VT Health Care Innovation Project
Episodes of Care Subgroup Meeting Agenda
Thursday, April 16, 2015 9:00 AM – 11:00 AM.
Small Conference Rm, 312 Hurricane Lane, Williston, VT
Call in option: **1-877-273-4202**
Conference Room: 2252454

Mike DelTrecco (VAHHS), Alicia Cooper (DVHA), Susan Aranoff (DAIL), Amy Coonradt (DVHA), Amanda Ciecior (DVHA), Norman Ward (OCVT), Cathy Fulton (VPQHC), Andrew Garland (MVP), Leah Fullem (OCVT), Kelly Lange (BCBSVT), Dian Kahn (GMCB)

Item #	Relevant Attachments	Next Steps
1	Alicia Cooper started the meeting at 9:01am. Susan Aranoff made a motion to approve the sub-group minutes and Cathy Fulton seconded. The sub-group then voted to approve the 2/12/15 minutes with two abstentions, the 3/6/15 minutes with four abstentions and the 3/26/15 minutes with one abstention.	
2	Alicia reviewed the overall sub-group plan for the next month and recapped what issues still need to be worked through. Plans to finalize outstanding details will occur during the newly added May 7th meeting. Alicia is in the process of reaching out to select organizations and setting up meetings to ensure all stakeholders are on board with the EOC work and not surprised by the funding request when it makes it to the PMWG. Discussion took place on the data source discussion guide sent out during the meeting. • Kelly Lange mentioned that the payers will likely not be able to provide identifiable member information as there are several limitations on what they can release. However, they would be able to produce provider information, which is more than can be expected from VHCURES at this point. Leah Fullem felt that this is the reason the ACOs need to do this work themselves; so they can drill down into actual beneficiary information. Kelly agreed that drilling down to the patient level is where the ability to be most actionable comes in, and does not want the sub-group to duplicate or produce any sub-standard results. • Susan Aranoff said that MVP does not provide beneficiary level information because it would cause too much disagreement among providers and the detailing team. This particular Episodes initiative is only focused on gathering information on Episodes in the State. Leah agreed that information regarding patients is very sensitive and would only give patient information to the actual provider that is treating them. She also does not disagree that we are seeking to find	

variation in costs, but stated that once we do find areas of great variation, we need to have the information available to fix it. Claims data does not give providers enough information to make the determination if services rendered were unnecessary or not.

- Kelly said that the existence of variation has already identified by HCi3. In bringing this to the larger workgroup, she anticipates there will be a lot of discussion around if this is a good use of money.
- Alicia recapped that MVP has taken a similar approach and feels the information has been actionable. Andrew confirmed that MVP's reports have been 'tremendously' actionable. Providing patient level data would not help as providers would retrospectively argue over each individual patient. This is able to work well because we focus on basic ailments, and take out all severe patients with extreme costs and comorbidities. Providers have been very receptive of this basic comparative information.
- Leah responded that at the end of the day, looking for patterns is good but there needs to be the ability to drill down deeper. Andrew then posed the question to the group, if good enough is acceptable for this project or if we need it to be perfect – and the infrastructure to support perfect is not there right now
- Mike Deltrecco agreed that there are both benefits and drawbacks to this approach. We need to be clear in bringing this forward to the PMWG and how it aligns with the work of the ACOs. Alicia responded that she has reached out to the ACOs to participate or have a conversation with DVHA in the next couple weeks.
- Norm Ward said that he would supply the minority opinion and is not sure that a detailing team is an additional cost that we can sustain. He feels that this will turn into an unfunded mandate for the ACOs to continue this work.
- Alicia called attention to attachment 2c – and discussed the sustainability component and commitment that has been provided by a number of organizations.
- Susan Aranoff brought up the issue of the SIM project on a whole, and how Episodes have been a long term goal of this project. We are no longer able to tie in funding, so this is a step toward better understanding payment reform options in the future.
- Norm said that additional drill down detail will be needed when the State or ACOs start to tie in funding to this information. Claims based data has not yet provided the motivation to the most poorly performing individuals.
- Andrew felt the ACOs will ultimately decide how they will split the shared savings money and suggests that we start building infrastructure now to help all ACOs succeed in going forward.

ACOs in NY are thanking MVP for this episodic information, especially as they look toward the future and taking on risk. Mike suggests that it is real life examples and tangible information like this that needs to be brought before the PMWG when we ask for funding.

- Cathy Fulton asked if it is possible to phase in portions of the RFP by a) asking a vendor to produce basic, non-identifiable level information; then b) asking them to have the additional capacity to be able to drill down to the patient level. Alicia said that this would make sense in theory; however, the inability to gather patient level data is a roadblock. Setting up that broader vision makes sense – it might be wise to ask the PMWG if they would prefer to move forward with this 'middle of the road' work or hold off on all work until the ACOs have in place the ability to ID patient level data in the next couple years. Leah responded that the ACOs are all in a very different place with their internal capabilities.
- Alicia asked the sub-group if this seemed like a move in the right direction, and if people are still not sure it is, we need to address the concerns before taking this proposal to the entire workgroup. Mike responded that there is a large appetite for this type of work for those at VAHHS, but would like to know how to incorporate this information into the business plan. If he can answer this question, will be easier to achieve provider buy in.
- Leah said that OCVT will be taking on risk in the coming years. And for reasons already described, they will be building a platform to achieve drill down capabilities and provide a dashboard for providers to use.
- Mike said that using VHCURES to identify practices has been very difficult and the listed NPI only helps to a limited extent. Dian said that is difficult to build a provider registry.
- Kelly commented that Vermont is struggling to connect all its initiatives and is concerned that we are just spending the money because we said we would do Episode work in the SIM Operational Plan. Alicia responded that there is no requirement to do this work, but we specifically said we would refocus activities in Year 2 on EOC. Looking from payment to analytics to further continue system transformation. Vermont told CMMI it would do this, and CMMI has been flexible so far. It will likely not end of the world if this work does not occur, but would prefer we continue to keep this channel of inquiry open throughout the life of the SIM testing period. Alicia requests we at least explore this initiative at the broader WG level. After today's conversation it would make sense to use Monday's meeting to start getting feedback from members on issues we are seeing within the sub-group.
- Susan asked why the Blueprint cannot expand what they are doing to include the specialty providers, especially since the BP is bringing forward new plans to expand their initiative. Alicia responded that BP is focused on primary care, but thinks it would make sense to tack this type of work onto what they're doing.

- Andrew reminded the group that having payers extract data is still an option, and might take care of some of the issues regarding provider and practice level data. However, it would certainly take some work to do this. He also pointed out that there are a lot of stakeholders in this process beyond the ACOs and the sub-group needs to make sure we are taking them all into account. Mike agreed with this point, and shared his desire to find something that works for everyone. Andrew sees this initiative as adding to existing information being received by practices, not taking over what any organization is already doing. Mike brought up the point that not all organizations in Vermont will be able to use this additional information as they simply lack the human capacity to do so.
- Cathy felt that all would benefit from master patient index and practice directory and asked if the sub-group could scale back the RFP to do this. Then we could have Dian's team maintain this cleaned up database for future use. Dian agreed that building the infrastructure is much needed and will take some effort and commitment across several agencies. The sub-group went on to discuss the issues that would arise with attempting to clean up VHCURES, Dian suggests speaking with Susan Barrett if the sub-group wants to continue the conversation.
- Leah asked about the RFP for VHCURES 2.0. Dian said that this was suspended as it was discovered the funding and staffing levels were not adequate.
- Susan suggested that we bring this VHCURES issue forward to the PMWG as an obstacle that needs addressed before we can do EOC work. Leah suggested that this is more in line with HIE workgroup, although it doesn't seem to be a focus of that workgroup this year.
- Alicia asked for a collective decision on what to present to the PMWG. The sub-group agreed that we should provide a general update, plans for future analytic work and the major majority and minority opinions of the sub group. This will allow time to see what comes out of the larger workgroup and ask for input on these continued discussions. Cathy agreed, and said that we are at a crucial decision point and need to gather information from larger group before going forward.
- Leah agreed that this is a good place to bring our issues to the PMWG and discuss how ACOs and payers would potentially include this information in their current work.
- Alicia will look into VHCURES governance and who would be the best person to speak with about what can be done to improve it, if anything.
- Susan suggest having BP and MVP come to larger workgroup and do a presentation similar to what was done in the sub-group last month

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