

Attachment 1 - VHCIP Core Team Agenda 3.14.14

**VT Health Care Innovation Project
Core Team Meeting Agenda**

**March 14, 2014 10:00 am - 12:00 pm
DVHA Large Conference Room, 312 Hurricane Lane, Williston
Call-In Number: 1-877-273-4202; Passcode: 8155970**

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	10:00-10:02	Welcome and Chair's Report	Anya Rader Wallack	
Core Team Processes and Procedures				
2	10:02-10:05	Approval of meeting minutes	Anya Rader Wallack	Attachment 2: February 18, 2014 Meeting Minutes
Spending recommendations and decisions				
3	10:05-11:20	Continued Discussion about Grant Program (Executive Session)	Georgia Maheras	Attachment 3a: Grant Program Criteria Memo (previously distributed to the Core Team) Attachment 3b: Scoring Sheet (previously distributed to the Core Team) Attachment 3c: Application Summary Sheet (previously

				<i>distributed to the Core Team)</i>
4	*11:20-11:35	Financial Update: <ol style="list-style-type: none"> 1. Grant Program Selection 2. Contracting Request Memo: <ol style="list-style-type: none"> a. Population Health Work Group Proposal 	Georgia Maheras	Attachment 4: Contracting Memo Hester Proposal 3.14.14
Policy recommendations and decisions				
5	11:35-11:45	Policy Request: <ol style="list-style-type: none"> 1. QPM WG: Proposed Standard Relating to Shared Savings Program/ACO measure review and modification 	Pat Jones	Attachment 5: Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Programs dated 2/10/14
6	11:45-11:55	Public Comment	Anya Rader Wallack	
7	11:55-12:00	Next Steps, Wrap-Up and Future Meeting Schedule: 4/21: 1:00-3:30 Montpelier	Anya Rader Wallack	

***Items with an asterisk are for a time certain**

Attachment 2 - Core Team Minutes

02-18-2014



VT Health Care Innovation Project Core Team Meeting Minutes

Date of meeting: February 18, 2014 at 89 Main Street, Montpelier - DRF Conference Room 3rd Floor.

Call in: 877-273-4202 Passcode 8155970

Members: Anya Rader Wallack, Robin Lunge, Susan Wehry, Doug Racine, Steve Voigt, Paul Bengtson, Al Gobeille and Mark Larson(phone).

Attendees: Georgia Maheras, Allan Ramsay, Lila Richardson, Mike Del Trecco, Annie Paumgarten, Kara Suter, Richard Slusky, Spenser Wepler, Robert Pierce, Julia Shaw, Simone Rueschemeyer and John Evans.

Agenda Item	Discussion	Next Steps
1 Welcome and Chair's report	<p>Anya called the meeting to order 10:05am. All members were in attendance except for Doug Racine.</p> <p>Chair's Report: Today's agenda will include a discussion of: The Grant Program, a proposal from the Workforce Work Group and a proposal from the HIE Work Group. Core Team members are invited to the VHCIP Staff Retreat tomorrow at Lareau Farm 11am to 1pm.</p> <p>Doug Racine arrived at 10:12am.</p>	
2 Approval of Minutes	<p>Paul suggested amending the Feb 4th Minutes to read: "The Medicaid ACO and Commercial ACO Shared Savings Program contracts are..." Paul moved to accept Minutes as amended. Al Gobeille seconded the motion. The motion passed unanimously.</p>	
3 Finance Update	<p>Georgia Maheras presented two funding proposals from Work Groups:</p> <p>The Workforce Work Group recommended a proposal to contract for collection and analysis of data related to Vermont's health care professionals. The request is for one year of funds at \$150,000 (Type 2 funding under the Workforce Work Group purview). During discussion, Susan</p>	

Agenda Item	Discussion	Next Steps
	<p>Wehry asked for clarification around data collection for direct services workers and when that proposal would likely come before the Core Team. Georgia indicated that could occur in the April – June timeframe. Paul Bengtson offered that the Workforce Strategic Plan is perhaps the weakest link in Vermont’s overall plan and suggested the work group meet more often. Robin agreed.</p> <p>Susan Wehry moved to approve the funding request. Al Gobeille seconded and the motion passed unanimously.</p> <p>The HIE/HIT Work Group recommended the “Population–Based Health Information Exchange Collaboration” proposal be funded. There was discussion about VITL, the proposal and the details of the proposal. John Evans provided additional information about the proposal and VITL.</p> <p>Steve Voigt suggested discussion continue after a motion has been made. Al made the following motion: “Move that we recommend approval of VITL’s proposal, scope of work and funding as described in the documents entitled: Population Based Collaborative Health Information Exchange Project to the VHCIP Steering Committee and Core Team for consideration and approval at an amount not to exceed \$3,023,798 with the following stipulations:</p> <ul style="list-style-type: none"> a) At a minimum, representatives from VHCIP, DVHA, and VITL meet to resolve any outstanding questions regarding the proposed budget, ensure that there is no duplication of payments, work products, or activities, and establish deliverables and milestones for payment for this project.” <p>This motion was seconded by Steve. There was additional discussion regarding DVHA’s contracts with VITL and comparing this scope of work with other work VITL is performing for the state.</p> <p>Anya requested public comment.</p> <p>Allan Ramsay shared that the HIE proposal is critical to Vermont’s success and expressed concern that we are not moving from process to outcome quickly enough. VITL’s outcomes are meaningful to Vermonters and access to VITL’s data is clearly an outcome with a significant return on investment.</p> <p>The motion passed unanimously, with Anya Rader Wallack abstaining due to a potential future</p>	

Agenda Item	Discussion	Next Steps
	contract with DHMC.	
4 Public Comment	None	
5 Continued discussion of Grant Program; Executive session	<p>Al Gobeille made a motion to go into Executive Session to discuss the Grant Program because a public conversation would disadvantage the State or the program applicants if information about the decisions is prematurely released. This was seconded by Susan and the motion passed unanimously.</p> <p>Robin Lunge made the motion to leave Executive Session, this was seconded by Susan Wehry. The motion passed unanimously.</p>	
6 Public Comment	None offered.	
7 Next Steps, Wrap up	<p>Next meeting : March 10, 1pm-3:30 at DRF Conference Room Montpelier. Conference Call :</p> <p>March 14, 10:00am to 12:00 noon</p>	

Attachment 4 - Contracting Memo Hester Proposal

To: Core Team
Fr: Population Health Work Group
Re: Contract for Population Health Technical Services provided by Jim Hester
Date: March 11, 2014

This request is to continue an existing contract with Jim Hester to provide support to the population health workgroup related to the SIM Grant/VHCIP. This contract would be funded by the SIM/VHCIP funds allocated to the Population Health Work Group for work group support.

Background

The SIM grant requires the State of Vermont work towards improving overall population health.

The Population Health Work Group examines current population health improvement efforts administered through the Department of Health, the Blueprint for Health, local governments, employers, hospitals, accountable care organizations, FQHCs and other provider and payer entities. This work group will examine these initiatives and SIM/VHCIP initiatives for their potential impact on the health of Vermonters and recommend ways in which the project could better coordinate health improvement activities and more directly impact population health, including:

- Enhancement of State initiatives administered through the Department of Health
- Support for or enhancement of local or regional initiatives led by governmental or non-governmental organizations, including employer-based efforts
- Expansion of the scope of delivery models within the scope of SIM or pre-existing state initiatives to include population health

In 2013, the VHCIP determined the need for assistance with the development of the population health workgroup described in the SIM Operational Plan. Jim Hester as uniquely positioned to perform this work.

Vendor Qualifications

Mr. Hester has recently completed two and a half years assisting in the start up of the Center for Medicare and Medicaid Innovation at CMS. He is familiar with both the population health work at the federal level and the work in Vermont. At the federal level, he was the Acting Director responsible for the initial work on the Pioneer ACO shared saving model, the Comprehensive Primary Care Initiative Model and the Bundled Payment models. Significantly, he served as the Acting Director of the Population Health Models Group overseeing the development of enhanced measures and strengthening the population health component of

the payment models. He has a strong set of working relationships with public and private partners, especially CMS and CDC. His Vermont experience includes serving as director of the Health Care Reform Commission for the state legislature for four years, the Blueprint Executive Committee since its inception and the VITL board for three years.

Scope of Work

The specific tasks for this contract would be:

- assist the co-chairs of the workgroup in developing the initial approach, work plan, and resource needs for the workgroup
- assist in developing agendas for the workgroup once it is formed.
- through ongoing work with CDC, IOM and others, identify models and resources in other states and communities that could inform the design of sustainable financing models for improving population health.
- assist in identifying the population health measures and measurement systems required to support the population health financing system.
- help formulate an approach to creating Vermont pilots of Accountable Health Communities by drawing on expertise in models being tested in other states

The structure of the contract will be utilizing Task Orders, where the contractor will submit monthly Task Orders for approval to VHCIP staff and then those will be approved before work can be started on those tasks. The reason is that this allows for maximum flexibility for the contract while allowing for good contract management.

Recommendation:

Approve a sole source contract with Jim Hester for an amount not to exceed \$28,000 for a twelve month engagement. This price is competitive in relation to the other contracts held by the State for support for workgroups and other technical areas.

Attachment 5 -Process for
Review and Modification of
Measures Used in the
Commercial and Medicaid
ACO Pilot Programs dated
2/10/14

VHCIP Quality and Performance Measures Work Group
Process for Review and Modification of Measures Used in the Commercial
and Medicaid ACO Pilot Programs

Work Group Recommendation (Approved February 10, 2014)

Standard:

1. The VHCIP Quality and Performance Measures Work Group will review all **Payment and Reporting measures** included in the Core Measure Set beginning in the second quarter of each pilot year, with input from the VHCIP Payment Models Work Group. For each measure, these reviews will consider payer and provider data availability, data quality, pilot experience reporting the measure, ACO performance, and any changes to national clinical guidelines. The goal of the review will be to determine whether each measure should continue to be used as-is for its designated purpose, or whether each measure should be modified (e.g. advanced from Reporting status to Payment status in a subsequent pilot year) or dropped for the next pilot year. The VHCIP Quality and Performance Measures Work Group will make recommendations for changes to measures for the next program year if the changes have the support of a majority of the voting members of the Work Group. Such recommendations will be finalized no later than July 31st of the year prior to implementation of the changes. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than September 30th of the year prior to implementation of the changes. In the interest of retaining measures selected for Payment and Reporting purposes for the duration of the pilot program, measures should not be removed in subsequent years unless there are significant issues with data availability, data quality, pilot experience in reporting the measure, ACO performance, and/or changes to national clinical guidelines.
2. The VHCIP Quality and Performance Measures Work Group and the VHCIP Payment Models Work Group will review all **targets and benchmarks** for the measures designated for Payment purposes beginning in the second quarter of each pilot year. For each measure, these reviews will consider whether the benchmark employed as the performance target (e.g., national xth percentile) should remain constant or change for the next pilot year. The Work Group should consider setting targets in year two and three that increase incentives for quality improvement. The VHCIP Quality and Performance Measures Work Group will make recommendations for changes to benchmarks and targets for the next program year if the changes have the support of a majority of the voting members of the Work Group. Such recommendations will be finalized no later than July 31st of the year prior to implementation of the changes. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than September 30th of the year prior to implementation of the changes.
3. The VHCIP Quality and Performance Measures Work Group will review all **measures designated as Pending** in the Core Measure Set and consider any new measures for addition to the set beginning in the first quarter of each pilot year, with input from the

VHCIP Payment Models Work Group. For each measure, these reviews will consider data availability and quality, patient populations served, and measure specifications, with the goal of developing a plan for measure and/or data systems development and a timeline for implementation of each measure. If the VHCIP Quality and Performance Measures Work Group determines that a measure has the support of a majority of the voting members of the Work Group and is ready to be advanced from Pending status to Payment or Reporting status or added to the measure set in the next pilot year, the Work Group shall recommend the measure as either a Payment or Reporting measure and indicate whether the measure should replace an existing Payment or Reporting measure or be added to the set by July 31st of the year prior to implementation of the changes. New measures should be carefully considered in light of the Work Group's measure selection criteria. If a recommended new measure relates to a Medicare Shared Savings Program (MSSP) measure, the Work Group shall recommend following the MSSP measure specifications as closely as possible. If the Work Group designates the measure for Payment, it shall recommend an appropriate target that includes consideration of any available state-level performance data and national and regional benchmarks. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than September 30th of the year prior to implementation of the changes.

4. The VHCIP Quality and Performance Measures Work Group will review **state or insurer performance on the Monitoring and Evaluation measures** beginning in the second quarter of each year, with input from the VHCIP Payment Models Work Group. The measures will remain Monitoring and Evaluation measures unless a majority of the voting members of the Work Group determines that one or more measures presents an opportunity for improvement and meets measure selection criteria, at which point the VHCIP Quality and Performance Measures Work Group may recommend that the measure be moved to the Core Measure Set to be assessed at the ACO level and used for either Payment or Reporting. The VHCIP Quality and Performance Measures Work Group will make recommendations for changes to the Monitoring and Evaluation measures for the next program year if the changes have the support of a majority of the members of the Work Group. Such recommendations will be finalized no later than July 31st of the year prior to implementation of the changes. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than September 30th of the year prior to implementation of the changes.
5. The GMCB will release the **final measure specifications for the next pilot year by no later than October 31st** of the year prior to the implementation of the changes. The specifications document will provide the details of any new measures and any changes from the previous year.
6. If during the course of the year, a national clinical guideline for any measure designated for Payment or Reporting changes or an ACO or payer participating in the pilot raises a serious concern about the implementation of a particular measure, the VHCIP Quality and Performance Measures Work Group will review the measure and recommend a course of action for consideration, with input from the VHCIP Payment Models Work

Group. If the VHCIP Quality and Performance Measures Work Group determines that a change to a measure has the support of a majority of the voting members of the Work Group, recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Upon approval of a recommended change to a measure for the current pilot year, the GMCB must notify all pilot participants of the proposed change within 14 days.