

**Vermont Health Care Innovation Project
Population Health Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: October 11, 2016; 2:30 PM – 4:00 PM; EXE 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
<p>1. Welcome, Roll Call, Agenda Review & Approval of Minutes</p>	<p>Welcome Karen Hein called the meeting to order at 2:35 pm.</p> <p>Agenda Review Karen Hein then reviewed the agenda with the group.</p> <p>Roll Call and Approval of minutes A roll call attendance was taken and a quorum was present. Dale Hackett offered a motion to approve the minutes of the last meeting by exception; Melissa Miles seconded and the motion carried with three abstentions (Maura Graff, Jenney Samuelson and Kim Fitzgerald)</p>	
<p>2. Project Update:</p> <ul style="list-style-type: none"> • Brief Sustainability Plan Update • Update on ACH Peer Learning Lab 	<p>Project Updates: <u>Sustainability Plan Update:</u> Georgia Maheras delivered an update on the process to create the SIM sustainability plan and began by thanking those who are participating in that stakeholder process. There have been three meetings thus far that have centered on the three workstreams and focus areas of the SIM project overall and the activities that are occurring within each workstream (Practice Transformation, Health Data Infrastructure and Payment Model Design and Implementation.) The plan is to have a draft available on November 2, and the plan will be presented at every work group and Steering committee in November – including a special webinar. The Core Team will receive a recommended plan in December that will be provided to the incoming administration. Similar to the Population Health plan, it will be the product of much work by stakeholders and will be sent out broadly for comment and input.</p> <p>A question was posed - Can you give a sense of the content? Georgia stated that the project has created a table (from the Operational Plan) that lists all of the SIM activities and it assigns responsibility for each item going forward. Some activities identify private and public sector 'ownership' or indicate that the activity was a one-time investment by SIM. There is, for example, recognition that some of the public/private work groups have been very valuable and the team is working through how to make recommendations about how to proceed.</p>	

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	<p>Another question was asked - Will there be a budget proposal for the public side of this? Georgia stated that Lawrence Miller (Core Team Chair and lead on the sustainability work) has recommended the group ignore the dollars at this time because often, funding can be found if strong priorities are identified.</p> <p><u>Update on ACH Peer Learning Lab</u> Sarah Kinsler provided an update on the Peer Learning Lab. In early Spring, communities were recruited to participate in the peer learning lab. The group of 10 communities has met in person twice, along with other learning events such as webinars. Heidi Klein shared some of the learnings that have occurred, and observed that the teams have been and remain in very different places along the path toward creating accountable communities for health. Each group is working on ways to fit the pieces together and to integrate prevention and population health strategies into their work. The focus is on the nine core elements of an accountable community for health. Additional clarification has been sought from the larger group and a small leadership group has formed a sub-group to provide a more cohesive set of information and next steps. The next convening will be in January, and the contractor supporting this work will be creating short case studies for that event.</p> <p>Jenny Samuelson added that it was impressive to see the groups coming together and recognizing the work that has led up to this point. An enormous amount of collaboration has brought us to now, and the relationships that have been built will be the building blocks moving forward.</p>	
3. Review Draft Population Health Plan	<p>Review Draft Population Health Plan</p> <p><i>What do we believe must change in our health systems in order to improve population health outcomes?</i></p> <p>Karen Hein introduced the topic and noted with thanks those who have contributed to the draft document thus far. She added that this is a high level document meant to think about how we can improve health and moderate cost for every and all Vermonters.</p> <p>Heidi Klein reviewed the slides that are in the materials packet as attachment 3. What are the key questions:</p> <ul style="list-style-type: none"> • From your work group’s point of view, how does this plan advance your work? • How well do the goals and recommendations of the plan align with yours for moving ahead? • What else would you want to see in order to get behind this plan? <p>The five principles for improving population health:</p> <ol style="list-style-type: none"> 1. Use Population-Level Data on Health Trends and Burden of Illness to Identify Priorities and Target Action. 2. Focus on Prevention, Wellness, and Well-Being at All Levels – Individual, Health Care System, and Community. 3. Address the Multiple Contributors to Health Outcomes 4. Community Partners are Engaged in Integrating Clinical Care and Service Delivery with Community-Wide Population Prevention Activities. 5. Create Sustainable Funding Models Which Support and Reward Improvements in Population Health, including Primary Prevention and Wellness. 	

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	<p>Heidi walked the group through the various policy levers at the state and regional levels that can be used to promote population health. These levers arise in various areas such as governance, care delivery requirements and incentives, metrics and data and payment and financing methodologies.</p> <p>How will we know we are there?</p> <ul style="list-style-type: none"> • Health system actions are primarily driven by data about population health outcomes; goals and targets should be tied to these statewide data and priorities identified in the State Health Improvement Plan. • The health system creates health and wellness opportunity across the care and age continuum and utilizes approaches that recognize the interconnection between physical health, mental health and substance use, and the underlying societal factors. • Payment and financing mechanisms are in place for prevention strategies in the clinical setting, through clinical/community partnerships, and for community wide infrastructure and action. • An expanded number of entities are accountable for the health of the community including health care providers, public health, community providers and others who affect health through their work on housing, economic development, transportation, and more, resulting in true influences on the social determinants of health. <p>The group discussed the following:</p> <p>Dale Hackett made a few observations: how do we define savings and how might we address Zika if it becomes an issue?</p> <p>Kathy Hency noted that there's no mention of children and families in the document. Georgia Maheras responded with the reasoning that the document intentionally does not call out any sub-populations who might have need of special needs in this new model, because of the potential to miss important groups and the desire to keep the document at a high level. The focus of this document is on systems; to demonstrate the ability to focus on sub-populations more clearly. How can we still have the systems lens on this but still allow for groups to call out specific sub-groups. Feedback on this topic is welcome!</p> <p>Kathy also noted that she sees that the document is about adults and chronic disease. Life force is mentioned once and no other time. The wellbeing of Vermonters is also missing, noted Karen Hein. What are ways that different sub-populations thrive and live well? Karen referenced the <i>Wellbeing of Vermonters Framework</i>. Kathy also suggested that the <i>Strengthening Families Framework</i> is a good source for language to address these gaps.</p> <p>Maura Graff noted that she was confused by 5 principles as it appears to be showing a focus on those topics only to the exclusion of other important initiatives.</p>	

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	<p>Jenny Samuelson offered another level for consideration when she compares this to the business plan for the VCO (the newly-formed Vermont Care Organization – single ACO) – they are very well aligned. Looking more to that would bring out the benefits of moving forward together in alignment.</p> <p>Jim Hester suggested that it might be helpful to clarify in the introduction to add what this is and what this is not. Also on slide 22, the measures are being tracked and also should be incorporated into the framework.</p> <p>Dale Hackett felt that he could envision the real work that could happen when he read the document; it felt very real and if all the pieces come together, it seems like it would work very well.</p> <p>Kate O’Neill, commented that she found the graphic very helpful. (page 30). As well, her background in education left her feeling like she spent a lot of time talking about what it is, and not how to do it by outlining strategies for success. Heidi noted that by the time the document is ready to be handed over to the new administration, there will be some learning to share from the ACH pilot groups. It will be nice to see the companion document that goes along with this document. Where the rubber meets the road is the strategy and how to do it – these could be the Change Packages – which include the guidance around the strategies, how to measure success. Laural Ruggles also noted that the change packets are great because they meet the reader or community where they are. They also allow you to layer the work; as you make changes, you can reflect that and keep going.</p> <p>The group also discussed:</p> <ul style="list-style-type: none"> • If the All Payer Model goes through, we need to take that into account. • Also, if Medicaid Pathway goes forward, the plan should also include those activities. Both are out for public information gathering and comment now so the group agreed that it is difficult to incorporate those details at this time since those frameworks are incomplete. <p>Kim Fitzgerald noted that slide 8 states ‘address’ multiple contributors to health – but it doesn’t fully capture the very broad group of social determinants of health.</p> <p>Dale Hackett added to Kate’s comment about the flexibility of applying one framework for all? A huge issue is all the children coming in...and there are common principles that can address this and also fluidity to allow communities to see themselves in the process and not feel a rigid framework that they can’t apply to themselves.</p> <p>Laural Ruggles suggested that toolkit language could be added, meaning to highlight the common elements that you can pull out. “This is how you do it”</p> <p>Jim Hester added that there is no State level intervention for the data and metrics slide; he also suggested to call out specifically the All-Payer Claims Database (VHCURES); and finally suggested that in the state level recommendations, the plan could create a metric to capture the cross-agency/organization impacts.</p> <p>Georgia Maheras noted that the team working on the plan has heard feedback around having more direction provided about outreach and engagement. That is, how do we share the change packets? We did not include a lot of outreach in this draft but it has garnered a lot of feedback on that topic.</p>	

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	<p>Toolkits are great but need an engine for implementation. Worksite wellness toolkit – no one uses if no implementation recommendation strategies are included. And a leadership group that will take on the responsibility of being the resource entity – or a support entity for activities going forward (after SIM.)</p> <p>Jenney added that one of the highlights of the Blueprint for Health program that is different in Vermont than similar initiatives around the country is that the Blueprint also included project managers and practice facilitators to help keep practices on track with the initiative and to serve as the back bone and information pipeline. It has been widely commended that this tactical decision is what has helped Vermont to produce such good outcomes.</p> <p>Some final thoughts were shared with the group:</p> <p>Dale Hackett cautioned the group – don't leave out the consumer. When thinking about the delivery – let the consumer know it's coming and get them engaged early as its getting ready. They like to know what's coming – better to see the wave coming.</p> <p>Josh Plavin suggested using employers as point of dissemination leverage this –and to partner with them when appropriate. This happens in the Blue Zones framework, for example.</p> <p>All comments and feedback are due by November 2, 2016! Please send any additional comments to Heidi Klein (Heidi.Klein@vermont.gov), Sarah Kinsler (Sarah.Kinsler@vermont.gov) and/or Georgia Maheras (Georgia.Maheras@vermont.gov). You may make comments via email, on a hard copy, or can even call for a meeting.</p>	
5. Open Comments and Next Steps	<p>There was no public comment</p>	
6. Next Meeting and Next Steps	<p>Next Meeting and Next Steps Next meeting Tuesday, November 8, 2016, 2:30 pm – 4:00 pm, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier</p>	

VHCIP Population Health Work Group Member List

Dale Hackett 10
Melissa Miles 20
Motion carried 3 abstentions

11-Oct-16

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
Susan	Aranoff				AHS - DAIL
Jill Berry	Bowen	<i>Jonathan</i>	<i>Billings</i> ✓		Northwestern Medical Center
Mark	Burke	<i>Steve</i>	<i>Gordon</i> ✓		Brattleboro Memorial Hospital
Donna	Burkett	Maura	Graff ✓	A	Planned Parenthood of Northern New England
Daljit	Clark	MaryKate	Mohlman	A	AHS - DVHA
Beverly	Boget	<i>Jenny</i>	<i>Samuelson</i> ✓		VNAs of Vermont
Judy	Cohen				University of Vermont
Jesse	de la Rosa				Consumer Representative
Tracy	Dolan	Heidi	Klein ✓		AHS - VDH
Kate	Simmons	Kendall	West		CHAC
Dale	Hackett ✓				Consumer Representative
Karen	Hein ✓				Dartmouth Medical School
Kathleen	Hentcy ✓	Charlie	Biss		AHS - DMH
Penrose	Jackson				UVM Medical Center
Pat	Jones	<i>Kat</i> <i>Melissa</i>	<i>O'Neill</i> ✓ <i>Males</i> ✓		GMCB
Lyne	Limoges				Orleans/Essex VNA and Hospice, Inc.
Ted	Mable	Kimberly	McClellan		DA - Northwest Counseling and Support Services
Patricia	Launer ✓				Bi-State Primary Care
Joshua	Plavin ✓	Teresa	Voci		Blue Cross Blue Shield of Vermont

Laural	Ruggles ✓				Northeastern Vermont Regional Hospital
Julia	Shaw				VLA/Health Care Advocate Project
Melanie	Sheehan				Mt. Ascutney Hospital and Health Center
Miriam	Sheehey				OneCare Vermont
Shawn	Skaflestad ✓	Sarah	Clark		AHS - Central Office
Chris	Smith ✓				MVP Health Care
JoEllen	Tarallo-Falk ✓	Lori	Augustyniak		Center for Health and Learning
Karen	Vastine				AHS - DCF
Stephanie	Winters				Vermont Medical Society
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KIM
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 Fitzgerald ✓ - SASH

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	Meeting Name:	VHCIP PH Work Group Meeting	
	Date of Meeting:	October 11, 2016	
	First Name	Last Name	
1	Susan	Aranoff	
2	Julie	Arel	
3	Lori	Augustyniak	
4	Ena	Backus	
5	Susan	Barrett	
6	Bob	Bick	
7	Charlie	Biss	
8	Mary Lou	Bolt	
9	Jill Berry	Bowen	
10	Mark	Burke	
11	Donna	Burkett	
12	Jan	Carney	
13	Barbara	Cimaglio	
14	Daljrit	Clark	
15	Sarah	Clark	
16	Judy	Cohen	
17	Amy	Coonradt	
18	Alicia	Cooper	
19	Janet	Corrigan	
20	Julie	Corwin	
21	Brian	Costello	
22	Mark	Craig	
23	Jesse	de la Rosa	
24	Trey	Dobson	

25	Tracy	Dolan	
26	Lisa	Dulsky Watkins	
27	Suratha	Elango	
28	Kim	Fitzgerald	here
29	Erin	Flynn	
30	Lucie	Garand	
31	Christine	Geiler	here
32	Steve	Gordon	phone
33	Don	Grabowski	
34	Maura	Graff	phone
35	Dale	Hackett	here
36	Karen	Hein	here
37	Kathleen	Hentcy	phone
38	Jim	Hester	here
39	Penrose	Jackson	
40	Pat	Jones	
41	Joelle	Judge	here
42	Sarah	Kinsler	phone
43	Heidi	Klein	here
44	Norma	LaBounty	
45	Andrew	Laing	
46	Patricia	Launer	phone
47	Mark	Levine	
48	Lyne	Limoges	
49	Nicole	Lukas	here
50	Ted	Mable	
51	Carole	Magoffin	

52	Georgia	Maheras	here
53	Carol	Maloney	
54	MaryKate	Mohlman	
55	Chuck	Myers	
56	Joshua	Plavin	phone
57	Luann	Poirer	
58	Sarah	Relk	
59	Brita	Roy	
60	Laural	Ruggles	here
61	Jenney	Samuelson	here
62	seashre@msn.com	seashre@msn.com	
63	Julia	Shaw	
64	Melanie	Sheehan	
65	Miriam	Sheehey	
66	Shawn	Skaflestad	phone
67	Chris	Smith	phone
68	JoEllen	Tarallo-Falk	phone
69	Karen	Vastine	
70	Teresa	Voci	
71	Nathaniel	Waite	
72	Marlys	Waller	
73	Kendall	West	
74	James	Westrich	
75	Stephanie	Winters	
76	David	Yacovone	

Melissa Miles - GMCB - here