Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Monday, December 9, 2015, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Lawrence Miller called the meeting to order at 1:03. A roll-call was taken and a quorum was present. **Chair's Report:** *Quarterly Report Update:* Quarterly Report was submitted on 11/2. It is now posted on the VHCIP website. *Operational Plan and No-Cost Extension:* Year 2 will be an 18-month performance year as a result of our no-cost extension. Performance Period 3 will start in July, with a small potential overlap to expend carryover from Year 2. We received the request the Friday before Thanksgiving for a full resubmittal of our no-cost extension by the end of November. Georgia and staff put in significant effort to achieve this, and we got a quick response from our Project Officer that she was recommending approval; the process for approval is underway. We have also had helpful conversations with Steve Cha at CMMI. Paul Bengtson noted that there was significant staff effort that went into this submission. Paul Bengtson moved to thank the staff for their work on this submission. Steven Costantino seconded. The motion was approved unanimously.	
2. Approval of Meeting Minutes	Paul Bengtson moved to approve the minutes. Paul Bengtson moved to approve the October 2015 meeting minutes (Attachment 2). Hal Cohen seconded. A roll call vote to approve the minutes was taken. The motion passed with one abstention.	
3. Funding Proposals	Georgia Maheras presented several funding proposals: *Year 2 Actuals to Date:* Georgia noted significant updates based on No-Cost Extension. Extending the Year 2 time period increased Personnel line; all other lines except for Contractual are based on Personnel. • Richard Slusky asked how the No-Cost Extension impacts overall project timeline. Georgia noted that	

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	Year 3 will begin in July 2016 and will run through June 2017. This has a minimal impact on our project activities (see timeline submitted with NCE). It will shorten the carryover period at the end of Year 3. • Al Gobeille commented that CMMI's initial letter and our response could be challenging to review since project performance periods don't align with calendar years. • Lawrence Miller commented that we are not yet clear what CMMI will be doing with the SIM program relative to their closure dates and review periods. He added that we are not the only state in this situation, and commented that CMMI may need to extend the program further. • Steven Costantino commented that one of the reasons the SIM grant is so complicated is that the activities for each year are so different. Al Gobeille added that there were significant changes to our activities mid-grant. He requested a budget meeting after the holiday to review the No-Cost Extension. Georgia and Diane will plan a meeting for late January. *Request for Adjustment in Budget for Health*first*:* This was approved in May. *VPQHC Budget Reallocation Request:* This is a budget reallocation request for VPQHC's sub-grant, the NSQIP Surgical Collaborative. The grant was initially intended to reach all hospitals in the state, but some of our small hospitals don't perform enough surgeries to make participation impactful. Reallocated funds will support an additional surgical case reviewer, ACS-NSQIP Conference sponsorship, a surgical home toolkit, collaborative best practices learning session, and hospital enrollment costs for a second year. Discussion: • Al Gobeille commented that it is challenging to assess these new interventions without significant background. He also noted that there was a competitive process for these provider grants, and the Core Team may not have approved these activities if they were part of the initial application. • Paul Bengtson commented that when this was initially reviewed, it seemed like a good thing and had significant hospital support. However, after launch, his hospital determined that the requirements for participation are too onerous. • Catherine Fulton responded that the collaborative has made significant progress in pulling surgical champions together statewide, whether or not hospitals are formally participating. She commented that the ACS-NSQIP standards intend to support standardized data collection and performance reporting, and noted that this is a good tool for comparison and collaboration. • Monica Hutt suggested holding on this and reviewing other funding requests elsewhere. • Steven Costantino asked whether previous reallocation requests have been approved. Georgia noted that no-cost extensions have been approved, but no reallocations approved within the sub-grant program. One request for reallocation was denied. • Al Gobeille commented that he initially thought this was a great idea, but if it's not, we should identify where we made a mistake. He requested additional information from people who thought this was a	

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	good idea. Catherine Fulton suggested a presentation from the surgical champions. Al added that he would like to hear from surgical champions at participating and non-participation hospitals. Cathy commented that surgical champions are collaborating whether or not their hospitals are participating. Al asked what the impediment to the original vision has been, and commented that we should apply the same scrutiny to the reallocation that we applied to the original application. He noted that this project impacted the hospital budgeting process as well. Paul Bengtson noted that his staff is participating in some ways, though his hospital is not formally part of the program. • Monica asked whether we could spend these funds elsewhere if they are not reallocated within the sub-grant. Al commented that he doesn't want to take these funds away, or reallocate them yet. • Steven Costantino commented that there are two issues: process, and mission/vision. If VPQHC doesn't do these things, will they still meet the original vision? Al noted that we committed money to a statewide surgical collaborative, and he has not given up on that as a goal. Paul Bengtson noted that Allan Ramsay has been a driver behind this effort. • Robin Lunge commented that she would like a presentation to learn more about this. She noted that if we decide not to fund this and to use money elsewhere, it will require federal approval and the process will not be quick. • Allan Ramsay commented that he is a big supporter of this initiative, both to improve clinical quality and to strengthen the surgical workforce. • Hal Cohen commented that he is also willing to hear from the surgeons, and noted that VPQHC could be asking for more time to be successful, but instead is asking to repurpose funds, which he finds concerning. Catherine Fulton commented that the goal of the surgical home is to continue engaging hospitals, and that all hospitals will continue to be engaged even if they are not fully participating, which will improve outcomes for individual patients. The item was tabled. <u>*Population Health Plan Writer (Year 3 activity)*</u>*:* The Population Health Plan is a required deliverable of our grant. This funding (not to exceed $70,000) would fund a writer. If the Core Team is not comfortable funding this work since it is in Year 3, we will request to suspend the RFP and repost in a few months. Paul Bengtson moved to approve this request and continue moving ahead to allow this work to start quickly in July 2016. Lawrence Miller noted that the contract will not be executed if the Year 3 budget is not approved by CMMI. Al Gobeille seconded. The motion carried unanimously. *Onpoint Health Analytics:* This would supplement a national data file (MarketScan) being used by the federal evaluators (led by RTI International) which does not include BCBS. This request is part of an ongoing price negotiation; we expect to spend significantly less than $50,000 ($110,000 including Truven), but need to finalize	

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	contracts quickly. We will finalize negotiations next week and will be able to un-restrict remaining funds quickly. Georgia commented that she wants to get the best possible data file to meet federal needs. Discussion: • Paul Bengtson asked for clarification on what the federal evaluators need. Georgia replied that the federal evaluators need claims data for Vermonters (including those insured by BCBS) participating in the Blueprint and ACO SSPs. Annie Paumgarten noted that it is part of our grant terms to provide this data. This will allow Vermont's results to be compared across the other SIM states. Paul clarified that this is not a request, it's a requirement. • Lawrence noted that this is an unanticipated need. • Richard Slusky noted that BCBS submits all claims data related to the SSP to Lewin, which subscribes to MarketScan. Truven is currently working to get a DUA with BCBS so they can get a direct data feed. They have not yet been successful. Paul Bengtson moved to approve this request. Al Gobeille seconded. The motion was approved unanimously. *Designated Agency Payment Reform Proposal:* This request would impact Year 2 and Year 3 milestones, but the amount requested comes from our Year 2 budget; it was earmarked in a TBD line. This is the result of ongoing work within state government and with the Designated Agencies. Discussion: • Lawrence Miller asked whether this would fund technology infrastructure. Georgia clarified that these funds would support the DAs in preparing for payment reform, including designing the model, provider readiness, and quality reporting and measurement, but not IT. • Steven Costantino commented that he is very supportive of this proposal; behavioral health was a major theme during recent discussions with CMMI. Lawrence Miller noted that in CMMI-speak, behavioral health includes behavioral health, mental health, and substance use disorders. Steven Costantino moved to approve the proposal. Al Gobeille seconded. • Al Gobeille commented that our milestones have shifted based on discussions with CMMI. He also noted that this is a small funding request for this work. Georgia replied that this request is only for six months; she also noted that there is a small additional amount of funding potentially available in Year 2, but it's tied up in federal approval at this time. • Al Gobeille asked how we got to this dollar amount. Georgia replied that we got to this amount through discussions with the DAs during the CCBHC grant application process this summer. This is a best guess estimate for funding that would make a difference, knowing it is insufficient for the long-term view. Al commented that there has been significant discussion across the country and around the world on this issue. He will support this proposal, knowing that it is not enough. He also commented that the scope of	

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	work is critical, and asked how AHS and the DAs will weigh in on this to develop a useful final product. Georgia suggested additional information toward the end of January or early February. • Monica Hutt commented that she hopes to vote on this today, rather than waiting until February. She also commented that the DAs all have a developmental disabilities component, which was not part of the CCBHC process but should be included here. • Steve Voigt added that this is aligned with his region's Community Health Needs Assessment. • Hal Cohen voiced his support. • Robin Lunge voiced her support. The motion carried unanimously. *Health*first *Gateway:* Georgia noted that the money for this Gateway will not be available after this month. She also noted that this contract is with VITL since they will build the Gateway. Discussion: • Paul Bengtson asked whether, if we have one ACO in Vermont soon, we will still need this Gateway. Amy Cooper replied that if we are going to form one ACO entity, we will need to get comfortable with the risk profile and performance of all three ACOs might be – this Gateway would get Health*first*'s information organized to support decision-making with the other ACOs. VITL, OneCare, and CHAC have also been involved in the discussion about building this Gateway. • Lawrence Miller asked whether there is another way for VITL to deliver this information without the Gateway design. Mike Gagnon responded that it is not possible now, and that VITL is working on a more efficient way to build these Gateways. • Robin Lunge expressed concern about how late in the process this is coming. • Monica Hutt asked who Health*first* represents. Amy Cooper responded that Health*first* represents independent physicians in the state; the majority are primary care physicians. Monica noted that by the end of SIM/beginning of All-Payer Model, all providers need to be able to contribute data to the VHIE. Lawrence Miller commented that the Gateways pull information out of the VHIE, rather than the other way. John Evans commented that work to connect providers to the VHIE is supported by SIM and a DVHA grant. • Al Gobeille commented that there are a number of possibilities we talk about, including a single ACO and the All-Payer Model. He noted that there is a lot of opportunity for Health*first*, but if it stays independent, it will need this information. He expressed support for this proposal. • Paul Bengtson commented that he is interested in where we'll end up after SIM – what will happen to the structures in place that are no longer needed? Steven Costantino concurred, and noted that whether or not All-Payer Model moves forward, we will need to continue payment transformation. • Al Gobeille suggested an in-depth conversation on sustainability planning.	

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	• Julie Wasserman requested an update from the Steering Committee meeting last week. Georgia commented that the Steering Committee reviewed four proposals from the HDI Work Group last week: o Funding for continued gap remediation for the ACOs and an ACO Integrated Informatics Proposal – Both sent back to the HDI Work Group for additional discussion. o Funding for e-health specialists to support data quality improvement at the DAs, and funding for DLTSS provider gap remediation efforts (specific proposals to be defined) – Both proposals received strong Steering Committee support; these proposals will come to the Core Team in late winter/early spring depending on budgeting. Steven Costantino moved to approve this proposal. Al Gobeille seconded. • Georgia noted that the original $284,000 from Year 1 is moved back into Year 1 and is being used for evaluation services. Al Gobeille suggested a future conversation about surrendering money as part of our explanations of these issues. The motion carried unanimously.	
4. Policy Recommendation: St. Johnsbury Pilot Update	Georgia Maheras provided an update on the St. Johnsbury Pilot (Attachment 4). The group discussed the following: • Al asked how this will interact with support for DAs approved earlier today. Georgia clarified that there are two pieces of this – State side and private sector at the DAs – which are complimentary and will support increased alignment. Paul commented that these supportive and synchronous efforts will help local areas get farther. Al noted that this local effort might require the results of the statewide effort. Georgia commented that coordination is happening at a SIM staff level, via contractors (Burns and Associates and Bailit Health Purchasing work on both efforts), and via leadership (Georgia, Alicia Cooper, and Richard Slusky). Al commented that there is significant regional variation in capacity and needs; he does not want this pilot to drive the support we're planning for all DAs. • Steven commented that DVHA would like to give DAs increased flexibility and decrease reporting burden – this could feed into those types of reforms. • Monica commented that a unique piece of the St. Johnsbury work is the Choices for Care analysis. • Al commented that many of us say we want fewer measures, but advocates and others often want more measures. • Doug Bouchard commented that Northeast Kingdom Human Services is a large DA with a budget of $34 million, more than half of which is developmental services. Current measurement, reporting, and billing requirements are extremely cumbersome for his staff and don't benefit patients. He would prefer an overall budget and measurement that focuses on outcomes, including patient satisfaction, and believes that this would allow his agency to serve more people, improve outcomes, increase staff satisfaction, and hopefully reinvest in other community services. • Patrick Flood commented that staff time spent on paperwork represents money spent that could be	

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	spent on services. He suggested that setting a limit of time spent on paperwork, and reducing the paperwork and reporting burden in relation to that target. He also noted that the State could save considerable money by increasing the percentage of people served at home through CRT, rather than in nursing homes. • Paul added that his region is not aiming to drive a statewide system, but to improve the health of people in their community. This is an opportunity for the State to gather information from this investment. • Al noted that a big remaining question is how the money will flow. Paul commented that this is in progress, and that the St. Johnsbury team is seeking to spend money more wisely within their community. Patrick commented that there needs to be some policy agreement at the legislative level to support these ideas, in addition to the State staff and contractor support already being put toward this effort. • Steve Voigt commented that he has attended some of the meetings between the St. Johnsbury team and various players at the State, and noted that similar organizations in other states in the region also have lengthy measure lists. • Paul added that the St. Johnsbury community is moving toward using measures of Health Related Quality of Life (see recent paper by Kathleen Hentcy at DMH). • Robin expressed surprise at the difference in tone in presentation to the Legislature and this group. Paul commented that this group's purpose is authentic, and he was surprised that HROC wanted such an in-depth conversation earlier this fall. Robin requested the St. Johnsbury group talk with the Core Team before going to the Legislature. • Lawrence commented that investing in a regional process and ensuring enough specificity before launch is a critical thing because it will allow other regions to follow this path. He also noted that program integrity will be a key issue and requested that sufficient program integrity support be provided up front to support this work. Steven added that Oregon's CCOs have strict program integrity requirements, with significant claw-backs if quality measures are not met. Lawrence noted that risk needs to be limited as organizations are learning. • Al commented that there are regulatory issues involved - partnerships are challenging with significant risk involved. Patrick commented that these organizations are already at financial risk now. Al noted that risk increases as lines between the entities involved are blurred. Doug noted that he is not representing other DAs, and will step out of this process if it will injure his agency; rather the focus is on finding savings and reinvesting them. Patrick concurred. Lawrence concluded discussion by noting that this group would need significant report out on results, and that a pilot is not committing to a model and that St. Johnsbury may need to adapt to a statewide model if one is put in place in the future.	
5. Policy Recommendation:	This item was tabled for the next meeting due to time constraints.	

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Payment Models Work Group – Medicaid SSP Total Cost of Care for Y3 Update; Commercial SSP Downside Risk Update		
6. Public Comment	There was no additional public comment.	
7. Executive Session – CMMI Communications		
8. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** January 11, 1:00pm-3:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Core Team Member List
Roll Call:

12/9/2015

1° Paul 2° Steve C. | 1° Paul 2° Al | 1° Paul 2° Al | 1° Steven 2° Paul | 1° Steven 2° Al | 1° Al 2° Steven

Member		10/13/15 Minutes	VPQHC Proposal	PH Plan Writer	Onpoint	DA/Pmt Reform	HF Informatics	
First Name	Last Name							Organization
Paul	Bengston	✓			✓	✓	✓	Northeastern Vermont Regional Hospital
Hal	Cohen	✓	—		✓	✓	✓	AHS -CO
Steven	Costantino	✓	✓		✓	✓	✓	AHS - DVHA
Al	Gobeille	✓	✓		✓	✓	✓	GMCB
Monica	Hutt	✓	✓		✓	✓	✓	AHS - DAIL
Robin	Lunge	✓	✓		✓	✓	✓	AOA - Director of Health Care Reform
Lawrence	Miller	✓	✓		✓	✓	✓	AOA - Chief of Health Care Reform
Steve	Voigt	✓	✓		✓	✓	✓	ReThink Health

Erin Taylor

held for a later meeting/ more discussion

Executive Session w/ georga, Diane

VHCIP Core Team Participant List

Attendance: 12/9/2015

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

First Name	Last Name		Organization	Core Team
Susan	Aranoff	here	AHS - DAIL	S
Ena	Backus		GMCB	X
Susan	Barrett	phone	GMCB	X
Paul	Bengston	here	Northeastern Vermont Regional Hospital	M
Beverly	Boget		VNAs of Vermont	X
Harry	Chen		AHS - VDH	X
Amanda	Ciecior		AHS - DVHA	S
Hal	Cohen	phone	AHS-CO	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper	here	AHS - DVHA	S
Steven	Costantino	here	AHS - DVHA, Commissioner	M
Mark	Craig			X
Diane	Cummings	here	AHS - Central Office	S
Gabe	Epstein	here	AHS - DAIL	S

Jaime	Fisher	phone	GMCB	A
Erin	Flynn		AHS - DVHA	S
Joyce	Gallimore		Bi-State Primary Care	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille	here	GMCB	M
Bea	Grause		Vermont Association of Hospital and Health Systems	X
Sarah	Gregorek		AHS - DVHA	A
Thomas	Hall		Consumer Representative	X
Carrie	Hathaway		AHS - DVHA	X
Selina	Hickman		AHS - Central Office	X
Monica	Hutt	here	AHS - DAIL	M
Kate	Jones	phone	AHS - DVHA	S
Pat	Jones		GMCB	S
Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Robin	Lunge	Phone	AOA	M
Carole	Magoffin	Phone	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Mike	Maslack			X
Marisa	Melamed		AOA	S
~~Jessica~~	~~Mendizabal~~		AHS - DVHA	S
Lawrence	Miller	here	AOA - Chief of Health Care Reform	C
Meg	O'Donnell		UVM Medical Center	X
Annie	Paumgarten	here	GMCB	S
Luann	Poirer		AHS - DVHA	S
Frank	Reed		AHS - DMH	X
Lila	Richardson	phone	VLA/Health Care Advocate Project	X
Larry	Sandage		AHS - DVHA	S

Suzanne	Santarcangelo		PHPG	X
Julia	Shaw	here	VLA/Health Care Advocate Project	X
Kate	Simmons		Bi-State Primary Care	X
Richard	Slusky	here	GMCB	S
Carey	Underwood			A
Steve	Voigt	phone	ReThink Health	M
Julie	Wasserman	here	AHS - Central Office	S
Spenser	Weppler	here	GMCB	S
Kendall	West		Bi-State Primary Care	X
James	Westrich		AHS - DVHA	S
Katie	Whitney			A
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	X
Sharon	Winn		Bi-State Primary Care	X
Cecelia	Wu	here	AHS - DVHA	S
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Erin Taylor - Bailit Health - phone
Mike Gagnon - VITL - here
John Evans - VITL - here
Giselle Charbonneau - Healthfirst - here
Amy Cooper - Healthfirst - here
Mike Hall - here - VHA
Cathy Fulton - phone - VPQHC
Marianne B - phone - VPQHC
Allan Ramsay - phone - GMCB
Doug Bouchard - here - St. Johnsbury
Patrick Flood - here