

## Vermont Health Care Innovation Project Core Team Meeting Minutes

### Pending Core Team Approval

**Date of meeting:** Monday, November 14, 2016, 3:00-4:00pm, Elm Conference Room, Waterbury State Office Complex.

**Core Team Attendees:** Lawrence Miller, Al Gobeille, Robin Lunge, Paul Bengtson, Steve Voigt, Hal Cohen

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Chair's Report</b>	<p>Georgia Maheras called the meeting to order at 3:09. Lawrence Miller chaired the meeting via phone. A roll-call attendance was taken and a quorum was present.</p> <p><i>Chair's Report:</i> Lawrence Miller provided an update:</p> <ul style="list-style-type: none"> <li>• <u>Sustainability Plan Update:</u> Attachment 1a is update on the Sustainability Plan from Myers &amp; Stauffer. There have been recent revisions to the Sustainability Plan, and the draft will be released to all VHCIP participants on 11/15.</li> <li>• <u>Follow-Up from 10/31 Core Team Meeting:</u> Attachment 1b is provided in response to a request for information on project spending on health data infrastructure and ACOs.</li> </ul>	
<b>2. Approval of Meeting Minutes</b>	<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 two abstentions (Al Gobeille, Steve Voigt).</p>	
<b>3. Population Health Plan</b>	<p>Tracy Dolan presented the draft Population Health Plan, noting that the draft Population Health Plan (Attachment 3) is a draft. This draft includes revisions in response to previous feedback from VHCIP work groups and the Steering Committee.</p> <ul style="list-style-type: none"> <li>• This is a critical framework to support population health improvement in Vermont. This is not a disease-specific plan, but complements our State Health Improvement Plan (SHIP), which identifies key goals based on data.</li> <li>• This plan is the culmination of two years of work from the Population Health Work Group, which aimed to apply a broad population health framework and perspective to SIM. It also builds on work by the Prevention Institute on Accountable Communities for Health, and by the Center for Health Care Strategies (CHCS) which supported the development of a framework for population health that focuses on systems (rather than specific public health and prevention topics).</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Tracy suggested four ideas to keep in mind: This plan looks longer (over time), earlier (in terms of upstream interventions and the well-being of children and families, broader (in terms of populations and partners), and wider (in terms of health determinants). The Population Health Plan builds on the State Health Improvement Plan (SHIP) and other state initiatives, addresses the integration of public health and health care delivery, and leverages payment and delivery system reforms.</li> <li>• 5 Principles: Developed by the Population Health Work Group as part of discussions of population health measures.</li> <li>• Policy Levers: Where are the places where Vermont can insert population health and prevention approaches? Four Policy Levers included in this plan: Governance, Care Delivery Requirements and Incentives, Measurement, and Payment and Financing Methodologies.</li> <li>• Policy Options: Possibilities within each Policy Lever for the State (and statewide and local organizations) to integrate population health and prevention. <ul style="list-style-type: none"> <li>○ Paul Bengtson asked Tracy to expand on the Health in All Policies approach and how sectors like education might be able to impact population health. Tracy noted that this plan is intended to drive systemic change from the State level so that regional and local efforts can be aligned and supported.</li> <li>○ Paul asked what the State sees as the end goal for Accountable Communities for Health.</li> </ul> </li> </ul> <p>Discussion: How does this plan advance the State’s work and with the goals and recommendations of the other work groups? What else would you want to see in order to get behind this plan? How do you see this plan being implemented in our next iteration of Health Reform?</p> <ul style="list-style-type: none"> <li>• Paul commented that his health service area is behind this plan, and has brought in Harry Chen to talk about the 3/4/50 campaign, and has distributed the draft Population Health Plan to Community Collaborative members. Community members want to know what role they can play to implement this plan locally, and whether they’ll be getting direction from the State or will have flexibility to align with basic principles. There is momentum in the Northeast Kingdom to work together to jointly fund improvement efforts, but have sometimes struggled to wait for State-level change.</li> </ul> <p>Paul made a motion to endorse the Population Health Plan. Hal Cohen seconded. Additional comment:</p> <ul style="list-style-type: none"> <li>• Robin Lunge commented that this document lays out thinking and provides options. One challenge at the moment is that we are transitioning between Governor’s administrations; providing options may be more appropriate than pursuing specific interventions. Tracy concurred, noting that this document is framed as offering options.</li> <li>• Al Gobeille asked how this plan was vetted. Lawrence clarified that this Plan is one of our deliverables to CMMI under the SIM grant. Georgia added that the plan is due on 6/30/2017 to CMMI as one of the final deliverables of the SIM grant. We have had significant process to vet the Population Health Plan with SIM participants to date; we are hoping for a nod from the Core Team to take this to a broader audience</li> </ul>	

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	<p>(including the Legislature) over the next few months. The Core Team would reconvene in the Spring with the next version of this document to provide additional comment and approve before submission to CMMI. Tracy added that in addition to SIM participants, this document was reviewed at a regular meeting between VDH and family physicians/pediatricians. The current draft includes feedback from OneCare as well.</p> <ul style="list-style-type: none"> <li>• Paul commented that he has been tasked with meeting with all newly elected legislators from his region over the next few weeks to provide education.</li> <li>• Lawrence noted that a vote to endorse today would be to continue moving forward with public process in advance of a vote to approve and submit to CMMI in the Spring. Steve Voigt voiced his support, and suggested capturing innovative ideas identified through this process and connecting leaders from communities across the state. Hal Cohen also voiced support for moving forward. Al Gobeille expressed concern, noting that some options suggested in this plan would not be supported if undertaken by GMCB; this is a bigger conversation for Vermonters to have.</li> <li>• Lawrence noted that this document could also be tabled until the December 20<sup>th</sup> Core Team meeting. He noted that the Core Team will have a new chair in January. Hal suggested pushing forward and revising over time.</li> <li>• Tracy noted that this plan presents categories of policy options, rather than making pointed recommendations.</li> </ul> <p>A roll-call vote was taken; the motion carried 5-1.</p>	
<b>4. Public Comment</b>	There was no public comment.	
<b>5. Next Steps, Wrap Up and Future Meeting Schedule</b>	<b>Next Meeting:</b> Monday, December 20, 2016, 2:00-4:00pm, Ash Conference Room, Waterbury State Office Complex.	

# VHCIP Core Team Member List

Roll Call: 11/14/2016

1<sup>o</sup> Paul  
2<sup>o</sup> Hal

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2<sup>o</sup> Hal

Member		10/31/2016 Minutes	Pop Health Plan	
First Name	Last Name			Organization
Paul	Bengston ✓	✓	✓	Northeastern Vermont Regional Hospital
Hal	Cohen ✓	✓	✓	AHS - CO
Steven	Costantino ✗	—	—	AHS - DVHA
Al	Gobeille ✓	A	No	GMCB
Monica	Hutt ✗	—	—	AHS - DAIL
Robin	Lunge ✓	✓	✓	AOA - Director of Health Care Reform
Lawrence	Miller ✓	✓	✓	<del>██████</del> Chief of Health Care Reform
Steve	Voigt ✓	A	✓	ReThink Health

motion carries

5-1

motion carries

## VHCIP Core Team Participant List

Attendance:

11/14/2016

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

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

Kelly Lange - BCBSVT - phone