

Attachment 1 - Health Care  
Workforce Work Group Meeting  
Agenda 7-09-14

***VT Health Care Innovation Project***  
***Health Care Workforce Work Group Meeting Agenda***  
**Wednesday, July 9th 2014; 2:00 PM to 4:30 PM**  
**EXE - 4th Floor Conference Room, Pavilion Building, Montpelier, VT**  
**Call-In Option: 1-877-273-4202; Passcode: 9883496**

<b>Item</b>	<b>Time Frame</b>	<b>Topic</b>	<b>Presenter</b>	<b>Relevant Attachments</b>
1	2:00 – 2:05	<b>Welcome and Introductions</b>	Mary Val Palumbo Robin Lunge	<ul style="list-style-type: none"> <li>• <u>Attachment 1: 7-9-14 Meeting Agenda</u></li> </ul>
2	2:05 – 2:10	<b>Approval of Meeting Minutes</b>	Mary Val Palumbo Robin Lunge	<ul style="list-style-type: none"> <li>• <u>Attachment 2: 6-18-14 Workforce Work Group Minutes</u></li> </ul>
3	2:10 – 3:00	<b>Presentation: Vermont Blueprint for Health</b>	Beth Tanzman	<ul style="list-style-type: none"> <li>• <u>Attachment 3: Blueprint for Health WFWG Presentation</u></li> </ul>
4	3:00 – 3:10	<b>Symposium Subcommittee Update</b>	Amy Coonradt	
5	3:10 – 4:20	<b>Discussion: prioritizing budget requests to the Governor</b>	Mary Val Palumbo Robin Lunge	<ul style="list-style-type: none"> <li>• <u>Attachment 5: Matrix/List of Proposals</u> (to be distributed later)</li> </ul>
6	4:20 – 4:30	<b>Public Comment/Next Steps/Wrap Up</b>	Mary Val Palumbo Robin Lunge	

Attachment 2 - Health Care  
Workforce Work Group Meeting  
Minutes 6-18-14



***VT Health Care Innovation Project  
Health Care Workforce Work Group Meeting Minutes***

**Date of meeting:** Wednesday, June 18, 2014 3:00-5:00pm; EXE, 4<sup>th</sup> Floor Conf. Rm, Pavilion Bldg., Montpelier.

**Attendees:** Mary Val Palumbo, Robin Lunge, Co-Chairs; Betty Rambur, GMCB, Dawn Philibert, VDH; Stephanie Pagliuca, Bi-State Primary Care; Tom Alderman, Dept. of Education; Ellen Grimes, VT Tech College; Lori Grimes, NVRH; Devon Green, AoA; Madeline Mongan, VMS; Mat Barewicz, Bryan O’Connor, Dept. of Labor; Amy Coonradt, Amanda Ciecior, Bradley Wilhelm, DVHA; Tony Treanor, NW Counseling & Support; Jennifer Woodard, DAIL; Lori Lee Schoenbeck, Consumer Representative; Denise Clark, Consumer Representative; Charlie MacLean, UVM; Rick Barnet, VT Psychological Association; Jessica Mendizabal, Nelson LaMothe, Project Management Team.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions</b>	Mary Val Palumbo called the meeting to order at 3:02 pm.	
<b>2. Presentation: Payment Reform</b>	<p>Betty Rambur presented <i>Health Care Workforce and Payment Reform</i> (attachment 2, distributed via email separately from meeting materials).</p> <p>The group discussed the following after the presentation:</p> <ul style="list-style-type: none"> <li>• Workforce planning so far has been related to vacancy rates.</li> <li>• Care Coordination discussions need to include those who deliver the care.</li> <li>• Understanding care giver skill sets is important.</li> <li>• Dental health: allowing dental hygienists to practice within their full scope of skills can fill gaps in the system.</li> <li>• Betty encouraged the group to think about the needs of Vermonters and start from there.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Workforce work group requests that the Care Models and Care Management (CMCM) and Payment Models work groups present on what design and redesign might take place.</li> <li>• Change happens at the working surface and providers other than physicians need to understand what services cost.</li> <li>• Possibly use different types of providers in the changing system as ways to reduce costs.</li> <li>• Transitional care refers to any transition between: hospital to home; nursing home to hospital, Long Term Care to home care, etc.</li> <li>• Regarding ACO attribution: patients are attributed to the primary care provider (PCP) but the group wanted more clarification around their choice of providers other than PCPs, the attribution methodologies used, and how other providers than the PCP receive percentages of savings.</li> </ul>	<p><b>Betty will forward Health Affairs article to Mary Val related to this topic to distribute to the group.</b></p> <p><b>ACO attribution to be clarified at the next meeting.</b></p>
<p><b>3. Financial Update</b></p>	<p>Robin Lunge gave the following update: The Core Team recently modified the budget for all the work groups by reallocating money to the provider sub-grant program, which was not likely to be spent down in year one in other categories.</p> <p>The current funding for the Workforce work group is as follows:</p> <ul style="list-style-type: none"> <li>• Funding approved for survey development-</li> <li>• Data analysis (shifted from DVHA to the Department of Health)-</li> <li>• Supply and Demand Modeling-</li> <li>• Consulting work to support work group activities including the symposium (such as strategic planning etc.)-</li> </ul>	

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<p><b>4. Approval of Meeting Minutes</b></p>	<p>Dawn Philibert moved to approve the minutes from May 14<sup>th</sup> and Lori Lee Schoenbeck seconded.</p> <p>Stephanie Pagliuca asked that “loan forgiveness” on page 4 be changed to “loan repayment”.</p> <p>Madeline noted that on page 2 “open force model” should be changed to “open source model”.</p> <p>The motion passed unanimously pending the changes.</p>					<p><b>The minutes will be updated and posted to the website.</b></p>																														
<p><b>5. Update: Demand Modeling</b></p>	<p>Amy and Georgia have met with the Mat Barewicz to discuss Demand Modeling. They have also reached out to Tim Dall who gave a webinar presentation on Supply and Demand modeling at the May meeting and will continue to work with him on this topic. This group will most likely recommend that the Workforce Work Group consult for services in this area to help understand what the future system structure may look like.</p>					<p><b>There will be more updates on this topic at the next meeting.</b></p>																														

Agenda Item	Discussion	Next Steps
	<p>Mary Val noted that Tim has been incorporating patient population modeling into his data. CMS has released Medicare and Medicaid information at the county level found under chronic illness on the CMS website. You can look at VTs profile of chronic illnesses in comparison to the nation. This information will be worked into a good demand model.</p> <p>The group agreed the demand model has to address the care model and the condition of the patients. This group will look at successful national and international models.</p>	
<p><b>6. Survey Results and Discussion: Criteria for Prioritizing Budget Requests</b></p>	<p>Recommendations to the Governor for the FY2016 budget are due by August 2014. Mary Val reviewed the <i>Criteria for Prioritizing Budget Requests</i> survey results (attachment 6).</p> <p>The group discussed different ways to make recommendations to the Governor:</p> <ul style="list-style-type: none"> <li>- Consider the three proposals that were submitted already to the work group.</li> <li>- Release an RFP with specific criteria to gain additional proposals that may address some of the needs of the State identified in the work group (timing is an issue here).</li> <li>- Request a blanket amount of funding for a specified criteria then solicit for proposals once funding has been approved.</li> <li>- Consider requesting funds for loan repayment.</li> </ul> <p>The group wants to look at everything in the Governor’s budget related to workforce and see what areas need additional funding.</p> <p>The group discussed possibly narrowing down the criteria based on the ratings. Stephanie made a case for keeping #11.</p> <p>Regarding #10- Robin noted the legislature is less inclined to fund one-time expenses and wants to fund programs that can sustain over more than one year. #10 could be revised to say “a proposal that is not likely to get through the legislative process.” Or something to that effect. Tom suggested to “look for evidence that the proposal includes sustainability.”</p> <p>A recommendation was made to also focus on the opiate addiction initiative.</p> <p>Next year the group can put out a broader request for proposals (with the caveat that there isn’t already funding set aside).</p>	<p><b>Members will share any other known funds available (State or Federal) for workforce related activities at the next meeting.</b></p> <p><b>Mat will send information regarding the federal TAACCCT grant awarded to VT.</b></p> <p><b>Dawn will share provisions related to recruitment and retention budget from VDH.</b></p> <p><b>Academics in the</b></p>

Agenda Item	Discussion	Next Steps
		<p><b>work group will develop a rating scale in order to weight the criteria in the survey so that the group may compare the proposals that are currently in the budget and the three proposals that are under the work group's review.</b></p>
<p><b>7. Public Comment, Next Steps, Wrap up</b></p>	<ul style="list-style-type: none"> <li>• The Workforce symposium sub-group meeting date will be confirmed soon.</li> <li>• The group wants to understand what the CMCM work group is working on, though CMCM may not be ready to present in August.</li> <li>• Blueprint will present at the next meeting in July.</li> <li>• The symposium could potentially showcase all the different models.</li> <li>• Mat noted the models proposed should not be static. The group needs to have a dynamic model that can be tested and consider many of the variables discussed.</li> </ul> <p><b>Next meeting:</b> Wednesday, July 9, 2014 2-4 pm at Vermont State Colleges, Room 101, Montpelier.</p>	

# Attachment 3 - Blueprint for Health WFWG Presentation

# **Blueprint for Health Community Workforce Profile**

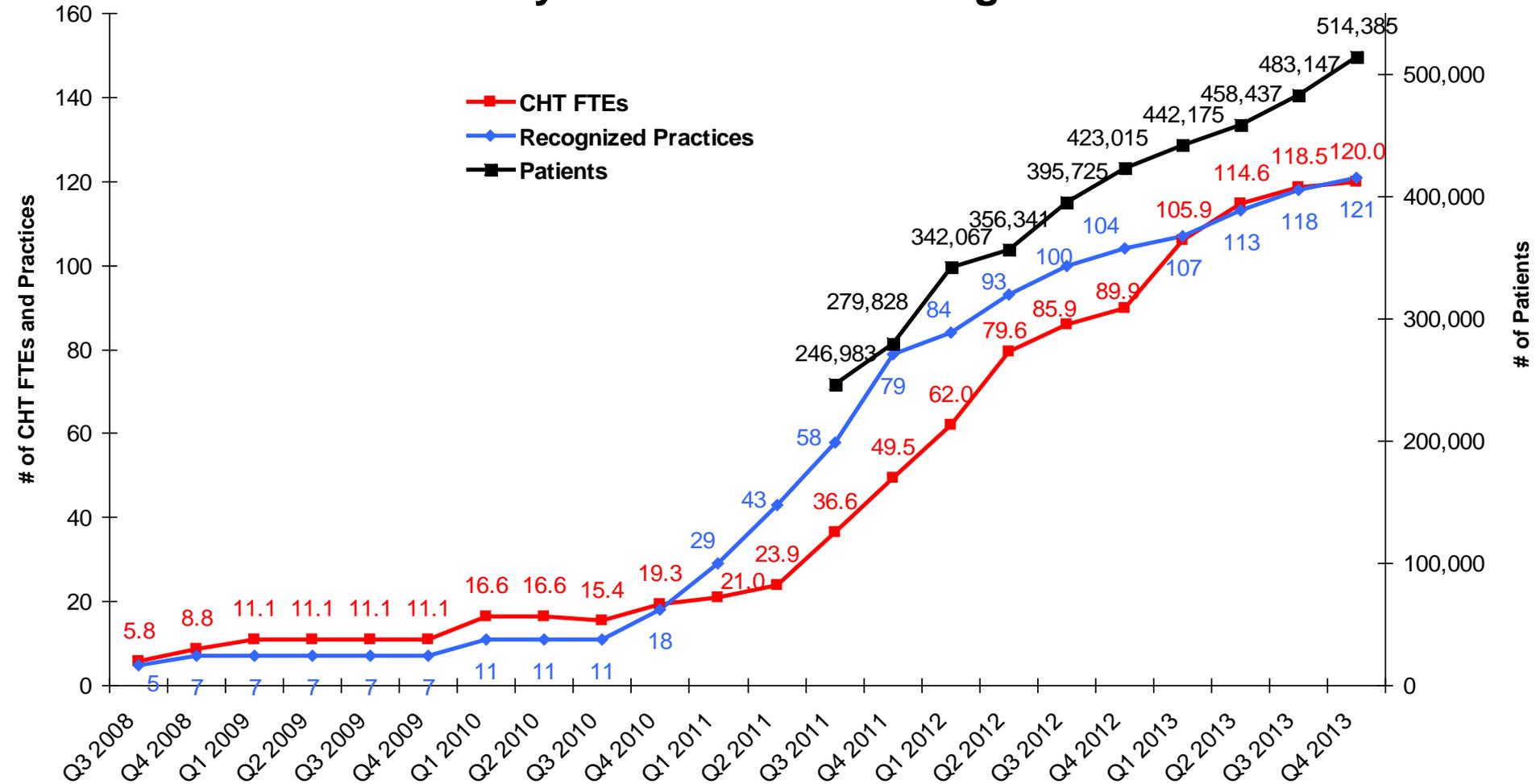
## **Health Care Workforce Group Vermont Health Care Improvement Project**

**March 12, 2014**

# Building a Foundation For The Future

- Advanced Primary Care Practices (PCMHS)
- Community Health Teams – Core & Extended
- Multi-Insurer Payment Reforms
- Health Information Infrastructure
  - Central Clinical Registry
  - Health Information Exchange
- Evaluation & Reporting
- Community Self-Management Programs
- Learning Health System

## Patient Centered Medical Homes and Community Health Team Staffing in Vermont



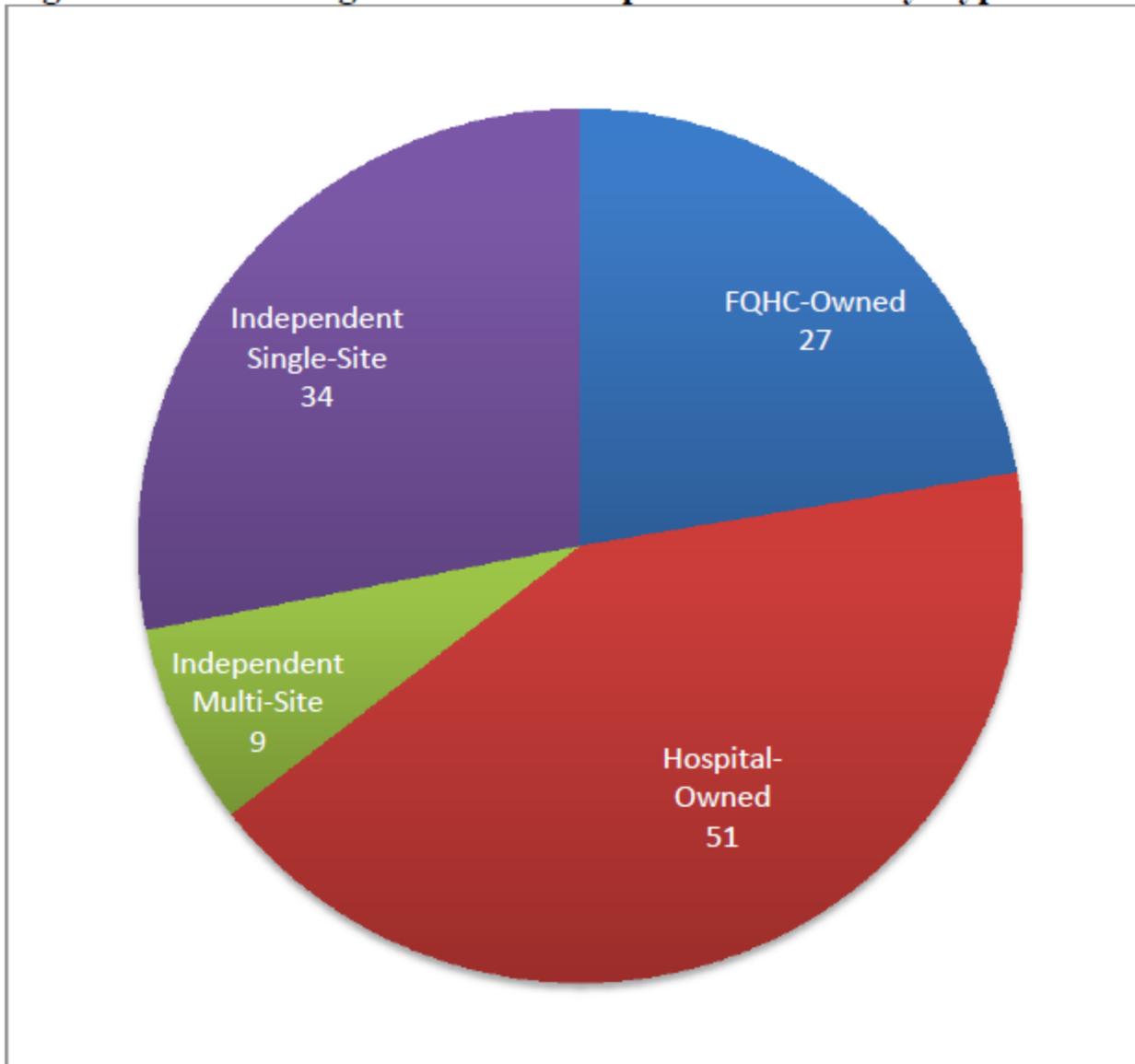
\*Since joining the Blueprint, three practices have combined to form a new practice, one practice has joined an existing practice, and one practice has closed.

**Table 4. Recognized Practices and their Organizational Affiliations – December 2013**

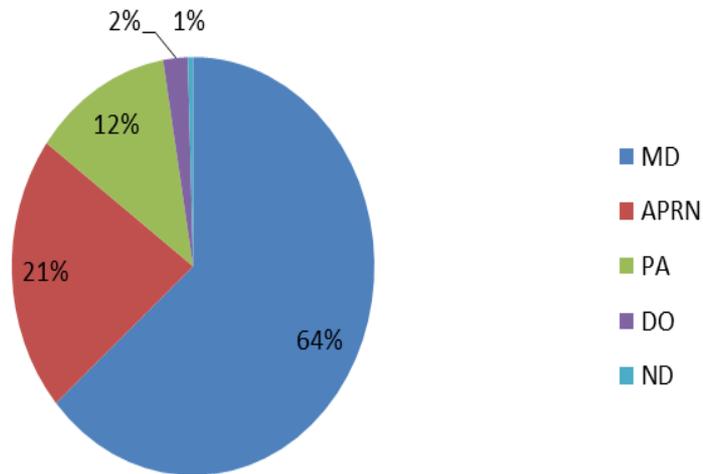
	Practices	PCP Clinicians	PCP Clinician Full Time Equivalents (FTEs)	Patients
Hospital Owned Practices	51	300	227	243,940
Independent Single Site Practices	34	129	114	104,646
Independent Multi Site Practices	9	44	34	39,296
Federally Qualified Health Centers	27	156	141	126,503
Total	121	629	517	514,385

\* Due to practice closures and mergers, this total number is different than the number of practices recognized by quarter.

**Figure 18. Percentage of Active Blueprint Practices by Type/Affiliation**

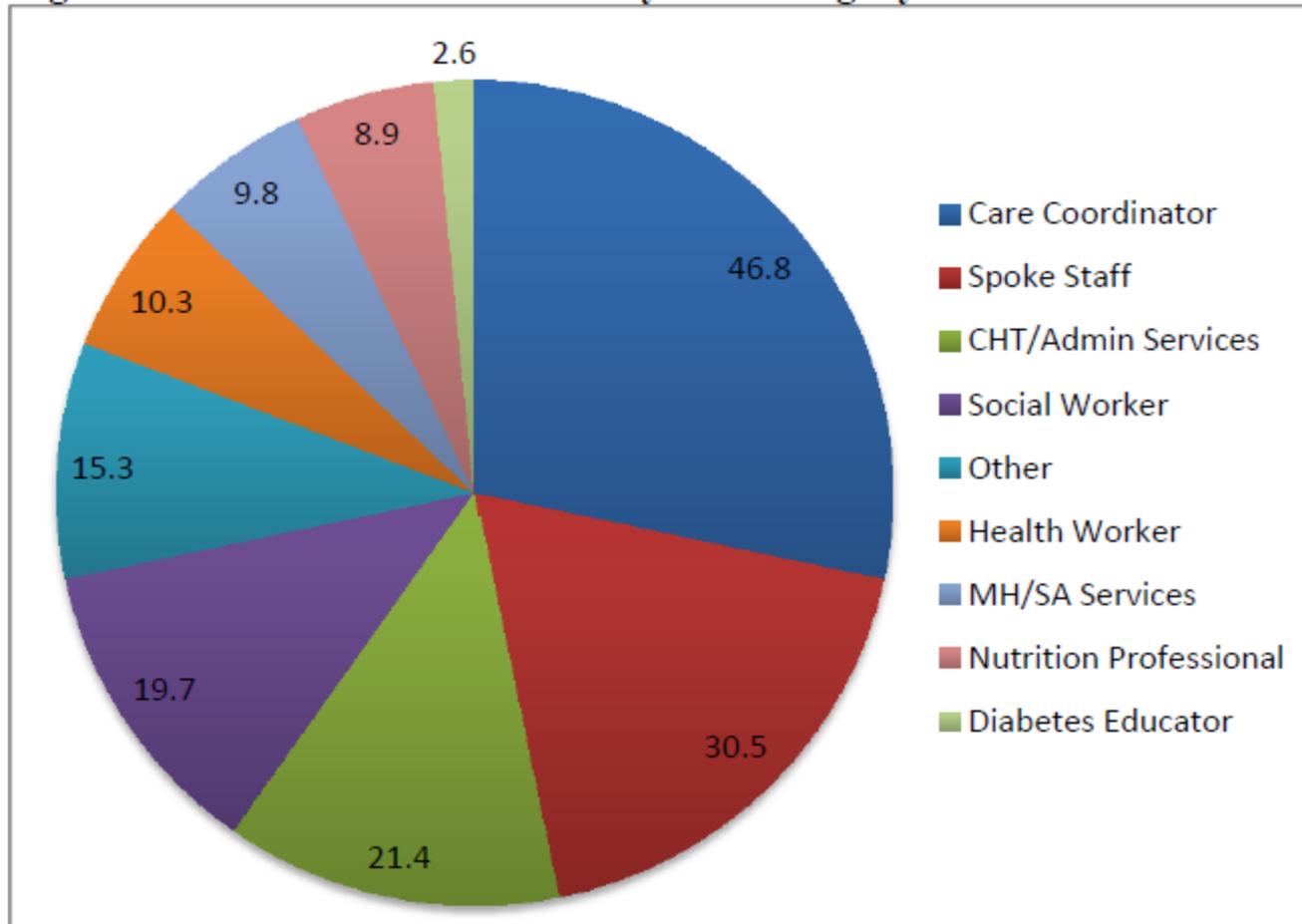


**Count of Provider Credentials**



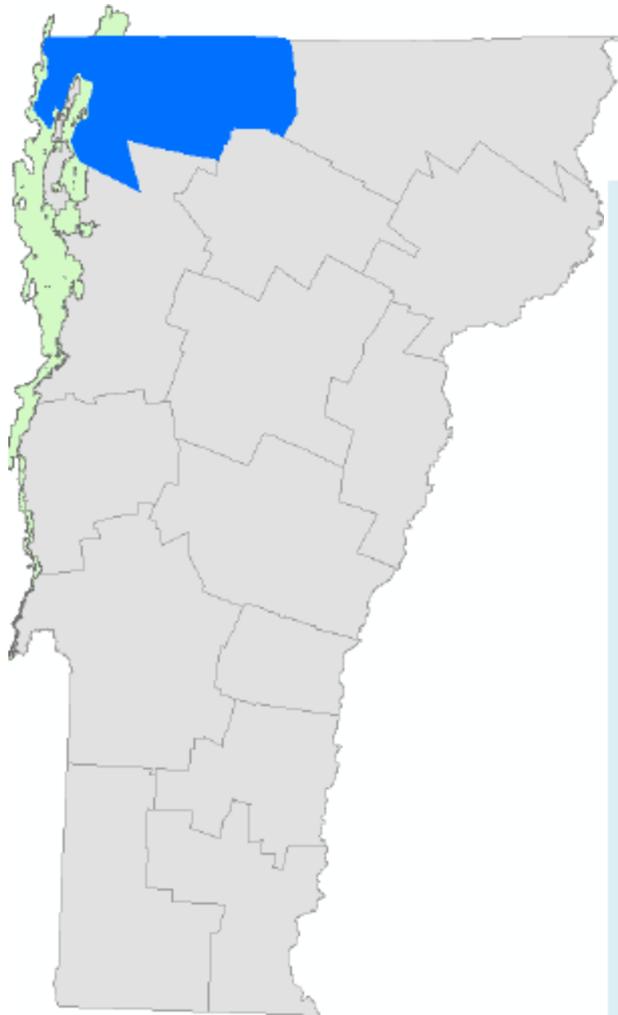
Provider Credentials	# People
MD	408
APRN	137
PA	79
DO	14
ND	3

**Figure 19. Number of CHT Staff by Job Category Statewide – All funding Sources**



## Leadership Network

Program Leaders & Extenders	# People
PCPs (Unique Providers)	629
Blueprint Program Managers	14
Practice Facilitators	13
Community Health Team Leaders	14
SASH Nurses & Care Managers	47
Regional Housing Authority Leaders (SASH)	6
Spoke Nurses & Clinicians	31
Self Management Regional Coordinators	14



### At A Glance

13 practices recognized as Patient-Centered Medical Homes

37,810 Vermonters seen by Blueprint practices in the past two years

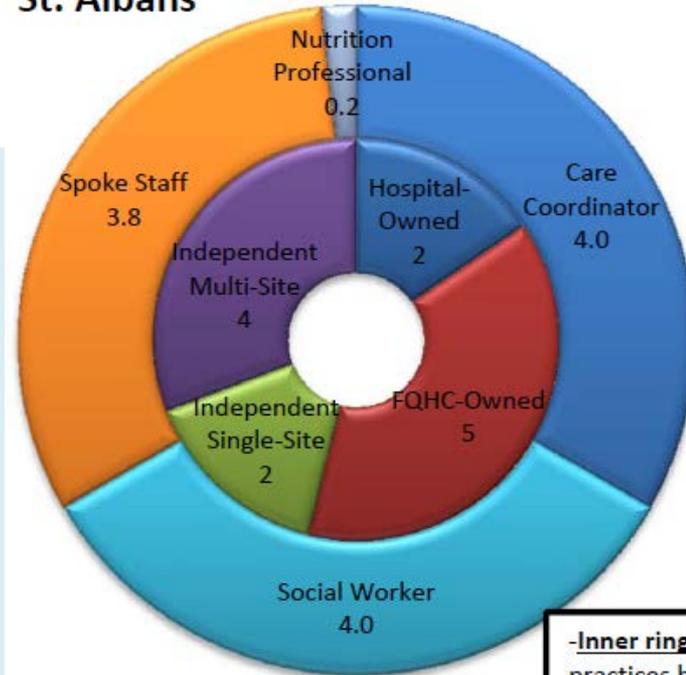
8.2 FTE Community Health Team staff

3.8 Spoke Staff

8 Community Self-Management Workshops offered

2 SASH teams; 81 participants

### St. Albans



- **Inner ring** is number of practices by type  
- **Outer ring** is CHT FTE by staff type

Department of Vermont  
**Health Access**

Smart choices. Powerful tools.

Barre HSA  
Full Network

Node color indicates sub-network membership  
Node size indicates Betweenness Centrality



## Blueprint Primary Care Provider Registry Data Elements

Practice Name, Organization

Practice Specialty

FTE Staff Credential for medical, mental health, clerical, other

### Ideas for Further Reporting?