Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Monday, December 20, 2016, 1:00-3:00pm, Ash Conference Room, Waterbury State Office Complex.
Core Team Attendees: Lawrence Miller, Steven Costantino, Paul Bengtson, Robin Lunge, Hal Cohen (phone), Steve Voigt (phone)

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Lawrence Miller called the meeting to order at 1:03pm. A roll-call attendance was taken and a quorum was present. *Chair's Report*: • Sustainability Plan Update: The final 2016 meeting of the Sustainability Sub-Group was earlier today.	
2. Approval of Meeting Minutes	Paul Bengtson moved to approve the minutes from the previous meeting. Steven Costantino seconded. A roll call vote was taken and the minutes were approved.	
3. Sustainability Plan	Venesa Day from Myers & Stauffer provided a summary of the draft Sustainability Plan and summarized feedback from the VHCIP work groups and Steering Committee provided at November and December meetings. The Sustainability Plan draft is available here, and summarized in Attachment 3a. • This is a draft developed based on recommendations of the Sustainability Sub-Group, a private-sector stakeholder group which was chaired by Lawrence and included at least one co-chair from all Work Groups, as well as ACO representatives, a consumer, consumer advocate representatives, and more. • For activities that are proposed to continue, the proposed Lead Entity would provide stewardship and ownership. The Lead Entity is not meant to be the sole decision-making organization, but would work with Key Partners to ensure work is sustained. • VHCIP work groups provided comments at their November or December meetings. A new draft reflecting feedback received from work groups, stakeholders, and the Core Team will be developed in early Spring 2017 for additional review by the Core Team and eventual approval and submission. • 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.	

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	Discussion: • Paul Bengtson expressed strong interest in workforce supply issues. Lawrence noted that the newly appointed incoming Secretary of Labor, Mike Schirling, is a former Burlington Police Chief with a great deal of experience in community development and dealing with Burlington's opiate crisis. • Paul commented that Vermont's total population is likely to remain relatively flat, but a larger proportion will shift into the "non-productive" category as the population ages. This could create significant workforce issues. In addition, demand for primary care physicians is likely to increase. Paul noted that some indicators are obvious and intuitive. How can we fast-track supply of new clinicians? Some areas of the state are harder hit than others. • When will Blueprint payments start flowing through VCO? 2018 (still through AHS in 2017). Paul commented that he hopes the State and VCO have a vision and understanding of how the system could best work. Lawrence agreed, and suggested that it would be important to have practice transformation support outside of the ACO so that non-ACO participating organizations can continue to engage in continuous improvement. • Consumer engagement – Is this about how consumers were engaged in the Sustainability Plan process to date, or how to engage consumers going forward? This section of the plan seeks to highlight the role of consumers in the SIM process generally, and expressing the importance of consumer engagement in future reforms. • Accountable Communities for Health – How aware are leaders around the state about this concept? SIM has supported research to define a Vermont-specific model (Prevention Inst report, summer 2015), and has further explored through the Peer Learning Lab, which will result in recommendations and policy options for the State to further support ACHs. These initiatives are iterative, and continue to further our learning about the ACH concept and to create connections within and across communities. • The next version of the Sustainability Plan will further incorporate the Vermont Model of Care and some other key deliverables which stakeholders indicated were critical to include and codify in the Plan. The Core Team will receive a revised Sustainability Plan draft in early Spring for additional review. The meeting materials also include Attachment 3b, a monthly report to the Core Team from Myers & Stauffer.	
4. Connectivity Criteria	Georgia introduced this item, noting that the State worked closely with VITL to develop a methodology for identifying VHIE connectivity targets and to develop the targets themselves, which relate to the number of providers we will connect to the VHIE in the future. VITL was unable to attend this Core Team meeting, and sends regrets. Georgia also noted that the Steering Committee did not have a quorum at their December (final) meeting, so did not vote on this item; these targets were recommended by the HDI Work Group. • Paul asked about an HIT RFP within the DAs. Georgia clarified that the DAs are considering whether to acquire a single EMR. Lawrence added that this is an RFI intended to gather business requirements to think about how or whether to seek a unified EMR. Lawrence noted that this intersects with consent management and 42 CRF Part 2 issues.	

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	Larry Sandage presented connectivity targets for the VHIE (Attachment 4). • Slide 4: Georgia noted that some providers within the long-term care category (a Federal designation) are not considered health care organizations under the federal definition, which leads to confidentiality and consent issues. This has prevented us from developing targets for some provider types. • Slide 5: Ongoing maintenance and upgrades are a significant portion of VITL's work. Discussion: • These recommendations assume level funding. Georgia noted that enhanced 90/10 match for expenditures in this category ends after 2021. • What kind of backup and security/privacy planning is involved in this? VITL stores all information with an offsite contractor which meets stringent security standards. • Who are the 176 LTSS providers currently connected? Nursing homes, AAAs, and other HCBS providers (not HHAs, which are listed separately). Robin Lunge noted that nursing homes are in the APM in Year 4. Georgia noted that there are still some entities without EMRs who are using paper, Excel, Word, or other methods of documenting information. Robin asked if there are other ways to do this that are more efficient; Georgia noted that this is a possibility. Lawrence suggested a cloud-based, openly available EMR system for these types of users may make the most sense; he has had a few conversations with the AHS Health Services Enterprise leadership on this topic. • Where do summary connection numbers come from? The HDI Work Group received a much more granular view; enforceability is a high priority. • Steven added that the Steering Committee conversation included discussion of what impact this would have on provider practices and their workflows. • Paul commented that his region's connectivity and ability to use analytics is less than he would like. • How is this sustainable? Lawrence noted that over time increasing proportions of work go to updates and maintenance, but that this continues to be an important investment in workflow and workforce (especially passive data collection). Lawrence requested a motion to approve the connectivity criteria (methodology) and targets. Paul moved to approve the target proposal. Steven Costantino seconded. A roll call vote was performed and the motion passed with one abstention.	
5. Budget Update and Proposed PP2 and PP3 Reallocations	Georgia Maheras presented two budget reallocations (Attachment 5). • Slide 3: Year 2 Budget includes changes based on carryover request approved by CMMI yesterday. We will be able to draw down the overwhelming majority of Year 2 funds. • Slide 4: Year 3 YTD. This includes obligated but unspent funds as well as unobligated funds.	

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	• Slide 7: The Year 3 budget total has not changed, though there have been some modifications within the Contracts budget; in the future, there may also be reductions in 2017 to the equipment and CAP lines because of low spending. o Project Management – UMass: Ending contract as of 12/31 (rather than 6/30) because key personnel left the project. o Evaluation – JSI: JSI reduced due to lower than anticipated data visualization costs. o Health Data Infrastructure – HIS Professionals: Reduced due to match actuals. o Health Data Infrastructure – Opiate Alliance: Adding funds due to a shift between PP2 and PP3. o PMDI – Burns: Codifies an earlier funding increase. o PMDI – Deborah Lisi-Baker: Adding funds due to increased stakeholder engagement activity in 2016. Julie Wasserman noted that she had initially requested a no-cost extension for this contract, which is not contained in the current proposal. Lawrence replied that the no-cost extension is disallowable within the contract, due to the time period restrictions within our funding buckets and within the contract, so this will require a new contracting vehicle. Georgia noted that there is a difference between State contract authority and federal authorization for a time period – we have State contracting authority for this contract, but don't have federal authorization for continued spending in Performance Period 3. Federal authorizations were based on Q4 2015 and Q1 2016 spending within each contract. Susan Aranoff commented that the Vermont Developmental Disabilities Council believes continued consumer engagement is critical, especially given that SIM continues formally through June. Lawrence noted that continued consumer engagement at all levels was a significant discussion at this morning's Sustainability Sub-Group meeting. This is a relatively new contract matter and can't be addressed until the new year. He noted that the incoming AHS Secretary has been an active SIM participant and is familiar with this work. o Smaller amounts captured from other contracts contribute to larger amount available for sustainability: $1.7 million (previously $1.2 million). • Proposed expenditures: o Qlik Licenses: $300,000. A web-based data visualization tool; if approved, licenses could be acquired by the State at a discount. Ongoing costs to be paid by VCO. Licenses are momentary, not site licenses, so more individuals can utilize this tool. Paul noted that hospital EMRs provide some of these functions. Georgia clarified that Qlik would include information from a variety of sources, including from the VHIE, from VCO's UVM data, from Care Navigator, and more – and can provide real-time reports. In addition, the interface is very intuitive. o VCO: $1.2 million. Support VCO's ability to collect, analyze, and use data to support QI. Continued support for Community Collaboratives, as well as quality improvement initiatives. Includes specific outreach to FQHCs/CHAC members.	

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	▪ Separate from SIM funds, there is a specific Medicare funding opportunity to support ACO activities to impact Medicare lives. The amount is not quite sufficient for our needs, nor is the Medicaid amount. This use of SIM funds, which are flexible, can fill the gap; this is an approach supported by CMMI and the incoming Administration. ▪ Paul noted that at some point, VCO members are going to have to fund VCO in an ongoing fashion. Lawrence noted that scale will support this to some extent by spreading fixed overhead. ▪ Julie Wasserman noted that at a past Core Team meeting, the Core Team voted to approve $1.2 million in sustainability funds which would not all go to VCO – what changed? Lawrence noted that the total amount increased, so not all funds are going to VCO. In addition, we received additional clarity on the financial ask and the deliverables, and additional clarity on what we can spend other funds on. These tasks have no alternative funding sources to meet federal expectations for the APM. There would be $200,000+ left reallocated. ▪ Susan Aranoff commented that the motion approved at the previous meeting would include readiness for non-VCO providers, and a process for non-VCO providers to apply for those funds. Lawrence noted that this includes CHAC and OneCare, as well as possibly Healthfirst. It also includes funding for Community Collaboratives which are not VCO-specific and does include non-ACO providers. Sue suggested that there should be more process to include more non-ACO providers and stronger contract requirements and enforcement. Lawrence noted that there will be later approval of a contract if this request is approved. Robin commented that the Green Mountain Care Board has begun drafting a rule to support the ACO regulatory process. Lawrence requested a motion to approve the budget update as presented in Attachment 5. Paul Bengtson moved approval and requested a full budget for this project at a future date. Steven Costantino seconded. A roll call vote was taken and the motion was approved.	
6. Public Comment	There was no public comment.	
7. Next Steps, Wrap Up and Future Meeting Schedule	This is the final Core Team meeting of 2016. A number of Core Team members are appointees and will likely change in 2017. The incoming administration may also wish to restructure the organization of the Core Team. This is Lawrence's final meeting as Chair. Core Team members thanked each other for their participation, and Lawrence for his leadership.	

VHCIP Core Team Member List

Roll Call: 12/20/2016

1° Paul 2° Steven | 1° Paul 2° Steven | 1° Paul 2° Steven | ul more contract detail to the Core Team as follow-up.

Member		11/14/2016 Minutes	Connect. Criteria	Budget Reallocation	
First Name	Last Name				Organization
Paul	Bengston ✓	✓	✓	✓	Northeastern Vermont Regional Hospital
Hal	Cohen ✓	✓	✓	✓	AHS -CO
Steven	Costantino ✓	✓	✓	✓	AHS - DVHA
Al	Gobeille	—	—	—	GMCB
Monica	Hutt X	—	—	—	AHS - DAIL
Robin	Lunge ✓	✓	~~Abstain~~	✓	AOA - Director of Health Care Reform
Lawrence	Miller ✓	✓	✓	✓	AOA - Chief of Health Care Reform
Steve	Voigt ✓	✓	—	—	ReThink Health
		passes	passes	passes	

Attendees:
Kate O'Neill
Dale Hackett
Larry Sandage
Sue Aranoff
Chrissy Geiler
Julie Wasserman

Venesa Day
Diane Cummings
Karen Sinor
Sarah Kinsler
Georja Maheras