



**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	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>Jill Berry-Bowen moved to approve the contract. Sue Aranoff seconded. The contract was approved by roll call with 1 abstention.</p>	
4. ACOs, TACOs, and Accountable Communities for Health	<p>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):</p> <ul style="list-style-type: none"> • 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. 	

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	<p>Sue Aranoff asked whether DLSS 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.</p> <p>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.</p> <p>Karen Hein also noted that the Population Health definition included is an IOM definition.</p> <p>Mark Burke noted that ACOs are provider-driven, which means that organizing them is easy; a larger community effort means more complicated governance.</p> <p>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.</p>	
<p>5. Accountable Communities for Health: Diabetes Dawn/Don</p>	<p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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. ○ Local CHT connects Donna with community pharmacists, self-management programs, etc. ○ Donna's employer is linked to worksite wellness programs that support healthy eating, physical activity during the work day (i.e., walking meeting). ○ 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. ○ Donna has quit smoking with help from 802 Quits, is more active, eating better, more engaged with PCP in preventing diabetes. 	

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	<ul style="list-style-type: none"> ○ Donna’s husband, who is overweight, has increased motivation to improve his health and prevent diabetes. ○ 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. <ul style="list-style-type: none"> ● 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. <p>Two handouts were provided at the meeting:</p> <p>The DASH Eating Plan</p> <p>Learning to Live Well with Diabetes</p> <p>Cathy 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.</p> <p>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.</p>	

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	<p>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 beyond the workgroup to other interested parties.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Tracy noted that the workgroup will be asking for updates from some of the sub-grant projects involving population health in the next few months.</p>	
<p>6. Next Steps</p>	<p>Next meeting: Tuesday, March 10, 2015 2:30 – 4:00 ACCD - Calvin Coolidge Room, National Life</p> <p>The March meeting will feature Prevention Institute, who will be here to present an update on their national survey, as well as their Vermont work. We hope to see you there!</p>	