

November 2014 - VHCIP  
Work Group Status  
Reports

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

Date: December 15<sup>th</sup>, 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 November 18th meeting were:

- **Presentation re Support and Services at Home (SASH) RTI Evaluation:** Molly Dugan of Supports and Services at Home (SASH) presented the results of an evaluation recently conducted by RTI International on behalf of the U.S. Department of Health and Human Services. The evaluation was conducted because the Department of Housing and Urban Development (HUD) and the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration on Aging (AoA) at the Department of Health and Human Services have a strong interest in affordable congregate housing models that provide long-term services and supports to low income seniors who wish to age in an independent setting. Specifically, the evaluation assessed whether the SASH model of coordinated health and supportive services in affordable housing properties improves the health and functional status of participants, and lowers medical expenditures and acute care utilization for seniors. The evaluation concluded that “the SASH program reduced the rate of growth in total Medicare expenditures and expenditures for post-acute care among SASH participants residing in SASH properties that implemented their program before April 2012 and relative to both comparison groups.” The authors “observe the rate of growth among the SASH program participants’ Medicare expenditures trending lower in seven of the ten payment categories” analyzed, and describe “very positive findings with respect to reduced rates of growth in Medicare expenditures.” In summary, the evaluation found that the SASH program’s combined interventions resulted in \$2197 in annual savings per Medicare beneficiary compared to similar, non-SASH-enrolled New Yorkers, and \$1756 in annual savings per Medicare beneficiary compared to similar non-SASH-enrolled Vermonters.

- **Update on Integrated Communities Care Management Learning Collaborative:** Erin Flynn provided an update on the Integrated Community Care Management Learning Collaborative. Key updates include:
  - Status of Quality Improvement facilitator procurement:* As part of the overall budget for this project, the work group approved funding for two full-time quality improvement facilitators. An RFP was issued, and members of the planning group conducted interviews with the top candidates. Two contractors have been identified as apparently successful bidders, and their contracts are currently working their way through state approval processes.
  - November Kickoff Webinars:* Two “kickoff” webinars were conducted in November to better orient participants to the goals, benefits, expectations and timeline of the learning collaborative; as well as to answer any outstanding questions that community members may have.
  - *Learning Sessions:* The first learning session is on January 13<sup>th</sup> at the Three Stallion Inn in Randolph. The planning group continues work to refine the curriculum for all learning session. General content for the first three learning sessions will cover: Using Data to Identify At-Risk People; Designing, Implementing and Communicating Shared Plans of Care; and Identifying a Lead Care Coordinator.
  
- **Update on ACO Care Management Standards:** A small group of parties to the shared savings program contracts and program agreements continues to meet to reach consensus on language for the care management standards. In November a number of work group members, including leadership from the Department of Disabilities, Aging and Independent Living (DAIL) and the Disability and Long Term Services and Supports (DLTSS) Work Group, provided comment on the draft standards. Comments were discussed in detail at the November work group meeting, and the small group will continue to meet in December to work towards consensus language.

2) **Planned accomplishments for next month/future:** Planned accomplishments for the learning collaborative in the next month include: 1) Continue moving quality improvement facilitator contracts through state approval processes; 2) Finalize the integrated community teams in each pilot community; and 3) Finalize preparations for the first in-person learning session on January 13<sup>th</sup>. Additional planned accomplishments include: 1) Continue to work on reaching consensus language for the Care Management Standards; 2) Finalize a report of findings from the care management inventory survey; and 3) Review and refine the work plan for Year 2.

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

- Ensuring a successful first learning session for the integrated communities care management learning collaborative, 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: 11.26.14**

**Co-chairs: Judy Peterson & Deborah Lisi-Baker**

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

The DLTSS November meeting featured a discussion of the relationship between the ACOs and the DLTSS system of care. The discussion was framed by written questions posed by Vermont Legal Aid and the VT Council of Developmental and Mental Health Services; written responses were provided by the three ACOs – CHAC, OneCare, and Healthfirst. Work Group participants included providers, ACOs, advocates and others who engaged in an in-depth discussion of the DLTSS system of care as it relates to ACOs and the State. The overall focus of the discussion was to build upon the existing system as we form partnerships to improve care and outcomes for Vermonters with DLTSS needs. Efforts in collaboration and integration fortified the dialogue.

The written questions ranged from how savings will be shared with the DLTSS providers, contractual arrangements, the role played by AHS and its Departments, and support for case management activities. Examples were given of improvements resulting from increased collaboration between providers and the ACOs. In particular, discussants emphasized the value of local teams across the continuum of care creating bridges to better serve individuals.

Vermont's current projected budget deficit of \$100 million was referenced during the discussion and concerns were raised about the impact on Vermont's health care reform goals of any funding reductions for DLTSS services. Participants discussed writing a letter to the Administration on the importance of preserving services for this population.

At this meeting, the Work Group was also given an overview of the Year 2 VHCIP Operational Plan which describes Year 1 anticipated activities and actual accomplishments, as well as proposed activities for Year 2. Care Delivery initiatives will be a focus in 2015 along with aligning the Blueprint and CHTs with other VHCIP initiatives. IT infrastructure development will



continue with the goal of improved data collection, analysis and use. In addition, conversations will begin on next steps after the VHCIP Project ends.

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

At the upcoming December meeting, the DLSS Work Group will continue its discussion on the relationship between the ACOs and the DLSS system of care. Also, the Population Health Work Group will present its “Population Health Frameworks”, as well as the Work Groups’ integration activities with VHCIP.

# ***HIE Work Group Status Report***

Date: December 1, 2014

Co-Chairs: Simone Rueschemeyer & Brian Otley

## 1. WG Project updates this month:

- The ACTT projects:
  - BHN Data Repository project is in the process of gathering requirements
    - Conversations continue between VITL, Vermont Care Partners, and the State on the appropriate next steps
  - The DLTSS Data Quality project continues interviewing stakeholders and gathering information from providers
  - The Universal Transfer Protocol project has held several meetings with the Bennington area and is working on delivering its preliminary findings based on the research done in that community
- Population-Based ACO Project:
  - The gap analysis has been completed by VITL
  - VITL and the ACOs have developed the Gap Remediation Proposal. That proposal was approved in the November Work group meeting and will be brought before the VHCIP Steering Committee for review.
  - VITL has begun CHAC's 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.
- Proposals have been received for the Telehealth/telemedicine RFP and are under review.
- 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 continues to be 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 to move forward the idea of a data utility

- Re-assessment of year 2 goals for the work group and how best to utilize the remaining funds in years 2 and 3
- Revise Work Plan to reflect years 2 and 3 goals
- Review of the Patient Portal proposal
- Work will continue with the ACTT projects and the ACO Population Health projects and additional work will begin as proposals are reviewed and approved.

## ***VT Health Care Innovation Project Payment Models Work Group Status Report November 2014***

- 1) Work Group Project updates this month:
  - The payment models workgroup is working through Medicaid Year 2 Gate and Ladder methodology and recommendations. Alicia Cooper and Kara Suter reviewed Year 1 methodology and why the workgroup might consider changes to Year2.
  - The workgroup, in addition to the Quality and Performance Measurement workgroup have been asked to comment on preferences for changes to the year 2 Gate and Ladder methodology through the end of November.
- 2) Planned accomplishments for next month/future :
  - At the December meeting, the PMWG will hear comments on Medicaid Year 2 Gate and Ladder methodology.
  - Changes to the Yr 2 Commercial gate and ladder will be addressed.
  - A high level analysis of EOC data and how it can be best utilized by Vermont will be presented by Brandeis.
  - An Episodes sub-group will be proposed to more effectively look at and recommend future expansion of existing EOC data for the State.
- 3) Issues/risks that need to be addressed :
  - Membership of this workgroup will be evaluated for Year 2, quorum has been a challenge over the past couple months.
- 4) Other matters :

# *VT Health Care Innovation Project*

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## *Population Health Work Group Status Report*

Date: November 26, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

Staff: Heidi Klein

### 1. WG Project updates this month:

To continue our exploration of Accountable Health Communities, we invited Chase Napier, Washington State Health Care Authority and Sue Grinnell, WA Department of Health to share efforts in WA related to health system reform. WA is proposing the formation of regional Accountable Communities for Health (ACH).

The intent is to build upon existing partnerships in self-identified areas to establish a regional ACH that will coordinate care across sectors (physical, behavioral and chemical dependency), align strategies and connect to Regional Service Areas (RSAs) which are regional hubs for Medicaid purchasing. Ideally, the ACH will help to identify health priorities for a region. However, the ACH is not currently envisioned as a risk bearing entity.

The key areas to be tested/developed include:

- Investment in infrastructure to support ACH
- Sustainability beyond initial cost savings in Medicaid; ideally become self-sustaining through the WA Prevention Framework
- Governance – balancing the need for broad-based engagement with effective management
- Systematic connections between ACH and RSAs beyond shared data and partnerships

Questions for VT to consider:

- What aspects should be at statewide vs at the regional level? The scale of a WA state region may be the similar to the full state of VT. Do we have an advantage due to scale?
- How to set priorities for the use of the savings at a regional level?



2. Planned accomplishments for the next month/future:

- a. Continue to reach out to other Working Groups regarding shared priorities
  - i. DLTSS – Tracy Dolan and Karen Hein will be sharing the PHWG frameworks and interest in exploring AHC at the DLTSS December meeting
  - ii. Payment Models – We have invited Craig Jones and Todd Moore to join the December meeting of the PHWG to share the regional approach being developed and to explore how this might serve as a base for a broader Accountable Health Community.
- b. Startup of Prevention Institute contract to:
  - i. Research promising community level innovations in payment and service delivery in others parts of the country to coordinate health improvement activities and more directly impact population health;
  - ii. Identify key features to consider in developing recommendations for VT;
  - iii. 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
  - iv. 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.
- c. Finalize workplan
- d. Revise outline for population health plan for VHCIP and share with members of others work groups and the Steering Committee

3. Issues/risks that need to be addressed:

a. Shared frameworks

At the recent VHCIP day-long retreat there appeared to be significant interest in the work of the PHWG however it was clear that many of the leaders in the project do not share the same definition of population health and remain unfamiliar with the frameworks adopted by the Population Health Work Group. It will be important to continue to find avenues for sharing these frameworks and to seek feedback and adoption by others. To begin, the PHWG has developed the attached overview.

#### b. Innovation Models

There is the risk that the payment and care models being tested will not include the population health frameworks adopted by the PHWG. Conversely, there is the risk that the PHWG exploration of Accountable Health Communities is not sufficiently connected to the models being tested. The Prevention Institute has been tasked with exploring existing building blocks (e.g. Blueprint and ACOs) but not with the emerging models.

#### c. Alignment of resources and expectations

CMS with the assistance of CDC is increasing the expectations for population health in VHCIP but the workgroup leadership is not clear on the resources that will be available to meet these new expectations.

#### 4. Other issues:

The proposal to the Robert Wood Johnson Foundation has been approved. The projects complement the work within the VHCIP to integrate population health and prevention in health system reform by considering how we quantify health. Specifically, the projects are: 1) to review measures of health and well-being on the multiple governmental dashboards; and 2) to consider how we quantify health in the Health Care Expenditure Analysis (focused on health care goods and services) and consider how to expand this to a Health Expenditure Analysis which would include spending throughout government on health and well-being.

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

**Date:** November 2014  
**Co-Chairs:** Laura Pelosi & Cathy Fulton

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

The meeting was held on November 24.

Updates were provided for the following ongoing items:

- Year 2 ACO Shared Savings Program Measures Review Process: The group voted to adopt the MSSP new sample size of 248 for clinical data-based measures, which will go into effect in January 2015 (for data from CY2014). The GMCB is still taking public comment (through December 1) on whether there should be a hiatus on shared savings program measure changes for Year 3.
- Processes for Reviewing Targets and Benchmarks, and the Gate and Ladder Methodology: The group discussed the process for reviewing targets, benchmarks, and the gate and ladder methodology. The group reviewed changes to payment measures for Year Two, and reviewed options for setting targets and benchmarks. The group reviewed a suggested approach which would adopt the Year 1 method for assigning targets and benchmarks, but did not vote on this recommendation because there was no longer a quorum at the meeting at the time the motion was made (the motion was made after the scheduled ending time of the meeting).

The work group received a presentation on ACO improvement efforts related to Medicare and Vermont Commercial/Medicaid Shared Savings Program measures from OneCare Vermont (other ACOs presented on this topic at the October QPM meeting).

The work group also received a presentation from VITL on its gap analysis and remediation plan. VITL is aiming to sign a contract for this work early in 2015.

Work group members were asked to think about what they might like to see in the SSP measure reporting templates, and how the data should be presented for various audiences. Staff and Co-Chairs will present the group with draft templates from the Analytics Contractor (the Lewin Group) for discussion at an upcoming meeting.

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

- Lewin may be able to report preliminary Year 1 results for claims based measures at a future meeting, for the Medicaid and commercial SSPs.
- Lewin may also provide a draft template for reporting measure results, for the Work Group's review.
- The work group will review and vote on Year 2 targets and benchmarks.
- The revised work plan will be reviewed and voted upon.

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

There continues to be a delay in finalizing performance targets and benchmarks for Year 2 Payment measures. This issue is justified by the fact that Year 1 measure results will not be available until the 3<sup>rd</sup> quarter of 2015, and is mitigated by the fact that Year 2 measure results won't be available until the 3<sup>rd</sup> quarter of 2016.

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.

Within the next several quarters, the Work Group may be called upon to recommend or provide input on measures for other payment models (e.g., episodes of care, global budgets associated with an all-payer waiver).

**VT Health Care Innovation Project  
Work Force Work Group Status Report  
November 2014**

*Note: the work group did not convene in November. The next meeting will take place on December 17, 2014*

1) Work Group Project updates this month:

- The 2014 Health Care Workforce Symposium was held on November 10, 2014 at the Sheraton in Burlington. The symposium was attended by over 100 people in a wide range of public and private stakeholder groups. It featured 9 speakers from a variety of backgrounds and states across the U.S, and the topics discussed included retooling the healthcare workforce in a reform environment, experiences in transforming care delivery, and highly integrative health systems/teams and what can be learned from them.
- The demand modeling RFP is being finalized by the Department of Labor with the aim of beginning work in January.

2) Planned accomplishments for next month/future :

- The December meeting will include an update from the Office of Professional Regulation.
- The Care Models/Care Management, Payment Models, and Population Health work groups have all been invited to provide an update to this workgroup.
- The work group will continue discussion around updating the Workforce Strategic Plan in the coming months

3) Issues/risks that need to be addressed :

- The group will explore the issue of transparency laws around professional relicensure data and surveys.

4) Other matters :