



**VT Health Care Innovation Project
Population Health Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Tuesday, October 14, 2014; 2:30 to 4:00 PM, ACCD – Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier

| Agenda Item | Discussion | Next Steps |
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| 1. Welcome, roll call and agenda review | Tracy Dolan called the meeting to order at 2:33 pm. | |
| 2. Approval of Minutes | Penrose Jackson moved to approve the minutes. Laural Ruggles seconded the motion and it passed unanimously. | The minutes will be updated and posted to the website. |
| 3. Updates | <p>Contract with Prevention Institute (PI): We are still awaiting final sign off from our federal partners before the work will begin on the Accountable Health Community work</p> <p>RWJF Grant: A proposal has been submitted by the health department to support two projects: 1) review of the multiple governmental dashboards for inclusion of indicators of health and well-being; and 2) expansion of the Health Care Expenditure Analysis (focused on health care goods and services) to a Health Expenditure Analysis which would include spending throughout government on health and well-being.</p> <p>Escape Velocity: Karen Hein and Jim Hester attended this high energy invitation only gathering to help accelerate health reform. Jim was one of the core organizers and presenters. He will share additional materials from that meeting shortly</p> | |

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| | <p>ACO Measures to GMCB: The Core Team voted on Oct. 8 to accept 9 of the 11 QPM measure change recommendations; the two that were not accepted were moving pediatric weight assessment and counseling from Reporting to Payment, and moving Avoidable ED use from Monitoring and Evaluation to Reporting. The Green Mountain Care Board has received the Core Team recommendations and will vote on Oct 23 between 11 am and noon. They will take any new written comments until COB on Oct 20.</p> | |
| <p>4. Totally Accountable Care Organization: New models Considered in Medicaid</p> | <p>Georgia Meharas provided an overview of the current Medicaid Shared Savings ACO Program in Vermont. An ACO is a network of health care providers, such as doctors, hospitals, home health agencies and mental health providers, who have committed to work together to improve health outcomes at lower costs for a defined group of patients. Currently, reimbursement mechanisms for services by ACO providers have not changed, but the ACO and its providers benefit from “shared savings” arrangements with payers.</p> <p>In a shared savings program, the ACO provider network agrees to be tracked on total costs and quality of care for the patients it serves, in exchange for the opportunity to share in any savings achieved through better care management. Provider participants in ACOs essentially have agreed that quality can be improved and health care costs can be reduced, and they will work together toward that goal.</p> <p>Currently, ACOs in VT cover physical and behavioral health. The State is taking a very careful approach to integrating long-term services and supports and specialized disabilities services in shared savings programs. Discussions are also underway on how to bridge health care and human services delivery in a positive way.</p> <p>VT has been participating in a Learning Collaborative convened by the Center for Health Care Strategies (CHCS) to address this very issue. Rob Houston provided an overview of a Totally Accountable Health Community (TACO) – an aspirational model developed through a recent learning collaborative. TACOs would integrate health and social services and pay for them through a global payment mechanism. Specifically, this model includes the following features:</p> <ul style="list-style-type: none"> • Integration of physical and behavioral services, LTSS, social services and public health • Fully accountable to a geographic area • Involve all payers | |

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| | <ul style="list-style-type: none"> • Financed through global capitation ties to a broad set of health outcomes. <p>“There is a long and winding road to TACOs” which will be based on incremental steps.</p> | |
| 5. Examples and Ideas for Integrating Population Health | <p><i>How does this model fit with our prior discussions for building upon existing seeds of a community health system that links clinical care and community systems? What else would we want to be considered to fully integrate population health?</i></p> <p>In place:</p> <ul style="list-style-type: none"> • Currently VT ACOs include physical health and behavioral health only. One of the first steps is to consider pharmacy costs. • We have the structure in VT to build upon between the ACOs and the Community Collaborative Programs; we are missing funding streams for the latter. <p>Connection to PHWG frameworks:</p> <ul style="list-style-type: none"> • Moves definition of “population health” from panel of patients in a practice or the population attributed in a health plan to the whole population living in a particular community. • The model seems to focus primarily on care coordination. How do we include primary prevention? • How are social determinants of health included? <ul style="list-style-type: none"> ○ Quantifying and paying for activities related to SDOH may be difficult ○ Before jumping to social determinants of health, we have a lot of evidence on practices to improve health by addressing risk and protective factors and behaviors. • Global payment in the future, theoretically, will provide the incentive/reward to pay for the preventive services. • How does the TACO model relate to our work related Accountable Health Communities? Many of the features are similar; these features should be included in our search for models. <p>Connection to other parts of VHCIP:</p> <ul style="list-style-type: none"> • Payment models work group is now talking about behavioral health and LTSS | |

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| | <ul style="list-style-type: none"> • Care Models work group is discussing a regional approach to Blueprint for Health and ACOs through its learning collaborative. • PHWG still needs to discuss whether we support this aspirational model. | |
| 6. Public Comment and Next Steps | <p>Next Steps</p> <p><i>What information do work group members need in order to continue our work together?</i> Jim Hester has compiled a list of “Essential References” on the following topics:</p> <ul style="list-style-type: none"> • What is Population Health and why is it important? • Determinants of Health and Examples of Upstream Interventions • Community Financing Vehicles • Health System <p>Next Meeting: Due to the Veteran’s Day, the next meeting will be Tuesday, November 18th 2:30 – 4:00 pm. ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier.</p> | <p>Post “Essential Resources” on the PHWG web page</p> |

VHCIP PHWG Attendance List 10-14-14

| | |
|----|------------------|
| C | Chair |
| IC | Interim Chair |
| M | Member |
| MA | Member Alternate |
| A | Assistant |
| S | Staff/Consultant |
| X | Interested Party |

| First Name | Last Name | Title | Organization | Population Health |
|------------|-----------------|--------------------------------------|---|-------------------|
| April | Allen | Director of Policy and Planning | AHS - DCF | M |
| Julie | Arel | Director of Health Promotion and Ch | VDH | X |
| Lori | Augustyniak | | Center for Health and Learning | MA |
| Ena | Backus | | GMCB | X |
| Susan | Barrett | Executive Director | GMCB | X |
| Abe | Berman | | OneCare Vermont | MA |
| Bob | Bick | Director of Mental Health and Substa | HowardCenter for Mental Health | X |
| Mary Lou | Bolt | | Rutland Regional Medical Center | X |
| Jill Berry | Bowen | CEO | Northwestern Medical Center | M |
| Mark | Burke | | Brattleboro Memorial Hopsital | M |
| Donna | Burkett | Medical Director | Planned Parenthood of Northern New En | M |
| Dr. Dee | Burroughs-Biron | Health Services Director | Vermont Department of Corrections | M |
| Jan | Carney | | University of Vermont | X |
| Amanda | Ciecior | Health Policy Analyst | AHS - DVHA | S |
| Barbara | Cimaglio | Deputy Commissioner | AHS - VDH | X |
| Daljit | Clark | Director for Clinical Operations | AHS - DVHA | MA |
| Peter | Cobb | Executive Director | VNAs of Vermont | M |
| Judy | Cohen | Professor, Department of Nursing | University of Vermont | M |
| Amy | Coonradt | Health Policy Analyst | AHS - DVHA | X |
| Janet | Corrigan | | Dartmouth-Hitchcock | X |
| Brian | Costello | | | X |
| Mark | Craig | | | X |
| Wendy | Davis | | University of Vermont | X |
| Jesse | de la Rosa | | Consumer Representative | M |
| Geera | Demers | | Blue Cross Blue Shield of Vermont | M |
| Trey | Dobson | Medical Director | Dartmouth-Hitchcock | X |
| Tracy | Dolan | Deputy Commissioner | AHS - VDH | C/M |
| Kevin | Donovan | CEO | Mt. Ascutney Hospital and Health Center | X |

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|-----------|------------|---|---|---|------|
| Trudee | Ettlinger | | | Vermont Department of Corrections | MA |
| Sandy | Floersheim | | ✓ | Orleans/Essex VNA and Hospice, Inc. | M |
| Joyce | Gallimore | | | Director, Community Health Payment Bi-State Primary Care/CHAC | M |
| Lucie | Garand | | | Senior Government Relations Special Downs Rachlin Martin PLLC | X |
| Christine | Geiler | | | Grant Manager & Stakeholder Coord GMCB | S |
| Don | Grabowski | | | The Health Center | X |
| Wendy | Grant | | | Blue Cross Blue Shield of Vermont | A |
| Thomas | Hall | | | Consumer Representative | X |
| Bryan | Hallett | | | GMCB | X |
| Catherine | Hamilton | | | Blue Cross Blue Shield of Vermont | MA |
| Carolynn | Hatin | ✓ | | AHS - Central Office - IFS | X |
| Karen | Hein | ✓ | ✓ | | C/M |
| Jim | Hester | ✓ | | Consultant | X |
| Churchill | Hindes | | | COO OneCare Vermont | X |
| Penrose | Jackson | | | FAHC - Community Care | M |
| Pat | Jones | | ✓ | GMCB | MA |
| Frances | Keeler | ✓ | ✓ | Director AHS - DAIL | M |
| Heidi | Klein | ✓ | | AHS - VDH | MA/S |
| Norma | LaBounty | | | OneCare Vermont | A |
| Kelly | Lange | | | Director of Provider Contracting Blue Cross Blue Shield of Vermont | X |
| Patricia | Launer | | | Clinical Quality Improvement Facilita Bi-State Primary Care | MA |
| Mark | Levine | | | University of Vermont | X |
| Nicole | Lukas | | | Cancer & Cardiovascular Disease Pre AHS - VDH | X |
| Ted | Mable | | | Executive Director Northwest Counseling and Support Service | M |
| Georgia | Maheras | ✓ | | AOA | S |
| David | Martini | | | AOA - DFR | M |
| Mike | Maslack | | | | X |
| Jill | McKenzie | | | | X |
| Kimberly | McNeil | | | Payment Reform Policy Intern AHS - DVHA | X |
| Melissa | Miles | ✓ | | Project Manager Bi-State Primary Care | M |
| Chuck | Myers | | ✓ | Executive Director Northeast Family Institute | X |
| Nick | Nichols | ✓ | | Planning/Development/Policy Directo AHS - DMH | M |
| Annie | Paumgarten | ✓ | | Eveluation Director GMCB | X |
| Luann | Poirer | | | Administrative Services Manager I AHS - DVHA | X |
| Laural | Ruggles | | | Marketing/Development Director Northeastern Vermont Regional Hospital | M |
| Jenney | Samuelson | ✓ | | Assistant Director of Blueprint for He AHS - DVHA - Blueprint | M |
| Ken | Schatz | | | AHS - DCF | X |

VHCIP PHWG Roll Calls 10-14-14

29

10 Penrose
120 Jesse
Minutes

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|----|------------------|
| C | Chair |
| M | Member |
| MA | Member Alternate |

| Member | | Member Alternate | | Organization |
|------------------|--------------------|------------------|-----------|--|
| First Name | Last Name | First Name | Last Name | |
| April | Allen | | | AHS - DCF |
| Jill Berry | Bowen ✓ | | | Northwestern Medical Center |
| Mark | Burke | | | Brattleboro Memorial Hospital |
| Donna | Burkett | | | Planned Parenthood of Northern New England |
| Dr. Dee | Burroughs-Biron | Trudee | Ettlinger | Vermont Department of Corrections |
| Peter | Cobb | | | VNAs of Vermont |
| Judy | Cohen | | | University of Vermont |
| Jesse | de la Rosa ✓ | | | Consumer Representative |
| Geera | Demers | Catherine | Hamilton | Blue Cross Blue Shield of Vermont |
| Tracy | Dolan ✓ | Heidi | Klein ✓ | AHS - VDH |
| Sandy | Floersheim ✓ | | | Orleans/Essex VNA and Hospice, Inc. |
| Joyce | Gallimore | | | Bi-State Primary Care/CHAC |
| Karen | Hein ✓ | | | |
| Penrose | Jackson ✓ | | | FAHC - Community Care |
| Frances | Keeler ✓ | | | AHS - DAIL |
| Ted | Mable | | | Northwest Counseling and Support Services |
| David | Martini | | | AOA - DFR |
| Melissa | Miles ✓ | Patricia | Launer ✓ | Bi-State Primary Care |
| Nick | Nichols ✓ | | | AHS - DMH |
| Laural | Ruggles ✓ | | | Northeastern Vermont Regional Hospital |
| Jenney | Samuelson ✓ | Daljit | Clark ✓ | AHS - DVHA |
| Julia | Shaw ✓ | | | VLA/Health Care Advocate Project |
| Melanie | Sheehan | | | Mt. Ascutney Hospital and Health Center |
| Miriam | Sheehey ✓ | Abe | Berman ✓ | OneCare Vermont |
| Shawn | Skaflestad ✓ | | | AHS - Central Office |
| Chris | Smith | | | MVP Health Care |

| | | | | |
|-----------|----------------|------|---------------|--------------------------------|
| JoEllen | Tarallo-Falk ✓ | Lori | Augustyniak ✓ | Center for Health and Learning |
| Stephanie | Winters ✓ | | ✓ | Vermont Medical Society |
| | | Pat | Jones | GMCB |