

## **Vermont Health Care Innovation Project Steering Committee Meeting Minutes**

### **Pending Committee Approval**

**Date of meeting:** Wednesday, April 29, 2015; 1:00-3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions and Minutes Approval</b>	<p>Al Gobeille called the meeting to order at 1:01 pm. Attendance was taken and a quorum was present.</p> <p>Sue Aranoff moved to approve the minutes from the April 1<sup>st</sup> Steering meeting. Bob Bick seconded.</p> <p>John Evans proposed the following amendment to the minutes, regarding the ACO Gateway project: “Out of five total gateways, three are complete and two are in progress.”</p> <p>A vote in the form of an exception was taken. Rick Barnett abstained and the motion passed.</p>	<p><b>The minutes will be updated and posted to the VHCIP website.</b></p>
<b>2. Core Team Update</b>  <i>Public Comment</i>	<p>Georgia Maheras gave the following update:</p> <p>The Core Team will meet Monday May 4<sup>th</sup> and will primarily discuss VHCIP contracts and new expenditures in addition to legislative changes that may affect the project.</p> <p>There will be a VHCIP project-wide convening on June 17<sup>th</sup> and Sub-grant symposium will take place on May 27<sup>th</sup>.</p> <p>No public comments were offered.</p>	
<b>3. Updates: Year 3 Commercial SSP Update</b>	<p>Cathy an update on the Green Mountain Care Board (GMCB) approval of a measure hiatus for Year 3 of the Commercial Shared Savings Program. The language approved by GMCB reads as follows:</p> <ol style="list-style-type: none"> <li>1. To allow ACOs to focus on enhancing data collection capability and improving quality of care and health outcomes, there will be a hiatus on changes to the measure set for Year 3, unless there are changes in the measure specifications or in the evidence that serves as the basis for a particular measure.</li> <li>2. If a measure specification changes, the change would be incorporated into the measure set</li> </ol>	

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	<p>specifications, in accordance with “Vermont Commercial ACO Pilot Compilation of Pilot Standards: Section X. Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Program.”</p> <p>3. If a measure is no longer supported by evidence, the measure should be considered for elimination. If a measure is eliminated, the VHCIP Quality and Performance Measures work group could recommend replacing it with a measure that is supported by evidence, in accordance with “Vermont Commercial ACOT Pilot Compilation of Pilot Standards: Section X. Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Program.”</p>	
<p><b>4. ACTT Program Update</b></p>	<p>Simone Rueschemeyer gave an update on the Advancing Care Through Technology (ACTT ) Program (Attachment 2), which is splitting into three distinct projects with separate leadership teams. Staffing on the project and overall structure has changed and is reflected in the slides as well.</p> <ul style="list-style-type: none"> <li>• Project #1 – DA/SSA Data Quality &amp; Data Repository</li> <li>• Project #2 – DLTSS Data Planning <ul style="list-style-type: none"> <li>○ This is not a measure set but a way of looking at organizations’ technological capabilities around electronic medical records, care coordination tools, data exchange, and other issues. Concerns about collecting the right data – this is based within each agency and is being discussed within the QPM Work Group.</li> <li>○ Is there coordination among entities and how they are interfacing with data?</li> <li>○ The report will be issued soon which discusses the specifics on the different agencies that were interviewed.</li> <li>○ Who on the leadership team or advisory team are clinicians? Clinicians are involved at different levels in each project. Next steps are being decided for project 2 but clinicians will be engaged.</li> </ul> </li> <li>• Project #3 – Shared Care Plans/Universal Transfer Protocol (UTP) <ul style="list-style-type: none"> <li>○ Discussions are taking place on whether we are looking for an electronic form, but the leadership team is working on refining the types of data that need to be shared first, before considering the format.</li> <li>○ The project team will be engaging providers to reach a solution; the first phase of work (completed by IM21) also involved extensive provider engagement. This project is still in the discovery phase.</li> <li>○ Learning Collaboratives are focusing on shared care plans (SCP) that will be customized for the patient. The project team has identified significant overlap between shared care plans and UTP elements, and will be working to ensure sufficient coordination and collaboration going forward.</li> <li>○ Information that patients do not want data to be shared – how will this be addressed? The project team will assess possible use cases to drive decisions about what information could or</li> </ul> </li> </ul>	<p><b>The UTP Charter and reports will be sent via email to the Steering Committee.</b></p>

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<i>Public comment</i>	<p>could not be included in a paper or technological solution; this is not the same as a patient's entire electronic medical record.</p> <p>Going forward, the Steering Committee will receive updates on these three projects separately.</p> <p>No public comments were offered.</p>	
<b>5. Sub-grantee Program Update</b>	<p>Georgia Maheras presented an update on the VHCIP Sub-grant program (Attachment 3).</p> <ul style="list-style-type: none"> <li>• Organizations listed on the slides are the lead organization receiving the sub-grant, but all organizations are collaborating significantly with other organizations around the state.</li> <li>• A half-day sub-grant symposium will take place May 27<sup>th</sup>. This is the first of two sub-grant symposiums this year; the second will take place in September.</li> </ul>	<b>Georgia will connect John Evans to CVMC regarding the text messaging aspect of their project.</b>
<i>Public comment</i>	<p>No further comments were offered.</p>	
<b>6. Work Group Funding Recommendation</b>	<p>Erin Flynn presented a funding request on behalf of the Care Models and Care Management Work Group (Attachments 4a&amp;b) to expand the Learning Collaborative initiative.</p> <ul style="list-style-type: none"> <li>• There will be more population-level outcome measures (such as hospital readmissions, ED utilization) collected in the future, but it's too soon to gather those and assess impact. We do have process data (such as lead care coordinator identified, shared care plan developed, shared care plan shared across the care team). The learning collaborative planning team is also planning to hold focus groups to assess patient and provider experience.</li> <li>• The response to the learning sessions has been very positive and providers are excited to have these opportunities to connect about the issues.</li> <li>• The initiative is more about building the capacity to change care delivery than about measurable patient outcomes at this stage – pilot patient cohorts are too small (25-30 patients) to see statistically valid results. Developing capacity will support expansion and replication within communities and throughout the state.</li> <li>• Camden Cards: A patient needs and priorities assessment tool developed by the Camden Coalition in Camden, New Jersey (faculty for the first in-person learning session). Camden Cards list the 12 domains similar to the social determinants to health – to help start the conversation with a patient on what their most important issues might be.</li> <li>• Regarding costs: the committee does not have enough details to vote on the proposed budget. Al Gobeille clarified that the Steering Committee is not accountable for approving budget details; rather, for steering and helping to identify project direction.</li> <li>• Facility budget of \$200,000 includes potential event planning services to assist with the expansion of</li> </ul>	

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	<p>taking on additional communities.</p> <ul style="list-style-type: none"> <li>• Georgia noted more financial detail is available to those who would like it.</li> <li>• Nancy Eldridge noted that this initiative is one that truly focuses on those providing care and the patients they serve.</li> <li>• Bea Grause echoed that this is an initiative that she hopes to see sustained over time.</li> <li>• What are the qualitative outcomes that will come from this expansion? Tracking those interventions that are deemed best practices and harvesting lessons learned to share with other communities.</li> <li>• Other communities have expressed interest in participating – the hope is that the learning collaborative can engage all who wish to participate.</li> <li>• Recommendation to evaluate standardized protocols based on what comes out of hosting these at several additional sites.</li> <li>• The Collaborative can bring more resources and structured models to Communities that are trying to organize on their own.</li> </ul> <p>Allen Ramsay moved to approve the proposed budget to expand the Learning Collaborative by exception. Dale Hackett seconded. Rick Barnett opposed. Bob Bick abstained and the motion passed.</p> <p><i>Public comment</i></p> <p>No further comments were offered.</p>	
<p><b>7. Next Steps, Wrap Up and Future Meeting Schedule</b></p>	<p><b>Next Meeting:</b> Wednesday, May 27, 2015 1:00 pm – 3:00 pm, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.</p>	