



**Vermont Health Care Innovation Project  
Practice Transformation Work Group Meeting Minutes**

**Pending Work Group Approval**

**Date of meeting:** November 10, 2015; 10:30 AM to 12:30 PM; ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier, VT

Agenda Item	Discussion	Next Steps
<p><b>1. Welcome, Introductions</b></p> <p><b>Approval of minutes</b></p>	<p>Pat Jones opened the meeting at 10:32 and welcomed everyone to the newly constituted work group. The group then made introductions around the room and over the phone.</p> <p>Dale Hackett moved to approve the September minutes of the former Care Models and Care Management (CMCM) work group, by exception. Jenney Samuelson seconded the motion. No abstentions or nay votes were heard and the minutes were approved.</p>	
<p><b>2. Orientation to Work Group Rebasing; Review of Merged Work Plan</b></p>	<p>Sarah Kinsler, Senior Health Policy Analyst from DVHA, reviewed the slides in the presentation related to the reorganization of the Vermont Health Care Innovation project. She then walked through the merged work plan for this group noting that the plans were merged in a way that ensured the work was reflective of the prior focus areas of each of the group. She thanked members for providing valuable feedback.</p>	
<p><b>3. Updates: Core Competency Training Public Comment</b></p>	<p><b>Core Competency Training</b></p> <p>Pat Jones offered an update on the status of the core competency training project. An RFP was posted at the end of August and several bids were received in response to the RFP. The RFP asks bidders to propose training in 3 categories; basic skills in care coordination and care management; skills specific to working with people with disabilities; and special topics to include things like trauma informed care, mental health and other areas. Bidders were invited to bid on some or all categories, knowing that this might result in multiple awards. A key component of the RFP is a sustainability plan, which could include online repositories, train-the-trainer models and the like. The RFP also specified that materials be available to all who would like to access them. The bid review team is currently reviewing the bids with the goal to begin offering training in early 2016. The overarching goal of this project is to create capacity in the workforce and resources that will continue beyond the life of SIM grant. Mark</p>	

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	<p>Burke asked where these resources would physically reside – Pat noted that there are several agencies who currently house electronic information of that nature, although the decision is not yet final. The goal is to ensure the content is available online for those who enter the field later on.</p> <p>Sarah Narkewicz commented that through Rutland’s participation in the Integrated Communities Care Management Learning Collaborative (ICMLC), the Rutland team has identified a need for core competency training particularly as it relates to the skills needed to work in a team based model of care to deliver integrated care management. She shared that their team is anxiously awaiting the development of an opportunity to acquire that kind of training.</p> <p>Sarah Jemley noted that this is the kind of training that she has been working to create as she has grown her own team of new care managers from 2 to 6 in the last year – this kind of training does not currently exist and she is looking forward to leveraging it for her team.</p> <p>Barb Cimaglio noted that type of training would be helpful to staff in the wide array of AHS programs, and that steps should be taken to ensure that this training is as widely available and sustainable as possible so that organizations do not have to reinvent the wheel each time there is a need for content of this nature.</p> <p>Pat noted that the training will ideally have content that is useful for community health workers and other similar roles. In summary, the goal is that the training will be designed with as broad of an audience as possible in mind. Bea also stated that there is no barrier to entry to this training – it’s up to the individual agencies or groups to identify whomever they feel could benefit. Deborah Lisi-Baker also reinforced the importance of building capacity in this kind of training by leveraging the train the trainer model, or other types of collaborations in order to glean as much as possible from the training.</p>	
<p><b>4. Regional Blueprint/ACO Committees Progress Report Public Comment</b></p>	<p><b>Regional Blueprint/ACO Committees Progress Report</b></p> <p>Jenney Samuelson provided an update on the regional community collaboratives. She referenced the materials in the packet and noted that although communities have labeled their groups differently, the goal is the same – to form a collaborative group of representatives from health and human services organizations across the community that come together to use data to identify quality improvement opportunities, and ultimately improve outcomes for their population. To date, all of the communities have convened and identified their quality improvement goals. The chart (attachment 4) has a newly added column for measures, which is not complete in all cases. Jenney noted that this reflects the information available at the time to meeting materials were distributed, and that new information has emerged since that time. She will update the group on additional progress at the next work group meeting.</p> <p>Jenney also noted an emergence of some common topics – hospice care is one area that many communities have chosen to focus on.</p>	

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	<p>Dale asked how quality improvement goals were identified – Jenney responded that the groups used data from the Blueprint, ACOs and other sources to identify the needs of the community and potential opportunities for quality improvement. Additionally qualitative data and the knowledge of team and communities members are often used to better understand the story that the quantitative data tells. Communities often have a sense of what the needs of their population are, what is currently in place, and what initiatives are likely to be successful.</p> <p>Bev Boget commented that half of the groups have chosen hospice utilization, which indicates that this is a high priority across the state. She noted that the University of Maine Muskie School of Public Service recently conducted a survey on hospice utilization that work group members and regional collaborative members may want to review. Jenney noted that the Blueprint is holding joint meetings of experts in this area to offer an opportunity to share best practices. She also noted the opportunity to connect the regional work groups with the vast expertise represented in the practice transformation work group.</p> <p>Nick Nichols asked what kinds of quality improvement opportunities are most commonly identified by communities. Jenney responded that many groups are focusing on the integrated communities care management learning collaborative to impact unnecessary ER utilization, for example.</p> <p>Maura Graff noted that some of the UCC meetings are not currently open to the public. Jenney responded that although the majority of communities are opening their meetings to whoever would like to come, a few are choosing to limit participation in their meetings as they work to create cohesiveness and shared goals in these early stages. Mark Burke offered that in some cases the decision to manage membership has been made so as to be able to function effectively – not everyone can be there or the numbers will become too cumbersome to manage. It is remarkable, he noted, to see the level of buy-in from the community – CEO level leaders from across the community are attending these meetings and that is remarkable to see.</p> <p>Gabe Epstein asked if the groups are sharing their minutes or perhaps accepting public comments. Jenney also mentioned that several groups are still working through some complicated governance and leadership issues and as such, are not yet ready for a broader participation from members outside the group. Further, these meetings don't qualify for the open meeting law requirements. She added that some of them are not ready for that level of transparency as they work through internal decision making.</p> <p>Laural Ruggles stated that she would not hesitate to share their (St. Johnsbury) minutes to anyone who asks and they are open to attendance by anyone.</p> <p>Sue Aranoff recently attended the Central Vermont meeting and was impressed with the breadth of coverage from a broad spectrum of organizations. The presentations were engaging and everyone participated well. She also attended a community health team meeting in St. Johnsbury that was similar in nature. She further noted</p>	

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	<p>that she had a different experience at another group; but recently several collaborative groups have reached out directly to invite participation.</p>	
<p><b>5. Integrated Communities Care Management Learning Collaborative:</b></p> <p><b>Cohort 1 – Summary of September Learning Session; upcoming learning opportunities</b></p> <p><b>Cohorts 2 and 3 – Summary of September Learning Sessions; upcoming learning opportunities</b></p> <p><b>Public Comment</b></p>	<p><b>Integrated Communities Care Management Learning Collaborative</b></p> <p>Pat Jones provided an update with some background on the Integrated Communities Care Management learning collaborative Project. She reminded work group members that this is a classic learning collaborative format – with a combination of in person learning sessions featuring national faculty who have done some ground breaking work in the area of coordinated care. The ICCMLC uses the Plan, Do, Study, Act model for quality improvement to test interventions with the goal of improving the overall health of people with complex health care needs. Initially, a pilot round (round 1) engaged three communities in the ICCMLC model – Rutland, St. Johnsbury and Burlington. Their energy and commitment has been astounding and is the basis for the success of the program. 8 additional communities have recently come on board as part of the expanded program. 4 in person learning sessions have been conducted, punctuated with webinars in between. Communities have been asked to use data to identify people with complex health care needs, and expert faculty from the Camden Coalition have demonstrated way to use data to help focus work on those individuals who will most benefit from these kinds of interventions. Examples of additional tools communities are piloting are “Camden Cards”, which are an engagement tool that helps the team identify an individual’s goals, and Eco-Maps which help identify all the relationships in an individual’s life that might make up the care team. The round 2 communities will be working on developing Shared Care Coordination Documents that serve as a communication tools to assist the broad care team in working together to make progress against a defined set of goals.</p> <p>Nick Nichols asked if any focus has been on children/families. The VT Child Health Improvement Program is doing a similar care management learning collaborative around children with special needs and the two groups have shared information and even presenters and faculty. The two groups have turned out to be working on parallel tracks, with the groups reinforcing each other’s work. The VCHIP project is focused on care coordinators in pediatric practices in different counties. They bring in people from schools and the health department – they are doing the same type of development of cross-organizational links.</p> <p>Maura Graff asked if it was possible to include a Camden card for the category of family planning. Laural Ruggles responded that the St. Johnsbury team has adopted the cards to better address the needs of their community, and that other communities should feel free to do the same. These are just one tool in the toolbox for patient engagement, and aren’t the only way to understand a person’s goals. Kirsten Murphy noted that they are well aligned with the concept of making tools more accessible for people with developmental disabilities.</p>	
<p><b>6. Accountable Community For Health Update Public Comment</b></p>	<p><b>Accountable Community For Health</b></p> <p>Heidi Klein provided an update on this initiative. As background, she reminded the group that the Population Health work group had a goal of better understanding ways that the health outcomes of the entire population can be better tied into the payment reform goals of the SIM grant. With this goal in mind, the project partnered with</p>	

Agenda Item	Discussion	Next Steps
	<p>the prevention institute to explore the aspirational concept of an Accountable Community for Health.</p> <p>She referenced the materials in the package with the definition of accountable community for health.</p> <p><b>Accountable Community for Health (ACH):</b>  <i>“An aspirational model—accountable for the health and wellbeing of the entire population in its defined geographic area and not limited to a defined group of patients. Population health outcomes are understood to be the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, economic circumstances and environmental factors. An ACH supports the integration of high-quality medical care, mental and behavioral health services, and social services (governmental and non-governmental) for those in need of care. It also supports community-wide prevention efforts across its defined geographic area to reduce disparities in the distribution of health and wellness.”</i></p> <p>She talked about how to connect the systems of care and moved to the core elements of an accountable community for health model. She reviewed the materials in the packet, including the key factors:</p> <ol style="list-style-type: none"> <li>1. Mission</li> <li>2. Multi-Sectoral Partnership</li> <li>3. Integrator Organization</li> <li>4. Governance</li> <li>5. Data and Indicators</li> <li>6. Strategy and Implementation</li> <li>7. Community Member Engagement</li> <li>8. Communications</li> <li>9. Sustainable Funding</li> </ol> <p>Heidi noted that we (Vermont) is historically strong at developing multi-sectoral partnerships, but that work remains to be done around the integrator organization, step 3 above. She noted that the regional collaborative groups are working to very aligned with the goals of an AHC as they begin to look across the community to integrate services and address the social determinants of health. Goals of the future state would include looking at the needs of the population as a whole, as opposed to on a case by case basis. For example, do we have enough housing in our community, versus, does this particular patient in my care have adequate housing?</p> <p>The next steps for this project is to develop a shared learning opportunity for community leaders to come together to share ideas and learn from national experts working on these kinds of models. The focus of this project will be on developing community wide strategies and systems to improve the health of a population across a geographic area.</p> <p>Trish Singer asked what payment mechanism is envisioned for this type of model? Sarah Kinsler responded that</p>	

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	<p>although the payment model is a key component of an ACH, we are a long way away from making any concrete decisions around funding. Significant work needs to be done to better understand the care delivery model, which is the goal of the shared learning opportunity. Sarah also noted that as we look to how we will operationalize a model like this, we will need to consider key elements such as how it fits this into current payment and delivery system models such as ACOs and all-payer models. The two-page description of Phase II in the materials is a helpful reference as we think about the next steps for this work.</p> <p>Mike Hall asked how we will enforce accountability and align practitioners to help move the conversation around payment model reform. He suggested that this be approached as more of an alternative payment model and not necessarily folded into the ACO model we have now.</p>	
<b>7. Next Steps</b>	<p>Next meeting is:            Tuesday, December 8, 2015 10:30 am – 12:30 pm            ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier</p>	

# VHCIP Practice Transformation Work Group Member List

*Date 10  
Jemley 5.20  
Motion  
Carried  
0 abstentions*

*minutes*

10-Oct-15

Member		Member Alternate			
First Name	Last Name	First Name	Last Name	Organization	
Susan	Aranoff ✓	Gabe	Epstein ✓	AHS - DAIL	
		Bard	Hill	AHS - DAIL	
		Clare	McFadden	AHS - DAIL	
Beverly	Boget ✓	Peter	Cobb	VNAs of Vermont	
Stephen	Broer			VCP - Northwest Counseling and Support Services	
Kathy	Brown	Todd	Bauman	DA - Northwest Counseling and Support Services	
Kathy	Brown	Stephen	Broer	DA - Northwest Counseling and Support Services	
Barbara	Cimaglio ✓			AHS - VDH	
Michael	Counter			VNA & Hospice of VT & NH	
Molly	Dugan	Stefani	Hartsfield	Cathedral Square and SASH Program	
		Klm	Fitzgerald	Cathedral Square and SASH Program	
Eileen	Girling	Heather	Bollman	AHS - DVHA	
Maura	Graff ✓			Planned Parenthood of Northern New England	
Bea	Grause ✓			Vermont Association of Hospital and Health Systems	
Dale	Hackett ✓			Consumer Representative	
<del>Mike</del>	<del>Hall</del>			<del>Champlain Valley Area Agency on Aging / COVE</del>	
Sarah	Jemley ✓	Jane	Catton	Northwestern Medical Center	
Sarah	Jemley	Candace	Collins	Northwestern Medical Center	
Linda	Johnson	Debra	Repice	MVP Health Care	
Pat	Jones ✓	Annie	Paumgarten	GMCB	

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minutes

10-Oct-15

Member		Member Alternate		Organization
First Name	Last Name	First Name	Last Name	
Trinka	Kerr	Nancy	Breiden	VLA/Health Care Advocate Project
Dion	LaShay			Consumer Representative
Patricia	Launer ✓	Kendall	West	Bi-State Primary Care
Sam	Liss			Statewide Independent Living Council
Vicki	Loner	Emily	Bartling	OneCare Vermont
Vicki	Loner	Maura	Crandall	OneCare Vermont
Jackie	Majoros	Barbara	Prine	VLA/LTC Ombudsman Project
Kate	McIntosh	Judith	Franz	Vermont Information Technology Leaders
Bonnie	McKellar	Mark	Burke ✓	Brattleboro Memorial Hospital
Madeleine	Mongan ✓	Stephanie	Winters	Vermont Medical Society
Mary	Moulton			VCP - Washington County Mental Health Services Inc.
Kirsten	Murphy ✓			AHS - Central Office - DDC
Sarah	Narkewicz ✓			Rutland Regional Medical Center
Laural	Ruggles ✓			Northeastern Vermont Regional Hospital
Jenney	Samuelson ✓			AHS - DVHA - Blueprint
Catherine	Simonson			VCP - HowardCenter for Mental Health
Patricia	Singer ✓	Jaskanwar	Batra	AHS - DMH
		Mourning	Fox	AHS - DMH



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Member		Member Alternate		Organization
First Name	Last Name	First Name	Last Name	
		Kathleen	Hentcy ✓	AHS - DMH
Angela	Smith-Dieng	Mike	Hall ✓	V4A
Lily	Sojourner ✓	Shawn	Skafelstad	AHS - Central Office
Audrey-Ann	Spence	Colleen	Sanford ✓	Blue Cross Blue Shield of Vermont
JoEllen	Tarallo-Falk			Center for Health and Learning
Julie	Tessler ✓			VCP - Vermont Council of Developmental and Mental Health Services
Lisa	Viles			Area Agency on Aging for Northeastern Vermont

20

37 total

# VHCIP Practice Transformation Work Group

## Attendance Sheet

10/10/2015

	First Name	Last Name		Organization	Practice Transformation
1	Nancy	Abernathy		Learning Collaborative Facilitator	X
2	Peter	Albert		Blue Cross Blue Shield of Vermont	X
3	Susan	Aranoff	<i>none</i>	AHS - DAIL	M
4	Debbie	Austin		AHS - DVHA	X
5	Ena	Backus		GMCB	X
6	Melissa	Bailey		AHS - DMH	X
7	Michael	Bailit		SOV Consultant - Bailit-Health Purchasing	X
8	Susan	Barrett		GMCB	X
9	Emily	Bartling		OneCare Vermont	MA
10	Jaskanwar	Batra		AHS - DMH	MA
11	Todd	Bauman		DA - Northwest Counseling and Support Ser	MA
12	Bob	Bick		DA - HowardCenter for Mental Health	X
13	Mary Alice	Bisbee		Consumer Representative	X
14	Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DMH	X
15	Beverly	Boget	<i>here</i>	VNAs of Vermont	M
16	Heather	Bollman		AHS - DVHA	MA
17	Mary Lou	Bolt		Rutland Regional Medical Center	X
18	Nancy	Breiden		VLA/Disability Law Project	MA
19	Stephen	Broer		DA - Northwest Counseling and Support Ser	MA
20	Stephen	Broer		VCP - Northwest Counseling and Support Ser	M
21	Kathy	Brown		DA - Northwest Counseling and Support Ser	M
22	Martha	Buck		Vermont Association of Hospital and Health	A
23	Mark	Burke	<i>here</i>	Brattleboro Memorial Hopsital	MA
24	Anne	Burmeister		Planned Parenthood of Northern New Engl	X
25	Dr. Dee	Burroughs-Biron		AHS - DOC	X
26	Denise	Carpenter		Specialized Community Care	X
27	Jane	Catton		Northwestern Medical Center	MA

28	Alysia	Chapman		DA - HowardCenter for Mental Health	X
29	Joy	Chilton		Home Health and Hospice	X
30	Amanda	Ciecior	<i>we</i>	AHS - DVHA	S
31	Barbara	Cimaglio	<i>phone</i>	AHS - VDH	M
32	Peter	Cobb		VNAs of Vermont	MA
33	Candace	Collins		Northwestern Medical Center	MA
34	Amy	Coonradt		AHS - DVHA	S
35	Alicia	Cooper		AHS - DVHA	S
36	Amy	Cooper		HealthFirst/Accountable Care Coalition of t	X
37	Michael	Counter		VNA & Hospice of VT & NH	M
38	Maura	Crandall		OneCare Vermont	MA
39	Claire	Crisman		Planned Parenthood of Northern New Engla	A
40	Dana	Demartino		Central Vermont Medical Center	X
41	Steve	Dickens		AHS - DAIL	X
42	Molly	Dugan		Cathedral Square and SASH Program	M
43	Gabe	Epstein	<i>we</i>	AHS - DAIL	MA
44	Trudee	Ettlinger		AHS - DOC	X
45	Klm	Fitzgerald		Cathedral Square and SASH Program	MA
46	Patrick	Flood		CHAC	X
47	Erin	Flynn	<i>we</i>	AHS - DVHA	S
48	Mourning	Fox		AHS - DMH	MA
49	Judith	Franz		Vermont Information Technology Leaders	MA
50	Mary	Fredette	<i>phone</i>	The Gathering Place	X
51	Aaron	French		AHS - DVHA	X
52	Meagan	Gallagher		Planned Parenthood of Northern New Engla	X
53	Joyce	Gallimore		Bi-State Primary Care/CHAC	X
54	Lucie	Garand		Downs Rachlin Martin PLLC	X
55	Christine	Geiler		GMCB	S
56	Eileen	Girling		AHS - DVHA	M
57	Larry	Goetschius		Home Health and Hospice	X
58	Steve	Gordon		Brattleboro Memorial Hopsital	X
59	Maura	Graff	<i>we</i>	Planned Parenthood of Northern New Engla	M
60	Bea	Grause	<i>we</i>	Vermont Association of Hospital and Health	C
61	Dale	Hackett	<i>we</i>	Consumer Representative	M

62	Mike	Hall	here	Champlain Valley Area Agency on Aging / C	MA
63	Stefani	Hartsfield		Cathedral Square	MA
64	Carolynn	Hatin		AHS - Central Office - IFS	S
65	Kathleen	Hentcy	here	AHS - DMH	MA
66	Selina	Hickman		AHS - DVHA	X
67	Bard	Hill		AHS - DAIL	M
68	Breana	Holmes		AHS - Central Office - IFS	X
69	Marge	Houy		SOV Consultant - Bailit-Health Purchasing	S
70	Christine	Hughes		SOV Consultant - Bailit-Health Purchasing	S
71	Jay	Hughes		Medicity	X
72	Jeanne	Hutchins	phone	UVM Center on Aging	X
73	Sarah	Jemley	phone	Northwestern Medical Center	M
74	Linda	Johnson		MVP Health Care	M
75	Craig	Jones		AHS - DVHA - Blueprint	X
76	Pat	Jones	here	GMCB	M
77	Margaret	Joyal		Washington County Mental Health Services	X
78	Joelle	Judge	here	UMASS	S
79	Trinka	Kerr		VLA/Health Care Advocate Project	M
80	Sarah	Kinsler	here	AHS - DVHA	S
81	Tony	Kramer		AHS - DVHA	X
82	Sara	Lane		AHS - DAIL	X
83	Kelly	Lange		Blue Cross Blue Shield of Vermont	X
84	Dion	LaShay		Consumer Representative	M
85	Patricia	Launer	phone	Bi-State Primary Care	M
86	Deborah	Lisi-Baker	phone	SOV - Consultant	X
87	Sam	Liss		Statewide Independent Living Council	M
88	Vicki	Loner		OneCare Vermont	M
89	Carole	Magoffin	here	AHS - DVHA	S
90	Georgia	Maheras		AOA	S
91	Jackie	Majoros		VLA/LTC Ombudsman Project	M
92	Carol	Maroni		Community Health Services of Lamoille Vall	X
93	David	Martini		AOA - DFR	X
94	Mike	Maslack			X
95	John	Matulis			X

96	James	Mauro		Blue Cross Blue Shield of Vermont	X
97	Lisa	Maynes		Vermont Family Network	X
98	Clare	McFadden		AHS - DAIL	MA
99	Kate	McIntosh		Vermont Information Technology Leaders	M
100	Bonnie	McKellar		Brattleboro Memorial Hospital	M
101	Elise	McKenna		AHS - DVHA - Blueprint	X
102	Jeanne	McLaughlin		VNAs of Vermont	X
103	Darcy	McPherson		AHS - DVHA	A
104	Madeleine	Mongan	<i>phone</i>	Vermont Medical Society	M
105	Monika	Morse			X
106	Judy	Morton	<i>phone</i>	Mountain View Center	X
107	Mary	Moulton		VCP - Washington County Mental Health Se	M
108	Kirsten	Murphy	<i>rec</i>	AHS - Central Office - DDC	M
109	Reeva	Murphy		AHS - Central Office - IFS	X
110	Sarah	Narkewicz	<i>phone</i>	Rutland Regional Medical Center	M
111	Floyd	Nease		AHS - Central Office	X
112	Nick	Nichols	<i>rec</i>	AHS - DMH	X
113	Monica	Ogelby		AHS - VDH	X
114	Miki	Olszewski		AHS - DVHA - Blueprint	X
115	Jessica	Oski		Vermont Chiropractic Association	X
116	Ed	Paquin		Disability Rights Vermont	X
117	Annie	Paumgarten		GMCB	MA
118	Laura	Pelosi		Vermont Health Care Association	X
119	Eileen	Peltier		Central Vermont Community Land Trust	X
120	John	Pierce			X
121	Luann	Poirer		AHS - DVHA	S
122	Rebecca	Porter		AHS - VDH	X
123	Barbara	Prine		VLA/Disability Law Project	MA
124	Betty	Rambur		GMCB	X
125	Allan	Ramsay		GMCB	X
126	Paul	Reiss		HealthFirst/Accountable Care Coalition of t	X
127	Virginia	Renfrew		Zatz & Renfrew Consulting	X
128	Debra	Repice		MVP Health Care	MA
129	Julie	Riffon		North Country Hospital	X

130	Laural	Ruggles	phone	Northeastern Vermont Regional Hospital	M
131	Bruce	Saffran		VPQHC - Learning Collaborative Facilitator	X
132	Jenney	Samuelson	here	AHS - DVHA - Blueprint	M
133	Jessica	Sattler		Accountable Care Transitions, Inc.	X
134	Rachel	Seelig		VLA/Senior Citizens Law Project	X
135	Susan	Shane		OneCare Vermont	X
136	Maureen	Shattuck		Springfield Medical Care Systems	X
137	Julia	Shaw		VLA/Health Care Advocate Project	X
138	Miriam	Sheehey	phone	OneCare Vermont	X
139	Catherine	Simonson		VCP - HowardCenter for Mental Health	M
140	Patricia	Singer	here	AHS - DMH	M
141	Shawn	Skafelstad		AHS - Central Office	MA
142	Richard	Slusky		GMCB	X
143	Pam	Smart		Northern Vermont Regional Hospital	X
144	Angela	Smith-Dieng		V4A	M
145	Lily	Sojourner	here	AHS - Central Office	M
146	Audrey-Ann	Spence		Blue Cross Blue Shield of Vermont	M
147	Beth	Tanzman		AHS - DVHA - Blueprint	X
148	JoEllen	Tarallo-Falk		Center for Health and Learning	M
149	Julie	Tessler	here	VCP - Vermont Council of Developmental a	M
150	Bob	Thorn		DA - Counseling Services of Addison County	X
151	Win	Turner			X
152	Lisa	Viles		Area Agency on Aging for Northeastern Ver	MA
153	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
154	Marlys	Waller	here	DA - Vermont Council of Developmental an	X
155	Nancy	Warner		COVE	X
156	Julie	Wasserman	here	AHS - Central Office	S
157	Kendall	West		Bi-State Primary Care/CHAC	MA
158	James	Westrich		AHS - DVHA	S
159	Robert	Wheeler		Blue Cross Blue Shield of Vermont	X
160	Bradley	Wilhelm		AHS - DVHA	S
161	Jason	Williams		UVM Medical Center	X
162	Stephanie	Winters		Vermont Medical Society	MA
163	Jason	Wolstenholme		Vermont Chiropractic Association	X

164	Cecelia	Wu		AHS - DVHA	S
165	Mark	Young			X
166	Marie	Zura		DA - Howard Center for Mental Health	X
					<b>166</b>

Neah Korse - DVHA - phone

Colleen Sanford - BCBSVT - phone

Todd Fahey - Brattleboro Mem. Hop. - here

Kila Richardson - VT Legal Aid - here