

**Vermont Health Care Innovation Project  
Population Health Work Group Meeting Minutes**

**Pending Work Group Approval**

**Date of meeting:** December 8, 2015; 2:30 PM – 4:00 PM; Calvin Coolidge Conference Room, National Life Building, Montpelier

Agenda Item	Discussion	Next Steps
<p><b>1. Welcome, Roll Call, &amp; Approval of Minutes</b></p> <p><b>Agenda Review</b></p>	<p><b>Welcome</b> Tracy Dolan called the meeting to order at 2:32pm.</p> <p><b>Roll Call and Approval of minutes</b> A roll call attendance was taken and a quorum was present. The August and September minutes were approved:</p> <ul style="list-style-type: none"> <li>• A motion to approve the minutes by exception was made by Mark Burke and seconded by Mary Kate Mohlman;</li> <li>• the August minutes were approved with two abstentions from Chris Smith and Josh Plavin;</li> <li>• the September minutes were approved with one abstention from Penrose Jackson</li> </ul> <p><b>Agenda Review</b> Tracy Dolan then reviewed the agenda with the group, including an update on the Health in All Policies initiative and a brief update from Jill Berry-Bowen about the RiseVT project (a provider sub-grant awardee.)</p>	
<p><b>2. Update: Health in All Policies</b></p> <p><b>RiseVT Update</b></p>	<p><b>Update: Health in All Policies</b> Tracy provided a brief update on the Health in All Policies initiative. The Vermont task force has met once and Heidi is helping to staff the work group.</p> <p><b>Update: RiseVT</b> Jill Berry-Bowen provided an update on the RiseVT program – a provider sub-grant project partially funded by VHCIP.</p>	

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	<p>RiseVT is a community committee on healthy lifestyles – to improve healthy outcomes in Grand Isle and Franklin Counties in Vermont. Their staff includes a coordinator, health coaches to work with businesses, schools, municipalities. They use wellness scorecards that available on the website to help support people as they pursue making healthy changes to their lifestyle.</p> <p>Northwestern Medical Center worked with the Green Mountain Care Board earlier this year to reallocate money in the hospital budget designed to focus on population health in the community: \$1.1 M</p> <p>The initiative is leveraging Health Coaching to focus on the more vulnerable populations. E.g. In Alburgh, they will have a health coach to work with schools to support healthy lifestyles.</p> <p>They are using health advocates to make sure that someone is at every community event, town meetings and similar events. They are focusing on improving walkability with adding walking and biking paths. Participants have the ability to track food/nutrition online via the RiseVT wellness website. They have partnered with Healthy Roots to produce storage buildings to have produce year-round. They will be conducting community case management using the funds from GMCB to help navigate the transitions between care settings (for example, moving to primary care from the ER). A Lifestyle Medicine clinic is available (Dr. Fontaine) with wellness coaches to support those seeking to improve their health.</p> <p>They are also exploring how to expand beyond those two counties by partnering with other organizations (such as BCBSVT.)</p> <p><b>Update: Alternative Financing Mechanisms Meeting</b></p> <p>Jim Hester provided an update about an upcoming alternative financing meeting: 4 VT teams have been invited to a meeting in Boston at the Federal Reserve with CDFIs (Community Development Financial Institutions) to discuss alternative financing vehicles that may be used to help finance this kind of work going forward.</p>	
<p><b>3. Accountable Communities for Health</b></p>	<p><b>Accountable Communities for Health: Phase II</b></p> <ul style="list-style-type: none"> <li>• Share design</li> <li>• Identify desired outcomes</li> <li>• Discuss questions, concerns, necessary support to communities that are part of the peer learning</li> </ul> <p>Heidi created a presentation about the recommendations for next steps of this aspect of work. Heidi is working to draft an RFP to gain support. Heidi walked through the slides in the materials packet.</p> <p>Review:</p> <p>9 Core Elements of an Accountable Community for Health:</p> <p>1. Mission</p>	

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	<p>2. Multi-Sectoral Partnership  3. Integrator Organization  4. Governance  5. Data and Indicators  6. Strategy and Implementation  7. Community Member Engagement  8. Communications  9. Sustainable Funding</p> <p>What is it that we need in order to explore the concept from the ground up, in order to work in concert with one another to connect to the bigger system reforms that are being proposed in Vermont?</p> <ul style="list-style-type: none"> <li>• Communities will learn with and from one another and from national innovators;</li> <li>• Identify the practical steps and developmental stages in creating an Accountable Community for Health;</li> <li>• Inform the development of necessary state-level policy and guidance to support regional efforts.</li> </ul> <p>This will be a 12-month project, with 3-month planning/design phase and a combination of full-day in-person learning sessions; with webinars to reinforce concepts and discuss progress and challenges; and local facilitation to support ongoing community-level work. There will be Quarterly learning sessions and webinars would engage national experts as faculty. There will be ongoing facilitative support will help communities pull together local leadership; identify potential integrators; review existing data and systems; and determine opportunities for increased coordination/connection.</p> <p>These will be iterative, rapid-cycle learning sessions that alternate in-person learning sessions with virtual and on-the-ground learning and sharing in between. The proposal is that this will be launched in late January/ early February. We need to identify those communities who are interested in participating – who may already have some of the pieces of this kind of work in place and who are looking for a framework in which to help guide their progress toward next steps. We hope to build on existing building blocks such as the UCCs that are already in communities, or via the Blueprint for Health – we will not be determining who will be the participants or who will be the ‘Integrator’ in each community as we believe that each community will be better positioned to decide that for themselves.</p> <p>Mark Burke asked where are we in identifying those policies that need to change that will be the levers for this work. Heidi responded that we have not determined those yet but that this system will be identifying the strengths and weaknesses in each community and for them to determine those policies that they believe will move them forward toward the ultimate goal. Tracy added that we would not necessarily call this a demonstration project. Mark commented that these things are already happening organically, which can lead to</p>	

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	<p>duplication and competition for the same dollars. When real dollars are being spent on this (and not around the edges as it is now) that will bring about the high-level policy changes that need to happen to support these efforts</p> <p>Mary Kate Mohlman shared a bit about what the Blueprint is doing with the UCCs and the ACO field teams to help establish quantitative framework.</p> <p>Now that we have the conceptual design – how do we roll this out? Who should be part of the learning? Do we have eligibility criteria?</p> <p>What else do we need to develop to help them be part of the peer to peer learning system – and what kind of policy changes will be needed.</p> <p>The idea is to ground test the concept of ACH – to wrestle with it and understand what a community need to do this kind of work at the policy level and at the state level, so we can put together recommendations at the end of the year – and inform the final population health plan at the end of the SIM grant.</p> <p>Penrose Jackson asked how will this influence and be influenced by the all payer model changes impending for January 2017? Karen Hein responded was that this is the population health “dream come true”....this could be the enabler to allow larger picture thinking about the health of the state. This work (the ACH project) would be one way to position ourselves to feed that information into the larger picture, with further work to be done on what would be the quality measures, what would be the financing mechanisms, what would the ACH look like.</p>	
<p><b>4. Report from Small Groups</b></p>	<p><b>Report from Small Groups</b></p> <p>The meeting participants broke out into three small discussion groups to answer the following questions:</p> <ul style="list-style-type: none"> <li>• Who: <ul style="list-style-type: none"> <li>○ Who should be invited to participate?</li> <li>○ What are some basic eligibility criteria for participation?</li> </ul> </li> <li>• How: <ul style="list-style-type: none"> <li>○ What existing resources/guidance related to the nine core elements can be shared with emerging ACHs?</li> <li>○ What must we develop before we convene the participants?</li> </ul> </li> </ul> <p><u>Heidi’s Group:</u> Who and criteria: There should be some thoughts about what we think makes success include the 9 elements to help communities self-assess that they’re on the right path; the list of participants should include a local employer</p>	

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	<p>to be part of the mix; in re: resources, we could create case studies with what already on the ground and in progress; put together an orientation or talking point to give to people to reach out to their partners to help with outreach; need to distinguish between UCC and the current care collaboratives and how they differ from this effort. We need to understand the complementary nature – not just about integrated care and measures but a longer term strategic plan in the community.</p> <p>What are the outcomes we want to see: unified understanding across the care continuum in looking at the care community and the multiple streams of reform and are we in coordination at the community level.</p> <p><u>Sarah’s group:</u> Eligibility: including groups with varied stages of development would be helpful to help jumpstart those who are not as far along as well as energize those further along. Communities should show some level of commitment and that key partners are at the table: Hospitals, local public health, planning, human services, philanthropy,</p> <p>How to approach designing this: Have a defined structure, ongoing partnerships with those who have already done some kind of work together, or at least identified priorities and a plan to move forward. What need: Public health data to guide areas for communities to focus on (IOM Vital Signs) other ways to help define the data (VDH)</p> <p><u>Tracy’s group:</u> Who should participate: Communities who already have strength in the elements; opportunity for new communities to learn thru shadowing or mentoring or a separate track for that. This group landed closer to “It’s only a year, we probably should focus on more experienced communities” to participate. What kind of topics:</p> <ul style="list-style-type: none"> <li>• Medicaid/Medicare financing and how it works now;</li> <li>• Sharing models that have been applied successfully here or elsewhere;</li> <li>• Given competing resources and risk, how do we partner and align priorities? We need expertise in this area.</li> <li>• Financing: how do alternative models work? For social programs, etc...</li> </ul>	
<p><b>5. Population Health Plan RFP</b></p>	<p><b>Population Health Plan RFP</b> Heidi will take all of this material from today’s meeting and synthesize it and put into RFP. And potentially into recruiting materials for the ACH project as well.</p>	

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	<p>Even though the Population Health Work Group will be meeting will be quarterly, we will provide a monthly updates to keep the original group apprised of progress, esp. toward the population health plan deliverable. There is currently a VHCIP RFP out not to solicit a vendor to help write that. This group will help advise on the development of that document. We will also be tracking how does our work fit in with the All-Payer Waiver.</p>	
<p><b>6. Next Meeting and Next Steps</b></p>	<p><b>Next Meeting and Next Steps</b></p> <p>The next meeting is February 9, 2016; 2:30 to 4:00 at National Life</p>	

# VHCIP Population Health Work Group Member List

Roll Call: 12/8/2015

*Mark Burke 10  
 Mark 20  
 exception  
 2 absentions  
 August  
 1 absention  
 September  
 Motion carried*

Member		Member Alternate		August Minutes	September Minutes	
First Name	Last Name	First Name	Last Name			Organization
Susan	Aranoff					AHS - DAIL
Jill Berry	Bowen					Northwestern Medical Center
Mark	Burke					Brattleboro Memorial Hospital
Donna	Burkett	<i>Maura</i>	<i>Graft</i>			Planned Parenthood of Northern New England
<del>Dr. Dee</del>	<del>Burroughs-Biron</del>	Trudee	Ettlinger			AHS - DOC
Daljit	Clark	Jenney <i>WayKat</i>	Samuelson <i>Monkman</i>			AHS - DVHA
Peter	Cobb					VNAs of Vermont
Judy	Cohen					University of Vermont
Jesse	de la Rosa					Consumer Representative
Tracy	Dolan	Heidi	Klein			AHS - VDH
Joyce	Gallimore	<i>Kendall</i>	<i>West</i>			CHAC
Karen	Hein					Dartmouth Medical School
Kathleen	Hentcy	Charlie	Biss			AHS - DMH
Penrose	Jackson				<i>HA</i>	UVM Medical Center
Pat	Jones					GMCB
Patricia	Launer					Bi-State Primary Care
Lyne	Limoges					Orleans/Essex VNA and Hospice, Inc.
Ted	Mable	Kimberly	McClellan			DA - Northwest Counseling and Support Services
Carol	Maloney					AHS - Central Office
Melissa	Miles					Bi-State Primary Care
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					AHS - Central Office
Chris	Smith				<i>HA</i>	MVP Health Care
JoEllen	Tarallo-Falk	Lori	Augustyniak			Center for Health and Learning
Karen	Vastine					AHS - DCF
Teresa	Voci	Josh	Plavin		<i>HA</i>	Blue Cross Blue Shield of Vermont
Stephanie	Winters					Vermont Medical Society
	<i>30 30</i>		<i>7</i>			

*Maura Graft*

*Q*

*PAVE*

# VHCIP Population Health Work Group Participant List

Attendance:

12/8/2015

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

First Name	Last Name		Organization	Population Health
Susan	Aranoff	here	AHS - DAIL	S/M
Julie	Arel	here	VDH	X
Lori	Augustyniak		Center for Health and Learning	MA
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Bob	Bick		DA - HowardCenter for Mental Health	X
Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DMH	X/MA
Mary Lou	Bolt		Rutland Regional Medical Center	X
Jill Berry	Bowen	here	Northwestern Medical Center	M
Mark	Burke	here	Brattleboro Memorial Hospital	M
Donna	Burkett		Planned Parenthood of Northern New England	M
<del>Dr. Dee</del>	<del>Burroughs-Biron</del>		AHS - DOC	M
Jan	Carney		University of Vermont	X
Amanda	Ciecior		AHS - DVHA	S
Barbara	Cimaglio		AHS - VDH	X



Daljit	Clark		AHS - DVHA	MA
Peter	Cobb		VNAs of Vermont	M
Judy	Cohen		University of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Janet	Corrigan		Dartmouth-Hitchcock	X
Brian	Costello			X
Mark	Craig			X
Wendy	Davis		University of Vermont	X
Jesse	de la Rosa	phone	Consumer Representative	M
Micah	Demers		Blue Cross Blue Shield of Vermont	X
Trey	Dobson		Dartmouth-Hitchcock	X
Tracy	Dolan	see	AHS - VDH	C/M
Kevin	Donovan		Mt. Ascutney Hospital and Health Center	X
Lisa	Dulsky Watkins			X
Suratha	Elango		RWJF - Clinical Scholar	X
Gabe	Epstein		AHS - DAIL	S
Trudee	Ettlinger		AHS - DOC	MA
Kim	Fitzgerald		Cathedral Square	X
Erin	Flynn		AHS - DVHA	S
LaRae	Francis		Blue Cross Blue Shield of Vermont	MA
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Steve	Gordon	phone	Brattleboro Memorial Hospital	X
Don	Grabowski		The Health Center	X
Maura	Graff	phone	Planned Parenthood of Northern New England	X
Wendy	Grant		Blue Cross Blue Shield of Vermont	A
Dale	Hackett		Consumer Representative	X
Thomas	Hall		Consumer Representative	X
<del>Bryan</del>	<del>Hallett</del>		GMCB	S
Catherine	Hamilton		Blue Cross Blue Shield of Vermont	X
Carolynn	Hatin		AHS - Central Office - IFS	S
Karen	Hein	see		C/M

Kathleen	Hentcy	here	AHS - DMH	M
Jim	Hester	here	SOV Consultant	S
Penrose	Jackson	here	UVM Medical Center	M
Pat	Jones		GMCB	S/M
Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein	here	AHS - VDH	S/MA
Norma	LaBounty		OneCare Vermont	A
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Patricia	Launer		Bi-State Primary Care	MA
Mark	Levine	phone	University of Vermont	X
Lyne	Limoges		Orleans/Essex VNA and Hospice, Inc.	M
Nicole	Lukas	here	AHS - VDH	X
Ted	Mable		DA - Northwest Counseling and Support Services	M
Carole	Magoffin	phone	AHS - DVHA	S
Georgia	Maheras		AOA	S
Carol	Maloney		AHS	X
Mike	Maslack			X
Jill	McKenzie			X
Melissa	Miles	here	Bi-State Primary Care	M
MaryKate	Mohlman	here	AHS - DVHA - Blueprint	X
Chuck	Myers		Northeast Family Institute	X
Annie	Paumgarten		GMCB	S
Luann	Poirer		AHS - DVHA	S
Carley	Riley			X
Brita	Roy			X
Laural	Ruggles		Northeastern Vermont Regional Hospital	M
Jenney	Samuelson		AHS - DVHA - Blueprint	M
seashre@msn.com	seashre@msn.com		House Health Committee	X
Julia	Shaw	here	VLA/Health Care Advocate Project	M
Melanie	Sheehan		Mt. Ascutney Hospital and Health Center	M
Miriam	Sheehey		OneCare Vermont	M
Shawn	Skaflestad	phone	AHS - Central Office	M
Chris	Smith	phone	MVP Health Care	M
Kaylan	Sobel		The Council of State Governments	X

JoEllen	Tarallo-Falk		Center for Health and Learning	M
Karen	Vastine		AHS-DCF	
Teresa	Voci		Blue Cross Blue Shield of Vermont	M
Nathaniel	Waite		VDH	X
Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Serv	X
Kendall	West	<i>new</i>	Bi-State	X
James	Westrich		AHS - DVHA	S
Stephanie	Winters		Vermont Medical Society	M
Mary	Woodruff			X
Cecelia	Wu		AHS - DVHA	S
McKenna	Lee		OneCare Vermont	
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