Attachment 1 - Population Health Work Group Meeting Agenda 2-10-15

VT Health Care Innovation Project
Population Health Work Group Meeting Agenda

Date: Tuesday, February 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	**Paying for Population Health and Prevention Contract**	Karen Hein	**Attachment 3:** Scope of work for Jim Hester	
4	2:45	**ACOs, TACOs and Accountable Communities for Health** *What are these anyway?*	Heidi Klein	**Attachment 4:** ACO, TACOs and ACHs.	
5	2:55	**Accountable Communities for Health: Diabetes Dawn/Don** *How would Dawn/Don's diabetes be addressed in an Accountable Health Community?*	Julie Arel and Nicole Lukas	**Attachment 5:** Diabetes Presentation Link to the Prezi Presentation: Creating a Community of Care	
6	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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			•		
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Attachment 2 - Population Health Work Group Minutes 1-13-15

Vermont Health Care Innovation Project

VT Health Care Innovation Project Population Health

Work Group Meeting Minutes

Date of meeting: Tuesday, January 13, 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 2:33 pm.	
2. Approval of Minutes	We lacked the quorum of voting members needed to approve the minutes.	**The minutes will be reviewed next meeting.**
3. Updates	VHCIP is subject to open meeting law of Vermont and as a result, it is necessary that we achieve a quorum (>50% of the voting members) at each meeting in order to approve minutes and take any other actions requiring votes. Information about work group membership and "attendance policy" will be sent to all participants in the work group. Our goal is to maximize engagement while conforming to the open meeting rules.	**Rules and past participation will be sent to all participants**
4. The VHCIP Population Health Plan	Heidi Klein shared the most up to date outline of the Population Health Plan that will both summarize the opportunities for integration of population health within VHCIP during the grant period and offer recommendations for the future. There have been a couple of significant shifts. First, the Population Health Plan will be a product of the entire VHCIP and not just the actions taken by the PHWG. Further engagement with other work groups therefore will be essential in the coming year. Second, it will use some key health priorities (e.g. obesity, diabetes) to ground	

	the review and recommendations. Workgroup participants recommended the following: • review of the recently reviewed deBeaumont Practical Playbook for linking clinical and population health – https://practicalplaybook.org/ • use of the National Academy of State Health Policy (NASHP) definition of population health	
5. Research to Identify Emerging Accountable Health Communities	Leslie Mikkelson and Will Haar, from Prevention Institute along with project consultants Lisa Dulsky Watkins and Kalahn Taylor-Clark, provided an overview of the Prevention Institute, background on prior related projects and their anticipated approach to the work in VT. Project team members are currently drafting materials to focus the identification and review of potential national exemplars of an Accountable Health Community (tentatively defined as: "ACH is accountable for the health and well-being of the entire population in its defined geographic area, including reducing disparities in the distribution of health"). The next phase will include identifying potential places and partners in VT which have already planted the seeds for an AHC. PHWG participants asked about the process of identifying and selecting the sites in VT for inquiry and a site visit. Many sites will be reviewed but only 3-4 will be visited. A catalogue of potential sites has been started based on the prior discussions VHCIP staff will help to identify potential sites by sending out a notice to all the work groups. Health Department staff will also distribute the notice.	**Send notice of AHC work and interest in identifying VT sites out through VHCIP and VDH**
6. Public Comment and Next Steps	**Next Steps** **Next Meeting:** The next meeting will be Tuesday, **February 10,** 2:30 – 4:00 pm. ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier.	

VHCIP PH Work Group Participant List

Attendance: 1/13/2015

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

First Name	Last Name		Organization	Population Health
April	Allen		AHS - DCF	M
Susan	Aranoff		AHS-DAIL	X
Julie	Arel		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		HowardCenter for Mental Health	X

Mary Lou	Bolt		Rutland Regional Medical Center	X
Jill Berry	Bowen		Northwestern Medical Center	M
Mark	Burke		Brattleboro Memorial Hopsital	M
Donna	Burkett		Planned Parenthood of Northern New England	M
Dr. Dee	Burroughs-Biron		Vermont Department of Corrections	M
Jan	Carney		University of Vermont	X
Amanda	Ciecior		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	X
Janet	Corrigan		Dartmouth-Hitchcock	X
Brian	Costello	Phone		X
Mark	Craig			X
Wendy	Davis		University of Vermont	X
Jesse	de la Rosa	here	VT Wellness Education 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		Vermont Department of Corrections	MA
Joyce	Gallimore	phone	Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler	phone	GMCB	S
Steve	Gordon	phone	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	X
Catherine	Hamilton		Blue Cross Blue Shield of Vermont	X
Carolynn	Hatin		AHS - Central Office - IFS	X
Karen	Hein	here		C/M
Jim	Hester	here	Consultant	X
Churchill	Hindes		OneCare Vermont	X
Penrose	Jackson	Penrose Jackson	UVM Medical Center ~~FAHC~~ - Community Care	M

Pat	Jones		GMCB	M
Joelle	Judge	here	UMASS	S
Frances	Keeler		AHS - DAIL	M
Heidi	Klein	Heidi	AHS - VDH	MA/S
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		AHS - VDH	X
Ted	Mable		Northwest Counseling and Support Services	M
Georgia	Maheras	here	AOA	S
Mike	Maslack			X
Jill	McKenzie			X
Melissa	Miles	here	Bi-State Primary Care	M
Chuck	Myers	phone	Northeast Family Institute	X
Nick	Nichols		AHS - DMH	M
Annie	Paumgarten	here	GMCB	X

Luann	Poirer		AHS - DVHA	X
Carley	Riley			X
Brita	Roy			X
Laural	Ruggles		Northeastern Vermont Regional Hospital	M
Jenney	Samuelson		AHS - DVHA - Blueprint	M
Ken	Schatz		AHS - DCF	X
seashre@msn.com	seashre@msn.com		House Health Committee	X
Julia	Shaw		VLA/Health Care Advocate Project	M
Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	M
Miriam	Sheehey		OneCare Vermont	M
Shawn	Skaflestad	Phone	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	X
JoEllen	Tarallo-Falk		Center for Health and Learning	M
Teresa	Voci ✓	Julie Francis ✓	Blue Cross Blue Shield of Vermont	M
Nathaniel	Waite		VDH	X

~~Anya~~	~~Wallack~~		SIM Core Team Chair	X
Marlys	Waller		Vermont Council of Developmental and Mental Health Services	X
Kendall	West	here	Community Health Accountable Care	X
Bradley	Wilhelm		AHS - DVHA	X
Stephanie	Winters		Vermont Medical Society	M
Mary	Woodruff			X
Cecelia	Wu		AHS - DVHA	X
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Leslie Mikkelsen - Prevention Institute (phone)

VHCIP PH Work Group Member List

Roll Call: 1/13/2015

Member		Member Alternate				
First Name	**Last Name**	**First Name**	**Last Name**	**Approval of Minutes**		**Organization**
April	Allen X					AHS - DCF
Jill Berry	Bowen ✓					Northwestern Medical Center
Mark	Burke X					Brattleboro Memorial Hopsital
Donna	Burkett X					Planned Parenthood of Northern New England
Dr. Dee	Burroughs-Biron X	Trudee	Ettlinger X			Vermont Department of Corrections
Peter	Cobb ✓					VNAs of Vermont
Judy	Cohen ✓					University of Vermont
Jesse	de la Rosa ✓					Consumer Representative
Teresa	Voci ✓	LaRae	Francis ✓			Blue Cross Blue Shield of Vermont
Tracy	Dolan ✓	Heidi	Klein			AHS - VDH
Joyce	Gallimore ✓					CHAC
Karen	Hein ✓					
Penrose	Jackson ✓					FAHC - Community Care
Pat	Jones X					GMCB
~~Frances~~	~~Keeler~~	Susan	Aranoff ✓			AHS - DAIL
Lyne	Limoges X					Orleans/Essex VNA and Hospice, Inc.

Ted	Mable X					Northwest Counseling and Support Services
Melissa	Miles ✓	Patricia	Launer			Bi-State Primary Care
Nick	Nichols ✓					AHS - DMH
Laural	Ruggles X					Northeastern Vermont Regional Hospital
Jenney	Samuelson X	Daljit	Clark X			AHS - DVHA
Julia	Shaw X					VLA/Health Care Advocate Project
Melanie	Sheehan X					Mt. Ascutney Hospital and Health Center
Miriam	Sheehey X	Abe	Berman X			OneCare Vermont
Shawn	Skaflestad ✓					AHS - Central Office
Chris	Smith ✓					MVP Health Care
JoEllen	Tarallo-Falk X	Lori	Augustyniak X			Center for Health and Learning
Stephanie	Winters X					Vermont Medical Society
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14 (28)

– No Quorum to approve minutes

Attachment 3 - Scope of work for Jim Hester

VERMONT

Vermont Health Care Innovation Project

109 State Street
Montpelier, VT 05609
www.gmcboard.vermont.gov/sim_grant

To: Population Health Work Group
Fr: Georgia Maheras
Re: Renewal of a Contract for Population Health Technical Services provided by Jim Hester
Date: January 26, 2015

This request is to renew an existing contract with Jim Hester to provide support to the population health workgroup related to the SIM Grant/VHCIP. This contract would be funded by the SIM/VHCIP funds allocated to the Population Health Work Group for work group support.

Background

The SIM grant requires the State of Vermont work towards improving overall population health.

The Population Health Work Group examines current population health improvement efforts administered through the Department of Health, the Blueprint for Health, local governments, employers, hospitals, accountable care organizations, FQHCs and other provider and payer entities. This work group will examine these initiatives and SIM/VHCIP initiatives for their potential impact on the health of Vermonters and recommend ways in which the project could better coordinate health improvement activities and more directly impact population health, including:

- Enhancement of State initiatives administered through the Department of Health
- Support for or enhancement of local or regional initiatives led by governmental or non-governmental organizations, including employer-based efforts
- Expansion of the scope of delivery models within the scope of SIM or pre-existing state initiatives to include population health

In 2013, the VHCIP determined the need for assistance with the development of the population health workgroup described in the SIM Operational Plan. Jim Hester as uniquely positioned to continue to perform this work.

Vendor Qualifications

Dr. Hester has been working with Vermont's Population Health Work Group for over a year. He provides research and information in the area of sustainable financing models for improving population health and in identifying best practices from around the country. He also assists other states and entities in their population health work. He brings knowledge from other states and at the national level to the population health work group. Prior to his work with Vermont, and others, he completed two and a half years assisting in the start up of the Center for Medicare and Medicaid Innovation at CMS. He is familiar with both the population health

work at the federal level and the work in Vermont. At the federal level, he was the Acting Director responsible for the initial work on the Pioneer ACO shared saving model, the Comprehensive Primary Care Initiative Model and the Bundled Payment models. Significantly, he served as the Acting Director of the Population Health Models Group overseeing the development of enhanced measures and strengthening the population health component of the payment models. He has a strong set of working relationships with public and private partners, especially CMS and CDC. His Vermont experience includes serving as director of the Health Care Reform Commission for the state legislature for four years, the Blueprint Executive Committee since its inception and the VITL board for three years.

Scope of Work

The specific tasks for this contract would be:

- assist the co-chairs of the workgroup in developing the strategy, work plan, and resource needs for the workgroup
- assist in developing agendas for the workgroup
- support/oversee project staff in analyzing payment models being tested and opportunities for integration of population health
- through ongoing work with CDC, IOM and others, identify models and resources in other states and communities that could inform the design of sustainable financing models for improving population health
- assist in identifying the population health measures and measurement systems required to support the population health financing system
- assist in developing the Population Health Improvement plan, particularly the elements for a sustainable financial model
- help formulate an approach to creating Vermont pilots of Accountable Health Communities by drawing on expertise in models being tested in other states and building on the work of the Prevention Institute

The Deliverables under this contract would include:

Topic	Specific Tasks	Percent of Time allocated
Payment Models: Review payment models being considered for testing by VHCIP; prioritize models for analysis by the PHWG	• Review models being tested • Identify strengths and limitations in planned integration of population health • Identify best strategy to include payment for and/or activity related to population health • Prepare presentation for workgroup review of payment models	40%

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Montpelier, VT 05609
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Financing Options-Paying for Prevention:	• Identify promising financing vehicles that promote financial investment in population health interventions • Prepare presentation on the options being explored in other communities and nationally • Oversee conduct of SWOT in Vermont and written summary of analysis and recommendations • Facilitate workgroup review of financing vehicles • Provide recommendations to other VHCIP committees to consider link with payment models being tested	40%
Integration of Population Health in VHCIP	• Participate in work group planning meetings • Create list of key leaders to brief and/or engage in the population health work • Facilitate introductions to enable set up meetings with key leaders in the state to share population health goals • Brief planning group on all meetings with key leaders • Assist in engaging other VHCIP workgroups in population health	20%

Recommendation:
Approve a renewal of the existing contract with Jim Hester for another 12 months adding $25,000 to the overall not-to-exceed amount (the total not-to-exceed will now be $56,000). Dr. Hester will bill the State on a time and materials basis at the rate of $175/hour. This price is competitive in relation to the other contracts held by the State for support for workgroups and other technical areas.

Attachment 4 - ACO, TACOs and ACHs.

Population Health Integration in the Vermont Health Care Innovation Project

ACOs, TACOs and Accountable Community for Health

The following is intended to offer a basic overview of the different structures that are being explored for integrating population health as part of the Vermont Health Care Innovation Project.

Accountable Care Organization (ACO) is a health care organization that agrees to be responsible for the quality and cost of health care for its patients. Providers who are part of an ACO work together to coordinate care, improve the quality of health care provided to patients, and reduce health care costs for a defined group of patients. ACOs are intended to organize providers to better control health care cost growth and shift the focus from providing their separate services to coordinating with each other for the benefit of the people they serve.

A key feature of ACOs is that they participate in reimbursement programs that hold them accountable for the quality of services performed as well as the costs. In Vermont, reimbursement mechanisms for services by ACO providers have not changed, but the ACO and its providers benefit from "shared savings" arrangements with payers. Reimbursement models for ACOs are designed to evolve over time, starting with 'one-sided risk' where they share only in savings, shifting to two-sided risk where they share in both savings and losses, and ultimately evolving to population based payments. ACOs can and have contracted with multiple payers including Medicare, Medicaid and commercial health plans.

Totally Accountable Care Organization (TACO) represents an aspirational vision for a health care system where all physical health, behavioral health, long-term services and supports (LTSS), and elements of social services and public health are integrated. A TACO is today's ACO with a wider number of service providers. The model aspires to serve all populations yet builds upon the integration of care for a defined group of patients. Ideally, these activities would be reimbursed under a reimbursement that aligns financial incentives and reduce costs.

Accountable Community for Health (ACH) is an aspirational model where the ACH is accountable for the health and well-being of the entire population in its defined geographic area and not limited to a defined group of patients. However, like ACOs and TACOs, there would need to be some patient attribution to measure cost and quality. Population health outcomes are understood to be the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, economic circumstances and environmental factors. An ACH supports the integration of high quality medical care, mental and behavioral health services, and social services (governmental and non-governmental) for those in need of care. It also supports community-wide prevention efforts across its defined geographic area to reduce disparities in the distribution of health and wellness.

Definition of Population Health

The definition of population health may vary depending upon the perspective of a given group. For a medical provider, "population" may be either the "panel of patients" (all patients who use the provider, regardless of whether they see other providers more frequently) or "attributed lives", which refers only to those patients who receive most of their care from that provider. For a health insurer or payer, the definition of "population" is "covered lives" which refers to the health plan beneficiaries. For the community, the "population" includes everyone who lives in a defined geographic area. Similarly, the definition of "health" varies from a narrow definition limited to physical health to an expanded definition which includes mental health and well-being.

DRAFT

Population Health Integration in the Vermont Health Care Innovation Project

ACOs, TACOs and Accountable Community for Health

The Population Health Work Group of VHCIP has adopted the following definition of Population Health based on Kindig and Stoddart (2003) referenced by CMS for the SIM initiative:

Population Health … the health outcomes of a group of individuals, including the distribution of such outcomes within the group ... While not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors.

Institute Of Medicine, Roundtable on Population Health Improvement http://www.iom.edu/Activities/PublicHealth/PopulationHealthImprovementRT.aspx

Structures for Integrating Population Health

Features	VT Medicare ACO SSP	VT Medicaid ACO SSP	VT Commercial ACO SSP	TACOs	ACHs
Population	Attributed lives	Attributed lives	Attributed lives	Attributed lives	Defined geographic area
Physical health	x	x[1]	x[2]	x	x
Mental health and substance use services Behavioral health[3]	x	x	x	x	x
LTSS				x	x
Social services				x	x
Public health services				x	x
Community wide prevention strategies					x
Prevention	Preventive Medical Care	Preventive Medical Care	Preventive Medical Care	Preventive Medical Care	Primary through tertiary[4]

Payment and Financing of Population Health

[1] Excludes dental and pharmacy

[2] Excludes dental and pharmacy

[3] Current ACO SSPs include limited mental health and substance use services

[4] Primary prevention aims to prevent disease from developing in the first place; Secondary prevention aims to detect and treat disease at an early stage or slow the progress; Tertiary prevention is directed at those who already have symptomatic disease.

Vermont Health Care Innovation Project

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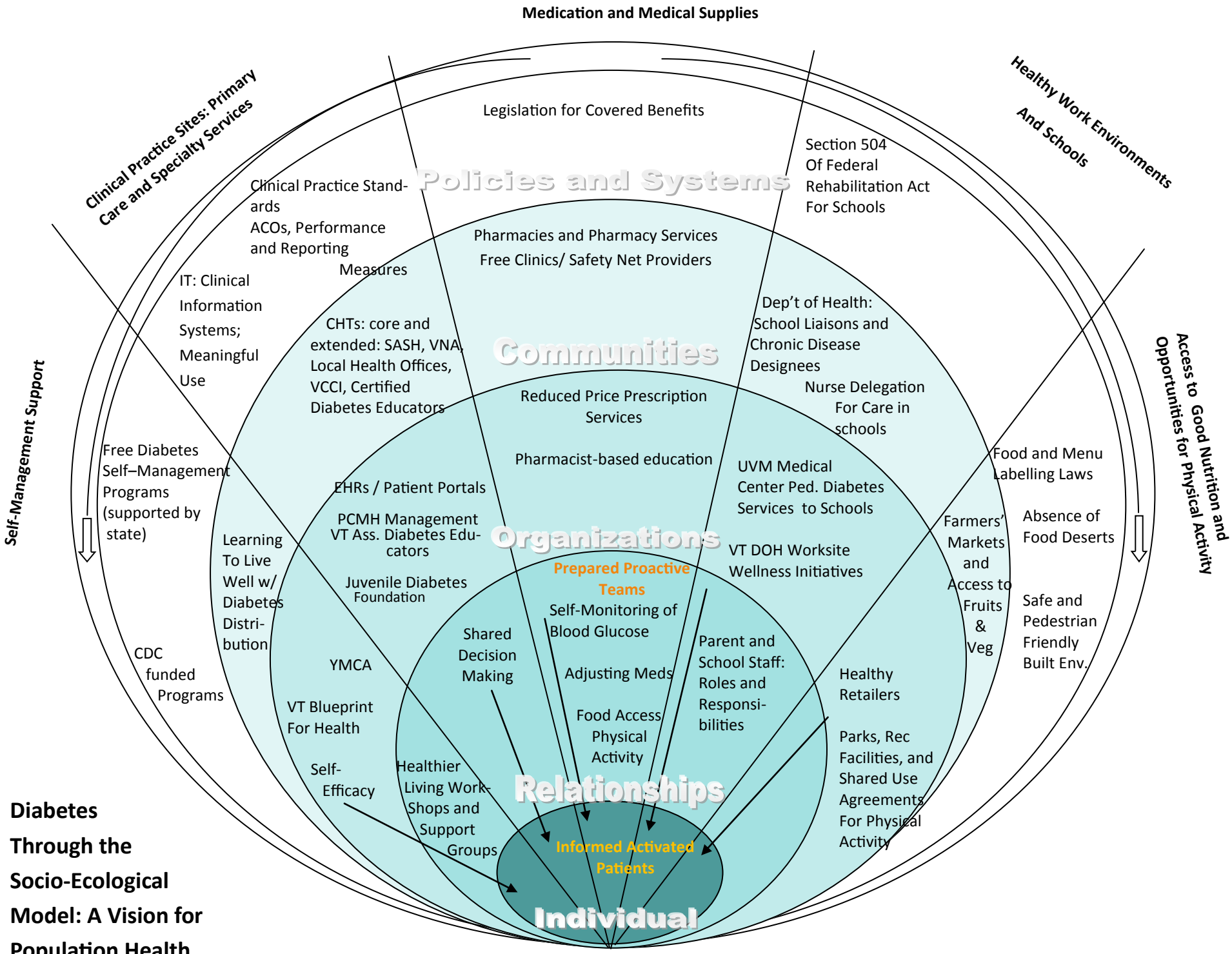
The mechanisms for payment and financing are not discreetly connected to a particular structure. This project is currently testing different models and options to determine the best fit that will cover necessary costs, ensure continuing high quality care and improve health outcomes.

DRAFT

Attachment 5 - Diabetes Presentation



Diabetes Through the Socio-Ecological Model: A Vision for Population Health