

VHCIP Core Team Agenda

12.03.14

VT Health Care Innovation Project Core Team Meeting Agenda

December 3, 2014 1:00 pm-3:30pm
DFR - 3rd Floor Large Conference Room, 89 Main Street, Montpelier
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:05	Welcome and Chair's Report	Anya Rader Wallack	
Core Team Processes and Procedures				
2	1:05-1:10	Approval of meeting minutes	Anya Rader Wallack	Attachment 2: October 21, 2014 meeting minutes. <i>Decision needed.</i>
Financial Update				
3	1:10-2:00	Financial Request: <ol style="list-style-type: none"> 1. HIE/HIT Work Group Gap Remediation Request <ul style="list-style-type: none"> • \$1,301,500 new request 2. Datastat Contract Amendment <ul style="list-style-type: none"> • Add \$55,000 to existing agreement (using funds repurposed from sub-grant program) 3. Sub-grant Program Repurpose Request <ul style="list-style-type: none"> • Add \$150,000 to technical assistance to sub-grantees 	Georgia Maheras 3.1: Simone Rueschmeyer 3.2 Pat Jones	Attachment 3a: Financial Request Memo 11.26.14 Attachment 3b: Revised Budget 12.3.14 (excel) Attachment 3c: Gap Remediation Request (ppt)

		<ul style="list-style-type: none"> • Add \$216,039 to Population Health Work Group 4. Coaching Center Contract Amendment <ul style="list-style-type: none"> • Extend contract through 2015 • Additional expenditure of \$20,000 5. UMass Project Management Renewal <ul style="list-style-type: none"> • \$230,000 for 2015 • Modified scope 	3.3-3.5 Georgia Maheras	
Policy Update				
4	2:00-3:15	1. Learning Collaboratives Update 2. Medicaid Shared Savings Program Update 3. Debrief Project Retreat 11/3 <i>Public Comment</i>	4.1 Pat Jones and Erin Flynn 4.2 Kara Suter 4.3 Paul Bengtson	Attachment 4: Learning Collaborative Update (ppt)
Core Team Processes and Procedures				
5	3:15-3:25	<i>Public Comment</i>	Anya Rader Wallack	
6	3:25-3:30	Next Steps, Wrap-Up and Future Meeting Schedule: 1/5: 1:00pm-3:00pm, Pavilion, Montpelier	Anya Rader Wallack	

Attachment 2 - Core Team Minutes

10.21.14

**VT Health Care Innovation Project
Core Team Meeting Minutes**

Date of meeting: October 21, 2014 **Location:** DFR 3rd Floor Conference Room, 89 Main Street, Montpelier VT

Members: Robin Lunge, AOA; Paul Bengtson, NVRH; Al Gobeille, GMCB; Mark Larson, DVHA; Harry Chen, AHS; Steve Voigt, ReThink Health; Susan Wehry, DAIL.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's report	Al Gobeille called the meeting to order at 11:30 pm.	
2. Approval of Minutes	Paul Bengtson moved to approved the minutes and this was seconded by Harry Chen. The minutes were approved unanimously with Anya Rader Wallack and Susan Wehry absent.	
3. Policy Update	<p>Update: Medicaid Shared Savings Program Total Cost of Care.</p> <p>Kara Suter provided an update on the Medicaid Shared Savings Program total cost of care optional track for year two. DVHA sent a letter to the participating ACOs regarding this option and indicated that the expanded services would be pharmacy and non-emergency transportation. The Core Team discussed this option and DVHA will report back at a later meeting whether either ACO chose this optional track.</p>	
4. Financial Update	<p>Financial Request:</p> <ol style="list-style-type: none"> 1. Request to release an RFP for Work Group Support: HIE/HIT Work Group. 2. Request to release an RFP for support for the all-payer waiver. 	

Agenda Item	Discussion	Next Steps
	<p>Georgia presented a financial memo to the Core Team regarding these two RFPs. Mark Larson moved to approve the RFP for HIE/HIT Work Group support and this was seconded by Paul Bengtson. This proposal was approved unanimously with Anya Rader Wallack and Susan Wehry absent.</p> <p>The Core Team engaged in discussion regarding the second RFP. During this discussion, Robin Lunge clarified that the all-payer waiver, like the 1332 waiver, does not reduce the level of benefits for Medicare beneficiaries. Susan Wehry asked how the all-payer waiver relates to the 1332 waiver and transition to Green Mountain Care. Robin responded that Green Mountain Care builds off of the work of this activity and also that the activity could be independent if we don't get to Green Mountain Care. The all-payer waiver, like the 1115 waiver, has terms and conditions and the state can change course if those are unfavorable. Susan asked if the duals population would be included in the all-payer waiver. Robin responded that we need to determine if the federal government will be flexible on this issue. One of the first steps in the all-payer waiver discussion will be to ask what we want waived.</p> <p>Paul moved to approve this RFP and it was seconded by Harry. It was approved unanimously.</p> <p><i>Public Comment</i></p> <p>Paul Harrington asked if the all-payer waiver would impact cost sharing.</p> <p>Robin responded that we would need to explore that with CMS.</p> <p>Julie Wasserman asked how much was available to spend on this contractor for this work.</p> <p>Georgia responded that there is up to \$400,000 for 2015 and 2016 for this work.</p>	
<p>4. Core Team Processes and Procedures</p>	<p>The Core Team entered executive session at 12:15 to discuss the sub-grant program applications as discussing prematurely would disadvantage the applicants and the state engaged in the process. The motion was made by Robin and seconded by Paul. All approved.</p>	

Agenda Item	Discussion	Next Steps
	<p>The Core Team left executive session at 1:45.</p> <p>The Core Team took up the approval of sub-grants after the executive session. The Core Team will approve sub-grants on the condition that all approved awards are contingent on awardees demonstrating ongoing significant collaboration and alignment with VHCIP activities.</p> <p>Robin Lunge made the following motion, seconded by Mark:</p> <ul style="list-style-type: none"> A. I move to approve the following sub-grants: <ul style="list-style-type: none"> #24 for \$193,000 #25 for \$400,000 #12 for \$400,000 #22 for \$500,000 #23 for \$200,000 <p>Robin Lunge made the following motion, seconded by Harry:</p> <ul style="list-style-type: none"> B. I move to approve the following sub-grants: <ul style="list-style-type: none"> #11 for \$900,000 <p>Paul Bengtson recused himself from discussion and voting related to this application.</p> <p>Robin Lunge made the following motion, seconded by Harry:</p> <ul style="list-style-type: none"> C. I move to approve the following sub-grants: <ul style="list-style-type: none"> #8 for \$60,145 <p>Susan Wehry and Steve Voigt recused themselves from discussion and voting related to this application.</p> <p>All three motions were approved unanimously, noting the recusals for B and C.</p>	
5. Public Comment	N/A	

Agenda Item	Discussion	Next Steps
6. Next Steps, Wrap up	Next meeting: December 3, 2014, 1:00-3:30pm, DFR 3 rd Floor Conference Room, 89 Main St, Montpelier.	

VHCIP Core Team Roll Call 10-21-14

C	Chair
M	Member

1° Paul 2° Harry
1° Mark 2° Paul
1° Paul 2° Harry

1° Robin
2° Paul
into Exec session

First Name	Last Name	Minutes 10-08-14	Financial Proposal #1	Financial Proposal #2	Organization	Core Team	grant pm	A	B	C
Paul	Bengston	✓	✓	✓	Northeastern Vermont Regional Hospital	M	✓	✓	R	
Harry	Chen	✓	✓	✓	AHS - VDH	M	✓	✓		
Al	Gobeille	✓	✓	✓	GMCB	M	✓	✓		
Mark	Larson	✓	✓	✓	AHS - DVHA	M	✓	✓		
Robin	Lunge	✓	✓	✓	AOA	M	✓	✓		
Steve	Voigt <i>ph me</i>	✓	✓	✓		M	✓	✓	R	
Anya	Wallack	X	X	X	SIM Core Team Chair	C	X	X		
Susan	Wehry	N/A	N/A	✓	AHS - DAIL	M	✓	✓	R	

1° Robin
2° Mark

Motion: A

- # 24 193,000
- # 25 400,000
- # 12 400,000
- # 22 500,000
- # 23 200,000

1° Robin
2° Harry Motion: B

11 900,000
(Paul recused)

1° Robin
2° Harry Motion: C







8 60,145
(Steve, recused)
(Susan, ~~recused~~)

no roll call b/c no one on phone

VHCIP Core Team Attendance 10-21-14

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

First Name	Last Name		Organization	Core Team
Ena	Backus	<i>Ena Backus</i>	GMCB	X
Susan	Barrett	<i>Susan Barrett</i>	GMCB	X
Anna	Bassford		GMCB	A
Paul	Bengston		Northeastern Vermont Regional Hospital	M
Beverly	Boget			X
Harry	Chen		AHS - VDH	M
Amanda	Ciecior	✓ <i>phone</i>	AHS - DVHA	X
Amy	Coonradt		AHS - DVHA	X
Alicia	Cooper	✓ <i>phone</i>	AHS - DVHA	X
Mark	Craig			X
Diane	Cummings	<i>DCummings</i>	AHS - Central Office	X
Paul	Dupre		AHS - DMH	X
Erin	Flynn		AHS - DVHA	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille		GMCB	M
Sarah	Gregorek		AHS - DVHA	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett		GMCB	X
Carrie	Hathaway		AHS - DVHA	X

Kate	Jones		AHS - DVHA	S
Pat	Jones		GMCB	X
Joelle	Judge		UMASS	S
Heidi	Klein		AHS - VDH	X
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Mark	Larson		AHS - DVHA	M
Monica	Light		AHS - Central Office	X
Robin	Lunge		AOA	M
Georgia	Maheras		AOA	S
Steven	Maier		AHS - DVHA	X
David	Martini		AOA - DFR	X
Mike	Maslack			X
Marisa	Melamed		AOA	A
Lawrence	Miller			X
Meg	O'Donnell		Fletcher Allen Health Care	X
Lisa	Parro		AHS - DAIL	A
Annie	Paumgarten		GMCB	X
Luann	Poirer		AHS - DVHA	X
Lila	Richardson		VLA/Health Care Advocate Project	X
Julia	Shaw		VLA/Health Care Advocate Project	X
Richard	Slusky		GMCB	X
Kara	Suter	✓	AHS - DVHA	X
Carey	Underwood		King Arthur Flour	A
Steve	Voigt			M
Anya	Wallack		SIM Core Team Chair	C
Julie	Wasserman		AHS - Central Office	X
Susan	Wehry		AHS - DAIL	M
Spenser	Weppler		GMCB	X
Kendall	West			X

Katie	Whitney			A
Bradley	Wilhelm		AHS - DVHA	X
Jason	Williams		Fletcher Allen Health Care	X
Cecelia	Wu		AHS - DVHA	X
ALLAN	RANSKY	WZ	GMCB	
PAUL	HARRINGTON	PLA	VMS	

Attachment 3a - VHCIP Finance Memo

To: Core Team

Fr: Georgia Maheras

Date: 11/26/14

Re: VHCIP Financial Update and Request for Approval of SIM Funding Actions

I am requesting Core Team approval for the following SIM funding actions:

1. Proposal to remediate data gaps related to the Shared Savings Programs quality measures from the HIE/HIT Work Group. Cost: \$1,301,500. November 1, 2014-January 31, 2016.
2. Proposal to amend the Datastat patient experience contract. Cost: \$55,000. Same term (2014-2015).
3. Proposal to amend the Coaching Center contract for staff training. Cost: \$20,000. Extend term to end of 2015.
4. Proposal to renew the UMass Medical Center project management contract. Cost: \$230,000. Extend term to end of 2015.

REQUEST #1- Type 2 Proposal to remediate data gaps related to the Shared Savings Programs quality measures from the HIE/HIT Work Group for an amount not to exceed \$1,301,500 for a two year term:

Budget line item: Technology and Infrastructure: Expanded Connectivity to the HIE

Request funds to support the following activities performed by VITL:

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

Proposal Summary:

Request to expend \$1,301,500 to remediate data gaps to support quality measurement reporting. The proposal supports three categories of activities: a dedicated SET team from Medicity to accelerate interface development; remediation of gaps at priority practices throughout the state; and two years of terminology services that code data into standardized formats. This proposal would increase the quality, reportable data flow from 13% to 62% (note

that these figures are for only OneCare and Healthfirst practices). The proposal reduces the need for manual chart extraction and also provides the infrastructure for additional data elements to flow through. All of the data that flow through will be available for reporting purposes and to all providers who have appropriate access to the VHIE.

REQUEST #2- Type 2 Proposal to amend the Datastat patient experience contract adding an additional \$55,000:

Budget line item: Model Testing: Quality Measures

Request additional funds to support the patient experience survey.

Proposal Summary:

The State has a contract, previously approved by the Core Team, with DataStat Inc. to provide administration of the Patient Centered Medical Homes Consumer Assessment of Healthcare Providers and Systems (PCMH CAHPS®) survey in support of Vermont’s assessment of the impact of a range of payment and delivery system reforms on the quality of primary care. The goal is to determine the success of payment and delivery system reform initiatives, so that successful initiatives can be expanded to contribute to the state’s overarching health care reform aims: reducing costs, improving care, and improving health. This survey provides information used in the quality measurement reporting for the Shared Savings ACO Programs.

Justification for additional funds:

The initial contract amount was estimated based on usual and customary completion of this survey. However, we have experienced significantly higher completion rates and need additional funds to support the analysis of the additional information.

REQUEST #3- Type 1a Proposal to amend the Coaching Center staff training contract adding an additional \$20,000 and extending the term through 2015:

Budget line item: Staff Training and Change Management

Request additional funds to support staff training.

Proposal Summary:

The Core Team previously approved a contract with the Coaching Center to provide staff training. The purpose of this contract is to strengthen the VHCIP staff. Due to the matrixed staffing approach of this project, it is challenging to get folks on the same page, to share the workload, and to collaborate in ways that will foster a climate of innovation at all levels of the process.

The Coaching Center of Vermont is a leader in transforming cultures and teams into highly functioning teams that support themselves in environments of diversity, shared vision and values, collaboration, and innovation. The Coaching Center of Vermont will use its A2B tool to foster a stronger VHCIP team. The Coaching Center performs two categories of tasks:

1. Leadership Coaching
2. Staff Leadership Retreats

Justification for additional funds and extension of term:

Due to contracting delays, we began this contract later than anticipated and have not completed the initial scope of work. In order to complete the initial scope, we need to extend the term into 2015. Adding additional funds will also allow staff to better incorporate the training tools into the VHCIP. In particular, the staff will be able to integrate their respective work better providing more cohesive and effective work products.

REQUEST #4- Type 1a Proposal to amend the UMass Commonwealth Medicine project management contract reducing the Not to Exceed Amount to \$460,000 and renewing the term for one year through 2015:

Budget line item: Project Management

Request modification of not to exceed amount and renewal of contract term.

Proposal Summary:

The Core Team previously approved a contract with UMass to provide project management services. That contract was initially for \$1,000,000 and this request is to reduce the not-to-exceed amount to match the amount approved by the Core Team in the VHCIP budget. This renewal will also amend the scope of work to be in line with our current needs. The reduction in funds reflects a reduction in personnel from 3 to 1.5, which serves our needs better. The revised scope is below:

1. Scope of Work
 - a. Program management of sub-grant program, including facilitation of the contracting process (document preparation, grantee communications and document routing), sub-

- grantee reporting (supporting grantees in the creation of reports and compilation and reporting to other SIM stakeholders) managing grantee interactions, including scheduling and facilitation of grantee forums;
- b. Develop and implement program communication and collaboration strategy to align sub-grant and workgroup progress and outcomes;
 - c. Develop and maintain project status reporting tools (i.e. Dashboard and other reports) to report status of overall SIM project as well as various components;
 - d. Complete Conflict of Interest program for all SIM staff;
 - e. Assistance with the maintenance of the Project Risk Plan;
 - f. Develop and maintain project contracting matrix and timelines to proactively manage contract execution and maintenance schedule;
 - g. Workgroup support as needed, including refining work plans and facilitation of cross-project communications, as such opportunities are identified;
 - h. Assistance with the procurement process related to SIM;
 - i. Change requests;
 - j. Participate and support meetings with project staff;
 - k. Collaboration with project staff;
 - l. Other duties as assigned

Justification for additional funds and extension of term:

The focus of these services is to provide support to VHCIP staff in order to ensure that we achieve the State's stated objectives as identified in the State Innovation Plan and SIM grant narrative. The Project Management Services contract will support the multi-agency, collaborative effort involving state staff and contractors, providers, payers and consumers. They will provide the necessary high-level administrative support and guidance to ensure that each component of the project is successfully executed, completed on time, within scope, within budget and at an acceptable level of quality. The project management contract provides centralized administrative support enabling other VHCIP staff to focus on non-administrative activities.

Attachment 3b - Revised Budget 12.3.14

VHCIP Funding Allocation Plan

	<i>as of 11.25.14</i>								Category Total			
		Contracts Executed (or committed by Core Team)	Implementation (March-Oct 2013)	Year 1 (10/1/13-12/31/14)	Year 2 (1/1/15-12/31/15)	Year 3 (1/1/16-12/31/16)	Year 4 (1/1/17-9/30/17)	Total grant period		Agency	Approved Budget Narrative Category	
Type 1a	Type 1A											
<i>Proposed type 1 without base work group or agency/dept support</i>	<i>Proposed Type 1 without base work group or agency/dept support (subject to Core Team approval)</i>											Highlight indicates contract is pending at the Core Team on 12/3/14
	Personnel, fringe, travel, equipment, supplies, other, overhead		\$ 119,615	\$ 2,835,875	\$ 3,299,871.00	\$ 3,368,455.00	621,361.00	\$ 10,245,177	\$10,245,177.00	GMCB, AHS, AOA, DVHA, VDH	Personnel; Fringe; etc...	
	Project management	Total for this category							\$ 630,000.00			
		Remainder available							0			
		UMASS Commonwealth Med.	\$ -	\$ 230,000	\$ 230,000.00	\$ 170,000.00	-	\$ 630,000		AOA	Project Management	Renewal of \$230,000 for 2015. Note the actual contract not to exceed is reduced with this action.
	Evaluation	Total for this category							\$ 2,000,000.00			
		Remainder available			\$ 67,001.00	\$ 66,667.00	66,667.00	\$ 200,335	\$ 200,335.00	GMCB	Evaluation	
		RFP-Vendor selected pending CMMI approval	\$ -	\$ 194,558	\$ 583,675.14	\$ 583,675.00	437,756.36	\$ 1,799,665		GMCB	Evaluation	
	Outreach and Engagement	Total for this category							\$ 300,000.00			
		Remainder available		\$ -	\$ 500.00	\$ 150,000.00	-	\$ 300,000	\$ 300,000.00		Outreach and Engagement	
		PDI Creative Consulting		\$ 15,000	\$ 134,500.00				\$ 149,500.00	DVHA	Outreach and Engagement	Identified contractor
	Interagency coordination	Total for this category							\$ 320,000.00			
		Remainder available			\$ 30,988.00	\$ 97,000.00	82,012.00	\$ 210,000	\$ 210,000.00	AOA	Interagency Coordination	
		Arrowhealth Health Analytics		\$ 40,000	\$ 70,000.00					AOA	Interagency Coordination	
	Staff training and Change management	Total for this category							\$ 55,000.00			
		Remainder available			\$ -	\$ 20,000.00		\$ 20,000		DVHA	Staff Training and Change Management	
		Coaching Center of Vermont		\$ 15,000	\$ 20,000.00			\$ 35,000		DVHA	Staff Training and Change Management	Request extension
	Technology and Infrastructure	Total for this category							\$ 444,678.00			

VHCIP Funding Allocation Plan

		Remainder available						0				
		VITL	\$ 99,018					\$ 99,018		DVHA	Expanded Connectivity to the HIE	carryover moved to line items below
		VITL	\$ 345,660					\$ 345,660		DVHA	Practice Transformation	carryover moved to line items below
	Grant program	Total for this category						\$ 4,903,145.00				
		Remainder available						\$ -				
		14 Awardees	\$ 560,000	\$ 2,000,000.00	\$ 2,343,145.00			\$ 4,903,145		DVHA	TA to providers implementing payment reforms	carryover of \$391,957 moved to PHWG, QPM, and Grant Program -Technical Assistance
	Grant program- Technical Assistance	Total for this category						\$ 650,000.00				
		Remainder available						150,000				Additional \$150,000 to this category pending
		Policy Integrity	\$ 20,000	\$ 40,000.00	\$ 40,000.00			\$ 100,000		DVHA	TA to providers implementing payment reforms	
		Wakely	\$ 20,000	\$ 40,000.00	\$ 40,000.00			\$ 100,000		DVHA	TA to providers implementing payment reforms	
		Truven	\$ 20,000	\$ 40,000.00	\$ 40,000.00			\$ 100,000		DVHA	TA to providers implementing payment reforms	
		VPQHC	\$ 20,000	\$ 40,000.00	\$ 40,000.00			\$ 100,000		DVHA	TA to providers implementing payment reforms	
		Bailit	\$ 20,000	\$ 40,000.00	\$ 40,000.00			\$ 100,000		DVHA	TA to providers implementing payment reforms	
	Chart Review	Total for this category						\$ 395,000.00				
		Remainder available						0				
		Healthfirst	\$ 25,000	\$ 30,000.00	\$ -			\$ 55,000		DVHA	Model Testing: Quality Measurement	
		CHAC	\$ 95,000	\$ 100,000.00	\$ -			\$ 195,000		DVHA	Model Testing: Quality Measurement	
		OCV	\$ 30,000	\$ 120,000.00	\$ -			\$ 150,000		DVHA	Model Testing: Quality Measurement	

VHCIP Funding Allocation Plan

	ACO Proposal: Analytics	Total for this category							\$ 3,135,000.00			
		Remainder available							0			
		CHAC		\$ 177,800	\$ 355,600.00	\$ -	-	\$ 533,400		DVHA	Advanced Analytics: 50%; TA Practice Transformation: 50%	
		OCV		\$ 872,733	\$ 1,745,467.00	\$ -	-	\$ 2,618,200		DVHA	Advanced Analytics: 50%; TA Practice Transformation: 50%	
	Advanced Analytics: Financial	Total for this category							\$ 600,000.00	DVHA	Advanced Analytics: Financial and Other Modeling	
		Remainder available		\$ 20,000	\$ 100,000.00	\$ 280,000.00		\$ 400,000	\$ 400,000.00	DVHA	Advanced Analytics: Financial and Other Modeling	
		Wakely Actuarial		\$ 30,000	\$ 150,000.00	\$ 20,000.00		\$ 200,000		DVHA	Advanced Analytics: Financial and Other Modeling	
	Advanced Analytics: Policy and modeling	Total for this category							\$ 440,003.00	DVHA	Advanced Analytics: Financial and Other Modeling	
		All-payer waiver RFP			\$ 220,002.00	\$ 220,001.00		\$ 440,003	\$ 440,003.00	GMCB	Advanced Analytics	
	Subtotal								\$24,118,003.00			
Type 1b	Type 1 B											
<i>Proposed type 1 related to base work group support (subject to Core Team approval)</i>	<i>Proposed Type 1 related to base work group support (subject to Core Team approval)</i>											
	Payment Models WG	Total for this category							\$ 800,000.00		Advanced Analytics	
		Remainder Available			\$ 137,500.00	\$ 137,500.00	-	\$ 275,000	\$ 275,000	DVHA	Advanced Analytics	
		Bailit		\$ 80,000	\$ 160,000.00	\$ 160,000.00	-	\$ 400,000		DVHA	Advanced Analytics	
		Burns and Associates		\$ 125,000	\$ -	\$ -	-	\$ 125,000		DVHA	Advanced Analytics	
								\$ -				
	Quality Perf Measures WG	Total for this category						\$ -	\$ 400,000.00			
		Remainder Available							0			

VHCIP Funding Allocation Plan

		Bailit	\$ 80,000	\$ 160,000.00	\$ 160,000.00	-	\$ 400,000		DVHA	Model Testing: Quality Measures	
	HIT/HIE WG	Total for this category						\$ 240,000.00	DVHA	Advanced Analytics	
		Remainder Available					0		DVHA	Advanced Analytics	
		HIE/HIT WG Support RFP		\$ 10,000.00	\$ 110,000.00	-	\$ 120,000				
		Stone Environmental	\$ 20,000	\$ 100,000.00			\$ 120,000		DVHA	Advanced Analytics	
	Population Health WG	Total for this category						\$ 514,039.00	DVHA	Advanced Analytics	
		Remainder Available		\$ 100,000.00	\$ 316,039.00		\$ 416,039	\$ 416,039.00	DVHA		Add in \$216,039 from sub-grant program
		Hester	\$ 21,000	\$ 7,000.00	\$ -	-	\$ 28,000		DVHA	Advanced Analytics	
		AHC RFP	\$ 5,000	\$ 65,000.00	\$ -	-	\$ 70,000		DVHA	Advanced Analytics	
							\$ -				
	Workforce	Total for this category						\$ 86,000.00	DVHA	Workforce: System-wide capacity	
		Remainder Available	\$ -	\$ 15,000.00	\$ 43,000.00	-	\$ 58,000	\$ 58,000.00	DVHA	Workforce: System-wide capacity	
		UVM	\$ 28,000				\$ 28,000		DVHA	Workforce: System-wide capacity	
							\$ -				
	Care Models	Total for this category						\$ 150,000.00	DVHA	Advanced Analytics	
		Remainder Available		\$ 100,000.00	\$ 50,000.00	-	\$ 150,000	\$ 150,000.00	DVHA	Advanced Analytics	
							\$ -				
	DLTSS	Total for this category						\$ 680,000.00	DVHA	Advanced Analytics	
		Remainder Available			\$ 84,800.00		\$ 84,800	\$ 84,800.00		Advanced Analytics	
		Bailit	\$ 79,146	\$ 105,527.00	\$ 105,527.00	-	\$ 290,200		DVHA	Advanced Analytics	
		PHPG	\$ 90,000	\$ -	\$ -	-	\$ 90,000		DVHA	Advanced Analytics	
		WG Support RFP	\$ 53,750	\$ 161,250.00		-	\$ 215,000		DVHA	Advanced Analytics	
	Sub Total							\$ 2,895,957.00			

VHCIP Funding Allocation Plan

Type 1c	Type 1 C	Impl. Period	Year 1	Year 2	Year 3	Year 4	Grant Total				
<i>Proposed type 1 related to base agency/dept support</i>	Proposed Type 1 related to base agency/dept support										
	GMCB	Total for this category						\$ 2,575,000.00	GMCB	Advanced Analytics	
		Remainder Available		\$ 250,000.00	\$ 125,000.00	-	\$ 375,000	\$ 375,000.00	GMCB	Advanced Analytics	
		Lewin	\$ 289,474	\$ 694,737.00	\$ 694,736.00	521,053.00	\$ 2,200,000		GMCB	Advanced Analytics	
	DVHA	Total for this category						\$ 1,425,000.00	DVHA	Advanced Analytics	
		Remainder Available	\$ -	\$ 633,590.00	\$ 633,590.00	-	\$ 1,352,180	\$ 1,267,180.00	DVHA	Advanced Analytics	
		PHPG-VBP	\$ 28,910	\$ 28,910.00	\$ -	-	\$ 57,820		DVHA	Advanced Analytics	
		DLB	35,000	20,000			55,000		DVHA	Advanced Analytics	
		Burns & Associates	\$ -	\$ 45,000.00	\$ -	-	\$ 45,000		DVHA	Advanced Analytics	
	Sub-Total							\$ 4,000,000.00			

VHCIP Funding Allocation Plan

Type 2	Type 2	Impl. Period	Year 1	Year 2	Year 3	Year 4	Grant Total				
Total proposed type 2 (subject to staff planning, work group/steering committee review and Core Team approval)	Total proposed Type 2 (subject to staff planning, work group/steering committee review and Core Team approval)										
	HIT/HIE	Total for this category									
		Total Remainder Available									
		VITL: ACO Gateway Population Health Proposal	\$ 440,321	\$ -	\$ -	\$ -	\$ 440,321			DVHA	T&I: Practice Transformation
		VITL: ACO Gateway Population Health Proposal	\$ 833,333	\$ 833,333.00	\$ -	\$ -	\$ 1,666,666			DVHA	T&I: Expanded Connectivity btw SOV and ACOs/Providers
		VITL: ACO Gateway Population Health Proposal	\$ 346,346	\$ 570,465.00	\$ -	\$ -	\$ 916,811			DVHA	T&I: Expanded Connectivity of HIE Infrastructure
		<i>Subtotal: ACO Gateway Population Health Proposal</i>	\$ 1,620,000	\$ 1,403,798.00	\$ -	\$ -	\$ 3,023,798				
		VITL: ACTT Proposal	\$ 30,308	\$ 181,846.00	\$ 141,537.00	\$ -	\$ 353,691			DVHA	T&I: Practice Transformation
		BHN: ACTT Proposal	\$ 100,141	\$ 235,538.00	\$ 135,398.00	\$ -	\$ 471,077			DVHA	T&I: Practice Transformation
		ARIS: ACTT Proposal	\$ -	\$ 275,000.00	\$ -	\$ -	\$ 275,000			DVHA	T&I: Expanded Connectivity of HIE Infrastructure
		UTP-RFP: ACTT Proposal (Pending)	\$ 80,000	\$ 80,000.00			\$ 160,000			DVHA	Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA
											Note: all funds will be expended in Y2

VHCIP Funding Allocation Plan

		Data Repository: ACTT Proposal (pending)			\$ 346,139.00	\$ 346,139.00	-	692,278		DVHA	T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
		Stipends: ACTT Proposal (pending)		\$ 10,000	\$ 20,000.00			\$ 30,000		DVHA	Pending CMMI review.	
		Bailit: ACTT Proposal		\$ 13,357	\$ 26,715.00	\$ -	-	\$ 40,072		DVHA	Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA	
		HIS: ACTT Proposal		\$ 40,000	\$ 60,000.00	\$ 20,000.00	-	\$ 120,000		DVHA	T&I: Practice Transformation	
		HIS: ACTT Proposal		\$ 20,000	\$ 100,000.00	\$ 80,000.00	-	\$ 200,000		DVHA	T&I: Expanded Connectivity of HIE Infrastructure	
		HIS: ACTT Proposal		\$ 34,282	\$ 102,846.00	\$ 68,563.00		\$ 205,691		DVHA	T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
		HIS: ACTT Proposal		\$ 20,718	\$ 62,155.00	\$ 41,436.00	-	\$ 124,309		DVHA	T&I: Expanded Connectivity btw SOV and ACOs/Providers	
		<i>Subtotal: ACTT Proposal</i>						\$ 2,662,118				
		Remainder Available: Analysis of how to incorporate LTSS, MH/SA			\$ 49,964.00	\$ 49,964.00	-	\$ 99,928			Technology and Infrastructure: Analysis of how to incorporate LTSS, MH/SA	
		Remainder Available: Practice Transformation			\$ 51,219.00	\$ 50,532.00	-	\$ 101,751			TA: Practice Transformation	Add in 686 from carryover above.
		Total for this category: Telemedicine			\$ 625,000.00	\$ 625,000.00	-	\$ 1,250,000.00			T&I: Telemedicine	
		Telehealth Planning RFP			\$ 120,000.00			\$ 120,000		DVHA	T&I: Telemedicine	

VHCIP Funding Allocation Plan

		Remainder Available: Telehealth			505,000.00	625,000.00		1,130,000.00			T&I: Telemedicine	
		Remainder Available: Expanded connectivity of HIE infrastructure				\$ 1,007,671.00	-	\$ 1,007,671.00			T&I: Expanded Connectivity of HIE Infrastructure	Add in \$732,482 from carryover above.
		VITL: Gap Remediation Request		200,000	\$ 450,000.00			\$ 650,000.00			T&I: Expanded Connectivity of HIE Infrastructure	SET team: year one for two months; year two for 4 months
		VITL: Gap Remediation Request			\$ 118,333.33	\$ 165,666.66		\$ 284,000.00			T&I: Expanded Connectivity of HIE Infrastructure	Terminology Services- 24 months. Assume 2/1 start
		VITL: Gap Remediation Request			\$ 306,250.00	\$ 61,250.00		\$ 367,500.00			T&I: Expanded Connectivity of HIE Infrastructure	Gap remediation-12 months. Assume 2/1 start
		Remainder Available: Integrated platform and reporting system			\$ 500,000.00	\$ 500,000.00	-	\$ 1,000,000.00			T&I: Integrated Platform and Reporting System	
		Remainder Available: Expanded connectivity between SOV data sources and ACOs/providers			\$ 98,159.00	\$ 98,159.00	-	\$ 196,318			T&I: Expanded Connectivity btw SOV and ACOs/Providers	
		Remainder Available: Enhancements or development of clinical registry and other centralized reporting systems.			\$ 151,016.00	\$ 151,016.00	-	\$ 302,031			T&I: Enhancements or development of clinical registry and other centralized reporting systems.	
								\$ -				
	Workforce	Total for this category						\$ 644,999.00			Workforce Assessment: System-wide capacity	
		Total Remainder Available				\$ 294,999.00		\$ 294,999	\$ 294,999.00		Workforce Assessment: System-wide capacity	
		Remainder Available: System-wide analysis		\$ -		\$ 294,999.00	-	\$ 294,999		DVHA	Workforce Assessment: System-wide capacity	
		System-wide analysis			\$ 350,000.00	0		\$ 350,000.00		DVHA	Workforce Assessment: System-wide capacity	

VHCIP Funding Allocation Plan

	CMCM	Total for this category							\$ 2,200,000.00		
		Total Remainder Available			\$ 810,000.00	\$ 1,040,000.00	-	\$ 1,850,000	\$ 1,850,000.00		
		Remainder Available: Service delivery for LTSS, MH, SA, Children			\$ 700,000.00	\$ 700,000.00		\$ 1,400,000		DVHA	Model Testing: Service Delivery to support engancement and maintenance of best practice as payment models evolve Coordinate with DLTSS
		Remainder Available: Learning Collaboratives			\$ 85,000.00	\$ 265,000.00		\$ 350,000		DVHA	TA: Learning Collaboratives
		Learning Collaboratives remainder			\$ 200,000.00			\$ 200,000		DVHA	TA: Learning Collaboratives redistributed the remaining amount to year two
		one contractor selected		\$ 6,230	\$ 93,770.00			\$ 100,000		DVHA	TA: Learning Collaboratives identified one contractor
		Remainder Available: Integration of MH/SA		\$ -	\$ 75,000.00	\$ 75,000.00		\$ 150,000		DVHA	Model Testing: integration of MH/SA Coordinate with DLTSS
	QPM	Total for this category							\$ 230,918.00	DVHA	Model Testing: Quality Measures Add 25,918 from sub-grant program
		Total Remainder Available			\$ -	\$ -	-	\$ -	\$ -	DVHA	
		Datastat (Patient Exp Survey)		\$ 58,639	\$ 113,639.00	\$ 58,639.00	-	\$ 230,918		DVHA	Model Testing: Quality Measures Add 55,000 to this existing agreement
	Sub-Total							\$ 13,995,144			

VHCIP Funding Allocation Plan

Type 1a	\$	24,118,003										
Type 1b	\$	2,895,957										
Type 1c	\$	4,000,000										
Type 2	\$	13,995,144										
Unallocated	\$	-										
Grant Total	\$	45,009,104										

Attachment 3c - Gap Remediation Request

Gap Remediation Proposal

Proposal to the VHCIP Core Committee

December 3, 2014



OneCareVermont



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

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

Key Components of Remediation

Funding Sources:

DVHA – Core \$4.8M

SIM – Population Health \$3M

SIM – Vermont Care Network \$200K

Proposed – Gap Remediation \$1.3M

SIM - Population Health
ACO Gateway Architecture
Event Notification System (ENS)
Year 1 - Customer Service/Support
ACO Gap Analysis

SIM

SIM - VCN
Data Gap Analysis
Remediation Plan Development

SIM-VCN

Non-ACO Interfaces

DVHA

Blueprint Sprints
Primary Care Practices
Data Quality

DVHA

ACO Data Remediation

Address gaps (missing data, non-standard data, flat files) in ACO priority order. Includes Hospitals, Practices, VNAs, Designated Agencies, etc.

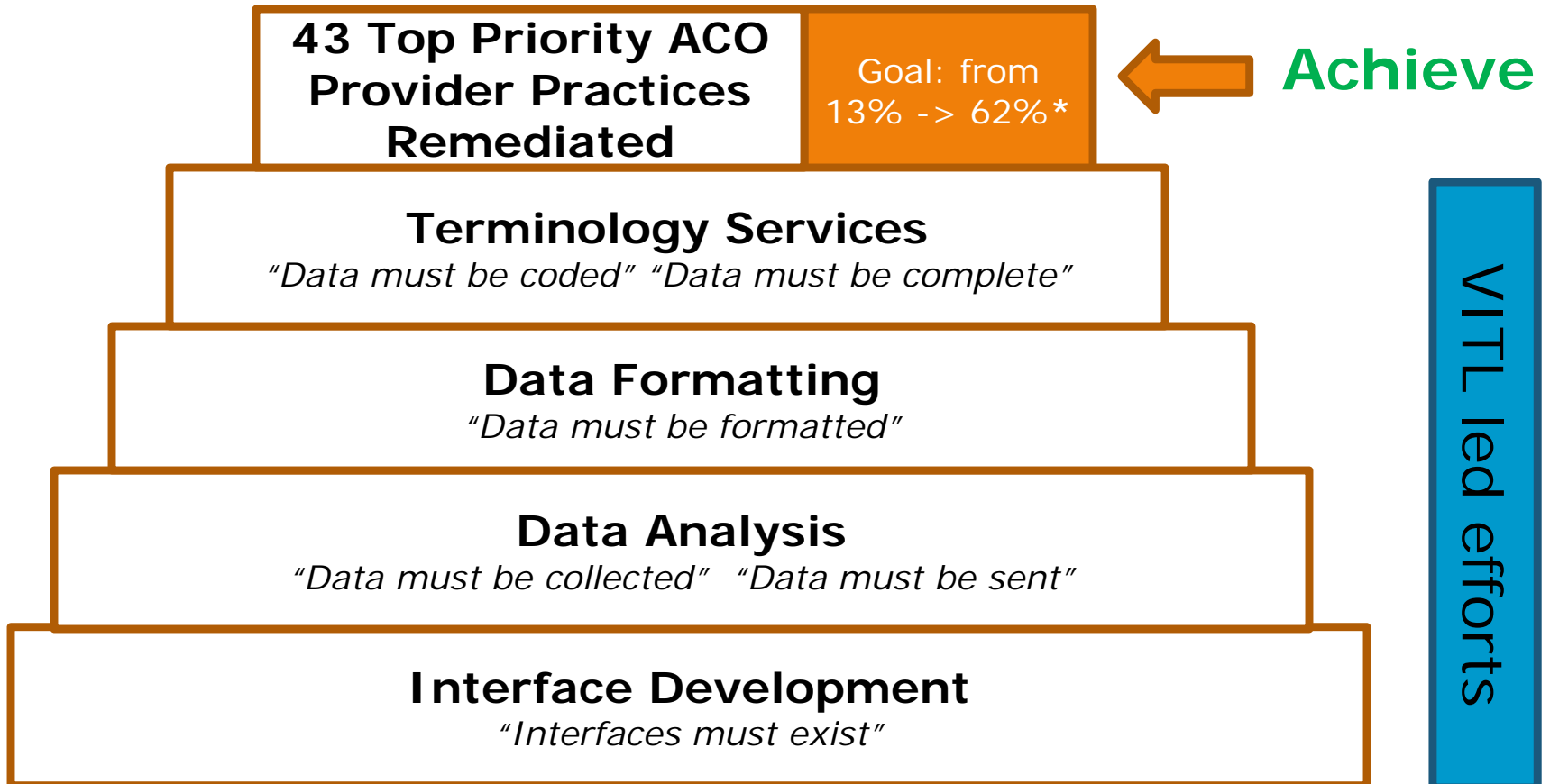
SET Team/Interface Development

Proposed

Meaningful Quality Data
22 CMS Quality Measures

Overview

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

ACO and VITL Recommendation

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

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

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

Questions?

Attachment 4 - Learning Collaborative Update

Update:
**Vermont's Integrated Communities
Care Management
Learning Collaborative**

**VHCIP Core Team Meeting
December 3, 2014**

Background:

- The VHCIP Care Models and Care Management Work Group identified two key priorities:
 - ...to better serve all Vermonters (especially those with complex physical and/or mental health needs), **reduce fragmentation with better coordination of care management activities...**
 - ...[to] better **integrate social services and health care services** in order to more effectively understand and address **social determinants of health** (e.g., lack of housing, food insecurity, loss of income, trauma) for at-risk Vermonters...
- The Work Group designated a Planning Group to design a Quality Improvement Learning Collaborative to act on these priorities.
- The Core Team approved funding for the Learning Collaborative.

Learning Collaborative Snapshot:

- Vermont's delivery system reforms have strengthened coordination of care and services, but people with complex care needs sometimes still experience fragmentation, duplication, and gaps in care and services.
- A number of national models have potential to address these concerns.
- **Health and community service providers were invited to participate in the year-long Integrated Communities Care Management Learning Collaborative to test interventions from these promising models on behalf of at-risk people in 3 communities: Burlington, Rutland and St. Johnsbury.**

Who will do it – Potential Team Members:

People in need of care management services and their families

Primary Care Practices participating in ACOs (including care coordinators)

Designated Mental Health Agencies and Developmental Services Providers

Visiting Nurse Associations and Home Health Agencies

Hospitals and Skilled Nursing Facilities (including their case managers)

Area Agencies on Aging

Community Health Teams and Practice Facilitators (Vermont Blueprint for Health)

Support and Services at Home (including SASH coordinators and wellness nurses)

ACOs (OneCare, CHAC, ACCGM/VCP)

Medicaid: Vermont Chronic Care Initiative (including case managers)

Commercial Insurers (BCBSVT, MVP, Cigna)

Agency of Human Services

What we want to do – Near-Term:

- Near-term goals are to:
 - Learn about and implement promising interventions to better integrate care management;
 - Increase knowledge of data sources; use data to identify at-risk people and understand their needs;
 - Improve communication between organizations;
 - Reduce fragmentation, duplication, and gaps in care; and
 - Determine if interventions improve coordination of care.

What we want to do – Longer-Term:

- Longer-term goals mirror the Triple Aim and Vermont's Health Care Reform goals:
 - Improving the patient experience of care (including quality and satisfaction);
 - Improving the health of populations; and
 - Reducing the per capita cost of health care.
- While the Collaborative will initially focus on at-risk populations, the ultimate focus will be on all Vermonters.

What we want to do – Objectives:

Each site's multi-organization team will participate in local and statewide learning activities. Key objectives are to:

Provide tools and training for staff members who engage in care management

Improve integration and reduce fragmentation among organizations offering care management

Reduce gaps in care for at-risk people with complex health needs

Establish care management protocols to systemize referrals, transitions and co-management

Reduce unnecessary ED and inpatient utilization

Establish efficient, effective, integrated, and financially sustainable care management system

How we will do it – Community Commitment:

1. Form Integrated Community Teams to improve care management for at-risk people.
2. Identify current care management services and needs in the community (including gaps in services).
3. Agree on criteria to define at-risk people; identify people in need of integrated care management; conduct outreach to those people and their families.
4. Establish more effective communication and integration between team members, on behalf of people in need of care management services, using interventions such as shared care plans, care conferences, and care management rounds.
5. Develop tools to enhance integrated care services, such as transition protocols, referral guidelines, and data resources.
6. Participate in shared learning opportunities, including in-person learning sessions, webinars, and skills training for front-line care managers.
7. Develop performance measures to evaluate success of the interventions; collect, analyze and report data for those measures.

8

How we will do it – Learning Model:

Pre-Work

(November 22nd - January 12th)

The Learning Collaborative will use the Plan-Do-Study-Act (PDSA) quality improvement model.

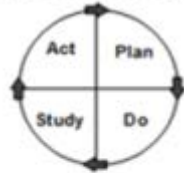
Learning Session I

(Teams gather for a face-to-face meeting)

(January 13th)

Action Period

community teams working together to implement change)



(January 14th - March 9th)

Learning Session II

(Teams gather for a face-to-face meeting)

(March 10th)

Action Period

community teams working together to implement change)



(March 11th - May 18th)

Learning Session III

(Teams gather for a face-to-face meeting)

(May 19th)

Spreading the Change

How we will do it – Proposed Timeline:

- **Kick-Off Webinars were held on November 12 and 21:**
Approximately 70 people attended the kick-off webinars
- **Monthly Educational Webinars:** 1 hour (during months without in-person learning sessions)
- **1st In-Person Learning Session:** Jan. 13, 2015; full-day
- **First Action/Measurement Period:** Jan.-Feb. 2015
- **2nd In-Person Learning Session:** March 10, 2015; full-day
- **Second Action/Measurement Period:** March-April 2015
- **3rd In-Person Learning Session:** May 19, 2015; full-day
- **Third Action/Measurement Period:** May-June 2015
- **Core Competency Training for Care Managers;**
Continued Testing and Measurement: July-Nov. 2015
- **Final Results and Next Steps:** Dec. 2015

Sample Learning Session Agenda

Time	Topic	Presenter
8:30-9:00	Registration	
9:00-9:15	Welcome and Opening Remarks	
9:15-10:30	Design, implementation and communication of shared plans of care	
10:30-10:45	Break	
10:45-12:00	Care Conference as a Care Planning Strategy	
12:00-12:45	Lunch	
12:45-1:45	Engaging people: how to reach out to people needing care management services and their caregivers	
1:45-2:30	Team Working Time	
2:30-3:00	Report Out and Closing Remarks	

How Team Members will Benefit:

The Learning Collaborative will:

- Provide expert faculty and skilled facilitators to assist participating organizations in improving care management services for at-risk people;
- Help to build “Integrated Communities” to serve broader populations;
- Create a statewide “Learning Community” to provide continuing education for front-line care management staff;
- Connect participants with Vermont’s Health Care Reform initiatives

How Team Members will Benefit – Facilitator Support:

RFP posted, bids received, interviews conducted, and two candidates identified as “apparently successful bidders.” Contracting underway.

These skilled quality improvement facilitators will support communities by:

- Promoting an environment of shared learning
- Meeting with community teams on a regular basis to provide:
 - Change management support
 - Technical assistance and training
 - Data analysis, measurement and IT support
 - Assistance in creating of a learning health system, and
 - Connections within and between pilot communities.

Next Steps:

- December 2014: Continued work within pilot communities
- Preliminary identification of at-risk people who could benefit from care management from multiple organizations
- Brief participant survey
- Background reading suggestions
- January 13, 2015: First In-Person Learning Session!

