VT Health Care Innovation Project
Population Health Work Group Meeting Agenda

Tuesday, December 6, 2016
12:30 pm – 2:00 pm – ***New Time!***

AHS - WSOC Oak Conference Room – ***New Location!***
280 State Drive, Waterbury

Call-In Number: 1-877-273-4202; Passcode: **420-323-867**

All Participants: Please ensure that you sign in on the attendance sheet the will be circularized at the beginning of the meeting, Thank you.

AGENDA

Item #	Time	Topic	Presenter	Relevant Attachments	Action #
1	12:30	**Welcome, roll call and agenda review**		**Attachment 1:** Agenda	
2	12:35	**Approval of Minutes**		**Attachment 2:** Minutes	
3	12:40	**Project Updates** • Brief Population Health Plan Update • Update on ACH Peer Learning Lab	Tracy Dolan Sarah Kinsler		
4	12:50	**Review Draft Sustainability Plan** • What is important to highlight in the sustainability plan specific to population health?	Georgia Meharas	**Attachment 4:** SIM Sustainability Slides Nov 2016 Link to draft Sustainability Plan	

5	1:30	**Reflections on our work together** *What have we found to be beneficial in coming together as the PHWG?* *What have we accomplished?* *What might we want to do together in the future – with or without SIM support?*	Karen Hein	**Attachment 5:** State-wide councils and advisory groups	
6	1:55	**Open Comments and Closing Remarks**	Tracy Dolan		

Attachment 2: Minutes

Vermont Health Care Innovation Project
Population Health Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: October 11, 2016; 2:30 PM – 4:00 PM; EXE 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome, Roll Call, Agenda Review & Approval of Minutes	**Welcome** Karen Hein called the meeting to order at 2:35 pm. **Agenda Review** Karen Hein then reviewed the agenda with the group. **Roll Call and Approval of minutes** A roll call attendance was taken and a quorum was present. Dale Hackett offered a motion to approve the minutes of the last meeting by exception; Melissa Miles seconded and the motion carried with three abstentions (Maura Graff, Jenney Samuelson and Kim Fitzgerald)	
2. Project Update: • Brief Sustainability Plan Update • Update on ACH Peer Learning Lab	**Project Updates:** <u>Sustainability Plan Update:</u> Georgia Maheras delivered an update on the process to create the SIM sustainability plan and began by thanking those who are participating in that stakeholder process. There have been three meetings thus far that have centered on the three workstreams and focus areas of the SIM project overall and the activities that are occurring within each workstream (Practice Transformation, Health Data Infrastructure and Payment Model Design and Implementation.) The plan is to have a draft available on November 2, and the plan will be presented at every work group and Steering committee in November – including a special webinar. The Core Team will receive a recommended plan in December that will be provided to the incoming administration. Similar to the Population Health plan, it will be the product of much work by stakeholders and will be sent out broadly for comment and input. A question was posed - Can you give a sense of the content? Georgia stated that the project has created a table (from the Operational Plan) that lists all of the SIM activities and it assigns responsibility for each item going forward. Some activities identify private and public sector 'ownership' or indicate that the activity was a one-time investment by SIM. There is, for example, recognition that some of the public/private work groups have been very valuable and the team is working through how to make recommendations about how to proceed.	

Agenda Item	Discussion	Next Steps
	Another question was asked - Will there be a budget proposal for the public side of this? Georgia stated that Lawrence Miller (Core Team Chair and lead on the sustainability work) has recommended the group ignore the dollars at this time because often, funding can be found if strong priorities are identified. <u>Update on ACH Peer Learning Lab</u> Sarah Kinsler provided an update on the Peer Learning Lab. In early Spring, communities were recruited to participate in the peer learning lab. The group of 10 communities has met in person twice, along with other learning events such as webinars. Heidi Klein shared some of the learnings that have occurred, and observed that the teams have been and remain in very different places along the path toward creating accountable communities for health. Each group is working on ways to fit the pieces together and to integrate prevention and population health strategies into their work. The focus is on the nine core elements of an accountable community for health. Additional clarification has been sought from the larger group and a small leadership group has formed a sub-group to provide a more cohesive set of information and next steps. The next convening will be in January, and the contractor supporting this work will be creating short case studies for that event. Jenny Samuelson added that it was impressive to see the groups coming together and recognizing the work that has led up to this point. An enormous amount of collaboration has brought us to now, and the relationships that have been built will be the building blocks moving forward.	
3. Review Draft Population Health Plan	**Review Draft Population Health Plan** *What do we believe must change in our health systems in order to improve population health outcomes?* Karen Hein introduced the topic and noted with thanks those who have contributed to the draft document thus far. She added that this is a high level document meant to think about how we can improve health and moderate cost for every and all Vermonters. Heidi Klein reviewed the slides that are in the materials packet as attachment 3. What are the key questions: • From your work group's point of view, how does this plan advance your work? • How well do the goals and recommendations of the plan align with yours for moving ahead? • What else would you want to see in order to get behind this plan? The five principles for improving population health: 1. Use Population-Level Data on Health Trends and Burden of Illness to Identify Priorities and Target Action. 2. Focus on Prevention, Wellness, and Well-Being at All Levels – Individual, Health Care System, and Community. 3. Address the Multiple Contributors to Health Outcomes 4. Community Partners are Engaged in Integrating Clinical Care and Service Delivery with Community-Wide Population Prevention Activities. 5. Create Sustainable Funding Models Which Support and Reward Improvements in Population Health, including Primary Prevention and Wellness.	

Agenda Item	Discussion	Next Steps
	Heidi walked the group through the various policy levers at the state and regional levels that can be used to promote population health. These levers arise in various areas such as governance, care delivery requirements and incentives, metrics and data and payment and financing methodologies. How will we know we are there? • Health system actions are primarily driven by data about population health outcomes; goals and targets should be tied to these statewide data and priorities identified in the State Health Improvement Plan. • The health system creates health and wellness opportunity across the care and age continuum and utilizes approaches that recognize the interconnection between physical health, mental health and substance use, and the underlying societal factors. • Payment and financing mechanisms are in place for prevention strategies in the clinical setting, through clinical/community partnerships, and for community wide infrastructure and action. • An expanded number of entities are accountable for the health of the community including health care providers, public health, community providers and others who affect health through their work on housing, economic development, transportation, and more, resulting in true influences on the social determinants of health. The group discussed the following: Dale Hackett made a few observations: how do we define savings and how might we address Zika if it becomes an issue? Kathy Hency noted that there's no mention of children and families in the document. Georgia Maheras responded with the reasoning that the document intentionally does not are we not call out any sub-populations who might have need of special needs in this new model, because of the potential to miss important groups and the desire to keep the document at a high level. The focus of this document is on systems; to demonstrate the ability to focus on sub-populations more clearly. How can we still have the systems lens on this but still allow for groups to call out specific sub-groups. Feedback on this topic is welcome! Kathy also noted that she sees that the document is about adults and chronic disease. Life force is mentioned once and no other time. The wellbeing of Vermonters is also missing, noted Karen Hein. What are ways that different sub-populations thrive and live well? Karen referenced the *Wellbeing of Vermonters Framework*. Kathy also suggested that the *Strengthening Families Framework* is a good source for language to address these gaps. Maura Graff noted that she was confused by 5 principles as it appears to be showing a focus on those topics only to the exclusion of other important initiatives.	

Agenda Item	Discussion	Next Steps
	Jenny Samuelson offered another level for consideration when she compares this to the business plan for the VCO (the newly-formed Vermont Care Organization – single ACO) – they are very well aligned. Looking more to that would bring out the benefits of moving forward together in alignment. Jim Hester suggested that it might be helpful to clarify in the introduction to add what this is and what this is not. Also on slide 22, the measures are being tracked and also should be incorporated into the framework. Dale Hackett felt that he could envision the real work that could happen when he read the document; it felt very real and if all the pieces come together, it seems like it would work very well. Kate O'Neill, commented that she found the graphic very helpful. (page 30). As well, her background in education left her feeling like she spent a lot of time talking about what it is, and not how to do it by outlining strategies for success. Heidi noted that by the time the document is ready to be handed over to the new administration, there will be some learning to share from the ACH pilot groups. It will be nice to see the companion document that goes along with this document. Where the rubber meets the road is the strategy and how to do it – these could be the Change Packages – which include the guidance around the strategies, how to measure success. Laural Ruggles also noted that the change packets are great because they meet the reader or community where they are. They also allow you to layer the work; as you make changes, you can reflect that and keep going. The group also discussed: • If the All Payer Model goes through, we need to take that into account. • Also, if Medicaid Pathway goes forward, the plan should also include those activities. Both are out for public information gathering and comment now so the group agreed that it is difficult to incorporate those details at this time since those frameworks are incomplete. Kim Fitzgerald noted that slide 8 states 'address' multiple contributors to health – but it doesn't fully capture the very broad group of social determinants of health. Dale Hackett added to Kate's comment about the flexibility of applying one framework for all? A huge issue is all the children coming in…and there are common principles that can address this and also fluidity to allow communities to see themselves in the process and not feel a rigid framework that they can't apply to themselves. Laural Ruggles suggested that toolkit language could be added, meaning to highlight the common elements that you can pull out. "This is how you do it" Jim Hester added that there is no State level intervention for the data and metrics slide; he also suggested to call out specifically the All-Payer Claims Database (VHCURES); and finally suggested that in the state level recommendations, the plan could create a metric to capture the cross-agency/organization impacts. Georgia Maheras noted that the team working on the plan has heard feedback around having more direction provided about outreach and engagement. That is, how do we share the change packets? We did not include a lot of outreach in this draft but it has garnered a lot of feedback on that topic.	

Agenda Item	Discussion	Next Steps
	Toolkits are great but need an engine for implementation. Worksite wellness toolkit – no one uses if no implementation recommendation strategies are included. And a leadership group that will take on the responsibility of being the resource entity – or a support entity for activities going forward (after SIM.) Jenney added that one of the highlights of the Blueprint for Health program that is different in Vermont than similar initiatives around the country is that the Blueprint also included project managers and practice facilitators to help keep practices on track with the initiative and to serve as the back bone and information pipeline. It has been widely commended that this tactical decision is what has helped Vermont to produce such good outcomes. Some final thoughts were shared with the group: Dale Hackett cautioned the group – don't leave out the consumer. When thinking about the delivery – let the consumer know it's coming and get them engaged early as its getting ready. They like to know what's coming – better to see the wave coming. Josh Plavin suggested using employers as point of dissemination leverage this –and to partner with them when appropriate. This happens in the Blue Zones framework, for example. All comments and feedback are due by November 2, 2016! Please send any additional comments to Heidi Klein (Heidi.Klein@vermont.gov), Sarah Kinsler (Sarah.Kinsler@vermont.gov) and/or Georgia Maheras (Georgia.Maheras@vermont.gov). You may make comments via email, on a hard copy, or can even call for a meeting.	
5. Open Comments and Next Steps	There was no public comment	
6. Next Meeting and Next Steps	**Next Meeting and Next Steps** Next meeting Tuesday, November 8, 2016, 2:30 pm – 4:00 pm, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier	

VHCIP Population Health Work Group Member List

Dale Hackett 1°
Melissa Miles 2°
motion carried
3 abstentions

Member		Member Alternate		Minutes	11-Oct-16
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff				AHS - DAIL
Jill Berry	Bowen	Jonathan	Billings ✓		Northwestern Medical Center
Mark	Burke	Steve	Gordon ✓		Brattleboro Memorial Hopsital
Donna	Burkett	Maura	Graff ✓	A	Planned Parenthood of Northern New England
Daljit	Clark	MaryKate	Mohlman		AHS - DVHA
Beverly	Boget	Jenney	Samuelson ✓	A	VNAs of Vermont
Judy	Cohen				University of Vermont
Jesse	de la Rosa				Consumer Representative
Tracy	Dolan	Heidi	Klein ✓		AHS - VDH
Kate	Simmons	Kendall	West		CHAC
Dale	Hackett ✓				Consumer Representative
Karen	Hein ✓				Dartmouth Medical School
Kathleen	Hentcy ✓	Charlie	Biss		AHS - DMH
Penrose	Jackson				UVM Medical Center
Pat	Jones	Kate Melissa	O'Neill ✓ Miles ✓		GMCB
Lyne	Limoges				Orleans/Essex VNA and Hospice, Inc.
Ted	Mable ✓	Kimberly	McClellan		DA - Northwest Counseling and Support Services
Patricia	Launer ✓				Bi-State Primary Care
Joshua	Plavin ✓	Teresa	Voci		Blue Cross Blue Shield of Vermont

Laural	Ruggles				Northeastern Vermont Regional Hospital
Julia	Shaw				VLA/Health Care Advocate Project
Melanie	Sheehan				Mt. Ascutney Hospital and Health Center
Miriam	Sheehey				OneCare Vermont
Shawn	Skaflestad	Sarah	Clark		AHS - Central Office
Chris	Smith				MVP Health Care
JoEllen	Tarallo-Falk	Lori	Augustyniak		Center for Health and Learning
Karen	Vastine				AHS - DCF
Stephanie	Winters				Vermont Medical Society
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KIM Fitzgerald - SASH

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	Meeting Name:	VHCIP PH Work Group Meeting	
	Date of Meeting:	October 11, 2016	
	First Name	Last Name	
1	Susan	Aranoff	
2	Julie	Arel	
3	Lori	Augustyniak	
4	Ena	Backus	
5	Susan	Barrett	
6	Bob	Bick	
7	Charlie	Biss	
8	Mary Lou	Bolt	
9	Jill Berry	Bowen	
10	Mark	Burke	
11	Donna	Burkett	
12	Jan	Carney	
13	Barbara	Cimaglio	
14	Daljit	Clark	
15	Sarah	Clark	
16	Judy	Cohen	
17	Amy	Coonradt	
18	Alicia	Cooper	
19	Janet	Corrigan	
20	Julie	Corwin	
21	Brian	Costello	
22	Mark	Craig	
23	Jesse	de la Rosa	
24	Trey	Dobson	

25	Tracy	Dolan	
26	Lisa	Dulsky Watkins	
27	Suratha	Elango	
28	Kim	Fitzgerald	here
29	Erin	Flynn	
30	Lucie	Garand	
31	Christine	Geiler	here
32	Steve	Gordon	phone
33	Don	Grabowski	
34	Maura	Graff	phone
35	Dale	Hackett	here
36	Karen	Hein	here
37	Kathleen	Hentcy	phone
38	Jim	Hester	here
39	Penrose	Jackson	
40	Pat	Jones	
41	Joelle	Judge	here
42	Sarah	Kinsler	phone
43	Heidi	Klein	here
44	Norma	LaBounty	
45	Andrew	Laing	
46	Patricia	Launer	phone
47	Mark	Levine	
48	Lyne	Limoges	
49	Nicole	Lukas	here
50	Ted	Mable	
51	Carole	Magoffin	

52	Georgia	Maheras	here
53	Carol	Maloney	
54	MaryKate	Mohlman	
55	Chuck	Myers	
56	Joshua	Plavin	phone
57	Luann	Poirer	
58	Sarah	Relk	
59	Brita	Roy	
60	Laural	Ruggles	here
61	Jenney	Samuelson	here
62	seashre@msn.com	seashre@msn.com	
63	Julia	Shaw	
64	Melanie	Sheehan	
65	Miriam	Sheehey	
66	Shawn	Skaflestad	phone
67	Chris	Smith	phone
68	JoEllen	Tarallo-Falk	phone
69	Karen	Vastine	
70	Teresa	Voci	
71	Nathaniel	Waite	
72	Marlys	Waller	
73	Kendall	West	
74	James	Westrich	
75	Stephanie	Winters	
76	David	Yacovone	

Melissa Miles - GMCB - here

Attachment 4: SIM Sustainability Slides Nov 2016

Vermont State Innovation Model (SIM)
Draft Sustainability Plan

Georgia Maheras, Project Director,
Vermont Health Care Innovation Project
(SIM)

Vermont Health Care Innovation Project


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Vermont SIM Sustainability Plan Overview

Vermont Health Care Innovation Project

Purpose of the Plan

- Identify and document the process for sustainability.
- Consider the lessons learned from the various SIM investments, and how they might contribute to program sustainability.
- Determine activities and investments to sustain.
- Determine lead entities and key partners.

Sustainability Defined

Sustainability is defined as an organization's ability to maintain a project over a defined period of time. Elements of sustainability include:

- Leadership support;
- Financial support;
- Legislative/regulatory/policy support;
- Provider-partner support;
- Stakeholder (community and advocacy) support;
- Data support;
- Health information technology (HIT) and health information exchange (HIE) system support;
- Project growth and change support;
- Administrative support; and
- Project management support.

(Program Sustainability Assessment Tool, https://sustaintool.org/understand, 2016)

Plan Research and Development: Vermont SIM Research

Myers and Stauffer, a contractor with the State, used the following methods to assist in the development of the Sustainability Plan:

- Conducted research on Vermont's Medicaid program, legislature, government structure, geography, relevant legislation, policy, and political environment.
- Met with JSI, the SIM State-Led Evaluation contractor, and reviewed available evaluation materials.
- Deployment of an electronic stakeholder survey. Survey was sent to over 300 SIM participants to seek input on the sustainability priorities within each focus area; 47 responses received. A copy of this survey, including results, can be found in Appendix B of the Plan.

Plan Research and Development: Vermont SIM Research (cont.)

Myers and Stauffer also conducted key informant interviews:

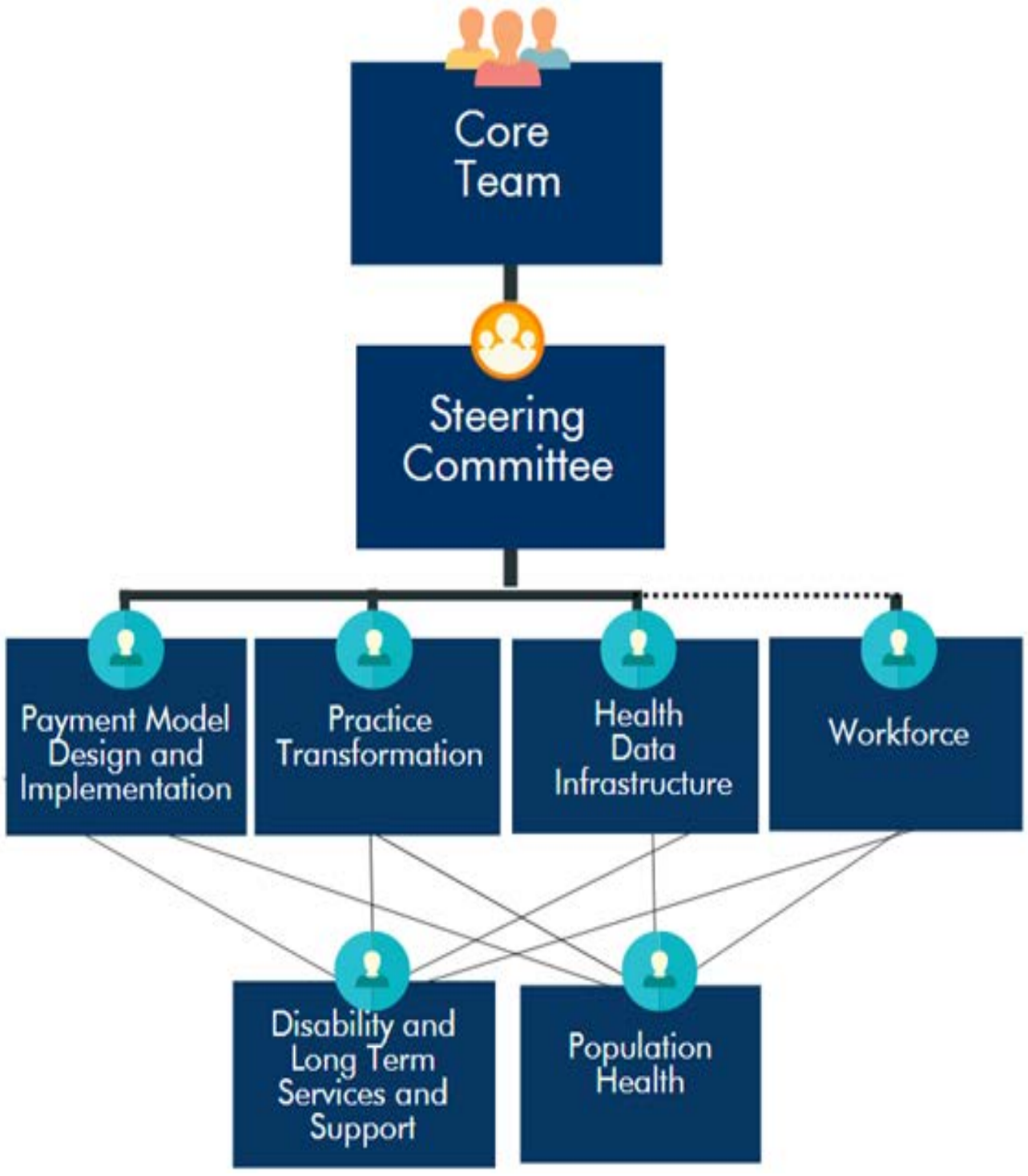
Vermont SIM Interview Participants

- 12 individuals from the private and public sector were interviewed.
- Interviews were performed to identify areas of successful SIM investment that should be sustained and barriers to sustainability.
- A comprehensive summary of the key informant interviews can be found in Appendix C of the Plan.

Plan Research and Development: Sustainability Sub-Group

- Lawrence Miller, Sub-Group Chair and Core Team Chair
- Paul Bengtson, Northeastern Vermont Regional Hospital (NVRH), Core Team Member
- Steve Voigt, ReThink Health, Core Team Member
- Cathy Fulton, VPQHC, Payment Model Design & Implementation Work Group Co-Chair
- Laural Ruggles, NVRH, Practice Transformation Work Group Co-Chair
- Simone Rueschemeyer, Vermont Care Network, Health Data Infrastructure Work Group Co-Chair
- Deborah Lisi-Baker, UVM, DLTSS Work Group Co-Chair
- Karen Hein, Population Health Work Group Co-Chair
- Mary Val Palumbo, Health Care Workforce Work Group Co-Chair
- Andrew Garland, BCBSVT, Payment Model Design and Implementation Work Group Co-Chair
- Lila Richardson, Office of the Health Care Advocate
- Vicki Loner, OneCare
- Kate Simmons, CHAC
- Holly Lane, Healthfirst
- Paul Harrington, Vermont Medical Society
- Dale Hackett, consumer, member of PMDI, PT, HDI, DLTSS, and PH Work Groups
- Stefani Hartsfield, Cathedral Square, HDI Work Group member
- Kim Fitzgerald, Cathedral Square, Steering Committee and PMDI Work Group member

SIM Governance



- Stakeholders have reported that the governance structure, particularly the Work Groups, are the cornerstone of Vermont's SIM experience and have served to bring about unprecedented collaboration, shared learning, and cross-program innovation.

- **The plan recommends that the functions of SIM governance be sustained, even if the SIM-specific governance structure is not continued.**

Sustainability

Recommendations

Three Categories of Investment

The State views SIM investments in three categories with respect to sustainability:

- **One-time investments** to develop infrastructure or capacity, with limited ongoing costs;
- **New or ongoing activities** which will be supported by the State after the end of the Model Testing period; and
- **New or ongoing activities** which will be supported by private sector partners after the end of the Model Testing period.

Some projects remain ongoing at the time of the delivery of the initial draft report. In these cases, we have indicated sustainability status is pending the project's completion.

Lead Entities

Lead Entities – The organization recommended to assume ownership of a project once the SIM funding opportunity has ended.

A Lead Entity may be a public or private sector organization from the Vermont health care community. These entities may not have complete governance over a project, but they do have a significant leadership role and responsibility. This includes the responsibility to convene the Key Partners.

Lead Entities are likely to include, but are not limited to State Agencies, Departments, programs, and regulatory bodies, including:

VERMONT Agency of Administration

VERMONT AGENCY OF HUMAN SERVICES

VERMONT Blueprint for Health Smart choices. Powerful tools.

VERMONT GREEN MOUNTAIN CARE BOARD

It will also include the Vermont Care Organization (VCO).

Key Partners

Key Partners – A more comprehensive network of State partners, payers, providers, consumers, and other private-sector entities who will be critical partners in sustaining previously SIM-funded efforts.

Key Partners may be public or private sector entities within or outside of the Vermont health care community. These entities represent the broader community and overlapping concerns inherent in a project's mission and objectives.

Vermont's SIM efforts have relied on active participation and input from a diverse group of stakeholders. Consumer and consumer advocate engagement and input have been critical in accomplishing the goals and objectives of the SIM initiative. The State of Vermont, in continuing to champion transparency in health care reform, is committed to working with consumers and advocates to ensure they have a visible role and are collaborative partners in future activities.

Key Partners (cont'd)

Depending on the project, Key Partners may include those listed above as Lead Entities. Key Partners also are likely to include:

- Additional State Agencies and Departments, including the Vermont Department of Health (VDH), the Department of Labor (DOL), and the Department of Information and Innovation (DII);
- Payers, including commercial and public (Medicare and Medicaid)
- Providers and provider organizations;
- The Community Collaboratives active in each region of Vermont;
- Key statewide organizations and programs like the Vermont Program for Quality in Health Care, Inc. (VPQHC), Support and Services at Homes (SASH), and Vermont Information Technology Leaders (VITL); and
- Federal partners: CMS, the Center for Medicare & Medicaid Innovation (CMMI), and the Office of the National Coordinator for Health Information Technology (ONC).

Recommendations:
Payment Model Design and Implementation

Investment Category			
SIM Focus Areas and Work Streams	One-Time Investment	Ongoing Investments *State-Supported*	Ongoing Investment *Private Sector*
Payment Model Design and Implementation			
ACO Shared Savings Programs (SSPs)		●	●
Pay-for-Performance (Blueprint for Health)		●	●
Health Home (Hub & Spoke)		●	●
Accountable Communities for Health		●	●
Prospective Payment System – Home Health		●	●
Medicaid Pathway		●	●
All-Payer Model		●	●

Recommendations:
Payment Model Design and Implementation (cont'd)

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	**Lead Entity** *(Primary Owner)*	**Key Partners**	**Special Notes**
ACO Shared Savings Programs (SSPs)	GMCB	Payers (DVHA, BCBSVT, CMS), ACOs, VCO	Activity continued through transitional period.
Pay-for-Performance (Blueprint for Health)	VCO	AHS (DVHA-Blueprint) and GMCB	Note that both VCO and AHS will be engaged in subsequent P4P activities.
Health Home (Hub & Spoke)	AHS	DVHA-Blueprint, VDH	Anticipating additional Health Home initiatives for different services. Leverage Blueprint experience.
Accountable Communities for Health	Blueprint/VCO	VDH, AOA	Aligned with Regional Collaborations/CCs. (See Practice Transformation.) Additional information can be found in Vermont's Population Health Plan.
Prospective Payment System – Home Health	AHS/DAIL	VNAs of Vermont and New Hampshire, HHAs	Anticipate additional PPS for different services.
Medicaid Pathway	AHS	Provider Partners	A comprehensive list of key partners can be found here.
All-Payer Model	GMCB	AOA, AHS, ACOs, CMMI, Payers (DVHA, BCBSVT, CMS), providers	

Payment Model Design and Implementation: ACO Shared Savings Programs (SSPs)

- Designed to align with the Medicare Shared Savings Program (SSP) Track 1, but will end after a transitional period.
- The State will implement a Medicare Next Generation ACO concept through the All-Payer Model framework.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** GMCB
  - **Recommended Key Partners:** DVHA, BCBSVT, CMS, ACOs, VCO

Payment Model Design and Implementation: Blueprint for Health (Pay-for-Performance)

- Provides performance payments to advanced primary care practices recognized as patient-centered medical homes (PCMHs).
- Provides multi-disciplinary support services in the form of community health teams (CHTs); a network of self-management support programs; comparative reporting from statewide data systems; and activities focused on continuous improvement.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** VCO
  - **Recommended Key Partners:** AHS, DVHA-Blueprint, and GMCB

Payment Model Design and Implementation: Health Home / Hub and Spoke

- Health Home initiative created under Section 2703 of the Affordable Care Act for Vermont Medicaid beneficiaries with opioid addiction.
- Integrates addictions care into general medical settings (Spokes) and links these settings to specialty addictions treatment programs (Hubs) in a unifying clinical framework.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AHS
  - **Recommended Key Partners:** DVHA-Blueprint, VDH

Payment Model Design and Implementation: Accountable Communities for Health

- Provides peer learning activities to support integration of community-wide prevention and public health efforts with integrated care efforts through a Peer Learning Laboratory.
- Peer learning activities and local facilitation to support communities in developing ACH competencies began in June 2016 and will continue through the conclusion of the Peer Learning Laboratory in January 2017.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** Blueprint/VCO
  - **Recommended Key Partners:** VDH, AOA

Payment Model Design and Implementation: Medicaid Pathway

- Process designed to advance payment and delivery system reform for services not included in the initial implementation of Vermont's All-Payer Model.
- The goal is to support a more integrated system for all Vermonters; including integrated physical health, long-term services and supports, mental health, substance abuse treatment, developmental disabilities services, and children's service providers.

- **Sustainability Recommendation:** New activities and investments.
  - **Recommended Lead Entity:** AHS
  - **Recommended Key Partners:** Provider Partners

Payment Model Design and Implementation: All–Payer Model

- The All-Payer Model will build on Vermont's existing all-payer payment alternatives to better support and promote a more integrated system of care and a sustainable rate of overall health care cost growth.
- Through the legal authority of the Green Mountain Care Board (GMCB) and facilitated by an All-Payer Accountable Care Organization Model Agreement with CMMI, the state can enable the alignment of commercial payers, Medicaid, and Medicare in an Advanced Alternative Payment Model. Specifically, the State will apply the Next Generation ACO payment model, with modifications, and subsequently, a Vermont Medicare ACO Initiative model across all payers. The GMCB will set participating ACO rates on an all-payer basis to enable the model.

- **Sustainability Recommendation:** New activities and investments.
  - **Recommended Lead Entity:** GMCB
  - **Recommended Key Partners:** AOA, AHS, ACOs, CMMI, payers (DVHA, BCBSVT, CMS), and providers

Recommendations:
Practice Transformation

SIM Focus Areas and Work Streams	Investment Category: One-Time Investment	Ongoing Investments *State-Supported*	Ongoing Investment *Private Sector*
Practice Transformation			
Learning Collaboratives		●	●
Sub-Grant Program		●	●
Regional Collaborations		●	●
Workforce – Care Management Inventory	●		
Workforce – Demand Data Collection and Analysis	*Project Delayed*		
Workforce – Supply Data Collection and Analysis		●	

Recommendations:
Practice Transformation

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	**Lead Entity** *(Primary Owner)*	**Key Partners**	**Special Notes**
Learning Collaboratives	Blueprint/VCO	Community Collaboratives, VPQHC, SASH	This work stream also includes the Core Competency Training. Aligned with Regional Collaborations/CCs. Note there are contract obligations related to this in the DVHA-ACO program for 2017.
Sub-Grant Program	AHS	AOA	
Regional Collaborations	Blueprint/VCO	AHS, VDH	Aligned with Learning Collaboratives, Accountable Communities for Health.
Workforce – Care Management Inventory	**One-time Investment**		
Workforce – Demand Data Collection and Analysis	AOA	DOL, VDH, GMCB, provider education, private sector.	AOA to coordinate across DOL, VDH, provider education, private sector.
Workforce – Supply Data Collection and Analysis	AOA		

Practice Transformation: Learning Collaboratives and Core Competency Training

- The Integrated Communities Care Management Learning Collaborative is a hospital service area-level rapid cycle quality improvement initiative.
- It is based on the Plan-Do-Study-Act (PDSA) quality improvement model, and features in-person learning sessions, webinars, implementation support, and testing of key interventions.
- The Core Competency Training series provides a comprehensive training curriculum to front line staff providing care coordination (including case managers, care coordinators, etc.) from a wide range of medical, social, and community service organizations in communities statewide.
- Core curriculum covers competencies related to care coordination and disability awareness.

- **Sustainability Recommendation:** On-going activities and investments.
  - **Recommended Lead Entity:** Blueprint/VCO
  - **Recommended Key Partners:** Community Collaboratives, VPQHC, and SASH

Practice Transformation: Sub-Grant Program

- The VHCIP Provider Sub-Grant Program launched in 2014, has provided 14 awards to 12 provider and community-based organizations who are engaged in payment and delivery system transformation.
- Awards range from small grants to support employer-based wellness programs, to larger grants that support statewide clinical data collection and improvement programs. The overall investment in this program is nearly $5 million. The Core Competency Training series provides a comprehensive training curriculum to front line staff providing care coordination (including case managers, care coordinators, etc.) from a wide range of medical, social, and community service organizations in communities statewide.
- Sub-grantees performed a self-evaluation and some have engaged in sustainability planning.

- **Sustainability Recommendation:** Status is pending project's completion. Ongoing evaluations of individual sub-grant projects continue.
  - **Recommended Lead Entity:** AHS
  - **Recommended Key Partner:** AOA

Practice Transformation: Sub-Grant Technical Assistance

- The Sub-Grant Technical Assistance program was designed to support the awardees of provider sub-grants in achieving their project goals.
- Direct technical assistance to sub-grant awardees has been valuable to the SIM experience, but will prove costly if sustained over a considerable period of time. Additionally, it will become less necessary as awardees get farther along in their programs. Sub-grantees performed a self-evaluation and some have engaged in sustainability planning.
- The State of Vermont will develop a contractor skills matrix as a resource for future awardees. Awardees would be responsible for selecting and securing contractor resources for technical assistance.

- **Sustainability Recommendation:** One-time Investment.

Practice Transformation: Regional Collaborations

- Within each of Vermont's 14 hospital service areas (HSAs), Blueprint for Health and ACO leadership have merged their regional clinical work groups and chosen to collaborate with stakeholders using a single unified health system initiative.
- These groups focus on reviewing and improving the results of core ACO Shared Savings Program quality measures; supporting the introduction and extension of new service models; and providing guidance for medical home and Community Health Team operations.

- **Sustainability Recommendation:** On-going activities and investments.
  - **Recommended Lead Entity:** Blueprint/VCO
  - **Recommended Key Partners:** AHS and VDH

Practice Transformation: Care Management Inventory

- Survey administered to provide insight into the current landscape of care management activities in Vermont.
- The survey aimed to better understand State-specific staffing levels and types of personnel engaged in care management, in addition to the populations being served.
- The project was completed as of February 2016.

- **Sustainability Recommendation:** One-time investment.

Practice Transformation: Demand Data Collection and Analysis

- A “micro-simulation” demand model uses Vermont-specific data to identify future workforce needs for the State by inputting various assumptions about care delivery in a high-performing health care system.
- The selected vendor for this work will create a demand model that identifies ideal workforce needs for Vermont in the future, under various scenarios and parameters.
- This project is delayed.

- **Sustainability Recommendation:** Status is pending project completion.

Practice Transformation: Supply Data Collection and Analysis

- The Vermont Office of Professional Regulation (OPR) and Vermont Department of Health (VDH) work in tandem to assess current and future supply of providers in the State's health care workforce for health care work force planning purposes, through collection of licensure and re-licensure data and the administration of surveys to providers during the licensure/re-licensure process.
- Surveys include key demographic information for providers, and are used for workforce supply assessment and predicting supply trends.
- Infrastructure to support the continued use of this data exists, and it will continue to be supported by the State of Vermont, OPR and VDH.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA
  - **Recommended Key Partners:** DOL, VDH, GMCB, provider education, and private sector

Recommendations:
Health Data Infrastructure

SIM Focus Areas and Work Streams	Investment Category: One-Time Investment	Ongoing Investments *State-Supported*	Ongoing Investment *Private Sector*
Health Data Infrastructure			
Expand Connectivity to HIT – Gap Analysis	●		
Expand Connectivity to HIT – Gap Remediation		●	●
Expand Connectivity to HIT – Data Extracts from HIE	●		
Improve Quality of Data Flowing into HIE		●	●
Telehealth – Strategic Plan	●		
Telehealth - Implementation		●	●
Electronic Medical Record Expansion		●	●
Data Warehousing		●	●
Care Management Tools –Event Notification System			●
Care Management Tools – Shared Care Plan		●	●
Care Management Tools –Universal Transfer Protocol	●		
General Health Data – Data Inventory		●	
General Health Data – HIE Planning	●		
General Health Data – Expert Support	●		

Recommendations:
Health Data Infrastructure (cont'd)

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	**Lead Entity** *(Primary Owner)*	**Key Partners**	**Special Notes**
Expand Connectivity to HIT – Gap Analysis	**One-Time Investment**		
Expand Connectivity to HIT – Gap Remediation	AOA*	ITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Expand Connectivity to HIT – Data Extracts from HIE	**One-Time Investment**		
Improve Quality of Data Flowing into HIE	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Telehealth – Strategic Plan	**One-Time Investment**		
Telehealth - Implementation	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Electronic Medical Record Expansion	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Data Warehousing	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Care Management Tools –Event Notification System	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Care Management Tools – Shared Care Plan	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Care Management Tools –Universal Transfer Protocol	**One-Time Investment**		
General Health Data – Data Inventory	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
General Health Data – HIE Planning	**One-Time Investment**		
General Health Data – Expert Support	**One-Time Investment**		

Health Data Infrastructure:
Expand Connectivity to HIE – Gap Analysis

- The Gap Analysis is an evaluation of the EHR system capability of health care organizations, interface ability of the EHR system, and the data transmitted within those interfaces.
- Created a baseline determination of the ability of health care organizations to produce Year 1 Medicare, Medicaid, and commercial Shared Savings ACO Program quality measure data. Evaluated data quality among the 16 designated and specialized service agencies.
- Reviewed the technical capability of DLTSS providers statewide.

- **Sustainability Recommendation**: One-time investment.

Health Data Infrastructure:
Expand Connectivity to HIE – Gap Remediation

- The Gap Remediation project addresses gaps in connectivity and clinical data quality of health care organizations to the Health Information Exchange.
- The ACO Gap Remediation component improves the connectivity for all Vermont Shared Savings Program measures among ACO member organizations. The Vermont Care Partners (VCP) Gap Remediation improves the data quality for the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs). In addition, a DLTSS Gap Remediation effort to increase connectivity for Home Health Agencies was approved in January 2016 based on the results of the DLTSS Information Technology Assessment. Infrastructure to support the continued use of this data exists, and it will continue to be supported by the State of Vermont, OPR and VDH.
- Gap Remediation efforts for ACO member organizations and Vermont Care Partners dovetail with data quality improvement efforts.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: Expand Connectivity to HIE – Data Extracts from HIE

- This project provides a secure data connection from the VHIE to the ACOs' analytics vendors for their attributed beneficiaries.
- Allows ACOs direct access to timely data feeds for population health analytics.

- **Sustainability Recommendation:** One-time investment.

Health Data Infrastructure: Improve Quality of Data Flowing into the HIE

- The Data Quality Improvement Project is an analysis performed of ACO members' EHRs on each of 16 data elements. Allows ACOs direct access to timely data feeds for population health analytics.
- VITL engages providers and makes workflow recommendations to change data entry to ensure the data elements are captured. In addition, VITL performs comprehensive analyses to ensure that each data element from each health care organization (HCO) is formatted identically.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: Telehealth

- *Strategic Plan* - The strategy includes four core elements and a road map based on the prioritization of telehealth projects and their alignment with new clinical processes adopted as payment reform evolves.
  - **Sustainability Recommendation:** One-time investment.

- *Implementation* - Vermont is funding two pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations. The primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout Vermont. Projects were selected in part based on demonstration of alignment with the health reform efforts currently being implemented as part of the SIM Grant process.
  - **Sustainability Recommendation:** Ongoing activities and investments in the area of telehealth; not necessarily these two pilots.
    - **Recommended Lead Entity:** AOA*
    - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: Electronic Medical Record Expansion

- Electronic medical record (EMR) expansion focuses on assisting in the procurement of EMR systems for non-Meaningful Use (MU) providers.
- Includes technical assistance to identify appropriate solutions and exploration of alternative solutions.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: Data Warehousing

- The Vermont Care Network (VCN) Data Repository will allow the Designated Mental Health Agencies and Specialized Service Agencies to send specific data to a centralized data repository.
- Long-term goals of the data repository include accommodating connectivity to the Vermont Health Information Exchange (VHIE), as well as Vermont State agencies, other stakeholders, and interested parties.
- It is expected that this project will provide VCN members with advanced data analytic capabilities to improve the efficiency and effectiveness of their services.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: Care Management Tools

- *Shared Care Plan Project* - A planning activity that ensures that the components of a shared care plan are captured in a technical solution that allows providers across the care continuum to electronically exchange critical data and information as they work together in a team based, coordinated model of care.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** AOA*
    - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).
- *Universal Transfer Protocol* - Sought to provide a Universal Transfer Protocol to Vermont's provider organizations. Pursued through provider workflow activities.
  - **Sustainability Recommendation:** One-time investment

Health Data Infrastructure: Care Management Tools (cont.)

- *Event Notification System* – A system to proactively alert participating providers regarding their patient's medical service encounters.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** AOA*
    - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: General Health Data Inventory

- A health data inventory that will support future health data infrastructure planning.
- This project built a comprehensive list of health data sources in Vermont, gathered key information about each, and catalogued them in a web-accessible format.
- The resulting data inventory is a web-based tool that allows users (both within the State and external stakeholders) to find and review comprehensive information relating to the inventoried datasets.
- Periodic updates will be needed.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: HIE Planning

- The HIE planning project resulted from a perceived gap in high-level planning and research in local and nationwide best practices for providing a robust, interoperable ability to transmit accurate and current health information throughout the Vermont health care landscape.
- This project will conduct further research in best practices around improving clinical health data quality and connectivity resulting in recommendations to the HIE/HIT work group.
- Additionally, the HDI work group has participated on multiple occasions in the 2015 revision of Vermont HIT Plan.
- Plan is to finalize connectivity targets for 2016-2019 by December 31, 2016.

- **Sustainability Recommendation:** One-time investment.

Recommendations: Evaluation

Investment Category			
SIM Focus Areas and Work Streams	**One-Time Investment**	**Ongoing Investments** *State-Supported*	**Ongoing Investment** *Private Sector*
Evaluation			
Self-Evaluation Plan and Execution	**One-Time Investment**		
Surveys		●	●
Monitoring and Evaluation Activities within Payment Programs		●	●

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	**Lead Entity** *(Primary Owner)*	**Key Partners**	**Special Notes**
Self-Evaluation Plan and Execution	**One-Time Investment**		
Surveys	VCO	Providers, AHS, Consumers, Office of the Health Care Advocate, GMCB	Patient experience surveys. Note that there are numerous patient experience surveys that are deployed annually in addition to the one used as part of the SSP.
Monitoring and Evaluation Activities within Payment Programs	AHS/GMCB	Payers, VCO, Office of the Health Care Advocate, AOA	Payers, State regulators, and VCO/providers will monitor and evaluate payment models. There are specific evaluation requirements for the GMCB and AHS as a result of the 1115 waiver and APM. Patient experience surveys are a tool for monitoring and evaluation.

Evaluation

- *Self-Evaluation Plan and Execution* - The State works with an independent contractor to perform a State-Led Evaluation of Vermont's SIM effort.
  - **Sustainability Recommendation:** One-time investment.
- *Surveys* - As part of broader payment model design and implementation and evaluation efforts, the State conducts annual patient experience surveys and other surveys as identified in payment model development. There are numerous patient experience surveys that are deployed annually, in addition to the one used as part of the SSP.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** VCO
    - **Recommended Key Partners:** Providers, AHS, Consumers, OHCA, GMCB.

Evaluation

- *Monitoring and Evaluation Activities within Payment Programs* - The state conducts analyses as necessary to monitor and evaluate specific payment models. Monitoring occurs by payer and by program to support program modifications. Ongoing monitoring and evaluation by State of Vermont staff and contractors occurs as needed.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** AHS/GMCB
    - **Recommended Key Partners:** Payers, VCO, OHCA, and AOA

Project Management

- Vermont SIM is managed through a combination of State personnel and outside vendors with project management expertise.
- The project management function under SIM considers both the program and administration functions of government such as soliciting public comment, ensuring appropriations, and managing resources; as well as managing the various projects, groups, and relationships that SIM initiated.
- As SIM projects transition from the demonstration phase to the program phase, project management functions will transition to program staff in Medicaid, or other partners.

- **Sustainability Recommendation:** Ongoing activities and investments.

Plan Timeline

- November and December 2016 – First draft complete and under review by SIM Work Groups and Steering Committee. Core Team will review a revised draft in late December.
- Spring 2017 – Second draft of the SIM Sustainability Plan will be developed based on feedback from SIM Work Groups, Steering Committee, Core Team, and Sustainability Sub-Group.
- June 2017 – Following Core Team approval, final SIM Sustainability Plan will be submitted to CMMI. The Sustainability Plan is due June 30, 2017.

The plan is currently in draft.
Please provide comments and questions to:
Georgia Maheras
(georgia.maheras@vermont.gov, 802-505-5137)
or **Sarah Kinsler**
(sarah.kinsler@vermont.gov, 802-798-2244)

Attachment 5: SIM Work Group Transitions: How to Stay Involved

SIM Work Group Transitions: How to Stay Involved

December 1, 2016

Purpose: *The purpose of this document is to provide information to individuals who have served on SIM Work Groups regarding new and existing opportunities to stay involved in Vermont health care reform work.*

Email distribution lists: Various State entities involved in health care reform maintain email distribution lists that provide information about Vermont's health care reform activities. Please contact the individuals below if you would like to be added to the distribution lists:

Email distribution list	**Contact person**
Agency of Human Services Global Commitment	Ashley Berliner[1]
Green Mountain Care Board	Jaime Fisher
Department of Disabilities, Aging, and Independent Living	Bard Hill

Websites: In addition to these email distribution lists, State Agencies and Departments maintain websites that provide information about health care reform and other activities:

- *Agency of Administration Office of Health Care Reform:* hcr.vermont.gov
- *Agency of Human Services:* humanservices.vermont.gov
- *AHS-Department of Disabilities, Aging, and Independent Living:* http://dail.vermont.gov/
- *AHS-Department of Health:* healthvermont.gov
- *AHS-Department of Vermont Health Access:* dvha.vermont.gov
- *Green Mountain Care Board:* gmcboard.vermont.gov

Advisory Boards and Committees: Some Agencies, Departments, and Divisions regularly consult stakeholders through formal Advisory Boards or other bodies. In many cases, members are appointed by the Governor following an application process. Below are a some examples of the boards and committees that may be of interest:

- *Agency of Human Services:* See http://humanservices.vermont.gov/boards-committees. Includes Human Services Board, Children and Family Council for Prevention Programs, Developmental Disabilities Council, Vermont Council on Homelessness, Institutional Review Board, and the Tobacco Evaluation and Review Board.
- *AHS-Department of Disabilities, Aging, and Independent Living:* See http://dail.vermont.gov/dail-boards. Includes DAIL Advisory Board, the Developmental Services State Program Standing Committee, the Governor's Commission on Alzheimer's Disease and Related Disorders, and numerous Division Advisory Boards and Committees.
- *AHS-Department of Vermont Health Access:* See http://dvha.vermont.gov/advisory-boards. Includes Medicaid and Exchange Advisory Board, Clinical Utilization Review, Drug Utilization Review Board, and multiple committees related to the Blueprint for Health.
- *Green Mountain Care Board:* See http://gmcboard.vermont.gov/board/advisory-committee. Includes GMCB Advisory Committee.

In addition to these groups, AHS' Medicaid Pathway process currently convenes two stakeholder groups. For more information about these groups, please contact Julie Corwin.

[1] All individuals listed use the State of Vermont email convention: firstname.lastname@vermont.gov.