VT Health Care Innovation Project
Population Health Work Group Meeting Agenda

Date: Tuesday October 11, 2016 Time: 2:30-4:00 pm
EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier
Call-In Number: 1-877-273-4202; Passcode: **420-323-867**

All Participants: Please ensure that you sign in on the attendance sheet the will be circularized at the beginning of the meeting, Thank you.

AGENDA

Item #	Time	Topic	Presenter	Relevant Attachments	Action #
1	2:30	**Welcome, roll call and agenda review**		**Attachment 1:** Agenda	
2	2:35	**Approval of Minutes**		**Attachment 2:** Minutes	
3	2:40	**Project Updates** • Brief Sustainability Plan Update • Update on ACH Peer Learning Lab	Georgia Maheras / Sarah Kinsler	**Link to**: **https://vermontach.wordpress.com/**	
4	2:50	**Review Draft Population Health Plan** *What do we believe must change in our health systems in order to improve population health outcomes?*		**Attachment 4:** Population Health Plan Overview **Link to**: Vermont Population Health Plan - September 2016 (for public comment)	
5	3:45	**Open Comments and Next Steps for PHWG**			

OPEN ACTION ITEM LOG					
Date Added	**Action Number**	**Assigned to:**	**Action /Status**	**Due Date**	**Date Closed**
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			•		
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Attachment 2: 7-19-16 PH Meeting Minutes

Vermont Health Care Innovation Project
Population Health Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: April 13, 2016; 2:30 PM – 4:00 PM; EXE 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome, Roll Call, & Approval of Minutes	**Welcome** Karen Hein called the meeting to order at 2:35 pm. **Roll Call and Approval of minutes** A roll call attendance was taken and a quorum was present. Tracy Dolan offered a motion to approve the April minutes by exception; Josh Plavin seconded and the motion carried unanimously. **Agenda Review** Karen Hein then reviewed the agenda with the group, including an update VHCIP project activities to date, the Population Health Plan, and an update on the status of the All Payer Waiver and its connection to population health.	
2. Project Update: Performance Period 3 Update	**Update:** Year 3 Budget The Performance Period 3 (July 1, 2016 to June 30, 2017) budget proposal has been approved by CMMI; this is the first time that we've had our approval in hand prior to the start of the performance period.	
3. Status of All Payer Waiver and Pop Health • Implications and application to population health objectives	Michael Costa, Deputy Director of Health Care Reform at the Agency of Administration, presented. Michael began by noting that he has presented to this group before and prefaced his update with an acknowledgement that APM is a means to an end; what Vermont is really trying to achieve is an Integrated Health System – the All Payer Model and Medicaid Pathways are ways to get there. He presented the following points: • Negotiations between Vermont and federal partners (CMS and CMMI) are on-going – the final discussions are around money and risk.	

Agenda Item	Discussion	Next Steps
	• Timeline – pressure with both federal and state administrations leaving. If an agreement is not made this fall, GMCB and the next Governor's administration and federal administration can choose to continue negotiations, or not. • January 1, 2018, is the anticipated start date for the first test year to begin under an approved model. • If an agreement is reached, there will be a public process at the Board to review and approve the agreement. There will be robust quality measures within the agreement. Also, Vermont's Medicaid 1115 Global Commitment waiver is set to expire at the end of 2016, and work needs to be done to ensure that the waiver and APM are linked appropriately. • In addition to acting as a policy decision makers and regulators, the State also pays for health care services through DVHA/Medicaid and other AHS Departments. DVHA issued an RFP for a Next Generation-style ACO in April; OneCare Vermont is the apparently successful bidder. DVHA and the ACO are trying to reach an agreement in September, with a robust readiness assessment process in the fall to ensure the ACO can successfully perform the agreed upon services and tasks and be paid differently with a contract start date of 1/1/17. • VT ACOS might be in the Next Gen ACO model in 2017; the idea is to bring the participants closer and closer over time as time progresses. • High level targets still look good; influenced by the state health improvement plan. • Tracy Dolan asked if there are incentives for the ACOs to hit the targets. The response is yes – the process is all about creating the right carrots and sticks to encourage participants to achieve the highest ratings possible. • Is Blueprint funding incorporated? Michael replied that this is one of the areas of continued negotiation. Vermont ideally wants: more money for the Blueprint, including expanded funding for Support and Services at Home (SASH) to be fully funded and to expand statewide; for Medicare to pay into the Hub and Spoke program; and to bring Medicare up to parity with other payers for the PCMH/CHT payments (Medicare currently pays less than Medicaid and commercial). CMS believes Vermont's APM could be a template for other states and regions. To do this, we need to do 1) Achieve sufficient model scale (statewide, majority of Vermonters), 2) establish quality measures, 3) and save money. There is a tension between Vermont and federal partners because while total possible savings are very little in the context of Medicare's budget, it is significant in Vermont. • Sue Aranoff asked if SASH budget discussed earlier reflects the $1 million investment made by DAIL annually. Michael responded that the MCO investment that DAIL makes is for administrative services for SASH. That would be an ongoing relationship and should be part of the ongoing 1115 waiver discussion. In summary: The big differences between where we are now and where we would be with an APM:	

Agenda Item	Discussion	Next Steps
	1. Pay in a different way – prospective payment instead of retrospective service payments. Providers have flexibility to manage funds in a way that promotes best care. 2. More flexibility for payers and providers. 3. Should make health care financing more transparent. 4. Enable a conversation about quality. 5. Committing to sustainable growth in the future; ACO payments will increase at a predictable rate, with ACOs taking on risk for managing payments (and population health). 6. The theory of an ACO is that providers can come together and work on things together to provide better care and take on financial risk. Funding – ACO like an hourglass where numerous money streams can flow in, come together in the ACO, and flow out to providers. We hope to prove that providers are right and that more flexibility allows for better care, better health, and lower costs. • Question: Inclusion of Mental Health services in the APM discussions. Michael responded that some mental health services will be included in a population-based payment (APM, if an agreement is reached, will include services roughly equivalent to Medicare Parts A and B). Generally, if DVHA pays for a service now, it will be part of the population-based payment; if DMH pays for a service now, it would be excluded from population-based payment. • Question: Inclusion of pharmacy. Michael responded that pharmacy will be excluded because pharmacy costs are challenging to predict or to impact.	
4. Status update on Population Health Plan	**Population Health Plan:** Filling in the Pop Health Plan: *What do we believe must change in our health systems in order to improve population health outcomes?* What Action would we want to see happen as part of a framework? Heidi reviewed the slides in the materials packet. The group discussed the following: • Dale Hackett asked are we going to help focus on the impact to children? Heidi responded that we will be targeting the key childhood outcomes that we want to focus on and utilize the framework of the Three Buckets for Prevention to identify strategies in clinical care, clinical-community connection and community wide prevention for health improvement. .	

Agenda Item	Discussion	Next Steps
	• Nicole Lukas noted that the health department has reviewed the buckets and is also going to be presenting these in relation to specific interventions that have been put into place. E.g. Healthy Routes to School is a way of working on hypertension at the community level. • Laural Ruggles cited the Collective Impact model which is the model being used at St. Johnsbury to assist with governance and the integrator function within an Accountable Community for Health – still has a steering or leadership team but also brings together the voices of community participants. Jill Berry Bowen noted that we also want to show other participants such as municipalities, schools and towns who are also working toward regional integration (going beyond the clinical setting). • Heidi asked the group to think about who are the players and who are we missing? All things to be captured in the plan. • Jill Bowen noted that they are at the point now where they are thinking about the RiseVT model and how to expand it. Heidi noted that we can try to gather more information about efforts like this to include in the PHP to be used like case studies. • Penrose Jackson noted that there has been focus on the return on investment, e.g. investing in supportive housing can save significantly on medical costs, such as fewer ER visits – this is being done with shared funding sources Champlain Housing Trust, City of Burlington and UVM. Heidi posed a question to the group: Given where we started and how far we've come – what are the key things that the group thinks that we need to do to move to action to create this plan. • Including intermediate outcomes (success in school measures – stepping stone measures) that would show progress toward the final goals. • Validation – something we need to do and could be done with children, in terms of where to go and what to start with. • Include the payers – they know they have sub-populations and are interested in the ACHs in that the payer can also partner with the providers and ACOs, but can also be working with the Community Collaborative to create specific strategies by giving them things to grab on to. Heidi encouraged everyone to please feel free to reach out to her to make suggestions for the Population Health Plan: (802) 652-2051 or Heidi.Klein@vermont.gov.	
5. Open Comments and Next Steps	There was no public comment	
6. Next Meeting and Next Steps	**Next Meeting and Next Steps** Next meeting Tuesday, October 11, 2016, 2:30-4:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Population Health Work Group Member List

Tracy 10
Joshua 0

Member		Member Alternate		Minutes	19-Jul-16
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓				AHS - DAIL
Jill Berry	Bowen ✓				Northwestern Medical Center
Mark	Burke	Steve	Gordon ✓		Brattleboro Memorial Hopsital
Donna	Burkett	Maura	Graff		Planned Parenthood of Northern New England
Daljit	Clark	MaryKate	Mohlman		AHS - DVHA
Beverly	Boget				VNAs of Vermont
Judy	Cohen				University of Vermont
Jesse	de la Rosa				Consumer Representative
Tracy	Dolan ✓	Heidi	Klein ✓		AHS - VDH
~~Joyce~~ Kate	~~Gallimore~~ Simmons	Kendall	West		CHAC
Dale	Hackett ✓				Consumer Representative
Karen	Hein ✓				Dartmouth Medical School
Kathleen	Hentcy ✓	Charlie	Biss		AHS - DMH
Penrose	Jackson ✓				UVM Medical Center
Pat	Jones				GMCB
Lyne	Limoges				Orleans/Essex VNA and Hospice, Inc.
Ted	Mable ✓	Kimberly	McClellan		DA - Northwest Counseling and Support Services
Melissa	Miles ✓	Patricia	Launer		Bi-State Primary Care
Joshua	Plavin ✓				Blue Cross Blue Shield of Vermont

Laural	Ruggles				Northeastern Vermont Regional Hospital
Julia	Shaw				VLA/Health Care Advocate Project
Melanie	Sheehan				Mt. Ascutney Hospital and Health Center
Miriam	Sheehey				OneCare Vermont
Shawn	Skaflestad	Sarah	Clark		AHS - Central Office
Chris	Smith				MVP Health Care
JoEllen	Tarallo-Falk	Lori	Augustyniak		Center for Health and Learning
Karen	Vastine				AHS - DCF
Teresa	Voci				Blue Cross Blue Shield of Vermont
Stephanie	Winters				Vermont Medical Society
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	Meeting Name:	VHCIP PH Work Group Meeting	
	Date of Meeting:	July 19, 2016	
	First Name	Last Name	
1	Susan	Aranoff	
2	Julie	Arel	
3	Lori	Augustyniak	
4	Ena	Backus	
5	Susan	Barrett	
6	Bob	Bick	
7	Charlie	Biss	
8	Mary Lou	Bolt	
9	Jill Berry	Bowen	
10	Mark	Burke	
11	Donna	Burkett	
12	Jan	Carney	
13	Barbara	Cimaglio	
14	Daljit	Clark	
15	Sarah	Clark	
16	Peter	Cobb	
17	Judy	Cohen	
18	Amy	Coonradt	
19	Alicia	Cooper	
20	Janet	Corrigan	
21	Brian	Costello	
22	Mark	Craig	
23	Jesse	de la Rosa	
24	Trey	Dobson	

25	Tracy	Dolan	here
26	Lisa	Dulsky Watkins	
27	Suratha	Elango	
28	Klm	Fitzgerald	
29	Erin	Flynn	
30	Lucie	Garand	
31	Christine	Geiler	
32	Steve	Gordon	phone
33	Don	Grabowski	
34	Maura	Graff	
35	Wendy	Grant	
36	Dale	Hackett	here
37	Thomas	Hall	
38	Catherine	Hamilton	
39	Carolynn	Hatin	
40	Karen	Hein	here
41	Kathleen	Hentcy	phone
42	Jim	Hester	phone
43	Penrose	Jackson	here
44	Pat	Jones	
45	Joelle	Judge	here
46	Sarah	Kinsler	here
47	Heidi	Klein	here
48	Norma	LaBounty	
49	Andrew	Laing	
50	Kelly	Lange	
51	Patricia	Launer	

52	Mark	Levine	
53	Lyne	Limoges	
54	Nicole	Lukas	here
55	Ted	Mable	phone
56	Carole	Magoffin	
57	Georgia	Maheras	
58	Carol	Maloney	
59	Melissa	Miles	here
60	MaryKate	Mohlman	
61	Chuck	Myers	phone
62	Joshua	Plavin	here
63	Luann	Poirer	
64	Sarah	Relk	
65	Brita	Roy	
66	Laural	Ruggles	phone
67	Jenney	Samuelson	
68	seashre@msn.com	seashre@msn.com	
69	Julia	Shaw	phone
70	Melanie	Sheehan	
71	Miriam	Sheehey	
72	Shawn	Skaflestad	phone
73	Chris	Smith	phone
74	Angela	Smith-Dieng	
75	Holly	Stone	
76	JoEllen	Tarallo-Falk	
77	Karen	Vastine	
78	Teresa	Voci	

79	Nathaniel	Waite	
80	Marlys	Waller	
81	Kendall	West	
82	James	Westrich	
83	Stephanie	Winters	
84	David	Yacovone	

Annalisa Parent - Population Health Plan Writer

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Judy	Cohen				University of Vermont
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Kate	Simmons	Kendall	West		CHAC
Dale	Hackett				Consumer Representative
Karen	Hein				Dartmouth Medical School
Kathleen	Hentcy	Charlie	Biss		AHS - DMH
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Pat	Jones				GMCB
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Stephanie	Winters				Vermont Medical Society
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Attachment 4 - Population Health Plan Overview Presentation

POPULATION HEALTH PLAN

Draft Overview for Discussion and Comment

October 2016

Discussion

- From your work group's point of view, how does this plan advance your work?
- How well do the goals and recommendations of the plan align with yours for moving ahead?
- What else would you want to see in order to get behind this plan?

INTRODUCTION AND BACKGROUND

"We need to shift from focusing on health care to focusing on health."

Karen Hein, MD

The Population Health Plan…

- Leverages and builds upon existing priorities, strategies, and interventions included in Vermont's State Health Improvement Plan (SHIP) and other state initiatives
- Addresses the integration of public health and health care delivery
- Leverages payment and delivery models as part of the existing health care transformation efforts

Building on State Innovation Models (SIM/VHCIP) and the State Health Improvement Plan (SHIP)

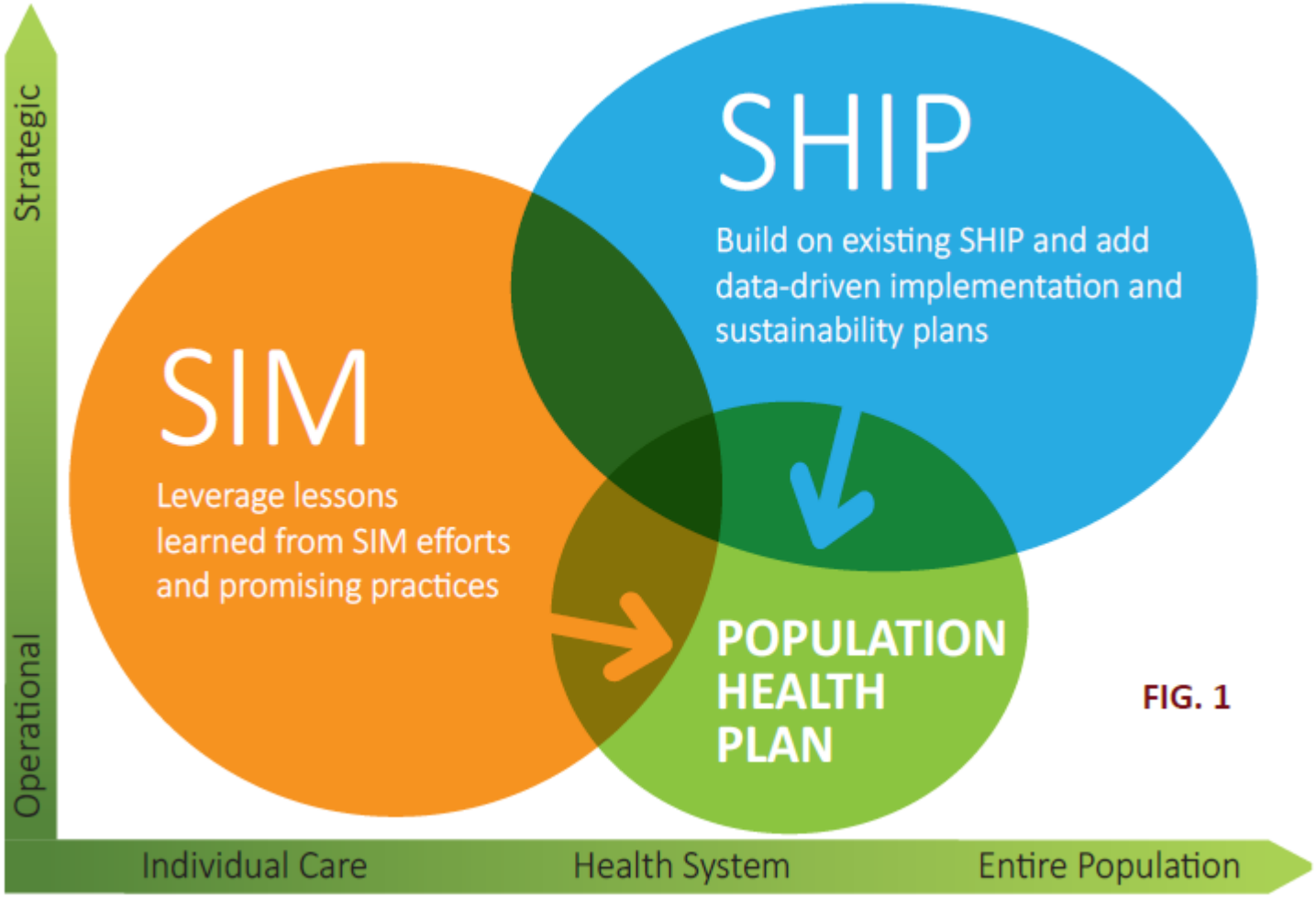

FIG. 1

FIVE PRINCIPLES FOR IMPROVING POPULATION HEALTH

Principles for Improving Population Health

1. Use Population-Level Data on Health Trends and Burden of Illness to Identify Priorities and Target Action.
2. Focus on Prevention, Wellness, and Well-Being at All Levels – Individual, Health Care System, and Community.
3. Address the Multiple Contributors to Health Outcomes
4. Community Partners are Engaged in Integrating Clinical Care and Service Delivery with Community-Wide Population Prevention Activities.
5. Create Sustainable Funding Models Which Support and Reward Improvements in Population Health, including Primary Prevention and Wellness.

RECOMMENDATIONS

Policy Levers:

Governance Requirements: include entities that have the authority, data/information, and strategies

Care Delivery Requirements and Incentives to move from acute care to more coordinated care

Metrics and Data of population health outcomes

Payment and Financing Methodologies towards value-based payment and alternative sustainable financing for population health and prevention

State: Governance Requirements

Embed governance requirements in Medicaid contracts with ACOs and other providers.

Require ACOs, through Act 113 of 2016, to include public health and prevention leaders in their governing entities.

Create a statewide public/private stakeholder group, similar to the Population Health Work Group, that recommends activities to State health policy leadership.

Expand partnerships to other sectors that impact health. Build upon the Governor's Health in All Policies Task Force.

Regional: Governance Requirements

Continue to expand partnerships to other sectors that impact health at the community or regional levels including housing, business, city and town planners, among others.

Expand existing Community Collaboratives to meet all of the components of Accountable Communities for Health.

SPOTLIGHT: Accountable Communities for Health

An ACH is accountable for the health and well-being of the entire population in its defined geographic area. It supports the integration of high-quality medical care, mental health services, substance use treatment, and long-term services and supports, and incorporates social services. It also supports community-wide primary and secondary prevention efforts.

Lever: Care Delivery Requirements and Incentives

- Current: Vermont is utilizing state policy levers to create the foundation for payment reforms and care delivery reforms to move our health care system from acute care to more coordinated care.

- Future: Expand upon the regional integration started with the Community Collaboratives.

Lever: Care Delivery Requirements and Incentives

State: Care Delivery Requirements and Incentives

- Direct the overall flow and distribution of health resources within the State.
  - Certificate of Need program, Health Resource Allocation Plan, Insurance Rate Review, Hospital Budget Review, Professional Licensure, and contracting can help the State
- Set expectations to demonstrate success
  - Healthy Vermonters 2020, the All-Payer Model population health measures, and the Vermont Model of Care.

Regional Care Delivery Requirements and Incentives

- Incentivize Community Collaboratives to develop into Accountable Communities for Health

- Utilize *Prevention Change Packets* – developed by VDH in collaboration with OneCare – to incorporate prevention strategies to improve population health at all levels of the health system

Lever: Metrics and Data

- Require the collection of specific population health metrics
  - Track population health measures through the All-Payer Model Framework
- Set guidelines to move away from only using clinical, claims, and encounter-based metrics.

- Continue use of population health measures to drive statewide priority setting for improvement initiatives
  - for example, inclusion of screening measures for obesity, tobacco use, cancer into the payment and reporting quality measures for payment reforms.

Regional : Metrics and Data

- Use data gathered by hospitals through the Federally required Community Health Needs Assessments (CHNAs) to determine the highest priority health needs of the community and develop an implementation strategy to meet those needs.

- Provide regional-specific data, like that through the Blueprint Profiles to each hospital service area.

Lever: Payment and Financing Methodologies

- Payment methodologies – how health care providers and other organizations are paid for their work
- Financing methodologies – how funds move through the health system
- Two strategies to fund population health goals or social determinants of health:
  - Value-based payment models for providers
  - Alternative financing models for population health and prevention (not grant-based)

Lever: Payment and Financing Methodologies

A conceptual model for sustainable financing includes…

- Diverse financing vehicles
- Balanced portfolio of interventions
- Integrator or backbone organization
- Reinvestment of savings

State: Payment and Financing Methodologies

- The Green Mountain Care Board: support hospital investment in population health initiatives through its Community Health Needs Assessment Policy.
- The Department of Health and Department of Vermont Health Access: increase referral to population health management activities by allowing utilization of certain codes by clinicians for payment.
- The Agency of Human Services: incorporate mechanisms that encourage or require public health accountability in value-based contracts.
- Track population health measures through the All-Payer Model.

Regional: Payment and Financing Methodologies

- Pool resources within a region to support a target a specific initiative like food security or ending homelessness.

- Reinvest savings in community-wide infrastructure to enable healthy lifestyles and opportunity

MEASURING SUCCESSFUL PLAN IMPLEMENTATION

Signs we are on the path to success

- Health system actions are primarily driven by data about population health outcomes; goals and targets should be tied to these statewide data and priorities identified in the State Health Improvement Plan.

- The health system creates health and wellness opportunity across the care and age continuum and utilizes approaches that recognize the interconnection between physical health, mental health and substance use, and the underlying societal factors.

Signs we are on the path to success

- Payment and financing mechanisms are in place for prevention strategies in the clinical setting, through clinical/community partnerships, and for community wide infrastructure and action.

- An expanded number of entities are accountable for the health of the community including health care providers, public health, community providers and others who affect health through their work on housing, economic development, transportation, and more, resulting in true influences on the social determinants of health.

Discussion

- From your work group's point of view, how does this plan advance your work?
- How well do the goals and recommendations of the plan align with yours for moving ahead?
- What else would you want to see in order to get behind this plan?