Vermont Health Care Innovation Project

Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Friday, January 15, 2016, 10:30am-12:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Lawrence Miller called the meeting to order at 10:33. A roll-call was taken and a quorum was present. Lawrence announced that Spenser Weppler and Cecelia Wu have left their positions, and Richard Slusky has announced his retirement in March. **Chair's Report:** *New Milestones:* Georgia Maheras noted that our Year 2 No-Cost Extension required a review of our milestones. During that process, CMMI requested the addition of milestones for Year 2 related to our Population Health Plan and Sustainability Plan. We have added interim milestones in each of these areas that require us to have outlines finalized by the end of the No-Cost Extension Period (June 30, 2016); we have also committed to securing a Sustainability Plan contractor by the end of the No-Cost Extension period. The deadline for both final plans is June 30, 2017. *CMMI Accountable Health Communities Grant Opportunity:* Robin Lunge noted that this new opportunity offers three grant tracks. CMMI has clarified that SSP participants are eligible to apply for an AHC grant; though the grant cannot duplicate other funding already available. The State is not eligible to apply, though a town or municipality can – the opportunity is aimed at the provider community. Georgia noted that we will provide more information to SIM participants as we have it. Paul Bengtson noted that there is significant interest in his community, but that the minimum population size may be too large for most Vermont communities. Paul suggested coordinating webinar viewing; Sarah Kinsler will coordinate this. *Next Meeting:* The Core Team will meet again on 1/29. • VPQHC will come back to present again, at the Core Team's request.	

<table>
<tr><th>Agenda Item</th><th>Discussion</th><th>Next Steps</th></tr>
<tr><td></td><td>Another HIT proposal related to DLTSS gap analysis and gap remediation, including a budget.
Last Steering Committee Meeting: At their 12/2 meeting, the Steering Committee discussed four HIT proposals, and approved two with significant enthusiasm (DA/SSA Data Quality Improvement, which will be discussed today, and DLTSS Gap Remediation, which will likely be discussed on 1/29). The Steering Committee requested those two proposals be moved on to the Core Team for a decision, and wanted to make sure the Core Team understood their strong support for those proposals. The other two proposals also had support but need further development. Georgia noted that these votes are for Year 2 funds – Year 3 will be a bulk proposal in March.

No-Cost Extension, December Status Reports, Work Group Workplans: Linked in materials.</td><td></td></tr>
<tr><td>2. Approval of Meeting Minutes</td><td>Paul Bengtson moved to approve the 12/9 minutes (Attachment 2). Al Gobeille seconded. A roll call vote to approve the minutes was taken. The motion carried.</td><td></td></tr>
<tr><td>3. Funding Proposals</td><td>Georgia Maheras provided a financial update (Attachment 3a):
Year 1 Actuals to Date: Note that Year 1 is a 15-month year (plus a 12-month carryover period). Some invoices are outstanding, so there will be a bit more spending. We expect about $500,000 in pending invoices – final spending will be presented in February.
Year 2 Actuals to Date: No-Cost Extension approved in December, additional approvals pending. Not as much contract spending because invoices are pending – many contracts are processed, expecting more Year 2 spending to show up in February.
Continued underspending in Year 2 will allow us to bring forward new proposals using Year 2 funds. Refined spending estimates indicate savings from Evaluation (data file contract no longer necessary, savings on self-evaluation contractor following re-bid), Abernathey (contractor has fewer available hours than anticipated), and IHS Global (work pushed to Year 3). Savings are in lines indicated on Slide 5.
Georgia presented several funding proposals (Attachments 3a and 3b):

<u>New – IFS Contract ($5,000 Y2 TBD funds)</u>: Funds would support a small contract with a consultant to support development of IFS service delivery framework. This is an existing contractor; funds would allow expansion to new communities coming online with IFS.

<u>New – DA/SSA Data Quality Improvement ($75,000 Y2 TBD funds)</u>: This is a request from the HDI Work Group and Steering Committee. This is very similar to 2015 work with VITL's e-health specialists, and would support 2 FTEs for the January-June 2016 period; the rest of the request (total $150,000) will come to this group as part of the Year 3 approval process. This will capitalize on significant data quality improvement made in the last year.</td><td></td></tr>
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Agenda Item	Discussion	Next Steps
	<u>*Revision – Terminology Services ($135,900 Y2 TBD funds)*</u>*:* This is a revision to previously approved work. Due to delays in federal requests and other factors, VITL is requesting a revision in price and scope to accommodate our timeframe (February to June 2016). Focus on Labs and Medications since they are high volume. Lots of opportunity to prove additional data sets in the future (future budget request). This would improve the overall quality of information in the VHIE, which the ACOs and the Blueprint have indicated would be valuable to them. <u>*Revision – CVMC Sub-Grant Budget Change Request (no change in total amount)*</u>*:* CVMC is implementing a program that links Screening, Brief Intervention, and Referral to Treatment (SBIRT) with medical homes. The reallocation is due to underspending in certain line items, and would add a clinician to support expansion to a pediatric practice, and small increases to Equipment, Supplies, Professional Development, and Mileage. Slide 12 includes an error – CVMC is only asking for $1,000 increase in the Professional Development line. • Ginger Cloud (CVMC): Underspending is related to challenges in hiring qualified staff and clinicians. • How many patients have been screened, and how many referred? CVMC has screened 3900 patients and referred 279 patients, resulting in 170 appointments thus far. SBIRT in EDs tends to capture about 10% of the population related to marijuana use; medical homes capture 4% related to opiates – a very high needs population. SBIRT is looking at patients who are not yet in treatment, and involves multiple levels of screening and motivational interviewing, brief intervention, and referral to further treatment if patients are willing. Screening tools help identify people at risk. Model is based on behavioral therapy and motivational interviewing based on patient goals. Lawrence invited a motion to approve these items as proposed. Paul Bengtson moved to approve these items. Steve Voigt seconded. Lawrence noted that this approval is pending resolution of CMMI discussions about funds for clinician time. A roll call vote was taken; the motion carried unanimously.	
4. Payment Models Work Group	<u>*Medicaid SSP Year 3 Total Cost of Care Update*</u>*:* Alicia Cooper provided a brief update on total cost of care (TCOC) for the Medicaid SSP in Year 3. Per the VMSSP standards, the State had the option to annually reconsider which services are included in TCOC. After assessing operational feasibility in 2015, and seeking to align services included in TCOC in Year 3 with potential future models. Steven Costantino commented that we're continuing the status quo. Alicia noted that the shared savings methodology has also not changed. Steven noted that the first year of the SSPs, 2014, had some unique trends in terms of newly insured populations and use of services, and asked whether algorithms account for this. Alicia responded that those populations are treated the same as others, and that Medicaid expansion did have some impact on PMPM expenditures in 2014. Without the same surge of new beneficiaries in Years 2 and 3, it will potentially be a different situation for future calculations. Lawrence noted that the renewal process could potentially move healthy people off the rolls as well. Alicia said that new enrollees in 2014 might use more services in future years as well. Robin noted that our algorithm went through CMS's Office of the Actuary.	

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	Commercial SSP Downside Risk Update: Richard Slusky provided a brief update on the Commercial SSP Downside Risk, initially planned for Year 3 of the program. Richard reminded the Core Team that initial Commercial SSP targets and expenditures may have been set too low, since they were linked to Blue Cross's exchange plan premiums (set with limited information for a new population with no historical trends). There was concern about moving to downside risk in Year 3 due to outstanding questions about the methodology used to set expenditures and targets in Years 1 and 2. This, combined with the movement toward an all-payer model and potentially capitation payments, led to the decision not to pursue downside risk in Year 3. Year 3 will continue to use premiums as the basis for calculations, but with more emphasis on historical trends. • This decision was made at a public meeting of the Green Mountain Care Board; there was no public comment. • Are there any practice considerations that need to be dealt with before downside risk? Al Gobeille commented that shared savings standards will have to be updated, as well as a great deal of actuarial work on Blue Cross's side. GMCB is discussing the process to come to an accurate rate now. Al noted that if the rate is depressed or inflated, it hurts either payers or providers. Al also noted that 2014 was a transitional year in health insurance, and we might not have launched these programs in 2014 if we could make that decision again. • Paul Bengtson asked whether targets are being reconsidered – if the Medicaid target is set too high, will it be recalibrated lower? Al noted that for the Commercial program, this is done every year, and emphasized that getting this right is critical for the program. Richard commented that Blue Cross is doing this now for 2016 and 2017, when it will matter even more. Al added that the GMCB got a rate review grant which required an assessment with findings. This assessment has suggested that GMCB's rate review is very accurate.	
5. Public Comment	There was no additional public comment.	
6. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Friday, January 29, 2016, 10:30am-12:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Core Team Member List
Roll Call:

1/15/2016

Member			Funding Proposals				
		12/9/2015 Minutes	IFS Contract	DA/SSA Quality Imp	Terminology Services VITL	CVMC	
First Name	Last Name						Organization
Paul	Bengston ✓	✓	✓	→	→	→	Northeastern Vermont Regional Hospital
Hal	Cohen x						AHS -CO
Steven	Costantino ✓	✓	✓	→	→	→	AHS - DVHA
Al	Gobeille ✓	✓	✓	→	→	→	GMCB
Monica	Hutt x						AHS - DAIL
Robin	Lunge ✓	✓	✓	→	→	→	AOA - Director of Health Care Reform
Lawrence	Miller ✓	✓	✓	→	→	→	AOA - Chief of Health Care Reform
Steve	Voigt ✓	✓	✓	→	→	→	ReThink Health

12/9/2015 Minutes: 1° Paul, 2° Al, App'd

Funding Proposals: 1° Paul, 2° Steve, App'd

VHCIP Core Team Participant List

Attendance: 1/15/2016

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

First Name	Last Name		Organization	Core Team
Susan	Aranoff	here	AHS - DAIL	S
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Paul	Bengston	here	Northeastern Vermont Regional Hospital	M
Beverly	Boget		VNAs of Vermont	X
Harry	Chen		AHS - VDH	X
Amanda	Ciecior	here	AHS - DVHA	S
Hal	Cohen		AHS-CO	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper	here	AHS - DVHA	S
Steven	Costantino	phone	AHS - DVHA, Commissioner	M
Mark	Craig			X
Diane	Cummings	here	AHS - Central Office	S
Gabe	Epstein		AHS - DAIL	S

Jaime	Fisher		GMCB	A
Erin	Flynn	here	AHS - DVHA	S
Joyce	Gallimore		Bi-State Primary Care	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille	here	GMCB	M
Bea	Grause		Vermont Association of Hospital and Health Systems	X
Sarah	Gregorek		AHS - DVHA	A
Thomas	Hall		Consumer Representative	X
Carrie	Hathaway		AHS - DVHA	X
Selina	Hickman		AHS - Central Office	X
Monica	Hutt		AHS - DAIL	M
Kate	Jones		AHS - DVHA	S
Pat	Jones		GMCB	S
Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Robin	Lunge	phone	AOA	M
Carole	Magoffin	phone	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Mike	Maslack			X
Marisa	Melamed		AOA	S
~~Jessica~~	~~Mendizabal~~		AHS - DVHA	S
Lawrence	Miller	here	AOA - Chief of Health Care Reform	C
Meg	O'Donnell	here	UVM Medical Center	X
Annie	Paumgarten	here	GMCB	S
Luann	Poirer		AHS - DVHA	S
Frank	Reed		AHS - DMH	X
Lila	Richardson	here	VLA/Health Care Advocate Project	X
Larry	Sandage		AHS - DVHA	S

Suzanne	Santarcangelo		PHPG	X
Julia	Shaw		VLA/Health Care Advocate Project	X
Kate	Simmons		Bi-State Primary Care	X
Richard	Slusky	phone	GMCB	S
Carey	Underwood			A
Steve	Voigt	phone	ReThink Health	M
Julie	Wasserman		AHS - Central Office	S
~~Spenser~~	~~Weppler~~		GMCB	S
Kendall	West		Bi-State Primary Care	X
James	Westrich		AHS - DVHA	S
Katie	Whitney			A
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	X
Sharon	Winn		Bi-State Primary Care	X
Cecelia	Wu		AHS - DVHA	S
				62

Ginger Cloud - CVMC
Patrick Clark - CVMC
Mike Gagnon - VITL
Judith Franz - VITL
Simone R
Mike Hall - V4A
Leah Korce - DVHA