VT Health Care Innovation Project
Population Health Work Group Meeting Agenda

Date: Tuesday March 10, 2015 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: **420-323-867**

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	**Project Updates** • Orientation for new members • Actions in other work groups	Heidi Klein		
3	2:45	**Accountable Communities for Health:** • Results of national investigation • Results from the VT survey • Update on VT site visits	Leslie Mikkelsen		
4	3:50	**Next Steps** *What information do work group members need in order to continue our work together?*	Karen Hein		

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

Vermont Health Care Innovation Project

VT Health Care Innovation Project
Population Health Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Tuesday, February 10, 2015, 2:30pm-4:00pm; ACCD – Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome, Roll Call, and Agenda Review	Tracy Dolan performed a roll call and reviewed the agenda.	
2. Approval of Minutes	Sue Aranoff moved to approve the minutes from this group's last meeting. Jill Berry-Bowen seconded. The minutes were approved by roll call with 3 abstentions.	
3. Paying for Population Health and Prevention Contract	Karen Hein offered a summary of changes to Jim Hester's contract to support the Work Group. The proposed contract would have an overall funding limit, equaling approximately 4-6 hours per week. The contract has three major areas: • Review payment models • Expand vision beyond these payment models to other models that would support paying for prevention • Support integration of population health into VHCIP. Jill moved to approve the contract. Sue Aranoff seconded. The contract was approved by roll call with 1 abstention.	
4. ACOs, TACOs, and Accountable Communities for Health	Tracy walked the Work Group through a brief document developed by Work Group leadership to define and distinguish between Accountable Care Organizations (ACOs), Totally Accountable Care Organizations (TACOs), and Accountable Communities for Health (ACHs), describing each type of organization (see Attachment 4): • Accountable Care Organizations, which Vermont currently has; • Totally Accountable Care Organization (TACO), another aspirational model which includes a broader array of service providers; and • Accountable Communities for Health, where the ACH is responsible for the health and well-being for all patients in its geographical area, not just a sub-set of patients. This Work Group has been investigating the concept of Accountable Communities for Health, an aspirational model, and has hired Prevention Institute to look further into this.	

Agenda Item	Discussion	Next Steps
	Sue Aranoff asked whether DLTSS was deliberately left out of the ACH definition, along with social services. Tracy clarified that it was not, and that the list of provider types included was illustrative. Jim Hester clarified that ACOs are typically provider organizations, but ACHs will include providers as members but also include a much broader list of providers – the focus on medical care providers is lessened. Karen Hein also noted that the Population Health definition included is an IOM definition. Mark Burke noted that ACOs are provider-driven, which means that organizing them is easy; a larger community effort means more complicated governance. Sue Aranoff noted that long-term services and supports isn't listed as a service of ACOs and clarified that some of Vermont's ACOs are in fact including some long-term services and supports.	

5. Accountable Communities for Health: Diabetes Dawn/Don	Tracy introduced a Prezi presentation on what is currently happening in Vermont to address conditions like diabetes, obesity. Julie Arel is the Division Director of Health Promotion and Disease Prevention, and Nicole Lukas is the Women's Health Director.
	
	Julie referenced a chart in this presentation identifying programs underway in Vermont to support public health through the socio-ecological model. This presentation will place the individual at the center of all of the efforts underway in the state.
	• Diabetes rates have been increasing steadily among Vermonters over the past 10 years; while the number of Vermonters who are overweight has stayed flat, the number of obese Vermonters has risen among adults and among high school students.
	• To guide the story: Donna, representing an average patient. Donna is a young parent who feels it's her fate to have diabetes – her parents have it, some siblings and family members.
	  o Donna seeks out her PCP to discuss her concerns. Her PCP has panel management in place (including HIT tools/EHR), nurse care manager, connection to statewide programs like tobacco cessation, connection with local community health team, self-management tools.
	  o Local CHT connects Donna with community pharmacists, self-management programs, etc.
	  o Donna's employer is linked to worksite wellness programs that support healthy eating, physical activity during the work day (i.e., walking meeting).
	  o A local coalition in Donna's community has worked with DPW and planning commission to put in better sidewalks and a park near her job; healthy retailers stocking more fruits and vegetables (started through a VDH program called Healthy Retailers); farmers markets now accept food stamps; food pantries now receive produce from local farms. Donna's community has adopted a Health in All Policies approach to support health and wellness.
	  o Donna has quit smoking with help from 802 Quits, is more active, eating better, more engaged with PCP in preventing diabetes.	

Agenda Item	Discussion	Next Steps
	o Donna's husband, who is overweight, has increased motivation to improve his health and prevent diabetes. o Donna's son, Pete, goes to a school that has worked with the State on the Farm-to-School initiative and Healthy Lunchroom initiative; has a school health liaison and nutritional interventions; has a VDH Tooth Tutor program to support oral health. • Some of these programs are more widespread than others, but the foundation is there to use a multi-level approach with evidence-based supports to reduce diabetes throughout the state. Two handouts were provided at the meeting: The DASH Eating Plan Learning to Live Well with Diabetes Kathy Hentcy noted that diabetes is much more prevalent among people with mental illness and suggested that mental health and childhood trauma screenings should be included as a component of these interventions. Tracy noted that diabetes diagnosis might not be a trigger for mental health screening. Cathy clarified that mental health screening, especially depression screening, is included standardly for some CHTs. Mark Burke agrees that mental health and psycho-social screenings are very important: transportation or housing challenges, for example, can be significant barriers to getting consistent care. Tracy clarified that this is a snapshot, not a full description. This is the beginning of a conversation about what it means to have an ACH through the lens of one condition. Jim commented that this is an impressive set of programs in the state and asked about the most important barriers to their effectiveness. Julia responded that the rural nature of Vermont makes it challenging to access care – services are located in population centers rather than rural regions. "Dosage" is also an issue – we need the amount of services available in the community to be right. Nicole added that the amount of work happening at the provider level – merging ACO measures with Blueprint and NCQA, etc. – makes it hard to take on new work. Providers are sometimes too busy to take on more, even with funding available. Seeking to move toward a more comprehensive, population-based payment model, there are still a number of questions. Jim noted that this raises a number of questions about the structure of ACHs and encouraged comments on the lessons we've learned from work so far. Tracy commented that regarding "dosage" we can learn from the Vermont Nurse-Family Partnership, a home-visiting program for Medicaid-eligible first-time moms – the program brings together a number of services that may happen in other settings, but may not meet this population or may not meet them in the right place or in the right time.	
6. Next Steps	Prevention Institute is preparing to send out a survey to begin their work related to the Accountable Health Community project. When ready, it will be distributed to workgroup participants. Please feel free to share it	

Agenda Item	Discussion	Next Steps
	beyond the workgroup to other interested parties. The survey is seeking information from collaborations, clinical settings, and community initiatives that meet some of the ACH Criteria listed below. If you would like to participate, please submit some key information about your work through this short form. **Responses are due February 20.** Nicole referenced the VT Public Health Association Advocacy Breakfast, which is taking place NEXT week at the Capitol Plaza in Montpelier: Tuesday Feb 17th from 730 - 9am. The theme is Health in All Policies. Jill Berry-Bowen noted that the RiseVT project (a sub-grantee project under VHCIP, awarded to the Community Committee on Healthy Lifestyles) conducted a very well-attended family event over the weekend, Healthy Hearts on the Move, focusing on community health. There were over 300 participants with activities ranging from free health screenings to demos of physical activities like yoga, Zumba and tai chi. Tracy noted that the workgroup will be asking for updates from some of the sub-grant projects involving population health in a few months. **Next meeting:** **Tuesday, March 10, 2015** **2:30 – 4:00** **ACCD - Calvin Coolidge Room, National Life**	

VHCIP Population Health Work Group Member List

Roll Call: 2/10/2015

SAranoff 1°
JillBB 2°

Jill BB 1°
Susan Aranoff 2°
Mtn carried
1 abstention

Member		Member Alternate		Minutes	Hester Contract	
First Name	Last Name	First Name	Last Name			Organization
Susan	Aranoff			✓	✓	AHS - DAIL
Jill Berry	Bowen			✓	✓	Northwestern Medical Center
Mark	Burke			A	✓	Brattleboro Memorial Hopsital
Donna	Burkett					Planned Parenthood of Northern New England
Dr. Dee	Burroughs-Biron	Trudee	Ettlinger			AHS - DOC
Daljit	Clark	Jenney ✓ did not vote	Samuelson			AHS - DVHA
Peter	Cobb			✓	✓	VNAs of Vermont
Judy	Cohen					University of Vermont
Jesse	de la Rosa					Consumer Representative
Tracy	Dolan	Heidi	Klein			AHS - VDH
Joyce	Gallimore					CHAC
Karen	Hein			✓	✓	
Kathleen	Hentcy	Charlie ✓	Biss	✓	✓	AHS - DMH
Penrose	Jackson				✓	UVM Medical Center
Pat	Jones			A	✓	GMCB
Patricia	Launer					Bi-State Primary Care
Lyne	Limoges				✓	Orleans/Essex VNA and Hospice, Inc.
Ted	Mable			A		DA - Northwest Counseling and Support Services
Melissa	Miles					Bi-State Primary Care
Laural	Ruggles					Northeastern Vermont Regional Hospital
Julia	Shaw			✓	✓	VLA/Health Care Advocate Project
Melanie	Sheehan					Mt. Ascutney Hospital and Health Center
Miriam	Sheehey	Abe	Berman	✓	A	OneCare Vermont
Shawn	Skaflestad ✓			✓	✓	AHS - Central Office
Chris	Smith			✓	✓	MVP Health Care
JoEllen	Tarallo-Falk ✓ did not vote	Lori	Augustyniak ✓			Center for Health and Learning
Teresa	Voci	LaRae	Francis ✓	✓	✓	Blue Cross Blue Shield of Vermont
Stephanie	Winters					Vermont Medical Society
	28		7			

Mtn carried.
3 Abstentions

VHCIP Population Health Work Group Participant List

Attendance: 2/10/2015

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

First Name	Last Name		Organization	Population Health
Susan	Aranoff	here	AHS - DAIL	S/M
Julie	Arel	here	VDH	X
Lori	Augustyniak		Center for Health and Learning	MA
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Abe	Berman		OneCare Vermont	MA
Bob	Bick		DA - HowardCenter for Mental Health	X
Charlie	Biss	here	AHS - Central Office - IFS / Rep for AHS - DMH	X/MA
Mary Lou	Bolt		Rutland Regional Medical Center	X
Jill Berry	Bowen	phone	Northwestern Medical Center	M
Mark	Burke	phone	Brattleboro Memorial Hopsital	M
Donna	Burkett		Planned Parenthood of Northern New England	M
Dr. Dee	Burroughs-Biron		AHS - DOC	M
Jan	Carney		University of Vermont	X
Amanda	Ciecior	here	AHS - DVHA	S

Barbara	Cimaglio		AHS - VDH	X
Daljit	Clark		AHS - DVHA	MA
Peter	Cobb	Phone	VNAs of Vermont	M
Judy	Cohen		University of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Janet	Corrigan		Dartmouth-Hitchcock	X
Brian	Costello			X
Mark	Craig			X
Wendy	Davis		University of Vermont	X
Jesse	de la Rosa		Consumer Representative	M
Trey	Dobson		Dartmouth-Hitchcock	X
Tracy	Dolan	here	AHS - VDH	C/M
Kevin	Donovan		Mt. Ascutney Hospital and Health Center	X
Lisa	Dulsky Watkins			X
Trudee	Ettlinger		AHS - DOC	MA
Erin	Flynn	here	AHS - DVHA	S
LaRae	Francis	Phone	Blue Cross Blue Shield of Vermont	MA
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler	Phone	GMCB	S
Steve	Gordon		Brattleboro Memorial Hopsital	X
Don	Grabowski		The Health Center	X
Wendy	Grant		Blue Cross Blue Shield of Vermont	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett		GMCB	S
Catherine	Hamilton		Blue Cross Blue Shield of Vermont	X
Carolynn	Hatin	here	AHS - Central Office - IFS	S
Karen	Hein	Phone		C/M
Kathleen	Hentcy	Phone	AHS - DMH	M
Jim	Hester	here	SOV Consultant	S
Churchill	Hindes		OneCare Vermont	X
Penrose	Jackson		UVM Medical Center	M
Pat	Jones	here	GMCB	S/M

Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here		S
Heidi	Klein		AHS - VDH	S/MA
Norma	LaBounty		OneCare Vermont	A
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Patricia	Launer		Bi-State Primary Care	MA
Mark	Levine	Phone	University of Vermont	X
Lyne	Limoges		Orleans/Essex VNA and Hospice, Inc.	M
Nicole	Lukas	here	AHS - VDH	X
Ted	Mable		DA - Northwest Counseling and Support Services	M
Georgia	Maheras		AOA	S
Mike	Maslack			X
Jill	McKenzie			X
Melissa	Miles		Bi-State Primary Care	M
Chuck	Myers		Northeast Family Institute	X
Annie	Paumgarten	Phone	GMCB	S
Luann	Poirer		AHS - DVHA	S
Carley	Riley			X
Brita	Roy	Phone	Robt Wood Johnson Fdn	X
Laural	Ruggles	Phone	Northeastern Vermont Regional Hospital	M
Jenney	Samuelson	Phone	AHS - DVHA - Blueprint	M
Ken	Schatz		AHS - DCF	X
seashre@msn.con	seashre@msn.com		House Health Committee	X
Julia	Shaw	Phone	VLA/Health Care Advocate Project	M
Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	M
Miriam	Sheehey	Phone	OneCare Vermont	M
Shawn	Skaflestad	here	AHS - Central Office	M
Mary	Skovira		AHS - VDH	A
Chris	Smith	Phone	MVP Health Care	M
Kaylan	Sobel		The Council of State Governments	X
Kara	Suter		AHS - DVHA	S
JoEllen	Tarallo-Falk	Phone	Center for Health and Learning	M
Teresa	Voci		Blue Cross Blue Shield of Vermont	M
Nathaniel	Waite		VDH	X
Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Serv	X

Kendall	West			X
James	Westrich		AHS - DVHA	S
Stephanie	Winters		Vermont Medical Society	M
Mary	Woodruff			X
Cecelia	Wu		AHS - DVHA	S
McKenna	Lee		OneCare Vermont	
				89

William Haar - Phone - Prevention Institute
Peter Kritl - Phone - Pdi Consulting
Victoria Nichols - Phone - Prevention Institute
Carol Maloney - here
Kim McClellan - Phone - NCSS
Sarah Narkewicz - Phone - RRMC

Accountable Communities for Health

Vermont Population Health Work Group
March 10, 2015

Leslie Mikkelsen, MPH, RD
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Prevention Institute
Prevention and equity at the center of community well-being

Prevention Institute

Prevention and equity | at the center of community well-being

Presentation Outline

- Introductions
- Research Process
- Vermont Landscape Review: First Steps
- Context for Accountable Communities of Health
- Preliminary Findings from National Case Studies
- Questions and Comments

Accountable Communities for Health Research

Phase I (Nov-March): National Exemplars

- Review the field to identify national examples of ACH-like activities
- Conduct interviews with multiple stakeholders at national exemplars
- Present preliminary findings to Population Health Work Group
- Produce case studies of national exemplars

Accountable Communities for Health Research

Phase II (Feb - April): Vermont Landscape Review

- Survey the field to identify Vermont examples of ACH-like activities
- Identify several Vermont sites for in-depth follow-up
- Conduct visits/interviews with Vermont sites
- Produce profiles of Vermont communities

Accountable Communities for Health Research

Phase III (May-June): Vermont ACH Design

- Produce preliminary report of findings and implications from national and Vermont profiles
- Present draft report for discussion with Vermont stakeholders
- Produce final report with recommendations for Vermont ACH initiative

Our Stage in the Process

YOU ARE HERE

Vermont Landscape Review First Steps

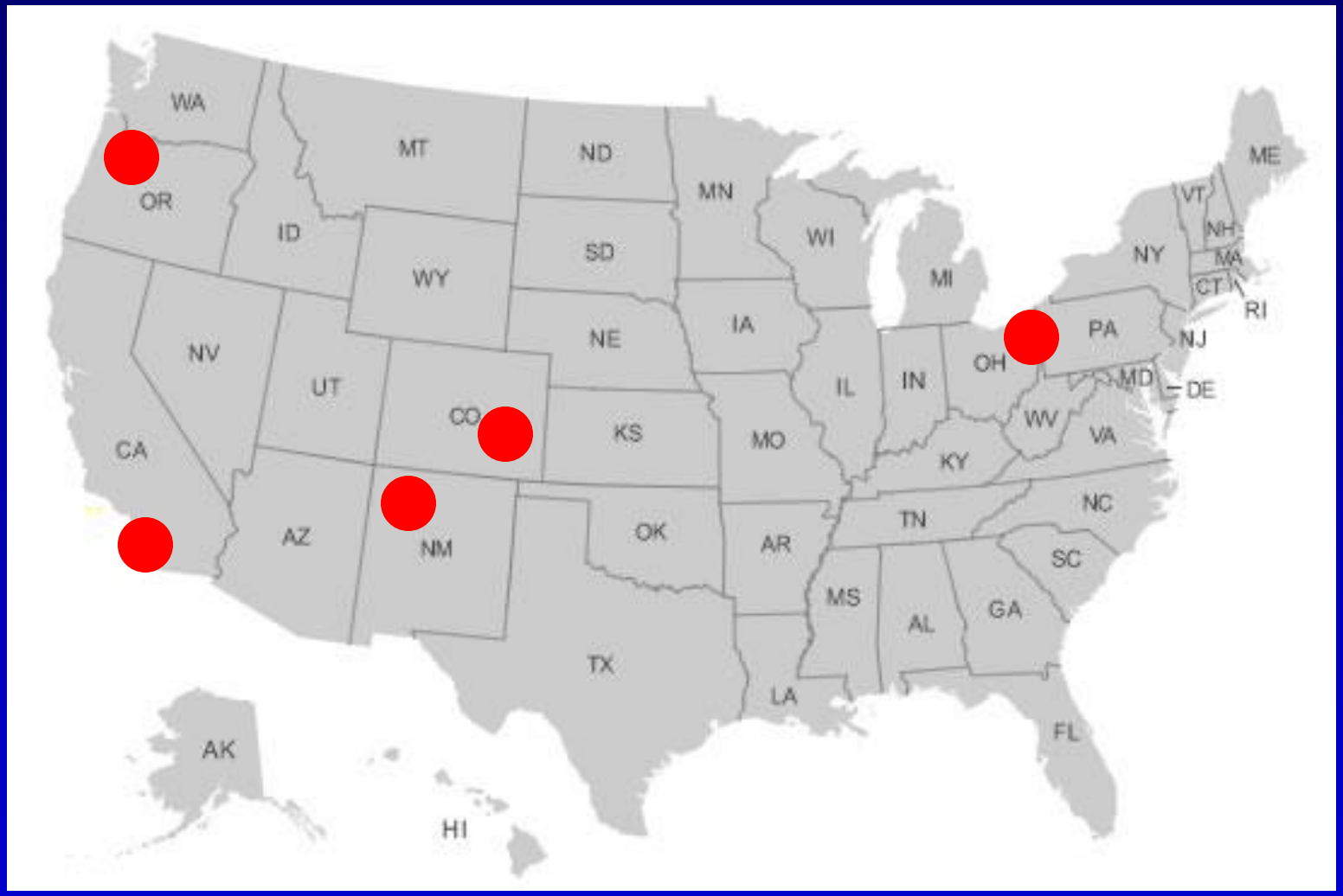
- Franklin and Grand Isle Counties
- St. Johnsbury
- Burlington

Accountable Communities for Health

An ACH works across the entire population of its defined geographic area to support the integration of:

- High quality medical care
- Mental and behavioral health services
- Social and community services
- Community-wide prevention efforts

National Exemplar Sites



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National Exemplar Sites

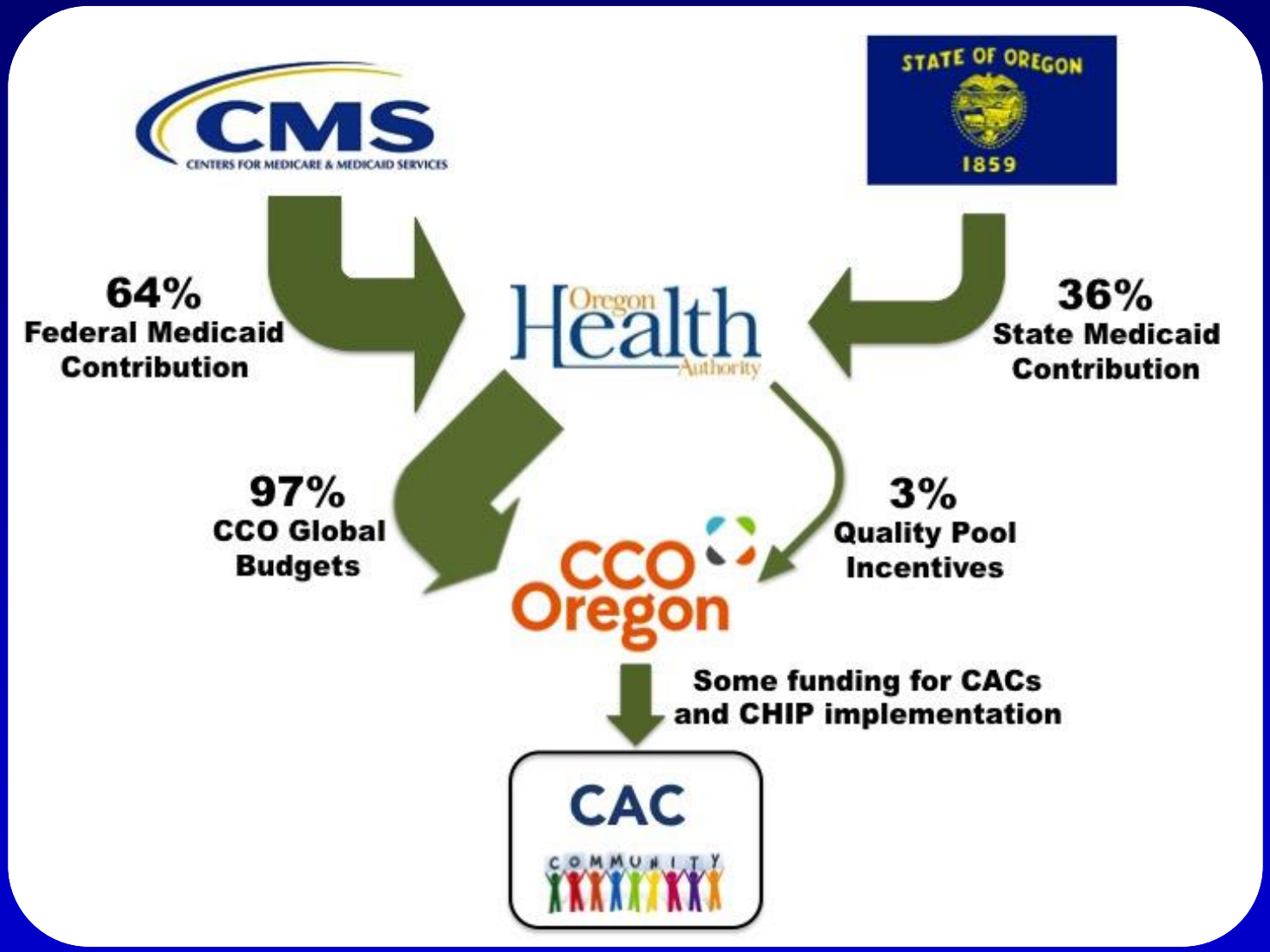
- Oregon Coordinated Care Organizations, *OR*
- LiveHealthy Summit, *Summit County, OH*
- Pathways to Healthy Bernalillo County, *Bernalillo County, NM*
- Pueblo Triple Aim Coalition, *Pueblo, CO*
- LiveWell San Diego, *San Diego County, CA*

Oregon Coordinated Care Organizations (CCOs)

Oregon CCOs

- Provide care to Oregon's Medicaid population.
- Networks of payers, health care providers, mental health and addiction service providers, and sometimes dental care providers.
- 16 CCOs serving 16 distinct regions and 990,000 Medicaid beneficiaries in Oregon.
- Explicit goals to meet the Triple Aim: "Better health, better care, and lower costs."

Oregon CCOs


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
STATE OF OREGON
1859
64%
Federal Medicaid Contribution
Oregon Health Authority
36%
State Medicaid Contribution
97%
CCO Global Budgets
3%
Quality Pool Incentives
CCO Oregon
Some funding for CACs and CHIP implementation
CAC
COMMUNITY

Oregon CCOs Outcomes

- ↓ Emergency department visits
- ↓ Hospital admissions for chronic obstructive pulmonary disease and short-term complications from diabetes
- ↑ Enrollment in Patient-centered Primary Care Homes

Potential for community prevention efforts?

LiveHealthy Summit County

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LiveHealthy Summit County

- County Public Health is integrator/quarterback
- Community Council + Executive Committee

LiveHealthy Summit County

- General fund dollars contribution
- Health in All Policies element

Pathways to Healthy Bernalillo County

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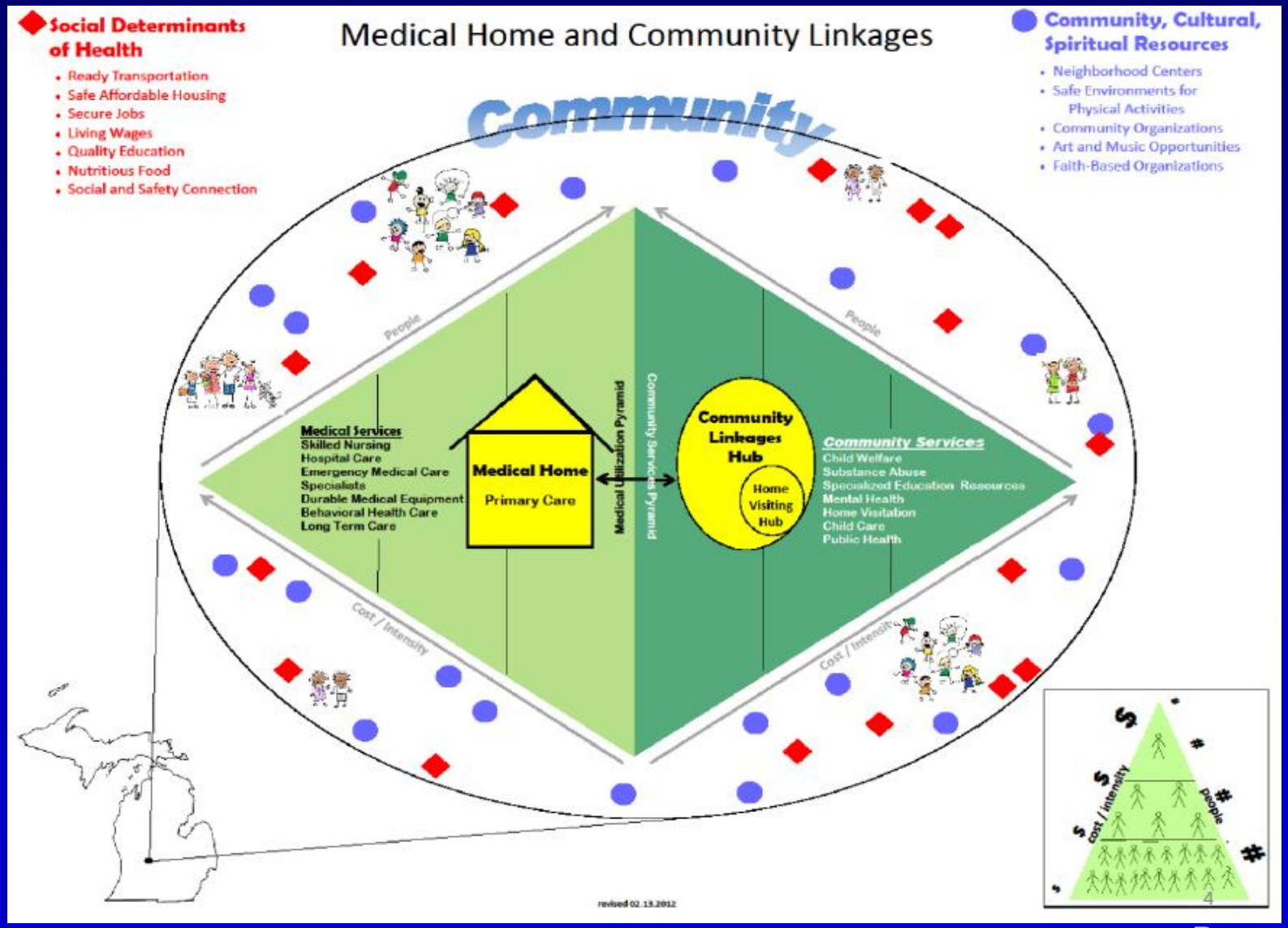
HUB Pathways - *Conceptual Model*



Source: Michigan Pathways Model (Callaghan, 2012)

Pathways to Healthy Bernalillo County

Goals:

- Identify **most "at-risk" residents** and provide coordinated services through Pathways to improve well-being for the County's most vulnerable residents
- Complete Pathways for **325-400 individuals/year**

Structure:

- **HUB:**
  - 2.5 FTEs
  - MANAGE and COORDINATE *community health navigators (CHNs)* and service partners;
  - *Fiscally responsible* for a) development;/fundraising b) paying CHNs/service partners;
  - COLLABORATE with CHNs, Steering Cmte., and Board of Directors to develop program priorities and direction
  - *REPORT outcomes* and resource gaps to County and community
- Clients identified through *interagency referrals, word of mouth, street outreach*, and other means by the program's network of 13 community-based organizations.

Financing/Payments:

- County → UNM Public Hospital → HUB
- >80% of financing goes to community partners ($55-65K/year for each service partner)
- Capitated payment structure to provider partners at 3 stages : referral, receipt of services, and completion of "pathways" (up to $1,550/client)

Outcomes:

- Completion of Pathways
- Specific Indicators: Behavioral health; Employment; Food Security; Health care home
- Provide feedback loop with service partners to improve processes

Pueblo Triple Aim Coalition (PTAC)

PTAC Facts

- Goal: Make Pueblo County the healthiest county in Colorado based on county health rankings
- Issues: Obesity, teen and unintended pregnancy, tobacco, and hospital readmissions
- Three pillars of the approach:
  - Collective Impact
  - Triple Aim
  - ReThink Health

PTAC Structure and Staffing

- High Level Policy and Governing Board: Pueblo Triple Aim Corporation
  - High Level Community Support
- Advisory Council: Pueblo Triple Aim Steering Committee
  - "Boots on the Ground"
- Ad-Hoc Committees: Portfolio Specific
  - Deal with shorter-term, single issue needs
- 2.5 full-time staff working for the Coalition

Slide Credit: Matt Guy, Pueblo Triple Aim Coalition

PTAC Sustainability and Outcomes

- Currently exclusively grant funded (Colorado Health Foundation) but plans to diversify include:
  - Additional grant funding
  - Potential Medicaid billing
  - Asking partner organizations to contribute a share of money saved through PTAC activities
- Outcomes:
  - Strongest tobacco-free policy in Colorado
  - Demonstrated Medicaid savings through reductions in teen pregnancy

LiveWell San Diego

COMPREHENSIVE APPROACH

FOUR STRATEGIES

LIVE WELL SAN DIEGO

4 STRATEGIC APPROACHES

Building a Better Service Delivery System

Supporting Positive Choices

Pursuing Policy and Environmental Changes

Improving the Culture Within

UNITE 3 COMPONENTS

BUILDING BETTER HEALTH

Improving the health of residents and supporting healthy choices

LIVING SAFELY

Ensuring residents are protected from crime and abuse, neighborhoods are safe to work, live and play, and communities are resilient to disasters and emergencies

THRIVING

Cultivating opportunities for all people and communities to grow, connect and enjoy the highest quality of life

LiveWell San Diego

- Backbone is San Diego County Health & Human Services Agency
- Central staff – data, partnership management, communications
- 5 Regional Leadership Teams
- Finance – existing funding streams and new grants

MEASURING RESULTS

LIVE WELL SAN DIEGO

Areas of Influence	Definition	Top 10 Indicators
HEALTH	Enjoying good health and expecting to live a full life	Life Expectancy Quality of Life
KNOWLEDGE	Learning throughout the lifespan	Education
STANDARD OF LIVING	Having enough resources for a quality life	Unemployment Rate Income
COMMUNITY	Living in a clean and safe neighborhood	Security Physical Environment Built Environment
SOCIAL	Helping each other to live well	Vulnerable Population Community Involvement

Questions & Comments?

Contact us:

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Prevention and equity at the center of community well-being