

VHCIP Work Force  
Work Group Meeting  
Agenda 8-19-15

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

**Wednesday, August 19, 2015; 3:00-5:00pm  
EXE – 4<sup>th</sup> Floor Conference Room, Pavilion Building**

**109 State Street, Montpelier, VT 05602**

**Call-in Number: 1-877-273-4202; Conference ID: 420-323-867**

Item #	Time Frame	Topic	Presenter	Decision Needed? (Y/N)	Relevant Attachments (describe document type: powerpoint, word, excel, etc...)
1	3:00-3:05	Welcome and Introductions	Mary Val Palumbo Robin Lunge	N	<ul style="list-style-type: none"> <li>• <a href="#"><u>Attachment 1: 8-19-15 Meeting Agenda</u></a></li> </ul>
2	3:05-3:10	Approval of Meeting Minutes	Mary Val Palumbo Robin Lunge	Y	<ul style="list-style-type: none"> <li>• <a href="#"><u>Attachment 2: 6-24-15 Meeting Minutes</u></a></li> </ul>
3	3:10-3:20	Updates: <ul style="list-style-type: none"> <li>- Demand Modeling update</li> <li>- status of workforce-related initiatives/grants around the state</li> <li>- Issues to watch</li> </ul>	Mary Val Palumbo Robin Lunge Group Discussion	N	
4	3:20-3:40	Update/Discussion: Work Group Membership Changes and Delegates	Mary Val Palumbo Robin Lunge	N	<ul style="list-style-type: none"> <li>• <a href="#"><u>Attachment 4 - WFWG Memo - Delegate Appointments Aug 2015</u></a></li> </ul>
5	3:40 – 4:20	Payment Models updates and discussion (cont'd) <ul style="list-style-type: none"> <li>- Episodes of Care</li> </ul>	Alicia Cooper	N	<ul style="list-style-type: none"> <li>• <a href="#"><u>Attachment 5 – PMWG Update (EOC)</u></a></li> </ul>
6	4:20-4:55	Presentation: Core Competency Training	Pat Jones	N	<ul style="list-style-type: none"> <li>• <a href="#"><u>Attachment 6a– Presentation</u></a></li> </ul>
7	4:55-5:00	Public Comment/Wrap Up/Next Steps	Mary Val Palumbo Robin Lunge	N	

# Attachment 2

## June Minutes

## Vermont Health Care Innovation Project Workforce Work Group Meeting Minutes

### Pending Work Group Approval

**Date of meeting:** Wednesday, June 24, 3:00-5:00pm, Conference Room 101, Vermont State Colleges, 575 Stone Cutters Way, Montpelier.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions</b>	Mary Val Palumbo called the meeting to order at 3:03pm. A roll call attendance was taken and a quorum was not present.	
<b>2. Approval of February and April 2015 Meeting Minutes</b>	Minutes approval for the February and April 2015 meetings were delayed due to lack of a quorum; they will be approved at the August meeting assuming a quorum is present.	
<b>3. Updates: Demand Modeling; Workforce-Related Initiatives/Grants around the State; Issues to Watch</b>	<p><i>Demand Modeling Update:</i> Georgia Maheras provided an update. No contract has been executed for demand modeling at this time. Project leadership is still in conversation with CMMI about Year 2 contract approval; for this reason, and no new contracts are being executed. An awardee has been selected, and negotiations will begin as soon as we have approval from Finance and Management. Georgia reminded the group that the contractor, once hired, will create a demand model into which the State of Vermont can then enter assumptions.</p> <p><i>Workforce-Related Initiatives/Grants around the State:</i></p> <ul style="list-style-type: none"> <li>• Charlie MacLean reported that University of Vermont is still waiting to hear about the Geriatrics Workforce Enhancement Program, a 3-year grant from HRSA.</li> <li>• Mat Barewicz noted that the Department of Labor is partnering with a number of organizations to apply for a Health Professional Opportunity Program (HPOP) grant to work with individuals who are currently receiving TANF or quality as low-income to provide pre-training and then training to enter medical support professions.</li> <li>• Mary Val Palumbo asked for updates on timing to the WETF grants; Mat noted that the process has been delayed.</li> <li>• Mary Val Palumbo provided an update on the Round 2 Robert Wood Johnson Foundation/AARP Future of Nursing grant, on which this group is listed as advisory. The grant is currently seeking matching funds</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>((\$75,000), which must be committed by August 1.</p> <p><i>Issues to Watch:</i></p> <ul style="list-style-type: none"> <li>• Mary Val Palumbo reported that the Center on Aging is leading a task force on community health workers (CHWs) through a Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant. They will be launching a training and certification pilot in Fall 2015. Mary Val noted that a number of groups and provider types around the state have expressed interest in the CHT model. Dawn Philibert noted that VDH has been discussing this model as well, and has met with the Office of Professional Regulation (OPR) about potential licensure or certification; OPR does not intend to license community health workers, but this does not prevent certification programs.</li> <li>• Ellen Grimes noted that Bill S. 20 passed the Senate this year. S. 20 would create a new type of mid-level dental provider. Ellen hopes it will pass the House next year.</li> </ul>	
<p><b>4. Payment Models Updates and Discussion</b></p>	<p>Alicia Cooper and Jenney Samuelson provided an update on activities of the Payment Models Work Group. Georgia Maheras noted that CMMI has encouraged an increased focus on moving more Vermonters into alternative payment models.</p> <p><i>ACO Shared Savings Programs (SSPs):</i> First payment model launched through VHCIP; Medicare Shared Savings Program (MSSP) launched in 2013, Vermont Medicaid Shared Savings Program (VMSSP) and Commercial Shared Savings Program (XSSP) launched in January 2014.</p> <ul style="list-style-type: none"> <li>• Vermont has three ACOs, each of which participates in some of three existing shared savings programs.</li> <li>• ACOs for whom actual expenditures are less than projected expenditures who also meet clinical quality and patient experience targets are eligible to share in savings. Patients are attributed to ACOs based on primary care utilization.</li> <li>• Alignment across SSPs is significant; however, each SSP is slightly different, with standards and contracting tailored to population served and payer.</li> <li>• Four categories of measures – payment (collected at ACO level – impact amount of shared savings for which each ACO is eligible through Gate and Ladder methodology); reporting (clinical quality measures collected at the ACO-level – do not influence shared savings); monitoring and evaluation (measures of interest collected at the state, health plan, or ACO level – do not influence shared savings); and pending (measures of interest that are not currently collected).</li> <li>• Results from Year 1 of VMSSP and XSSP are expected this summer. Results from Year 2 of MSSP (for ACOs that began participating in 2013) are expected in the early fall.</li> <li>• Dawn Philibert asked whether the opportunity for savings would decrease over time. Georgia Maheras noted that shared savings is an unfortunate term – “cost avoidance” is more accurate. We expect a certain rate of growth; if providers spend less, we can offer them a share of the money they otherwise might have made.</li> <li>• Janet Kahn asked how savings are shared among ACO network partners. Georgia Maheras responded that</li> </ul>	<p><b>EOC presentation postponed until August—to be put on August agenda</b></p>

Agenda Item	Discussion	Next Steps
	<p>they are required to do so based on the conditions of the program. While ACOs have some flexibility in how to invest savings, there are parameters set by the state. She also noted that newer ACO SSPs across the country (for example, CMS’s newly announced Next Generation ACO program) have different requirements for ACOs based on lessons learned. Charlie MacLean noted that the Northeast region is already moderately low-cost for the MSPP, so savings are more challenging to achieve; the financial methodologies for VMSSP and XSSP recognize prior good performance.</p> <ul style="list-style-type: none"> <li>• Lori Lee Schoenbeck asked how reporting measures have been aligned with Blueprint for Health measures reported by primary care practices? Jenney Samuelson noted that the Blueprint and ACO programs have worked closely together to align reporting with NCQA recognition requirements and quality projects, and to provide reporting support for participating practices. The Blueprint has also added ACO measures to practice and health service area profiles.</li> <li>• Charlie Maclean noted that we should be focusing on the workforce implications of these payment models – do these approaches require a different staffing plan to meet these new incentives? Jenney Samuelson replied that population health management is a new skill now needed in primary care practices to support ACO and Blueprint activities.</li> </ul> <p><i>Episodes of Care:</i> Discussion postponed until August.</p> <p><i>Pay-for-Performance:</i> Program to support primary care practices in achieving NCQA patient-centered medical home (PCMH) recognition, engaging in continuous quality improvement, building HIT capacity, and working with community health teams. Launched in 2008. Supported by multi-payer payment reforms that provide enhanced funding to primary care practices and fund the community health teams.</p> <ul style="list-style-type: none"> <li>• Building on Blueprint infrastructure (PCMHs + CHTs + connection to community resources) to integrate with ACOs – building a community health system to bridge community infrastructure with provider networks.</li> <li>• Many communities have more than one ACO represented. We’re asking communities (health service areas) to set community-wide targets for performance, create governance, and engage in quality improvement projects. Unified Community Collaboratives (UCCs) support these efforts with cross-ACO leadership teams that include a broad variety of provider types. The State is also working to mirror this leadership structure.</li> <li>• Strategies: UCCs, unified performance reporting, increased support for PCMHs and CHTs, integrating pay-for-performance.</li> <li>• New PCMH and CHT payment models: additional \$2.4 million legislative appropriate. Increasing PCMH payments – current average is \$2.04 per-member per-month (PMPM), maximum is \$2.50 PMPM. New model will increase base PCMH payment to \$3.00 PMPM for NCQA recognition and participation in quality improvement projects, with an additional \$.50 PMPM for high HSA performance on quality and utilization measures to incentivize community-wide performance.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>Sue Aranoff asked how long-term services and supports providers could participate in payment reforms. Jenney anticipates that this will happen as part of the All-Payer Model implementation in 2017.</li> <li>Georgia Maheras noted that Medicare’s participation in the Blueprint through the federal Multi-payer Advanced Primary Care Practice (MAPCP) demonstration ends at the end of 2016.</li> <li>Sue Aranoff asked how communities might obtain funding to impact upstream factors like housing and socioeconomic status. Jenney noted that communities have been working on this for years, and have been engaging in activities to impact these factors without payment changes by increasing care coordination, increasing connections to social services, and more.</li> </ul>	
<b>5. Discussion and Review: Strategic Plan</b>	<p>Charlie MacLean introduced proposed updates to the Workforce Strategic Plan. Charlie reported that a sub-group has met over the past few months to work through changes, coordinate with State of Vermont programs and agencies.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>Charlie noted that it is outside of this Work Group’s scope to suggest tasks for these programs – many current recommendations fit this description. He suggested it would be most productive to create a plan based on what this Work Group can accomplish, and to translate this strategic plan into a living document.</li> <li>Some strategic plan elements have no current activities listed – Mary Val Palumbo asked why. Charlie suggested that these plan elements are not activities that could be undertaken by the Work Group, particularly for areas where there is not funding available to support activities. Stephanie Pagliuca suggested that the plan should include activities that this group might influence through members’ involvement in broader statewide workforce activities. Charlie noted that for continuing education activities, for example, to keep a list of CE opportunities would be extremely resource intensive.</li> <li>Dawn Philibert differentiated between activities this group plans to take and issues we’d like to encourage other groups to pursue or which this group will monitor.</li> <li>Madeleine Mongan suggested requesting reports from various State agencies and departments, particularly around supply data; Charlie agreed and suggested that a public document created from this plan could support interested parties in getting in touch with a responsible entity or interested party for more information. Mary Val noted that this document will require ongoing updates in this field.</li> <li>Charlie noted that this document might need different formats for internal work and external audiences. Lori Lee Schoenbeck suggested a web page so that this document is easily updated. Georgia noted that SIM does not have the staff or funding resources to support this.</li> <li>Amy Coonradt and Charlie will create another version of this document to support its use as an internal planning document. Georgia suggested a communication with the full group to solicit input.</li> </ul>	<b>Staff and work group members to work offline to reformat document; staff to solicit input from full work group once reformatted</b>
<b>6. Public Comment, Wrap-Up, Next Steps, Future</b>	<p>The group discussed ways to increase likelihood of achieving a quorum, including allowing delegates to vote.</p> <p><b>Next Meeting:</b> August 19, 2015, 3:00-5:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street,</p>	

Agenda Item	Discussion	Next Steps
Agenda Topics	Montpelier.	

	Who has been working on it	Contact person or entity (primary responsibility)	WFWG / Other	Tasks (pending and ongoing)	Tasks (completed)	Progress	Timeline or due date	Questions/Comments	Cost (Low, Mod, High)	Priority
<b>RECOMMENDATIONS: OVERSIGHT AND PLANNING</b>										
<i>Recommendation #1: Under the auspices of the Agency of Administration, the Secretary of Administration shall convene and staff from within the Agency a permanent health care workforce working group (Workgroup) to monitor workforce trends, develop strategic objectives and activities, direct and pursue funding for health care workforce development activities, and advise and report to the Secretary on its efforts. The Workgroup shall include state government interagency representation as well as representation from health care employers, clinicians, membership organizations, secondary and higher education, and other relevant interest groups.</i>	Workforce Workgroup	Chair(s) of Workforce Workgroup				The work force workgroup first convened in November of 2013. Since that time, the group has been meeting regularly to discuss topics of interest to stakeholders. See subrecommendations (1a-1k) for more detailed progress to date.		Are the right people at the table? How does this get decided? What is the process to add/adjust? Should this be evaluated and addressed annually? Are the members actively participating? How does this group seek/receive broader input from nonmembers?	low	high
			WFWG	1.1. Workgroup discussion of some of the process issues described in the comments section		Pending Aug-15 meeting	Q3 2015			
			WFWG	1.2. Ongoing Workplan updates		Ongoing	periodic			
<i>Sub-recommendation #1a: Monitor Track and discuss federal, state, and foundation private funding and collaboration opportunities on an ongoing basis. Serve as advisory group to selected grants or projects. The goal of this activity is to facilitate awareness, communication and collaboration, and to be available as an advisory group to grants/projects where needed.</i>	Workforce Workgroup	Chair(s) of Workforce Workgroup				Some progress to date: The workgroup spends a portion of every meeting discussing current funding opportunities and if they would be of benefit to Vermonters. A streamlined process for better tracking and dissemination of opportunities across stakeholders is a next step for this workgroup.			low	MOD
			WFWG	1a.1 The work group will spend the beginning of every meeting sharing status reports and updates on any current or future initiative or grants being pursued or worked on.		Ongoing	every meeting			
			WFWG	1a.2. Review opportunities for primary care and rural programs, e.g. Teaching Health Centers, Advanced Primary Care		Work group to periodically review opportunities--none as of June, 2015	periodic			
<i>Sub-recommendation #1b: Develop short and long term workforce supply and demand and performance measures (factor current supply data, demand modeling data, as well as available vacancy data) in order to conduct ongoing strategic planning which direct workforce development activities.</i>	OPR, VDH, DOL, AHEC (primary care practitioners)	Chair(s) of Workforce Workgroup				The work group is in the process of gathering data (supply, demand--through demand modeling, and vacancy--see "Tasks"). In order to move forward on this recommendation, the group will need to 1.) seek clarification on what is meant by "performance measures, and 2.) determine how to incorporate data into ongoing strategic planning for workforce development activities.		1. Seek clarification on what is meant by "performance measures." 2. Should we set as a task to produce an annual report of our activities?	mod	HIGH
			WFWG	1b.1. Assist with design and interpretation of VDH analyses and reports to ensure they are meaningful and relevant		Presentation to work group from VDH in April. Invite VDH to present again or give progress report in Q4 2015.	periodic			
			WFWG	1b.2. Review demand modeling inputs and outputs		Vendor selected but contracting process on hold as of June, more progress once vendor begins building demand model.	late 2015			
<i>Sub-recommendation #1c: Work with the Green Mountain Care Board (GMCB) to develop and align workforce supply performance measurement and data collection and goals with overall goals and measurements for assessing health care reform (i.e., workforce matches to the transformed system; such as its focus on primary care) progress to assure all data collected is streamlined and not overly burdensome.</i>	GMCB, others?	Chair(s) of Workforce Workgroup				No progress to date: the Group should seek clarification on role of GMCB in relation to the WFWG before progress can be made.		1. Seek clarification on role of GMCB in relation to WFWG 2. Ensure aligned with annual budgeting process.	low	high
			WFWG	1c.1. Annual report and meeting with GMCB (this is being facilitated now by the SIM grant processes)		Co-chairs/staff to determine when/how annual report and/or meeting will take place.	unknown--TBD			
<i>Sub-recommendation #1d: Work with the Green Mountain Care Board to assure that overall performance workforce supply data and measures are reported in a unified manner and able to be exchanged or transmitted in formats which can be manipulated for data analysis.</i>	GMCB, OPR, VDH, DOL(?)	Chair(s) of Workforce Workgroup				Some progress to date: Work group working with VDH/OPR to review workforce supply reports (license survey data) to ensure accessibility of formats and reports--the group has not yet engaged GMCB on this front		should this be moved to be a subset of #1c? It is just best practice.		

			WFWG	1.d.1. Workforce working group shall conduct periodic inventory of surveys of workforce data collection throughout the state.		In addition to working with VDH/OPR, work group has begun periodically conducting inventory at its meetings of surveys.	Periodic				
· <i>Sub-recommendation #1e: Work with the Department of Labor to expand the availability of internship, certificate or training programs through the provision of workforce development grants to health care employers, including leveraging existing programs within the Department.</i>	DOL	Mat Barewicz				No progress to date: Work group members need to assess the current list of programs through DOL to identify areas where the State is falling short to better support Vermonters looking to enter the State's healthcare workforce.		1. Is this specifically referring to DOL's WET Funds and its programs? Otherwise seems applicable to higher ed institutions and tech ed centers. 2. Are there other, more "on-the-ground" programs occurring? Who can we reach out to regarding these?	mod		
			WFWG	1e.1. Obtain inventory from Mat of DOL programs		Pending: staff has requested list of programs and status report from DOL.	Q3 2015				
· <i>Sub-recommendation #1f: Assess and make data-driven recommendations regarding the resources available to, and number of professions eligible for, Vermont's Educational Loan Repayment Program.</i>	VDH, AHEC	VDH, AHEC			COMPLETED: Issued recommendation on current FY2016 budget cut to the Loan Repayment Program.	Recommendation is ongoing: The work group has issued recommendations on FY2016 budget cut to Educational Loan Repayment Program and will continue to make recommendations in future years as need arises.	Annual April 30 (in time for application cycle)	1. issues include: how to prioritize, resources to implement, not changing priorities too frequently 2. This should be parallel for the VDH-VSAC incentive scholarships (nursing, dental hygiene, dentists) 3. State policy for VSAC need-based scholarships for graduate level health professions educations (e.g. currently available for medical students)	low to recommend, but costs to implement		
			WFWG	1f.1 Workgroup discussion regarding role the workgroup should be playing in priority setting		Pending: to discuss at August or October meeting	2015				
· <i>Sub-recommendation #1g: Work with the UVM and Regional VT AHEC Network Programs, UVM Office of Continuing Medical Education and professional membership organizations to increase identify and offer relevant and timely continuing education opportunities for existing health care professionals</i>	AHEC, UVM-CE, Bi-State, various professional membership orgs	Charles MacLean	WFWG	No current tasks		AHEC, UVM-CE, Bi-State, and various professional membership orgs across the State are working on this initiative. Workgroup needs to determine if more programs is really what Vermont needs, or a change of emphasis and promotion of those currently in existence.		There are many existing organizations and initiatives in this area.	mod		
· <i>Sub-recommendation #1h: Recommend activities to recruit health care professionals and expand community based recruitment and retention activities and national marketing of Vermont.</i>	DOL, GMCB, AHEC, UVM, professional membership orgs	Chair(s) of Workforce Workgroup				Some progress to date: Work has been done by Bi-State on the National Outreach Proposal. Additionally, group is exploring the ideas of VT Loan Repayment, AHEC MD Placement Program, VT Dentist Recruiter Program, and the UVM MC Residency Programs.		1. National Outreach Proposal from Bi-State (see 4/2/14 meeting materials), VT Loan Repayment, work of AHEC MD Placement Program, work of VT Dentist Recruiter Program, UVM MC Residency Programs	low	HIGH	
			WFWG	1h.1. Workgroup to take an inventory of what is currently happening for professions other than activities listed in comments. Any new efforts will require resources.		No progress to date: pending work group discussion and inventory	late 2015				
			WFWG	1h.2. Workgroup discussion regarding identifying and overcoming barriers (e.g. spousal employment)		No progress to date: pending work group discussion	late 2015				
· <i>Sub-recommendation #1i: Convene the Department Agency of Education and UVM, VSC system, and VT AHEC Network Regional AHEC Programs - to develop statewide efforts which increase the overall awareness of health care careers within secondary education.</i>	AOE, AHEC, UVM, federal HRSA and AHEC HCOP	Nicole LaPointe				Little progress to date - work group members should work with stakeholders to convene a meeting to discuss this topic	annual report out to Workgroup		mod	high	
			WFWG	1i.1. Activities related to Act 77 flexible pathways and personalized learning plans. What are the next steps?		?	?				
· <i>Sub-recommendation #1j: Work with the Department of Labor to develop a statewide marketing campaign aimed at increasing the number of non-traditional adult students pursuing careers in health care and accessing supportive services through regional Career Resource Centers.</i>	DOL	Mat Barewicz				Some progress has been made - AHEC does some outreach to adults. Work group members will reach out to DOL to determine whether marketing campaign activities are tracked, and strategize re: targeted outreach.			mod	HIGH	
			WFWG	1j.1. Query DOL: are actions around marketing campaigns targeted to this group tracked? (for example: getting information on health careers to workers affected by plant closures)		Staff has asked DOL representative to research what is done re: marketing campaigns, and will strategize once more information is gathered.	Jun-15				

Sub-recommendation #1k: Gather data and continue planning efforts in order to prioritize the long term recommendations set forth in this plan. The Workgroup shall work with state departments and other stakeholders to determine the timing and ongoing financial resources necessary to initiate and complete its long term recommendations and present to the legislature a more detailed, action-oriented plan for appropriating funds towards workforce development that enhances health care reform success for review during the 2016 legislative session. The Workgroup shall present an overview of its activities and progress to the GMCB twice annually.	WFWG co-chairs/staff	WFWG co-chairs/staff				No progress to date - this recommendations needs to be updated to be more specific in Work Group's advisory role to administration, and to modify the process for the future.		CONSIDER: strike this sub-recommendation and blend with #1c and #1d above (Maybe simplify to "Administration" alongside GMCB)	low	
			WFWG	1k.1. Report to GMCB		Report/presentation content TBD, no progress.	? twice annually	this could be a simple report, not nesc testimony--TBD		
Recommendation #2: The Secretary of Administration should direct the Office of Professional Regulation and other state licensing bodies to collect and analyze workforce supply data.	OPR/VDH	Chris Winters, Peggy Brozicevic, Dawn Philibert	WFWG		COMPLETED: VDH hired new staff to review data from OPR and design physician survey reports/analyze survey report data	Considerable progress has been made: staff from OPR and VDH are collecting and analyzing survey report data; work group provided feedback to make provider reports more meaningful.		Should the Work Force Work Group play a role in formulating workforce-related questions and task VDH staff with specific reports? YES, this task is now in sub-recc #1b		HIGH
Recommendation #3: The reporting of workforce-related planning data by health care professionals should be mandatory in order to issue licenses, certifications or registration.	OPR	Chris Winters	WFWG		COMPLETED	Considerable progress: reporting of this data has been made mandatory			low	
<b>RECOMMENDATIONS: RECRUITMENT AND RETENTION</b>										
Recommendation #4: Based upon input and documentation from the Workgroup, the Vermont Department of Health, Area Health Education Center (AHEC) and Bi-State Primary Care Association, the Secretary of Administration should educate and work with Vermont's congressional delegation to encourage changes in how National Health Service Corp assignees are placed. The delegation should work with other similarly affected states' delegations in this effort.	UVM-OPC, VDH, AHEC, Bi-State	Elizabeth Cote	WFWG		COMPLETED: Work done by David Reynolds, UVM-OPC/AHEC, congressional delegation (spec. Bernie Sanders) and Bi-State over several years. Resulted in VT eligible for consideration in the federal NHSC SLRP program, based on adjusted guidelines.	Considerable progress: work was done by UVM-OPC/AHEC, which led to Vermont's eligibility for consideration in the federal NHSC SLRP program, based on adjusted guidelines. Continued work on this item is of low priority and should be revisited annually.	revisit annually	Additional work on the NHSC federal LRP is not high priority at this time due to political climate and change very unlikely.	low	LOW
Recommendation #5: In the selection criteria and admission of qualified students, the state college system, UVM (including the UVM Medical School and the UVM Medical Center Medical and Dental Residency Programs) should include assessment of the qualities which make a student more likely to specialize in primary care and practice in rural, underserved areas.	UVM-COM, VSC	Charlie MacLean/Nancy Shaw?				Some progress has been made: an update has been requested at UVM-COM, but work group needs to discuss how to move forward.			low	LOW
			WFWG	5.1. Workgroup discussion regarding how to narrow this to do-able tasks.		No progress: work group to discuss.	Q4 2015			
Recommendation #6: In the education and training of students in the health field, the state college system, including the UVM Medical School and UVM Medical Center Residency Program, should create a culture which promotes primary care specialties, serving disadvantaged populations and practicing in rural areas.	UVM-COM; UVM-MC GME					Some progress has been made: regional AHECs do some of this work, but the group could develop a method to track the initiatives that support this recommendation (there are many supporting programs)		There are issues surrounding limited educational capacity of preceptors and competition for preceptors	low	low
			WFWG	6.1. Workgroup discussion regarding how to narrow this to do-able tasks. For example could we focus here on the rural rotations in Family Medicine (task for GME?) OR are there no actual tasks for the Workgroup??? (other than hearing a report-out?)		No progress to date: work group to determine if this task is actionable by work group, or just hearing a report out from UVM/VSCs.	Q3/Q4 2015			
<b>RECOMMENDATIONS: IMPROVING, EXPANDING AND POPULATING THE EDUCATIONAL PIPELINE</b>										
Recommendation #7: The state college system, including the University of Vermont College of Medicine and the Residency Program at UVM MC Fletcher Allen Health Care, UVM CNHS, should prepare health care profession students for practice in a health care reform environment (as called for by, for example, IOM, Blueprint for Health, ACO initiatives, and Act 48) through post-secondary curriculum redesign.	Many: UVM-OPC, AHEC					Little progress to date: the work group should coordinate a meeting with these stakeholders (see Tasks column), and identify a contact from the technical school system.		1. Potential curricular redesign could include: emphasis on population management, interprofessional practice 2. This curricular redesign should also include nursing and social work.	low	LOW
			WFWG	7.1. Workgroup should coordinate DOE/DOL/VSC to attend a work group meeting and speak about their top priorities and activities around this recommendation.		Little progress: work group to convene stakeholders	Late 2015			
			WFWG	7.2. Workgroup should identify a contact from the technical school system		No progress: staff/co-chairs to identify contact	Q3 2015			

<i>Recommendation #8: The Department Agency of Education, VSC system, and the UVM and Regional AHEC Programs should coordinate activities which increase student enrollment in AHEC health career awareness programs and expose students to health care careers through hands on experiences through programs which promote internships, externships and job placements with health profession organizations</i>	AHEC (to lead), AOE, UVM, VSC					Some progress has been made, but more coordination between stakeholders is needed to maximize resources, in current fiscally constrained environment		1. AHEC programs with middle and high schools 2. MedQuest 3. CollegeQuest, AHEC HCOP; C-SHIP, 4. Future of Nursing grant 5. Current programs are limited by funding; there is room for expansion of these and new programs 6. See proposal to WFWG Committee from NVAHEC re: CollegeQuest (Jan, 2014)	low	LOW
			WFWG	8.1. Workgroup discussion needed re how to narrow this to doable tasks. (Stakeholders should maximize existing resources and focus on coordination in the event that funds for new programs is not available.)		No progress: work group discussion needed	Late 2015			
<i>Recommendation #9: The Department Agency of Education should accelerate efforts to align secondary education coursework with skills necessary for entry into the field of health care and to define career paths in terms of post-secondary education requirements. These efforts should consider coursework offered K-12.</i>	AOE	Tom Alderman				No progress to date: work group should receive update from groups below				MOD
			WFWG	9.1. Workgroup shall coordinate meeting from AOE to give Workgroup a sense of DOE's short and long-term plans on this topic		No progress to date: work group to convene meeting for AOE to give status report.	Late 2015	Who from AOE would be suitable to give this update? Tom Alderman?		
			WFWG	9.2. Workgroup needs an update re flexible pathways and personal learning plans in Act 77.		No progress: who should give this update?	Late 2015/Early 2016	Who should give this update?		
<i>Recommendation #10: The Department Agency of Education, Department of Labor and the UVM and Regional AHEC Programs should develop continuing education opportunities for guidance counselors to better prepare them to assist students considering a career in health care.</i>	AOE, DOL, UVM, AHEC				COMPLETED: AHEC outreach to guidance counselors. Promotion of AHEC programs and www.vthealthcareers.org, and October as Health Care Careers Awareness Month. AHEC has reached out to VT guidance counselors' association and offered presentations for in-service days and/or conferences.	Considerable progress has been made: AHEC conducts ongoing outreach to guidance counselors through its website and presentations		1. Guidance counselors have been added as a specific target for HCOP grant under review (announcement expected fall 2015)	low	LOW
<i>Recommendation #11: Vermont state colleges and tech centers should develop career ladders by facilitating enrollment of Vermont students into health care educational programs. Strategies include but are not limited to articulation agreements and dual enrollment.</i>	VT State Colleges, AHEC Nsg	Nancy Shaw, MV Palumbo			COMPLETED: Future of Nursing State Implementation Program Grant (11/13-10/15). COMPLETED: Community Health Worker certification being considered by Center on Aging.	Some progress to date: see completed tasks; work group to strategize on how to move forward on this recommendation.		Include the ed centers. Career ladders need to link to workforce needs...	Marketing plan - Mod cost	
			WFWG	11.1. Workgroup discussion regarding developing specific tasks--what shortage or problem are we trying to solve?		No progress: work group needs to have discussion	Q4 2015/Q1 2016			
<i>New Proposed Sub-recommendation #11a: Hospitals and FQHCs should identify opportunities for joint continuing education that could take place through the state college and University of Vermont educational system. This could include, but not be limited to, identifying the needs of employees for training and communicate/coordinate on a regular basis.</i>	Hospital associations, home health, DOL, DOE	Paul Bengtson				No progress to date: this is a new recommendation.				
			WFWG	11a.1. Workgroup discussion regarding developing specific tasks--note that we already have a continuing education system that offers training to a wide variety of audiences. What are the specific unmet needs?		No progress to date: work group needs to have discussion	Q4 2015/Q1 2016			
<i>Recommendation #12: Vermont higher education institutions, state colleges and the Fletcher-Allen Medical Residency program should evaluate the potential to expand enrollment in health profession education, training and residency programs.</i>	UVM, VT State/Community Colleges					Progress has been made in the following areas/activities: 1. previous work exploring rural residency in NEK 2. New FM residency in Plattsburg 3. PA program in Rutland College of St. Joseph 4. Grant opportunity for NP residency in Rutland?		1. This is an ongoing needs assessment with a high degree of complexity 2. Expansion of PA/NP programs lead to competition for preceptors.	low	MOD
			WFWG	12.1. Monitor progress of stakeholders		Some progress to date - this is an ongoing, complex task (see Progress column above for list of initiatives to date)	Ongoing			
<i>Recommendation #13: Vermont higher education institutions should evaluate the potential to create abbreviated education and training programs.</i>	VT State Colleges/UVM	Nancy Shaw, MVP				No progress to date: work group staff to research what other areas around country are doing, and coordinate with VSC contact.		How to push discussion about undergrad work in less than 4 years? Med school in less than 4 years? Innovate... Shorter programs, infuse workforce more quickly, less ed debt (and also less revenue to the high ed institution).		
			WFWG	13.1. Workgroup staff to research and find examples from around the country, to inform Vermont		No progress to date: work group staff to research.	Q3/Q4 2015			





# Attachment 4

## Memo – Delegate Appointments

8.05.2015

To: Governor's Health Care Work Force Work Group  
From: Governor's Health Care Work Force Work Group co-chairs and staff  
Subject: *Work Group Membership – Appointment of Delegates*

*Issue:* The Health Care Work Force Work Group was created by [Executive Order 07-13](#) on August 1, 2013, with each member appointed for one three-year term. Current appointments are set to expire on August 1, 2016. However, lack of quorum for work group meetings in 2015 and ensuring appropriate stakeholder representation for various meeting topics have led the work group to look to the Executive Order and Agency of Administration for guidance on membership change and the appointment of delegates for voting purposes.

*Recommendation and Action Steps:* The Executive Order delegates appointment authority for membership in the Governor's Health Care Workforce Work Group to Secretary of Administration Justin Johnson. This is a formal process, which requires Secretary Johnson to review and approve each member of the Work Group. After approval, the member will be asked to sign appointment papers and return them to state staff.

Because the Executive Order is silent on the appointment of delegates as voting members, co-chairs and staff consulted Secretary Johnson, who has approved the use of delegates for that purpose. When a primary member attends, delegates will be able to attend as nonvoting members. Delegates may vote in lieu of the primary member when the primary member is absent.

Any work group member who wishes to appoint a delegate from their organization who may vote in lieu of the primary member should provide the name of the delegate with a letter of interest and a resume in writing to the **August 19, 2015 work group meeting**.

In addition, if you are no longer interested in serving on the workgroup, please let us know. If you are no longer able to serve, please let us know if there is anyone else from your organization who would be interested.

We would like to seek approval for any membership substitutions or modifications and the new delegates at the same time given Secretary Johnson's busy schedule. Thank you!

# Attachment 5

## Payment Models Update

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# Payment Models Work Group Update - Episodes of Care

Health Care Work Force Work Group  
Meeting

August 19, 2015

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Episodes of Care

# VHCIP EPISODES OF CARE WORK TO DATE

# VHCIP & Episodes of Care

- **2012:** SIM Application
  - Propose bundled payment models based on EOC
- **2013:** Year 1 Operational Plan
  - Pursuing bundled payment models based on EOC
  - Propose developing EOC analytics tools to drive delivery system transformation
- **2014:** Year 2 Operational Plan
  - Bundled payment models not a high priority for stakeholders
  - Propose focus on EOC analytics to drive delivery system transformation and complement other VHCIP initiatives
- **2015:** PMWG develops EOC Sub-Group

# EOC Sub-Group Charge

The Episodes of Care sub-group (a sub-group of the *Payment Models Work Group*) will play a key role in developing and defining the future of Episodes data use in Vermont. The sub-group will recommend a number of episodes for further exploration using already established selection criteria. The sub-group will also aid in the development of a Request for Proposals (RFP) to elicit bids from potential vendors to produce user-friendly data reports related to selected episodes in the State. Sub-group members will be asked to provide recommendations regarding:

- selection and definition of episodes
- methodological considerations
- identification of appropriate quality measures
- report development and dissemination for delivery system transformation including identification of the need for additional provider supports to enhance the use of data and analytics
- bid review and vendor selection

# Sub-Group Representation

- Blue Cross Blue Shield of Vermont
- Blueprint for Health
- DAIL
- DVHA
- GMCB
- MVP Health Care
- OneCare Vermont
- Vermont Association of Hospitals and Health Systems
- Vermont Medical Society
- Vermont Program for Quality in Health Care

# Episodes of Care

- Conceptually, an episode of care consists of all related services for one patient for a specific diagnostic condition from the onset of symptoms until treatment is complete
  - Operationally, episode definitions may vary
- Episodes constitute clinically and economically meaningful units of service
- Episode-based payment models are being tested in three other SIM States:
  - Round 1: Arkansas
  - Round 2: Ohio and Tennessee

# Using Episodes of Care

- To identify opportunities in support of delivery system transformation:
  - Do utilization patterns for specific conditions suggest excessively high or variable rates of particular services?
  - How do cost and utilization patterns differ across providers who serve patients for clinically-similar conditions?
  - How much duplication of service occurs for patients seen by different providers in different settings over time?
  - How do different care categories (e.g. inpatient facility, pharmacy, outpatient lab, etc.) impact overall episode costs?

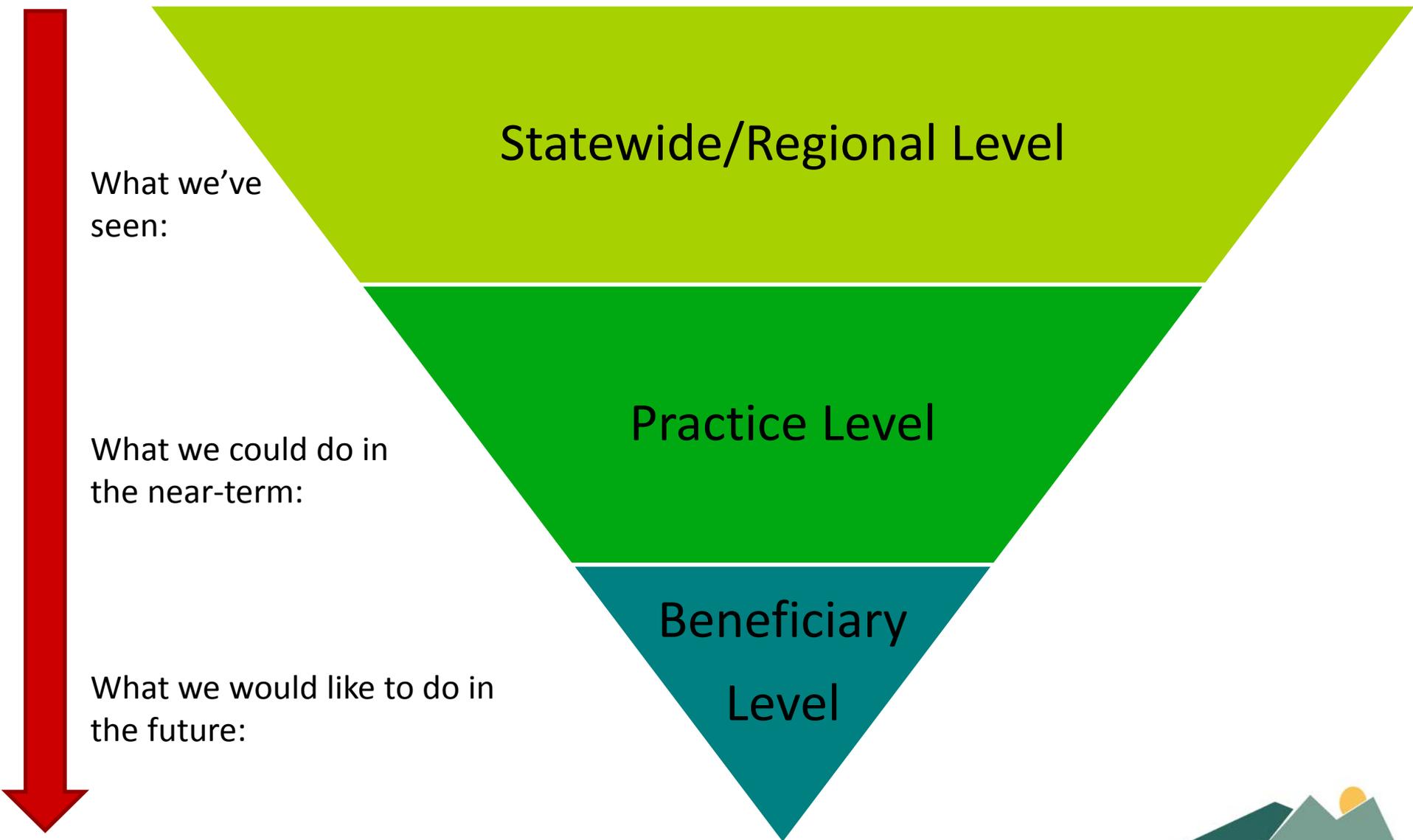
# Types of Improvements Expected

- Making efficient substitutions among treatment options
- Avoiding complications
- Managing acute conditions
- Managing chronic conditions
- Reducing costs without sacrificing quality of care

# Sub-Group Activity to Date (Jan-Apr)

- Reviewed preliminary PMWG EOC analyses (HCi3)
- Discussed related initiatives of interest
  - Arkansas' (SIM) EOC analytics and reporting
  - MVP's EOC analytics and reporting
  - Blueprint for Health analytics and practice & HSA profiles
- Discussed potential for use of episode analytics in Vermont
  - Potential provider types to receive episodes reports
  - Potential strategies for disseminating reports
  - Potential data sources for episodes analytics
  - Potential vendor capabilities

# Phases of Episode-Based Analysis



# Questions?

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# Attachment 6

## Core Competency Training

# **Vermont's Proposed Core Competency Training for Front-Line Care Managers: Background and Overview**

**VHCIP Health Care Workforce Work Group  
August 19, 2015**

**Pat Jones, Health Care Project Director  
Green Mountain Care Board**

# Background

- The VHCIP Care Models and Care Management Work Group identified two key priorities:
  - ...to better serve all Vermonters (especially those with complex physical and/or mental health needs), **reduce fragmentation with better coordination of care management activities...**
  - ...[to] better **integrate social services and health care services** in order to more effectively understand and address **social determinants of health** (e.g., lack of housing, food insecurity, loss of income, trauma) for at-risk Vermonters...
- The Work Group designated a Planning Group to design a Quality Improvement Learning Collaborative to act on these priorities.
- The Core Team approved funding for the Learning Collaborative, including Core Competency Training for front-line care managers.

# Learning Collaborative Snapshot

- Vermont's delivery system reforms have strengthened coordination of care and services, but people with complex care needs sometimes still experience fragmentation, duplication, and gaps in care and services.
- A number of national models have potential to address these concerns.
- Health and community service providers were invited to participate in a year-long Integrated Communities Care Management Learning Collaborative to test interventions from these promising models.

# Near-Term Goals

## ■ Near-term goals are to:

- Learn about and implement promising interventions to better integrate care management;
- Increase knowledge of data sources; use data to identify at-risk people and understand their needs;
- Improve communication between organizations;
- Reduce fragmentation, duplication, and gaps in care;
- Establish care management protocols to systematize referrals, transitions and co-management
- **Provide tools and training for staff members who engage in care management;** and
- Determine if interventions improve coordination of care.

# Longer-Term Goals

- Longer-term goals mirror the Triple Aim and Vermont's Health Care Reform goals:
  - Improving the patient experience of care (including quality and satisfaction);
  - Improving the health of populations; and
  - Reducing the per capita cost of health care.
  
- While the Collaborative will initially focus on at-risk populations, the ultimate goal is to develop a population-wide approach.

# Learning Collaborative: Participating Communities

- Initially rolled out in Burlington, Rutland and St. Johnsbury in January 2015
- As many as 8 or 9 additional communities (health service areas) are participating in a second round starting in September 2015

# Examples of Participants In Each Community

Consumer Representatives

Primary Care Practices participating in ACOs (care coordinators)

Designated Mental Health Agencies and Developmental Services Providers

Visiting Nurse Associations and Home Health Agencies

Hospitals and Skilled Nursing Facilities

Area Agencies on Aging

Blueprint Community Health Teams and Practice Facilitators

Support and Services at Home (SASH coordinators)

ACOs (OneCare, CHAC)

Medicaid's Vermont Chronic Care Initiative

Commercial Insurers (BCBSVT)

Agency of Human Services Staff

# Core Competency Training

# Intended Audience for Training

- Responding to requests for training for multi-disciplinary front-line care management staff
- Training will be offered to community teams participating in learning collaborative, but intent is also to provide access to other interested organizations and individuals
- Intended for variety of staff members: nurses, social workers, community health workers, other health and community service organization staff members

# Process for Developing Training

- RFP being developed; plan is to complete procurement during the fall and begin training in early 2016
- Conceivable that there could be more than one contractor, given breadth of proposed content
- Proposed content is being informed by learning collaborative
- Also informed by 5 DLTSS-Specific Core Competency briefs developed by the DLTSS Work Group and its consultant:
  - Disability Competency for Providers
  - Disability Competency for Care Management Practitioners
  - Cultural Competency
  - Accessibility
  - Universal Design

# Potential Content for Training

(next 3 slides)

- Basic skills in care management/care coordination
- Integrated care management and principles of team-based care (including collaboration among multiple providers and the person receiving care)
- Identifying and serving as a lead care coordinator
- Motivational interviewing
- Development and implementation of a person-directed shared care plan
- Interpersonal communication

# Potential Content (cont'd)

- Principles of person-centeredness
- Needs assessment
- Using data to identify people needing services
- Accessing/connecting with health, wellness, lifestyle and community resources
- Care transitions
- Health coaching
- Conducting home visits

# Potential Content (cont'd)

- Supporting caregivers
- Professional boundaries
- Bias, culture and values in health care (cultural and disability competency)
- Health disparities and social determinants of health
- Impact of adverse childhood events, mental illness, and addiction disorders on health status
- Trauma-informed care, crisis management and suicide prevention
- Palliative care and end of life care

# Training Format

- Goal is to use various training formats to ensure access to content
  - In-person
  - Virtual
  - On-line
- Sustainability is critical
  - Train-the-trainer
  - On-line clearinghouse
  - Other options to build capacity for ongoing training

# Other Considerations

- Opportunities to coordinate with other educational initiatives
- Stand-alone modules to allow participants to access total curriculum, or selected portions
- Additional options for access and future sustainability

# Questions?