Vermont Health Care Innovation Project
Practice Transformation Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: January 5, 2016; 10:00 AM to 12:00 PM; Red Oak Room, State Office Complex, 280 State Drive, Waterbury, VT

Agenda Item	Discussion	Next Steps
1. Welcome, Introductions **Approval of minutes**	Bea Grause opened the meeting at 10:12 and welcomed everyone to the meeting. The group met in the Waterbury complex and there was some delay as we worked through the new security process. Bea also announced that the next meeting will likely be her last meeting as the co-chair of the VHCIP Practice Transformation work group as she is leaving to take the position of President and CEO of the Health Care Association of New York State. A roll call was taken and a quorum was present. Sue Aranoff made a motion to approve the minutes of the last meeting by exception; Kirsten Murphy seconded the motion. The minutes were approved with 4 abstentions: Kirsten Murphy, Sam Liss, Vicki Loner and Angela Smith-Dieng.	
2. Review of 2015 Progress; Report Highlighting Integrated Communities Care Management Learning Collaborative **note the agenda was re-ordered during the meeting*	**2015: Year in Review** Georgia Maheras reviewed the slides related to the Year in Review (beginning on page 26 of the materials packet) and highlighted several notable achievements related to the Practice Transformation Work Group. In particular, the Integrated Communities Care Management Learning Collaborative program has been very successful and has been expanded to additional communities in 2016. Each of the overall VHCIP focus areas has an achievement in the spotlight: <u>Payment Model Design and Implementation:</u> • Much work has been done to more accurately count beneficiaries who participate in alternatives to fee-for-service (FFS) programs. Currently, 55% of all eligible Vermonters are in an alternative to FFS program. <u>Practice Transformation:</u> • Integrated Communities Care Management Learning Collaborative is now almost statewide and has expanded to encompass 11 communities.	

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	Health Data Infrastructure: • A Shared Care Plan/Universal Transfer Protocol solution will be piloted in 2016; communities expressed significant enthusiasm for this solution and business requirements gathering was completed in 2015. Evaluation and Project Management: • A new self-evaluation contractor has been selected and we will be implementing the self-evaluation plan this year. • The project governance structure was overhauled and we have been working toward a redesigned website. **What's coming up in 2016?** Payment Model Design and Implementation: – Final year of Shared Savings Programs. – Discussion with CMMI regarding launch of 3 Medicaid Episodes of Care. – Peer learning opportunity to develop Accountable Communities for Health. – Continued work to launch new payment models for Home Health Agencies and mental health/substance abuse providers. Practice Transformation: – Core Competency Trainings focused on general care management skills and DLTSS-specific competencies. – Wrap up Integrated Communities Care Management Learning Collaboratives. – Wrap up Sub-Grant program. – Workforce Demand Modeling, Supply Data Collection and Analysis. Health Data Infrastructure: – Continue Data Quality efforts for ACO providers and DAs. – Launch Telehealth pilots. – Continue work on DA/SSA Data Warehousing solution, and begin to implement cohesive strategy for developing data systems to support analytics. – Launch Shared Care Plan solution pilot, launch Universal Transfer Protocol solution. Evaluation: – Launch of new self-evaluation contract. – Implementation of Self-Evaluation Plan. Additional activities will include: -Population Health Plan development; -Sustainability Planning; -Launch of final suite of HDI projects that could include additional gap remediation (all pending Core Team approval); -Gathering lessons learned from across the project. Dale Hackett asked a question regarding the Learning Collaborative initiative – how do we prevent the inadvertent discrimination (against the poor, or those with complex needs because they are expensive) within the population?	

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	Georgia responded that the communities themselves who are doing the work are the best to answer that – but they are developing tools and continue to develop tools to work through the process. Laural Ruggles added that any kind of avoidance of taking care of the neediest groups has not actually happened in St. Johnsbury; care partners keep working to break down barriers and find solutions. Jim Hester asked if this work group is thinking about the impact of the All Payer Waiver. Georgia answered that the GMCB and AOA are co-spearheading the initiative and that once the negotiations with CMS are final, there will be an opportunity to gather stakeholder input, when CMS gives Vermont permission to take that next step. Dale asked about Lessons Learned, and observed that there are many. Georgia indicated that lessons learned will be integral to sustainability planning. Suggestions are welcome as to how to disseminate lessons learned (webinars, symposiums, etc.). The Core Team will be receiving some recommendations in this area in February. Sarah Kinsler added that there is also a line item in the Practice Transformation Work Group work plan for this year, to begin gathering information on lessons learned. Erin Flynn noted that The Center for Health Care Strategies, Inc. (CHCS) recently published a paper in which the Integrated Communities Care Management Learning Collaborative was highlighted as a best practice. The paper is titled Opportunities to Improve Models of Care for People with Complex Needs and is linked here.	
3. Update on Year 3 No-Cost Extension; Review of Year 3 Merged Work Plan	**No Cost Extension Update** As a result of our application for a No Cost Extension with CMMI, VHCIP's Program Year 2 is extended to 6/30/16; Year 3 will be from 7/1/16 to 6/30/17. The work that we planned to do will continue with little disruption as the impact is more related to which 'buckets' of federal dollars we will use to pay for the work. Some HDI projects are slightly delayed due to the way that we have to budget for the split years, but the overall impact is relatively minimal. There does appear to be some funding available in the January to June 2016 timeframe. More specifically related to the Practice Transformation Work Group is that the No Cost Extension gives us a little leeway in the Core Competency training work so that we have more time to plan a thoughtful and coordinated rollout of that program alongside the learning collaborative work. Dale asked how to avoid the situation where data that we've already collected will not be negatively impacted by the Year 2 extension. Georgia answered that there has been significant budget analysis, "dollar stretching" planning, and careful review of contracts to ensure that they are adequately funded so that this does not happen. **Review of Year 3 Merged Work Plan** Sarah Kinsler walked through the PT work plan for 2016, with thanks to the staff and co-chairs for their work to pull it together. There was a concerted effort to align the work plan with the milestones and overall project schedule, with the understanding that the work for 2016 is not set in stone and as things come on line, the work plan will be updated.	

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	Kirsten Murphy commented that she wanted to highlight Line 4, which speaks to the Home and Community Based waiver work. She noted that there is a broad base of interested stakeholders who are working on that beyond those who are part of the DLTSS work group.	
4. Core Competency Training for Front Line Staff Providing Care Coordination Updated Report; **Care Management in Vermont: Gaps and Duplication**	**Core Competency Training Update** Contract negotiations are in their final stages. Trainings will be starting in March; the anticipated format is that there will be monthly trainings between March and December. Core Competency Training for broader skills will be staggered with disability-specific trainings. The hope is to offer trainings in 3 locations (possibly North, Central and South). Dale Hackett asked whether those who are intended to be helped by this training will also be part of the sessions to provide their feedback about how they perceive it will help them. Pat Jones responded that the intended audience is front line care coordinators and not just those who are licensed. It's not just for learning collaborative participants, although there are limits on group sizes in order to maintain training effectiveness. The goal is to provide the training to a broad range of people who work for a variety of organizations. The RFP requested plans for sustainability – e.g., videotaping, recording and train-the-trainer approaches. This is an ambitious project that could become a lasting program. <u>Proposed Curriculum:</u> • 6 staggered monthly training sessions (alternating fundamentals with disability-specific training) • 2 consecutive days of train the trainer training – key component to sustainability • 2 days of advanced care coordination training • 2 days of managers/supervisor training Patricia Singer observed that in her experience there is more value in training supervisors as opposed to the front line staff, as they are so important in their roles as leaders and mentors to their staff. Lily Sojourner offered to connect the planning team to the Secretary's Office in AHS to help coordinate training, noting that the SOV human resources department is working on supervisory training curriculum. **Care Management in Vermont: Gaps and Duplication (Opportunities for Coordination) Report** Pat Jones provided some background on the report. In 2014, the former Care Models and Care Management Work Group conducted a Care Management Inventory Survey to gather information on care management in Vermont. The final report was issued in March 2015 and included information from 42 respondents. The group went a step further and synthesized information from the survey and work group presentations from various organizations to identify potential gaps and opportunities for coordination. Comments are still being received from the presenting organizations. We hope to issue the final report within the next three weeks.	
5. Regional	**Regional Blueprint/ACO Committees Progress Report**	

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Blueprint/ACO Committees Progress Report	Jenney Samuelson – DVHA – Blueprint, Miriam Sheehey – OneCare Vermont, and Patty Launer – Bi-State/CHAC presented the progress report. Miriam referenced Attachment 5, which provides updated information on the progress and status of the various UCC/RCPC groups across the state, including whether the groups have chosen priority areas. Burlington has chosen to work with a large primary care practice on criteria used in referring patients to hospice or palliative care – they trained staff on the criteria and are now tracking results before and after the trainings. Morrisville is working on medication reconciliation; funding was allocated (from either Copley Hospital or the FQHC) to pilot a home-based medication reconciliation project. Rutland is working on COPD, and found a need to provide primary care providers with additional information to allow the practice to target people in the beginning stages of the disease with specific interventions. Jenney added that the leadership team (Healthfirst, CHAC, OneCare Vermont and the Blueprint) meets once a month; this has been very helpful in ensuring consistent messaging within and across communities. She observed that there are valuable opportunities for shared learning; there is already sharing of strategies and interventions between communities. Sue Aranoff noted that there is a Medicare model being implemented as of January 1 to increase hospice utilization. How can we get more of this information out, as it appears that several communities have chosen hospice utilization as a priority area? Bev Boget reported that all but 2 Home Health Agencies are part of the initial group working on this focus area, and offered to help in whatever way she can to get the word out. Miriam and Bev will connect off line.	
6. Integrated Communities Care Management Learning Collaborative: **Summary of November Learning Sessions, December Webinar; upcoming learning opportunities** **Tools for Enabling**	**Integrated Communities Care Management Learning Collaborative Update** Pat Jones provided a brief update. The program began with 3 pilot communities and expanded last fall to 11 of the state's 14 health service areas. November 2015 saw in-person learning sessions for the 8 new communities, with a focus on Root Cause Analysis and gathering information from patients. A webinar was held in December using a case study from Windsor. There is another webinar on January 6, 2016 for the 3 pilot communities that will focus on updating and sharing the care plan among team members. A webinar later in January will take a deeper look at root cause analysis for the 8 expansion communities. Tools and a Training Manual are being developed to support sustainability. Laural Ruggles provided an update from St. Johnsbury – one of the original pilot communities. She noted that they didn't want it to end, so that in itself is a measure of success; they appreciate being included in the ongoing webinars. While many of the health care partners were working with one another prior to the learning collaborative, they are now seeing other organizations reach out and create partnerships. The whole community has found a comfort level in working together that did not exist previously. The St. Johnsbury team has expanded its focus to people with COPD, after originally focusing on people with dual eligibility for Medicare and Medicaid. They have also successfully expanded the concept of lead care coordinator within the care team. One of the main challenges is that they still haven't figured out how to best share the care plan across the multi-disciplinary team. **Tools for Enabling Information Sharing for Integrated Care Teams**	

Agenda Item	Discussion	Next Steps
Information Sharing for Integrated Care Teams	How do we best share information that we have right now with the tools we have? Gabe Epstein reviewed the presentation in the materials packet. He noted that he is not providing legal advice on the topic of gaining consent to share an individual's information across an integrated care team, but rather that he is providing tools and templates that can assist communities as they work together to implement the processes of integrated care management as supported by the integrated communities care management learning collaborative. Ultimately the decision to use any consent or release form lays within each individual organization as informed by their legal counsel. Gabe noted that his research indicated that when dealing with a care team that spans across organizations it can be difficult to develop a form thatappropriately reflects the patient's actual desires to share their information. With the advice of Legal Aid and many others, Gabe has tried to boil down the required legal aspects to a form that can be used in a consumer driven, patient centered care team – so that the team and the patient are essentially on the same page. These materials will be shared with the learning collaborative communities. They will then be able to have their own attorneys review and customize them as appropriate for their unique needs. Gabe noted that some of the information that's being shared could have implications that have not yet been considered, especially when dealing with 42 CFR Part 2 data (substance abuse-related information) and mental health data. A key suggestion is to have the conversation about how each entity will use the information before it is shared. Sam Liss clarified that the process also intends to assure that the signer (i.e. the patient) fully understands what they're signing and what it means. Gabe stated that he tried to make the permissions section of the form as accessible as possible, noting that people tend to trust their care providers and may not always read and understand everything that they sign in the care setting. Gabe pointed out sections of the form that are intentionally set off from the rest of the form to call attention to specific items, as well as the need for the provider to review the form with the patient in person. VHCIP will be providing a webinar on this topic as part of our on-going webinar series to allow for more in depth review of this material. Please stay tuned for the announcement of this event in the coming months. The Learning Collaborative will also be providing a webinar for participating community team members. **Follow-up Items:** As the meeting time was growing short, the group agreed to table the following two items for further discussion; Gabe Epstein will be invited to come back to a future meeting to more thoroughly discuss these issues. Dion LaShay requested that we revisit the issue of how to deal with those people who are incarcerated, have been deemed incompetent, or who have guardians and are not making decisions for themselves. These forms and the process will need to also address these situations. Patricia Singer also added that there have been issues with those people who are in mental health care or substance abuse situations refusing to sign the form.	
7. Strategic	**Strategic Alignment to Improve Health: Linking the Health and Community Development Sectors**	

Agenda Item	Discussion	Next Steps
Alignment to Improve Health: Linking the Health and Community Development Sectors **Public Comment**	Jim Hester began the discussion noting that the most persistent problem with population health is how to pay for it. A potential vehicle for this kind of financial support can be found in community development entities. Community Development Financial institutions (CDFIs) have the obligation to reinvest in the community. These are very sophisticated organizations and they are being encouraged to make linkages to promote better health outcomes. In December, the Federal Reserve in Boston hosted a meeting to convene selected teams of leaders from hospitals, community-based organizations, public health, municipalities, CDFIs and other organizations to explore how they might proceed down this road. Vermont was well-represented at the meeting and participants found it extremely informative, while making new connections across communities. Laural Ruggles participated in the meeting and shared an "aha moment" from the event. In St. Johnsbury, they met with the local CDFI and community development group. They realized they need to work on economic development and didn't know how to do it – this workshop helped the different entities learn each other's language so that going forward they can develop a dialogue. The group from St. Johnsbury included representatives from the hospital, UCC, Designated Agency, FQHC, Home Health, Foodbank and the community. Sarah Narkewicz from Rutland also attended the meeting – the group from Rutland sent a 5-member team, including the police department, which is dealing with crime and addiction. In a complicated section of Rutland, they are developing strategies to reduce crime and improve rental housing. The Boston meeting created an opportunity to brainstorm to bring the local project to the next level. What resources does the hospital have, how can community resources be managed, how can this be integrated with UCC efforts, and how can the community partner with the CDFI and discuss what the various organizations can provide to the effort? The goal is to improve population health and not just pockets of health. Dale Hackett asked how many different languages and sub-cultures did you have to learn to have these conversations? The response was many - health care, public health, finance, public financing and CDFI. The workshop provided a setting to allow members of all of these organizations to work together and time for teams to work on their specific action plans. How do you know who is a CDFI? You can do a Google search – there is a network, and there are regional and national CDFIs. You have to learn about the structure of the organizations and find those who are looking to make partnerships. An example of this was a CDFI from NH – they try to find the best funding to help community organizations function well. There was a local child care center that needed capital to expand the business. When they connected with their local CDFI, they asked if they could make weekly payments on a loan because that's how people pay for child care services. In this case, the CDFI was willing to change the payment frequency and the child care center was able to secure a loan that met their needs. Jim observed that sometimes there's seed money required; some organizations are willing to take their investment portfolios to create low cost loans to allow organizations the seed money to start up a program.	
8. Next Steps	The next meeting is Tuesday, February 2, 2016, from 10:00 am – 12:00 pm, Red Oak Conference Room, 280 State Drive, Waterbury (in the new State Office Complex, 2nd floor above the main entrance). Call-In Number: 1-877-273-4202; Conference ID: 2252454	

VHCIP Practice Transformation Work Group Member List

Sue 1° Kirsten 2° Motion to approve w/ exception - carried w/ 4 abstentions

5-Jan-16

Member		Member Alternate			
First Name	Last Name	First Name	Last Name	Minutes	Organization
Susan	Aranoff ✓	Gabe	Epstein ✓		AHS - DAIL
		Bard	Hill		AHS - DAIL
		Clare	McFadden		AHS - DAIL
Beverly	Boget ✓	Peter	Cobb		VNAs of Vermont
Stephen	Broer				VCP - Northwest Counseling and Support Services
Kathy	Brown	Todd	Bauman		DA - Northwest Counseling and Support Services
Kathy	Brown	Stephen	Broer		DA - Northwest Counseling and Support Services
Barbara	Cimaglio				AHS - VDH
Michael	Counter				VNA & Hospice of VT & NH
Molly	Dugan ✓	Stefani	Hartsfield		Cathedral Square and SASH Program
		Kim	Fitzgerald		Cathedral Square and SASH Program
Eileen	Girling	Heather	Bollman		AHS - DVHA
		Jenney	Samuelson ✓		AHS - DVHA - Blueprint
Maura	Graff ✓				Planned Parenthood of Northern New England
Bea	Grause ✓				Vermont Association of Hospital and Health Systems
Dale	Hackett ✓				Consumer Representative
Mike	Hall				Champlain Valley Area Agency on Aging / COVE
Sarah	Jemley	Jane	Catton		Northwestern Medical Center
		Candace	Collins		Northwestern Medical Center
Linda	Johnson	Debra	Repice		MVP Health Care
Pat	Jones ✓	Annie	Paumgarten ✓		GMCB
Trinka	Kerr	Nancy	Breiden		VLA/Health Care Advocate Project

VHCIP Practice Transformation Work Group Member List

Member		Member Alternate			5-Jan-16
First Name	Last Name	First Name	Last Name	Minutes	Organization
Dion	LaShay ✓				Consumer Representative
Patricia	Launer ✓	Kendall	West		Bi-State Primary Care
Sam	Liss ✓			A	Statewide Independent Living Council
Vicki	Loner ✓	Emily	Bartling	A	OneCare Vermont
		Maura	Crandall		OneCare Vermont
Jackie	Majoros	Barbara	Prine		VLA/LTC Ombudsman Project
Kate	McIntosh	Judith	Franz		Vermont Information Technology Leaders
Bonnie	McKellar	Mark	Burke		Brattleboro Memorial Hopsital
Todd	Fahey				
Madeleine	Mongan	Stephanie	Winters		Vermont Medical Society
Mary	Moulton				VCP - Washington County Mental Health Services Inc.
Sarah	Narkewicz ✓				Rutland Regional Medical Center
Laural	Ruggles ✓				Northeastern Vermont Regional Hospital
Catherine	Simonson				VCP - HowardCenter for Mental Health
Patricia	Singer ✓	Jaskanwar	Batra		AHS - DMH
		Mourning	Fox		AHS - DMH
		Kathleen	Hentcy		AHS - DMH
Angela	Smith-Dieng ✓	Mike	Hall	A	V4A
Lily	Sojourner ✓	Shawn	Skafelstad		AHS - Central Office
		Kirsten	Murphy ✓	A	AHS - Central Office - DDC
		Julie	Wasserman ✓		AHS - Central Office
Audrey-Ann	Spence ✓				Blue Cross Blue Shield of Vermont

VHCIP Practice Transformation Work Group Member List

Member		Member Alternate			5-Jan-16
First Name	Last Name	First Name	Last Name	Minutes	Organization
JoEllen	Tarallo-Falk				Center for Health and Learning
Julie	Tessler				VCP - Vermont Council of Developmental and Mental Health Services
Lisa	Viles				Area Agency on Aging for Northeastern Vermont

VHCIP Practice Transformation Work Group

Attendance Sheet

5-Jan-16

	First Name	Last Name	Organization	Practice Transformation
1	Nancy	Abernathy	Learning Collaborative Facilitator	X
2	Peter	Albert	Blue Cross Blue Shield of Vermont	X
3	Susan	Aranoff	AHS - DAIL	M
4	Debbie	Austin	AHS - DVHA	X
5	Ena	Backus	GMCB	X
6	Melissa	Bailey	AHS - DMH	X
7	Michael	Bailit	SOV Consultant - Bailit-Health Purchasing	X
8	Susan	Barrett	GMCB	X
9	Emily	Bartling	OneCare Vermont	MA
10	Jaskanwar	Batra	AHS - DMH	MA
11	Todd	Bauman	DA - Northwest Counseling and Support Ser	MA
12	Bob	Bick	DA - HowardCenter for Mental Health	X
13	~~Mary Alice~~	~~Bisbee~~	Consumer Representative	X
14	Charlie	Biss	AHS - Central Office - IFS / Rep for AHS - DM	X
15	Beverly	Boget	VNAs of Vermont	M
16	Heather	Bollman	AHS - DVHA	MA
17	Mary Lou	Bolt	Rutland Regional Medical Center	X
18	Nancy	Breiden	VLA/Disability Law Project	MA
19	Stephen	Broer	DA - Northwest Counseling and Support Ser	MA
20	~~Stephen~~	~~Broer~~	VCP - Northwest Counseling and Support Se	M
21	Kathy	Brown	DA - Northwest Counseling and Support Ser	M
22	Martha	Buck	Vermont Association of Hospital and Health	A
23	Mark	Burke	Brattleboro Memorial Hopsital	MA
24	Anne	Burmeister	Planned Parenthood of Northern New Engl	X
25	Dr. Dee	Burroughs-Biron	AHS - DOC	X
26	Denise	Carpenter	Specialized Community Care	X

27	Jane	Catton	Northwestern Medical Center	MA
28	Alysia	Chapman	DA - HowardCenter for Mental Health	X
29	Joy	Chilton	Home Health and Hospice	X
30	Amanda	Ciecior ✓	AHS - DVHA	S
31	Barbara	Cimaglio	AHS - VDH	M
32	Peter	Cobb	VNAs of Vermont	MA
33	Candace	Collins	Northwestern Medical Center	MA
34	Amy	Coonradt	AHS - DVHA	S
35	Alicia	Cooper	AHS - DVHA	S
36	Amy	Cooper	HealthFirst/Accountable Care Coalition of t	X
37	Michael	Counter	VNA & Hospice of VT & NH	M
38	Maura	Crandall	OneCare Vermont	MA
39	Claire	Crisman	Planned Parenthood of Northern New Engl	A
40	Diane	Cummings	AHS - Central Office	X
41	Dana	Demartino	Central Vermont Medical Center	X
42	Steve	Dickens	AHS - DAIL	X
43	Molly	Dugan ✓	Cathedral Square and SASH Program	M
44	Gabe	Epstein ✓	AHS - DAIL	MA
45	Trudee	Ettlinger	AHS - DOC	X
46	Kim	Fitzgerald	Cathedral Square and SASH Program	MA
47	Patrick	Flood	CHAC	X
48	Erin	Flynn ✓	AHS - DVHA	S
49	Mourning	Fox	AHS - DMH	MA
50	Judith	Franz	Vermont Information Technology Leaders	MA
51	Mary	Fredette	The Gathering Place	X
52	Aaron	French	AHS - DVHA	X
53	Meagan	Gallagher	Planned Parenthood of Northern New Engl	X
54	Joyce	Gallimore	Bi-State Primary Care/CHAC	X
55	Lucie	Garand	Downs Rachlin Martin PLLC	X
56	Christine	Geiler ✓	GMCB	S
57	Eileen	Girling	AHS - DVHA	M
58	~~Larry~~	~~Goetschius~~	Home Health and Hospice	X
59	Steve	Gordon ✓	Brattleboro Memorial Hopsital	X
60	Maura	Graff ✓	Planned Parenthood of Northern New Engl	M

61	Bea	Grause	Vermont Association of Hospital and Health	C
62	Dale	Hackett	Consumer Representative	M
63	Mike	Hall	Champlain Valley Area Agency on Aging / C	MA
64	Stefani	Hartsfield	Cathedral Square	MA
65	Carolynn	Hatin	AHS - Central Office - IFS	S
66	Kathleen	Hentcy	AHS - DMH	MA
67	Selina	Hickman	AHS - DVHA	X
68	Bard	Hill	AHS - DAIL	MA
69	Breena	Holmes	AHS - Central Office - IFS	X
70	Marge	Houy	SOV Consultant - Bailit-Health Purchasing	S
71	Christine	Hughes	SOV Consultant - Bailit-Health Purchasing	S
72	Jay	Hughes	Medicity	X
73	Jeanne	Hutchins	UVM Center on Aging	X
74	Sarah	Jemley	Northwestern Medical Center	M
75	Linda	Johnson	MVP Health Care	M
76	Craig	Jones	AHS - DVHA - Blueprint	X
77	Pat	Jones	GMCB	M
78	Margaret	Joyal	Washington County Mental Health Services	X
79	Joelle	Judge	UMASS	S
80	Trinka	Kerr	VLA/Health Care Advocate Project	M
81	Sarah	Kinsler	AHS - DVHA	S
82	Tony	Kramer	AHS - DVHA	X
83	Sara	Lane	AHS - DAIL	X
84	Kelly	Lange	Blue Cross Blue Shield of Vermont	X
85	Dion	LaShay	Consumer Representative	M
86	Patricia	Launer	Bi-State Primary Care	M
87	Deborah	Lisi-Baker	SOV - Consultant	X
88	Sam	Liss	Statewide Independent Living Council	M
89	Vicki	Loner	OneCare Vermont	M
90	Carole	Magoffin	AHS - DVHA	S
91	Georgia	Maheras	AOA	S
92	Jackie	Majoros	VLA/LTC Ombudsman Project	M
93	Carol	Maroni	Community Health Services of Lamoille Vall	X
94	David	Martini	AOA - DFR	X

95	Mike	Maslack		X
96	John	Matulis		X
97	James	Mauro	Blue Cross Blue Shield of Vermont	X
98	Lisa	Maynes	Vermont Family Network	X
99	Clare	McFadden	AHS - DAIL	MA
100	Kate	McIntosh	Vermont Information Technology Leaders	M
101	Bonnie	McKellar	Brattleboro Memorial Hopsital	M
102	Elise	McKenna	AHS - DVHA - Blueprint	X
103	Jeanne	McLaughlin	VNAs of Vermont	X
104	Darcy	McPherson	AHS - DVHA	A
105	Madeleine	Mongan	Vermont Medical Society	M
106	Monika	Morse		X
107	Judy	Morton	Mountain View Center	X
108	Mary	Moulton	VCP - Washington County Mental Health Se	M
109	Kirsten	Murphy	AHS - Central Office - DDC	MA
110	Reeva	Murphy	AHS - Central Office - IFS	X
111	Sarah	Narkewicz	Rutland Regional Medical Center	M
112	Floyd	Nease	AHS - Central Office	X
113	Nick	Nichols	AHS - DMH	X
114	Monica	Ogelby	AHS - VDH	X
115	Miki	Olszewski	AHS - DVHA - Blueprint	X
116	Jessica	Oski	Vermont Chiropractic Association	X
117	Ed	Paquin	Disability Rights Vermont	X
118	Annie	Paumgarten	GMCB	MA
119	Laura	Pelosi	Vermont Health Care Association	X
120	Eileen	Peltier	Central Vermont Community Land Trust	X
121	John	Pierce		X
122	Luann	Poirer	AHS - DVHA	S
123	Rebecca	Porter	AHS - VDH	X
124	Barbara	Prine	VLA/Disability Law Project	MA
125	Betty	Rambur	GMCB	X
126	Allan	Ramsay	GMCB	X
127	Paul	Reiss	HealthFirst/Accountable Care Coalition of t	X
128	Virginia	Renfrew	Zatz & Renfrew Consulting	X

129	Debra	Repice	MVP Health Care	MA
130	Julie	Riffon	North Country Hospital	X
131	Laural	Ruggles	Northeastern Vermont Regional Hospital	M
132	Bruce	Saffran	VPQHC - Learning Collaborative Facilitator	X
133	Jenney	Samuelson	AHS - DVHA - Blueprint	MA
134	Jessica	Sattler	Accountable Care Transitions, Inc.	X
135	Rachel	Seelig	VLA/Senior Citizens Law Project	X
136	Susan	Shane	OneCare Vermont	X
137	Maureen	Shattuck	Springfield Medical Care Systems	X
138	Julia	Shaw	VLA/Health Care Advocate Project	X
139	Miriam	Sheehey	OneCare Vermont	X
140	Catherine	Simonson	VCP - HowardCenter for Mental Health	M
141	Patricia	Singer	AHS - DMH	M
142	Shawn	Skafelstad	AHS - Central Office	MA
143	Richard	Slusky	GMCB	X
144	Pam	Smart	Northern Vermont Regional Hospital	X
145	Angela	Smith-Dieng	V4A	M
146	Lily	Sojourner	AHS - Central Office	M
147	Audrey-Ann	Spence	Blue Cross Blue Shield of Vermont	M
148	Beth	Tanzman	AHS - DVHA - Blueprint	X
149	JoEllen	Tarallo-Falk	Center for Health and Learning	M
150	Julie	Tessler	VCP - Vermont Council of Developmental a	M
151	Bob	Thorn	DA - Counseling Services of Addison County	X
152	Win	Turner		X
153	Lisa	Viles	Area Agency on Aging for Northeastern Ver	MA
154	Beth	Waldman	SOV Consultant - Bailit-Health Purchasing	X
155	Marlys	Waller	DA - Vermont Council of Developmental an	X
156	Nancy	Warner	COVE	X
157	Julie	Wasserman	AHS - Central Office	S/MA
158	Kendall	West	Bi-State Primary Care/CHAC	MA
159	James	Westrich	AHS - DVHA	S
160	Robert	Wheeler	Blue Cross Blue Shield of Vermont	X
161	Bradley	Wilhelm	AHS - DVHA	S
162	Jason	Williams	UVM Medical Center	X

163	Stephanie	Winters	Vermont Medical Society	MA
164	Jason	Wolstenholme	Vermont Chiropractic Association	X
165	Cecelia	Wu	AHS - DVHA	S
166	Mark	Young		X
167	Marie	Zura	DA - HowardCenter for Mental Health	X
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