VHCIP Core Team Agenda
10.08.14

VT Health Care Innovation Project
Core Team Meeting Agenda

October 8, 2014 12:30pm - 4:00pm
DFR - 3rd Floor Large Conference Room, 89 Main Street, Montpelier
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	12:30-12:35	Welcome and Chair's Report	Anya Rader Wallack	
Core Team Processes and Procedures				
2	12:35-12:40	Approval of meeting minutes	Anya Rader Wallack	Attachment 2: September 29, 2014 meeting minutes. *Decision needed.*
Policy Update				
3	12:40-1:10	Quality and Performance Measures *Public Comment*	Anya Rader Wallack	*Decision on Proposed Year Two Shared Savings Program Measures*
Financial Update				
4	1:10-1:25	Financial Request: 1. Stone Environmental, Inc. 2. UVM	Georgia Maheras	Attachment 4a: Financial Memo Attachment 4b: Budget Table 10.2.14 *Decision needed.*

Core Team Processes and Procedures				
5	1:30-3:50	Executive Session: Sub-Grant Program	Georgia Maheras	
6	3:50-3:55	*Public Comment*	Anya Rader Wallack	
6	3:55-4:00	Next Steps, Wrap-Up and Future Meeting Schedule: 10/21: 12:00 pm- 2:00 pm Montpelier	Anya Rader Wallack	

Attachment 2 - Core Team Minutes 9.29.14

VT Health Care Innovation Project
Core Team Meeting Minutes

Date of meeting: September 29, 2014 **Location:** DFR 3rd Floor Conference Room, 89 Main Street, Montpelier VT

Members: Anya Rader Wallack, Chair; Robin Lunge, AOA; Susan Wehry, DAIL; Paul Bengtson, NVRH; Al Gobeille, GMCB; Mark Larson, DVHA; Harry Chen, AHS; Steve Voigt.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's report	Robin Lunge called the meeting to order as acting Chair at 10:04am. Georgia provided an update to the Core Team about the recent trip made by several Vermont staff to Washington, D.C. for a CMMI convening of all six round one SIM awardees. This meeting was about the technical assistance opportunities for the six states as well as an opportunity for the states to learn from each other about their first year of activities.	
2. Approval of Minutes	Al moved to approve the September 9th minutes. This was seconded by Paul and approved unanimously.	
3. Policy Update	Proposed Year Two Shared Savings Program Quality Measures: Pat Jones provided a summary of public comment provided to the Core Team. The Core Team engaged in brief conversation about the comments received. *Public Comment:* *Dale Hackett:* He is hopeful that we can get the measures to a core grouping because they are too complex to explain to consumers. He understands there is a concern around flexibility in measurement if measures are standardized too much and is seeking to make them meaningful to the individuals with whom he interacts.	

Agenda Item	Discussion	Next Steps
4. Core Team Processes and Procedures	The Core Team entered executive session at 10:30 to discuss the sub-grant program applications as discussing prematurely would disadvantage the applicants and the state engaged in the process. The motion was made by Susan and seconded by Harry. All approved. The Core Team left executive session at 11:58. The motion was made by Al and seconded by Robin. All approved.	
5. Public Comment	N/A	
6. Next Steps, Wrap up	**Next meeting:** October 21, 2014, 12:00-2:00pm, DFR 3rd Floor Conference Room, 89 Main St, Montpelier.	

VHCIP Core Team 9-29-14 Attendance List

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

First Name	Last Name		Title	Organization	Core Team
Ena	Backus			GMCB	X
Susan	Barrett	Susan Barrett	Executive Director	GMCB	X
Anna	Bassford			GMCB	A
Paul	Bengston	here	CEO	Northeastern Vermont Regional Hospital	M
Beverly	Boget				X
Harry	Chen	here	Commissioner	AHS - VDH	M
Amanda	Ciecior		Health Policy Analyst	AHS - DVHA	X
Amy	Coonradt	phone	Health Policy Analyst	AHS - DVHA	X
Alicia	Cooper	Alicia Cooper	Quality Oversight Analyst	AHS - DVHA	X
Mark	Craig				X
Diane	Cummings	DCummings	Financial Manager II	AHS - Central Office	X
Paul	Dupre	here	Commissioner	AHS - DMH	X
Erin	Flynn	phone	Health Policy Analyst	AHS - DVHA	X
Lucie	Garand		Senior Government Relations Speciali	Downs Rachlin Martin PLLC	X
Christine	Geiler		Grant Manager & Stakeholder Coordi	GMCB	S
Al	Gobeille	here	Chair	GMCB	M
Sarah	Gregorek			AHS - DVHA	A
Thomas	Hall			Consumer Representative	X
Bryan	Hallett				X
Carrie	Hathaway		Financial Director III	AHS - DVHA	X
Kate	Jones			AHS - DVHA	S
Pat	Jones	Pat Jones		GMCB	X
Heidi	Klein	phone		AHS - VDH	X
Kelly	Lange		Director of Provider Contracting	Blue Cross Blue Shield of Vermont	X
Mark	Larson	here	Commissioner	AHS - DVHA	M
Diane	Lewis			AOA - DFR	A

Monica	Light		Director of Health Care Operations, C	AHS - Central Office	X
Robin	Lunge	here	Director of Health Care Reform	AOA	M
Georgia	Maheras	here		AOA	S
Steven	Maier		HCR-HIT Integration Manager	AHS - DVHA	X
David	Martini			AOA - DFR	X
Mike	Maslack				X
Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
Marisa	Melamed			AOA	A
Lawrence	Miller				X
Meg	O'Donnell			Fletcher Allen Health Care	X
Lisa	Parro			AHS - DAIL	A
Annie	Paumgarten		Eveluation Director	GMCB	X
Kristy	Pirie			AHS - Central Office	A
Luann	Poirer		Administrative Services Manager I	AHS - DVHA	X
Lila	Richardson		Attorney	VLA/Health Care Advocate Project	X
Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	X
Richard	Slusky		Payment Reform Director	GMCB	X
Kara	Suter		Reimbursement Director	AHS - DVHA	X
Carey	Underwood			King Arthur Flour	A
Steve	Voigt	here			M
Anya	Wallack	here	Chair	SIM Core Team Chair	C
Julie	Wasserman		VT Dual Eligible Project Director	AHS - Central Office	X
Susan	Wehry	here	Commissioner	AHS - DAIL	M
Spenser	Weppler			GMCB	X
Kendall	West				X
Katie	Whitney				A
Bradley	Wilhelm		Senior Policy Advisor	AHS - DVHA	X
Jason	Williams		Government Relations Strategist	Fletcher Allen Health Care	X
Cecelia	Wu		Healthcare Project Director	AHS - DVHA	X
Cathy	Fulton	C. Fulton	Exec. Dir.	VPQHC	
Martha	Giard	M. Giard	Dir. Govt Programs	OneCare VT	
PAUL	HARRINGTON	PH	VMS Ex VP		

VHCIP Core Team 9-29-14 Roll Calls

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

① Al
② Paul

minutes all app'd b/c no er on phone

motion to go into exec. session

① susan
② Harry

① Al
② Robin

out of exec session all app'd

First Name	Last Name			Title	Organization	Core Team
Paul	Bengston			CEO	Northeastern Vermont Regional Hospital	M
Harry	Chen	not here		~~Commissioner~~ Secretary	AHS [redacted] CO	M
Al	Gobeille			Chair	GMCB	M
Mark	Larson			Commissioner	AHS - DVHA	M
Robin	Lunge			Director of Health Care Reform	AOA	M
Steve	Voigt					M
Anya	Wallack	not here		Chair	SIM Core Team Chair	C
Susan	Wehry			Commissioner	AHS - DAIL	M

* Harry + Anya arrived during chair's report.

Attachment 4a - VHCIP Finance Memo

109 State Street
Montpelier, VT 05609

To: Core Team
Fr: Georgia Maheras
Date: 10/2/14
Re: Request for Approval of SIM Funding Actions

I am requesting Core Team approval for two SIM funding actions:

1. Proposal to execute a contract with Stone Environmental to provide a health data information inventory. Cost: $120,000. Duration: November 1, 2014-June 30, 2015.
2. Proposal to increase the funds in a previously approved contract with UVM to provide conference support services. Cost: $28,000 (increase of $18,000). Duration: October 1, 2014-November 30, 2014.

REQUEST #1- Type 1c Proposal to execute a contract with Stone Environmental to provide a health data information inventory. Cost: $120,000. Duration: November 1, 2014-June 30, 2015.

This is a request to execute a new sole source contract with Stone Environmental. The contract would be for $120,000 for a term of eight months. This would be funded by the HIE/HIT Work Group Support line item within the VHCIP budget.

Scope of Work:

The contractor will work with the HIE/HIT Work Group, Vermont State Agencies and Contractors on an initial data source discovery phase. This phase will result in a compilation of possible data sources, responsible agencies, organizations or individuals, and type of data. As the project progresses, this list may expand as additional data sources are identified.

Based on the prioritized data sources identified in Phase 1, the contractor will develop a detailed inventory of each of the health information data sources. Prior to conducting the inventory, the contractor will work with the work group to specify key items to include in the inventory.

Task 1: Scoping and Initial Data Source Discovery:
The contractor will work with the HIE/HIT Work Group, Vermont State Agencies and Contractors on an initial data source discovery phase. This phase will result in a compilation of possible data sources, responsible agencies, organizations or individuals, and type of data. As the project progresses, this list may expand as additional data sources are identified. The data sources will be explicitly sorted by subject area such as: payment, demographics, and health outcomes.

Below please find an initial list of data sources. This list will be adjusted as the contractor does this portion of the work to provide a comprehensive view:

- VHCURES Claims Database
- Data available from Vermont's commercial payers and Medicaid
    - Communicate with the payers on this one
- Department of Health Statistics and Surveys
- Department of Financial Regulation Surveys and Statistics
- Green Mountain Care Board's Expenditure Analysis
- Clinical data provided in the VHIE and other sources
- Department of Vermont Health Access Data, including Blueprint for Health
- Medicare data
- State and federal Tax data
- State and Federal Labor data
- Other National and State Databases including NIH, CDC, census, socio-economic data
- Other private sector data sources, such as MGMA

The contractor will work with the HIE/HIT work group to specify the desired documentation of the inventory data. The data sources will encompass claims, clinical, survey and other data including vital statistics. The general prioritization will start with claims, then clinical, and lastly survey data.

The contractor will develop a web-based inventory system that enables all users to search all the data source information collected. The system will also support the next phase and future phases of work. At the conclusion of this phase, the contractor will report back to the work group a complete list of data sources identified, including priorities, before proceeding with the more detailed data inventory.

Task 2: Detailed Inventory of Data Sources
Based on the prioritized data sources identified in Phase 1, the contractor will develop a detailed inventory of each of the health information data sources. Prior to conducting the inventory, the contractor will work with the work group to specify key items to include in the inventory.

The data fields will include but are not limited to the following:

- name of organization and division collecting the data
- annual costs related to the collection and management of the data
- type of data
- primary purpose for the data
- data collection method

- data format: this includes field level information; work with the WG to define the granularity.
- potential uses of the data in a high performing health system
- who is accountable for the data
- proprietary or public
- fees
- where it is stored
- size of database
- years of availability
- accessibility
- governance related to those data—includes any privacy protection issues
- data overlap or dependencies with other sources
- potential for consolidation or integration with another data set
- other items as determined useful by HIE/HIT Work Group.

Deliverables:

- Compile/Inventory Data Sources
- Develop a web-based inventory system that enables all users to search all the data source information collected.
  - Primary users: HIE/HIT Work Group in support of their charge and work plan.
  - Secondary users: contractors, researchers, state staff and other individuals seeking to use these data sources for various activities.
- Provide recommendations to the State regarding how to maintain this inventory once this contract has ended.

Relationship to VHCIP/HIE/HIT Work Group Goals:

This contract is intended to provide information and background to support the work group's charge:

- Guide investments in the expansion and integration of health information technology, as described in the SIM proposal, including:
  - support for enhancements to EHRs and other source data systems
  - expansion of technology that supports integration of services and enhanced communication, including connectivity and data transmission from source systems such as mental health providers and long-term care providers
  - implementation of and/or enhancements to data repositories
  - implementation of and/or enhancements to data integration platform(s)
  - development of advanced analytics and reporting systems

Sole Source Justification:

- Stone is a Vermont company that has been working in the spatial analysis field for over 25 years. In the field of spatial analysis, they are national experts.
- They have performed contracts for several Vermont agencies around health data spatial analyses including the GMCB, DVHA-Blueprint for Health and the Department of Health.
- In particular, Stone uses its significant expertise in spatial analysis to identify ways in which Vermont can improve its health information data sets.
- The team at Stone is comprised of data aggregators and analysts. Because of their experience across data sectors, Stone is able to use the best practices for all data and apply them to Vermont's health information.
- Key personnel for this work include David Healy, who has decades of experience with both Vermont and national data sets.
- One key attribute of Stone is that they are not currently serving as a vendor of any of Vermont's key health data sets and do not intend to pursue this work in the future and they can remain objective, which is critical to this project.

Recommendation: Execute a sole source contract with Stone Environmental to perform a health data information inventory and website. The total project cost is: $120,000. The term is November 1, 2014-June 30, 2015.

Request #2: Type 1c Proposal to amend a previously approved contract with UVM to provide conference support services. Cost: $28,000. Duration: October 1, 2014-November 30, 2014.

This is a request to amend a previously approved contract with UVM to provide conference support services. The contract would be for $28,000 for a term of eight weeks. This would be funded by the Workforce Work Group Support line item within the VHCIP budget. UVM will also be responsible for paying all of the hotel costs and the speaker reimbursements for travel and honoraria on behalf of the State. In providing these two services, the State is able to avoid engaging in 8 additional contracts related to this symposium.

Scope of Work:

The contractor will provide conference support services for the Workforce Symposium scheduled for November 10, 2014. The contractor will provide the following activities:

1. Preparation and distribution of publicity. Design and distribution of marketing pieces; publicity in Journals, Meeting lists, Internet marketing, as applicable.
2. Registration of participants, including handling of all inquiries, website on-line registrations, confirmation, and all correspondence regarding directions and instructions.

3. Preparation of materials for participants including: syllabus, folders, name-tags, evaluations, certificates, and other enclosures as needed.
4. Financial management, including deposit of registration fees, payment of billing for conference food, and profit/loss statement following conclusion of program.
5. On site meeting management for the duration of the conference.
6. Complete conference wrap-up, including tabulating evaluations, speaker and supporter thank you letters, financial payments and statements as above.

Relationship to VHCIP/Workforce Work Group Goals:
This contract is intended to provide support for the work group's fall symposium. The conference will charge a registration fee to, in part, pay for the conference food as that cannot be reimbursed by SIM. UVM will collect that registration fee for the State. Additionally, UVM will develop marketing materials and disseminate invitations for the symposium and provide name tags and other day-of conference materials.

Sole Source Justification:
The University of Vermont currently performs this work for the Blueprint for Health and numerous entities across the state. They are experienced in conference management and have the ability to quickly develop online registration tools and process the symposium registrations.

Recommendation: Execute a sole source contract with UVM to provide conference support services for an amount not to exceed $28,000. The term is October 1, 2014-November 30, 2014.

Attachment 4b - Revised Project Budget 10.2.14

VHCIP Funding Allocation Plan

	as of 8.7.14	Contracts Executed (or committed by Core Team)	Implementation (March-Oct 2013)	Year 1 (10/1/13-12/31/14)	Year 2 (1/1/15-12/31/15)	Year 3 (1/1/16-12/31/16)	Year 4 (1/1/17-9/30/17)	Total grant period	Category Total	Agency	Approved Budget Narrative Category	
Type 1a	Type 1A											
Proposed type 1 without base work group or agency/dept support	*Proposed Type 1 without base work group or agency/dept support (subject to Core Team approval)*											**Green indicates the money has been committed through hiring or contracts. Blue indicates the money has been approved for spending, but the contract is pending. Highlight indicates contract is pending at the Core Team.**
	Personnel, fringe, travel, equipment, supplies, other, overhead		$ 119,615	$ 2,835,875	$ 3,299,871.00	$ 3,368,455.00	621,361.00	$ 10,245,177	$10,245,177.00	GMCB, AHS, AOA, DVHA, VDH	Personnel; Fringe; etc…	
	Project management	Total for this category							$ 630,000.00			
		Remainder available							0			
		UMASS Commonwealth Med.	$ -	$ 230,000	$ 200,000.00	$ 200,000.00	-	$ 630,000		AOA	Project Management	
	Evaluation	Total for this category							$ 2,000,000.00			
		Remainder available			$ 67,001.00	$ 66,667.00	66,667.00	$ 200,335	$ 200,335.00	GMCB	Evaluation	
		RFP-Vendor selected pending CMMI approval	$ -	$ 194,558	$ 583,675.14	$ 583,675.00	437,756.36	$ 1,799,665		GMCB	Evaluation	
	Outreach and Engagement	Total for this category							$ 300,000.00			
		Remainder available		$ 15,000	$ 135,000.00	$ 150,000.00	-	$ 300,000	$ 300,000.00		Outreach and Engagement	
		RFP pending								DVHA	Outreach and Engagement	
	Interagency coordination	Total for this category							$ 320,000.00			
		Remainder available			$ 30,988.00	$ 97,000.00	82,012.00	$ 210,000	$ 210,000.00	AOA	Interagency Coordination	
		Arrowhealth Health Analytics		$ 40,000	$ 70,000.00					AOA	Interagency Coordination	
	Staff training and Change management	Total for this category							$ 55,000.00			
		Remainder available			$ 20,000.00	$ 20,000.00		$ 40,000		DVHA	Staff Training and Change Management	
		Coaching Center of Vermont		$ 15,000				$ 15,000		DVHA	Staff Training and Change Management	
	Technology and Infrastructure	Total for this category							$ 1,177,846.00			
		Remainder available							0			

		VITL		$ 431,500	$ 400,000.00			$ 831,500		DVHA	Expanded Connectivity to the HIE	there will be carryover here. Not sure of exact amount. 400k is estimate by GJM
		VITL		$ 346,346				$ 346,346		DVHA	Practice Transformation	there will be carryover here. Not sure of exact amount. 400k is estimate by GJM
	Grant program	Total for this category							$ 5,295,102.00			
		Remainder available		$ 126,878	$ 1,459,112.00	$ 1,459,112.00	-	$ 3,045,102	$ 3,045,102.00			
		7 Awardees		$ 560,000	$ 1,130,000.00	$ 560,000.00	-	$ 2,250,000		DVHA	TA to providers implementing payment reforms	
	Grant program- Technical Assistance	Total for this category							$ 500,000.00			
		Remainder available							0			
		Policy Integrity		$ 20,000	$ 40,000.00	$ 40,000.00	-	$ 100,000		DVHA	TA to providers implementing payment reforms	
		Wakely		$ 20,000	$ 40,000.00	$ 40,000.00	-	$ 100,000		DVHA	TA to providers implementing payment reforms	
		Truven		$ 20,000	$ 40,000.00	$ 40,000.00	-	$ 100,000		DVHA	TA to providers implementing payment reforms	
		VPQHC		$ 20,000	$ 40,000.00	$ 40,000.00	-	$ 100,000		DVHA	TA to providers implementing payment reforms	
		Bailit		$ 20,000	$ 40,000.00	$ 40,000.00	-	$ 100,000		DVHA	TA to providers implementing payment reforms	
	Chart Review	Total for this category							$ 395,000.00			
		Remainder available							0			
		Healthfirst		$ 25,000	$ 30,000.00	$ -	-	$ 55,000		DVHA	Model Testing: Quality Measurement	
		CHAC		$ 95,000	$ 100,000.00	$ -	-	$ 195,000		DVHA	Model Testing: Quality Measurement	
		OCV		$ 30,000	$ 120,000.00	$ -	-	$ 150,000		DVHA	Model Testing: Quality Measurement	
	ACO Proposal: Analytics	Total for this category							$ 3,135,000.00			
		Remainder available							0			
		CHAC		$ 177,800	$ 355,600.00	$ -	-	$ 533,400		DVHA	Advanced Analytics: 50%; TA Practice Transformation: 50%	
		OCV		$ 872,733	$ 1,745,467.00	$ -	-	$ 2,618,200		DVHA	Advanced Analytics: 50%; TA Practice Transformation: 50%	
	Advanced Analytics: Financial	Total for this category							$ 600,000.00	DVHA	Advanced Analytics: Financial and Other	

		Bailit		$ 80,000	$ 160,000.00	$ 160,000.00	-	$ 400,000		DVHA	Model Testing: Quality Measures	
	HIT/HIE WG	Total for this category							$ 240,000.00	DVHA	Advanced Analytics	
		Remainder Available			$ 10,000.00	$ 110,000.00	-	$ 120,000	$ 120,000.00	DVHA	Advanced Analytics	
		Stone Environmental		$ 20,000	$ 100,000.00			$ 120,000		DVHA	Advanced Analytics	Pending at Core Team on 10.8.14
	Population Health WG	Total for this category							$ 298,000.00	DVHA	Advanced Analytics	
		Remainder Available			$ 100,000.00	$ 100,000.00		$ 200,000	$ 200,000.00	DVHA		
		Hester		$ 21,000	$ 7,000.00	$ -	-	$ 28,000		DVHA	Advanced Analytics	
		AHC RFP		$ 5,000	$ 65,000.00	$ -	-	$ 70,000		DVHA	Advanced Analytics	
								$ -				
	Workforce	Total for this category							$ 86,000.00	DVHA	Workforce: System-wide capacity	
		Remainder Available		$ -	$ 15,000.00	$ 43,000.00	-	$ 58,000	$ 58,000.00	DVHA	Workforce: System-wide capacity	
		UVM		$ 28,000				$ 28,000		DVHA	Workforce: System-wide capacity	Pending at Core Team on 10.8.14
								$ -				
	Care Models	Total for this category							$ 150,000.00	DVHA	Advanced Analytics	
		Remainder Available			$ 100,000.00	$ 50,000.00	-	$ 150,000	$ 150,000.00	DVHA	Advanced Analytics	
								$ -				
	DLTSS	Total for this category							$ 680,000.00	DVHA	Advanced Analytics	
		Remainder Available				$ 84,800.00		$ 84,800	$ 84,800.00		Advanced Analytics	
		Bailit		$ 79,146	$ 105,527.00	$ 105,527.00	-	$ 290,200		DVHA	Advanced Analytics	
		PHPG		$ 90,000	$ -	$ -	-	$ 90,000		DVHA	Advanced Analytics	
		WG Support RFP		$ 53,750	$ 161,250.00		-	$ 215,000		DVHA	Advanced Analytics	
	Sub Total								$ 2,654,000.00			
Type 1c	Type 1 C		**Impl. Period**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Grant Total**				
Proposed type 1 related to base agency/dept support	Proposed Type 1 related to base agency/dept support											
	GMCB	Total for this category							$ 2,575,000.00	GMCB	Advanced Analytics	
		Remainder Available			$ 250,000.00	$ 125,000.00	-	$ 375,000	$ 375,000.00	GMCB	Advanced Analytics	
		Lewin		$ 289,474	$ 694,737.00	$ 694,736.00	521,053.00	$ 2,200,000		GMCB	Advanced Analytics	

		Data Repository: ACTT Proposal (pending)			$ 346,139.00	$ 346,139.00	-	692,278		DVHA	T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
		Stipends: ACTT Proposal (pending)		$ 10,000	$ 20,000.00			$ 30,000		DVHA	Pending CMMI review.	
		Bailit: ACTT Proposal		$ 13,357	$ 26,715.00	$ -	-	$ 40,072		DVHA	Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA	
		HIS: ACTT Proposal		$ 40,000	$ 60,000.00	$ 20,000.00	-	$ 120,000		DVHA	T&I: Practice Transformation	
		HIS: ACTT Proposal		$ 20,000	$ 100,000.00	$ 80,000.00	-	$ 200,000		DVHA	T&I: Expanded Connectivity of HIE Infrastructure	
		HIS: ACTT Proposal		$ 34,282	$ 102,846.00	$ 68,563.00		$ 205,691		DVHA	T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
		HIS: ACTT Proposal		$ 20,718	$ 62,155.00	$ 41,436.00	-	$ 124,309		DVHA	T&I: Expanded Connectivity btw SOV and ACOs/Providers	
		Subtotal: ACTT Proposal						*$ 2,662,118*				
		Remainder Available: Analysis of how to incorporate LTSS, MH/SA			$ 49,964.00	$ 49,964.00	-	$ 99,928			Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA	
		Remainder Available: Practice Transformation			$ 50,533.00	$ 50,532.00	-	$ 101,065			T&I: Practice Transformation	
		Total for this category: Telemedicine			$ 625,000.00	$ 625,000.00	-	$ 1,250,000.00			T&I: Telemedicine	
		Telehealth Planning RFP			$ 120,000.00			$ 120,000		DVHA	T&I: Telemedicine	

		Remainder Available: Telehealth			**505,000.00**	**625,000.00**		**1,130,000.00**			**T&I: Telemedicine**	
		Remainder Available: Expanded connectivity of HIE infrastructure			**$ 788,345.00**	**$ 788,344.00**	-	**$ 1,576,689.00**			**T&I: Expanded Connectivity of HIE Infrastructure**	
		Remainder Available: Integrated platform and reporting system			**$ 500,000.00**	**$ 500,000.00**	-	**$ 1,000,000.00**			**T&I: Integrated Platform and Reporting System**	
		Remander Available: Expanded connectivity between SOV data sources and ACOs/providers			**$ 98,159.00**	**$ 98,159.00**	-	**$ 196,318**			**T&I: Expanded Connectivity btw SOV and ACOs/Providers**	
		Remainder Available: Enhancements or development of clinical registry and other centralized reporting systems.			**$ 151,016.00**	**$ 151,016.00**	-	**$ 302,031**			**T&I: Enhancements or development of clinical registry and other centralized reporting systems.**	
								$ -				
	Workforce	Total for this category							**$ 644,999.00**		**Workforce Assessment: System-wide capacity**	
		Total Remainder Available				$ 294,999.00		**$ 294,999**	$ 294,999.00		**Workforce Assessment: System-wide capacity**	
		Remainder Available: System-wide analysis		**$ -**		$ 294,999.00	**-**	**$ 294,999**		**DVHA**	**Workforce Assessment: System-wide capacity**	
		System-wide analysis			$ 350,000.00	0		$ 350,000.00		**DVHA**	**Workforce Assessment: System-wide capacity**	
	CMCM	Total for this category							**$ 2,200,000.00**			
		Total Remainder Available			$ 810,000.00	$ 1,040,000.00	-	**$ 1,850,000**	$ 1,850,000.00			

		Remainder Available: Service delivery for LTSS, MH, SA, Children			$ 700,000.00	$ 700,000.00		**$ 1,400,000**		**DVHA**	**Model Testing: Service Delivery to support engancement and maintenance of best practice as payment models evolve**	**Coordinate with DLTSS**
		Remainder Available: Learning Collaboratives			$ 35,000.00	$ 265,000.00		**$ 300,000**		**DVHA**	**TA: Learning Collaboratives**	
		Learning Collaboratives RFP		$ 60,000	$ 290,000.00			**$ 350,000**		**DVHA**	**TA: Learning Collaboratives**	
		Remainder Available: Integration of MH/SA		$ -	$ 75,000.00	$ 75,000.00		**$ 150,000**		**DVHA**	**Model Testing: integration of MH/SA**	**Coordinate with DLTSS**
	QPM	Total for this category							**$ 205,000.00**	**DVHA**	**Model Testing: Quality Measures**	
		Total Remainder Available			$ 14,541.00	$ 14,541.00		**$ 29,082**	$ 29,082.00	**DVHA**		
		Datastat (Patient Exp Survey)		**$ 58,639**	**$ 58,639.00**	**$ 58,639.00**	**-**	**$ 175,918**		**DVHA**	**Model Testing: Quality Measures**	
	Sub-Total							**$ 13,261,946**				
Type 1a	$ 25,093,128											
Type 1b	$ 2,654,000											
Type 1c	$ 4,000,000											
Type 2	$ 13,261,946											
Unallocated	$ -											
Grant Total	$ 45,009,074											

VHCIP Core Team Additional Materials 10-08-14

TO: SIM Core Team

FROM: Anya Rader Wallack

DATE: October 3, 2014

SUBJECT: Year Two Shared Savings Program Measures

At our meeting on October 8, I will ask the Core Team to vote on the proposed changes to ACO performance measures for year two of the Medicaid and commercial shared savings programs. Pat Jones and Alicia Cooper have briefed us on the recommendations from the Quality and Performance Measures Work Group a couple times.

The work group was divided on some of the recommendations. The Steering Committee reviewed the work group's recommendations and did not take a position in favor of or against them. We have provided ample opportunity for public input prior to both the Steering Committee consideration and our consideration. I am again sending you the summary of comments we received (attached).

The primary division in the work group, and the source of most opposition to the recommendations, relates to moving certain measures from the reporting category to the payment category, thereby using them as a partial basis for calculation of any year two sharing of savings between payers (Medicaid and BCBSVT) and Accountable Care Organizations. Of particular note is the opposition of the Vermont Medical Society, two of the three ACOs and the chief medical officers of all Vermont hospitals to the inclusion of three new measures in the payment set. In addition, several groups opposed using the proposed avoidable ED measure for reporting, due to weaknesses in that measure and impending implementation of ICD-10 coding, which could further undermine the measure's validity.

In preparation for our vote on this issue, I asked Georgia to explore whether there is any room for a compromise, beyond that discussed by the work group, which would satisfy all parties. Unfortunately, the answer seems to be no. I nonetheless think it is worth considering a compromise that would balance our desire to add meaningful new measures to our measure set (in particular, measures related to long term services and supports) against what I believe is legitimate provider concern about:

- The overall burden of reporting, especially where measures can not be calculated from claims data;
- The lack of any reporting experience on which to base out decisions about which measures should be used for payment; and

- Potential "overload" of measures, which could dilute efforts to improve both the reliability of reporting and performance improvement efforts guided by the measures.

In this spirit I offer the following proposal for compromise:

	Original proposal	**ARW proposal**

Reclassify	9 measures:
	• 3 to payment
	  o ASC admissions
	  o Diabetes care
	  o Pediatric weight assessment and counseling
	• 4 to reporting
	  o Cervical cancer screening
	  o Tobacco use
	  o Dev. Screening in first 3 years
	  o Avoidable ED use
	• 2 to M&E:
	  o Breast cancer screening
	  o SBIRT
		6 measures:
		• 1 to payment
		  o ASC admissions
		• 3 to reporting
		  o Cervical cancer screening
		  o Tobacco use
		  o Dev. Screening in first 3 years
		• 2 to M&E:
		  o Breast cancer screening
		  o SBIRT

Add	2 measures:
	• 1 to reporting
	  o DLTSS survey
	• 1 to M&E
	  o DLTSS rebalancing
		2 measures:
		• 1 to reporting
		  o DLTSS survey
		• 1 to M&E
		  o DLTSS rebalancing

I look forward to our discussion on October 8. Feel free to contact me before then if you have any questions.

Summary of Written Feedback on Proposed Year 2 Measures by Commenter

Commenter	Comment Summary
Blue Cross Blue Shield of Vermont	Expresses appreciation for the QPM work group's process. Supports only the promotion of all Year 1 *Patient Experience Survey* composite measures to Payment in Year 2, to ensure that beneficiary evaluations are included in the assessment of the success of the pilot program.
Community Health Accountable Care	Generally supports the Year 2 measure changes as recommended by the QPM work group. Also advocates for a reduction in the number of charts required for sampling in clinical measure collection, given the administrative burden on clinical and administrative practice staff.
Department of Children and Families	Supports the QPM work group's recommendations of measures that are directly relevant to child health and family well-being. Specifically: - *Pediatric Weight Assessment and Counseling* as a Payment measure - *Developmental Screening in the First Three Years of Life* as a Reporting measure (commercial) - *Prenatal and Post-partum Care* as a Reporting measure, though only including the prenatal care component due to the differing timelines for post-partum care.
Department of Vermont Health Access	Supports the Year 2 measure changes as recommended by the QPM work group, and believes such changes reinforce the development of relationships between patients and their primary care providers needed to improve the delivery and quality of care during the implementation of the pilot program. Proposes two changes to proposed measure recommendations: - Prefers that *Breast Cancer Screening* remains a Reporting measure - Recommends promotion of *Rate of Hospitalization for Ambulatory Care Sensitive Conditions: COPD and Asthma in Older Adults* from Reporting to Payment
Health*first*	Supports the position of the Vermont Medical Society. Expresses concerns about the addition of measures in Year 2 for the following reasons: - Increased cost and administrative burden on providers and ACOs, potentially detracting from clinical care provision - Delayed Year 1 implementation resulted in delayed development of initiatives focusing on Year 1 measures Requests postponement of consideration of new measures until Year 3.

Summary of Written Feedback on Proposed Year 2 Measures by Commenter

Anonymous	Expresses concerns about the feasibility of collecting certain Medicaid measures, and limited availability of well-known goals.
Northwestern Medical Center	Expresses support for some measures as proposed by the QPM work group, and opposition to others, citing the following concerns: - Very few of the proposed measures exhibit all of the merits prioritized in the QPM work group's measure selection criteria - New measures should not be added for Year 2 without an understanding of Year 1 performance - Use of non-claims-based measures results in significant financial and administrative burden - The addition of new measures in Year 2 will dilute more targeted performance improvement efforts
OneCare Vermont	Expresses support for some measures as proposed by the QPM work group, and opposition to others, with the following specific requests: - Avoid moving any measures to Payment in Year 2, given the delay in Year 1 program implementation - Minimize the number of measures requiring manual abstraction Additionally, notes that feedback from the broad OneCare provider network was minimized to a single vote in the QPM work group setting, and expresses concern that the perspective of practicing clinicians may not have been adequately represented in the recommendation-making process.
Dr. Peter Reed	Supports the measures as proposed by the QPM work group, and requests additional consideration of measures that would assess an ACO's contributions to addressing social determinants of health in communities they serve. Specifically: - dollars or % of total budget spent on providing transportation to patients - % of foods sourced locally, organically, fair trade - donations made to local organizations that assist with housing security, food security, addiction, criminal rehabilitation, etc. - direct services offered to assist with housing security, food security, addiction, criminal rehabilitation, etc.
Vermont Council of Developmental and Mental Health Services	Suggests additions to the proposed measures to include substance abuse and mental health screening measures, thereby increasing opportunities for ACOs to improve health outcomes and coordinate care for a potentially high-utilizing population. Recommends consideration of the following substance abuse screening tools:

	- AUDIT and DAST - NIDA Adult - PHQ-2 - PHQ-9 - CAGE and CAGE-Aid
Vermont Department of Health	Expresses appreciation for the QPM work group's measure review process, supports the proposed Year 2 measures, and encourages additional consideration of the following measures given their importance for population health and their alignment with the priorities of the State Health Improvement Plan: - *Prenatal & Postpartum Care* - *Influenza Immunization* - *Screening for High Blood Pressure with Follow up Plan Documented* - *Controlling Blood Pressure* - *Optimal Diabetes Care* - *Adult Weight Screening and Follow-Up* - *Screening for Clinical Depression and Follow-Up* - *Care Transition Record Transmitted to Health Care Professional*
Vermont Legal Aid/Office of the Health Care Advocate	Supports the Year 2 measure changes as recommended by the QPM work group, and notes that the use of Payment measures is a primary way to ensure that the quality of care is maintained or improved while ACOs work toward achieving savings. Additionally, expresses concern about the following: - Limited scope of the measure set, in that populations included in the Medicaid and commercial shared savings programs do not have adequate quality measure coverage (e.g. pediatric, maternity, and DLTSS populations) - Limited promotion of Pending measures, impacting the ability of such measures to be considered for Payment before the end of the pilot program - Restricting the scoring of measures against selection criteria to those that were recommended for Year 2 reconsideration, rather than evaluating all program measures - Giving all criteria equal weight in the scoring methodology Requests additional consideration of the following measures: - *Prenatal & Postpartum Care* - *Influenza Immunization* - *Adult Weight Screening and Follow-Up*

Summary of Written Feedback on Proposed Year 2 Measures by Commenter

	- *Care Transition Record Transmitted to Health Care Professional* - *Transition Record with Specified Elements Received by Discharged Patients* Further notes that: A) Consumers are underrepresented in all levels of the Vermont Health Care Innovation Project (VHCIP), whereas providers are strongly represented; B) Quality measures are important not only for informing quality improvement initiatives, but also for monitoring overall quality of care; and C) ACO quality measures are intended to assess quality of care throughout the health care system, not just at the hospital level.
Vermont Medical Society	Expresses support for some measures as proposed by the QPM work group, and opposition to others, citing the following concerns: - Insufficient alignment between the Commercial/Medicaid SSPs and the Medicare SSP (for both Year 1 and proposed Year 2) measure sets - Increasing the number of measures used would increase financial and administrative burden on providers - No measures should be newly used for Payment in Year 2 without baseline Year 1 data available Adds additional information in opposition of the use of 'Avoidable ED Visits' as a Reporting measure, and reiterates importance of clinicians' input in the design of payment reform initiatives.
Jennifer Fels, Southwestern Vermont Health Care	Recommends that measures be standardized across CMS measures and the Vermont Blueprint for Health and incorporate NCQA Medical Home certification requirements, and that measure capture should be automated from electronic medical records to the extent possible.
Chief Medical Officers of 8 Vermont Hospitals	Express support for the recommendations made by the Vermont Medical Society and OneCare Vermont, citing concerns about additional administrative burden early on during pilot implementation.
Vermont Association of Hospitals and Health Systems	Express support for the recommendations made by the Vermont Medical Society and OneCare Vermont.

Summary of Written Feedback on Proposed Year 2 Measures by Commenter

Bi-State Primary Care Association	Measurement can be a burden, but consumers have a right to know whether care meets standards and achieves the best outcomes possible. Measures should provide information that's meaningful to consumers, policy makers, or providers. Bi-State's members aren't concerned that a broad scope of measures will cause providers to be spread too thin as they engage in improving results that don't meet targets. The delivery system should prioritize the improvement initiatives that are most needed, likely to be most effective, and based on solid data. Some measures' data sources are still incomplete and unreliable. Full transparency is the shortest path to identifying and sharing best practices, targeting administrative resources to the areas of greatest need or efficiency, keeping a spotlight on trouble spots, and revealing areas for data collection improvement. We need to streamline data capture (e.g., by maximizing data captured via claims) and eliminate wasteful duplication in chart extraction (e.g., payers, ACOs, others).