Vermont Health Care Innovation Project

VT Health Care Innovation Project
Care Models and Care Management Work Group Meeting Minutes

Date of meeting: Tuesday, July 8th, 2014; 10:00 AM to 12:00 PM, Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier, VT.

Attendees: Bea Grause, Nancy Eldridge, Co-Chairs; Pat Jones, Annie Paumgarten, GMCB; Erin Flynn, Amanda Ciecior, Kara Suter, Eileen Girling, Kelly Gordon, DVHA; Susan Besio, PHPG; Laural Ruggles, Mike Moss, Northeastern Vermont Regional Hospital; Deborah Andrews, Fletcher Allen Health Care; Vicki Loner, Miriam Sheehey, OneCare Vermont; Deborah Lisi-Baker, DLTSS Co-Chair; Marlys Waller, VT Council of Dev. and MH Services; Julie Wasserman, AHS; Michael Bailit, Marge Houy, Bailit Health Purchasing; Nancy Breiden, VLA; Dale Hackett, Consumer; Clare McFadden, Jennifer Woodard, DAIL; Madeleine Mongan, VMS; Mary Moulton, Washington Co. MH Services; Judy Morton, Mountain View Center; Jenney Samuelson, Blueprint; Mary Lou Bolt, Rutland Regional Medical Center CHT; Patrick Clark, CVMC CHT; Dr. Dee Burroughs-Biron, DOC; Sarah Narkewicz, Rutland Regional Medical Center; Patty Launer, Bi-State Primary Care Association & CHAC; Nelson LaMothe, Project Management Team; John Matulis, Dartmouth Hitchcock; Beverly Boget, VNA of Grand Isle and Chittenden Counties; Jill McKenzie, ACCGM.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions, Approval of meeting minutes	Bea Grause called the meeting to order at 10:03 and made a motion for approval of the June meeting minutes. Several small edits were suggested to the June meeting minutes by work group members as follows: Agenda Item #3: • Change sentence "in order to better serve all Vermonters (especially those with complex…..)" to "in order to better serve all Vermonters (including those with complex….)" • change sentence "rather than adding these are priorities" to "rather than adding these as priorities" • replace Pamela Fanham with Pamela Farnham Agenda Item #4: • change sentence "a recommendation was made to add 'care management'" to "a recommendation was made to add 'care models'" Nancy Breiden made a motion to approve the June meeting minutes including the suggested edits.	

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	Madeleine Mongan seconded the motion and it passed unanimously. Edited June meeting minutes will be posted to the VHCIP public website. **Public Comment:** Madeleine Mongan provided a general comment requesting that the work group staff ensures that meeting materials go out at least one week in advance, and that anticipated work group votes be indicated on the meeting agenda. Dale Hackett agreed with this request.	
2. Co-Chairs Update	No co-chair report was provided in order to allow more time for discussion of other agenda items.	
3. Final Review and Approval of Problem Statement	Bea Grause reviewed **Attachment 3: Revised problem statement,** and opened the floor for discussion of the most recent revisions. The following comments were made: • Madeleine Mongan suggested that a link or citation be provided to support the statement "Vermont has high absolute rates of obesity, smoking, substance abuse, mental illness and non-immunized children". She also noted that we don't discuss care models in the problem statement, but rather focus on care management. The work group discussed this point, and agreed that this specific problem statement is focused on the care management problem, but that there may be a subsequent problem statement for care models. • Clare McFadden asked for clarification regarding the meaning of "best practices". The work group discussed that the definition of best practices is an ongoing discussion that the work group will continue to explore. For example, the work group has been reviewing literature and trying to understand what elements of effective care management can apply to a state-wide context in Vermont. • Dale Hackett noted his concern that standardized best practices may not apply in the same way in communities across the state. • Eileen Girling suggested that given that the work group has adapted the definition of care management, we remove the reference to the office of quality and care management. Nancy Breiden made a motion to approve the problem statement as amended, and Madeleine Mongan seconded. The motion passed unanimously.	
4. Continued Discussion of Care Management Standards for ACOs	Michael Bailit began by providing an overview of Attachment 4a, **Memo re Goals and Implementation of Care Management Standards,** and subsequently opened the floor to questions and comments. The following comments were made: • Dale Hackett requested clarification of a comment claiming that care management standards are not meant to stifle innovation. Michael Bailit responded that the challenge is to find the right balance of	

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	detail in the standards so that they are meaningful without being overly restrictive. Bea Grause added that an important threshold is that the process for enforcing standards not be overly administratively burdensome. • Vicki Loner commented that she would like to have further conversation with the payers regarding how these standards will be enforced. She also echoed that it would take away from the ACOs' ability to implement best practices if they are spending too much time focused on standards compliance. Vicki also commented that it may be helpful to see what results come out of the care management learning collaborative, and use those results and lessons learned to better understand what appropriate standards may be. Vicki also suggested that a subcommittee could be formed, or that the topic of care management standards could be added to the charge of the existing subgroup, and that this subgroup would make recommendations to the larger group. • Bea asked the group for feedback on this idea and the following comments were made: • Jenney Samuelson suggested that it would be helpful for the subgroup to explore how these standards would be implemented, in order to better understand the level of administrative burden. • Eileen Girling commented that there are many instances where these standards (or variations of NCQA standards) are already being implemented, and that it would be helpful to better understand the baseline. • Patty Launer agreed and suggested that the subgroup look at what is already being done on the ground that could support the standards. • Kara Suter suggested that it would be helpful to put a reasonable timeline on this work so that all parties involved could plan accordingly. Jenney Samuelson asked for clarification on what is a reasonable time frame, and Kara responded that as a first step the subgroup could review what is already in place in order to get a better understanding of how long the subgroup needs, and report back to the full work group regarding a time frame at its next meeting. • Julie Wasserman commented that NCQA standards are largely focused on acute care, and reminded the group that we also need to consider disability and long term services and supports. • Nancy Breiden asked for clarification about what the subgroup would be doing; would they be developing standards, or studying implementation? Bea responded by suggesting that the full work group will continue to review and adapt the NCQA standards as a full work group, and the subgroup will review how those standards will be implemented. She also commented that the subgroup would have the ability to give the full work group feedback regarding the feasibility of its recommendations. • Jenney Samuelson commented that the subgroup would focus on an operational plan for the standards. • Bea commented that it is important that the standards are operationally feasible, and that clinicians are able to implement them. • A question was asked about how to form the subgroup. Bea Grause suggested that work group	

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	participants contact staff to indicate their desire to participate in the subgroup. Vicki Loner suggested that at least members of the learning collaborative subgroup (at a minimum ACOs and payers) would participate. Bea recommended that we keep the group to a reasonable number. • Jenney suggested that the standards subgroup be merged with the learning collaborative subgroup schedule, and that both topics would be covered at meetings going forward. Michael Bailit continued the discussion and moved on to a review of **Attachment 4b: Care Management Standards by Categories**. Discussion ensued and the following comments were made: • Patty Launer suggested that the standards could be consolidated into groupings, or that the DLTSS elements could be incorporated into the NCQA standards to make them more person centered. • Deborah Lisi-Baker commented that effective communication is important, especially for people with cognitive disabilities. She also noted that it is not only about the communication that occurs when transferring from one setting to another, but also about communication amongst providers in the same setting. Finally, she noted that coordination of financing is also important. • Madeleine Mongan commented that the NCQA standards are phrased in a way that says the ACO or the practice will be responsible for implementing the standards and asked who will be responsible for implementing the DLTSS standards? Michael Bailit suggested that it is better to define the standards as the ACOs' responsibility, and that we allow the ACO to delegate the execution of the standard as they see fit, but that the ACO itself will be ultimately held responsible. • Laural Ruggles asked a question about what the final product would look like. Are we hoping to consolidate several standards into one statement? Michael responded that one option is that it be an NCQA based, Vermont modified set of standards. For example, the next version incorporates the work group input and DLTSS elements and merges them with NCQA. We may also remove certain NCQA standards, or add additional standards that the work group develops internally. For example, we may supplement with things we think are missing, such as alignment. • Bea commented that once we get to a final draft, the subgroup will be able to review the operational feasibility of implementing the standards. • Re Standard #13: Nancy Eldridge asked if we can assume that this information would be exchanged via VITL. Bea responded that it depends on the type of data. • Madeleine commented that she thinks the HIE infrastructure should be in place before we review these standards. Bea responded that we can continue planning assuming that the functionality will be in place in the future. • Nancy Eldridge asked if we will still be using DocSite to feed in this data. Kara responded that the HIE workgroup is focusing on these issues; we can be aspirational in developing standards and then assess whether or not it is feasible at a future date. Bea added that we will solicit input from the HIE	

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	workgroup as needed throughout this process. Michael Bailit agreed and said that we have to build standards based on how we hope the future will look. • Re the topic "Data": Michael noted that we have to consider the right level of detail in these standards and that some have to do with patient specific information and some speaks to integration and analysis of complex multiple streams of data. • Dale commented on standard #5 saying that it is too general. Bea noted that staff will follow up with the work group to solicit further comments after today's meeting.	
5. Vermont's Multi-Organization "Integrated Community" Care Management Learning Collaborative	Pat Jones began the conversation by summarizing the activity of the work group to date, and beginning the review of **Attachment 5: Integrated Community Learning Collaborative PowerPoint**. She noted that this is a proposal for a learning collaborative for an amount not to exceed $300k, and that the subgroup is seeking a decision from the full work group on whether or not they will recommend the proposal for funding. Patty Launer and Miriam Sheehey presented the proposal. The following comments were made: • Michael Bailit commented that it seems to rely on learning by doing and suggests that there are a couple of areas where expert knowledge and experience could inform the group. Pat responded that we envision that the expert faculty would address this, as would our existing consulting resources to support the goals of the work plan. Miriam Sheehey also commented that part of the proposal is to look at all the tools that are out there and potentially test out different tools. Jenney Samuelson commented that facilitators could help in meeting this goal. Laural Ruggles also agreed that learning collaborative participants bring a certain level of existing knowledge and expertise to the table. • Nancy Breiden asked how long the group envisions the learning sessions to be, and the subgroup responded that they will be one day. She also asked what the commitment between learning sessions will be. Pat Jones responded that at the community level there are integrated teams who would be working together under the model of plan-do-study-act to structure the process. The facilitator ensures that those activities continue and that the process is fluid. Bea requested a motion. Nancy Breiden made a motion to approve the budget as proposed for recommendation to the Steering Committee and Core Team. Madeleine Mongan seconded and the motion passed unanimously.	

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6. Next Steps, Wrap-Up and Future Meeting Schedule	The following next steps were identified for the August in-person meeting: • Continue to discuss care management standards • Present edited care management problem statement to work group • Update on various steps of approval of learning collaborative proposal • Presentation re DLTSS Model of Care • Results of care management inventory survey It was also noted that the July webinar has been cancelled, and a request was made to extend the time of the August meeting to allow adequate time to get through the packed agenda. The work group members indicated that they support meeting from 9-12 in August. **Next Meeting:** *Tuesday August 12th, 9:00 am – 12:00 pm, ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier*	