

## Vermont Health Care Innovation Project Core Team Meeting Minutes

### Pending Core Team Approval

**Date of meeting:** Monday, March 1, 2017, 10:30am-12:00pm, Ash Conference Room, Waterbury State Office Complex.

**Core Team Attendees:** Mary Kate Mohlman, Harry Chen, Al Gobeille, Cory Gustafson, Robin Lunge, Steve Voigt (phone)

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Chair's Report</b>	<p>Mary Kate Mohlman called the meeting to order at 10:34am. A roll-call attendance was taken and a quorum was present.</p> <p><i>Chair's Report:</i></p> <ul style="list-style-type: none"> <li>• <u>Evaluation Site Visit</u>: The federal SIM evaluation team will be visiting Vermont from March 13-16. They are reaching out to various people and organizations across the SIM project for interviews.</li> <li>• <u>Shared Savings Program Standards Update</u>: Attachments 1a and 1b are a Shared Savings Program update from the Green Mountain Care Board, including an updated version of the ACO program standards.</li> <li>• <u>Sustainability Planning Update</u>: Attachment 1c (forthcoming) is a monthly update from Myers &amp; Stauffer, the contractor hired to support drafting of the Sustainability Plan.</li> </ul>	
<b>2. Approval of Meeting Minutes</b>	Robin Lunge moved to approve the minutes from the December 20 meeting. Steve Voigt seconded. There was no discussion. A roll call vote was taken and the minutes were approved.	
<b>3. Project Updates</b>	Georgia Maheras introduced Attachment 3, which provides an overview of the SIM project.	
<b>4. Evaluation Overview</b>	<p>Kate O'Neill provided a brief overview of the state-led SIM evaluation (Attachment 4).</p> <ul style="list-style-type: none"> <li>• The state-led evaluation is a qualitative evaluation, intended to complement the federal SIM evaluation (a mixed-methods design with a quantitative focus). The evaluation design also includes development of a Learning Dissemination Plan to share key findings.</li> <li>• The evaluation is guided by a public-private Evaluation Steering Committee, which includes representatives from various AHS Departments, the GMCB, and the private sector.</li> <li>• The April Core Team meeting will include a deep dive on the state-led evaluation. In the meantime, Core Team members should reach out to Kate with particular questions.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• JSI is working with the SIM Sustainability Planning contractor (Myers &amp; Stauffer) to ensure key evaluation findings inform our Sustainability Plan.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• What are some of the high-value activities identified early in the evaluation or early findings? (Mary Kate Mohlman) Kate will review notes and provide additional information. Payment reform efforts vary by constituency, but early findings suggest that there is not a lot of clarity among providers about how payment reform is impacting daily practice. High-value activities include Blueprint activities supported in part by SIM, the learning collaboratives, and other practice transformation efforts, and providers are eager to see these activities continue.</li> <li>• A deep dive on the provider survey could be useful. (Harry Chen)</li> <li>• JSI has commented that Vermont’s small size and close communities have a significant impact on reform in Vermont. (Mary Kate Mohlman)</li> <li>• Did PatientPing (the Event Notification System) come up as a high-value service? (Robin Lunge). Robin has heard from some that this is a valuable activity. Kate is not aware of any comments, but will ask JSI.</li> </ul>	
<b>5. Budget Update and Proposed PP2 and PP3 Reallocations</b>	<p>Georgia Maheras reviewed the Performance Period 2 (1/1/15-6/30/16, with no-cost extensions that have allowed continued spending from these funds) and Performance Period 3 (7/1/16-6/30/17) budget-to-actual comparisons as of February 15, and presented two budget reallocations (Attachment 5).</p> <ul style="list-style-type: none"> <li>• PP3 – Expect to present another reallocation in April due to underspending in some categories. <ul style="list-style-type: none"> <li>○ In addition, some contractors have underspent or are projected to underspend (PCDC, PHI/Accountable Communities for Health)</li> <li>○ DA/SSA Medicaid Pathway – No-cost extension to allow for completion of project activities.</li> <li>○ IHS – Funds shifting across budget periods to accommodate a slight delay.</li> <li>○ Bailit Health Purchasing – No cost extension through 6/30.</li> <li>○ We will request a no-cost extension for Performance Period 3 funds to allow spending through Fall 2017, to complete our Evaluation and wrap up grant activities.</li> <li>○ The process for making final financial allocations will utilize all savings captured as of Q1 2017 (mid-April, following Q1 financial reports). A few ideas: DVHA and GMCB each have specific activities they need to do to support post-SIM activities related to the All-Payer Model and Medicaid Next Generation ACO pilot. There are also additional potential items in the health data infrastructure area. Sustainability funds have largely been pushed out into the community to support changes at the ACOs and others that are needed before 1/1/18. Georgia will write up some options within what’s allowable – these expenditures must be related to sustainability. Spending funds within a current contract would ease the administrative burden and speed approval.</li> </ul> </li> </ul> <p>Reallocations:</p>	

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	<ul style="list-style-type: none"> <li>• Performance Period 2 Reallocation: Increase Burns &amp; Associates by \$257,602.01. This is to allow for additional analyses related to the Medicaid Pathway and ACO Next Gen Contract work.</li> <li>• Performance Period 3 Reallocation: Update scope of BHN/VCN Data Repository to allow VCN to pursue a different type of solution to achieve the project goals, within the original contract amount. The original solution was not feasible from a technical perspective, and would have caused significant cost increases (\$30,000 per agency) and significant project delays. The project team worked with the DAs to identify a different solution to achieve the same goal. The new scope would also provide some additional support to the DAs to support them through this change. The data repository has the capability to accept data from DAs as well as all preferred providers; however, many preferred providers don't have electronic medical records, which makes it challenging to share data. We have considered how best to support these providers in developing some data infrastructure to enable patient care, reporting, and analysis.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• How frequently are we expecting data extracts at DA/SSAs to happen? (Robin Lunge) Monthly. Georgia believes all DAs are sending data currently, and a dashboard allows the contractor to assess the data. ONC is particularly excited that we've found a way to solve this problem, which also exists elsewhere in the country. Mary Kate pointed out that this could also be a solution for some of our other clinical data problems, where analysis and population health management are our goals.</li> </ul> <p>Al Gobeille moved to approve all changes as presented. Harry Chen seconded. A roll call vote was taken and the motion carried.</p>	
<b>6. Public Comment</b>	There was no public comment.	
<b>7. Next Steps, Wrap Up and Future Meeting Schedule</b>	<p>How does the new Federal administration impact the SIM grant? (Al Gobeille) Georgia replied that this has had a limited impact; approvals and similar have been moving along at the usual pace. Our federal partners have indicated they are very pleased with our current progress and early results. We are anticipating a letter from CMMI that indicates we have met a series of milestones for Performance Period 3 as required in our grant terms; we recently finished a verbal review of all of our Performance Period 3 milestones to support this.</p> <p><i>Next Steps:</i></p> <ul style="list-style-type: none"> <li>• Over the next few months, the Core Team will be asked to: <ul style="list-style-type: none"> <li>○ Approve a Population Health Plan (planned for April agenda)</li> <li>○ Approve a Sustainability Plan (planned for April agenda)</li> <li>○ Make final financial decisions and oversee final evaluation and grant reporting.</li> </ul> </li> </ul> <p><i>Next Meeting:</i> TBD (April).</p>	