

Vermont Health Care Innovation Project Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, October 28, 2015, 1:00pm-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

| Agenda Item | Discussion | Next Steps |
|-------------------------------------|--|------------|
| 1. Welcome and Introductions | Al Gobeille called the meeting to order at 1:01pm. A quorum was present. | |
| 2. Minutes Approval | Bob Bick moved to approve the minutes by exception and Dale Hackett seconded. The motion passed with one abstentions. | |
| 3. Core Team Update | <p>Georgia Maheras provided a Core Team update.</p> <ul style="list-style-type: none"> • <i>Year 3 Activities and Budget:</i> The Core Team approved our Year 3 milestones and budget (Attachment 3) at their October 13th meeting. Georgia noted that a significant amount of our budget has been allocated, with a small amount still unallocated – this portion will be discussed at the Core Team’s December meeting. This budget includes both our Year 3 budget and Year 2 Carryover budget, which will both be spent in CY2016. • <i>Year 3 Operational Plan:</i> Due to CMMI on Monday. This focuses heavily on our contractors, staffing model, governance, and anticipated activities for next year. The Operational Plan is built around just our Year 3 budget activities, and does not include activities funded by our Year 2 Carryover budget (to be submitted in January). • <i>Year 2 Approvals:</i> Our Year 2 contracts and budget were approved last week, after many months of effort. Georgia thanked the group for their patience, and our Finance Team for their efforts. • <i>Project-Wide Updates:</i> We have fully transitioned to our new governance structure at this point. We are rolling out our new meeting schedule in November, and will also begin to schedule 2016 meetings (many of which will now be moved to Waterbury). | |
| Public comment | There was no additional comment. | |

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| <p>4. Shared Savings Program (SSP) Updates</p> | <p>Richard Slusky and Alicia Cooper presented results from the Year 1 ACO Shared Savings Program (Attachment 4).</p> <p><u>Year 1 ACO SSP Update:</u></p> <p><i>Financial Summary:</i> Richard noted that this is the first year we’ve had performance information for Vermont’s ACOs for their attributed lives for the Medicaid and commercial ACO programs. This is a significant milestone, but we have a lot to learn in Years 2 and 3 of the programs. Financial summary is calculated by a contractor (Lewin). The number of attributed lives for both ACOs represents the number of patients receiving services predominantly through each ACO’s network of primary care providers.</p> <ul style="list-style-type: none"> • Medicaid SSP: <ul style="list-style-type: none"> ○ Rick Barnett asked whether there is a margin of error or confidence interval for expected aggregated total. Richard responded that the Medicaid SSP has a minimum savings rate (similar to the Medicare SSP) that ACOs must achieve to be eligible to share in savings. ○ Jay Batra asked what percentage of Medicaid enrollees are attributed to an ACO. Alicia responded that in Year 1, about 65% of the eligible Medicaid population (approximately a third of the total Medicaid population). ○ Bob Bick asked whether savings are a decrease in spending, or a reduction based on trend. Richard responded that based on actuarial calculations, there is an estimated amount of money that will be spent on a defined set of services for a particular population. We believe that by reducing unnecessary utilization and improving coordination, we are saving dollars from what would otherwise have been spent. The contract between the ACO and the payer is an agreement to share those savings between the ACOs and payers. Al Gobeille added that spending actually went up between the baseline year and Year 1 of the program, but it increased less than projected. ○ Dale Hackett asked whether this shows improvement in patient outcomes and quality of care. Al responded that quality measurement isn’t perfect, but that we’ve made great strides in building our capacity to measure. Catherine Fulton added that the current measure set is our starting point, and will continue to grow and evolve. Measures selected were not low-hanging fruit for providers, they were areas that needed work, and that will continue to evolve as well. Al added that seeing OneCare’s Medicare quality measures for Years 1 and 2 of the MSSP has shown significant improvement. Richard noted that this process began in 2013 as a collaborative process of payers, consumers, providers, and advocates working together to select measures and develop standards and rules around the SSPs. This was a consensus agreement around the measures we would start with. ○ Steven Costantino commented that Medicaid enrollment has changed significantly since this program was designed, which has made predicting trends challenging. Year 2 may show | |

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| | <p>significantly different results as new enrollees use services in different ways. Al noted that 2014 was a reordering year in health care across the country. In Vermont, VHAP and Catamount went away, the individual market changed, the small group insurance market changed. GMCB and DFR did their best to develop rates in good faith, but set rates too low. Alan Ramsay added that he works with the uninsured in his practice, and finds that patients coming into the system for the first time have significant chronic disease burdens.</p> <ul style="list-style-type: none"> ○ Jay Batra asked whether there were savings found for unattributed Medicaid populations. Cecelia Wu responded that DVHA is looking at this, but noted that this is a challenging comparison to make. ○ Al noted that PMPM payments vary across ACOs. These numbers are risk adjusted. ○ Richard suggested we don't draw conclusions based on these numbers, but suggested we should use these to ask questions. <ul style="list-style-type: none"> ● Commercial SSP: Expected total based on medical expense portion of premium (amount payer expects to spend on medical services) because this was a new population – as previously mentioned, premiums were set low for this population, so savings went back to consumers and came out of Blue Cross reserves. Al noted that this is different than Medical Loss Ratio, which includes some services that are excluded from the SSP total cost of care calculation. Richard noted that savings calculation for the commercial SSP also includes a minimum savings rate, but that calculations are different than for the Medicaid program. <ul style="list-style-type: none"> ○ Dale Hackett suggested that in some cases, overspending may not be bad, if it supports appropriate utilization needs that were previously unmet. Richard noted that these numbers are risk adjusted, and commented that there are many reasons that ACOs might not have hit savings targets for the commercial SSP. ○ Mike Hall asked whether in determining expected spend, these numbers were trended forward. Richard noted that there was no trend since this was a new market. Al commented that during rate setting, GMCB looked at potential exchange populations and predicted 2013 and 2014 spending based on this, but it was a challenging prediction to make. Mike asked what percent of the attributed population was newly insured and what percent was previously insured by Blue Cross. Al noted that another factor was whether MVP or Blue Cross would receive healthier populations for their exchange plans – and in fact, MVP did receive a healthier population. Richard commented that Blue Cross was not able to identify the specific individuals that might be signing up – there wasn't a history of people who had been in the program, as was the case in Medicaid. Al and Steven noted that variables within Exchange plan design impacts enrollment and makes this a harder area to predict without years on which to base trends – precision will increase in future years, as volatility decreases. Al commented that rate review is hard, dealing with large populations and a lot of money, and commented that increased discussion and | |

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| | <p>understanding of this process is a step forward.</p> <ul style="list-style-type: none"> ○ Richard noted that MVP did not have sufficient Exchange enrollment to participate in the commercial SSP, though they were willing to. ● Medicare SSP: Richard noted that CHAC achieved savings, but not in excess of the minimum savings rate, so none of Vermont’s ACOs received shared savings payments from the Medicare SSP in 2014. <ul style="list-style-type: none"> ○ Richard clarified that minimum savings rates are in place to ensure savings aren’t attributable to chance. ● Lewin and the DVHA team are working on sub-analyses to try to identify the causes behind the financial results we’re seeing. ● Results and lessons learned will inform future development of capitation/global budgets through the all-payer model/Next Gen ACO model. ● Joyce Gallimore commented that the CHAC board is very committed to distributing savings back to the community and to providers to support ongoing work and improvement. <p><i>Quality Measurement Overview:</i> Alicia presented on quality measurement results for the Medicaid and commercial programs. She noted that the lack of historical data for the commercial SSP was a challenge for quality measurement as well as rate setting/financial trending. She also commented that measure collection and analysis was challenging, especially for clinical data collection, and commended the ACOs for the collaboration and work they did to make this possible.</p> <ul style="list-style-type: none"> ● Susan Aranoff noted that there are different quality scores across the three SSPs, and asked if the DVHA team has an idea of why that might be, or if they will be looking at this. Alicia responded that there are a number of variables here, for example, national benchmarks for Medicaid and commercial populations might be quite different. She also suggested that we should not compare overall scores between the Medicaid and commercial programs since the number of measures was different across programs. She noted that things may also change from Year 1 to Year 2. ● Tracy Dolan noted that ACOs are incentivized to improve quality because it impacts their payments, but that individual providers’ payments have not changed, creating a differing incentive – but clearly we’re still seeing results. Richard commented that though savings are paid to ACOs, much of the savings is distributed to those providers. How this impacts provider salaries differs by organizations. Alan Ramsay commented that provider reporting fatigue is significant, and there is resistance to quick change. He suggested that it will be critical to ensure that providers trust that measurement improves care and outcomes for patients, rather than getting in the way of actually providing care to patients. Joyce Gallimore noted that measurement fatigue is real, but that the collaborative quality improvement environment is a significant motivation for providers – it’s not solely about the financial investment. Catherine Fulton added that continued movement from process to outcome measures is part of our work to make measurement meaningful and useful. | |

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| | <ul style="list-style-type: none"> • Dale Hackett asked how much data on attributed lives was available. Alicia responded that claims-based measures include results for all attributed individuals; clinical measures come from a sample of patients. • Rick Barnett asked whether VCP would continue in the SSPs in future years. Richard responded yes, only for the commercial program though. • Debbie Ingram commented that this is very encouraging, and asked whether there are ways to share this information more broadly with consumers and others. Georgia noted that we've had some press coverage on this, and plan to do some webinars to offer broader educational activities. She also invited members to suggest venues or audiences to hear more about this, and noted that this could align with the Blueprint for Health results expected to come out later this year. <p><u>Year 3 Commercial SSP Downside Risk Decision:</u> Richard announced that by mutual agreement, BCBS and the ACOs participating in the commercial SSP, we will forego downside risk in 2016 in favor of a more robust two-sided model in 2017. The Medicaid program does not have downside risk in 2016.</p> <ul style="list-style-type: none"> • Dale Hackett suggested that not having downside risk in 2016 should help providers make investments to improve outcomes in 2016. Richard Slusky commented that downside risk is critical and will occur, but potentially in a new form. | |
| Public comment | There was no additional public comment. | |
| 5. Next Steps, Wrap Up and Future Meeting Schedule | <p>There was no additional public comment.</p> <p>Next Meeting: Wednesday, December 2, 2015 1:00pm-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.</p> | |

VHCIP Steering Committee Member List

Roll Call: **10/28/2015**

*Bob Bick 1^o
Dale Hackett 2^o
approved by exception
1 abstention*

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

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|----------|----------------|--------------------------|-----------|-------------------|---|
| Mary Val | Palumbo | | | | University of Vermont |
| Ed | Paquin | | | | Disability Rights Vermont |
| Laura | Pelosi | | | | Vermont Health Care Association |
| Allan | Ramsay ✓ | | | | GMCB |
| Frank | Reed | Jaskanwar | Batra ✓ | | AHS - DMH |
| Paul | Reiss | | | | Accountable Care Coalition of the Green Mountains |
| Simone | Rueschemeyer ✓ | <i>joined after vote</i> | | | Vermont Care Network |
| Howard | Schapiro | | | | University of Vermont Medical Group Practice |
| Shawn | Skafelstad | Selina | Hickman ✓ | <i>after vote</i> | AHS - Central Office |
| Julie | Tessler ✓ | | | | DA - Vermont Council of Developmental and MH Services |
| Sharon | Winn ✓ | | | | Bi-State Primary Care |
| | | 36 | | | |

IS

Q ✓

VHCIP Steering Committee Participant List

Attendance:

10/28/2015

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

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

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

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

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|---------|---------------|-------------|--|-----|
| Simone | Rueschemeyer | <i>none</i> | Vermont Care Network | M |
| Jenney | Samuelson | | AHS - DVHA - Blueprint | X |
| Larry | Sandage | | AHS - DVHA | S |
| Suzanne | Santarcangelo | | PHPG | X |
| Howard | Schapiro | | University of Vermont Medical Group Practice | M |
| Julia | Shaw | | VLA/Health Care Advocate Project | X |
| Shawn | Skaflestad | (Interim) | AHS - Central Office | M |
| Mary | Skovira | | AHS - VDH | A |
| Richard | Slusky | <i>here</i> | GMCB | S |
| Angela | Smith-Dieng | | Area Agency on Aging | MA |
| Kara | Suter | | AHS - DVHA | S |
| Beth | Tanzman | | AHS - DVHA - Blueprint | X |
| Julie | Tessler | <i>here</i> | DA - Vermont Council of Developmental and Mental Health Serv | M |
| Beth | Waldman | | SOV Consultant - Bailit-Health Purchasing | S |
| Julie | Wasserman | <i>here</i> | AHS - Central Office | S |
| Spenser | Weppler | <i>here</i> | GMCB | S |
| Kendall | West | | Bi-State Primary Care Association | X |
| James | Westrich | | AHS - DVHA | S |
| Bradley | Wilhelm | | AHS - DVHA | S |
| Sharon | Winn | <i>none</i> | Bi-State Primary Care | M |
| Cecelia | Wu | <i>here</i> | AHS - DVHA | S |
| | | | | 106 |