

**Vermont Health Care Innovation Project
Health Data Infrastructure Meeting Agenda**

December 14, 2016, 9:00-11:00am

Ash Conference Room (2nd floor above main entrance), Waterbury State Office Complex

Call-In Number: 1-877-273-4202; Passcode: 2252454

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed?
1	9:00-9:05am	Welcome and Introductions; Minutes Approval <i>Welcome Emily Yahr!</i>	Brian Otley	Attachment 1: Draft November 18, 2016, Meeting Minutes	Approval of Minutes
2	9:05-9:10am	Project Updates <ul style="list-style-type: none"> • HIT Governance Update • 12/16 Health Care Privacy Webinar with ONC Chief Privacy Officer Lucia Savage 	Georgia Maheras	<u>Webinar Details:</u> <i>Topic:</i> Privacy and Security of Sharing Clinical Information <i>Date & Time:</i> Friday, 12/16, 1-2pm 	
3	9:10-9:45am	Consent Follow-Up	Larry Sandage		
4	9:45-10:35am	Sustainability Plan	Georgia Maheras	Attachment 4: Presentation – Draft Sustainability Plan Full Draft Sustainability Plan available at: http://healthcareinnovation.vermont.gov/content/vermont-sim-sustainability-plan-draft-november-2016	
5	10:35-10:55am	Closing – Work Group Successes	Georgia Maheras and Brian Otley	Attachment 5a: HDI Work Group Accomplishments Attachment 5b: SIM Work Group Transitions – How to Stay Involved	
6	10:55-11:00am	Public Comment and Thank You!	Brian Otley		

Attachment 1: Draft
November 18, 2016,
Meeting Minutes

Vermont Health Care Innovation Project HDI Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, November 18, 2016, 3:00-5:00pm, Mountain Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Minutes Approval	<p>Simone Rueschemeyer called the meeting to order at 3:05pm. A roll call attendance was taken and a quorum was present.</p> <p><i>October Meeting Minutes:</i> Susan Aranoff moved to approve the October meeting minutes by exception; Ken Gingras seconded. The minutes were approved with one abstention (Stefani Hartsfield).</p>	
2. Project Updates	<p>Georgia Maheras provided project updates:</p> <ul style="list-style-type: none"> • <i>Population Health Plan:</i> The Core Team provided initial comments on the Population Health Plan at its 11/14 meeting, and endorsed continued work on the Plan. The Plan will be reviewed by the Core Team again in Spring 2017 and, following Core Team approval, will be submitted to CMMI in June. 	
3. HDI Projects – Funding and Status	<p>Georgia Maheras and Larry Sandage provided an update on funding and project status across all HDI work streams, walking through Attachment 3a. Attachment 3b provides additional detail on each work stream and the contractors that support project efforts.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Does Attachment 3a reflect sub-contract arrangements between multiple contractors (e.g., is the Behavioral Health Network subcontract to VITL included within the VITL total)? No, because that would require analysis of individual invoices. • Knowing what we know now, would we change how we make these investments? Georgia noted that as a Round 1 SIM state, we did not benefit from the 1-year “Model Design” period that Round 2 states had to support planning. • Simone commented that Attachment 3b, the monthly project status reports, are a helpful resource. 	
4. Sustainability Plan	<p>Georgia Maheras presented a first draft of the SIM Sustainability Plan (here, summarized in Attachment 4).</p> <ul style="list-style-type: none"> • This is a draft developed based on recommendations of a private-sector stakeholder group. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> • For activities that are proposed to continue, Lead Entity will provide stewardship and ownership. Not sole decision-making organization, but works with Key Partners to make sure work continues. • The Sustainability Plan is due to CMMI on June 30, 2017. It is a required deliverable of the SIM grant. • For more information: Review the full plan, or watch a recorded webinar on this topic. <p>Discussion:</p> <ul style="list-style-type: none"> • How are consumer-facing technologies like mobile devices and voice commands being integrated into HIT sustainability planning? Georgia noted that consumer- and individual-facing systems were not an area of SIM investment, but were internal solutions. These new technologies are discussed in the HIT Strategic Plan, and it's a fast-moving area. • Original SIM plans included a \$60 million HIT budget, including clinical registries, data repositories, and data warehouses. This was significantly cut to get to our final \$45 million budget across all areas; the major Data Warehousing investment SIM has been the Covisint/DocSite Data Repository, which is now hosted in the VITL environment. • What was the outcome of the funds initially targeted to increase VHIE connectivity to the AAAs within the DLTSS Gap Remediation work stream? Georgia noted that not all projects have been completed yet. There were also two other Gap Remediation proposals which haven't come to fruition. The AAA project faces legal challenges which the State is still working through. We have not been able to accomplish every activity we had hoped to over the course of the grant. 	
5. Public Comment, Next Steps, Wrap-Up, and Future Meeting Schedules	<p>There was no additional comment.</p> <p>FINAL HDI Work Group Meeting – Wednesday, December 14, 9:00-11:00am, Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury.</p>	

VHCIP Health Data Infrastructure Work Group Member List

*Sue Trawoff /
Ken G 2^o*

Friday, November 18, 2016

Member		Member Alternate		Oct Minutes	Organization
First Name	Last Name	First Name	Last Name		
Susan	Aranoff ✓	Nancy	Marinelli ✓		AHS - DAIL
Joel	Benware	Dennis	Boucher		Northwestern Medical Center
		Jodi	Frei		Northwestern Medical Center
		Chris	Giroux		Northwestern Medical Center
Peggy	Brozicevic				AHS - VDH
Amy	Cooper				HealthFirst/Accountable Care Coalition of the Green Mountains
Steven	Cummings				Brattleboro Memorial Hospital
Mike	DelTrecco				Vermont Association of Hospital and Health Systems
Chris	Dussault ✓	Mike	Hall		Champlain Valley Area Agency on Aging / COVE
Leah	Fullem ✓				OneCare Vermont
Michael	Gagnon ✓	Kristina	Choquette		Vermont Information Technology Leaders
Ken	Gingras ✓				Vermont Care Partners
Eileen	Girling	MaryKate	Mohlman		AHS - DVHA
		Jennifer	Egelhof		AHS - DVHA
Dale	Hackett ✓				Consumer Representative
Emma	Harrigan	Kathleen	Hentcy		AHS - DMH
		Brian	Isham		AHS - DMH
Paul	Harrington				Vermont Medical Society
Stefani	Hartsfield ✓	Molly	Dugan		Cathedral Square
		Kim	Fitzgerald		Cathedral Square and SASH Program
Kaili	Kuiper ✓				VLA/Health Care Advocate Project

VHCIP Health Data Infrastructure Work Group Member List

Friday, November 18, 2016

Member		Member Alternate		Oct Minutes	Organization
First Name	Last Name	First Name	Last Name		
James	Mauro				Blue Cross Blue Shield of Vermont
Kim	McClellan	Randy	Connelly		DA - Northwest Counseling and Support Services
		Chris	Kelly		
Arsi	Namdar ✓				Central Vermont Home Health and Hospice
Brian	Otley ✓				Green Mountain Power
Kate	Pierce ✓				North Country Hospital
Darin	Prail ✓	Diane	Cummings		AHS - Central Office
Simone	Rueschemeyer ✓				Vermont Care Network
Julia	Shaw	Lila	Richardson		VLA/Health Care Advocate Project
Heather	Skeels ✓	Kate	Simmons		Bi-State Primary Care
Roger	Tubby ✓				GMCB
Chris	Smith				MVP Health Care
Russ	Stratton				VCP - HowardCenter for Mental Health
	28		17		

15 Q ✓

VHCIP Health Data Infrastructure Work Group

Attendance List

11/18/2016

First Name	Last Name		Organization	Health Data Infrastructure
Susan	Aranoff	<i>None</i>	AHS - DAIL	S/M
Joanne	Arey		White River Family Practice	A
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Joel	Benware		Northwestern Medical Center	M
Richard	Boes		DII	X
Dennis	Boucher		Northwestern Medical Center	MA
Jonathan	Bowley		Community Health Center of Burlington	X
Peggy	Brozicevic		AHS - VDH	M
Martha	Buck		Vermont Association of Hospital and Health	A
Shelia	Burnham		Vermont Health Care Association	X
Wendy	Campbell			X
Kristina	Choquette		Vermont Information Technology Leaders	MA
Narath	Carlile			X
Randy	Connelly			MA
Amy	Cooper		HealthFirst/Accountable Care Coalition of t	M
Diane	Cummings		AHS - Central Office	S/MA
Steven	Cummings		Brattleboro Memorial Hopsital	M
Alicia	Cooper		AHS - DVHA	S
Julie	Corwin		AHS - DVHA	S
Mike	DelTrecco		Vermont Association of Hospital and Health	M
Molly	Dugan		Cathedral Square and SASH Program	MA
Chris	Dussault	<i>None</i>	V4A	M
Becky-Jo	Cyr		AHS - Central Office - IFS	X
Jennifer	Egelhof		AHS - DVHA	X

Nick	Emlen		DA - Vermont Council of Developmental an	X
Karl	Finison		OnPoint	X
Kim	Fitzgerald		Cathedral Square and SASH Program	MA
Erin	Flynn		AHS - DVHA	S
Jodi	Frei		Northwestern Medical Center	MA
Leah	Fuller	none	OneCare Vermont	M
Michael	Gagnon	phone	Vermont Information Technology Leaders	M
Paul	Forlenza		Centerboard Consulting, LLC	X
Daniel	Galdenzi		Blue Cross Blue Shield of Vermont	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Ken	Gingras	here	Vermont Care Partners	M
Eileen	Girling		AHS - DVHA	M
Chris	Giroux		Northwestern Medical Center	MA
Christine	Geiler		GMCB	S
Dale	Hackett	phone	Consumer Representative	M
Mike	Hall		Champlain Valley Area Agency on Aging / C	MA
Emma	Harrigan		AHS - DMH	M
Paul	Harrington		Vermont Medical Society	M
Stefani	Hartsfield	here	Cathedral Square	M
Kathleen	Hentcy		AHS - DMH	MA
Lucas	Herring		AHS - DOC	X
Brian	Isham		AHS - DMH	MA
Jay	Hughes		Medicity	X
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones		GMCB	S
Joelle	Judge	here	UMASS	S
Chris	Kelly			MA
Kevin	Kelley		CHSLV	X
Kaili	Kuiper		VLA/Health Care Advocate Project	M
Sarah	Kinsler	here	AHS - DVHA	S
Andrew	Laing			X
Charlie	Leadbetter		BerryDunn	X
Carole	Magoffin		AHS - DVHA	S
Georgia	Maheras	here	AOA	S

Nancy	Marinelli	phone	AHS - DAIL	MA
James	Mauro		Blue Cross Blue Shield of Vermont	MA
Kim	McClellan		DA - Northwest Counseling and Support Ser	M
MaryKate	Mohlman		AHS - DVHA - Blueprint	MA
Arsi	Namdar	phone	VNA of Chittenden and Grand Isle Counties	M
Mark	Nunlist		White River Family Practice	X
Brian	Otley	phone	Green Mountain Power	C/M
Miki	Hazard		AHS - DVHA - Blueprint	X
Kate	O'Neill		GMCB	S
Kate	Pierce		North Country Hospital	M
Luann	Poirer		AHS - DVHA	S
Darin	Prail	phone	AHS - Central Office	M
Lila	Richardson		VLA/Health Care Advocate Project	MA
Paul	Reiss		HealthFirst/Accountable Care Coalition of t	X
Simone	Rueschemeyer	here	Vermont Care Network	C/M
Larry	Sandage	here	AHS - DVHA	S
Julia	Shaw		VLA/Health Care Advocate Project	M
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Heather	Skeels	phone	Bi-State Primary Care	M
Chris	Smith		MVP Health Care	M
Suzanne	Santarcangelo		Pacific Health Policy Group	X
Russ	Stratton		VCP - HowardCenter for Mental Health	M
Richard	Terricciano		HSE Program	X
Julie	Tessler		VCP - Vermont Council of Developmental a	X
Bob	Thorn		DA - Counseling Services of Addison County	X
Tela	Torrey		AHS - DAIL	X
Roger	Tubby	phone	GMCB	M
Matt	Tryhorne		Northern Tier Center for Health	X
Win	Turner			X
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
Julie	Wasserman		AHS - Central Office	S
Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
Ben	Watts		AHS - DOC	X
David	Wennberg		New England Accountable Care Collaborativ	X

Kendall	West		Bi-State Primary Care/CHAC	X
James	Westrich	<i>here</i>	AHS - DVHA	S
	95			

Attachment 3: Consent Presentation

VHIE Consent Management SOW Additional Recommendations

December 14, 2016

Brief Overview & Purpose

- The State of Vermont, in collaboration with the Vermont Information Technology Leaders (VITL), wishes to implement a Clinical Consent Management solution for the Vermont Health Information Exchange (VHIE).
- This solution shall provide services to allow health care providers to obtain, store, and update the status of clinical consent through VITLAccess, either with direct functionality or through connected functionality.

Original Recommendations

- Provide a simple, easy-to-use solution to support health care providers in establishing and validating their client's health information privacy.
- Facilitate the collection and storage of consent.
- Provide a technical solution to support the gathering, management, and any re-disclosure workflows.
- Functionality to allow for proper access to the information contained within the VHIE.
- Provide ability for role-based querying of the consents being managed.
- Provide ability for the Consent Management solution to query additional Consent Management solutions.

Additional Recommendations

- As Consent is referenced in statute as being both affiliated with the VHIE and the Blueprint, the Blueprint Clinical Registry should be considered within the scope of this SOW.
- This procurement will proceed with a Request for Information (RFI), developed in collaboration with VITL, the State, and other interested Stakeholders.
 - Additional requirements gathering sessions will also be conducted with Health Care Organization providers, users, and staff.
 - Develop Use Cases to reduce gaps in requirements.
 - Further define the audience to inform vendor solutions/rule base.
- The SOW intends to provide a basic solution which meets the fundamental needs of the VHIE. However, the SOW and subsequent RFI will request that the proposed solution providers have the capability to both be scalable and provide advanced functionality in possible future iterations:
 - 42 CFR Part 2 compatibility
 - Selective authorization of providers and specific data sets
 - Reporting capabilities
 - Patient portal functionality to update consent.

Attachment 4: Presentation – Draft
Sustainability Plan

Vermont State Innovation Model (SIM) Draft Sustainability Plan

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



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Vermont SIM Sustainability Plan Overview

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)

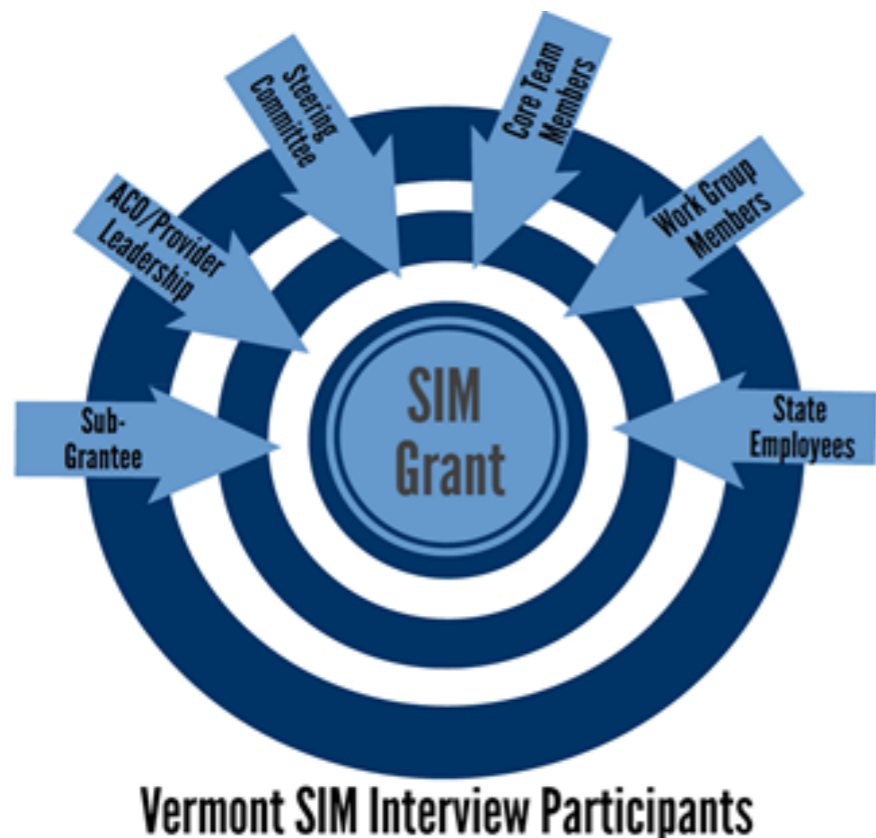
Plan Research and Development: Vermont SIM Research

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:

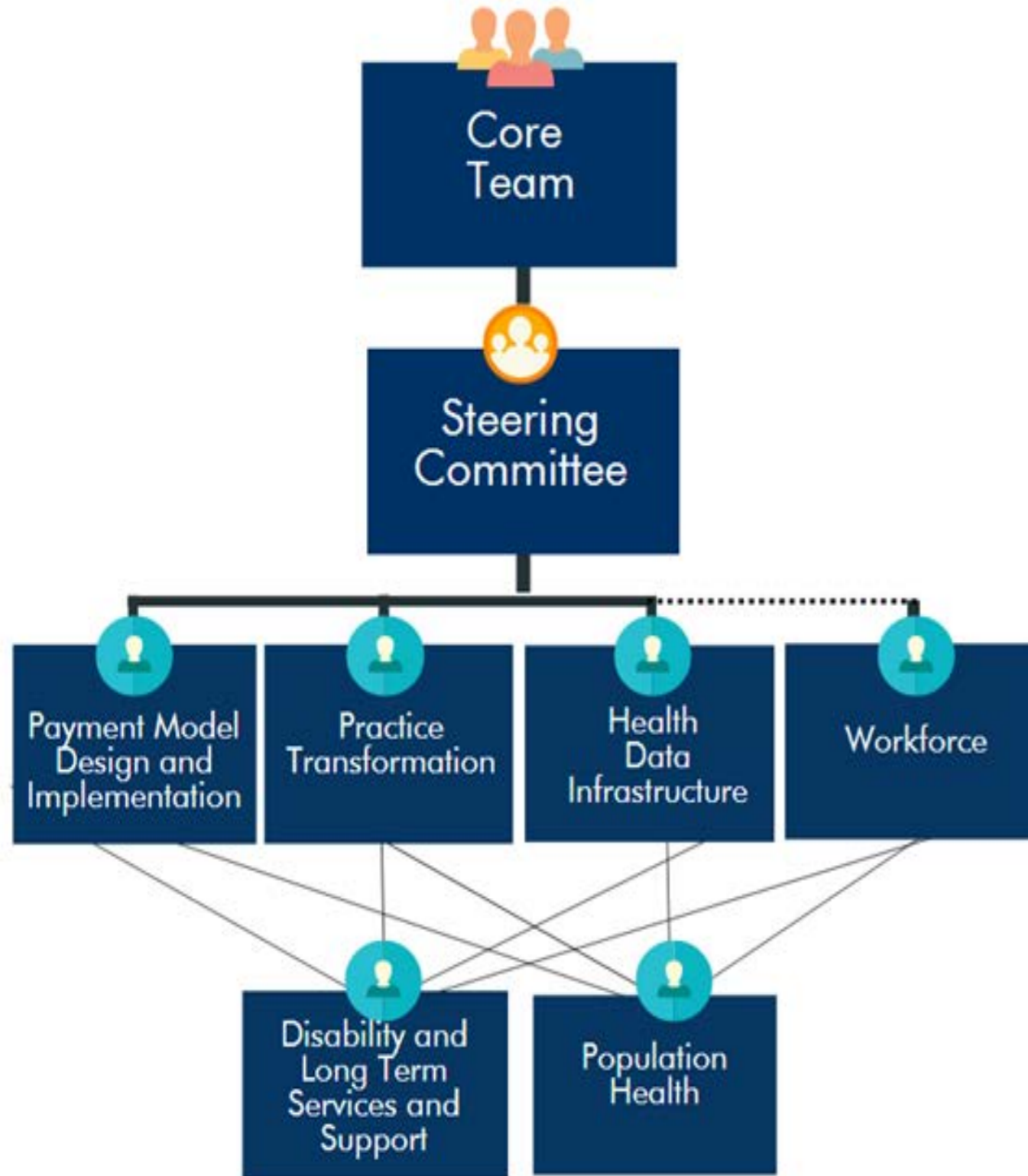


- 12 individuals from the private and public sector were interviewed.
- Interviews were performed to identify areas of successful SIM investment that should be sustained and barriers to sustainability.
- A comprehensive summary of the key informant interviews can be found in Appendix C of the Plan.

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.

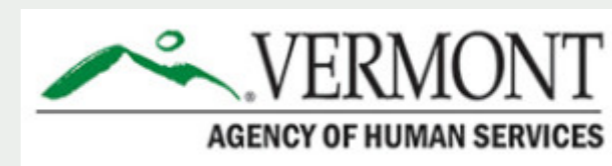
Some projects remain ongoing at the time of the delivery of the initial draft report. In these cases, we have indicated sustainability status is pending the project's completion.

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:



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).



BlueCross BlueShield
of Vermont



Recommendations: Payment Model Design and Implementation

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



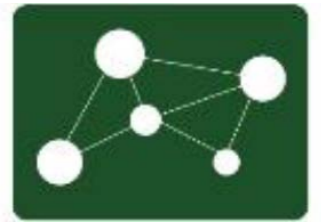
- A “micro-simulation” demand model uses Vermont-specific data to identify future workforce needs for the State by inputting various assumptions about care delivery in a high-performing health care system.
- The selected vendor for this work will create a demand model that identifies ideal workforce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



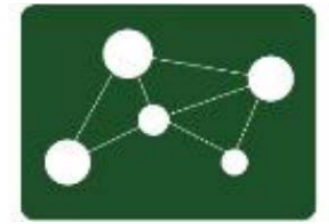
- The Vermont Office of Professional Regulation (OPR) and Vermont Department of Health (VDH) work in tandem to assess current and future supply of providers in the State's health care workforce for health care work force planning purposes, through collection of licensure and re-licensure data and the 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 <i>State-Supported</i>	Ongoing Investment <i>Private Sector</i>
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	●		

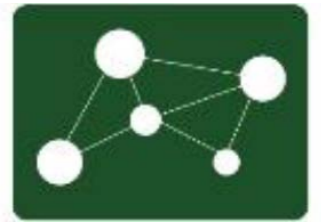
Recommendations: Health Data Infrastructure (cont'd)



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	

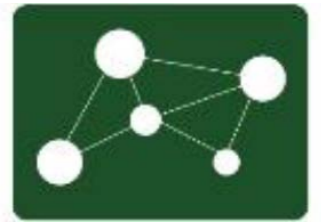
*AOA is the recommended lead entity, pending establishment of a coordinating entity as recommended in the HIT Plan. 33

Health Data Infrastructure: Expand Connectivity to HIE – Gap Analysis



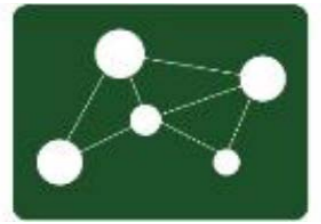
- The Gap Analysis is an evaluation of the EHR system capability of health care organizations, interface ability of the EHR system, and the data transmitted within those interfaces.
- Created a baseline determination of the ability of health care organizations to produce Year 1 Medicare, Medicaid, and 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)

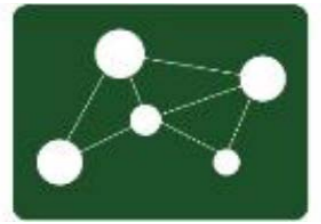
Health Data Infrastructure: Expand Connectivity to HIE – Data Extracts from HIE



- 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.**

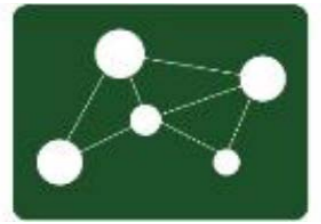
Health Data Infrastructure:

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)

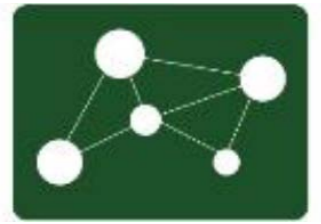
Health Data Infrastructure: Telehealth



- *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.

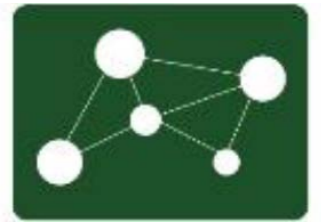
- *Implementation* - Vermont is funding two pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations. The primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement 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



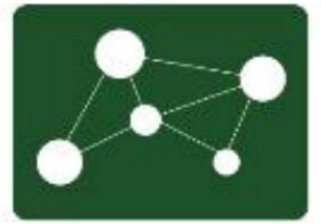
- Electronic medical record (EMR) expansion focuses on assisting in the procurement of EMR systems for non-Meaningful Use (MU) providers.
- Includes technical assistance to identify appropriate solutions and exploration of alternative solutions.
- **Sustainability Recommendation:** Ongoing activities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



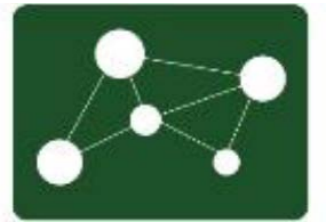
- The Vermont Care Network (VCN) Data Repository will allow the Designated Mental Health Agencies and Specialized Service Agencies to send specific data to a centralized data repository.
- Long-term goals of the data repository include accommodating connectivity to the Vermont Health Information Exchange (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



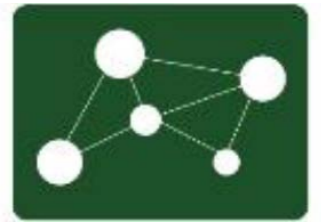
- *Shared Care Plan Project* - A planning activity that ensures that the components of a shared care plan are captured in a technical solution that allows providers across the care continuum to electronically exchange critical data and information as they work together in a team based, coordinated model 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.)



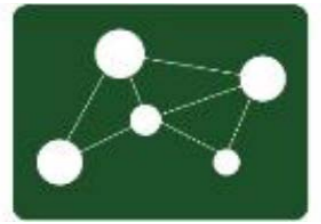
- *Event Notification System* – A system to proactively alert participating providers regarding their patient’s medical service encounters.
 - **Sustainability Recommendation:** Ongoing activities and investments.
 - **Recommended Lead Entity:** AOA*
 - **Recommended Key Partners:** VITL, AHS (and Departments), 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 <i>State-Supported</i>	Ongoing Investment <i>Private Sector</i>
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 <i>(Primary Owner)</i>	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 5a: HDI Work Group Accomplishments

Vermont Health Care Innovation Project HDI Work Group Final Reflection and Celebration

January 2016

History

- HIE/HIT Work Group formed in 2013.
- Purpose, from Work Group Charter:
 - To identify the desired characteristics and functions of a high-performing state-wide information technology system.
 - To explore and recommend technology solutions to achieve SIM's desired outcomes.
 - To guide investments in the expansion and integration of health information technology, as described in the SIM proposal, including expanded use of electronic health records across providers and development of a health analytics platform to support new care delivery and payment models.
- In 2015, transitioned to HDI Work Group.

That Resulted In Several Major Initiatives:

Gap Analyses

Data Quality

Telehealth

Data Warehousing –
Blueprint Clinical Registry

Shared Care Plan

EMR Expansion

Gap Remediation

Event Notification System

Universal Transfer Protocol

Data Warehousing –
VCN Data Repository

ACO Gateways

Health Data Inventory

Data Warehousing Strategy

It Was a Group Effort

- Co-Chairs Simone Rueschemeyer and Brian Otley
- Members have included ACOs (OneCare, CHAC/Bi-State, Healthfirst), Hospitals (Northwestern and Brattleboro), Payers (BCBSVT and MVP), Cathedral Square/SASH, AAAs and Home Health Agencies (Champlain Valley Area Agency on Aging, Central Vermont Home Health and Hospice), DAs (Northwest Counseling and Support Services, Howard Center), Vermont Association of Hospitals and Health Systems (VAHHS), Vermont Care Partners/Vermont Care Network, Vermont Information Technology Leaders (VITL), Vermont Medical Society, consumer representatives, Vermont Legal Aid/Health Care Advocate Project, and the State of Vermont (Agency of Human Services and many Departments, GMCB).

2013 & 2014

- **Work Group Charter** established.
- **Gap Analyses** for ACO and DLTSS providers started.
- **ACO Gateway** for OneCare started.
- **Data Quality** initiatives designed for ACO providers and Designated Agencies, Phase I of DLTSS Data Quality work.
- **EMR** procurement for five Specialized Services Agencies (SSAs).
- **Telehealth Strategic Plan and Pilots** conceptualized.
- Phase I of **Universal Transfer Protocol** work launched.
- **Event Notification System** project launched; proof of concept, research, and discovery.
- **Health Data Inventory** work launched.

Providers Impacted by 2014 investments: 399

2015

- **Gap Analyses** for ACO and DLTSS providers completed.
- ACO and Designated Agency/Specialized Service Agency (DA/SSA) **Gap Remediation** begun.
- **ACO Gateways** for OneCare and CHAC completed.
- **Data Quality** improvement efforts launched for ACO providers and Designated Agencies.
- **Telehealth Strategic Plan** finalized; RFP for **Telehealth Pilots** released and bidders selected.
- **EMRs acquired** for five Specialized Services Agencies (SSAs) and for the Dept. of Mental Health/State Psychiatric Hospital.
- **Data Warehousing** – Contract executed for Vermont Care Network Data Repository.
- Business and technical requirements developed for **Universal Transfer Protocol** and **Shared Care Plan** solutions.
- **Event Notification System** contractor selected.
- **Health Data Inventory** completed.

Providers Impacted by 2015 investments: over 400

2016

- Phase I ACO **Gap Remediation** work completed; VCP Gap Remediation launched and completed; DLTSS Gap Remediation project to increase connectivity for Home Health Agencies and Area Agencies on Aging launched.
- **ACO Gateway** for Health*first* completed.
- **Data Quality** improvement efforts with VCP completed; Terminology Services work begun and first phase completed.
- **Telehealth Pilots** launched.
- **Data Warehousing** – Phase I of Vermont Care Network Data Repository completed; Blueprint Clinical Registry Migration to VITL infrastructure complete; statewide planning for long-term data warehousing strategy.
- **Universal Transfer Protocol** goals pursued through workflow solutions; **Shared Care Plan** project continued review of consent requirements.
- **Event Notification System** launched.

Providers Impacted by 2016 investments: hundreds

Thank you!

Attachment 5b: 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`.