

Vermont Health Care Innovation Project Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Monday, October 13, 2015, 3:00-4:00pm, AHS Training Room, 208 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	<p>Lawrence Miller called the meeting to order at 3:04. A roll-call was taken and a quorum was present.</p> <p>Chair's Report: <i>Update on Contract Approvals and Document Submission to CMMI:</i> We received final approvals for Year 2 last Friday, including all pending contracts. Those agreements are being executed, and money is flowing.</p> <p><i>Sub-Grantee Symposium:</i> The second sub-grantee symposium was held October 7th in Montpelier; there were 46 attendees for three panels. All materials and notes from the Q&A will be posted to the VHCIP website later this week; we will send the link out to participants and the Core Team.</p> <p><i>Reorg Update:</i> The VHCIP reorganization is going well so far. Comments to workplans and participant lists have been incorporated, and new workplans for the remainder of 2015 are posted to the VHCIP website.</p> <p><i>Operational Plan Update:</i> Our Year 3 Operational Plan is due on November 2 – we will be reviewing proposed Year 3 milestones and budget today that will help us build this plan.</p>	
2. Approval of Meeting Minutes	<p>Monica Hutt asked whether Hal Cohen's letter would be included in the minutes; Georgia Maheras responded that it would be, along with all other comments. Monica also asked about the status of comments related to DLTSS Work Group integration into the new governance structure. Georgia responded that the Secretary's suggestions and other related comments have been integrated into the new structure and workplans, and Lawrence requested the minutes for the August 31 and October 13 meetings reflect this.</p> <p>Paul Bengtson moved to approve the July 2015 meeting minutes (Attachment 2). Hal Cohen seconded. A roll call vote to approve the minutes was taken. The motion passed with one abstention.</p>	

Agenda Item	Discussion	Next Steps
<p>3. Proposed Year 3 Milestones</p>	<p>Georgia Maheras presented on High-Level SIM Goals (Attachment 3a) and Proposed Year 3 Milestones (Attachment 3b). Note that for CMMI’s purposes and our budgetary purposes, some Year 2 activities are extending into CY 2016 (Year 2 Carryover activities), and some Year 3 activities will extend into CY 2017 (Year 3 Carryover activities).</p> <ul style="list-style-type: none"> • A new high-level goal added: 400 providers with at least one interface to the VHIE. <ul style="list-style-type: none"> ○ Al Gobeille asked where we are now. Georgia responded that we have over 300 providers (or provider organizations) with at least one interface to the VHIE. Georgia noted that staff are confident we will be able to meet this goal with planned Year 3 activities. ○ An interface is one connection between a provider organization location and the HIE, with data flowing in at least one direction (HIE to provider or provider to HIE). ○ Monica Hutt asked whether we expect connections to continue to increase following the project. Georgia responded that we do. Monica asked how this might impact provider types that are not yet connected to the VHIE. ○ Lawrence Miller noted that the project also has sub-goals related to quantity and quality of data flowing to and from the VHIE. • Draft milestones have been reviewed by CMMI. CMMI has indicated that they are directionally correct. Core Team approval will allow project leadership and staff to continue developing the Operational Plan. These milestones, with one exception, continue work that has been ongoing in Year 2; it also places a more explicit focus on sustainability planning. The new milestone is on Medicaid Value-Based Purchasing – Mental Health and Substance Abuse. This milestone was previously related to a SAMHSA planning grant the state had applied for; this is a less specific goal, and is also responsive to feedback we received from CMMI related to the All-Payer Model. These milestones represent our agreement with CMMI; they are high level, with more granular activities represented in work group workplans and other internal documents. <ul style="list-style-type: none"> ○ <i>Episodes of Care</i>: Al Gobeille noted that we’ve struggled with bandwidth related to implementing Episodes of Care. Paul Bengtson asked whether Episodes are synonymous with bundled payments; they are not. Alicia Cooper reported that DVHA has a short list of episodes currently under review by DVHA leadership; this list will likely be proposed to the Payment Models Work Group in November. Paul Bengtson noted that this will further complicate an already complicated relationship between payers and providers. Georgia noted that the bundled payment structure could be beneficial within Medicaid payment, as it could impact patients and services currently not covered by the SSPs. Robin noted that if we do not pursue Episodes, we will need another strategy to reach our goal of 80% of Vermonters in alternative payment methodologies by the end of 2016. ○ <i>Prospective Payment Methodology – Home Health</i>: This is related only to acute care. Georgia noted that this is legislatively mandated. ○ <i>State Activities to Support Model Design and Implementation – Medicaid</i>: It is likely that the state 	

Agenda Item	Discussion	Next Steps
	<p>will pursue a State Plan Amendment for Integrated Family Services – this is more secure long-term than using Vermont’s Global Commitment Waiver Authority.</p> <ul style="list-style-type: none"> ○ <i>Care Management Tools</i>: The SCÜP Project includes providers beyond traditional medical providers. ○ <i>Medicaid Value-Based Purchasing – Mental Health and Substance Abuse</i>: This was initially related to the SAMHSA CCBHC planning grant, which we have decided not to pursue. Monica Hutt noted that this grant only ever applied to two-thirds of the DA’s services (mental health and substance abuse, but not developmental services) – she suggested we add someone with developmental services expertise to this working group. <p>The group discussed the following:</p> <ul style="list-style-type: none"> ● Paul Bengtson commented that there is a lot of good work ahead of us. <p>Paul Bengtson moved to approve the Year 3 milestones as presented, along with the new high-level SIM goal discussed earlier. Hal Cohen seconded.</p> <p>Public comment:</p> <ul style="list-style-type: none"> ● Susan Aranoff noted that the Year 3 milestone in the Expand HIE Connectivity – Gap Remediation work stream indicates further planning in Year 3 for gaps identified for LTSS providers, rather than actual remediation work. Lawrence noted this isn’t precluded as an option, but it does not commit the state to doing this work. Georgia added that there are a number of pending proposals that will come before this group at the November meeting, but that there is not enough money in our budget to fund all of these proposals – however, we are hoping to find additional funds due to underspending in Year 2. This milestone does not preclude expenditures in this area, but it does not obligate expenditures in this area either given funding shortfalls. Georgia noted that there is currently money in an existing contract to perform remediation related to the ACOs for this year. <ul style="list-style-type: none"> ○ Monica Hutt commented that DLTSS is a large chunk of the state’s Medicaid budget, and it’s a disconnect that we wouldn’t invest in remediation for these providers. Georgia noted that our initial budget when we applied for the SIM grant included \$60 million just for health data investments, and had to undergo significant cuts – also, many DLTSS providers don’t have the infrastructure to support \$25,000 in EMR maintenance annually, for example. ○ Susan Aranoff noted that we’ve always had increased connectivity for non-Meaningful Use providers in our plans. <p>The motion carried unanimously.</p>	
<p>4. Funding Recommendation:</p>	<p>Georgia Maheras presented a high-level proposed Year 3 budget.</p> <ul style="list-style-type: none"> ● Year 2 Actuals and Proposed Year 3 Budget (Attachment 4a) 	

Agenda Item	Discussion	Next Steps
Proposed Year 3 Budget	<ul style="list-style-type: none"> • Some Year 2 activities will continue into Year 3. • We expect to be able to present a more accurate picture of Year 3 spending at the November Core Team meeting. • For Year 3, less money is TBD than in the past due to ongoing Core Team decisions on Year 3 spending. • Total Budget for Year 3 (January 2016-September 2017): \$21,223,422.24 <ul style="list-style-type: none"> ○ Other Category: Higher than in the past (includes Learning Collaborative facilities and faculty) ○ Contract Category: See detail on Slides 8-13. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Paul Bengtson is excited about our Year 3 plans. <p>Paul Bengtson moved to approve the budget as presented. Hal Cohen seconded. A roll call vote was taken and the motion passed unanimously.</p>	
5. Policy Recommendation: QPM Work Group – Year 3 ACO SSP Proposed Measures	Georgia introduced proposed changes to the Year 3 ACO Shared Savings Program measure set (Attachment 3). Pat Jones noted that proposed changes are summarized on slides 10 and 11. <ul style="list-style-type: none"> • The QPM Work Group has recommended changes to four measures where there have been changes to the evidence base and national measure sets. The Work Group approved these changes unanimously. <ul style="list-style-type: none"> ○ SSP Payment Measure Set: LDL Screening (change carried over from Year 2). Recommendation: Replace with Controlling High Blood Pressure. ○ SSP Reporting Measure Set: Optimal Diabetes Care (change carried over from Year 2). Recommendation: 2-part MSSP Diabetes Composite. ○ SSP Monitoring and Evaluation Measure Set: Appropriate Medications for People with Asthma. Recommendation: HEDIS Medication Management for People with Asthma. ○ SSP Monitoring and Evaluation Measure Set: Emergency Department (ED) Utilization for Ambulatory Sensitive Conditions. Recommendation: Onpoint Health Data Potentially Avoidable ED Utilization. • These changes were unanimously approved by the Steering Committee on 9/28. <p>Al Gobeille moved to approve the changes. Hal Cohen seconded. A roll call vote was taken and the motion passed unanimously.</p>	
6. Public Comment	There was no additional public comment.	
7. Next Steps, Wrap Up and Future Meeting Schedule	Next Meeting: Monday, November 2, 1:00pm-3:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Core Team Participant List

Attendance:

10/13/2015

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

First Name	Last Name	Organization	Core Team
Susan	Aranoff	AHS - DAIL	S
Ena	Backus	GMCB	X
Susan	Barrett	GMCB	X
Paul	Bengston	Northeastern Vermont Regional Hospital	M
Beverly	Bogert	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		phone	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		phone	AOA	M
Carole	Magoffin			AHS - DVHA	S
Georgia	Maheras		✓	AOA	S
Steven	Maier			AHS - DVHA	S
Mike	Maslack				X
Marisa	Melamed			AOA	S
Jessica	Mendizabal		✓	AHS - DVHA	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	Santarangelo			PHPG		X
Julia	Shaw			VIA/Health Care Advocate Project		X
Kate	Simmons			Bi-State Primary Care		X
Richard	Slusky			GMCB		S
Carey	Underwood					A
Steve	Voigt	✓		ReThink Health		M
Julie	Wasserman	✓		AHS - Central Office		S
Spenser	Wepler			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

VHCIP Core Team Member List

Roll Call:

10/13/2015

1^o Paul 1^o Paul 10 A'
 2^o Hal 2^o Hal 20 Hal

Member		8/31/15 Minutes	Yr 3 Milestones	Yr 3 Budget	AOH Proposal	Yr 3 ACO Measures	Organization
First Name	Last Name						
Paul	Bengston ✓	✓	✓	✓		left ✓	Northwestern Vermont Regional Hospital
Hal	Cohen ✓	✓	✓	✓		✓	AHS - CO
Steven	Costantino X	—	—	—	—	—	AHS - DVHA not here
Al	Gobeille ✓	✓	✓	✓		✓	GMCB
Monica	Hutt ✓	✓	✓	✓		✓	AHS - DAIL
Robin	Lunge ✓	✓	✓	✓		✓	AOA - Director of Health Care Reform
Lawrence	Miller ✓	✓	✓	✓		✓	AOA - Chief of Health Care Reform
Steve	Voigt ✓	A	✓	✓		✓	ReThink Health

Am