Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Friday, January 29, 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 10:35. A roll-call was taken and a quorum was present. Lawrence introduced Holly Stone, a new project manager on the SIM project team through UMass. **Chair's Report:** *Update on HIT Activities:* This item was delayed until later in the meeting. *Update on Resource Allocation:* Georgia provided an update on a request from Deborah Lisi-Baker to find out how much of SIM funding had been expended on DLTSS-related matters. Diane Cummings performed a detailed analysis. Of the total expended so far (~$17 million), about 16% has been expended to support DLTSS items. This includes staff costs, contractor costs, and sub-grantees. Susan Aranoff asked how this corresponded to the total proportion of people with disabilities in our state. Lawrence replied that he will explore this issue further.	
2. Approval of Meeting Minutes	Paul Bengtson moved to approve the 1/15 minutes (Attachment 2). Monica Hutt seconded. A roll call vote to approve the minutes was taken. The motion carried.	
3. Episode of Care Milestone Discussion	Lawrence Miller introduced a proposed modification to our CMMI Milestone on Episodes of Care. • Georgia Maheras noted that we proposed a Medicaid EOC program in our initial SIM application. This was delayed for good reasons: provider fatigue, implementation concurrent with our Shared Savings Programs. We modified our milestones over time to require launch of 3 EOCs in July 2016. Since that time, things have changed – we want to ensure both that DVHA is ready to implement reforms this program and is directionally appropriate given other work at this time. • Alicia Cooper provided an overview of the most recent proposal, which proposed episodes around perinatal services, neonatal services, frequent ED visitors, and work around the IFS program. Burns and Associates performed significant analytics to support this work. Also during this time, we requested	

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	modifications to our EOC milestones from our federal partners. Attachment 3a is a memo submitted to our federal partners highlighting some of the challenges we face in seeking to implement EOCs. Challenges include small impacted provider population, small beneficiary timeframe, short implementation period prior to the end of the SIM grant, and interaction between this model and a potential all-payer model in 2017. In response to these challenges, the State proposed focusing EOC work on the Integrating Family Services model, which has shown promise in initial rollout and is ready for expansion to other areas of the state. Our federal partners support this change. The group discussed the following: • Paul Bengtson believes this makes sense, but found the dates a bit confusing. Alicia replied that we're now proposing to build one EOC around the IFS program by 7/1/17 – the concluding point of the SIM grant. • Georgia Maheras noted that conversations with providers involved in IFS have been promising – IFS receives over 30 funding streams currently. There is also concern around proliferation of quality measures. Selina Hickman added that there is a desire within the DA/SSA community to combine some of their efforts with IFS, so we could see some changes to the model prior to launch. • Robin Lunge added that this is consistent with the all-payer model. The regulated services that are part of financial caps do not at this time include IFS services. This would allow for another payment reform that would continue to simplify the payment streams in that system, which could make that system more ready to be incorporated into regulated revenue in the future. Hal Cohen moved to approve the new milestone. Steven Costantino seconded. A roll call vote was taken and the motion as approved unanimously.	
4. Funding Proposals	Georgia Maheras provided a financial update (Attachment 4a – revised presentation): • Year 1 Actuals to Date: Nearly closed out. Year 1 ended on December 31, 2015. We still have some federal approvals pending, but Diane Cummings has worked hard to ensure we will return under $400,000 to the federal government, which is much less than we initially thought. • Year 2 Actuals to Date: We expect to draw down a large amount in March. We will come back to the Core Team with a Year 2 budget reallocation in February and a Year 3 budget in early March. The Core Team received two funding proposals: • DLTSS Gap Remediation • VPQHC Reallocation *DLTSS Gap Remediation ($785,000; $167,000 in Year 2, $618,000 in Year 3):* Georgia Maheras noted that a high-level overview of this proposal received strong support at the HDI Work Group and Steering Committee. This proposal addresses technical solutions to Home Health Agencies (HHAs). HDI and Steering Committee also	

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	recommended funding for Area Agencies on Aging, but there are technical reasons we cannot do this. We added $250,000 to this proposal at a late date after receiving confirmation from CMMI that we could use SIM funds to support provider-side VHIE interfaces. Susan Aranoff, Kristina Choquette, and Judith Franz provided additional detail (Attachment 3a): • VHIE connections for HHAs will support implementation of CMS's Next Generation ACO program; they will also allow clinical information sharing to support Vermonters in receiving home- and community-based services and aging in place. • Proposal would expand the scope of VITL's SIM-funded work. • AAAs are not considered health care organizations under HIPAA, so we need to do additional legal and regulatory research around what solution would be most appropriate for them; staff will present a proposal at a later date. • Project would use a phased approach to onboard HHAs and to get HHAs connected to VITLAccess. For interfaces, VITL will work with HHAs and their EHR systems to perform discovery and develop interfaces by organization. VITLAccess allows treating providers to view patient information in the VHIE. Kristina Choquette and Judith Franz described the process of onboarding within HHAs, including the training and workflow support available for providers. Regional training sessions would be available for HHAs as well as other interested organizations, to allow HHAs, primary care clinicians, specialists, and others to come together and share ideas. Webinar trainings will also be available. VITL will also implement a train-the-trainer model, with 1-2 "super-users" in each connected organization. • Phase 1: February –June 2016: Lawrence asked for additional budget detail. Kristina clarified that payment provisions are milestone-based. Georgia Maheras noted that the payment arrangement is coordinated with VITL's other contracts with the State. • Paul Bengtson asked for additional detail on activities within each phase. Judith clarified that each phase impacts a different group of HHAs/users for VITLAccess rollout. Kristina noted that interface development will be informed by discovery process; VITL will work with vendors to ensure interface development is done in a cost effective manner and takes advantage of economies of scale. This is a great deal of work in the first six months; starting in July 2016, interface development will begin. Phase 2 includes $125,000 to pay for agencies' vendor costs to develop connections (a pass-through to agency/vendor); provider-side interface development can cost tens of thousands of dollars. Georgia will support VITL's negotiations with vendors to encourage cost-effective development. Kristina noted that these are not Meaningful Use (MU)-certified providers. Lawrence Miller commented that CMS response to fraud issues nationally has created cash-flow challenges for HHAs, so support for provider-side interface development is critical. • Monica Hutt asked whether this includes Bayada. Judith Franz replied that it does. • Paul Bengtson asked whether federal grant rules allow us to use SIM funds for companies that pay taxes. Lawrence Miller replied that his understanding is that grant income is counted as income and organizations are required to pay taxes on them. • Mike Hall complimented SIM and VITL staff in developing this plan. He commented that he understands	

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	the challenges in providing two-way connectivity to the VHIE for organizations not defined as health care organizations under HIPAA, but noted that not having AAA data in the VHIE is a significant gap given their role in providing services under the Choices for Care program. He asked whether there is an opportunity to establish a one-way connection to transmit data into the VHIE, even if AAAs won't be able to view VHIE data. Georgia replied that this is a challenging area of data integration; the federal government has complete jurisdiction about what can be shared, when, why, and how. We have asked the ONC to clarify this issue, and the State and VITL will be meeting with ONC in about a month to discuss this further. John Evans added that pushing patient clinical data from the AAAs to the VHIE is not included in this proposal – it may be possible technologically, but will depend on the system the AAAs use to document. Access to information contained in the VHIE is a HIPAA issue. There are also other organizations impacted by this issue, including SASH, CHTs, and others – some of the providers that need information the most. This is an issue across the nation. Mike noted that being excluded from Meaningful Use was a significant barrier to these providers. He asked what it would take to scope moving AAA information to the VHIE. John replied that VITL is happy to work with the AAAs to develop a proposal. John added that the viewing of VHIE information by non-health care organizations is something VITL could look at – there would have to be a liability component to this to protect the organization, and VITL will start by working with ONC. Lawrence clarified that pursuing this work with the HHAs does not preclude additional work with AAAs. Georgia Maheras will work with VITL and Susan Aranoff to come up with a proposal for discovery for AAAs for the Core Team's consideration at an upcoming meeting. *Revision – VPQHC Sub-Grant Budget Change Request (reduce by $300,000):* Georgia Maheras and Catherine Fulton introduced the VPQHC reallocation request. Dr. Catherine Schneider (Mt. Ascutney) described the project, which supports a surgical quality improvement collaborative (NSQIP) in Vermont, and highlighted current challenges to participating. • Small reductions in surgical infections/complications would pay for the cost of the program; savings would be reaped by the State of Vermont and insurers. • The Collaborative allows hospitals to share best practices across the state based on data analysis of hospital performance. Dr. Schneider noted that changes in the landscape since the program was proposed has led to less-than-expected participation, including participation in ACOs and associated required spending. • Catherine Fulton presented the revised budget, which reduces coordinator time and other staff time but maintains momentum for the organizations that are actively participating. Robust data collection and standardization training makes the data significantly more valuable; this includes real-time qualitative data. Dr. Schneider noted that rollout and launch are the largest challenges – maintenance is less intensive than start-up. She noted that surgical champions around the state are putting a great deal of effort into this work and want to continue to pursue it. Revised budget includes reductions in staff salary and fringe, reduce travel costs, reduced equipment costs, and reduced NSQIP enrollment fees; it includes	

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	increases in meeting costs and sponsorship for one national conference. • Hal Cohen asked about the impact of reduced participation. Catherine Fulton noted that training is complete and data collection is starting. She noted that small hospitals have seen great results in other states, include a CAH in Maine that was able to isolate $200,000 in savings as a result of reduced complications. • Georgia Maheras noted that we have an ongoing discussion with CMMI related to clinician stipends, so suggested the Core Team include this caveat in any motion. Lawrence invited a motion to approve these items as proposed. Steve Voigt moved to approve these items. Paul Bengtson seconded. A roll call vote was taken; the motion carried unanimously.	
5. Public Comment	There was no additional public comment. John Evans provided a brief update on two major accomplishments at the end of 2015: • On December 29, the CHAC ACO Gateway went live. This technology allows their beneficiary population's data to move from the VHIE to an analytics environment. • On December 30, VITL went live to move CCDs into the VHIE from UVMMC. VITL has been working with a number of organizations to increase the percentage of total ACO data flowing into the VHIE by the end of 2015; as of December 30, VITL exceeded this goal for a total of 64% (2015 goal was 62%). This is an increase from 42%.	
6. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Tuesday, February 8, 2016, 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Core Team Participant List

Attendance: 1/29/2016

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

Jaime	Fisher		GMCB	A
Erin	Flynn		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		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		UMASS	S
Sarah	Kinsler ✓		AHS - DVHA	S
Heidi	Klein		AHS - VDH	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Robin	Lunge ✓		AOA	M
Carole	Magoffin		AHS - DVHA	S
Georgia	Maheras ✓		AOA	S
Steven	Maier		AHS - DVHA	S
Mike	Maslack			X
Marisa	Melamed		AOA	S
Lawrence	Miller ✓		AOA - Chief of Health Care Reform	C
Meg	O'Donnell ✓		UVM Medical Center	X
Annie	Paumgarten		GMCB	S
Luann	Poirer		AHS - DVHA	S
Frank	Reed		AHS - DMH	X
Lila	Richardson ✓		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		GMCB	S
Holly	Stone ✓		UMASS	S
Carey	Underwood			A
Steve	Voigt ✓		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

Anne Petrov
Judith Franz
Kristina Choquette
Catherine Fulton
John Evans
Amy Vaughan
Bradley Fuller
Linda Otero
Catherine Schneider

VHCIP Core Team Member List
Roll Call:

1/29/2016

Member		1/15/2016 Minutes	EOC Milestone	Funding Proposals: LTSS Gap Remediation	Funding Proposals: VPQHC Revision	
First Name	Last Name					Organization
Paul	Bengston	✓	✓		✓	Northeastern Vermont Regional Hospital
Hal	Cohen	✓	✓		✓	AHS -CO
Steven	Costantino	joined by ede	✓	left	—	AHS - DVHA
Al	Gobeille x					GMCB
Monica	Hutt	✓	✓		✓	AHS - DAIL
Robin	Lunge	✓	✓		✓	AOA - Director of Health Care Reform
Lawrence	Miller	✓	✓		✓	AOA - Chief of Health Care Reform
Steve	Voigt	✓	✓		✓	ReThink Health

1° Paul 1° Hal 1° Steve V.
2° Monica 2° Steven 2° Paul
Motion carried motion carried motion carried