

September 2014 - VHCIP Work Group Status Reports

***VT Health Care Innovation Project
Care Models and Care Management
September Work Group Status Report***

Date: September 26th, 2014

Co-Chairs: Bea Grause & Nancy Eldridge

Staff: Pat Jones and Erin Flynn

1) **WG Project updates this month:** Main points of discussion at the September 12th meeting were:

- **Co-Chair Updates:** Co-Chairs Bea Grause and Nancy Eldridge gave an update of current work group progress and status, and also indicated that they have begun to review year two (and beyond) project goals and vision. Short term goals remain focused around implementing the integrated communities learning collaborative, finalizing development of Care Management Standards for ACO Shared Savings Programs, applying the findings of the care management inventory survey analysis, and scheduling a presentation on integration between the Blueprint for Health and OneCare Vermont for the October meeting. The work group will not be asked to give input on round two of provider grant applications; updates on round 1 provider grants (relevant to the CMCM scope) will be provided to the work group in the near future.

- **Update on Integrated Community Learning Collaborative Progress:** The learning collaborative planning group continues to meet on a bi-weekly basis to focus on pre-work to ensure successful and timely implementation. Noteworthy updates include:
 - An RFP for two quality improvement facilitators was posted in late August. The bid review team met to discuss proposals on September 25th, and is scheduling interviews with some of the bidders. The proposed start date is November 15th.
 - A draft of potential learning session topics was shared with the full work group in September. The planning group is seeking input on topics and expert faculty from project stakeholders, as well as CMMI technical assistance contractors.
 - Community representatives have begun to conduct outreach with potential participating organizations to build their integrated community teams. The planning group has developed recruitment materials to assist with this process.
 - Preliminary process and outcome measures have been identified, and will be further refined at upcoming meetings and with stakeholder input.

- Two learning collaborative kickoff sessions have been scheduled for mid-November, and the planning group will develop content for those sessions at their next meeting.
- Staff gave brief updates on the learning collaborative at the September Population Health and DLTSS work group meetings, and are available to provide updates to additional work groups as requested.
- **Care Management Inventory Survey Analysis:** At the September work group meeting, Christine Hughes of Bailit Health Purchasing presented findings from the care management inventory survey, building upon the initial analysis provided at the August meeting. Key findings include populations receiving care management services; services most likely to be utilized; care management organizations most likely to offer particular services; prevalence of staffing types; services provided by staffing type; type and frequency of interactions amongst organizations; challenges facing organizations; and the number of organizations performing key care management functions. More detailed findings will be incorporated into a written report and into the care management strategic plan.
- **Development of Care Management Standards for ACO Shared Savings Programs.** As directed by the work group, a small group of payer and ACO representatives, co-chairs, staff and consultants met to review draft standards and propose specific language. Draft language will be shared with the full work group and discussed at the October meeting.

2) **Planned accomplishments for next month/future:** Planned accomplishments for the learning collaborative include: 1) Interviewing and selecting Quality Improvement Facilitators; 2) Refining learning session and core competency curriculum and expert faculty based on feedback from CMMI, the DLTSS work group and other stakeholders; and 3) Developing integrated community teams in each pilot community. Additional planned accomplishments include: 1) Collecting and reviewing feedback and voting on Care Management Standards for ACO SSPs; 2) Developing a report of findings from the care management inventory survey; 3) Reviewing and refining the work plan for Year 2.

3) **Issues/risks that need to be addressed:**

- Ensuring that the learning collaborative stays on track, and that the community teams include wide representation from medical, social, and community organizations.
- Continuing to identify areas of overlap and linkages with other work groups.
- Staying on track to develop a strategic plan with recommendations on care models/care management in support of Vermont's goals.

VT Health Care Innovation Project DLTSS Work Group Status Report

Date: 9.26.14

Co-chairs: Judy Peterson & Deborah Lisi-Baker

1) WG Project updates this month: (if possible contrast to master timeline and work plan)

The DLTSS Work Group was given an overview of the DLTSS Model of Care presentation to the Care Models/Care Management Work Group. The DLTSS Model of Care is a useful resource for the “Integrated Communities Care Management” Learning Collaborative, a 1-year initiative to improve integration of care management activities for at-risk people and provide learning opportunities for best practices for care management in 3 pilot communities.

The DLTSS Work Group continues to have on-going discussions on DLTSS Provider Training. The opportunity exists for the CM/CM and DLTSS Work Groups to collaborate on recommendations for learning collaborative funding moving forward. Several internal meetings are planned to gain a better understanding of opportunities for collaboration. It was agreed that the “Integrated Communities Care Management” Learning Collaborative would be one vehicle to incorporate Provider Training input from the DLTSS Work Group in the short term.

The DLTSS Work Group has requested presentations on AHS Surveys to better capture quality of life, quality of care, and individual preference issues that the Medicaid ACO quality and performance measures do not currently address. Group members felt that this kind of information might be helpful for informing DLTSS Work Group discussions and decision-making. In that vein, DAIL presented its Long Term Care Consumer Survey on Choices for Care (CFC). This program’s main objectives include supporting individual choice; shifting the balance between the number and percentage of people served in nursing homes vs in home and community-based settings; and expanding the range of service options. CFC services target needed personal care for people 18 to 100+ years old, and more than half of CFC participants hire their own caregivers. Survey results show unmet needs in the following areas; however,

these services are not included in the scope of the CFC program: transportation, hearing, dental and vision care; housing; and social needs.

The DLSS Work Group began the process of updating its Work Plan and timeline for year two of the VHCIP program.

2) Planned accomplishments for next month/future: (if possible contrast to master timeline and work plan)

The DLSS Work Group will begin the process of developing input for the “Integrated Communities Care Management” Learning Collaborative on such topics as “core competencies” for the integrated care manager, “person-directed care”, and “transitions in care” as they relate to people with DLSS needs.

Other upcoming activities include:

- The DLSS Work Group will hear a presentation from DAIL’s Developmental Disabilities Services Program on their participation in the National Core Indicators (NCI) project.
- Updates to the DLSS Work Plan and timeline
- Assure consistency between the DLSS Work and the year two updates of the SIM Operational Plan for CMMI.
- Update on the ACTT Project (HIE/HIT)

HIE Work Group Status Report

Date: October 1, 2014

Co-Chairs: Simone Rueschemeyer & Brian Otley

1. WG Project updates this month:

- The ACTT projects:
 - Contracts:
 - BHN contract approved;
 - VITL contract amendment pending;
 - H.I.S. Professionals contract approved;
 - ARIS contract pending;
 - IM21 contract pending
 - Roles and responsibilities have been defined
 - BHN Data Repository work has begun. BHN IT Director has been hired to support the project
- Population-Based ACO Project:
 - The gap analysis has been completed by VITL and is subject to sign-off by VHCIP;
 - For OneCare, the gateway build is being worked on with live lab interfaces; projected completion for ADT in August; projected completion for CCD and immunization in September.
- CHAC has given preliminary approval for its gateway build.
- Event Notification: two vendors have been selected to pilot the solution. The pilot is projected for January-March and a full rollout is projected to start in March 2015.
- The Workgroup has forwarded a proposal from Stone Environmental to do an inventory of Vermont's health and human services data sets. More information will be required for its approval.
- The Telehealth/telemedicine RFP has been released.
- The Workgroup received an update from Steve Maier on the Vermont Health Information Strategic Plan. A vendor has been selected and work is projected to start in Q2 of SFY15
- Joel Benware has developed a proposal for a Patient Portal that is still in review.

2) Planned accomplishments for next month/future:

- Telemedicine: Presentation of a draft SOW for a statewide lead on telehealth/telemedicine and initial criteria for RFP.
- Continued discussion around the VITL Data Warehouse
- Review of the Patient Portal proposal

- Discussion around second year VHCIP milestones
- Continued updates from ACTT and Population-based proposals as the contracts are approved and the work is begun.

VT Health Care Innovation Project Payment Models Work Group Status Report September 2014

- 1) Work Group Project updates this month:
 - The payment models workgroup had a presentation from a physician group on Frail and Elderly Care. This group is requesting a planning grant to better understand this community's unique needs and how they can best be served throughout the state. This presentation was well received by the workgroup and it was suggested that they consider expanding their current scope of the work.
 - The workgroup received an update on the proposed VMSSP Total Cost of Care Expansion for Year 2. Members were invested in this conversation and expressed a desire to have this topic return to them at the October meeting before approval from the Core Team. Comments on this proposal were due September 26.
 - The workgroup received a brief introduction to the commercial and updated Medicaid data from HCI3. However, time at the September meeting was not sufficient for the workgroup to have a meaningful conversation about the data. To account for this, there will be an optional, data focused PMWG meeting in late October.
- 2) Planned accomplishments for next month/future :
 - The workgroup will vote on the proposal for a frail and elderly planning grant at the October workgroup meeting.
 - An additional meeting will be made for interested workgroup members who want to spend more time with the episode data from HCI3.
 - The workgroup will have another opportunity to comment on Yr 2 TCOC as it currently stands.
- 3) Issues/risks that need to be addressed :
- 4) Other matters :

VT Health Care Innovation Project

Population Health Work Group Status Report

Date: Oct 1, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

Staff: Heidi Klein

1. WG Project updates this month:

- a. The PHWG has selected Prevention Institute to carry out the work related to our third area of exploration: *Identifying and disseminating current initiatives in Vermont and nationally where clinical and population health are coming together. Identifying opportunities to enhance new health delivery system models, such as the Blueprint for Health and Accountable Care Organizations (ACOs), to improve population health by better integration of clinical services, public health programs and community based services at both the practice and the community levels.*

Specifically, the vendor will:

- Research promising community level innovations in payment and service delivery in other parts of the country to coordinate health improvement activities and more directly impact population health;
- Identify key features to consider in developing recommendations for VT;
- Determine which features are present in the innovations currently underway through VHCIP and other health system reforms and what expansion in the scope of delivery models would be recommended; and
- Identify initiatives in Vermont that have some of the features necessary to improve population health by better integration of clinical services, public health programs and community based services at both the practice and the community levels.

Information about the Prevention Institute can be found at: <http://www.preventioninstitute.org/>



- The Population Health Working Group meeting in September continued the conversation on a Community Health System (AKA Accountable Care Community). Participants worked in small groups to answer the following 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 wanted to test out a Community Health System? (pls give special consideration to financial models)*

The information gathered will be shared with the PI as a starting place in identifying options for innovation building upon existing efforts.

- b. Members of the planning group – Tracy Dolan, Karen Hein, Jim Hester, Heidi Klein, and Georgia Maheras – participated in the monthly CMMI/CDC technical assistance call. In follow up, Georgia will share the draft outline for the final population health plan to be delivered at the end of the SIM grant period. This outline will be shared at the August meeting of the work group to guide the development of the work plan, agendas, etc. of the group. The intent is two-fold: 1) we have asked for feedback to ensure this meets grant expectations; and 2) it can be used by the CDC/CMMI technical assistance team to identify areas for technical assistance and learning with others at the national level and/or other states engaged in SIM.

2. Planned accomplishments for the next month/future:

- a. Continue to reach out to other Working Groups regarding shared priorities
 - i. CMMI -- the communities identified for the learning collaborative are the some of the leaders in integrating clinical care with population health and prevention efforts. We hope to continue to work at the staff level and member level to leverage integration of efforts
 - ii. Payment Models – we look forward to hearing from this work group so we can figure out how to integrate population health
- b. Invite Kara Suter to share emerging ideas about Totally Accountable Care Organizations (TACOs) which appear to seek a holistic approach that fully addresses medical, behavioral health, and social needs of the population.

- c. Continue connections with other SIM states, CMMI and CDC
 - i. Karen Hein and Heidi Klein will participate in the new Population Health Learning Cluster organized by the National Academy of State Health Policy
 - ii. Heidi will attend the NASHP meeting which has a one day pre-meeting session on integrating population health and public health into health care reform

3. Issues/risks that need to be addressed:

4. Other issues:

5.

VT Health Care Innovation Project Quality & Performance Measures Work Group Status Report

Date: September 2014
Co-Chairs: Laura Pelosi & Cathy Fulton

1) WG Project updates this month: (if possible contrast to master timeline and work plan)

Meeting held on September 22nd.

Updates provided for following ongoing items:

1. ACO SSP Year 2 Quality Measure Recommendations – consideration by Steering Committee and Core Team
2. Clinical measure data collection & VITL gap analysis
3. GMCB-approved changes to measure-related ACO SSP standards

The work group reviewed the analytics contractor’s timeline for reporting on ACO Shared Savings Program measures. The group also reviewed their work plan, and proposed additional items for future work. A draft revision of the work plan will be presented at the next meeting for member review. The group began discussion of performance targets and benchmarks for proposed Year 2 Payment measures, as well as the Gate & Ladder methodology for determining shared savings eligibility.

2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan)

In October, the work group will continue their discussion of targets, benchmarks, and the Gate & Ladder methodology for determining the impact of quality results on shared savings. The work group will develop recommendations for the Payment Models work group’s consideration.

In November, the group hopes to invite the HIE work group and VITL to give a presentation on progress toward electronic collection of data for clinical quality measures.

3) Issues/risks that need to be addressed :

Given the current timeline for measure approval by the Steering Committee, Core Team and Green Mountain Care Board, there will be a delay in finalizing performance targets and benchmarks for Year 2 Payment measures.

4) **Other matters :**

Within the next several quarters, the work group may have the opportunity to provide input on the definition of “meaningful improvement” as it applies to quality performance in the GMCB-approved commercial Shared Savings Program standards.

VT Health Care Innovation Project Work Force Work Group Status Report September 2014

- Work Group Project updates this month:
 - The work group continues its planning for the workforce symposium. The event will be held from 8am-1pm on November 10, 2014 at the Sheraton in Burlington. The symposium will include a keynote address and two moderated panels, with question-and-answer sessions after all talks. The symposium will hit on several past, present and future topics of healthcare workforce issues in Vermont.
 - A revised Demand Study of Nursing and Healthcare Workforce Proposal was presented at the September meeting, along with examples of surveys conducted in Vermont in the past. Work group members decided to postpone a vote on the proposal until they had more information around existing job vacancy surveys and best practices in other states.
 - An update to the Vermont Dept of Health and Office of Professional Regulation (VDH/OPR) re-licensure survey process was given at the September meeting. Though it is taking more time than expected for VDH to extract the information from OPR, progress is being made and VDH expects the pace to quicken once its analyst position is filled.
- Planned accomplishments for next month/future :
 - Staff will research current job vacancy survey best practices to inform further work around the Demand Study of Nursing and Healthcare Workforce Proposal.
 - The Workforce subcommittee on Long Term Care will provide the WFWG with a Report on Direct Care Workers in Vermont and their recommendations in October.
 - Demand modeling RFP will be released
 - Strategic Plan revision will begin once staff finds an appropriate facilitator to assist the group with the next round of Plan edits.
- Issues/risks that need to be addressed :
 - The Work Group will review the Workforce Strategic Plan and will assess which recommendations it should focus its efforts on in the coming months.

- The Work Group continues to emphasize a desire to be more up to date on activities of other workgroups. Staff is building presentations from other work groups into its agendas, and will work further to strengthen communication with other work groups.
- Other matters :