Vermont Health Care Innovation Project
Steering Committee Meeting Agenda

January 27, 2016, 1:00pm-2:30pm

4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action?
1	1:00-1:15pm	Welcome and Introductions; Minutes Approval	Steven Costantino & Al Gobeille	Attachment 1: Draft December 2, 2015, Meeting Minutes	Approval of Minutes
2	1:15-1:25pm	Core Team Update *Public comment*	Lawrence Miller & Georgia Maheras		
3	1:25-1:45pm	Project Updates: • VHCIP Work Group Workplans • DLTSS Gap Remediation • ACO Integrated Informatics Proposal • ACO Gap Remediation	Georgia Maheras, Sarah Kinsler, Susan Aranoff	VHCIP Work Group Workplans: • Payment Model Design and Implementation Work Group • Practice Transformation Work Group • Health Data Infrastructure Work Group • Workforce Work Group • DLTSS Work Group • Population Health Work Group	
4	1:45-2:25pm	Health Data Inventory Findings and Recommendations	David Healy	Attachment 4: Inventory and Analysis of Existing Vermont Health Data: Recommendations The draft Health Data Inventory Report is available on the VHCIP website: http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/HIE/12-16-15%20HDI%20-%20DRAFT%20Health%20Data%20Inventory%20Report.pdf	
5	2:25-2:30pm	Public Comment, Next Steps, Wrap-Up and Future Meeting Schedule	Steven Costantino	Next Meeting: Wednesday, December 30, 2015, 1:00-3:00pm, Montpelier	

Attachment 1: Draft December 2, 2015, Meeting Minutes

Vermont Health Care Innovation Project
Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, December 2, 2015, 1:00pm-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Steven Costantino called the meeting to order at 1:02pm. A quorum was present.	
2. Minutes Approval	Susan Aranoff moved to approve the October 28 minutes by exception; John Evans seconded. The motion passed with no abstentions.	
3. Core Team Update	Lawrence Miller and Georgia Maheras provided a Core Team update. • Project leadership is in continued discussions with CMMI's programmatic and budget teams. We revised our Performance Period 2 budget and operations plans based on CMMI guidance communicated on 11/20, with a due date of 11/30. o Lawrence and Georgia flew to meet with CMMI in-person on Monday to deliver the initial submission; the final submission will be made later this week, and will integrate responses to CMMI's initial comments and questions. o Substantive changes to our activities and timelines are minimal – changes are on the administrative end (changes to our budget periods). CMMI's chief concern was lack of spending in Performance Period 2; however Performance Period 2 spending was significantly delayed due to late CMMI approval of contract funds for this budget period. • Rather than maintaining two concurrent budgets (Performance Period 2 Carryover and Performance Period 3), we are extending the Performance Period 2 budget year through June 2016 and will start budget Year 3 in July 2016. Performance Period 3 will now run from 7/1/16 to 6/30/17; new proposals that use Performance Period 3 funds will be delayed. o Georgia is working with our finance team to see whether there are additional Performance Period 2 funds that could fund some of this work; likely to know more in early 2016. o Will be updating some contract dates in response to this change.	

Agenda Item	Discussion	Next Steps
	The group discussed the following: • We will not be expending Performance Period 3 money in advance of approval by CMMI. We are exploring further whether we could reimburse advance spending of Performance Period 3 funds prior to the start of the performance period in July, but this is not expected. • There are minimal changes to the timeline of our work, with a few exceptions where project leadership feels it is wise to take advantage of the extra time this no-cost extension offers. o The Core Team will not vote on Performance Period 3 proposals until we have a clearer idea of what has been spent to date in Performance Period 2 to allow us to make accurate projections; however, it is the Core Team's preference to get proposals ready for Core Team review now so they can be taken up quickly once we have additional budget information and approvals.	
Public Comment	There was no additional comment.	

4. Medicaid Episode of Care Update & Proposal	Alicia Cooper presented an update on DVHA's work on Medicaid-only Episodes of Care (EOCs) (Attachment 4). This update was provided to the Payment Model Design and Implementation Work Group in November.
	
	The group discussed the following:
	• CMMI has strongly emphasized implementation of EOCs up to this point; discussions about this work stream will continue in the coming weeks and months and could impact the EOC pilot period.
	• Episode specifications vary greatly across episodes (depending on condition) and across EOC programs.
	• CMMI is unlikely to reduce our grant amount if we do not move forward with this program – that has not happened to other states, or to Vermont following previous changes.
	• Perinatal is a popular EOC in other states pursuing this model; it has been very successful in Arkansas. Allan Ramsay noted that Vermont has a high C-section rate, and wondered how a payment change might impact this given the complexities of obstetric care.
	  o Julie Wasserman noted that Medicaid has an existing bundle for prenatal and delivery; Alicia clarified that this does not have the quality elements consistent with an EOC model, and is mostly related to billing practices.
	  o In other states bundling perinatal care, the EOC is aimed at both cost and quality of care.
	• ACO Shared Savings Programs are a stepping stone to population health payment models. Todd Moore suggested EOCs could be subsumed by ACOs in the future, if the future model is still ACO driven.
	• Examples are based on Arkansas EOC definition; if Vermont pursues this model, we would work with providers to do additional episode design.
	• EOCs can be prospective or retrospective; Arkansas's EOC program is retrospective, which would likely align best with Vermont's SSPs in 2016. Could potentially move to prospective payment in 2017.
	• The proposed Repeat ED Visits episode is a different episode model than perinatal and neonatal; ED frequent fliers often trigger other episodes, however. This episode needs additional definition, but	

Agenda Item	Discussion	Next Steps
	would be gainsharing for keeping patients out of the ED. • Why three EOCs? A compromise with CMMI. • Added enrollment to Medicaid could result in access issues; this could be exacerbated if providers withdraw from Medicaid participation in response to a mandatory EOC program developed at DVHA.	
5. VITL-ACO Gap Remediation and VITL-VCN Gap Remediation	Georgia Maheras introduced this item, and noted that the Steering Committee will not be voting on this item at today's meeting as originally planned due to the budget period changes discussed during the Core Team Update agenda item. Simone Rueschemeyer presented two proposals from VITL to augment and continue gap remediation work in Performance Period 3. This request was provided to the HDI Work Group in October and November, and was approved in November following a number of questions from work group members. The group discussed the following: • VITL-ACO Gap Remediation – o VITL gets medication history information from a national organization that aggregates paid claims (filled prescriptions) from pharmacy benefit management companies. • VITL-VCN Gap Remediation – o HDI Work Group voted to send this proposal to Steering. • There was acknowledgement that the total funding needed to fund all of the proposals made at the HDI Work Group in November is more than what is still unallocated in Year 3 – the Core Team will need to make decisions about whether and how to fund these. The Work Group did not rank proposals according to priority.	
6. DLTSS Technology Assessment and Next Steps	Georgia Maheras introduced this item, and noted that the Steering Committee will not be voting on this item at today's meeting as originally planned due to the budget period changes discussed during the Core Team Update agenda item. Susan Aranoff presented on high-level findings and proposed next steps from the DLTSS Technology Assessment Report (Attachment 6 – the full report is available here on the VHCIP website.) This request was provided to the HDI Work Group in November. The group discussed the following: • Do Home Health Agencies (HHAs) and Area Agencies on Aging (AAAs) have the ability to connect to the VHIE now? Capacity varies. Work is needed to build onto EMR systems to facilitate connections, as well as to build interfaces. Interface development is the largest cost. • SIM funds were allocated to work groups, the Core Team, DVHA, and GMCB at the start of the grant, in set dollar amounts. Now, there is not much left unallocated in the budget, and it's not under the purview of the work groups (whose budgets are spent down), but rather to the Core Team. In making these recommendations, work groups are providing the Core Team with subject matter expertise; it's up to the Core Team to allocate this money, including reallocating money within our budget if needed. • Steering Committee can push proposals back down to the HDI Work Group if it wants to request	

Agenda Item	Discussion	Next Steps
	prioritization of proposals. The Core Team could also ask for proposals to be rescoped with lower budgets. • An additional proposal is on the agenda today, but not for a vote (Item 8 – ACO Integrated Informatics Proposal) – the Core Team requested a proposal on this from the ACOs. It is being proposed to the Core Team directly, and was presented to the HDI Work Group to gather input and subject matter expertise. • Steering Committee members requested some financial analyses to provide some context on making this decision. Georgia noted that the Performance Period 3 budget proposal that went to the Core Team on 10/2 has much of this information, and identifies a significant shortfall in unallocated funds compared to proposed activities. Mike Hall requested this information be included in the next Steering Committee materials to support making recommendations to Core Team. Mike Hall moved to send the VITL Gap Remediation and DLTSS Technology Assessment Next Steps back to the HDI Work Group for prioritization. Todd Moore suggested a motion be made to send the VITL-VCN Gap Remediation and DLTSS Technology Assessment Next Steps to the Core Team, and to send the VITL-ACO Gap Remediation and ACO Informatics Proposals back to the HDI Work Group for further review. Susan Aranoff made a motion to send the VITL-VCN Gap Remediation and DLTSS Technology Assessment Next Steps to the Core Team, and to send the VITL-ACO Gap Remediation and ACO Informatics Proposals back to the HDI Work Group for further review. Dale Hackett seconded. Mike Hall tabled his initial motion. The group discussed the following: • Bob Bick commented that this preempts the work of the HDI Work Group. He supports Mike's original motion to send all four proposals back to the HDI Work Group for prioritization. Steven commented that he believes it is a compromise between proposals. • Peter Cobb supports the motion – the delay a month will change nothing. • John Evans commented that VITL is working on scoping and budget for the DLTSS Technology Assessment proposal – the budget included in these slides is an estimate/not-to-exceed amount. • Dale Hackett asked what the consequences of not funding these proposals would be. • Mike Hall asked whether Todd's intention described above was to move these two proposals forward to the Core Team with the endorsement of this committee, and then to ask the HDI committee to review the other proposal or any others that have not yet been voted upon and make a recommendation to how those should fare given the funds that remain after these funds have been committed and in the context of the other proposals. Todd commented that we learn more about what All-Payer Model could	

Agenda Item	Discussion	Next Steps
	mean all the time – a six month delay in funding is a shift, and OneCare would like some time to rethink the Informatics Proposal in this light. Mike added that his intention was to give Core Team a prioritization from HDI Work Group to support their decision-making. If some proposals are approved and others are left to compete for remaining funds, that is not conflicting with his intent. Georgia commented that there are two other proposals (Population Health Plan, ~$70,000, and sustainability, also a relatively small amount), already pending Core Team approval for Y3. • Judy Peterson commented that the VNAs and Home Health Agencies have done a lot of HIT investment at their own expense, and would appreciate a SIM investment to support additional connectivity. • Georgia noted that ACOs, VITL, VCN, HHAs, and AAAs should abstain from this vote. A roll call vote was taken. The motion carried, with 7 abstaining (Bob Bick, Peter Cobb, John Evans, Mike Hall, Todd Moore, Simone Rueschemeyer, and Julie Tessler).	
7. SCÜP Update	This item was tabled for January.	
8. Vermont ACO Integrated Informatics Proposal Presentation	This item was discussed with Item 6.	
9. Public Comment, Next Steps, Wrap Up and Future Meeting Schedule	There was no additional public comment. Next Steps: • Georgia will provide financial information for the January meeting, and regularly going forward. **Next Meeting:** Wednesday, December 30, 2015, 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, Montpelier.	

VHCIP Steering Committee Member List

Roll Call: 12/2/2015

Minutes
Sue Aranoff 1°
John Evans 2°
1 exception
no abstentions
Motion to send 2 proposals to Core Team; remand 2 proposals to HDI
Sue Aranoff 1°
Dale Hackett 2°
7 abstentions

Member			Member Alternate		Minutes	Proposals		
First Name	Last Name		First Name	Last Name				Organization
	2	✓		1				
Susan	Aranoff	✓				Y		AHS - DAIL
Rick	Barnett	✓				1		Vermont Psychological Association
Bob	Bick	✓				A		DA - HowardCenter for Mental Health
Peter	Cobb	✓				A		VNAs of Vermont
Steven	Costantino	✓				Y		AHS - DVHA, Commissioner
Elizabeth	Cote	✓				1		Area Health Education Centers Program
Tracy	Dolan	✓	Heidi	Klein		Y		AHS - VDH
Susan	Donegan		David	Martini ✓		Y		AOA - DFR
John	Evans	✓	Kristina	Choquette		A		Vermont Information Technology Leaders
Kim	Fitzgerald	✓				Y		Cathedral Square and SASH Program
~~Catherine~~	~~Fulton~~							Vermont Program for Quality in Health Care
Joyce	Gallimore							Bi-State Primary Care/CHAC
Don	George							Blue Cross Blue Shield of Vermont
~~Al~~	~~Gobeille~~							GMCB
Bea	Grause							Vermont Association of Hospital and Health Systems
Lynn	Guillett							Dartmouth Hitchcock
Dale	Hackett	✓				Y		None
Mike	Hall	✓	Angela	Smith-Dieng		A		Champlain Valley Area Agency on Aging / COVE
Paul	Harrington	✓				1		Vermont Medical Society
Debbie	Ingram							Vermont Interfaith Action
Craig	Jones							AHS - DVHA - Blueprint
Trinka	Kerr	✓				Y		VLA/Health Care Advocate Project
Deborah	Lisi-Baker	✓				Y		SOV - Consultant
Jackie	Majoros	✓				Y		VLA/LTC Ombudsman Project
Todd	Moore	✓	Vicki	Loner		A		OneCare Vermont

Mary Val	Palumbo						University of Vermont
Ed	Paquin				Y		Disability Rights Vermont
Laura	Pelosi						Vermont Health Care Association
Allan	Ramsay				Y		GMCB
Frank	Reed	Jaskanwar	Batra		Y		AHS - DMH
Paul	Reiss						Accountable Care Coalition of the Green Mountains
Simone	Rueschemeyer				A		Vermont Care Network
Howard	Schapiro						University of Vermont Medical Group Practice
Selina	Hickman	Shawn	Skafelstad		–		AHS - Central Office
Julie	Tessler				A		DA - Vermont Council of Developmental and MH Services
Sharon	Winn						Bi-State Primary Care
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VHCIP Steering Committee Participant List

Attendance: 12/2/2015

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

First Name	Last Name		Organization	Steering Committee
Susan	Aranoff	here	AHS - DAIL	S/M
Ena	Backus		GMCB	X
Melissa	Bailey	here	Vermont Care Network	X
Heidi	Banks		Vermont Information Technology Leaders	X
Rick	Barnett	here	Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Jaskanwar	Batra	here	AHS - DMH	MA
Bob	Bick	here	DA - HowardCenter for Mental Health	M
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Amanda	Ciecior	here	AHS - DVHA	S
Sarah	Clark		AHS - CO	X
Peter	Cobb	here	VNAs of Vermont	M
Lori	Collins		AHS - DVHA	X
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper	here	AHS - DVHA	S
Steven	Costantino	here	AHS - DVHA, Commissioner	C

Elizabeth	Cote	phone	Area Health Education Centers Program	M
Diane	Cummings		AHS - Central Office	S
Susan	Devoid		OneCare Vermont	A
Tracy	Dolan	phone	AHS - VDH	M
Richard	Donahey		AHS - Central Office	X
Susan	Donegan		AOA - DFR	M
Gabe	Epstein	here	AHS - DAIL	S
John	Evans	here	Vermont Information Technology Leaders	M
Jaime	Fisher		GMCB	A
Kim	Fitzgerald	here	Cathedral Square / SASH	M
Katie	Fitzpatrick		Bi-State Primary Care	A
Erin	Flynn	here	AHS - DVHA	S
Aaron	French		AHS - DVHA	X
Catherine	Fulton		Vermont Program for Quality in Health Care	M
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Don	George		Blue Cross Blue Shield of Vermont	M
Al	Gobeille		GMCB	C
Bea	Grause		Vermont Association of Hospital and Health Systems	M
Sarah	Gregorek		AHS - DVHA	A
Lynn	Guillett		Dartmouth Hitchcock	M
Dale	Hackett	phone	None	M
Mike	Hall	here	Champlain Valley Area Agency on Aging / COVE	M
Janie	Hall		OneCare Vermont	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett		GMCB	S
Paul	Harrington	phone	Vermont Medical Society	M
Carrie	Hathaway		AHS - DVHA	X
Diane	Hawkins		AHS - DVHA	X
Karen	Hein			X
Selina	Hickman	phone	AHS - Central Office	M
Debbie	Ingram		Vermont Interfaith Action	M
Craig	Jones		AHS - DVHA - Blueprint	M

Kate	Jones		AHS - DVHA	S
Pat	Jones	here	GMCB	S
Joelle	Judge	here	UMASS	S
Trinka	Kerr	phone	VLA/Health Care Advocate Project	M
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S/MA
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Deborah	Lisi-Baker	phone	SOV - Consultant	M
Sam	Liss		Statewide Independent Living Council	X
Vicki	Loner		OneCare Vermont	MA
Robin	Lunge		AOA	X
Carole	Magoffin	here	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Jackie	Majoros	phone	VLA/LTC Ombudsman Project	M
Carol	Maloney		AHS	X
David	Martini	here	DFR	MA
Mike	Maslack			X
Alexa	McGrath		Blue Cross Blue Shield of Vermont	A
Darcy	McPherson		AHS - DVHA	X
Marisa	Melamed		AOA	S
~~Jessica~~	~~Mendizabal~~		AHS - DVHA	S
Madeleine	Mongan		Vermont Medical Society	X
Todd	Moore	here	OneCare Vermont	M
Brian	Otley		Green Mountain Power	X
Dawn	O'Toole		AHS - DCF	X
Mary Val	Palumbo		University of Vermont	M
Ed	Paquin	here	Disability Rights Vermont	M
Annie	Paumgarten		GMCB	S
Laura	Pelosi		Vermont Health Care Association	M
Judy	Peterson	phone	Visiting Nurse Association of Chittenden and Grand Isle Counties	M
Luann	Poirer		AHS - DVHA	S
Allan	Ramsay	here	GMCB	M
Frank	Reed		AHS - DMH	M
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M

Simone	Rueschemeyer	here	Vermont Care Network	M
Jenney	Samuelson		AHS - DVHA - Blueprint	X
Larry	Sandage	phone	AHS - DVHA	S
Suzanne	Santarcangelo		PHPG	X
Howard	Schapiro		University of Vermont Medical Group Practice	M
Julia	Shaw		VLA/Health Care Advocate Project	X
Shawn	Skaflestad		AHS - Central Office	MA
Mary	Skovira		AHS - VDH	A
Richard	Slusky		GMCB	S
Angela	Smith-Dieng		Area Agency on Aging	MA
Beth	Tanzman		AHS - DVHA - Blueprint	X
Julie	Tessler	here	DA - Vermont Council of Developmental and Mental Health Serv	M
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman	here	AHS - Central Office	S
Spenser	Weppler	here	GMCB	S
Kendall	West		Bi-State Primary Care Association	X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Sharon	Winn		Bi-State Primary Care	M
Cecelia	Wu		AHS - DVHA	S
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Lawrence Miller phone AOA - Chief of H.C. Reform

Attachment 4: Inventory and Analysis of Existing Vermont Health Data: Recommendations

Inventory and Analysis of Existing Vermont Health Data: Recommendations

Vermont Health Care Innovation Project Steering Committee Meeting

January 27, 2016

David Healy / Barbara Patterson, Stone Environmental Inc.

Steve Kappel, Policy Integrity LLC

Project Summary

Inventoried

- 44 Organizations
- 256 Data Systems/Databases

Priority Datasets

- 5 Organizations
- Acquisition Costs: $39,110,500 (excluding VHCURES)
- Annual Operational Costs: $9,927,000 (excluding VHCURES)
- > 40 FTE

Recommendations and Findings

Health Data Portal

Recommendations

- Organizational
- System
- Data Quality, Documentation, and Analytics

Organizational Recommendations

There is need for enabling legislation and policies to support health data collaboration, accessibility, and adoption of data standards.

Vermont needs a single health data organization responsible for health data, standards, and technology.

Management of new, large, overarching data systems should be managed or coordinated with adequate staffing and expertise.

There is reluctance to shift to new and unknown systems because adequate staffing and expertise is not always available. Vermont Health Data Professionals and Health Program Managers should attend national health information conferences on an annual basis.

System Recommendations

Vermont should consider teaming with other states in the development of new large/complex health data systems.

The focus of health data systems should be to support end user needs– the public, the providers, the payers, or state staff members.

Health data and information systems need to be holistic, harmonized and comparable across and within organizations.

If Socrata is to become repository for the Health Data, DII will need to customize it to full access to health data.

The other option would be to create an independent Health Data Portal based on the open source Federal HealthData.gov.

Vermont should develop a requirement that all health organizations enter and keep up to date information of their data records and systems.

Data Quality, Documentation, and Analytics Recommendations

Building Quality Control into all data systems is essential function to ensure that the analyses that result from the use of the data is credible.

There has to be a state mandate to maintain systems, reporting, and documentation.

Vermont should adopt coding standards for critical elements of each health database, including Health Provider ID, Patient ID, Geography, Addresses, etc.

All health data sets, both source and derived, need complete metadata defined using a common set of metadata standards and tags.

Consistent with privacy requirements, health data should be open, available, and downloadable in a single searchable data repository.

Data Quality, Documentation, and Analytics Recommendations (continued)

Simple Universal Database Tools are needed to extract, analyze and combine critical clinical and claims datasets

Vermont should embrace GIS technology as an enabling and analytical tool for better spatial understanding of clinical, population, and financial health data.

Products that are the result of using extracts from the state's large databases, such as VHCURES, are not generally accessible. There is no clearinghouse to make this information available.

STONE ENVIRONMENTAL

Discussion

Thank you!

For More Information: dhealy@stone-env.com/bpatterson.stone-env.com