



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

**Pending Work Group Approval**

**Date of meeting:** Tuesday, November 18, 2:30 to 4:00 PM, ACCD – Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier

Agenda Item	Discussion	Next Steps
<b>1. Welcome, roll call and agenda review</b>	Tracy Dolan called the meeting to order at 2:33 pm.	
<b>2. Approval of Minutes</b>	Penrose Jackson moved to approve the minutes. Mark Burke seconded the motion and it passed unanimously.	<b>The minutes will be updated and posted to the website.</b>
<b>3. Updates</b>	<p><u>VHCIP Year 2 Retreat:</u> Staff, Work Group Co-Chairs and the VHCIP Core Team members met for a full day retreat to share major accomplishments and biggest challenges from Year One and three items planned for Year Two. It was clear that participants were very interested in our work together and in “population health.” However, it was also clear that other work groups might be defining “population health” more narrowly and not including some of the key principles developed by the PHWG. In follow up, the PHWG co-chairs and staff will seek opportunities to meet staff and chairs from other work groups to discuss potential integration.</p> <p><u>VHCIP Year Two Operational Plan:</u> VHCIP has just submitted its Year Two Operational Plan to the CMMI/CMS. Included in this plan are the following items for the PHWG:</p> <ul style="list-style-type: none"> <li>• Develop inventory of Accountable Care Communities (ACC/AHC)</li> <li>• Release RFP for ACC pilot program</li> </ul>	<p><b>Update Population Health Work Group Work Plan</b></p> <p><b>Share Population Health Frameworks with other Work</b></p>

	<ul style="list-style-type: none"> <li>• Award ACC pilots, if appropriate</li> <li>• Develop draft population health plan</li> </ul> <p>The details of this work will be informed by the outcomes of the research to be conducted by our contractor, the Prevention Institute. It is premature to speculate on the content, timing or funding available for a potential RFP and an ACC pilot program. It was understood at the time of submittal that the work plan may shift significantly.</p> <p><u>Population Health Work Group Work Plan:</u> A draft was distributed to the PHWG. Project staff will be updating this work plan based on the results of the retreat.</p> <p><u>Contract with Prevention Institute (PI):</u> We anticipate actual start up in December for Accountable Health Community work.</p> <p><u>RWJF Grant:</u> The proposal has approved. The health department will embark on 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><b>Groups</b></p>
<p><b>4. Examples and Ideas for Integrating Population Health: WA</b></p> <p>A proposed community-based model to leverage local strengths through Accountable Community of Health to amplify the impact of the other proposed Healthier Washington models.</p>	<p>To continue our exploration of Accountable Health Communities, we invited Chase Napier, Washington State Health Care Authority and Sue Grinnell, WA Department of Health to share current efforts in WA.</p> <p>The formation of regional Accountable Communities for Health are being proposed as part of health system reform in Washington and the innovations being tested in the SIM grant. In SIM Round 1, 10 Community of Health planning grants were authorized and funded by the State Legislature through E2SHB 2572. These grants provide a six-month planning period for communities to plan for governance and multi-sector engagement strategies, with the grant period ending December 31, 2014. In addition, 2572 will fund two pilot ACHs, from January 2015 to July 2015, to implement an effective governance and engagement model.</p> <p>The intent is to build upon existing partnerships in self-identified areas for establishing a regional ACH that will coordinate care across sectors (physical, behavioral and chemical dependency), align strategies and connect to Regional Service Areas (RSAs) which are regional hubs for</p>	

	<p>Medicaid purchasing. Ideally, the ACH will help to identify health priorities for a region. However, the ACH is not currently envisioned as a risk bearing entity.</p> <p>The key areas to be tested/developed include:</p> <ul style="list-style-type: none"> <li>• Investment in infrastructure to support ACH</li> <li>• Sustainability beyond initial cost savings in Medicaid; ideally become self-sustaining through the WA Prevention Framework</li> <li>• Governance – balancing the need for broad-based engagement with effective management</li> <li>• Systematic connections between ACH and RSAs beyond shared data and partnerships</li> </ul>	
<p><b>5. Examples and Ideas for Integrating Population Health</b></p>	<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?</i></p> <p>Connection to existing VT policies and new models being tested:</p> <ul style="list-style-type: none"> <li>• Medicaid: Global Commitment already allows use of Medicaid in ways that are currently restricted in WA</li> <li>• Regionalization to further align care management among private and public payers: ACOs and Blueprint practices are seeking a regional approach to engaging stakeholders, sharing data and quality metrics, etc.</li> </ul> <p>Questions for VT to consider:</p> <ul style="list-style-type: none"> <li>• What aspects should be at statewide vs at the regional level? The scale of a WA state region may be the similar to the full state of VT. Do we have an advantage due to scale?</li> <li>• How to set priorities for the use of the savings at a regional level?</li> </ul>	
<p><b>6. Public Comment and Next Steps</b></p>	<p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• Identify entry points with other work groups to share population health frameworks</li> <li>• Review PHWG overview and updated work plan</li> <li>• Schedule meeting with PHWG and Prevention Institute</li> </ul> <p><b>Next Meeting:</b> The next meeting will be Tuesday, <b>December 9th</b> 2:30 – 4:00 pm. ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier.</p>	



# VHCIP PH Work Group Member List

Roll Call:

*10 Penrose  
20 Mark G.  
minutes*

Member		Member Alternate				
First Name	Last Name	First Name	Last Name			Organization
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
<del>Teresa</del> Teresa	<del>Joci</del> Joci	<del>Wm</del> Catherine	Hamilton	n/a		Blue Cross Blue Shield of Vermont
Tracy	Dolan	✓	Heidi	✓		AHS - VDH
Joyce	Gallimore					CHAC
Karen	Hein	✓		✓		
Penrose	Jackson	✓		✓		FAHC - Community Care
Pat	Jones					GMCB
Frances	Keeler					AHS - DAIL
Lyne	Limoges					Orleans/Essex VNA and Hospice, Inc.
Ted	Mable	✓		✓		Northwest Counseling and Support Services
Melissa	Miles	Patricia	Launer			Bi-State Primary Care
Nick	Nichols	✓		✓		AHS - DMH
Laural	Ruggles					Northeastern Vermont Regional Hospital
Jenney	Samuelson	✓	Daljit	✓		AHS - DVHA
Julia	Shaw	✓		✓		VLA/Health Care Advocate Project
Melanie	Sheehan					Mt. Ascutney Hospital and Health Center
Miriam	Sheehey	✓	Abe	✓		OneCare Vermont
Shawn	Skaflestad	✓		✓		AHS - Central Office
Chris	Smith					MVP Health Care
JoEllen	Tarallo-Falk	✓	Lori	✓		Center for Health and Learning
Stephanie	Winters					Vermont Medical Society