VT Health Care Innovation Project
Practice Transformation Work Group Meeting Agenda

April 5th, 2016; 10:00 AM to 12:00 PM
AHS - WSOC Oak Conference Room, 280 State Drive, Waterbury, VT
Call-In Number: 1-877-273-4202; Passcode 2252454

Item #	Time Frame	Topic	Relevant Attachments	Vote To Be Taken
1	10:00 – 10:10	**Welcome & Introductions; Approval of Minutes** Deborah Lisi-Baker and Laural Ruggles	**Attachment 1:** March meeting minutes	Yes (approval of minutes)
2	10:10 – 10:30	**Accountable Community for Health, Peer Learning Lab Update** Heidi Klein		
3	10:30 – 11:30	**Integrated Health System Update – All Payer Model and Medicaid Pathway** Michael Costa and Selina Hickman	**Attachment 3:** All Payer Model and Medicaid Pathway Presentation	
4	11:30 - 11:50	**Updates:** • Integrated Communities Care Management Learning Collaborative • Core Competency Training Erin Flynn and Pat Jones	**Attachment 4:** Core Competency Training Update	
5	11:50 – 12:00	Wrap-Up and Next Steps; Plans for Next Meeting		

Attachment 1: March meeting minutes

Vermont Health Care Innovation Project

Vermont Health Care Innovation Project
Practice Transformation Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: March 8 2, 2016; 10:00 AM to 12:00 PM; Red Oak Room, State Office Complex, 280 State Drive, Waterbury, VT

Agenda Item	Discussion	Next Steps
1. Welcome, Introductions **Approval of minutes**	Deborah Lisi-Baker opened the meeting at 10:03. Laural Ruggles was introduced as the new co-chair of the work group! Roll call was postponed and taken up later in the meeting and a quorum was present. Sue Aranoff made a motion to approve the minutes of the last meeting by exception; Molly Dugan seconded the motion. The minutes were approved with 1 abstention: Patty Launer.	
2. Windsor Integrated Communities Care Management Learning Collaborative Team Presentation	**Care Coordination Presentation** **Jill Lord, RN, MS, Director of Community Health Services, Project Manager Blueprint for Health** **Nancy McCullough, RN, MS, CDE, Care Coordinator Mt. Ascutney Physicians Practice** Jill Lord presented from the materials in the meeting packet and introduced the members of the Windsor Community Health Team. She began with the observation that 'care coordination' sounds simple and should be simple, but they're learning much work remains to be done. At the center of the care is the Patient – the goal is to improve the quality of care the patient is provided and engage them in the process. This is a transformation in the way that they have traditionally approached the process. Using the judgement and expertise of the team, they identified people that they thought could benefit from improved care coordination and recruited them to participate in the Integrated Communities Care Management Learning Collaborative (ICCMLC). The ICCMLC has provided tools and techniques based on best practices from	

Agenda Item	Discussion	Next Steps
	national experts, and communities have taken these tools and techniques back to the community and tried them out. They started with 6 patients, and will expand over time. They described how the use of these tools has changed the way they approach care coordination – formerly, care coordinators 'in white coats' would have sat across the table from the patient and essentially decided for the patient what is important. Now, using tools like the Camden Cards and Eco-mapping, the patient selects their primary goals and categorizes them in order of importance. They further described the interagency shared care planning process, and gave examples of how tools such as Camden Cards, Eco-Mapping and inter-agency care conferencing assist in gathering information that ultimately is populated in the shared care plan. Examples of these are described on page 32 of the materials packet. Ultimately, these goals represent what the patient feels are important. This process has resulted in a review of items that may have previously not been included in a patient's plan of care, such as financial and insurance goals, which can be significant barriers to obtaining adequate or on-going care. As well, the eco-mapping process allows the patient to explore more deeply a network of supports to include more individuals or agencies that may not have been included before. As well, the Camden Cards have also allowed patients to more clearly define things that are important to them. The group then reviewed two case studies included in the materials packet. The Windsor team has also identified opportunities for measurement and are working with OneCare to obtain a baseline of the patient panel and then measure again after one year of this kind of care coordination and improved self-management. The relationships that are built within the care team are invaluable, and notably, the sharing of resources across the multiple agencies has resulted in new resources that they previously may not have been aware of. As well, the patient, in having an active role in their care coordination is seeing the value in the process. Dion LaShay conveyed his appreciation of the work. Molly Dugan asked about patients who are not so attached and don't already have a set of care givers around them, how would you choose a lead care coordinator in that case? The answer is that they'd look for any agencies involved with the patient and see who is the person who is able to make the most connections (for example, in the medical home) and often the lead care coordinator becomes very clear. That said, it is typical that the person who does the original outreach may not be best suited as the lead care coordinator, and in that case it can and has changed. For example, they've had a patient chose to change their lead care coordinator to someone at SASH because they have a stronger relationship with them. In both of the examples cited, the patient chose the lead care coordinator themselves. Kirsten Murphy commented on how important it is to highlight a person's strengths and reflect them in the care plans; in one case, the patient was very smart and technology-savvy; in another case, the patient was able to use his phone and did not hesitate to use it – despite being illiterate, he was able to use his phone to call for help if mail came that he could not read, so he was able to communicate and ask for help when needed.	

Agenda Item	Discussion	Next Steps
3. Regional Blueprint/ACO Committee Presentation: **Morrisville HSA Medication Reconciliation Initiative**	**Morrisville HSA Medication Reconciliation Initiative** **Elise McKenna, Blueprint Project Manager, Morrisville HSA** **Corey Perpall, CHSLV QI Director/CHT Lead** Elise McKenna – Blue Print Project manager from Morrisville, presented. The Medication Reconciliation project began in November 2015, building on a prior project done a few years earlier on a smaller scale. The new project idea was to utilize home health home visits and target those patients 65 or older who are being discharged home from Copley Hospital and live in Lamoille County. Once consent is received, the home health agency is provided with a list of medications from the primary care office, the discharge summary and during a home visit, the lists are compared and medications are reconciled. The project is conducting evaluation based on the following data: • Monthly data report by Home Health at UCC meeting • Six month review to determine if any patients that received this service had a 30-day readmission Further, Home Health is collecting the following data: • Number of patients discharged from Copley Hospital that meet criteria • Number of patients refusing the service • Number of patients already connected to Home Health • Number medication reconciliations with discrepancies • Number of patients who receive the medication reconciliation service that are readmitted to the hospital Results • 58% of patients offered the service have accepted it and have received an in-home medication reconciliation • Out of those patients, 40% have had inconsistencies in their medication lists which needed to be clarified with the Primary Care Practitioner • Zero patients who have received this service have been readmitted to Copley Hospital Jackie Majoros asked how they worked through the medication reconciliations and how they were funded; the response was that they also looped back with the primary care physician to make sure the medications were right. The project was funded by CHSLV (the federally qualified health center in Lamoille County) directly from their general fund; if the person was referred to home health, it could also be funded by Medicare or Medicaid, if they qualify.	

Agenda Item	Discussion	Next Steps
	Do you have a sense of the people who accepted the service, what their primary diagnoses were? (CHF, Diabetes, etc…?) Not presently, but the home health agency may have that data. Deborah Lisi-Baker asked whether data about the family support situations for those people who accepted the services is being captured. Not that they know of, but perhaps the Home Health agencies may track that as part of their documentation during the home visit. Erin Flynn asked whether the information being gathered as part of the med reconciliation project is being connected back to the shared care plan. Not yet, but it's a good suggestion – it's still in the infancy of the project so this kind of feedback is very helpful to build into the process going forward. Jill Lord commented that medications are always confusing as part of the discharge phone call, and the systematic approach to this is so valuable. Additionally, Sue Aranoff commented that med reconciliation is at the top of the list in falls prevention strategies, and also hospital readmissions. This is an opportunity to improve on a number of health outcomes via one project. It was also part of the Dually Eligible project as a primary goal.	
4. Core Competency Training for Front Line Staff Providing Care Coordination **Erin Flynn - DVHA**	**Core Competency Training Update** Erin Flynn provided an update on the Core Competency Training Series.The response has been strong and the training sites have been chosen to try to cover the state as widely as possible. The interest has been so high that an additional session has been scheduled for the Burlington area. The materials packet contains a listing of the whole training schedule and the materials have all be posted to a new page on the VHCIP website, linked here. 240 people signed up already; with a waitlist for all locations. Staff is doing everything possible to meet the training needs of all those interested.	
5. Integrated Communities Care Management Learning Collaborative **Pat Jones – GMCB**	**Update on Learning Collaboratives** Pat Jones provided an update on the Integrated Communities Care Management Learning Collaborative First, she observed how inspiring it is to hear about how communities are learning from one another, and the difference it's making in people's lives. In February, there was a webinar presented by Gabe Epstein. It was very popular (100+ registrants, with 66 participants – the highest yet!) The webinar reviewed issues around consent that have been on the agenda in the past.	

Agenda Item	Discussion	Next Steps
	The next in person learning sessions are coming up on March 16th and 17th featuring expert faculty Jeanne McAllister, Dr. Jill Rinehart a pediatrician from Burlington, Kristy Trask her care coordination, and Shelly Waterman a parent partner from Hagan, Rinehart and Connolly pediatricians. The focus of the session will be on creating shared plans of care and conducting care conferences. Additional learning sessions are planned for later in the year as well, and the team is currently working to finalize the details for the 4th in person learning sessions on May 24th and 25th. The first cohort will be invited to participate in the webinars and learning sessions; as we'll be developing new content for the end of the collaborative. Pat commended Jenney Samuelson and Erin Flynn for their leadership in the project, as well as the overall team that involves so many folks in the planning process. Laural Ruggles commented that it's been so consistent to hear about the lessons learned and the opportunities, as well as the outcomes. Sue Aranoff asked there is a sense of how similar (or not) the shared care plans are to the one in this materials packet? Laural commented that they generally seem to be very similar in that they contain the same broad categories of information. Pat also commented that the communities have access to the same sets of materials in the Tool-Kit and the fact that communities are all talking together and sharing so the similarities occur inherently. The sharing is occurring organically within the communities.	
6. Next Steps	The next meeting is Tuesday, April 5, 2016, from 10:00 am – 12:00 pm Red Oak Conference Room, 280 State Drive, Waterbury This is in the new State Office Complex (New Building - the meeting space is located on the 2nd floor above the main entrance) Call-In Number: 1-877-273-4202 Conference ID: 2252454	

VHCIP Practice Transformation Work Group Member List

Sue A 1° Molly 2° Motion to approve by exception - carried w/one exception

Tuesday, March 08, 2016

Member		Member Alternate			
First Name	Last Name	First Name	Last Name	Minutes	Organization
Susan	Aranoff ✓	Gabe	Epstein ✓		AHS - DAIL
		Bard	Hill		AHS - DAIL
		Clare	McFadden		AHS - DAIL
Beverly	Boget	Peter	Cobb		VNAs of Vermont
		Michael	Counter		VNA & Hospice of VT & NH
Kathy	Brown	Todd	Bauman		DA - Northwest Counseling and Support Services
		Stephen	Broer		DA - Northwest Counseling and Support Services
Barbara	Cimaglio				AHS - VDH
Molly	Dugan ✓	Stefani	Hartsfield		Cathedral Square and SASH Program
		Kim	Fitzgerald		Cathedral Square and SASH Program
Eileen	Girling	Heather	Bollman		AHS - DVHA
		Jenney	Samuelson ✓		AHS - DVHA - Blueprint
Maura	Graff ✓				Planned Parenthood of Northern New England
Deborah	Lisi-Baker ✓				UVM; Co-chair
Dale	Hackett				Consumer Representative
Sarah	Jemley	Jane	Catton		Northwestern Medical Center
		Candace	Collins		Northwestern Medical Center
Linda	Johnson	Debra	Repice		MVP Health Care
Pat	Jones ✓	Annie	Paumgarten		GMCB
Trinka	Kerr ✓	Nancy	Breiden ✓		VLA/Health Care Advocate Project
Jackie	Majoros ✓	Barbara	Prine		VLA/LTC Ombudsman Project
Dion	LaShay ✓				Consumer Representative
Patricia	Launer ✓	Kendall	West	A	Bi-State Primary Care
Sam	Liss				Statewide Independent Living Council

VHCIP Practice Transformation Work Group Member List

Tuesday, March 08, 2016

Member		Member Alternate			
First Name	Last Name	First Name	Last Name	Minutes	Organization
Vicki	Loner	Emily	Bartling		OneCare Vermont
Sarah	Berry	Maura	Crandall		OneCare Vermont
Kate	McIntosh	Judith	Franz		Vermont Information Technology Leaders
Bonnie	McKellar	Mark	Burke		Brattleboro Memorial Hopsital
Madeleine	Mongan	Stephanie	Winters		Vermont Medical Society
Julie	Tessler				VCP - Vermont Council of Developmental and Mental Health Services
		Mary	Moulton		VCP - Washington County Mental Health Services Inc.
		Catherine	Simonson		VCP - HowardCenter for Mental Health
		Stephen	Broer		VCP - Northwest Counseling and Support Services
Sarah	Narkewicz				Rutland Regional Medical Center
Laural	Ruggles				Northeastern Vermont Regional Hospital; Co-chair
Patricia	Singer	Jaskanwar	Batra		AHS - DMH
		Mourning	Fox		AHS - DMH
		Kathleen	Hentcy		AHS - DMH
Angela	Smith-Dieng	Mike	Hall		V4A
Shawn	Skaflestad	Kirsten	Murphy		AHS - Central Office
		Julie	Wasserman		AHS - Central Office - DDC
Audrey-Ann	Spence	Teresa	Voci		Blue Cross Blue Shield of Vermont
JoEllen	Tarallo-Falk				Center for Health and Learning
Lisa	Viles				Area Agency on Aging for Northeastern Vermont
Kirsten	Murphy				VT Developmental Disabilities Council
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Nancy
Jill

Q

VHCIP Practice Transformation Work Group

Attendance Sheet

Tuesday, March 08, 2016

	First Name	Last Name	Organization	Practice Transformation
1	Nancy	Abernathy	Learning Collaborative Facilitator	X
2	Peter	Albert	Blue Cross Blue Shield of Vermont	X
3	Susan	Aranoff ✓	AHS - DAIL	M
4	Debbie	Austin	AHS - DVHA	X
5	Ena	Backus	GMCB	X
6	Melissa	Bailey	AHS - DMH	X
7	Michael	Bailit	SOV Consultant - Bailit-Health Purchasing	X
8	Susan	Barrett	GMCB	X
9	Emily	Bartling	OneCare Vermont	MA
10	Jaskanwar	Batra	AHS - DMH	MA
11	Todd	Bauman	DA - Northwest Counseling and Support Ser	MA
12	Bob	Bick	DA - HowardCenter for Mental Health	X
13	Charlie	Biss	AHS - Central Office - IFS / Rep for AHS - DM	X
14	Beverly	Boget	VNAs of Vermont	M
15	Heather	Bollman	AHS - DVHA	MA
16	Mary Lou	Bolt	Rutland Regional Medical Center	X
17	Nancy	Breiden ✓	VLA/Disability Law Project	MA
18	Stephen	Broer	DA - Northwest Counseling and Support Ser	MA
19	Stephen	Broer	VCP - Northwest Counseling and Support Se	M
20	Kathy	Brown	DA - Northwest Counseling and Support Ser	M
21	Martha	Buck	Vermont Association of Hospital and Health	A
22	Mark	Burke ✓	Brattleboro Memorial Hopsital	MA
23	Anne	Burmeister	Planned Parenthood of Northern New Engl	X
24	Dr. Dee	Burroughs-Biron	AHS - DOC	X
25	Denise	Carpenter	Specialized Community Care	X
26	Jane	Catton	Northwestern Medical Center	MA

27	Alysia	Chapman	DA - HowardCenter for Mental Health	X
28	Joy	Chilton	Home Health and Hospice	X
29	Amanda	Ciecior	AHS - DVHA	S
30	Barbara	Cimaglio	AHS - VDH	M
31	Peter	Cobb	VNAs of Vermont	MA
32	Candace	Collins	Northwestern Medical Center	MA
33	Amy	Coonradt	AHS - DVHA	S
34	Alicia	Cooper	AHS - DVHA	S
35	Amy	Cooper	HealthFirst/Accountable Care Coalition of tl	X
36	Michael	Counter	VNA & Hospice of VT & NH	M
37	Maura	Crandall	OneCare Vermont	MA
38	Claire	Crisman	Planned Parenthood of Northern New Engla	A
39	Diane	Cummings	AHS - Central Office	X
40	Dana	Demartino	Central Vermont Medical Center	X
41	Steve	Dickens	AHS - DAIL	X
42	Molly	Dugan	Cathedral Square and SASH Program	M
43	Gabe	Epstein	AHS - DAIL	MA
44	Trudee	Ettlinger	AHS - DOC	X
45	KIm	Fitzgerald	Cathedral Square and SASH Program	MA
46	Patrick	Flood	CHAC	X
47	Erin	Flynn	AHS - DVHA	S
48	Mourning	Fox	AHS - DMH	MA
49	Judith	Franz	Vermont Information Technology Leaders	MA
50	Mary	Fredette	The Gathering Place	X
51	Aaron	French	AHS - DVHA	X
52	Meagan	Gallagher	Planned Parenthood of Northern New Engla	X
53	Joyce	Gallimore	Bi-State Primary Care/CHAC	X
54	Lucie	Garand	Downs Rachlin Martin PLLC	X
55	Christine	Geiler	GMCB	S
56	Eileen	Girling	AHS - DVHA	M
57	Steve	Gordon	Brattleboro Memorial Hopsital	X
58	Maura	Graff	Planned Parenthood of Northern New Engla	M
59	Dale	Hackett	Consumer Representative	M
60	Mike	Hall	Champlain Valley Area Agency on Aging / C(	MA

61	Stefani	Hartsfield	Cathedral Square	MA
62	Carolynn	Hatin	AHS - Central Office - IFS	S
63	Kathleen	Hentcy	AHS - DMH	MA
64	Selina	Hickman	AHS - DVHA	X
65	Bard	Hill	AHS - DAIL	MA
66	Breena	Holmes	AHS - Central Office - IFS	X
67	Marge	Houy	SOV Consultant - Bailit-Health Purchasing	S
68	Christine	Hughes	SOV Consultant - Bailit-Health Purchasing	S
69	Jay	Hughes	Medicity	X
70	Jeanne	Hutchins	UVM Center on Aging	X
71	Sarah	Jemley	Northwestern Medical Center	M
72	Linda	Johnson	MVP Health Care	M
73	Craig	Jones	AHS - DVHA - Blueprint	X
74	Pat	Jones ✓	GMCB	M
75	Margaret	Joyal	Washington County Mental Health Services	X
76	Joelle	Judge ✓	UMASS	S
77	Trinka	Kerr	VLA/Health Care Advocate Project	M
78	Sarah	Kinsler ✓	AHS - DVHA	S
79	Tony	Kramer	AHS - DVHA	X
80	Sara	Lane	AHS - DAIL	X
81	Kelly	Lange	Blue Cross Blue Shield of Vermont	X
82	Dion	LaShay ✓	Consumer Representative	M
83	Patricia	Launer ✓	Bi-State Primary Care	M
84	Deborah	Lisi-Baker ✓	SOV - Consultant	C
85	Sam	Liss	Statewide Independent Living Council	M
86	Vicki	Loner	OneCare Vermont	M
87	Carole	Magoffin ✓	AHS - DVHA	S
88	Georgia	Maheras ✓	AOA	S
89	Jackie	Majoros ✓	VLA/LTC Ombudsman Project	M
90	Carol	Maroni	Community Health Services of Lamoille Vall	X
91	David	Martini	AOA - DFR	X
92	John	Matulis		X
93	James	Mauro	Blue Cross Blue Shield of Vermont	X
94	Lisa	Maynes	Vermont Family Network	X

95	Clare	McFadden	AHS - DAIL	MA
96	Kate	McIntosh	Vermont Information Technology Leaders	M
97	Bonnie	McKellar	Brattleboro Memorial Hopsital	M
98	Elise	McKenna ✓	AHS - DVHA - Blueprint	X
99	Jeanne	McLaughlin	VNAs of Vermont	X
100	Darcy	McPherson	AHS - DVHA	A
101	Madeleine	Mongan	Vermont Medical Society	M
102	Monika	Morse		X
103	Judy	Morton	Mountain View Center	X
104	Mary	Moulton	VCP - Washington County Mental Health Se	M
105	Kirsten	Murphy ✓	AHS - Central Office - DDC	MA
106	Reeva	Murphy	AHS - Central Office - IFS	X
107	Sarah	Narkewicz	Rutland Regional Medical Center	M
108	Floyd	Nease	AHS - Central Office	X
109	Nick	Nichols	AHS - DMH	X
110	Monica	Ogelby	AHS - VDH	X
111	Miki	Olszewski	AHS - DVHA - Blueprint	X
112	Jessica	Oski	Vermont Chiropractic Association	X
113	Ed	Paquin	Disability Rights Vermont	X
114	Annie	Paumgarten	GMCB	MA
115	Laura	Pelosi	Vermont Health Care Association	X
116	Eileen	Peltier	Central Vermont Community Land Trust	X
117	John	Pierce		X
118	Luann	Poirer	AHS - DVHA	S
119	Rebecca	Porter	AHS - VDH	X
120	Barbara	Prine	VLA/Disability Law Project	MA
121	Betty	Rambur	GMCB	X
122	Allan	Ramsay	GMCB	X
123	Paul	Reiss	HealthFirst/Accountable Care Coalition of t	X
124	Virginia	Renfrew	Zatz & Renfrew Consulting	X
125	Debra	Repice	MVP Health Care	MA
126	Julie	Riffon	North Country Hospital	X
127	Laural	Ruggles ✓	Northeastern Vermont Regional Hospital	C
128	Bruce	Saffran	VPQHC - Learning Collaborative Facilitator	X

129	Jenney	Samuelson	AHS - DVHA - Blueprint	MA
130	Jessica	Sattler	Accountable Care Transitions, Inc.	X
131	Rachel	Seelig	VLA/Senior Citizens Law Project	X
132	Susan	Shane	OneCare Vermont	X
133	Maureen	Shattuck	Springfield Medical Care Systems	X
134	Julia	Shaw	VLA/Health Care Advocate Project	X
135	Miriam	Sheehey	OneCare Vermont	X
136	Catherine	Simonson	VCP - HowardCenter for Mental Health	M
137	Patricia	Singer	AHS - DMH	M
138	Shawn	Skaflestad	AHS - Central Office	M
139	Richard	Slusky	GMCB	X
140	Pam	Smart	Northern Vermont Regional Hospital	X
141	Angela	Smith-Dieng	V4A	M
142	Lily	Sojourner	AHS - Central Office	X
143	Audrey-Ann	Spence	Blue Cross Blue Shield of Vermont	M
144	Holly	Stone	UMASS	S
145	Beth	Tanzman	AHS - DVHA - Blueprint	X
146	JoEllen	Tarallo-Falk	Center for Health and Learning	M
147	Julie	Tessler	VCP - Vermont Council of Developmental a	M
148	Bob	Thorn	DA - Counseling Services of Addison County	X
149	Win	Turner		X
150	Lisa	Viles	Area Agency on Aging for Northeastern Ver	MA
151	Beth	Waldman	SOV Consultant - Bailit-Health Purchasing	X
152	Marlys	Waller	DA - Vermont Council of Developmental an	X
153	Nancy	Warner	COVE	X
154	Julie	Wasserman	AHS - Central Office	S/MA
155	Kendall	West	Bi-State Primary Care/CHAC	MA
156	James	Westrich	AHS - DVHA	S
157	Robert	Wheeler	Blue Cross Blue Shield of Vermont	X
158	Bradley	Wilhelm	AHS - DVHA	S
159	Jason	Williams	UVM Medical Center	X
160	Stephanie	Winters	Vermont Medical Society	MA
161	Jason	Wolstenholme	Vermont Chiropractic Association	X
162	Mark	Young		X

163	Marie	Zura	DA - HowardCenter for Mental Health	X
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Attachment 3: All Payer Model and Medicaid Pathway Presentation

INTEGRATED HEALTH SYSTEM UPDATE
ALL PAYER MODEL & MEDICAID PATHWAY

VHCIP PRACTICE TRANSFORMATION WORK GROUP

APRIL 5, 2016

VERMONT
HEALTH CARE REFORM

Medicaid Pathway: Payment and Delivery System Reform Continuous Cycle

Key questions for today?

1. What is the all payer model?
2. What is the Medicaid Pathway?
3. How does the State pivot from idea to action?
   a) Project plan
   b) Stakeholder engagement
4. How do we know if this is working for SOV? Providers?
5. What are we missing?

One Goal, Two Projects

Big Goal:

Integrated health system able to achieve the triple aim

- ✓ Improve patient experience of care
- ✓ Improving the health of populations
- ✓ Reduce per capita cost

Implementing Next Generation ACO Type Capitated Payment Model:
Way to pursue goal of integrated system for certain services and providers.

Implementation led by DVHA with support from others.

Medicaid Pathway:

Task of pursuing goal of integrated system for services not subject to financial caps of all-payer model.

AHS led project that interacts with ongoing AHS reform efforts and SIM.

CRITICAL TAKE-AWAY: Implementation of a Medicaid Next-Gen ACO that provides a sub-set of Medicaid services and is subject to financial caps is only one piece of the all-payer model and envisioned delivery system reforms.

VERMONT
HEALTH CARE REFORM

All-Payer Model

- An **all-payer model** is an agreement between the State and the Center for Medicare and Medicaid Services (CMS) that allows Vermont to explore new ways of financing and delivering health care.

- The all-payer model enables the three main payers of health care in Vermont – **Medicaid, Medicare, and commercial insurance, to pay for health care differently** than through fee-for-service reimbursement.

Why Pay Differently Than Fee-for-Service?

- Health care cost growth is not sustainable.
- Health care needs have evolved since the fee-for-service system was established more than fifty years ago.
  - More people are living today with multiple chronic conditions.
  - CDC reports that treating chronic conditions accounts for 86% of our health care costs.
- Fee-for-service reimbursement is a barrier for providers trying to coordinate patient care and to promote health.
  - Care coordination and health promotion activities are not rewarded by fee-for-service compensation structure.

How Do We Pay Differently in APM?

- The federal government has created programs that encourage the use of **Accountable Care Organizations** (ACOs).
- The federal **Next Generation ACO program** allows ACOs to be paid an all-inclusive population-based payment for each Medicare beneficiary attributed to the ACO. CMS will allow ACOs some flexibility in certain payment rules in exchange for accepting this new type of payment.
- Health care providers' participation in ACOs is voluntary; the ACO must be attractive to providers and offer an alternative health care delivery model that is appealing enough to join.

Goals of a Transformative All-Payer Model

- Improve experience of care for patients
- Improve access to primary, preventive services
- Reward high value care
- Construct a highly integrated system
- Empower provider-led health care delivery change
- Control the rate of growth in total health care expenditures
- Align measures of health care quality and efficiency across health care system

Can We Get There?

- Vermont has all-payer reforms in place today
  - Shared Savings Program (SSP) for Accountable Care Organizations (ACOs)
    - Medicare offers a SSP for ACOs
    - Commercial SSP Standards
    - Medicaid SSP Standards
  - The Blueprint for Health
    - Medicare participates through a demonstration waiver
    - Commercial participation
    - Medicaid participation
- Fee-For-Service is still the underlying payment mechanism in these models

VERMONT HEALTH CARE REFORM

Vermont's Proposed Term Sheet

- The term sheet includes all of the basic legal, policy, and enforcement provisions that would be in a Model Agreement.
- In some cases, terms refer to appendices which will have greater technical detail or to processes that will occur during 2016.

	Term
1.	Legal Authority
2.	Performance Period
3.	Medicare Beneficiary Protections
4.	Medicare Basic Payment Waivers
5.	Medicare Innovation Waivers
6.	Infrastructure Payment Waivers
7.	Fraud and Abuse Waivers
8.	Request for Additional Waivers
9.	Revocation of Waivers
10.	All-Payer Rate Setting System
11.	Provider Participation in Alternative Payment
12.	Regulated Services
13.	Financial Targets
14.	Quality Monitoring and Reporting
15.	Data Sharing
16.	All Payer Model Evaluation
17.	Modification
18.	Termination and Corrective Action Triggers

VERMONT
HEALTH CARE REFORM

Steps Toward an APM

- Develop All-Payer Model and Financial Targets
- Create Standards for Accountable Care Organization Program
- Exercise GMCB Rate and Regulatory Authority
- Attain Quality Improvement and Cost Control

Next Steps

- Assess and Evaluate All-Payer Model Proposal
  - Taking all points of view into consideration, the Green Mountain Care Board and the Agency of Administration must independently assess the potential of the all-payer model to build a system that offers the right incentives and rewards providers for delivering on the promise of integrated, coordinated, high quality care.

- Based on evaluation of term sheet,
  - Continue negotiations with CMS on All-Payer Model
  - If Vermont decides the final agreement is not better than today's system, it can end the negotiation with CMS.
  - Similarly, if CMS is not satisfied that the overall proposal meets its policy and financial goals, it can decline to enter into the agreement.

Medicaid Pathway

What is it?

- It refers to several critical ideas:
  - There is payment and delivery system reform that must happen alongside the all-payer model (APM) regulated revenue/cap conversation.
  - There is a process for Medicaid providers to engage in with the State alongside the APM regulated revenue/cap conversation.
  - This process is led by AHS-Central Office in partnership with the Agency of Administration and includes Medicaid service providers who provide services that are not included in the initial APM implementation, such as LTSS, Mental Health, substance abuse services and others.
  - The Medicaid Pathway advances payment and delivery system reform for services not subject to the additional caps and regulation required by the APM. The goal is alignment of payment and delivery principles that support a more integrated system of care.

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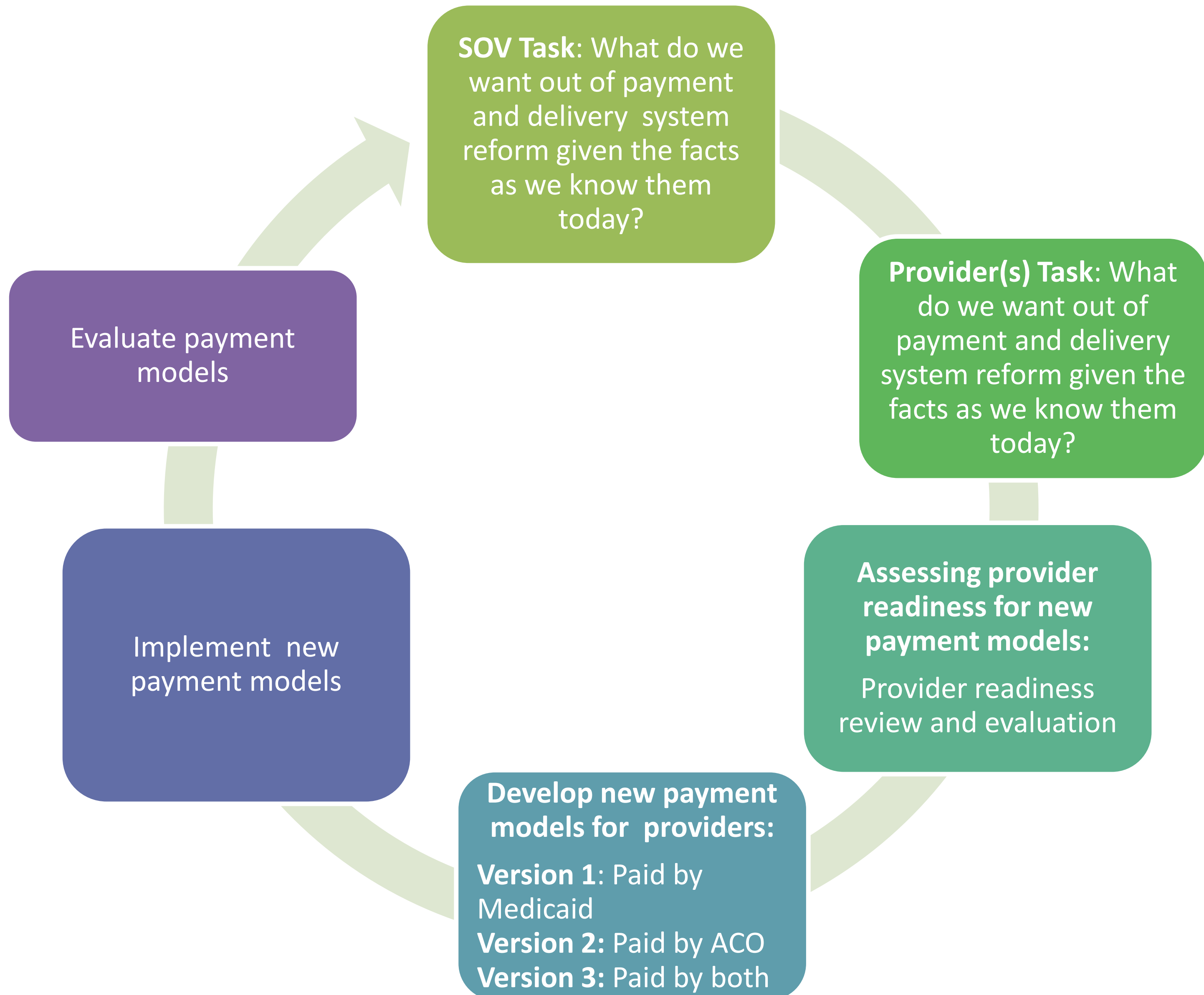
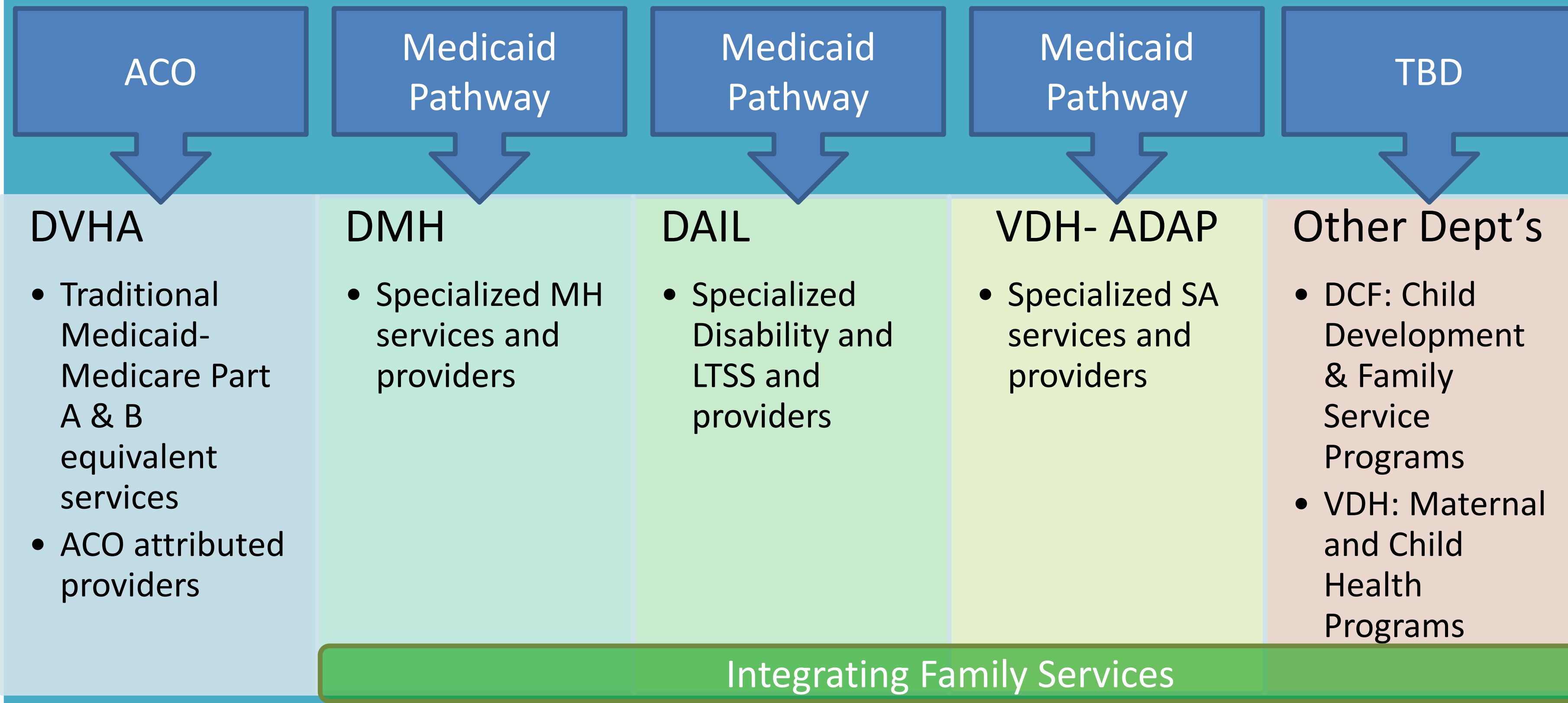
Medicaid Pathway: Payment and Delivery System Reform Continuous Cycle



Current Medicaid APM payment reform efforts



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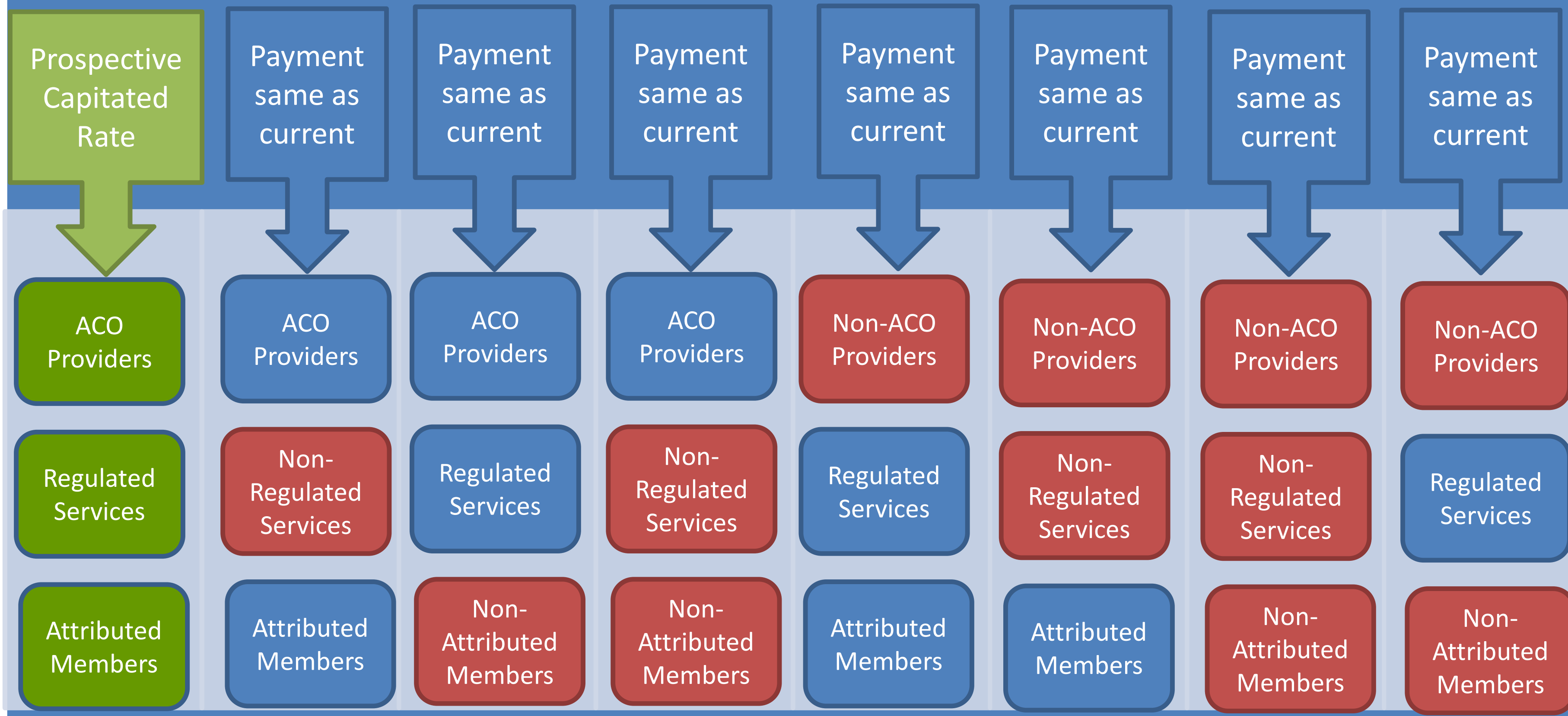
DVHA and the Medicaid Pathway

DVHA is implementing a new payment model that impacts some, but not all, providers, services and members.



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Medicaid Pathway Principles and Goals

Ensure Access to Care for Consumers with Special Health Needs

- Access to Care includes availability of high quality services as well as the sustainability of specialized providers
- Ensure the State's most vulnerable populations have access to comprehensive care

Promote Person and/or Family Centered Care

- Person and/or Family Centered includes supporting a full continuum of traditional and non-traditional Medicaid services based on individual and/or family treatment needs and choices
- Service delivery should be coordinated across all systems of care (physical, behavioral and mental health and long term services and supports)

Ensure Quality and Promote Positive Health Outcomes

- Quality Indicators should utilize a broad measures that include structure, process and experience of care measures
- Positive Health Outcomes include measures of independence (e.g., employment and living situation) as well as traditional health scores (e.g., assessment of functioning and condition specific indicators)

Ensure the Appropriate Allocation of Resources and Manage Costs

- Financial responsibility, provider oversight and policy need to be aligned to mitigate the potential for unintended consequences of decisions in one area made in isolation of other factors

Create a Structural Framework to Support the Integration of Services

- Any proposed change should be goal directed and promote meaningful improvement
- Departmental structures must support accountability and efficiency of operations at both the State and provider level
- Short and long term goals aligned with current Health Care Reform effort

Medicaid Pathway Process

Delivery System Transformation (Model of Care)

- What will providers be doing differently?
- What is the scope of the transformation?
- How will transformation support integration?

Payment Model Reform (Reimbursement Method, Rate Setting)

- What is the best reimbursement method to support the Model of Care (e.g. fee for service, case rate, episode of care, capitated, global payment)?
- Rate setting to support the model of care, control State cost and support beneficiary access to care
- Incentives to support the practice transformation

Quality Framework (including Data Collection, Storage and Reporting)

- What quality measures will mitigate any risk inherent in preferred reimbursement model (e.g. support accountability and program integrity); allow the State to assess provider transformation (e.g. structure and process); and assure beneficiaries needs are met?

Outcomes

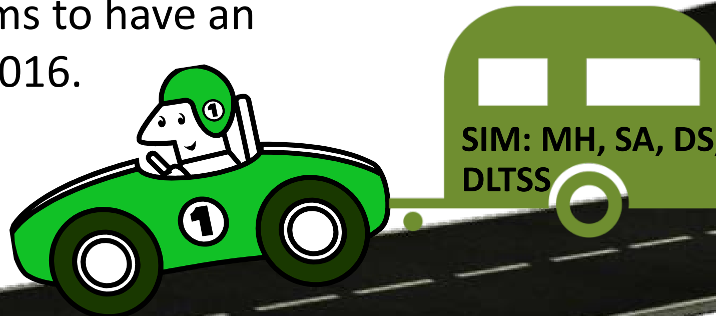
- Is anyone better off?

Readiness, Resources and Technical Assistance

Who is on the Medicaid Pathway?

Group 1: Under the SIM demonstration Providers of MH and SA are working with State reps to answer the MP process questions. This group started meeting 11/2015 and aims to have an implementation proposal by 7/2016.

ENTER



Group 2: The DLTSS Work Group under SIM has also started to engage in a similar planning process.

Group 3: AHS needs to engage with other community providers in a planning process to determine how and when other services and providers will enter the Medicaid Pathway process.

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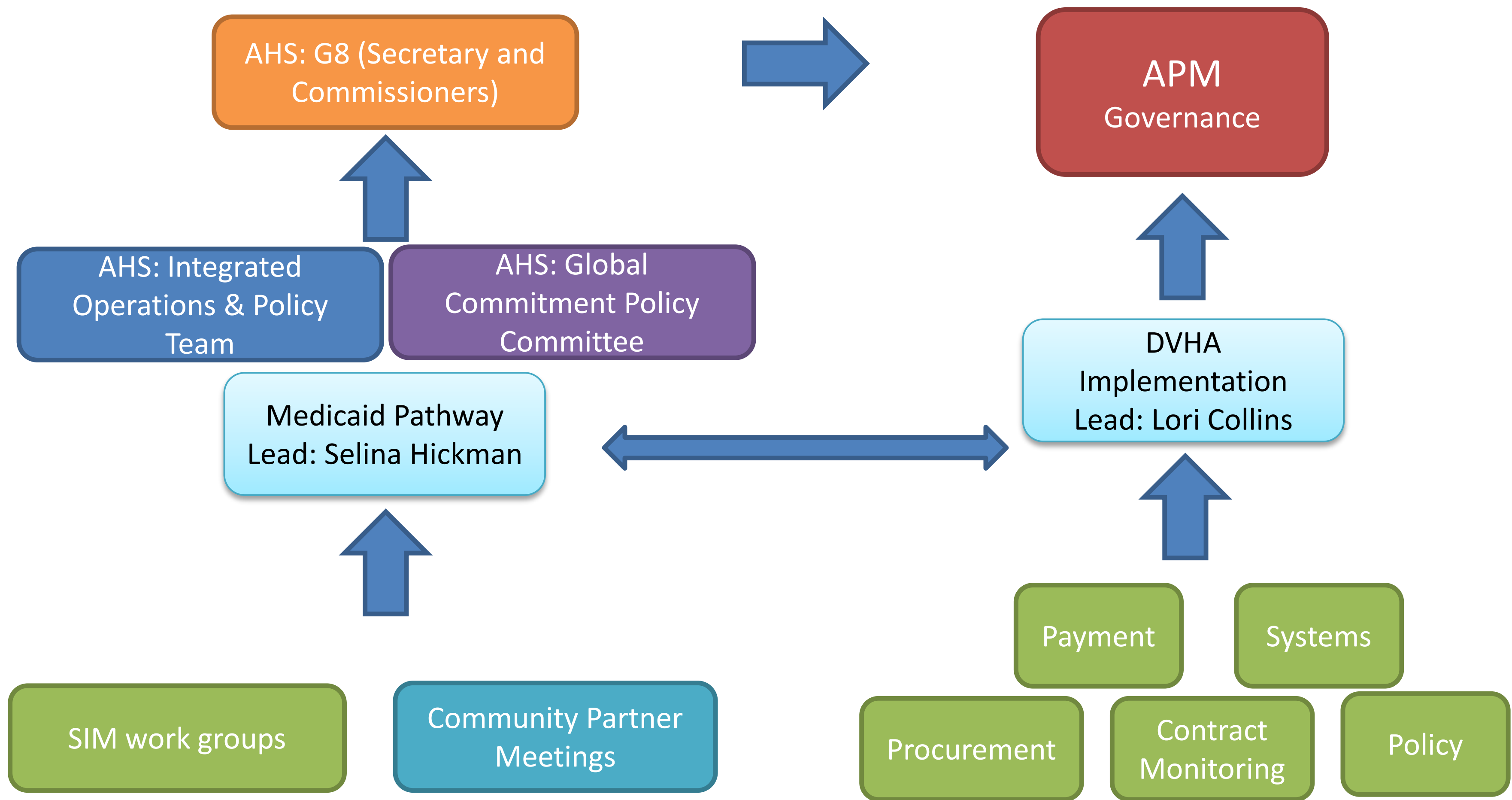
Medicaid Pathway DRAFT Governance



Resource Slide: Key Terms and Concepts

- **<u>All-payer model</u>: catch all term to describe (1) an agreement with CMS that waives federal laws so that (2) Medicare will pay a capitated payment to an ACO for hospital and physician services in exchange for (3) a State commitment to meet financial targets and quality goals. The State would then (4) align commercial insurers and Medicaid to pay the ACO the same way as Medicare.**
- **<u>Next Generation</u>: a Medicare ACO program that offers several waivers and four payment models, including a capitated payment. Next Generation provides the programmatic base for the all-payer model.**
- **<u>Regulated revenue</u>: the covered services and revenue within the all-payer model and subject to the financial and quality targets.**
- **<u>Medicare infrastructure waivers</u>: a fancy way of saying that we are asking Medicare to (1) keep making Blueprint payments, (2) expand SASH, and (3) invest in Hub and Spoke.**
- **<u>All-payer financial targets</u>: Limitation on spending for services and spending inside the all-payer model. The target is 3.5% and ceiling 4.3%. These numbers are limits, not guaranteed annual revenue increases to providers participating in the model. The State proposed a floor as well, a minimum rate of Medicare growth. This protects the State against unexpectedly low Medicare growth.**
- **<u>Medicaid Pathway:</u> a process through which AHS advances payment and delivery system reform outside of the additional caps and regulation required by the APM. The goal is alignment of payment and delivery principles that support a more integrated system of care**

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Attachment 4: Core Competency Training Update

Core Competency Training for Front Line Care Coordination Staff

Practice Transformation Work Group Update

April 5th, 2016

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Background:

- Participants in the Integrated Communities Care Management Learning Collaborative (ICCMLC) expressed the need for training on key core competencies related to delivering person-directed care coordination as part of an integrated care team.
- DLTSS work group members identified the need for training on key core competencies highlighted in the "Disability Awareness Briefs" http://healthcareinnovation.vermont.gov/node/863
- Care Models and Care Management Work Group Members, DLTSS Work Group Members, and ICCMLC participants provided input on desired training curriculum, which was incorporated into a Training RFP.

Background (cont'd):

- After a competitive bidding process, two apparently successful awardees have been selected and contract negotiation is nearing completion.

- Two organizations will deliver a comprehensive training series:
  - **Primary Care Development Corporation** (http://www.pcdc.org/), is a nonprofit organization dedicated to expanding and transforming primary care in underserved communities. PCDC will provide training on core competencies related to care coordination and care management.

  - **The Vermont Developmental Disabilities Council** (http://www.ddc.vermont.gov/) is a state-wide board that works to increase public awareness about critical issues affecting people with developmental disabilities and their families. VTDDC and its partners, including Green Mountain Self Advocates, Vermont Family Network, and Vermont Federation of Families for Children's Mental Health, will provide training on core competencies related to working with individuals with DLTSS needs.

Overview of Training Opportunities:

- **34** separate training events to be offered between March and December 2016 as part of a robust training curriculum.
- **240** training spots available for a 6 day core training series on care coordination and disability awareness offered in three training locations (Burlington, Waterbury/Montpelier, and Brattleboro) beginning on March 29th – 31st.
- Additional training opportunities for a smaller subset of participants include: Advanced Care Coordination Training, Care Coordination for Managers and Supervisors Training, and Train-the-Trainer Training.
- *Interest has been strong!* All training sites are currently at maximum capacity, including the addition of a second training section in Burlington.

Care Coordination Fundamentals Training for Front-Line Care Managers

In-Person Training #1

AGENDA

8:30 AM - 9:00 AM	Registration
9:00 AM - 9:15 AM	Welcome and Opening Remarks
9:15 AM - 10:30 AM	Roles and responsibilities of staff who provide care coordination
10:30 AM - 10:45 AM	Mid-Morning Break
10:45 AM - 11:45 PM	How care coordination is related to patient navigation
11:45 PM - 1:00 PM	Lunch
1:00 PM – 2:30 PM	Typical care coordination services
2:30 PM – 2:45 PM	Mid-Afternoon Break
2:45 PM – 4:00 PM	Qualities and skills needed by staff members providing care coordination
4:00 PM – 4:15 PM	Closing Remarks and Preview of Next Session

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Vermont Health Care Innovation Project Core Competency Training Series
2016 Schedule of Training Events

Training Event	Tentative Date & Location	Tentative Curriculum Modules
6 Day "Core" Training Series ***(Participants are strongly encouraged to attend all 6 days of core training)***		
Day 1: Introductory Care Coordination Training, Part 1	**3/29/2016:** Burlington, Main Street Landing **3/30/2016:** Waterbury, State Office Complex **3/31/2016:** Brattleboro, Elks Lodge	• Roles and responsibilities of staff who provide care coordination • How care coordination is related to patient navigation • Typical care coordination services • Qualities and skills needed by staff members providing care coordination
Day 2: Disability Awareness Training, Part 1	**4/22/2016:** Brattleboro, TBD **4/25/2016:** Montpelier, Capitol Plaza Hotel **4/26/2016:** Burlington, Main Street Landing	• Introduction to disability awareness • Disability and wellness • Person Centered Care
Day 3: Introductory Care Coordination Training, Part 2	**5/17/2016**: Montpelier, Capitol Plaza Hotel **5/18/2016:** Burlington, Main Street Landing **5/19/2016:** Brattleboro, TBD	• Communication skills • Bias, culture and values • Accessing community and social supports • Transitions of care, home visits, and supporting care givers
Day 4: Disability Awareness Training, Part 2	**6/17/2016:** Burlington, Main Street Landing **6/22/2016**: Waterbury, State Office Complex **6/23/2016:** Brattleboro, TBD	• Universal design/accessibility • Communication and interaction • Tools for improved communication • Cultural competence • Facilitating inclusive and accessible training

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Vermont Health Care Innovation Project Core Competency Training Series
2016 Schedule of Training Events (cont'd)

Day 5: Introductory Care Coordination Training, Part 3	**7/19/2016:** Burlington, Main Street Landing **7/20/2016:** Montpelier, Capitol Plaza Hotel **7/21/2016:** Brattleboro, TBD	• Development and implementation of care plans • Motivational Interviewing • Health coaching • Professional boundaries
Day 6: Disability Awareness Training, Part 3	**9/14/2016:** Montpelier, Capitol Plaza Hotel **9/16/2016:** Burlington, Main Street Landing **9/28/2016:** Brattleboro, TBD	• Transition from pediatric to adult care • Sexuality and reproductive health • Trauma-informed care
Webinar Series (5 one-hour webinars will offer supplemental content to 6-day core training series)	**Webinar 1:** April, date TBD **Webinar 2:** June, date TBD **Webinar 3:** August, date TBD **Webinar 4:** October, date TBD **Webinar 5:** December, date TBD	• Using data to identify people needing services • Principles of person centeredness • Care coordination by phone • Coordinating care for patients with specific chronic conditions such as DM, HTN, heart disease, asthma, and HIV and mental illnesses • Navigating the insurance system • Risk stratifying patient panels
Burlington "Section 2" (In response to a greater than anticipated level of interest at the Burlington training site, a second section of 60 participants was added.)	**Day 1**: April 27th , 2016 **Day 2:** June 16th , 2016 **Day 3**: August 17th, 2016 **Day 4:** August 18th , 2016 **Day 5:** August 19th , 2016 Day 6: September 27th , 2016	**A note about the Burlington Training Section 2 schedule:** Due to trainer availability, Section 2 training content is not offered in the same order as the Section 1 content. Training days 3, 4 and 5 correspond with Introductory Care Coordination training and will be offered on three consecutive days in August. Training days 1, 2 and 6 correspond with Disability Awareness training and will be offered in April, June, and September.

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Vermont Health Care Innovation Project Core Competency Training Series
2016 Schedule of Training Events (cont'd)

Supplemental Training Opportunities		
Advanced Care Coordination Training	**9/20-9/21/2016:** Montpelier, Capitol Plaza Hotel	• Impact of adverse childhood events, mental illness, an addiction disorders on health status • Screening for substance abuse and domestic violence • Crisis management and suicide prevention • Coordinating care for patients with mental health conditions • Coordinating care for homeless patients • Care management for elderly patients • Palliative care and end of life care
Care Coordination for Managers & Supervisors	**10/27/2016:** Montpelier, Capitol Plaza Hotel	• Handling large case loads • Risk stratification • Supervision of staff • Setting up training systems • Working effectively with leadership and physicians • Identifying and serving as a lead care coordinator
Train the Trainer Training Workshop	**11/15-11/16/2016:** Montpelier, Capitol Plaza Hotel	• Preparing to facilitate group care management/coordination training • Framing topics to clarify roles of front line care managers • Best practices for facilitating group discussions and activities • Facilitating discussions about controversial or challenging topics • Managing conflict and multiple opinions among participants • Facilitating role play activities for motivational interviewing, health coaching, and communication skills

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Questions?

- Please contact Holly Stone at holly.stone@partner.Vermont.gov with any follow up questions, and be sure to check out the VHCIP Core Competency Training Website for evolving information on this series including agendas, trainer bios, and schedules: http://healthcareinnovation.vermont.gov/node/884