VT Health Care Innovation Project
Steering Committee Meeting Agenda

November 21, 2014 9:00 am- 11:00 am
4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier, VT
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed?
1	9:00-9:05	Welcome and Introductions	Al Gobeille	Attachment 1: Agenda	
2	9:05-9:10	*Public Comment*	Al Gobeille		
3	9:10-9:15	Minutes Approval	Al Gobeille	Attachment 3: September Meeting Minutes	Approval of Minutes
4	9:15-9:25	Core Team Update *Public comment*	Anya Rader Wallack		N/A
5	9:25-10:15	Financial Update: 1. Payment Models Work Group: Frail Elderly Proposal 2. *Possible agenda item:* HIE/HIT Work Group: Population-Based Collaboration Remediation Plan *Public comment*	5.1: Cy Jordan 5.2: HIE/HIT Work Group	Attachment 5b: Frail Elderly Proposal Attachment 5c: Population-Based Collaboration Remediation Plan powerpoint presented to the HIE/HIT Work Group on 11/19/2014.	Recommendation of frail elderly proposal to the Core Team. Recommendation of remediation plan proposal to the Core Team. (*Possible agenda item).*

6	10:15-10:35	Policy Update: 1. Operational Plan Update *Public comment*	Georgia Maheras	Attachment 6: Operational Plan Powerpoint	
6	10:35-10:45	Next Steps, Wrap-Up and Future Meeting Schedule	Al Gobeille	Next Meeting: January 7, 2015 1pm-3pm, Montpelier	

VT Health Care Innovation Project
Steering Committee Meeting Minutes
Pending Steering Committee Approval

Date of meeting: October 1, 2014 at 4th Floor Conference Room, Pavilion Building, 1089 State Street, Montpelier, VT 10am – 12pm

Agenda Item	Discussion	Next Steps
Welcome and Introductions	Al Gobeille called the meeting to order at 10:02. Georgia Maheras did a member roll call.	
Public Comment	Jay Batra asked if there was a way that the Steering Committee could hear back from the GMCB regarding decisions made. Al Gobeille noted that the GMCB could send their decisions to the Steering Committee.	
Minutes Approval	John Evans asked that a sentence be added to clarify that the discussion regarding HIE/HIT contract with Stone Environmental was in reference to the deliverables in the powerpoint presentation. Ed Paquin moved to approve the minutes with the amendment. Bob Bick seconded the motion. A roll call was taken and the motion passed with three members abstaining.	
Core Team Update *Public comment*	Anya Rader Wallack provided an update on Core Team activities. The Core Team is reviewing grant applications and has received the Steering Committee's recommendations regarding the quality measures. Georgia provided an update regarding a recent CMMI conference. The other five testing states, as well as the CDC and ONC, were represented and the emphasis from CMMI was on providing technical assistance. Dale Hackett asked how the CDC would be connected; regionally or by state? Georgia noted that this is still be developed. There will be	

	webinars in the future to foster discussion and they are looking to identify similarities with other states. There are currently monthly phone calls. Allan Ramsay asked how many applicants there were in round 2 of the grant program and when results would be released. Additionally have any of the Round 1 applicants taken advantage of the technical assistance offered to them? Georgia noted that there were 28 applicants and the Core Team would be reviewing applications on October 8th and 21st with decisions to be made prior to the 31st. Yes, many applicants have utilized the technical assistance offered, 1st quarter reports are forthcoming.	
Policy Update - Year Two Medicaid Shared Savings ACO Program Total Cost of Care *Public Comment*	Kara Suter provided an update regarding Total Cost of Care (TCOC) for the Medicaid Shared Savings ACO Program in year two noting: 1) that the current TCOC includes costs consistent with Medicare and Medicaid; 2) in Year Two there is a previously approved incent option to expand the TCOC; 3) there is not a lot of experience with broadening the TCOC around the country; 4) consideration of inclusion of additional core service costs: Pharmacy, Pediatric Dental, Adult Dental, Non-emergency Transportation (NEMT), Medically-necessary personal care services, Primary Care Case Management (PCCM) and Community Health Team (CHT) payments. The focus has been on benefits that are unique to Medicaid as well as potential inclusion in Year Three. The additional core services will be determined by October 15, 2014 and sent to the participating ACOs for their consideration. The Steering Committee engaged in a robust discussion about the Year Two Medicaid Shared Savings ACO Program Total Cost of Care: • Jackie Majoros asked who would be making the decisions. Kara noted that it would be Medicaid. • Dale Hackett asked if this meant taking on additional risk. Kara	

	said yes, however only upside (10% greater sharing) no downside risk. Dale followed the response by asking who pays the downside risk. Kara responded that the state continues to be accountable for downside risk within the Shared Savings Program. Al added that we are trying to move away from the state assuming all of the downside risk, and noted that the State's appropriation process for funding Medicaid services will not change. • Jay Batra asked how we will know where savings are generated; the DVHA Pharmacy Unit has been successful in many of their attempts to control costs. Kara explained that it would be based on historic utilization and centered around provider incentives. • Monica Light asked if there would be an adjustment for pharmacy rebates. Kara noted that there would be no adjustment because the pharmacy rebates are outside the scope of this program and not impacted. • Allan Ramsay asked if success will be determined by meeting quality measures. How will ACOs know there's a potential benefit of 10%? Kara explained that it would foster collaboration and that would indeed hope to continue to align the TCOC with some kind of quality measures. • Ed Paquin expressed concern that providers would become responsible for the management of expanded core services. Mark Larson expressed that management of these services would remain with the State. Kara expressed that the expanded TCOC would help prevent cost shifting and falsely presented savings.	
Next Steps, Wrap-Up and Future Meeting Schedule	Next Meeting: October 29th, Williston	

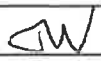
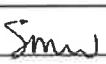
VHCIP Steering Committee Attendance List 10-01-14

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

First Name	Last Name		Title	Organization	Steering Committee
Ena	Backus			GMCB	X
Melissa	Bailey	Melissa Bailey		Otter Creek Associates and Matrix Health	X
Heidi	Banks			Vermont Information Technology Leaders	X
Rick	Barnett	phone	President	Vermont Psychological Association	M
Susan	Barrett		Executive Director	GMCB	X
Anna	Bassford			GMCB	A
Jaskanwar	Batra			AHS - DMH	MA
Susan	Besio		Senior Associate	Pacific Health Policy Group	X
Bob	Bick		Director of Mental Health and Substa	HowardCenter for Mental Health	M
Martha	Buck			Vermont Association of Hospital and Heal	A
Harry	Chen		Commissioner	AHS - VDH	X
Amanda	Ciecior		Health Policy Analyst	AHS - DVHA	X
Peter	Cobb		Executive Director	VNAs of Vermont	M
Lori	Collins			AHS - DVHA	X
Amy	Coonradt	phone	Health Policy Analyst	AHS - DVHA	X
Alicia	Cooper		Quality Oversight Analyst	AHS - DVHA	X
Elizabeth	Cote			Area Health Education Centers Program	M
Diane	Cummings		Financial Manager II	AHS - Central Office	X
Susan	Devoid			OneCare Vermont	A
Tracy	Dolan		Deputy Commissioner	AHS - VDH	M
Richard	Donahey		Financial Director III	AHS - Central Office	X
Susan	Donegan		Commissioner	AOA - DFR	M
Paul	Dupre	Paul Dupre	Commissioner	AHS - DMH	M
Nancy	Eldridge		Executive Director	Cathedral Square and SASH Program	M
John	Evans		President and CEO	Vermont Information Technology Leaders	M
Audrey	Fargo		Administrative Assistant	Vermont Program for Quality in Health Ca	A

Cyndy	Fischer			OneCare Vermont	A
Katie	Fitzpatrick		VT Administrative Asst.	Bi-State Primary Care	A
Erin	Flynn		Health Policy Analyst	AHS - DVHA	X
Aaron	French		Deputy Commissioner	AHS - DVHA	X
Catherine	Fulton		Executive Director	Vermont Program for Quality in Health C	M
Joyce	Gallimore		Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Lucie	Garand		Senior Government Relations Special	Downs Rachlin Martin PLLC	X
Christine	Geiler		Grant Manager & Stakeholder Coordi	GMCB	S
Don	George		President and CEO	Blue Cross Blue Shield of Vermont	M
Jim	Giffin		CFO	AHS - Central Office	X
Al	Gobeille		Chair	GMCB	C
Bea	Grause		President	Vermont Association of Hospital and Heal	M
Sarah	Gregorek			AHS - DVHA	A
Dale	Hackett		Consumer Advocate	None	M
Mike	Hall		Executive Director	Champlain Valley Area Agency on Aging	M
Janie	Hall		Corporate Assistant	OneCare Vermont	A
Thomas	Hall			Consumer Representative	X
Bryan	Hallett				X
Paul	Harrington		President	Vermont Medical Society	M
Carrie	Hathaway		Financial Director III	AHS - DVHA	X
Diane	Hawkins			AHS - DVHA	X
Karen	Hein		Board Member	GMCB	X
Brendan	Hogan		Consultant	Baillit-Health Purchasing	X
Debbie	Ingram	phone	Executive Dir.	Vermont Interfaith Action	M
Craig	Jones		Director	AHS - DVHA - Blueprint	M
Kate	Jones			AHS - DVHA	S
Pat	Jones			GMCB	X
Trinka	Kerr		Chief Health Care Advocate	VLA/Health Care Advocate Project	M
Heidi	Klein			AHS - VDH	X
Kelly	Lange		Director of Provider Contracting	Blue Cross Blue Shield of Vermont	X
Mark	Larson		Commissioner	AHS - DVHA	C
Monica	Light		Director of Health Care Operations, C	AHS - Central Office	M
Deborah	Lisi-Baker		Disability Policy Expert	Unknown	M
Sam	Liss		Chairperson	Statewide Independent Living Council	X
Robin	Lunge		Director of Health Care Reform	AOA	S

Georgia	Maheras			AOA	S
Steven	Maier		HCR-HIT Integration Manager	AHS - DVHA	X
Jackie	Majoros		State Ombudsman	VLA/LTC Ombudsman Project	M
David	Martini			AOA - DFR	MA
Mike	Maslack				X
Alexa	McGrath			Blue Cross Blue Shield of Vermont	A
Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
Darcy	McPherson		Program Technician	AHS - DVHA	X
Marisa	Melamed			AOA	A
Madeleine	Mongan		Deputy Executive Vice President	Vermont Medical Society	X
Todd	Moore		CEO	OneCare Vermont	M
Brian	Otley		COO	Green Mountain Power	X
Dawn	O'Toole		Director of Operations	AHS - DCF	X
Mary Val	Palumbo		Associate Professor	University of Vermont	M
Ed	Paquin	Ed Paquin	Ed Paquin	Disability Rights Vermont	M
Annie	Paumgarten		Eveluation Director	GMCB	X
Laura	Pelosi		Executive Director	Vermont Health Care Association	M
Judy	Peterson		President and CEO	Visiting Nurse Association of Chittenden a	M
Luann	Poirer		Administrative Services Manager I	AHS - DVHA	X
Allan	Ramsay		Board Member	GMCB	M
Stephen	Rauh			GMC Advisory Board	X
Paul	Reiss		Executive Director,	Accountable Care Coalition of the Green I	M
Simone	Rueschemeyer		Director	Behavioral Health Network of Vermont	M
Jenney	Samuelson		Assistant Director of Blueprint for He	AHS - DVHA - Blueprint	X
Larry	Sandage			AHS - DVHA	X
Howard	Schapiro		Interim President	University of Vermont Medical Group Pra	M
Ken	Schatz			AHS - DCF	M
Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	X
Shawn	Skaflestad		Quality Improvement Manager	AHS - Central Office	X
Mary	Skovira		Executive Staff Assistant	AHS - VDH	A
Richard	Slusky		Payment Reform Director	GMCB	X
Kara	Suter		Reimbursement Director	AHS - DVHA	X
Beth	Tanzman		Assistant Director of Blueprint for He	AHS - DVHA - Blueprint	X
Julie	Tessler		Executive Director	Vermont Council of Developmental and M	M
Anya	Wallack		Chair	SIM Core Team Chair	X

Barbara	Walters		Chief Medical Director	OneCare Vermont	M
Julie	Wasserman		VT Dual Eligible Project Director	AHS - Central Office	X
Spenser	Weppler			GMCB	X
Kendall	West				X
James	Westrich				X
Bradley	Wilhelm		Senior Policy Advisor	AHS - DVHA	X
Sharon	Winn		Director, Vermont Public Policy	Bi-State Primary Care	M
Cecelia	Wu		Healthcare Project Director	AHS - DVHA	X

VHCIP Steering Committee Roll Call 10-01-14

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

Minutes 1° Ed 2° Bob

Passed w/ 3 abstainings

Member		Member Alternate				
First Name	Last Name				Organization	Committee
Rick	Barnett ✓			X	Vermont Psychological Association	M
Bob	Bick ✓			✓	HowardCenter for Mental Health	M
Peter	Cobb			X	VNAs of Vermont	M
Elizabeth	Cote			X	Area Health Education Centers Program	M
Tracy	Dolan			X	AHS - VDH	M
Susan	Donegan	David	Martini	X	AOA - DFR	M
Paul	Dupre ✓	Jaskanwar	Batra	✓	AHS - DMH	M
Nancy	Eldridge			X	Cathedral Square and SASH Program	M
John	Evans ✓			✓	Vermont Information Technology Leaders	M
Catherine	Fulton			X	Vermont Program for Quality in Health Care	M
Joyce	Gallimore ✓			A	Bi-State Primary Care/CHAC	M
Don	George			X	Blue Cross Blue Shield of Vermont	M
Al	Gobeille ✓			✓	GMCB	C
Bea	Grause			X	Vermont Association of Hospital and Health Systems	M
Dale	Hackett ✓			A	None	M
Mike	Hall ✓			✓	Champlain Valley Area Agency on Aging	M
Paul	Harrington ✓			✓	Vermont Medical Society	M
Debbie	Ingram ✓			A	Vermont Interfaith Action	M
Craig	Jones			X	AHS - DVHA - Blueprint	M
Trinka	Kerr ✓			✓	VLA/Health Care Advocate Project	M
Mark	Larson ✓			✓	AHS - DVHA	C
Monica	Light ✓			✓	AHS - Central Office	M
Deborah	Lisi-Baker			X	Unknown	M
Jackie	Majoros ✓			✓	VLA/LTC Ombudsman Project	M
Todd	Moore			X	OneCare Vermont	M
Mary Val	Palumbo			X	University of Vermont	M
Ed	Paquin ✓			✓	Disabillty Rights Vermont	M
Laura	Pelosi			X	Vermont Health Care Association	M
Judy	Peterson			X	Visiting Nurse Association of Chittenden and Grand Isle Co	M

Allan	Ramsay	✓			GMCB	M
Paul	Reiss			X	Accountable Care Coalition of the Green Mountains	M
Simone	Rueschemeyer			X	Behavioral Health Network of Vermont	M
Howard	Schapiro			X	University of Vermont Medical Group Practice	M
Ken	Schatz			X	AHS - DCF	M
Julie	Tessler	✓			Vermont Council of Developmental and Mental Health Ser	M
Barbara	Walters			X	OneCare Vermont	M
Sharon	Winn	✓			Bi-State Primary Care	M

VMS Education & Research Foundation

pursuing high value care for Vermonters

Frail Elders Project

Purpose, Deliverables and Budget

November 1, 2014 – January 30, 2015

Core Community Practices Leadership Community

The Frail Elders Project is a clinician led reform initiative designed to increase the value of the health care system – focusing on things that matter to patients, reducing harm, conserving resources and increasing system efficiencies.

Purpose

Redesigning how high risk rural elders are cared for offers opportunity to improve health outcomes for a particularly high need population while decreasing the cost of care for the target population. The project goal is to develop recommendations for the VHCIP Payment Models Work Group in the following areas:

Billing, Claims and Clinical data inquiry

1. Who are the frail elderly?
    a. Identification of target population using both billing and clinical datasets
    b. Existing Vermont and national research
2. Who cares for the frail elderly?
    a. Attribution of patients to care providers
    b. Existing Vermont and national research

Patient and Family Survey

3. What things matter to the frail elderly and their families?
    a. Patient and family survey of target service area population
    b. Existing Vermont research
    c. Literature review

Provider interviews

4. What things matter to the frail elderly and their families?
5. What works well and what doesn't?
6. What practice redesigns could improve care?
7. What are the financial and regulatory barriers to giving needed care?
8. What, in terms of payment models, works now and what doesn't?; and
9. What are practical, meaningful measures of value?

Deliverables

The effort will deliver a written report and a formal presentation to the VHCIP Payment Models Work Group on findings and recommendations for next steps to increase the value of health care to frail elders.

The claims and clinical data analyses will be performed by in state experts.

The patient and family interviews will be done with the assistance of recent medical school graduate with recent experience in organizing care for seniors; a validated research tool will be used.

The provider interviews will be done by in state researchers. Approximately 15 providers will be interviewed in each of two primary care service areas, Gifford Health Care and Little Rivers Health Care, spanning all or parts of Orange, Washington, Caledonia and Windsor counties.

Pursuing High Value Care for Vermonters

Frail Elderly Payment Innovation

Personnel		
Director	$	34,968.50
Business Manager	$	1,976.54
Operations Director	$	1,976.54
Administrative Assistant	$	1,078.11
Personnel subtotal	$	39,999.68
Fringe		
	$	8,742.13
Travel		
Mileage	$	1,130.00
Parking and Tolls	$	25.00
Equipment		
	$	-
Supplies, meetings		
Facility cost/meals per participant	$	600.00
Printing/supplies	$	250.00
Conference calls; webinars	$	250.00
Website	$	500.00
Supplies subtotal	$	1,600.00
Indirect		
	$	6,149.68
Contracts		
Clinical champion	$	3,062.81
Clinical content expert	$	1,531.41
Clinical content expert	$	1,531.41
Qualitative Researcher	$	24,600.00
Project management and measurement	$	1,620.00
Patient and Family surveyor	$	10,000.00
Contracts subtotal	$	32,345.63
Total		
	$	89,992.11

Gap Remediation Proposal

Proposal to the VHCIP HIE/HIT Work Group

November 19, 2014

Accountable Care Coalition of the Green Mountains
Established by Healthfirst, Inc.

OneCareVermont

Community Health Accountable Care LLC
Transitioning Our Communities for Better Health

VITL

Vermont Health Care Innovation Project

Key Components of Remediation

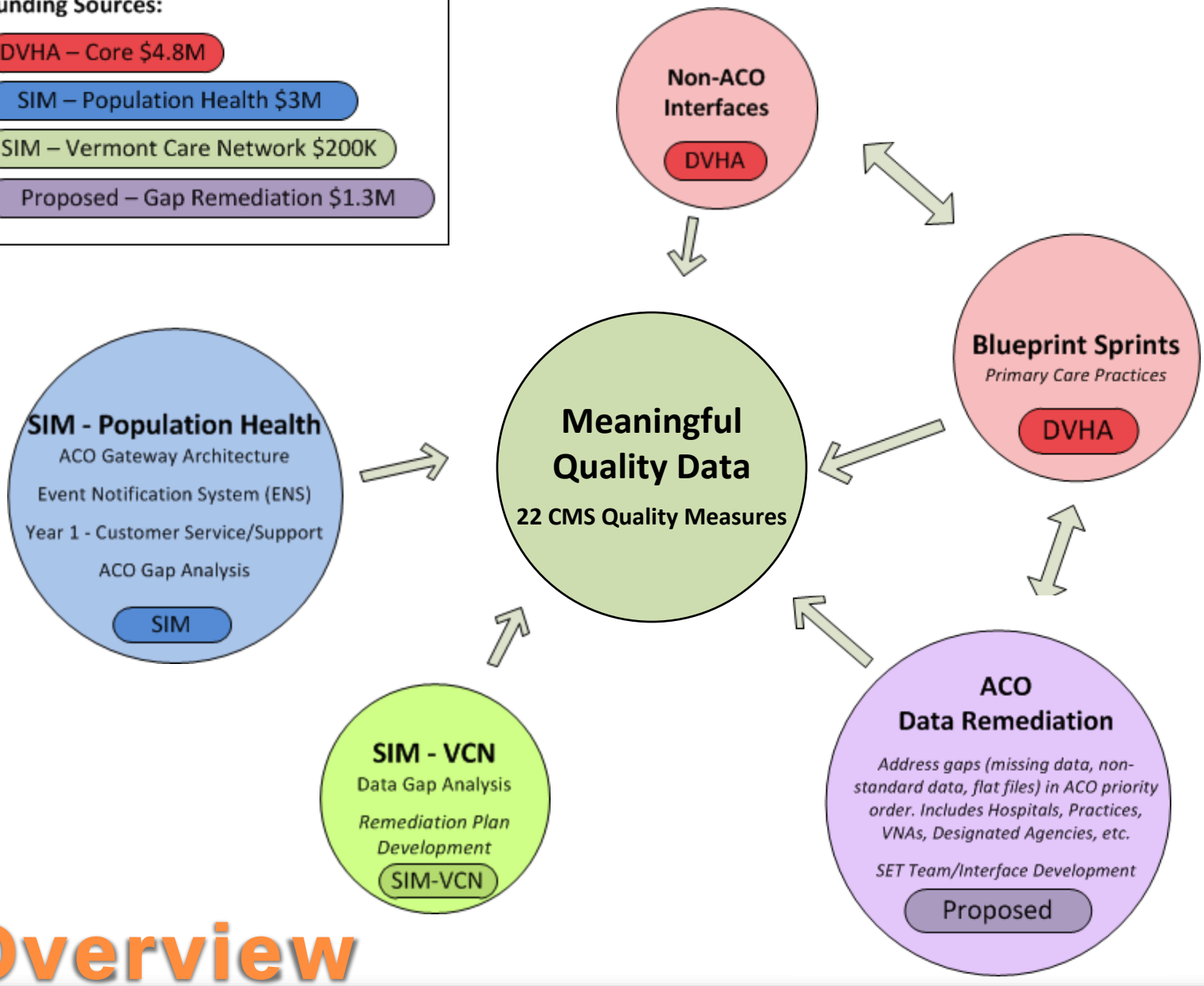
Achieve accurate, comprehensive performance data utilizing electronic health records (EHRs) and the Vermont Health Information Exchange (VHIE)

- ✓Interfaces
- ✓Data Analysis and Formatting
- ✓Terminology Services

Overview

Funding Sources:

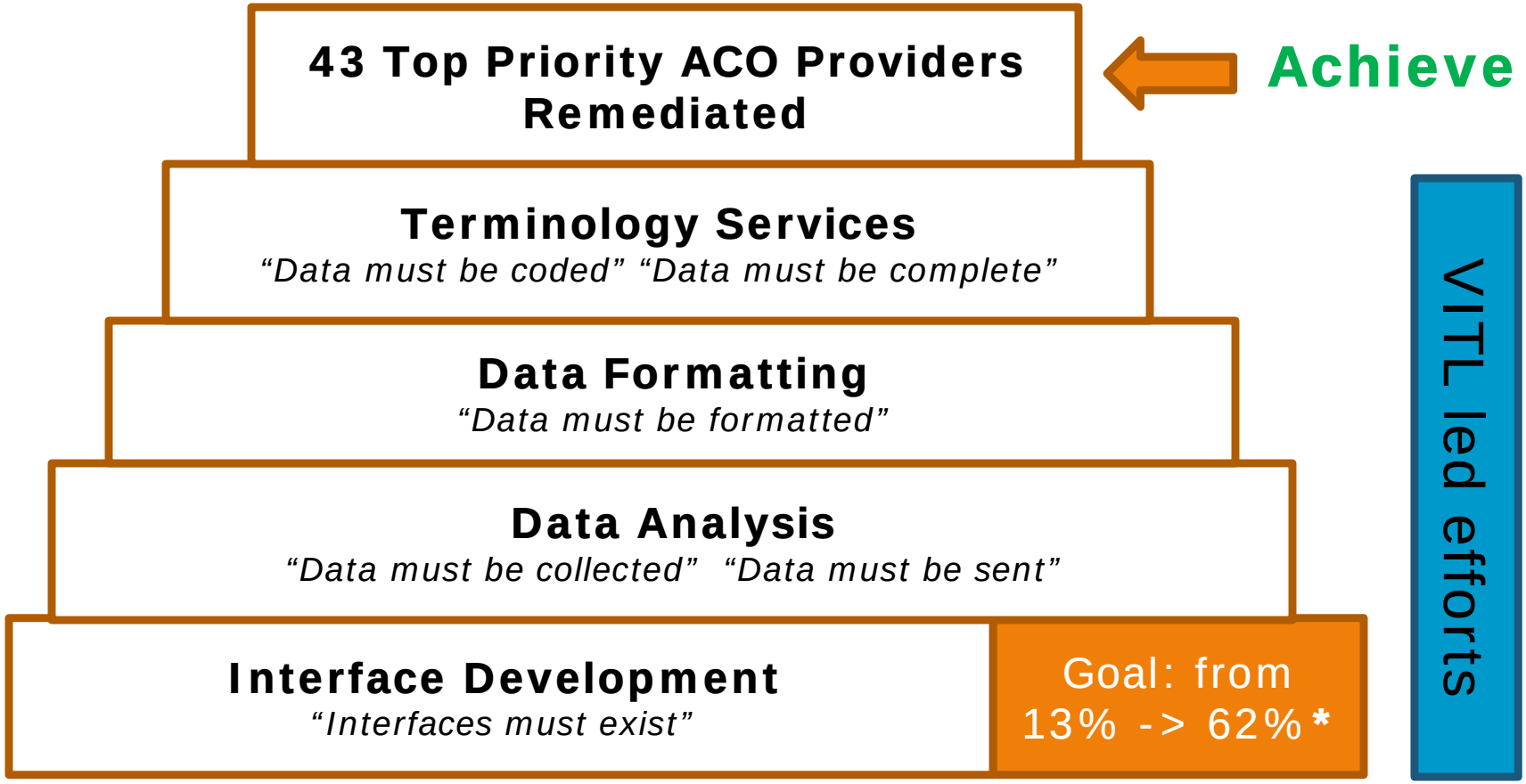
- DVHA – Core $4.8M
- SIM – Population Health $3M
- SIM – Vermont Care Network $200K
- Proposed – Gap Remediation $1.3M



- Interfaces must **exist**
  - Data must be **collected**
    - Data must be **sent**
      - Data must be **formatted** correctly
        - Data must be **coded** or normalized
          - Data must be **complete**, accurate and consistent

Successful Remediation

State of Remediation for ACO Providers Based on Beneficiary Population Size



*All ACOs have identified interface priorities. Expectation is to achieve 62% of beneficiary data for ACCGM and OCV top priority practices.
CHAC beneficiary totals TBD.

SET Team –

- Medicity resources dedicated to VT-only interface development for a six month period.
- Approved as part of previous SIM funding to accelerate interface development
- Purposely delayed by VITL because Medicity was not done with previous work on VITLAccess

SET Team approval *required* as a prerequisite to other remediation work

Set Team

ACO and VITL Recommendation

Type of Cost	*Cost*
SET Team/New Interface Development (6 months) ***Prerequisite***	$650,000
Gap Remediation (1 Year)	$367,500
Terminology Service (2 years)	$284,000
Remediation Proposal Total	**$1,301,500**

Budget

- Quarterly gap analysis reviews
- Monthly status reports regarding remediation progress
- Develop progress metrics
- Just in Time communication of roadblocks, obstacles, issues, etc.

Progress Management

SET Team / New Interface Development

- ☑ Accelerates interface development. This is a Prerequisite for full data remediation.

Data Analysis and Formatting

- ☑ Increases the percentage of data that can meet the ACO quality measures in an electronic reportable way and reduce the need for chart abstracts (aka chart “pulls”).

Terminology Services

- ☑ Enhances clinical data quality

Funding approval is needed so that we can help the ACOs meet their goals in a timely manner

Summary

Questions?

VHCIP Operational Plan Update

Georgia Maheras, Project Director, VHCIP

November 21, 2014

What are we trying to accomplish through this project?

- Align policy, investments and payment to support a "high performing health system" in Vermont
- The aims of the VHCIP are to improve care, improve health and reduce costs
- How?
  - Enable and reward care integration and coordination;
  - Develop a health information system that supports improved care and measurement of value; and
  - Align financial incentives with the three aims.
- The whole thing is a public/private partnership

What would constitute success?

A health information technology and health information exchange system that works, that providers use, and that produces analytics to support the best care management possible.

A predominance of payment models that reward better value.

A system of care management that is agreed to by all payers and providers that:

- utilizes Blueprint and Community Health Team infrastructure to the greatest extent possible
- fills gaps the Blueprint or other care models do not address
- eliminates duplication of effort
- creates clear protocols for providers
- reduces confusion and improves the care experience for patients
- follows best practices

Progress to date:

- Payment Reforms
  - Launched Commercial and Medicaid Shared Savings Program
    - Standards and Quality Measures (Years 1 and 2)
  - Episode of Care analyses
- Investments in Vermont's health information system
    - ACO Population-Based Collaboration
    - ACTT Proposals
- Duplication and gaps in Vermont's care management system
    - Survey
    - Learning Collaboratives
    - Care Management Standards

Update on ACO Shared Savings Program

Attributed Lives by ACO by Respective Payer to date

	Medicare	Medicaid	Blue Cross Blue Shield VT	MVP	Total
OneCare Vermont	54,746	27,400	20,449		**102,595**
Community Health Accountable Care (CHAC)	5,980	20,068	9,906		**35,954**
Vermont Collaborative Physicians/Accountable Care Coalition of the Green Mountains (VCP/ACCGM)	7,509		7,830		**15,339**
Total	**68,235**	**47,468**	**38,185**	**N/A**	**153,888**

Note: Cells shaded gray indicate that those ACO and Payer decided not to enter into a Shared Savings Program Agreement.
Updated: With Medicare, Medicaid and BCBS Counts on 10/30/14

Progress to date:

- Population Health
  - Plan development
  - Accountable Health Communities
- Workforce
  - Symposium (11/10)
  - Demand Modeling
- Sub-grant program: rounds 1 and 2
- Self-evaluation starting up

Upcoming in 2015:

Delivery System Reform:

- Launch Learning Collaboratives

Payment Reform:

- Year Two Shared Savings Program
- Episodes of Care: data sharing

Technology Investments:

- Telemedicine
- Continue Gap Analysis and remediation

Upcoming in 2015:

- Evaluation
- Blueprint alignment:
  - Data
  - Care management
- Continued Education/Reporting
  - Shared Savings Program modifications
- All-payer waiver

Inter-related systems