

## 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. |            |