

Vermont Health Care Innovation Project Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Monday, October 31, 2016, 1:30-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	<p>Robin Lunge called the meeting to order at 1:31. A roll-call attendance was taken and a quorum was not present. Lawrence Miller was late for the meeting due to a conflict; Robin Lunge opened the meeting in his absence. Lawrence arrived during Agenda Item 1.</p> <p><i>Chair's Report:</i> Robin Lunge provided an update:</p> <ul style="list-style-type: none"> • <u>Annual Report Submitted:</u> The SIM Year 2 Annual Report was submitted at the end of September. The report was also distributed to all VHCIP participants and was posted on the VHCIP website. • <u>Population Health Plan Update:</u> The Population Health Plan is a core deliverable of the SIM Grant. The Plan is out for stakeholder review through 11/2. Thanks to all who have contributed comments; the draft plan will be revised and distributed to the Core Team next week for review and discussion at the 11/14 meeting. Georgia Maheras thanked Sarah Kinsler and Heidi Klein for their work on this. • <u>PP2 Carryover Approved:</u> We did a Carryover request for PP2 which was approved by CMMI in October. We are submitting another Carryover request to close out remaining items. Georgia thanked Diane Cummings for her work on this, noting that this Carryover request will allow us to draw down additional funds for PP2 activities (see Item 3). 	
2. Approval of Meeting Minutes	<p>Paul Bengtson moved to approve minutes from the previous meeting. Hal Cohen seconded. A roll call vote was taken and the minutes were approved with one abstention (Monica Hutt).</p>	
3. Financial Update: Budget to Actuals PP3	<p>Diane Cummings provided an update:</p> <ul style="list-style-type: none"> • Performance Period 1 is now closed out; just over \$300,000 unspent. • Performance Period 2 is not yet closed out. We have spent nearly \$14 million (of \$17 million total); just over \$400,000 left unobligated some of which can be drawn down through Carryover (Item 4). Georgia Maheras added that Actuals column will be updated prior to next meeting as invoices are processed. • Performance Period 3 spending is on track. 	

Agenda Item	Discussion	Next Steps
	<p>The group discussed the following:</p> <ul style="list-style-type: none"> Paul Bengtson asked how much total money has gone to the ACOs across all performance periods. Georgia replied that this figure is not called out in these materials. Paul suggested that this is an item of interest on which he would like additional information. Lawrence asked whether Paul wants additional information by year and by grantee or whether he wants additional detail for activity area? Paul is particularly interested in health data infrastructure spending and support to the ACOs to help them function. 	
<p>4. Financial Request: PP3 Reallocation</p>	<p>Lawrence Miller introduced this item. Reallocations are necessitated by the approval of our PP2 Carryover – expenses previously budgeted for PP3 are now covered by PP2 funds, which frees up some money in the PP3 budget.</p> <p>Georgia Maheras presented proposed PP3 budget reallocations, as detailed in Attachment 4. Her goal is to submit a budget reallocation request to CMMI in early November to support timely execution of contracts (start date 1/1/17) due to lengthy federal contract approval process.</p> <ul style="list-style-type: none"> Reallocation and increase are within PP3 Contractual line. May later request a reduction in Equipment expenses (running slightly low). Within Attachment 4: blue text = decreases, red text = increases. <p><i>Reallocations: Evaluation and Project Management</i></p> <ul style="list-style-type: none"> UMass: Reduction due to personnel departure. (Holly Stone, previously funded through this contract, has moved to a different role with the State’s HIE program.) Datastat: Reduction to reflect low spending to date. Self-Evaluation Plan: Increase requested to support learning dissemination and data visualization. Learning dissemination activities will support development of materials to spread lessons learned in a variety of formats and for a variety of audiences. Kate O’Neill noted that data visualization activities were discussed during contract negotiations but excluded from original contract; they will be re-proposed by the vendor soon for review. This could include development of a website application to support interactive visualization of evaluation data. <ul style="list-style-type: none"> Paul Bengtson asked how sub-grant program activities would be included. Georgia noted that the evaluation, including data collection (site visits, key informant interviews, focus groups, etc.) is still in progress, though the Learning Dissemination Plan has been distributed to the Core Team. Lawrence noted that it’s challenging to have evaluation activities occurring at the same time as sustainability planning, but that this is the nature of a three-year grant cycle. <p><i>Reallocations: Practice Transformation</i></p> <ul style="list-style-type: none"> Vermont Developmental Disabilities Council: Activities were delayed from June 2016 (PP2) to July 2016 (PP3), which requires shifting funds into new budget year. In addition, increase will fund e-learning 	

Agenda Item	Discussion	Next Steps
	<p>platform to sustain Core Competency Training activities, as well as a fourth section of the Learning Collaborative added as a result of high provider interest. Georgia noted that toolkits and training materials for Core Competency Trainings will be added to the VHCIP website in the coming weeks.</p> <ul style="list-style-type: none"> • Bi-State/CHAC: The Core Team previously approved an increase in funding for Bi-State/CHAC due to an increase in attributed lives. CHAC has requested an extension through 6/30/17 along with a reduction of \$100,000. In returning the funds, CHAC requested they be used to support similar activities. • Policy Integrity: Reduction to reflect low spending to date. • IHSGlobal: Requesting no-cost extension to accommodate project delays due to data acquisition delays. <p>Health Data Infrastructure:</p> <ul style="list-style-type: none"> • VITL (Home Health Agency Project): Requesting 6-month no-cost extension to accommodate project delays. Work with Home Health Agencies requires HHAs to work with their EHR vendors to perform updates and work with VITL. <ul style="list-style-type: none"> ○ Paul Bengtson asked about the interfaces being developed through this project. Georgia replied that these include ADT feeds as well as CCD interfaces (less structured). Paul commented that his organization still struggles with bi-directional exchange. Georgia noted that the other piece of this project, which is on-time, is to allow HHAs to look into the VHIE to view patient information as appropriate. • Stone Environmental: Reduction to reflect low spending to date. <p>Payment Model Design and Implementation:</p> <ul style="list-style-type: none"> • Bailit Health Purchasing: No-cost extension to continue to support APM and Medicaid Pathway efforts. • Burns and Associates: Reduction to \$280,000 – this was a PP2 activity and CMMI has allowed us to draw PP2 funds for this. No-cost extension through 6/30/17. • PHPG: No-cost extension. • DLB: Julie Wasserman asked whether this contract could be extended. Georgia noted that this contract is not under-spending at the moment, so would need to allocate additional funds. Lawrence noted that the Core Team has been willing to consider any proposal. <p>Sustainability and Population Health Plan:</p> <ul style="list-style-type: none"> • Hester: Reduction to reflect low spending to date. • Amount remaining in sustainability: \$1,460,477.87. Georgia is requesting for \$260,477.87 to remain unspent in this category to deal with any unanticipated needs in the future. <p>Georgia noted that she had been tasked to identify any remaining unallocated funds. She has identified three potential discussion points in addition to the reallocation described above:</p>	

Agenda Item	Discussion	Next Steps
	<ol style="list-style-type: none"> 1. <i>Self-Evaluation Plan</i>: Retain \$200,000 earmarked for data visualization, but come back to the Core Team with a full proposal within 60 days. 2. <i>Terminology Services Phase 2</i>: This scope of work was previously presented to the Core Team. Staff recommendation is to use HITECH funds to cover these expenditures, which would allow the State to receive 90/10 federal match and spend flexible SIM funds in other ways. 3. <i>Friedman</i>: This contract includes data analysis and Learning Collaborative work on the Integrating Family Services program. <ul style="list-style-type: none"> • Paul Bengtson asked for an update on IFS. Georgia replied that the State is leveraging the learnings from IFS for the Medicaid Pathway effort and using Medicaid Pathway to spread IFS concepts statewide. Hal Cohen added that IFS is continuing, but AHS is working to integrate it further into the Medicaid Pathway project to ensure alternative payment models aren't redundant. Care redesign and teaming efforts will remain active. Paul noted that this sounds like an Accountable Health Community. • Paul asked what happens to all State-Led Evaluations from a CMMI perspective – how does CMMI use results in developing new programs? Lawrence replied that his interactions with CMMI suggest that they read every document submitted by states and work hard to integrate these learnings and spread them across states; they are fully engaged with this process. Lawrence noted that the we submit very detailed reports, and that the questions asked by CMMI policy staff are incredibly detailed and thoughtful. Paul commented that some recent CMMI programs feel like a backward step for Vermont. Robin Lunge commented that this is sometimes the case, where Vermont is ahead of the rest of the nation. <p>Sustainability: Proposed New Expenditures. Proposed that \$1.2 million (of \$1,460,477.87 total remaining in the sustainability category) be expended on an APM-related contract with VCO, and that the remainder remain unallocated in anticipation of future needs.</p> <ul style="list-style-type: none"> • Paul asked for more information on how VCO will work and what the proposed funds would support. Lawrence replied that his understanding is that this will support willing providers who choose to contract with or merge into VCO. The Medicaid contract for ACO services for 2017 is still under negotiation; it might result in one contract with VCO or individual contracts with each ACO. <ul style="list-style-type: none"> ○ The Global Commitment Waiver negotiations are complete. The State received the authorization from CMS on Monday, and has 30 days to sign. ○ ACO funding sources within waivers: Provision for funding of Blueprint and SASH, as well as some ACO infrastructure money. This will be a grant agreement between CMMI and AHS. There is funding capacity in the Managed Care Investments area, as well as in IAPDs for HIE/HIT activities. ACOs are also receiving funds from previously approved SIM activities, money from hospitals. The commercial contract for 2017 unknown at this point. There is also administrative cost worked into the Medicaid contract, and related funding to VITL and others. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> ○ This proposed \$1.2 million would cover January 1-June 30. In the past, SIM has funded support of the Regional Collaborations (also known as Community Collaboratives), Learning Collaboratives, and quality measurement activities. Georgia noted that the ACO(s) will have many funding sources, but that SIM funds can be used for any patient population (not payer-specified) unlike funds from Medicare or Medicaid. <ul style="list-style-type: none"> ▪ Medicare to ACO in 2017: \$2 million, limited to activities to support Medicare enrollees. ▪ Medicaid to ACO in 2017: DVHA/AHS will have a project-specific application process. There is capacity in the Global Commitment waiver that sets up available federal funds for various purposes. There are multiple steps to allow for draw-down. Capacity is ~\$209 million gross over five years, requiring State match (a potentially limiting factor). ACO dollars are specific to APM activities, but no dollars are specifically carved out within this. Robin emphasized that capacity is different from funding, and commented that this amount is over 5 years in a system that spends \$1.6 billion per year. ○ Monica Hutt asked for clarification on how the \$1.2 million will be spent. Lawrence clarified that this vote is for the purposes of submitting a revised PP3 budget to CMMI for approval. Lawrence noted that the Core Team would review and approve specific activities within this total amount as it does for other projects. She commented that she wants to avoid leaving funds unexpended at the end of the grant period. She added that she is struggling to understand what the ACOs need these funds for, noting that we need to ensure that money is wisely spent. Lawrence replied that payments to ACOs would be predicated on ACOs meeting contractual requirements, as always. He noted that it is challenging to deal with moving parts at the moment, but that there will likely be some portion of funding for citizens that are not otherwise coverable by Medicare, Medicaid, or commercial – SIM is a place where we have flexibility to add capacity. Overall funding requirements will come from the provider network, some have been capitalized into ACOs already, some will come through rates, some will come through restricted programs in Medicaid or Medicare. These funds anticipate costs that have no good funding source. Actual ACO contracts and attribution model will allow us to make more granular decisions in this area. ○ Robin noted that the Sustainability Sub-Group is a private-sector group looking at where previously SIM-supported activities will be sustained. Robin noted that these funds would be one way to support these activities. Georgia added that we will have a draft proposal from the Sub-Group next week, which will be sent to all SIM participants. ○ Robin added that non-FFS payment models require significantly different infrastructure than FFS; infrastructure is critical to success, and is one factor DVHA will look at in its readiness review. Monica added that community providers also need to build infrastructure and readiness, but the limited time period is a challenge. Robin agreed, noting that the SIM grant ends on 6/30/17. Robin added that the State has negotiated additional time for community providers to prepare and build infrastructure and readiness through the APM. In approving any budget request, CMMI would want to ensure these funds work toward the goals within the APM framework. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> ○ Ed Paquin noted that it sounds like reallocating these funds soon is necessary to be able to use them at all. Could we shift them to other activities later? Georgia replied that it takes at least 60 days for federal contract approval, and all funds must be expended by June 30. We must have federal contract approval (and State contract approval) soon enough to expend these funds within the time period. ○ Paul asked what level of specificity this request needs to have. He doesn't want to slow the process, but also wants to make thoughtful decisions. Lawrence and Robin noted that these funds wouldn't be made openly available to VCO; this wouldn't meet federal or State contracting requirements. Paul suggested that these funds will create the delivery system that is in place, and noted that he doesn't believe every community has an accountable health community. Paul asked whether there is a way to reword this proposal so that this money isn't just going to VCO. Robin replied that CMMI will have some expectation that this money would go to VCO in accordance with the APM agreement. Paul agreed. ○ Georgia noted that there are two steps to the budget reallocation process: We give CMMI early notice of a request in this area, which allows them to prepare for a full contract request. Later, we submit a detailed contract approval request including full scope and budgetary language. ○ Georgia suggested language could be: "Give permission to allocate and engage in express conversations to plan and negotiate..." Paul wants approvable language to get the State where it needs to go which provides clear indications of where the money would go. Hal suggested "to APM-related contracts" rather than specifying VCO. What specificity will CMMI require for approval? Robin noted that from CMMI's perspective, sustainability is about moving successfully into the APM. Paul commented that in his view, this is only part of the project. Robin agreed with Hal's wording suggestion. Georgia concurred, noting that this language is sufficient for initial conversations with CMMI, but that she would need the Core Team's authorization to discuss additional details and develop budgets. <p>Paul Bengtson moved to approve all budget adjustments discussed in Attachment 4 as presented, except for Slide 10, change to "Propose to expend \$1.2 million on APM-related contract." Robin Lunge seconded.</p> <ul style="list-style-type: none"> ● Julie Wasserman noted that this is complicated, and a large amount of money to spend within 6 months. She suggested that a written proposal would help members understand the proposal. Lawrence replied that if CMMI approves this reallocation, more detailed requests will come back to the Core Team for approval as usual, noting that the project is governed by the federal requirements. ● Susan Aranoff commented that she is confused by the Sustainability bucket. She asked whether the \$1.2 million come out of the Sustainability bucket. Lawrence replied that this is true, and leaves \$260,477.87 in the Sustainability bucket to deal with future needs. Susan asked how this relates to the Sustainability Plan. Lawrence replied that the Sustainability Plan process has focused on which activities have been 	

Agenda Item	Discussion	Next Steps
	<p>successful and which have not, and identifying lead organizations to take on SIM activities when SIM ends. He noted that the Plan will not be approved until next Spring.</p> <ul style="list-style-type: none"> Georgia asked for clarification: The Core Team briefly discussed Slide 9. Does the Core Team want to make specific decisions on these recommendations? Staff recommendations are to approve the Self-Evaluation Plan request, to shift the Terminology Services Phase 2 activity to HITECH funds, and to approve the Friedman request. The motion was amended to incorporate these changes. <p>A rollcall was taken and the motion carried unanimously.</p>	
5. Public Comment	There was no public comment.	
6. Next Steps, Wrap Up and Future Meeting Schedule	<p>Next Meeting: Monday, November 14, 2016, 1:00-3:00pm, 4th Floor Conference Room, 109 State St., Montpelier</p> <p>Georgia noted that the December Core Team meeting will be rescheduled.</p>	

VHCIP Core Team Participant List

Attendance:

10/31/2016

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

First Name	Last Name		Organization
Susan	Aranoff	<i>here</i>	AHS - DAIL
Ena	Backus		GMCB
Susan	Barrett		GMCB
Paul	Bengston	<i>here</i>	Northeastern Vermont Regional Hospital
Beverly	Boget		VNAs of Vermont
Harry	Chen		AHS - VDH
Hal	Cohen	<i>here</i>	AHS-CO
Amy	Coonradt		AHS - DVHA
Alicia	Cooper		AHS - DVHA
Steven	Costantino		AHS - DVHA, Commissioner
Mark	Craig		
Diane	Cummings	<i>here</i>	AHS - Central Office
John	Evans		VITL
Jaime	Fisher		GMCB

Erin	Flynn		AHS - DVHA
Lucie	Garand		Downs Rachlin Martin PLLC
Christine	Geiler		GMCB
Martita	Giard		OneCare Vermont
Al	Gobeille		GMCB
Sarah	Gregorek		AHS - DVHA
Mike	Hall		V4A
Carrie	Hathaway		AHS - DVHA
Selina	Hickman		AHS - Central Office
Monica	Hutt	phone	AHS - DAIL
Kate	Jones		AHS - DVHA
Pat	Jones		GMCB
Joelle	Judge	here	UMASS
Sarah	Kinsler	here	AHS - DVHA
Heidi	Klein		AHS - VDH
Leah	Korce		AHS - DVHA
Kelly	Lange		Blue Cross Blue Shield of Vermont
Robin	Lunge	here	AOA
Carole	Magoffin	phone	AHS - DVHA
Georgia	Maheras	here	AOA
Lawrence	Miller	here	AOA - Chief of Health Care Reform
Meg	O'Donnell	phone	UVM Medical Center
Kate	O'Neill	here	GMCB
Luann	Poirer		AHS - DVHA
Frank	Reed		AHS - DMH
Lila	Richardson	here	VLA/Health Care Advocate Project
Larry	Sandage		AHS - DVHA
Suzanne	Santarcangelo		PHPG
Julia	Shaw	phone	VLA/Health Care Advocate Project
Kate	Simmons		Bi-State Primary Care
Karen	Sinor	phone	AHS - DVHA
Holly	Stone		UMASS
Steve	Voigt		ReThink Health

Julie	Wasserman	new	AHS - Central Office
Kendall	West		Bi-State Primary Care
James	Westrich		AHS - DVHA
Katie	Whitney		AHS - Central Office
Jason	Williams		UVM Medical Center
Sharon	Winn		Bi-State Primary Care

Ed Paquin - phone
Erin Mansfield - new

VHCIP Core Team Member List

Roll Call: 10/31/2016

*10 Paul
20 Hal
10 Paul
20 Robin*

Member	Sept Minutes	Financial Proposals	Organization
First Name	Last Name		Organization
Paul	Bengston ✓	✓	Northeastern Vermont Regional Hospital
Hal	Cohen ✓	✓	AHS - CO
Steven	Costantino	—	AHS - DVHA
Al	Gobelle	—	GMCB
Monica	Hutt ✓	✓	AHS - DAIL
Robin	Lunge ✓	✓	AOA - Director of Health Care Reform
Lawrence	Miller ✓	✓	AOA - Chief of Health Care Reform
Steve	Voigt	—	Rethink Health