VT Health Care Innovation Project
Core Team Meeting Agenda

December 20, 2016 1:00pm-3:00pm
Waterbury State Office Complex, Waterbury
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:05	Welcome and Chair's Report	Lawrence Miller	*Update.*
Core Team Processes and Procedures:				
2	1:05-1:10	Approval of meeting minutes	Lawrence Miller	Attachment 2: November 14, 2016 Meeting Minutes *Decision needed.*
Core Team Updates:				
3	1:10-1:50	Sustainability Plan	Myers & Stauffer Team	Attachment 3a: Sustainability Plan Powerpoint Attachment 3b: Myers and Stauffer November Report *Update.*
Core Team Policy:				
4	1:50-2:20	Connectivity Criteria (*pending approval at Steering Cmte*)	HDI Co-Chairs	Attachment 4: Connectivity Criteria Slides *Decision needed.*
Core Team Financial:				

5	2:20-2:50	Budget Update and Proposed PP2 and PP3 Reallocations	Georgia Maheras and Diane Cummings	Attachment 5: Budget powerpoint *Decision needed.*
6	2:50-3:00	*Public Comment*	Lawrence Miller	
7	3:00	Next Steps, Wrap-Up and Future Meeting Schedule: TBD	Lawrence Miller	

Attachment 2: November 14, 2016 Meeting Minutes

Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Monday, November 14, 2016, 3:00-4:00pm, Elm Conference Room, Waterbury State Office Complex.
Core Team Attendees: Lawrence Miller, Al Gobeille, Robin Lunge, Paul Bengtson, Steve Voigt, Hal Cohen

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Georgia Maheras called the meeting to order at 3:09. Lawrence Miller chaired the meeting via phone. A roll-call attendance was taken and a quorum was present. *Chair's Report:* Lawrence Miller provided an update: • Sustainability Plan Update: Attachment 1a is update on the Sustainability Plan from Myers & Stauffer. There have been recent revisions to the Sustainability Plan, and the draft will be released to all VHCIP participants on 11/15. • Follow-Up from 10/31 Core Team Meeting: Attachment 1b is provided in response to a request for information on project spending on health data infrastructure and ACOs.	
2. Approval of Meeting Minutes	Paul Bengtson moved to approve minutes from the previous meeting. Hal Cohen seconded. A roll call vote was taken and the minutes were approved with two abstentions (Al Gobeille, Steve Voigt).	
3. Population Health Plan	Tracy Dolan presented the draft Population Health Plan, noting that the draft Population Health Plan (Attachment 3) is a draft. This draft includes revisions in response to previous feedback from VHCIP work groups and the Steering Committee. • This is a critical framework to support population health improvement in Vermont. This is not a disease-specific plan, but complements our State Health Improvement Plan (SHIP), which identifies key goals based on data. • This plan is the culmination of two years of work from the Population Health Work Group, which aimed to apply a broad population health framework and perspective to SIM. It also builds on work by the Prevention Institute on Accountable Communities for Health, and by the Center for Health Care Strategies (CHCS) which supported the development of a framework for population health that focuses on systems (rather than specific public health and prevention topics).	

Agenda Item	Discussion	Next Steps
	• Tracy suggested four ideas to keep in mind: This plan looks longer (over time), earlier (in terms of upstream interventions and the well-being of children and families, broader (in terms of populations and partners), and wider (in terms of health determinants). The Population Health Plan builds on the State Health Improvement Plan (SHIP) and other state initiatives, addresses the integration of public health and health care delivery, and leverages payment and delivery system reforms. • 5 Principles: Developed by the Population Health Work Group as part of discussions of population health measures. • Policy Levers: Where are the places where Vermont can insert population health and prevention approaches? Four Policy Levers included in this plan: Governance, Care Delivery Requirements and Incentives, Measurement, and Payment and Financing Methodologies. • Policy Options: Possibilities within each Policy Lever for the State (and statewide and local organizations) to integrate population health and prevention. o Paul Bengtson asked Tracy to expand on the Health in All Policies approach and how sectors like education might be able to impact population health. Tracy noted that this plan is intended to drive systemic change from the State level so that regional and local efforts can be aligned and supported. o Paul asked what the State sees as the end goal for Accountable Communities for Health. Discussion: How does this plan advance the State's work and with the goals and recommendations of the other work groups? What else would you want to see in order to get behind this plan? How do you see this plan being implemented in our next iteration of Health Reform? • Paul commented that his health service area is behind this plan, and has brought in Harry Chen to talk about the 3/4/50 campaign, and has distributed the draft Population Health Plan to Community Collaborative members. Community members want to know what role they can play to implement this plan locally, and whether they'll be getting direction from the State or will have flexibility to align with basic principles. There is momentum in the Northeast Kingdom to work together to jointly fund improvement efforts, but have sometimes struggled to wait for State-level change. Paul made a motion to endorse the Population Health Plan. Hal Cohen seconded. Additional comment: • Robin Lunge commented that this document lays out thinking and provides options. One challenge at the moment is that we are transitioning between Governor's administrations; providing options may be more appropriate than pursuing specific interventions. Tracy concurred, noting that this document is framed as offering options. • Al Gobeille asked how this plan was vetted. Lawrence clarified that this Plan is one of our deliverables to CMMI under the SIM grant. Georgia added that the plan is due on 6/30/2017 to CMMI as one of the final deliverables of the SIM grant. We have had significant process to vet the Population Health Plan with SIM participants to date; we are hoping for a nod from the Core Team to take this to a broader audience	

Agenda Item	Discussion	Next Steps
	(including the Legislature) over the next few months. The Core Team would reconvene in the Spring with the next version of this document to provide additional comment and approve before submission to CMMI. Tracy added that in addition to SIM participants, this document was reviewed at a regular meeting between VDH and family physicians/pediatricians. The current draft includes feedback from OneCare as well. • Paul commented that he has been tasked with meeting with all newly elected legislators from his region over the next few weeks to provide education. • Lawrence noted that a vote to endorse today would be to continue moving forward with public process in advance of a vote to approve and submit to CMMI in the Spring. Steve Voigt voiced his support, and suggested capturing innovative ideas identified through this process and connecting leaders from communities across the state. Hal Cohen also voiced support for moving forward. Al Gobeille expressed concern, noting that some options suggested in this plan would not be supported if undertaken by GMCB; this is a bigger conversation for Vermonters to have. • Lawrence noted that this document could also be tabled until the December 20th Core Team meeting. He noted that the Core Team will have a new chair in January. Hal suggested pushing forward and revising over time. • Tracy noted that this plan presents categories of policy options, rather than making pointed recommendations. A roll-call vote was taken; the motion carried 5-1.	
4. Public Comment	There was no public comment.	
5. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Monday, December 20, 2016, 2:00-4:00pm, Ash Conference Room, Waterbury State Office Complex.	

VHCIP Core Team Member List

Roll Call: 11/14/2016

1° Paul 2° Hal — 1° Paul 2° Hal

Member		10/31/2016 Minutes	Pop Health Plan	
First Name	Last Name			Organization
Paul	Bengston ✓	✓	✓	Northeastern Vermont Regional Hospital
Hal	Cohen ✓	✓	✓	AHS -CO
Steven	Costantino X	—	—	AHS - DVHA
Al	Gobeille ✓	A	No	GMCB
Monica	Hutt X	—	—	AHS - DAIL
Robin	Lunge ✓	✓	✓	AOA - Director of Health Care Reform
Lawrence	Miller ✓	✓	✓	[redacted] Chief of Health Care Reform
Steve	Voigt ✓	A	✓	ReThink Health

motion carries — 5 – 1 — motion carries

VHCIP Core Team Participant List

Attendance: 11/14/2016

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

First Name	Last Name		Organization
Susan	Aranoff	here	AHS - DAIL
Ena	Backus		GMCB
Susan	Barrett		GMCB
Paul	Bengston	here	Northeastern Vermont Regional Hospital
Beverly	Boget		VNAs of Vermont
Harry	Chen		AHS - VDH
Hal	Cohen	here	AHS-CO
Amy	Coonradt		AHS - DVHA
Alicia	Cooper		AHS - DVHA
Steven	Costantino		AHS - DVHA, Commissioner
Mark	Craig		
Diane	Cummings	here	AHS - Central Office
John	Evans	Phone	VITL
Jaime	Fisher		GMCB

Erin	Flynn		AHS - DVHA
Lucie	Garand		Downs Rachlin Martin PLLC
Christine	Geiler		GMCB
Martita	Giard		OneCare Vermont
Al	Gobeille	phone	GMCB
Sarah	Gregorek		AHS - DVHA
Mike	Hall		V4A
Carrie	Hathaway		AHS - DVHA
Selina	Hickman		AHS - Central Office
Monica	Hutt		AHS - DAIL
Kate	Jones		AHS - DVHA
Pat	Jones		GMCB
Joelle	Judge	here	UMASS
Sarah	Kinsler	here	AHS - DVHA
Heidi	Klein		AHS - VDH
Robin	Lunge	phone	AOA
Carole	Magoffin		AHS - DVHA
Georgia	Maheras	here	AOA
Lawrence	Miller	phone	AOA - Chief of Health Care Reform
Meg	O'Donnell		UVM Medical Center
Kate	O'Neill	here	GMCB
Luann	Poirer		AHS - DVHA
Frank	Reed		AHS - DMH
Lila	Richardson		VLA/Health Care Advocate Project
Larry	Sandage		AHS - DVHA
Suzanne	Santarcangelo		PHPG
Julia	Shaw		VLA/Health Care Advocate Project
Kate	Simmons		Bi-State Primary Care
Karen	Sinor	phone	AHS - DVHA
Steve	Voigt	phone	ReThink Health
Julie	Wasserman	here	AHS - Central Office
Kendall	West		Bi-State Primary Care
James	Westrich		AHS - DVHA

Katie	Whitney		AHS - Central Office
Jason	Williams		UVM Medical Center
Sharon	Winn		Bi-State Primary Care

Kelly Lange - BCBSVT - phone

Attachment 3a: Sustainability Plan Powerpoint

Vermont State Innovation Model (SIM)
Draft Sustainability Plan

Venesa Day, Senior Manager,
Myers and Stauffer, LC

Vermont Health Care Innovation Project

Purpose of the Plan

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

Plan Timeline: Process

- Research – Ongoing based on stakeholder input
- Key Informant Interviews - August 2, 2016 through September 15, 2016
- Electronic Stakeholder Survey – August 2016
- Sustainability Sub-Group – Convened September 2016
- SIM Sustainability Plan and creation of Appendix A – completed October 26, 2016

Plan Timeline: Review

- November and December 2016 – First draft complete and under review by SIM Work Groups and Steering Committee.
- 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.

Plan Research and Development: Vermont SIM Research

Myers and Stauffer 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 John Snow Inc., the SIM State-Led Evaluation contractor, and reviewed available evaluation materials.
- Deployment of an electronic stakeholder survey. Survey was sent to over 300 SIM participants to seek input on the sustainability priorities within each focus area; 47 responses received. A copy of this survey, including results, can be found in Appendix B of the Plan.

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

Myers and Stauffer also conducted key informant interviews:

Vermont SIM Interview Participants

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

Plan Research and Development: Sustainability Sub-Group

- Lawrence Miller, Sub-Group Chair and Core Team Chair
- Paul Bengtson, Northeastern Vermont Regional Hospital (NVRH), Core Team Member
- Steve Voigt, ReThink Health, Core Team Member
- Cathy Fulton, VPQHC, Payment Model Design & Implementation Work Group Co-Chair
- Laural Ruggles, NVRH, Practice Transformation Work Group Co-Chair
- Simone Rueschemeyer, Vermont Care Network, Health Data Infrastructure Work Group Co-Chair
- Deborah Lisi-Baker, UVM, DLTSS Work Group Co-Chair
- Karen Hein, Population Health Work Group Co-Chair
- Mary Val Palumbo, Health Care Workforce Work Group Co-Chair
- Andrew Garland, BCBSVT, Payment Model Design and Implementation Work Group Co-Chair
- Kate Slocum, Green Mountain Care Board
- Susan Barrett, Green Mountain Care Board
- 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

State-Side Process

- State personnel presented to each Work Group a PowerPoint presentation providing an overview including recommendations of the first draft of the SIM Sustainability Plan.
  - Notes were taken of all of this feedback.
- State personnel have created and distributed a “SIM Work Group Transitions: How to Stay Involved” document for SIM stakeholders.
  - This will be updated and redistributed at the end of December.

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)

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.

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).

Lead Entities

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

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

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

VERMONT Agency of Administration

VERMONT AGENCY OF HUMAN SERVICES

VERMONT Blueprint for Health Smart choices. Powerful tools.

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

Recommendations:
Payment Model Design and Implementation

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

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

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	**Lead Entity** *(Primary Owner)*	**Key Partners**	**Special Notes**
ACO Shared Savings Programs (SSPs)	GMCB	Payers (DVHA, BCBSVT, CMS), ACOs, VCO	Activity continued through transitional period.
Pay-for-Performance (Blueprint for Health)	VCO	AHS (DVHA-Blueprint) and GMCB	Note that both VCO and AHS will be engaged in subsequent P4P activities.
Health Home (Hub & Spoke)	AHS	DVHA-Blueprint	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/DVHA	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	

Recommendations:
Practice Transformation

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

Recommendations:
Practice Transformation

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	**Lead Entity** *(Primary Owner)*	**Key Partners**	**Special Notes**
Learning Collaboratives	Blueprint/VCO	Community Collaboratives (CCs), 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		

Recommendations:
Health Data Infrastructure

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

Recommendations:
Health Data Infrastructure (cont'd)

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	**Lead Entity** *(Primary Owner)*	**Key Partners**	**Special Notes**
Expand Connectivity to HIT – Gap Analysis	**One-Time Investment**		
Expand Connectivity to HIT – Gap Remediation	AOA*	VITL, 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.

Recommendations: Evaluation

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

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


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Stakeholder Comments on The First Draft

Payment Model Design and Implementation: Feedback

- **Blueprint for Health** – In the All-Payer Model All Inclusive Population-Based Payment model, the Blueprint payments will be taken over by VCO for VCO-participating practices.

- **Shared Savings Programs Monitoring and Evaluation** – Personnel and contracts been included in the Performance Period 3 budget since 2015.

Practice Transformation: Feedback

- **Micro-Simulation Demand Model** – No recommendation as work is still in progress. Project delays caused by slow federal approval and delays in dataset acquisition
  - Results will be presented to the Workforce Work Group.

Health Data Infrastructure: Feedback

- Important consumer-facing technologies, such as mobile devices and voice commands, are internal solutions addressed in the Health Information Technology (HIT) Strategic Plan.
- The major Data Warehousing investment SIM made was in the Covisint/DocSite Data Repository, which is now hosted in the VITL environment.

General Comments

- **Lead Entities and Key Partners**
  - For activities that are proposed to continue, the Lead Entity will provide stewardship and ownership. The Lead Entity is not the sole decision-making organization, but works with Key Partners to make sure work continues.
  - As the Sustainability Plan is implemented, Vermont may revisit the designated Lead Entities and Key Partners. The recent change in Administration may also lead to changes.
- **Ongoing Financial Resources**
  - There is $1.2 million in the SIM budget marked for Sustainability. Some of this spending will depend on the new Administration's budget. The SIM team is working closely with transition team to address the budget.
  - There is also approximately $9 million in one-time funds in the APM which will go to cover Medicare's participation in Blueprint and SASH, and ACO infrastructure. The State needs to apply for the funds, but it's only available to Vermont, so not competitive.
- **Plan Purpose and Stakeholder Feedback**
  - Provide clarity regarding the purpose of the document and the CMS requirement. Provide additional detail on the community review and vetting process, and the incorporation of stakeholder comments during the draft review.

Role of Consumers

- Consumer and consumer advocate engagement have played a key role in defining the SIM initiative's mission and objectives.
- The involvement of consumers and consumer advocates ensures education on population-specific and community-based needs and inclusion in the overall goals of SIM.
- Consumers and Consumer Advocates should be included as Key Partners in each activity.
- Consumer involvement in consent architecture is included in a recommendation to the incoming Secretary of Administration around HIT governance. If approved, it could result in significant changes to the HDI section.

SIM Connections to other Projects

- Create a stronger link between the population health plan and the sustainability plan.
- Create a connection between individuals trained through Learning Collaboratives and Workforce Group so that there is a pathway for hiring people who have the necessary skills. Create a stronger link to the Workforce Strategic Plan.
- Incorporate information about the Vermont Model of Care recommended for inclusive into the plan.

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 3b: Myers and Stauffer November Report

State of Vermont (SOV) State Innovation Model (SIM)
Development of Final Sustainability Plan
Myers and Stauffer LC Monthly Progress Report to Vermont SIM Core Team

Progress Summary - November 2016

This report provides a summary of the work performed in November by Myers and Stauffer LC as the contractor assisting the state in the development of the draft Sustainability Plan for the Vermont State Innovation Model (SIM) Testing Grant.

First Draft of the SIM Sustainability Plan

MSLC delivered the first draft of the SIM Sustainability Plan to the State on October 24, 2016. This draft plan was subsequently reviewed with the SIM Sustainability Sub-Group on October 28, 2016. Feedback from the Sub-Group members was collected during this meeting and incorporated into the plan. The State and Myers and Stauffer met again with the Sub-Group on November 7, 2016 to discuss the recommended edits included and receive any additional feedback. The first draft of the Sustainability Plan has also been sent out to the broader SIM stakeholders for feedback.

During November and December, each Work Group has had the opportunity to review and provide feedback on the draft SIM Sustainability Plan. Myers and Stauffer developed a comprehensive PowerPoint presentation for use at each Work Group meeting. The Power Point provides an overview of the draft SIM Sustainability Plan - detailing the process, elements, and recommendations. Georgia Maheras has been leading this activity for the State. Myers and Stauffer has had a representative on each Work Group call to listen to stakeholder feedback.

Myers and Stauffer has been maintaining a document capturing all suggested edits to the draft SIM Sustainability Plan. The State reviews the document regularly. The document will be evaluated once all stakeholder feedback is received to inform the next draft of the plan which is due on March 31, 2017. Suggested edits are being grouped into common themes/categories. Comments from stakeholders about the draft SIM Sustainability Plan have included:

- A request for a stronger description of the roles of the Lead Entity and Key Partners.
- Inclusion of a statement that as the Sustainability Plan is implemented, Vermont may revisit the designated Lead Entities and Key Partners.
- Statement that an ongoing evaluation of the Lead Entity and Key Partners is needed to ensure the most appropriate leadership for the project's mission and objectives.
- Ensure the role of the consumer and consumer advocate as Key Partners is represented within each focus area.
- Description of what SIM dollars will fund in 2017.

Myers and Stauffer also will be participating in the next SIM Sustainability Sub-Group meeting which will be held on December 20, 2016.

SIM Core Team December Meeting

A PowerPoint presentation providing an overview of the processes taken to develop and inform the first draft of the Sustainability Plan will be presented by Myers and Stauffer to the Core Team during the December 20, 2016 meeting.

Attachment 4: Connectivity Criteria Slides

HEALTH INFORMATION EXCHANGE CONNECTIVITY TARGET PROPOSAL

December 20, 2016

Project Background

- Intent: *From 2016 HDI Workplan* – Discuss connectivity targets for 2016-2019 and make a recommendation to the Steering Committee and Core Team.
  - During review, this was expanded to a 10 year outlook.

- *Connectivity* is defined in this project as an information connection between Vermont Health Care Organizations (HCOs) and the Vermont Health Information Exchange (VHIE).
  - Many types of information can be passed over a connection including: demographics, clinical, lab orders, lab results, immunizations, transcriptions, etc.

- *Connectivity Targets* are intended to provide stakeholders with a reasonable framework on progress towards connecting all HCOs to the VHIE over the next 10 years.

HDI Work Group Presentation

- The Connectivity Targets were presented to the HDI Work Group on 10/28/16. The Connectivity Targets were approved unanimously “as a starting point that will be revisited in six months” as “this is a point in time but provides a framework for moving forward.”

- The proposed targets were based off of the “Health Care Organization Connectivity Report”, submitted by Vermont Information Technology Leaders (VITL) to the State on July 13, 2016 and revised in September 2016.
  - This report provided a comprehensive overview of VITL’s progress to date in connecting Health Care Organizations to the VHIE.

HDI Work Group Presentation (Cont'd)

- The presentation to the HDI Work Group included:
  - Assumptions needed to be considered while developing the targets.
  - The Methodology utilized to develop the Connectivity targets.
  - Ten year connection projections for 7 categories of Health Care Organizations that make up Vermont's health care environment:
    - Designated Agencies
    - FQHCs
    - Home Health Agencies
    - Hospitals
    - Long Term Care
    - Primary Care
    - Specialty Care

Assumptions

- Proposed criteria are based on the following premises:
  - Certain provider sites will only require certain types of connections
  - For estimating purposes, each provider site requiring a type of connection will have only a maximum of one connection per type calculated.
  - The level of effort involved in developing a connection will vary depending on the HCO type, vendor, or connection type.
- All estimates are contingent on willing HCO participation, HCO capabilities, resource, vendor capability, and funding.
- Replacement connections for HCOs that either change or upgrade their EHR system account for a significant amount of effort and are difficult to estimate. To account for this, the estimates for *new connections* are deliberately set at a lower rate to allow for the fluctuation of replacement connection rates. Replacement connections are not included as part of this proposal.

Methodology

- The Connectivity Targets were developed by analyzing the previous five years of VITL connection development and using that progress to estimate a reasonable connection trend over the next 10 years, assuming funding and resources remain constant.
- As the targets were developed, certain considerations must be made:
  - Type and capability of the Health Care Organization
  - Technical and financial resource
  - Some types of HCOs may never have a need to connect (For instance, a retiring practice)
  - Vendor capability
  - Privacy & Security Regulations (42 CFR Part 2, FERPA)

Proposal Emphasis

The HDI Work Group requested an emphasis on:

- Clinical information (CCD) connections in general since they provide the most robust and comprehensive data.
- Admission/Discharge/Transfer (ADT) connections for LTSS providers as they provide crucial information regarding transition of care and patient demographics.
- Clinical information connections for Specialty Care and Nursing Homes.

Results

The Connectivity Target exercise provided a roadmap for Vermont's connection trends over the next 10 years. Using this roadmap, Vermont can reasonably expect:

- **DA/SSAs:** Connections to be completed by 2020.
- **Home Health Agencies:** Every HHA will have a Clinical and Admission/Discharge/Transfer connection by 2023.
- **Hospitals:** Every Vermont area hospital will be completely connected (all necessary connections) by 2022.

Results (Cont'd)

- **Long Term Care:** Connections for Long Term Care facilities will increase from 7 today to 176 by 2026 with all current LTC facilities having a Admission/ Discharge/Transfer connection by 2025.
- **FQHCs:** FQHCs will be completely connected (all necessary connections) by 2026.
- **Primary Care:** Primary Care facilities will have the majority of their connections (including Clinical & all Admission/Discharge/Transfer) by 2026.
- **Specialty Care:** Specialty Care will greatly accelerate, increasing from 81 connections today to 648 by 2026.

Overall, connections will increase from 902 to 2866 in 2026.

Attachment 5: Budget powerpoint

Budget to Actuals and Budget Reallocation for PP3

December 20, 2016

Georgia Maheras, JD

Project Director

Year 1 Budget-Complete

Vermont Health Care Innovation Project Year 1 Budget October 1, 2013 - December 31, 2015				
BUDGET CATEGORY	**BUDGET-YEAR 1**	**FINAL EXPENSES**	**CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices)**	**REMAINING UNOBLIGATED BALANCE**
Personnel/Benefits	$ 2,657,072.25	$ 2,657,072.25	$ -	$ -
Operating (includes Indirect)	$ 945,675.10	$ 945,675.10	$ -	$ 0.00
Contractual:				
HEALTH DATA INFRASTRUCTURE-TOTAL	$ 3,631,455.14	$ 3,553,086.46	$ 78,368.68	
PAYMENT MODELS-TOTAL	$ 3,898,088.35	$ 3,725,234.22	$ 172,854.13	
CARE MODELS-TOTAL	$ 242,754.13	$ 219,429.08	$ 23,325.05	
CARE MODELS-SUB GRANT PROGRAM-TOTAL	$ 2,385,707.27	$ 2,376,417.48	$ 9,289.79	
EVALUATION-TOTAL	$ 1,656,538.42	$ 1,645,151.77	$ 11,386.65	
GENERAL-TOTAL	$ 680,068.17	$ 671,457.20	$ 8,610.97	
CMMI Required: Population Health Plan-TOTAL	$ 26,945.68	$ 26,945.68	$ -	
Contractual Total	$ 12,521,557.16	$ 12,217,721.89	$ 303,835.27	$ 0.00
TOTAL YEAR 1 BUDGET	**$ 16,124,304.51**	**$ 15,820,469.24**	**$ 303,835.27**	**$ 0.00**

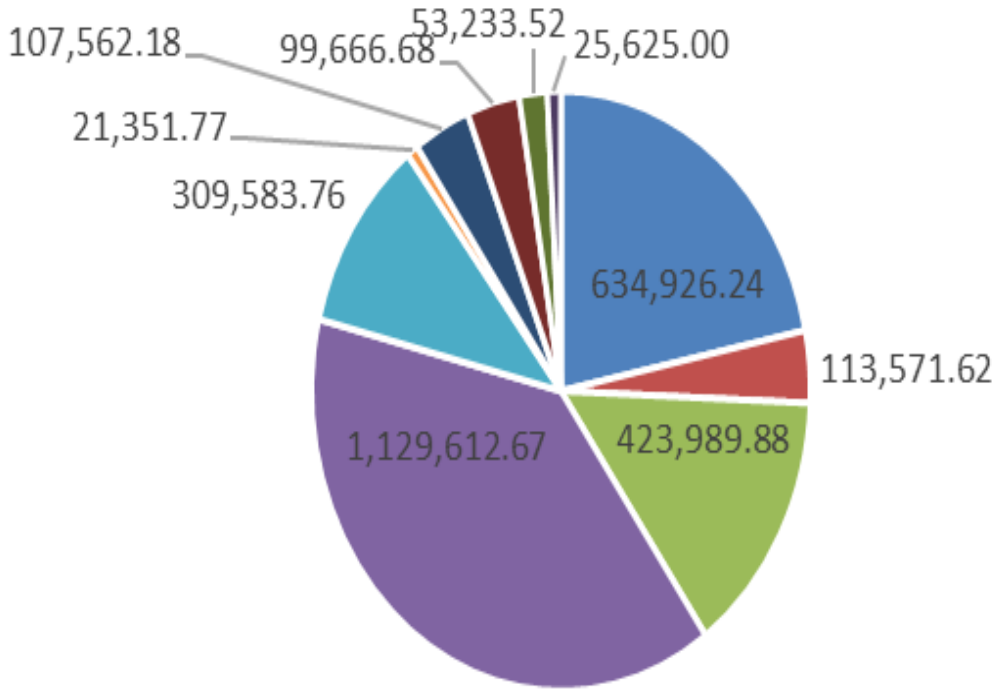
Year 2 Budget

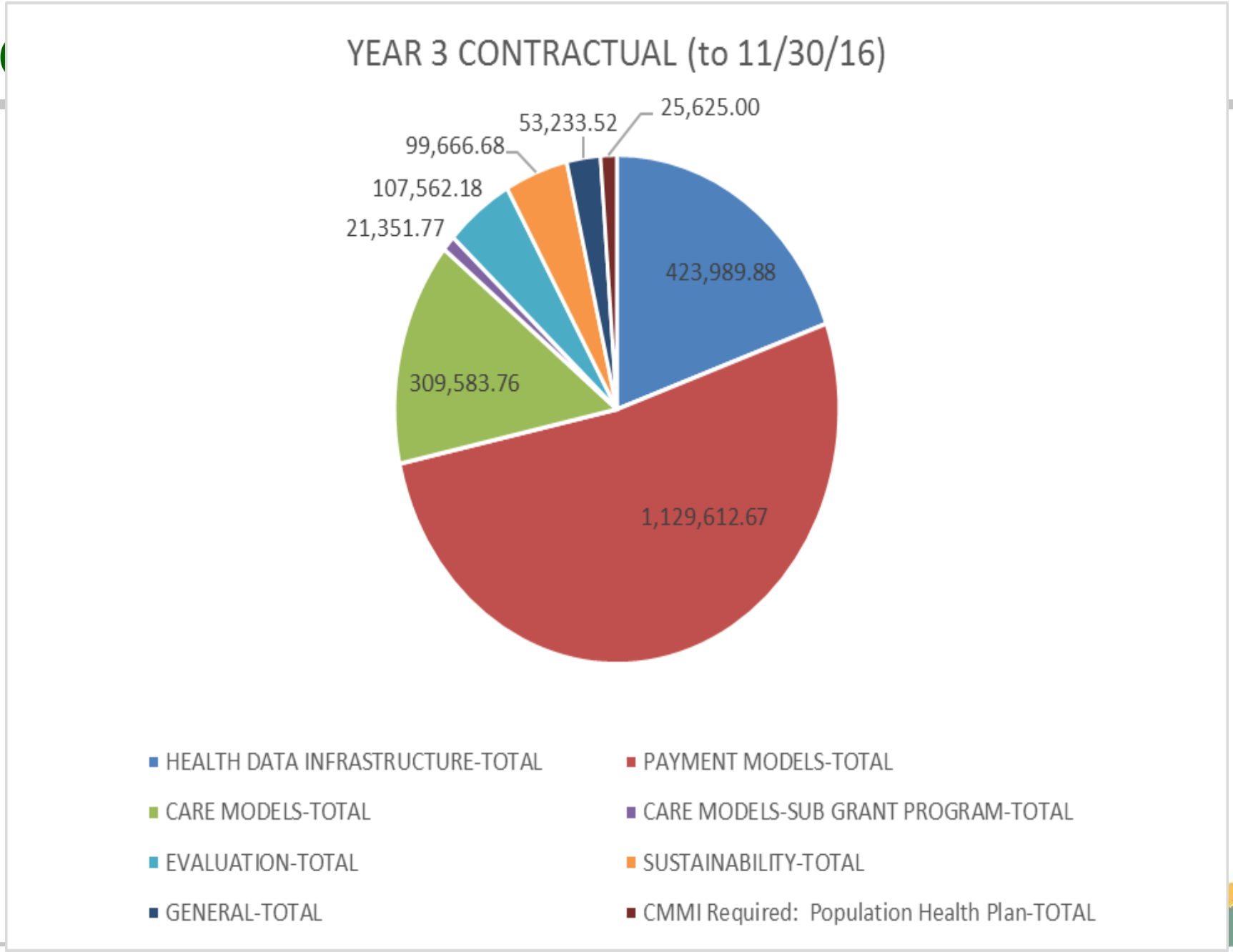
Year 2 Budget -CMS/CMMI Approved January 1, 2015 - June 30, 2017				
BUDGET CATEGORY	**BUDGET-YEAR 2**	**ACTUALS and Unpaid Contract Invoices to 11/30/16**	**CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices)**	**REMAINING UNOBLIGATED BALANCE**
Personnel/Benefits	$ 1,862,697.54	$ 1,862,697.54		$ (0.00)
Operating (includes Indirect)	$ 798,501.35	$ 779,501.35		$ 19,000.00
Contractual:				
HEALTH DATA INFRASTRUCTURE-TOTAL	$ 5,073,817.92	$ 4,162,885.47	$ 910,932.45	
PAYMENT MODELS-TOTAL	$ 5,117,318.73	$ 3,725,520.37	$ 1,391,798.36	
CARE MODELS-TOTAL	$ 1,228,366.77	$ 657,688.11	$ 570,678.66	
CARE MODELS-SUB GRANT PROGRAM-TOTAL	$ 2,298,500.24	$ 1,816,358.00	$ 482,142.24	
EVALUATION-TOTAL	$ 876,924.11	$ 839,424.11	$ 37,500.00	
GENERAL-TOTAL	$ 183,866.76	$ 183,866.76	$ -	
CMMI Required: Population Health Plan-TOTAL	$ 7,062.50	$ 7,062.50	$ -	
Contractual Total	$ 14,785,857.02	$ 11,392,805.31	$ 3,393,051.71	$ -
TOTAL YEAR 2 BUDGET	**$ 17,447,055.91**	**$ 14,035,004.20**	**$ 3,393,051.71**	**$ 19,000.00**

Year 3 Budget-YTD

Year 3 Budget - CMS/CMMI Approved July 1, 2016 - June 30, 2017				
BUDGET CATEGORY	**BUDGET-YEAR 3**	**ACTUALS and Unpaid Contract Invoices to 11/30/16**	**CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices)**	**REMAINING UNOBLIGATED BALANCE**
Personnel/Benefits	$ 1,552,759.00	$ 634,926.24		$ 917,832.76
Operating (includes Indirect*except 9/30/16)	$ 659,604.57	$ 113,571.62		$ 546,032.95
Contractual:				
HEALTH DATA INFRASTRUCTURE-TOTAL	$ 2,117,124.00	$ 423,989.88	$ 1,693,134.12	
PAYMENT MODELS-TOTAL	$ 2,980,439.05	$ 1,129,612.67	$ 1,850,826.38	
CARE MODELS-TOTAL	$ 593,503.60	$ 309,583.76	$ 283,919.84	
CARE MODELS-SUB GRANT PROGRAM-TOTAL	$ 47,238.00	$ 21,351.77	$ 25,886.23	
EVALUATION-TOTAL	$ 1,450,543.71	$ 107,562.18	$ 1,342,981.53	
GENERAL-TOTAL	$ 281,851.00	$ 53,233.52	$ 228,617.48	
SUSTAINABILITY-TOTAL	$ 1,715,056.65	$ 99,666.68	$ 1,615,389.97	
CMMI Required: Population Health Plan-TOTAL	$ 40,000.00	$ 25,625.00	$ 14,375.00	
Contractual Total	$ 9,225,756.01	$ 2,170,625.46	$ 7,055,130.55	$ -
TOTAL YEAR 3 BUDGET	**$ 11,438,119.58**	**$ 2,919,123.32**	**$ 7,055,130.55**	**$ 1,463,865.71**

YEAR 3 Expenses to 11/30/2016




YEAR 3 CONTRACTUAL (to 11/30/16)
25,625.00
53,233.52
99,666.68
107,562.18
21,351.77
423,989.88
309,583.76
1,129,612.67
HEALTH DATA INFRASTRUCTURE-TOTAL
PAYMENT MODELS-TOTAL
CARE MODELS-TOTAL
CARE MODELS-SUB GRANT PROGRAM-TOTAL
EVALUATION-TOTAL
SUSTAINABILITY-TOTAL
GENERAL-TOTAL
CMMI Required: Population Health Plan-TOTAL

Total Budget: $11,438,119.58

- Personnel: $1,060,990
- Fringe: $491,769
- Travel: $32,987.50
- Equipment: $14,608.76
- Other: $177,572.50
- Supplies: $10,040
- CAP: $424,395.81
- Contracts: $9,225,756.01

Project Management: $120,000
Evaluation: $676,823.04

- Project Management:
  - UMass: $120,000 (*Contract ending 12/31/16*; reduction)
- Evaluation:
  - Self-Evaluation Plan:
    - JSI: $562,773.50 learning dissemination/data visualization was lower cost than previous estimate.
  - Surveys:
    - Datastat: $114,049.54
    - Monitoring and Evaluation Activities:
      - Lewin, Burns, and Bailit (part of the Payment Models estimates)

Practice Transformation: $3,085,396.15

- Learning Collaboratives:
  - Abernathey: $19,000
  - VPQHC: $62,198.60
  - Core Competency:
    - DDC: $144,412.50
    - PCDC: $202,990
  - Accountable Communities for Health: $160,000
- Regional Collaborations:
  - BiState/CHAC: $861,225.05
  - OneCare: $1,045,570
- Practice Transformation:
  - DA/SSA (Medicaid Pathway): $400,000
- Sub-Grant TA:
  - Policy Integrity: $25,000
- Workforce Demand Model:
  - IHSGlobal: $195,000

Health Data Infrastructure: $1,781,911.80

- Home Health Agency Project:
  - VITL: $618,000
- Designated Agency Data Quality:
  - VITL: $75,000
- ACO Gateway Support:
  - VITL: $269,370
- Work Group Support:
  - Stone: $93,000
- Data Warehousing:
  - BHN/VCN: $626,754
  - H.I.S.: $7,965 (reduction of $35)
- Opiate Alliance: $91,822.82 (no-cost extension; reallocation between PP2 and PP3)

Payment Model Design and Implementation: $1,509,786.45

- Several contractors provide support across Payment Models:
  - Bailit Health Purchasing, Inc.: $244,920
  - Burns and Associates: $350,000 (increase of $70,000)
  - Pacific Health Policy Group: $180,000
  - DLB: $21,000 (increase of $5,000)
  - Maximus: $200
  - Friedman: $10,000
- ACO SSPs:
  - Lewin: $778,666.45

Sustainability and Population Health Plan:

- Sustainability Plan:
  - Myers & Stauffer: $200,000
- Population Health Plan:
  - VT Public Health Assn: 30,000
  - Hester: $5,000

Amount remaining in sustainability:
$1,711,838.55

For Discussion-proposed expenditures:

- Qlik Licenses: $300,000
  - Qlikview is the data visualization tool that is utilized to create and publish OneCare Vermont's analytic dashboards and self-service analytic tools. OneCare has developed and internally deployed over a dozen applications that are being used by our clinical consultants in communities to inform clinical and financial programs and priorities. These tools are intended to be rolled out to all VCO network participants to facilitate real-time access to actionable data to facilitate quality improvement and delivery system reform. The tool provides access to actionable and transparent data to network providers, care coordinators, QI leaders, and finance professionals.

  - Cost: 40 licenses = $600,000 ($15,000 per license). However, acquisition prior to 12/31/16 results in a 50% discount so the cost is reduced to $7,500 per license. This cost would otherwise be borne by participating providers.

For Discussion-proposed expenditures:

- Vermont Care Organization: $1.2 m
  - Supports the development of VCO's capacity to collect, analyze and use data for targeted health care performance improvement collaboratives that are consistent with the goals established by the VCO's Clinical Boards.
    - Regional Community Collaboratives
    - Quality Improvement initiatives
- Performance-based contract