

# *VT Health Care Innovation Project Population Health Work Group Meeting Agenda*

Date: Tuesday December 8, 2015 Time: 2:30-4:00 pm  
 Location ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier  
 Call-In Number: 1-877-273-4202; Passcode: 420-323-867

**All Participants: Please ensure that you sign in on the attendance sheet the will be circularized at the beginning of the meeting, Thank you.**

<b>AGENDA</b>					
<b>Item #</b>	<b>Time</b>	<b>Topic</b>	<b>Presenter</b>	<b>Relevant Attachments</b>	<b>Action #</b>
1	2:30	<b>Welcome, roll call and agenda review</b>	Tracy Dolan	<b>Attachment 1:</b> Agenda	
2	2:35	<b>Approval of Minutes</b>	Karen Hein	<b>Attachment 2:</b> Minutes	
3	2:40	<b>Accountable Communities for Health: Phase II</b> <ul style="list-style-type: none"> <li>• Share design</li> <li>• Identify desired outcomes</li> <li>• Discuss questions, concerns, necessary support to communities that are part of the peer learning</li> </ul>		<b>Attachment 3:</b> ACCOUNTABLE COMMUNITIES FOR HEALTH LEARNING SYSTEM PROPOSAL	
4	3:00	<b>Report From Small Groups</b>	Heidi Klein		
4	3:45	<b>Population Health Plan RFP</b>	Tracy Dolan		

OPEN ACTION ITEM LOG					
Date Added	Action Number	Assigned to:	Action /Status	Due Date	Date Closed
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			•		
			•		

# Attachment 2: Minutes

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

### Pending Work Group Approval

**Date of meeting:** September 15, 2015; 2:30 PM – 4:00 PM; Calvin Coolidge Conference Room, National Life Building, Montpelier

Agenda Item	Discussion	Next Steps
<b>1. Welcome, Roll Call, &amp; Agenda Review</b>	<p>Tracy Dolan called the meeting to order at 2:32pm. A roll call attendance was taken and a quorum was not present.</p>	
<b>2. Project Changes and Work Group Continuity</b>	<p>Tracy Dolan introduced Georgia Maheras, VHCIP Project Director who discussed the upcoming project reorganization from the information included in the materials packet.</p> <p><b>Project Reorganization:</b> There are five main components of the VHCIP:</p> <ul style="list-style-type: none"> <li>• Project/Program Management</li> <li>• Evaluation</li> <li>• Care Delivery and Practice Transformation</li> <li>• Health Data Infrastructure</li> <li>• Payment Model Design and Implementation</li> </ul> <p>The reorganization plan merges several groups and their respective work plans.</p> <ul style="list-style-type: none"> <li>• The new <i>Payment Model Design and Implementation Work Group</i> will incorporate the QPM, Population Health and DLTSS Work Groups' work plans, activities, and members.</li> <li>• The new <i>Care Delivery and Practice Transformation Work Group</i> will encompass the CMCM and DLTSS Work Groups' work plans, activities, and members, as well as the provider sub-grant program.</li> <li>• The new <i>Health Data Infrastructure Work Group</i> will replace the HIE/HIT Work Group.</li> <li>• The current <i>Workforce Work Group</i>, established via executive order, will not change.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>Memberships are being reviewed and established now. Participants are invited to self-select membership and one or two alternates, and provide us with feedback. We are requesting this by the end of this week (9/18/15)</p> <p>New meetings will begin in October and will continue through 2016.</p> <p>Workplan coordination is underway to ensure that milestones are appropriately allocated to work groups and that no milestones are missing.</p> <p>Website redesign and organization is underway. Monthly status reports are being restructured to be more logical and easier to find and read.</p> <p>Tracy Dolan added that the Population Health Work Group will join the new Payment reform group to ensure that the lens of population health is applied to the conversations that will now be happening in the same room. The group does, however, have some unique work to do on its own, such as the Population Health Plan. As well there are conversations to be had around sustainability. For example, looking beyond payment models to potential other sources of financing to help foster population health improvement initiatives in a sustainable manner. How do we pay for population health and prevention in an ongoing way? Jim Hester is working on a short white paper on this topic.</p> <p>Miriam Sheehy commented that merging the groups is a great idea. The overlap and synergy between some of the groups is evident so having everyone together is going to be a good move.</p>	
<p><b>3. Approval of Minutes</b></p>	<p>A quorum was not achieved.</p>	
<p><b>4. Accountable Communities for Health</b></p>	<p><b>Accountable Communities for Health: A discussion about next steps</b></p> <p>Heidi Klein reviewed the 9 core elements of the Accountable Community for Health (ACH).</p> <p>At the last work group meeting, participants reviewed the recommendations from the Prevention Institute and the key strategic questions from the Center for Health Care Strategies. Heidi has now put together a proposal that outlines potential next steps and topics for further discussion as the group continues to consider the creation of an ACH.</p> <p>The high level vision of an ACH would be to ‘align and mutually reinforce evidence based strategies in a geographic area to improve specific health outcomes.’</p>	

Agenda Item	Discussion	Next Steps
	<p>Goals – two tiers</p> <ol style="list-style-type: none"> <li>1) State level -- Pulled from state health improvement plan – focus on chronic disease, mental health and substance abuse, and immunization</li> <li>2) Regional level -- combined the goals of the emerging UCCs and the Community Health Needs (CHN) assessments in which hospitals engage as a mechanism for providing a foundation to determine regional goals for population health improvement.</li> </ol> <p>Josh Plavin commented that the federal requirements for CHN plans at the hospitals can be leveraged for activities and initiatives that we’re talking about.</p> <p><b>What do we need:</b> Core indicators at the regional level as well as the statewide goals. There might be a few different places from which to draw these.</p> <p><b>Next steps:</b> Bring together the people who are already working towards the goals of an Accountable Community for Health from different communities around the state. Consider how to build on existing efforts to integrate services for individuals and expanding it to the next circle out to the community wide population health improvement. These innovators will be brought together to :</p> <ul style="list-style-type: none"> <li>• Learn with and from one another</li> <li>• Identify the practical steps and developmental stages in creating an Accountable Community for Health</li> <li>• Inform the development of necessary state level policy and guidance to support regional efforts.</li> </ul> <p>Ex: housing for a couple of high needs patients versus addressing housing for the larger community need.</p> <p>Laural Ruggles offered her thoughts on what she views as missing from the overall proposal:</p> <ul style="list-style-type: none"> <li>• Health in all Policies</li> <li>• Community Development people</li> </ul> <p>What do we mean when we say health in all policies? Getting the SOV more involved and bringing non-health partners and more teeth to the table in terms of making regulations and policies that include health improvement.</p> <p>Sue Aranoff commented that in her review of the hospital budget approval process that it is hard to find concrete data on the amount of funding spent on the social and economic contributors to health outcomes. In her review, there are a couple of line items in the hospital budgets that appear to be aligned with this work. She suggested that it would be helpful to collect the data and analyze it to help determine how hospital funds are allocated and consider shift towards integration of care and community wide strategies to improve population health.</p>	

Agenda Item	Discussion	Next Steps
	<p>Laural Ruggles pointed out that hospitals are not allowed to make as much money as is needed to get the work done – which is why we need to bring in more stakeholders to help with these efforts.</p> <p>Jim Hester – the guidance from the state could also include structured guidance toward those policy levers.</p> <p>Tracy added that it would also be beneficial to be more specific about the kinds of things that are working in the regional groups and around the state. The proposal for the next step for ACHs is to bring together existing leaders to learn from and with one another.</p> <p>Mark Companion from the Vermont Housing Development Board introduced himself and indicated that he’s been working on bringing his organization’s services to a broader set of recipients and that housing services can play an essential part of the ACH structure. He suggested that social impact bonds, such as those as being pursued by AHS are a good vehicle for funding – and the driver is housing – and not healthcare.</p> <p>The groups discussed the notion of breaking down the barriers between various work areas, and that it is a mighty task to “learn our world” of healthcare. The ACH is a great way to bring those barriers down because in that model all the players are coming together.</p> <p><b><i>How do we engage those who are already on the ground doing this work, but not overwhelm them?</i></b></p> <p>Jenney Samuelson offered a comment that so many of the people involved in this effort are already convening in some forum or another –and some of these groups just cannot take another group to convene. So maybe the opportunity is to fund and support the initiatives they are already contemplating.</p> <p>Laural Ruggles added that we should be meeting the community where they’re at.</p> <p>Heidi then spoke of how the Population Health Work Group has some funding to help create the space for bringing together groups to think about what the next steps might be for moving toward an ACH model.</p> <p>Jim Hester questioned if we want to put some of our resources toward starting the next wave of these kinds of initiatives.</p> <p>Kim McClellan asked if there is one place to know where the various communities or regional efforts are at in terms of these 9 core elements or other similar initiatives. We do know what’s happening at the UCC level thanks to Miriam Sheehy capturing that on an on-going basis. We have not yet created an assessment or inventory of activities beyond the UCC.</p>	

Agenda Item	Discussion	Next Steps
	<p>Jesse de la Rosa noted the need to share what we have learned already with others who have not been engaged in the VHCIP project. He suggested that perhaps there's a way to film/record the initial summit of these conversations that could then be used as an outreach to those kinds of communities who are feeling disenfranchised. Now is the time for awareness-raising.</p>	
<p><b>4. Next Steps</b></p>	<p>Karen Hein closed the meeting with a look ahead.  The Population Health Work Group has morphed and will become part of the payment models new larger group. And the group will continue to meet quarterly to review progress on the Population Health Plan– perhaps the next date in December.</p> <p>Please watch your inbox in the coming weeks for new VHCIP meeting invitations!</p>	

# VHCIP Population Health Work Group Member List

Roll Call: 9/15/2015

Member		Member Alternate		Minutes		
First Name	Last Name	First Name	Last Name			Organization
Susan	Aranoff ✓					AHS - DAIL
Jill Berry	Bowen					Northwestern Medical Center
Mark	Burke					Brattleboro Memorial Hospital
Donna	Burkett					Planned Parenthood of Northern New England
Dr. Dee	Burroughs-Biron	Trudee	Ettlinger			AHS - DOC
Daljit	Clark	Jenney	Samuelson ✓			AHS - DVHA
Peter	Cobb					VNAs of Vermont
Judy	Cohen					University of Vermont
Jesse	de la Rosa ✓					Consumer Representative
Tracy	Dolan ✓	Heidi	Klein ✓			AHS - VDH
Joyce	Gallimore					CHAC
Karen	Hein ✓					Dartmouth Medical School
Kathleen	Hentcy	Charlie	Biss ✓			AHS - DMH
Penrose	Jackson					UVM Medical Center
Pat	Jones					GMCB
Patricia	Launer ✓					Bi-State Primary Care
Lyne	Limoges					Orleans/Essex VNA and Hospice, Inc.
Ted	Mable	Kimberly	McClellan ✓			DA - Northwest Counseling and Support Services
Carol	Maloney ✓					AHS - Central Office
Melissa	Miles					Bi-State Primary Care
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 ✓					AHS - Central Office
Chris	Smith ✓					MVP Health Care
JoEllen	Tarallo-Falk	Lori	Augustyniak			Center for Health and Learning
Karen	Vastine					AHS - DCF
Teresa	Voci ✓	LaRae	Francis			Blue Cross Blue Shield of Vermont
Stephanie	Winters					Vermont Medical Society
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 Josh Flavin - BOBSVT  
 NO QUORUM

# VHCIP Population Health Work Group Participant List

Attendance:

9/15/2015

<b>C</b>	<b>Chair</b>
<b>IC</b>	<b>Interim Chair</b>
<b>M</b>	<b>Member</b>
<b>MA</b>	<b>Member Alternate</b>
<b>A</b>	<b>Assistant</b>
<b>S</b>	<b>VHCIP Staff/Consultant</b>
<b>X</b>	<b>Interested Party</b>

First Name	Last Name		Organization	Population Health
Susan	Aranoff	<i>Wre</i>	AHS - DAIL	S/M
Julie	Arel		VDH	X
Lori	Augustyniak		Center for Health and Learning	MA
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Bob	Bick		DA - HowardCenter for Mental Health	X
Charlie	Biss	<i>love none</i>	AHS - Central Office - IFS / Rep for AHS - DMH	X/MA
Mary Lou	Bolt		Rutland Regional Medical Center	X
Jill Berry	Bowen		Northwestern Medical Center	M
Mark	Burke		Brattleboro Memorial Hopsital	M
Donna	Burkett		Planned Parenthood of Northern New England	M
Dr. Dee	Burroughs-Biron		AHS - DOC	M
Jan	Carney		University of Vermont	X
Amanda	Ciecior		AHS - DVHA	S
Barbara	Cimaglio		AHS - VDH	X

Daljit	Clark		AHS - DVHA	MA
Peter	Cobb		VNAs of Vermont	M
Judy	Cohen		University of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Janet	Corrigan		Dartmouth-Hitchcock	X
Brian	Costello			X
Mark	Craig			X
Wendy	Davis		University of Vermont	X
Jesse	de la Rosa		Consumer Representative	M
Micah	Demers		Blue Cross Blue Shield of Vermont	X
Trey	Dobson		Dartmouth-Hitchcock	X
Tracy	Dolan	<i>none</i>	AHS - VDH	C/M
Kevin	Donovan		Mt. Ascutney Hospital and Health Center	X
Lisa	Dulsky Watkins			X
Suratha	Elango		RWJF - Clinical Scholar	X
Gabe	Epstein	<i>none</i>	AHS - DAIL	S
Trudee	Ettlinger		AHS - DOC	MA
Kim	Fitzgerald	<i>none</i>	Cathedral Square	X
Erin	Flynn		AHS - DVHA	S
LaRae	Francis		Blue Cross Blue Shield of Vermont	MA
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Steve	Gordon		Brattleboro Memorial Hospital	X
Don	Grabowski		The Health Center	X
Maura	Graff		Planned Parenthood of Northern New England	X
Wendy	Grant		Blue Cross Blue Shield of Vermont	A
Dale	Hackett	<i>none</i>	Consumer Representative	X
Thomas	Hall		Consumer Representative	X
<del>Bryan</del>	<del>Hallett</del>		GMCB	S
Catherine	Hamilton		Blue Cross Blue Shield of Vermont	X
Carolynn	Hatin		AHS - Central Office - IFS	S
Karen	Hein	<i>none</i>		C/M

Kathleen	Hentcy		AHS - DMH	M
Jim	Hester	here	SOV Consultant	S
Penrose	Jackson		UVM Medical Center	M
Pat	Jones		GMCB	S/M
Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein	here	AHS - VDH	S/MA
Norma	LaBounty		OneCare Vermont	A
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Patricia	Launer	None	Bi-State Primary Care	MA
Mark	Levine		University of Vermont	X
Lyne	Limoges		Orleans/Essex VNA and Hospice, Inc.	M
Nicole	Lukas		AHS - VDH	X
Ted	Mable		DA - Northwest Counseling and Support Services	M
Carole	Magoffin		AHS - DVHA	S
Georgia	Maheras	None	AOA	S
Carol	Maloney	None	AHS	X
Mike	Maslack			X
Jill	McKenzie			X
Melissa	Miles		Bi-State Primary Care	M
MaryKate	Mohlman	here	AHS - DVHA - Blueprint	X
Chuck	Myers		Northeast Family Institute	X
Annie	Paumgarten		GMCB	S
Luann	Poirer		AHS - DVHA	S
Carley	Riley			X
Brita	Roy			X
Laural	Ruggles	here	Northeastern Vermont Regional Hospital	M
Jenney	Samuelson	here	AHS - DVHA - Blueprint	M
seashre@msn.com	seashre@msn.com		House Health Committee	X
Julia	Shaw		VLA/Health Care Advocate Project	M
Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	M
Miriam	Sheehey	None	OneCare Vermont	M
Shawn	Skaflestad	None	AHS - Central Office	M
Chris	Smith	None	MVP Health Care	M
Kaylan	Sobel		The Council of State Governments	X

JoEllen	Tarallo-Falk		Center for Health and Learning	M
Karen	Vastine		AHS-DCF	
Teresa	Voci	here	Blue Cross Blue Shield of Vermont	M
Nathaniel	Waite		VDH	X
Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Serv	X
Kendall	West		Bi-State	X
James	Westrich		AHS - DVHA	S
Stephanie	Winters		Vermont Medical Society	M
Mary	Woodruff			X
Cecelia	Wu		AHS - DVHA	S
McKenna	Lee		OneCare Vermont	
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Mark Companion - Housing + Development  
 VT Housing + Conservation Board



Attachment 3: ACCOUNTABLE  
COMMUNITIES FOR  
HEALTH LEARNING SYSTEM  
PROPOSAL

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December, 2015

# **ACCOUNTABLE COMMUNITIES FOR HEALTH LEARNING SYSTEM PROPOSAL**

# Background

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- VHCIP contracted with the Prevention Institute, a nationally recognized non-profit based in Oakland, to explore the ACH concept, identify communities in Vermont and nationwide that are early leaders in this field, and develop recommendations to support Vermont in moving toward this model.
  - Report, “Accountable Communities for Health: Opportunities and Recommendations” (July 2015)
  - Prevention Institute also presented findings and recommendations to the Population Health Work Group; Tracy Dolan presented them to the Steering Committee in August.

# Key Concepts

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- Engages a **broad set of partners outside of healthcare** to improve overall population health;
- **Brings together major medical care, mental and behavioral and social services**, across a geographic area, and requires them to operate as partners rather than competitors while also connecting systems set up to integrate/coordinate services for individuals with community-wide prevention efforts;
- Focuses on the **health of all residents in a geographic area** rather than just a patient panel; and
- Identifies multiple strands of resources that can be applied to ACH-defined objectives that **explore the potential for redirecting savings from healthcare costs** in order to sustain collaborative efforts.

# Core Elements of the ACH Model

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1. Mission
2. Multi-Sectoral Partnership
3. Integrator Organization
4. Governance
5. Data and Indicators
6. Strategy and Implementation
7. Community Member Engagement
8. Communications
9. Sustainable Funding

# Accountable Communities for Health Learning System

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- **Goal:** Explore this concept with interested communities to support them in building Accountable Communities for Health from the ground up.
  - Communities will learn with and from one another and from national innovators;
  - Identify the practical steps and developmental stages in creating an Accountable Community for Health; and
  - Inform the development of necessary state-level policy and guidance to support regional efforts.

# Accountable Communities for Health Learning System

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- Modeled after the Integrated Communities Care Management Learning Collaborative, which has had high community interest and engagement.
  - 12-month project, with 3-month planning/design phase
  - Combination of full-day in-person learning sessions; webinars to reinforce concepts and discuss progress and challenges; and local facilitation to support ongoing community-level work.
    - Quarterly **learning sessions** and **webinars** would engage national experts as faculty.
    - Ongoing **facilitative support** will help communities pull together local leadership; identify potential integrators; review existing data and systems; and determine opportunities for increased coordination/connection.

# Accountable Communities for Health Learning System

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- Community interest is high
  - Six community efforts in Vermont were profiled for the Prevention Institute's report:
    - Rise VT (Franklin and Grand Isle Counties)
    - St. Johnsbury Collective Impact (Caledonia and Southern Essex Counties)
    - Environment Community Opportunity Sustainability (Chittenden County)
    - Windsor Health Service Area Accountable Care Community for Health (Windsor County)
    - ReThink Health Upper Connecticut River Valley (Upper Valley)
    - Accountable Community (Windham County)
  - Additional communities have expressed interest in continued engagement and support

# Proposed Budget

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Proposed budget draws from Integrated Communities Care Management Learning Collaborative budget estimates and actual Cohort 1 costs.

- Planning and Curriculum Design (Contractual): \$50,000
- Faculty for Learning Sessions/Webinars (Other): \$40,000
- Facility Fees for Learning Sessions (Other): \$16,000
- Logistical Support (Contractual): \$25,000
- Supplies: \$1,000
- Community Facilitators: \$100,000
- **Estimated Total: \$232,000**

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# QUESTIONS?

# Phase II Implementation

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Who:

Who should be invited to participate?

What are some basic eligibility criteria for participation?

How:

What existing resources/guidance related to the nine core elements can be shared with emerging ACHs?

What must we develop before we convene the participants?