Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Monday, March 14, 2016, 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Robin Lunge called the meeting to order at 10:35. A roll-call attendance was taken and a quorum was present. Lawrence Miller attended the meeting by phone; Robin Lunge chaired the meeting. *Chair's Report:* Georgia Maheras provided an update on upcoming key dates (Attachment 1). Robin Lunge added that Status Reports are now posted to the VHCIP website. Lawrence Miller noted that our relationship with CMMI's grants management team is improved and gave kudos to Georgia and the finance team for their work on this.	
2. Approval of Meeting Minutes	Paul Bengtson moved to approve the previous meeting minutes. Steven Costantino seconded. A roll call vote was taken and the motion carried unanimously.	

3. Performance Period 3 Milestones	Georgia Maheras presented the Performance Period 3 milestones (Attachment 3). She noted that the columns on the right-hand side in blue (Metrics, Contractors, Staff and Key Personnel) are not yet completely updated but will be updated for the next Core Team meeting. These proposed Performance Period 3 milestones are based on the draft Performance Period 3 milestones approved by the Core Team in October, with key dates and targets updated and a few programmatic changes to reflect current direction. Changes are described below:
	
	• Payment Model Design and Implementation Focus Area:
	    ○ Shared Savings Program: Updated targets to show an increase from PP2. These new targets should be achievable.
	    ○ Episode of Care: Milestone updated based on ongoing discussions with CMMI and the Core Team; this milestone aligns with Core Team discussion and decisions at January meeting.
	    ○ Hub and Spoke: Provider and beneficiary targets updated with Hub & Spoke leadership input; previous Year 3 targets already achieved.
	    ○ State Activities to Support Model Design and Implementation – Medicaid: Targets related to	

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	EOCs were updated based on modifications to EOC program.
	• Practice Transformation:
	  o Regional Collaborations: Added transition plan for HSAs dependent on SIM funding (in addition to Blueprint for Health funds); this will also be included in the Sustainability Plan.
	• Health Data Infrastructure:
	  o Expand Connectivity to HIE – Gap Remediation: Expanded time period for gap identification to Fall 2015/Spring 2016 since gap identification is not yet fully complete.
	    ▪ Monica Hutt suggested adding a milestone around gap remediation for LTSS providers that builds on the PP2 milestone in this area. Sue Aranoff will work with Sarah Kinsler to arrive at language.
	  o Care Management Tools: Universal Transfer Protocol milestone (#3) updated to reflect current status of project – this work is now aimed at improving workflow improvements rather than seeking a technology solution. Also added were continued implementation of care management solutions (#4).
	• Evaluation:
	  o Monitoring and Evaluation Activities Within Payment Programs: Added PPS – Health Home payment model (formerly TBD).
	• Program Management and Reporting:
	  o Program Management and Reporting – Communication and Outreach: Updated meeting numbers to reflect anticipated number of meetings in PP3; note that these targets are slightly lower than our actual expectations.
	
	The group discussed the following:
	• Paul Bengtson asked when funding will start to end for organizations and when our sustainability strategy will kick in. Georgia Maheras responded that it depends on the activity. For example, our health data infrastructure investments have largely gone to improving infrastructure connected to VITL. Because we have a strong structure in place with our HIT plan and health data investments, the ongoing operational cost is flipped over into an existing state resource. This planning has been underway as part of the HIT Plan. A more complicated area is our practice transformation investments – it's still an open question as to how much of a role the Blueprint, an ACO, or each region will have in picking these activities up following the end of SIM funds. This will be included as part of sustainability planning. SIM funds end on June 30, 2017, unless they are carried forward for a very specific activity. We have tried to put the vast majority of investments into the 2016 calendar year to ensure we'll spend it.
	• Steven Costantino asked whether practice transformation funds were intended to be a one-time investment intended to completely transform practices, or as part of an ongoing investment. Georgia Maheras replied that it's a mix. The Learning Collaborative and Core Competency Trainings are one-time investments to jump start transformation; the Regional Collaborations are ongoing, with SIM funds to	

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	bolster existing Blueprint efforts. Steven asked at which point we know that practices have completed transformation. Paul Bengtson commented that his system is always transforming, though they may have finished transformation to the extent that this program was seeking, and asked how much we're thinking about where new sources of money might be to continue the work that needs to continue. • Robin Lunge asked for more information about sustainability planning. Georgia Maheras noted that intensive internal planning will kick off this week, but that this is complicated by ongoing conversations with CMMI related to the APM. • Paul Bengtson asked whether we have to demonstrate overall savings before the end of the grant. Georgia Maheras replied that we demonstrated this in Year 1 of the grant. All agreed that it's worth reminding stakeholders of this fact and of any additional savings in subsequent grant years. • Monica Hutt asked for additional information related to Year 1 of the Medicaid Shared Savings Program. Georgia Maheras noted that initial analyses are complete but that additional analyses and a final report are forthcoming. • Georgia Maheras reminded the Core Team that these draft milestones, if approved by the Core Team, might require changes based on discussions with CMMI. Paul Bengtson moved to approve the Year 3 milestones. Steven Costantino seconded. A roll call vote was taken and the motion carried.	
4. High-Level Goals	The Core Team previously approved high-level project goals, which were sent to CMMI for review. Following CMMI feedback, we have revisions and clarifications to these goals and how they are measured. Georgia Maheras described changes: • Goal 2: Added specificity to connect goals to targets within SSPs. • Goal 3: Defined "interface" with VHIE. The group discussed the following: • Related to Goal 2, Annie Paumgarten noted that these correspond with specifications in national measures and all three SSPs. • Related to Goal 3, Steven Costantino requested clarification. Georgia Maheras explained that for our HIT target, we defined "interface" as unidirectional information flow from provider to VHIE or vice versa. We will easily achieve this target following Home Health Agency work in 2016. This definition was developed following additional information gathering about interfaces.	
5. Year 1 Closeout	Georgia Maheras provided an update. • Since January, we have received approval for the last of Year 1 contracts. We hope to have final expenses processed in April so Diane Cummings can provide an update. We expect to send approximately $330,000 back to CMMI (less than previously expected - $400,000 was the estimate announced at the January Core Team meeting).	
6. Funding	Georgia Maheras presented funding proposals, beginning with an update on our Year 2 spending. Actuals for Year	

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Proposals	2 budget to date show that we have additional spending to do in the Contractual line. We hope to get contracts approved and invoices paid so we can spend this down (these numbers do show invoices received but not yet processed). Evaluation and Health Data Infrastructure are trending low this year due to lower than expected spending. We still have cushion in the Year 2 budget which allow us to make some new requests today.
	
	Details on Year 2 spending and the following funding requests are available in Attachments 6a-6f.
	
	• Reallocation – Healthfirst: Underspending and withhold on spending for clinician time resulted in request for reallocation and no-cost extension. Related to withhold on spending for clinician time, Healthfirst has shifted this spending to non-clinician Healthfirst staff time.
	  ○ Paul Bengtson asked what happens once grant funding ends. Holly Lane noted that Healthfirst is attempting to move itself to a point of self-sufficiency but that this task isn't yet completed; extension will allow Healthfirst to continue to move forward. Funds have gone to support data collection, analysis, and reporting. Paul asked how this changes if Vermont goes to one ACO by 1/1/17. Holly Lane noted that lack of funds for clinician time has been a significant challenge as clinicians and others attempt to think through potential governance for these changes.
	• Reallocation – RiseVT: Reallocation related to change in reimbursement for Travel category related to changes to State mileage amount and budget savings from Fringe category; both will move to Other category. This information was updated late last week.
	  ○ Dorey Demers provided additional information related to Fringe savings. This was related to delays in hiring a full team. Full staff wasn't hired until November (planned for February 2015) resulted in almost $50,000 in savings in Fringe category. RiseVT has seen huge success since launch in engaging community members, businesses, and providers.
	  ○ Steven Costantino asked what's included in the Other category. Dorey replied that this funding goes in large part to targeted mini-grants to businesses and other organizations.
	• Reallocation – Southwestern: Budget variance is due to underspending related to an additional position that was never hired. Southwestern would like to shift these funds to conference expenses – one to send two team members to a national conference to share lessons learned around care transitions, and another to host a regional conference for Vermont and other states in the area. Southwestern's initial grant application did include costs related to this regional conference, but was cut due to SIM budget constraints. This project is jointly funded by SIM and Southwestern.
	  ○ Billie Allard provided additional details – duties for additional staff members were absorbed by existing staff. National conference is due to Southwestern's designation as a national exemplar in two areas; if funds are available, they will present podium presentations. Regional conference on transitional care will build on a previous regional conference focused on patient safety. Hospital resources will continue to go to this; additional funds would allow for a nationally known speaker to act as keynote and to add special interest speakers and a panel discussion.	

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	◦ Lawrence Miller noted that if any speakers at the regional conference are physicians we need to carefully explain limits on physician payment. • Reallocation and Addition – VMSF (Frail Elders) – $10,500 (all PP2): This request includes $2,100 reallocation and $10,500 addition to expand literature review and key informant interviews and to support billing analytics. ◦ Cy Jordan noted that this increase is for 7.5% of the budget; this reflects the fact that the literature is bigger and deeper than expected. It will also help ensure that focus group sample will not be biased. Steven Costantino moved to approve the previous four proposals as presented. Paul Bengtson seconded. A roll call vote was taken and the motion carried. • New Request – MMIS Modification – $750,000 ($100,000 in PP2; $650,000 in PP3): This will allow MMIS to make technical changes to support risk-based capitated payments under the APM. We do have funds available for this in PP2 and PP3; PP3 funds will come out of funds earmarked for the APM ($1.5 million total available). ◦ Hal Cohen asked for a sense of what other funds will be needed for APM in PP3. There is an additional request in this meeting for actuarial services in PP2; we may need more of this in PP3. We do not have additional requests from the APM team at this time, but are meeting with them later this week. This request was made by the APM team. ◦ Lori Collins noted that we still need to be able to collect encounter data for CMS. ◦ Michael Costa noted that the APM team has been working with DVHA to model population-based payment for Medicare A&B services for attributed lives. Paul Bengtson asked how this will work for Medicare. Robin Lunge noted that Medicare beneficiaries' care will still be paid through the federal system under the APM, but that these payments will also be capitated. Pat Clausen with HPE noted that changes are expected to be made largely by September, with a few continuing through the fall and into 2017. • New Request – Core Competency Training – DDC – $7,856 (all PP2): The Core Team approved launching a series of Core Competency Trainings to build on the learning collaborative. One focuses on core care management skills, and the other on disability awareness. Interest was much higher than expected; this would allow an increase for some of the disability core competency training (more will be included in PP3 budget, along with additional request related to care management core competencies). There are waitlists for every training session; registration was full within 48 hours. There is particularly high interest in the disability core competency training. • Additional Funds Needed – APM Actuarial Support for Medicaid – Wakely Actuarial – $30,000 (all PP2): This request was initially approved in September 2014. The new request would allow for Medicaid actuarial analyses related to the APM. This is similar to the work done by Wakely to support approval of	

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	the Year 1 Medicaid SSP SPA and will allow us to communicate with CMCS around particular actuarial questions. o Michael Costa has been working with Tom Boyd and Alicia Cooper on this request. This will ensure we have sufficient actuarial analytic capacity. Robin Lunge invited public comment. Al Gobeille noted that he is planning on abstaining on the Medicaid funds and asked whether members need to abstain if they are working on the APM. Lawrence noted that he does not believe members need to abstain since there is no personal gain from approval. There was no public comment. Paul Bengtson moved to approve the previous three proposals as presented. A roll call vote was taken. The motion carried with one abstention (Steven Costantino).	
7. VHCIP Sub-Grant Program: Physician Payments	Georgia Maheras reminded the group that we have been holding payments to physicians within the sub-grant program since November 2015 due to an inquiry. We had a very productive call with CMMI last week and will be submitting additional information to CMMI, as well as developing a policy related to how we as a program pay physicians. The policy focuses on payments to physicians who are in active medical practice. Physicians who are not in active medical practice are not impacted by this policy. The policy is: Physicians who are actively practicing medicine are allowed to participate in stakeholder engagement. We will pay a rate that is below fair market value for physician time, as well as paying for in-state mileage at the approved State rate (we will not reimburse for out-of-state travel). We will ask that the policy be retroactive to the beginning of the sub-grant program (May 2014) and will apply to all sub-grantees. We will submit this policy to CMMI and OAGM. We believe this will go a significant way toward resolving these issues on the federal side. Robin Lunge requested a motion to approve this item. Hal Cohen moved to approve this policy. Paul Bengtson seconded. The motion carried.	
8. Public Comment	There was no public comment.	
9. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Monday, April 11, 2016, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	

VHCIP Core Team Member List
Roll Call:

3/14/2016

Member					Funding Proposals							
			1/29/2016 Minutes	Y3 Milestones	Healthfirst	RiseVT	SWMC	VMSF	MMIS	DDC - Core Competenc	Wakely - APM	MD pmts
First Name	**Last Name**											
Paul	Bengston	✓	✓	✓	✓				✓			✓
Hal	Cohen	✓	—	✓	✓				✓			✓
Steven	Costantino	✓	✓	✓	✓				A			✓
Al	Gobeille	✓	✓	✓	✓				✓			✓
Monica	Hutt	✓	✓	✓	✓				✓			✓
Robin	Lunge	✓	✓	✓	✓				✓			✓
Lawrence	Miller	✓	✓	✓	—	—	—	—	✓			✓
Steve	Voigt		—	—	—	—	—	—	—	—	—	—

1/29/2016 Minutes: 1° Paul, 2° Steven, passed

Y3 Milestones: 1° Paul, 2° Steven, passed

Healthfirst, RiseVT, SWMC, VMSF: 1° Steven, 2° Paul, passed

MMIS, DDC - Core Competenc, Wakely - APM: 1° Paul, 2° Hal, passed.

MD pmts: 1° Hal, 2° Paul, passed

VHCIP Core Team Participant List

Attendance: 3/14/2016

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

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

John	Evans		VITL	X
Jaime	Fisher		GMCB	A
Erin	Flynn	here	AHS - DVHA	S
Joyce	Gallimore		Bi-State Primary Care	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille	phone	GMCB	M
~~Bea~~	~~Grause~~		Vermont Association of Hospital and Health Systems	X
Sarah	Gregorek		AHS - DVHA	A
Mike	Hall		V4A	X
Carrie	Hathaway		AHS - DVHA	X
Selina	Hickman		AHS - Central Office	X
Monica	Hutt	here	AHS - DAIL	M
Kate	Jones		AHS - DVHA	S
Pat	Jones	phone	GMCB	S
Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S
Leah	Korce		AHS - DVHA	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Robin	Lunge	here	AOA	M
Carole	Magoffin	phone	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Lawrence	Miller	phone	AOA - Chief of Health Care Reform	C
Meg	O'Donnell	here	UVM Medical Center	X
Annie	Paumgarten	here	GMCB	S
Luann	Poirer		AHS - DVHA	S
Frank	Reed		AHS - DMH	X
Lila	Richardson	here	VLA/Health Care Advocate Project	X
Larry	Sandage		AHS - DVHA	S
Suzanne	Santarcangelo		PHPG	X

Julia	Shaw		VLA/Health Care Advocate Project	X
Kate	Simmons		Bi-State Primary Care	X
Richard	Slusky	phone	GMCB	S
Carey	Underwood			A
Steve	Voigt		ReThink Health	M
Julie	Wasserman	here	AHS - Central Office	S
Kendall	West		Bi-State Primary Care	X
James	Westrich		AHS - DVHA	S
Katie	Whitney		AHS - Central Office	A
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	X
Sharon	Winn		Bi-State Primary Care	X
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Kathy	Arabia	phone	Southwestern Vermont Medical Center	X
Billie Lynn	Allard	phone	Southwestern Vermont Medical Center	X
Dorey	Demers	here	Northwestern Medical Center/RiseVT	X
Cy	Jordan	here	Vermont Medical Society	X
Holly	Lane	here	Healthfirst, Inc.	X

~~Meg O'Donnell here~~

Brian Costello - here (VMSF/Frail Elders)