concerns were expressed about 10-year medical records review, particularly for people with mental health and substance abuse issues. Record review is intended to support a fuller understanding of a person and their history. Some people expressed concern about too much information sharing, and others about not enough. • There were several questions about releases of medical information: When do individuals sign a release? How is information shared? How much information is shared? Are the releases HIPAA compliant? • Mary Alice Bisbee asked if consent needs to be all or nothing; can there be a middle ground in what is shared? • Joy Chilton noted that HIPAA requires providers to give notice of privacy practices, and that people have the right to restrict information sharing. • Martita Giard asked if there has been discussion of a uniform format for use across the state. To date, discussions have centered on common elements in shared care plan templates. • Julie Tessler thinks there might not be enough focus on strengths in the shared care plans. • Kirsten Murphy commented on cognitive accessibility of shared care plans. • Shared care planning is already happening; the goal of the Learning Collaborative is to see if there are ways to better integrate care. • Mike Hall stated that the communities are trying to evaluate and implement small tests of change, and use what is learned from that to develop a more standardized and systematized approach to care coordination. <p>Please send any comments on the shared care plans to Julie Wasserman by September 4th.</p> | <p>Please send comments on care plans to Julie Wasserman (Julie.wasserman@vermont.gov) by September 4, 2015.</p> |

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| <p>6. Public Comment/Next Steps</p> | <p>Deborah Lisi-Baker announced proposed changes to VHCIP governance, described in a presentation included in VHCIP Steering Committee materials (available here – see Attachment 2a). Sarah Kinsler further described the proposal and the reasoning behind it. The proposed changes would consolidate six existing VHCIP work groups (Care Models, DLTSS, HIE/HIT, Payment Models, Population Health, and Quality and Performance Measures) into three (Payment Models, Health Data Infrastructure, and Provider Transformation), streamlining our decision-making process and ensuring our governance is reflective of the major streams of work we’ve agreed to under the SIM grant. If the proposal is approved by the Core Team, members of current work groups will be asked to join one of the new work groups; the DLTSS and Population Health Work Groups will continue to meet quarterly for discussion purposes. The Workforce Work Group, established by Executive Order with appointed membership, will continue to meet bi-monthly and continue to work on workforce-related efforts under the grant.</p> <p>This proposal will be discussed further at the August 26th VHCIP Steering Committee meeting, and will be voted on at the August 31st Core Team meeting. Project leadership is asking for written feedback from the Steering Committee and other interested parties from 8/19-8/30. Please provide comment to Sarah Kinsler at sarah.kinsler@vermont.gov.</p> <p>Next Meeting: Thursday, July 30, 2015, 10:00am-12:30pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.</p> | <p>Provide written comment on VHCIP governance changes to Sarah Kinsler (sarah.kinsler@vermont.gov) by 8/30.</p> |