

Attachment 1 - Population Health
Work Group Meeting Agenda
9-09-14

VT Health Care Innovation Project Population Health Work Group Meeting Agenda

Date: Tuesday, Sept. 9, 2014 Time: 2:30-4:00 pm

Location ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier

Call-In Number: 1-877-273-4202; Passcode: 9883496

All Participants: Please ensure that you sign in on the attendance sheet the will be circularized at the beginning of the meeting, Thank you.

AGENDA					
Item #	Time	Topic	Presenter	Relevant Attachments	Action #
1	2:30	Welcome, roll call and agenda review	Karen Hein	Attachment 1: Agenda	
2	2:35	Approval of minutes	Tracy Dolan	Attachment 2: Minutes	
3	2:40	Updates Selected contractor for AHC Care Models/Care Mgmt. Learning Collaborative Provider grants	Tracy Dolan Erin Flynn Georgia Maheras	Attachment 3: N/A	
4	2:50	Continuing the Discussion on Community Health System <i>What is intriguing about the concept of a Community Health System?</i> <i>What current efforts in Vermont are the seeds of a Community Health System? (some possible efforts to consider include Prevention Coalitions, Community Health Teams, and the Blueprint)</i> <i>What additional components are needed if we want to test out a Community Health System? (please give special consideration to financial models)</i>	Small Group Discussions 4 groups with 2 breakout rooms needed	Attachment 4: Community Health System Outline 4a. Handouts of 6 slides 4b. Handout on instructions	
5	3:35	Examples and Ideas for Vermont	Large Group Discussion		
6	3:55	Next Steps <i>What information do work group members need in order to continue our work together?</i>	Karen Hein		

OPEN ACTION ITEM LOG					
Date Added	Action Number	Assigned to:	Action /Status	Due Date	Date Closed
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			•		
			•		

Attachment 2 - Population Health Work Group Minutes 8-12-14



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

Date of meeting: Tuesday, August 12th, 2014; 2:30 to 4:00 PM, ACCD – Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome, roll call and agenda review	Tracy Dolan called the meeting to order at 2:30 pm. Georgia Maheras took roll call.	
2. Approval of Minutes	Penrose Jackson moved to approve the minutes. Julia Shaw seconded the motion and it passed unanimously via a roll call vote taken by Georgia.	The minutes will be updated and posted to the website.
3. Updates	<p>Tracy described the status of the RFP on CCAC</p> <ul style="list-style-type: none"> ○ There are a number of strong candidates <p>Georgia informed the group that the deadline for provider grant applications is now 9/12/14</p> <ul style="list-style-type: none"> ○ The grants are to foster innovation and transformation at the provider level <ul style="list-style-type: none"> ▪ The core team is looking for collaboration particularly <p>Pat Jones discussed quality and performance measures</p> <ul style="list-style-type: none"> ○ Gave a quick refresher on the terminology <ul style="list-style-type: none"> ▪ Also gave a breakdown of how the measure review process was conducted ○ Described the measures that have been recommended to be re-classified, added, and removed. <ul style="list-style-type: none"> ▪ The rationale behind those changes is discussed by the workgroup 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> ○ She outlined the next steps around the measure adoption process, including a description of the public comment period <ul style="list-style-type: none"> ▪ Public comments can be submitted in writing to Pat Jones and Alicia Cooper, who will submit them in both full and summary form to the steering committee 	
<p>4. Draft Pop Health Plan Outline and Work Group Plan</p>	<p>Heidi described the thought process, background, and motivations that went into putting together the plan as it currently stands</p> <ul style="list-style-type: none"> ○ Described the four currently stated goals of the plan ○ Described how the plan attempts to align with Vermont’s previous and current healthcare reform efforts that affect population health ○ Described how the outline might align with episodes of care and pay for performance models <ul style="list-style-type: none"> ▪ Also talked about other ways outside the payment models for setting the stage for population health improvement <p>Georgia gave a quick breakdown of the three payment models</p> <p>Heidi asked for comment on what might be missing from the plan</p> <ul style="list-style-type: none"> ○ Penrose described the different assessments and the desire for consolidation among those assessments required by the state and federal authorities ○ There is a discussion about how it is very difficult to follow the money within Vermont’s healthcare system <p>Karen Hein described the different ways in which the concept of global budgets could be implemented in Vermont</p> <ul style="list-style-type: none"> ○ Jim introduced the workgroup to the concept of “TACO” to the workgroup <ul style="list-style-type: none"> ▪ Total Accountable Care Organization ○ Karen gave us a different definition for “social determinants of health” = Work, Play, Learn, and Live <ul style="list-style-type: none"> ▪ Some people add pray to that list <p>Karen requested that more comments on substantive matters be shared with the chairs between meetings</p>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> ○ She requested that everyone read over the outline and workgroup plan and submit comments prior to the next meeting 	
5. Work Group Process Evaluation Results	<p>Annie presented the results of the surveys she received</p> <ul style="list-style-type: none"> ○ Received surveys from 23 out of 29 members ○ She then described the three workgroup processes that need improvement according to the survey ○ She asked for discussion on the process and results of the survey ○ Karen aired a concern about the fact that there are so few consumer members of this workgroup ○ Heidi amended her request to the group to include a request for members to let the chairs know if there's a specific part of the work plan that he or she would like to take the lead on 	
6. Next Steps	<p>Karen described the next steps that need to occur before the next meeting:</p> <ul style="list-style-type: none"> ○ Determining who will be the contractor for the accountable health communities area of exploration ○ Pulling in people who can assist the workgroup with the development of the population health plan ○ Heidi informed the workgroup that she will attempt to anticipate what the next three meetings will consist of 	

VHCIP Polulation Health Work Group Attendance 8-12-14

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff
X	Interested Party

	First Name	Last Name		Title	Organization	Population Health
1	April	Allen		Director of Policy and Planning	AHS - DCF	M
2	Lori	Augustyniak			Center for Health and Learning	M
3	Ena	Backus			GMCB	X
4	Susan	Barrett		Executive Director	GMCB	X
5	Abe	Berman			OneCare Vermont	MA
6	Bob	Bick		Director of Mental Health and Substa	HowardCenter for Mental Health	X
7	Mary Lou	Bolt			Rutland Regional Medical Center	X
8	Jill Berry	Bowen		CEO	Northwestern Medical Center	M
9	Mark	Burke			Brattleboro Memorial Hopsital	M
10	Donna	Burkett		Medical Director	Planned Parenthood of Northern New En	M
11	Dr. Dee	Burroughs-Biron		Health Services Director	Vermont Department of Corrections	M
12	Jan	Carney			University of Vermont	X
13	Amanda	Ciecior	<i>mc</i>	Health Policy Analyst	AHS - DVHA	S
14	Barbara	Cimaglio		Deputy Commissioner	AHS - VDH	X
15	Daljit	Clark		Director for Clinical Operations	AHS - DVHA	MA
16	Peter	Cobb		Executive Director	VNAs of Vermont	M
17	Judy	Cohen		Professor, Department of Nursing	University of Vermont	M
18	Amy	Coonradt		Health Policy Analyst	AHS - DVHA	X
19	Janet	Corrigan			Dartmouth-Hitchcock	X
20	Brian	Costello				X
21	Mark	Craig				X
22	Wendy	Davis			University of Vermont	X
23	Jesse	de la Rosa	<i>Jesse</i>		Consumer Representative	M
24	Geera	Demers			Blue Cross Blue Shield of Vermont	M
25	Trey	Dobson		Medical Director	Dartmouth-Hitchcock	X
26	Tracy	Dolan	<i>Tracy</i>	Deputy Commissioner	AHS - VDH	C/M
27	Kevin	Donovan		CEO	Mt. Ascutney Hospital and Health Center	X
28	Trudee	Ettlinger			Vermont Department of Corrections	MA

29	Sandy	Floersheim			Orleans/Essex VNA and Hospice, Inc.	M
30	Joyce	Gallimore		Director, Community Health Payment	Bi-State Primary Care/CHAC	M
31	Lucie	Garand		Senior Government Relations Special	Downs Rachlin Martin PLLC	X
32	Christine	Geiler		Grant Manager & Stakeholder Coord	GMCB	S
33	Don	Grabowski			The Health Center	X
34	Wendy	Grant			Blue Cross Blue Shield of Vermont	A
35	Thomas	Hall			Consumer Representative	X
36	Bryan	Hallett				X
37	Catherine	Hamilton			Blue Cross Blue Shield of Vermont	MA
38	Carolynn	Hatin			AHS - Central Office - IFS	X
39	Karen	Hein	<i>Karen Hein</i> JAH	Board Member	GMCB	C/M
40	Jim	Hester			Consultant	X
41	Churchill	Hindes		COO	OneCare Vermont	X
42	Penrose	Jackson	<i>Penrose Jackson</i>		FAHC - Community Care	M
43	Pat	Jones	<i>Pat Jones</i>		GMCB	MA
44	Frances	Keeler		Director	AHS - DAIL	MA
45	Heidi	Klein	<i>Heidi Klein</i>		AHS - VDH	MA/S
46	Norma	LaBounty			OneCare Vermont	A
47	Kelly	Lange		Director of Provider Contracting	Blue Cross Blue Shield of Vermont	X
48	Patricia	Launer		Clinical Quality Improvement Facilita	Bi-State Primary Care	MA
49	Mark	Levine			University of Vermont	X
50	Diane	Lewis			AOA - DFR	A
51	Nicole	Lukas		Cancer & Cardiovascular Disease Prev	AHS - VDH	X
52	Ted	Mable		Executive Director	Northwest Counseling and Support Serv	M
53	Georgia	Maheras			AOA	S
54	David	Martini			AOA - DFR	M
55	Marybeth	McCaffrey		Principal Health Reform Administrato	AHS - DAIL	X
56	Jill	McKenzie				X
57	Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
58	Melissa	Miles		Project Manager	Bi-State Primary Care	M
59	Chuck	Myers		Executive Director	Northeast Family Institute	X
60	Nick	Nichols		Planning/Development/Policy Directo	AHS - DMH	M
61	Annie	Paumgarten	<i>Annie Paumgarten</i>	Eveluation Director	GMCB	X
62	Luann	Poirer		Administrative Services Manager I	AHS - DVHA	X
63	Laural	Ruggles	<i>Laural Ruggles</i>	Community Health Improvement Marketing/Development Director	Northeastern Vermont Regional Hospital	M
64	Jenney	Samuelson		Assistant Director of Blueprint for He	AHS - DVHA - Blueprint	M
65	seashre@msn.com	seashre@msn.com			House Health Committee	X

66	Deborah	Shannon		Chief of Change	Shannon Resources, LLC	X
67	Julia	Shaw	<i>Julia Shaw</i>	Health Care Policy Analyst	VLA/Health Care Advocate Project	M
68	Melanie	Sheehan			Mt. Ascutney Hospital and Health Center	M
69	Miriam	Sheehey	<i>Miriam Sheehey</i>	Clinical Improvement and Compliance	OneCare Vermont	M
70	Shawn	Skaflestad		Quality Improvement Manager	AHS - Central Office	M
71	Mary	Skovira		Executive Staff Assistant	AHS - VDH	A
72	Chris	Smith			MVP Health Care	M
73	Kaylan	Sobel			The Council of State Governments	X
74	Kara	Suter		Reimbursement Director	AHS - DVHA	X
75	JoEllen	Tarallo-Falk			Center for Health and Learning	M
76	Nathaniel	Waite			VDH	X
77	Anya	Wallack		Chair	SIM Core Team Chair	X
78	Marlys	Waller			Vermont Council of Developmental and M	X
79	Bradley	Wilhelm		Senior Policy Advisor	AHS - DVHA	X
80	Stephanie	Winters			Vermont Medical Society	M
81	Jennifer	Woodard	<i>Jennifer Woodard</i>	Long-Term Services and Supports Hea	AHS - DAIL	M
82	Cecelia	Wu		Healthcare Project Director	AHS - DVHA	X
83	Dave	Yacovone		Commissioner	AHS - DCF	X
84	Mike	Maslack				X
85	Julie	Arel		Director of Health Promotion and Ch	VDH	X
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~~Kathy HENTON~~

~~Deb Shannon @Dulles~~

MH & HEALTH

STATE INTER DIR

SMH

GNHC

Erin Flynn

DVHA

Teresa Uoci

BCBSVT ✓

VHCIP Polulation Health Work Group Roll Call

1^o Penrose
2^o Julia

Minutes

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate

First Name	Last Name		Title	Organization	Population Health
Shawn	Skaflstad	here ✓	Quality Improvement Manager	AHS - Central Office	M
Frances	Keeler	here abstain	Director	AHS - DAIL	MA
Jennifer	Woodard	here	Long-Term Services and Supports Hea	AHS - DAIL	M
April	Allen	x	Director of Policy and Planning	AHS - DCF	M
Nick	Nichols	x	Planning/Development/Policy Directo	AHS - DMH	M
Daljit	Clark	x	Director for Clinical Operations	AHS - DVHA	MA
Jenney	Samuelson	here ✓	Assistant Director of Blueprint for He	AHS - DVHA - Blueprint	M
Tracy	Dolan	here ✓	Deputy Commissioner	AHS - VDH	C/M
Heidi	Klein	here		AHS - VDH	MA/S
David	Martini	x		AOA - DFR	M
Patricia	Launer	x	Clinical Quality Improvement Facilita	Bi-State Primary Care	MA
Melissa	Miles	x	Project Manager	Bi-State Primary Care	M
Joyce	Gallimore	here // abstain	Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Geera	Demers	x		Blue Cross Blue Shield of Vermont	M
Catherine	Hamilton	x		Blue Cross Blue Shield of Vermont	MA
Mark	Burke	x		Brattleboro Memorial Hopsital	M
Lori	Augustyniak	x		Center for Health and Learning	M
JoEllen	Tarallo-Falk	x		Center for Health and Learning	M
Jesse	de la Rosa	here ✓		Consumer Representative	M
Penrose	Jackson	here ✓		FAHC - Community Care	M
Karen	Hein	here ✓	Board Member	GMCB	C/M
Pat	Jones	here		GMCB	MA
Melanie	Sheehan	x		Mt. Ascutney Hospital and Health Center	M
Chris	Smith	x		MVP Health Care	M
Laural	Ruggles	here ✓	Marketing/Development Director	Northeastern Vermont Regional Hospital	M
Ted	Mable	x	Executive Director	Northwest Counseling and Support Servic	M
Jill Berry	Bowen	x	CEO	Northwestern Medical Center	M
Abe	Berman			OneCare Vermont	MA

Miriam	Sheehey	<i>here ✓</i>	Clinical Improvement and Compliance	OneCare Vermont	M
Sandy	Floersheim	here		Orleans/Essex VNA and Hospice, Inc.	M
Donna	Burkett	X	Medical Director	Planned Parenthood of Northern New En	M
Judy	Cohen	X	Professor, Department of Nursing	University of Vermont	M
Dr. Dee	Burroughs-Biron	X	Health Services Director	Vermont Department of Corrections	M
Trudee	Ettlinger	X		Vermont Department of Corrections	MA
Stephanie	Winters	X		Vermont Medical Society	M
Julia	Shaw	<i>here ✓</i>	Health Care Policy Analyst	VLA/Health Care Advocate Project	M
Peter	Cobb	X	Executive Director	VNAs of Vermont	M
					37

Attachment 4 - Community Health System Outline

4a - Handouts of 6 slides

A Sustainable Financial Model for Improving Population Health

Population Health Workgroup:
June, 2014

Jim Hester



US Health Care Delivery System Evolution

Health Delivery System Transformation Critical Path

Acute Care System 1.0

Episodic Non-Integrated Care

- Episodic health care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly coordinated chronic care management

Coordinated Seamless Healthcare System 2.0

Outcome Accountable Care

- Patient/person centered
- Transparent cost and quality performance
- Accountable provider networks designed around the patient
- Shared financial risk
- HIT integrated
- Focus on care management and preventive care

Community Integrated Healthcare System 3.0

Community Integrated Healthcare

- Healthy population centered
- Population health focused strategies
- Integrated networks linked to community resources capable of addressing psycho social/economic needs
- Population-based reimbursement
- Learning organization: capable of rapid deployment of best practices
- Community health integrated
- E-health and telehealth capable

Key Premise

A sustainable model will include a community health system integrator and a balanced portfolio of interventions financed by diverse funding vehicles

Key Functions of a CHS

A community centered entity responsible for improving the health of a defined population in a geographic area by integrating clinical services, public health and community services

- Convene diverse stakeholders and create common vision
- Conduct a community health needs assessment and prioritize needs
- Build and manage portfolio of interventions
- Monitor outcomes and implement rapid cycle improvements
- Support transition to value based payment and global budgets
- Facilitate coordinated network of community based services

Structure of an CHS

The CHS is made up of

- Backbone organization for governance structure and key functions
- Intervention partners to implement specific short, intermediate, and long term health-related interventions
- Financing partners who engage in specific transactions

CHS: Enhanced Financial Role

- **Oversees the implementation of a balanced portfolio of programs**
- **Uses a diverse set of financing vehicles to make community-wide investments in multiple sectors**
 - **Builds business case for each transaction specific to population and implementation partner: ~ bond issue**
- **Contracts with intervention partners for short, intermediate, and long term health-related interventions**
- **Measures the "savings" in the health care and non-health sectors and captures a portion of these savings for reinvestment**
- **Supports transition to value based payment**
 - **Potential vehicle for global payments for integrated bundle of medical and social services**

4b - Handout on instructions

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

Tuesday, Sept. 9, 2014 Time: 2:30-4:00 pm

Small Group Discussion Instructions

1. Facilitator, please introduce yourself. Your job is to keep the discussion focused on the questions and ensure that each group participant has an opportunity to share her or his perspective.
2. Please identify a note taker and someone who will report out the highlights of your discussion to the full group. These highlights should be recorded on the flipchart
3. All group members should spend 5 minutes in silence to review the questions below and jot down their individual ideas before starting the group discussion.
4. Spend roughly 5-10 minutes discussing each question.
5. Return to large group discussion at 3:35.

Small Group Discussion Questions

What is intriguing about the concept of a Community Health System?

What current efforts in Vermont are the seeds of a Community Health System? (some possible efforts to consider include Prevention Coalitions, Community Health Teams, and the Blueprint)

What additional components are needed if we want to test out a Community Health System? (please give special consideration to financial models)