

# Attachment 1 - VHCIP Steering Committee Meeting Agenda 5-14-14

**VT Health Care Innovation Project  
Steering Committee Meeting Agenda**

**May 14, 2014 10:00 am- 12:00 pm**  
*DVHA Large Conference Room, 312 Hurricane Lane, Williston*  
**Call-In Number: 1-877-273-4202; Passcode: 8155970**

<b>Item #</b>	<b>Time Frame</b>	<b>Topic</b>	<b>Presenter</b>	<b>Relevant Attachments</b>
1	10:00-10:05	Welcome and Introductions	Mark Larson	Attachment 1: Agenda
2	10:05-10:15	Public Comment	Mark Larson	
3	10:15-10:20	Minutes Approval	Mark Larson	Attachment 3: April Minutes
4	10:20-10:30	Core Team Update	Anya Rader Wallack	
5		Policy Request: 1. None at this time		
6	10:30-11:00	Financial Requests: 1. Population Health Work Group Proposal: Request to release an RFP: \$70,000 2. Bailit Health Purchasing, Inc. Amendment: Request to support three VHCIP work groups: \$1,000,000	Georgia Maheras	Attachment 6: Financial Proposal PowerPoint

7	11:00-11:50	<p>Status Reports from Work Group Chairs:</p> <ul style="list-style-type: none"> <li>a. Care Models: Bea Grause and Renee Kilroy</li> <li>b. DLTSS: Deborah Lisi-Baker and Judy Peterson</li> <li>c. HIE/HIT: Brian Otley and Simone Rueschemeyer</li> <li>d. Payment Models: Don George and Stephen Rauh</li> <li>e. Population Health: Karen Hein and Tracy Dolan</li> <li>f. Quality and Performance Measures: Cathy Fulton and Laura Pelosi</li> <li>g. Workforce: Robin Lunge and Mary Val Palumbo</li> </ul>	Work Group Chairs	Attachment 7: Status Report
8	11:50-12:00	Next Steps, Wrap-Up and Future Meeting Schedule	Mark Larson	Next Meeting: June 11 <sup>th</sup> 1:00pm-3:00pm in Williston

# Attachment 3 - VHCIP Steering Committee Minutes 4-16-14



**VT Health Care Innovation Project  
Steering Committee Meeting Minutes**

**Date of meeting: April 16, 2014 at DVHA Large Conference Rm - 312 Hurricane Lane, Williston 10 am - 12 pm**

**Members:** Al Gobeille, Co-Chair; Debbie Ingram, VT Interfaith Action; Catherine Fulton, VT Program for Quality in Health Care; Trinka Kerr, HCA; Jackie Majoros, VT Legal Aid; Todd Moore, One Care; Ed Paquin, Disability Rights VT; Judy Peterson, Visiting Nurse Assn of Chittenden and Grande Isle; Julie Tessler, VT Council of Dev. and MH Services; Simone Rueschemeyer, Behavioral Health Network of VT; Sharon Winn, Bi-State; Paul Dupre, DMH; Bea Grause, VT Assn of Hospitals and Health Systems; Harry Chen, VDH; John Evans, VITL; Bob Bick, Howard Center; Paul Harrington, VMS; Nancy Eldridge, Cathedral Square & SASH; David Martini (for Susan Donegan), DFR; Stephanie Beck, AHS; Dale Hackett, Consumer Advocate; Elizabeth Cote, Area Health Education Centers Program.

**Attendees:** Anya Rader Wallack, Core Team Chair; Georgia Maheras, AoA; Tracy Dolan, VDH; Julie Wasserman, Diane Cummings, Larry Sandage, Alicia Cooper, Steve Maier, Kara Suter, Amy Coonradt, Erin Flynn, DVHA; Marybeth McCaffrey, Jen Woodard, DAIL; Karen Hein, Annie Paumgarten, Pat Jones, Spenser Wepler, GMCB; Brendan Hogan, Bailit Health Purchasing; Susan Besio, Pacific Health Policy Group; Sam Liss, Statewide Independent Living Council; Nelson LaMothe, Jessica Mendizabal, Project Management Team.

Agenda Item	Discussion	Next Steps
<b>1. Welcome &amp; Introductions</b>	Al Gobeille called the meeting to order at 10:04 am.	
<b>2. Public Comment</b>	Al Gobeille asked for public comment and no comments were offered.	
<b>3. Minutes Approval</b>	Ed Paquin moved to approve the minutes noting he attended the March meeting. The motion was seconded including the amendment that Ed Paquin be added to the attendee list. The motion passed. Trinka Kerr abstained since she did not attend the last meeting.	<b>The minutes will be revised and posted to the website.</b>

Agenda Item	Discussion	Next Steps
<b>4. Core Team Update</b>	<p>Anya Wallack gave a Core Team update:</p> <ul style="list-style-type: none"> <li>• The next Core Team Meeting is April 21<sup>st</sup> and they will discuss agenda items from today’s meeting.</li> <li>• They held two meetings in March and spent the bulk of time considering the provider grants. They received 33 applications totaling over \$17 million in requests and eight grants were awarded totaling \$2.6 million.</li> <li>• There will be a second round of grants but they have not made a decision about when or how much funding will be available, and they have the authority to increase the amount. They want to give enough time to solidify existing grantee contracts, noting it is a lot of work for Georgia and the DVHA Business Office. Overall applications were great, and whether groups were collaborating was a key issue.</li> <li>• The Core Team approved the quality measures update process.</li> <li>• The Governor held a press conference in March announcing the Shared Savings program and an additional one in April announcing the grant awards.</li> <li>• Two grant beneficiaries, Paul Bengtson and Susan Wehry, recused themselves from the decisions of the grants.</li> <li>• More grant information can be found on the VHCIP website.</li> </ul> <p>There were no questions from group.</p>	
<b>5. Policy Request</b>	<p>1. <u>No requests at this time.</u></p>	
<b>6. Financial Requests</b>	<p>1. <u>HIE/HIT Work Group Spending Proposal (attachments 6a &amp; 6b):</u>  The presentation contains revised information originally presented on March 5th. The Steering Committee made a request for further information at the last meeting, specifically to make sure there are no duplicative efforts with the ACO and ACTT proposals and clarify VITL’s role and coordinate project management.</p> <p>Steve Maier presented the slides noting the following:</p> <ul style="list-style-type: none"> <li>• \$120,000 was added for Project Management.</li> <li>• Gap Analyses refers to a readiness assessment across different agencies and what future needs are in terms of IT (which may lead to additional proposals or reports later on).</li> </ul>	<p><b>Slides originally distributed for this meeting were since updated and sent to the group via email.</b></p>

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Regarding DLTSS Data Reporting: this is more related to clinical measures, not claims based, which are more social service and community oriented.</li> </ul> <p>The group discussed the presentation and the following points were made:</p> <ul style="list-style-type: none"> <li>• Simone noted the project is based on learnings from Bi-State and they plan to take that information and develop technological tools for designated and specialized service agencies.</li> <li>• The first phase of the data repository is planning and will involve a number of stakeholders to decide what the infrastructure will be and if it can fit within VITL.</li> <li>• Providers will be engaged in the planning of the Universal Transfer Form (UTF). <ul style="list-style-type: none"> <li>- VITL will look at designing architecture that is more unique and continue to focus on data quality and developing a network based approach which would benefit other agencies that get their data from the VEHI.</li> <li>- VPQHC has been doing work on transitions with hospitals and they might be instrumental early on in the development of the UTF.</li> </ul> </li> <li>• Sharon Winn noted Bi-State is acting as a technical advisor but is not a beneficiary of the proposal. Project One is scheduled for two years. Project two is scheduled from June to December 2014. Project three is June to September 2014.</li> <li>• The tools that Bi-State used helped to develop tools for the DA/SSA system. These tools can be customized and used statewide.</li> </ul> <p>Before the members voted the following people exited the room: Simone Rueschemeyer, John Evans, Brendan Hogan, Julie Tessler, and Bob Bick. Any beneficiaries attending by phone were asked to hang up.</p> <p>Al proposed to have four motions to pass, one for each project and the Project Manager fee, but the group was comfortable with a single motion. Paul Harrington moved that on behalf of Steering Committee he recommended support of the ACTT proposal from April 16 for three projects (referring to the presentation) with an additional overall Project Management fee of \$120,000 for total sum of \$2,462,118.</p> <p>Debbie Ingram seconded the motion. Todd Moore noted he would like to make sure the UTF can apply to other providers across the state.</p>	

Agenda Item	Discussion	Next Steps
	<p>Tracy Dolan clarified that the “partnership” doesn’t include VITL, who is a beneficiary.</p> <p>For Project One the majority of funds go to Behavioral Health Network, split into 4 categories: data repository; VITL and EHR platform; staff to work with DAS; and the Project Manager.</p> <p>For Project Two the funds will be for VITL IT consultation; providing stipends to LTC providers (still waiting on confirmation from CMMI to see if this an allowable cost); and consulting support to assist state staff in executing the project.</p> <p>The state will contract directly with VITL. The state has to approve subcontractors of original contracts. Contractors have to follow state procurement rules regarding subcontracts.</p> <p>Ed Paquin noted the importance of data quality and wanted to make sure the data collection effort was not just for data that could be easily collected, but that efforts be made to collect the most valuable data, particularly for DLTSS. Georgia responded that there has been discussion with agencies in other states to see how we can maximize and make the data work for VT in both directions. There has been a lot of coordination with designated agencies in VT.</p> <p>Marybeth McCaffrey offered that the questions on what to collect and what we want to collect will be part of the planning phase. Alicia Cooper is working with the DLTSS group on what data will be meaningful and that work will feed into these projects which will be an iterative and responsive process. Al restated that Project One is just the planning phase and they will have stakeholder engagement as a part of that. Todd Moore expressed his support of this project for a population that OneCare would like to see involved.</p> <p>Al asked if there were any opposition, and none were opposed. Dale Hackett abstained and the motion passed.</p>	<p><b>Ed will follow up with Simone offline regarding his questions.</b></p>
<p><b>7. Status Reports from Work Group Chairs</b></p>	<p>The work groups presented their status reports to the committee (attachment 7).</p> <p><b><u>A. Care Models and Care Management</u></b></p> <p>Nancy Eldridge presented the following update: At the last meeting Population Health presented and the group is trying to figure out what “demand” means for the CMCM work group. Next</p>	<p><b>Al asked that a copy of Deborah’s memo be shared with Trinka and the Committee.</b></p>



Agenda Item	Discussion	Next Steps
	<p>month they are reviewing the State Health Improvement Plan (SHIP) document to understand those goals. The DLTSS work group will present at the next meeting, and they will begin a conversation on the ACO standards as a work group. Julie Wasserman added that at the last meeting there was a presentation by Marie Zurra from Developmental Services who gave great examples of case management. Trinka Kerr asked if the letter from Deb Lisi-Baker (noted in the work group status report) was distributed to the Core Team. The letter was sent and will be discussed at the next Core Team meeting.</p> <p><b>A. <u>DLTSS</u></b>  Judy Peterson gave the following update: The group continues to work on the revised work plan/charter. The primary agenda items are to make recommendations to QPM, especially on pending measures that should be prioritized. They will have an additional meeting in May to look at Care Models and want to present to CMCM. Deb’s letter related to a policy issue and outlines concerns about language in the ACO contract. In that letter Deb included a copy of the proposed DLTSS model of care that all work groups utilize. More information is included in the written report.</p> <p><b>B. <u>HIE/HIT</u></b>  Simone Rueschemeyer gave the following update: At the last HIE meeting they had a good discussion around the work plan and gaps that needed to be filled and needs around the state. They also discussed telemedicine and talked briefly about provider grants. They had an interesting conversation around patient portals and how to plan for future needs. VITL presented a data warehouse roadmap which they will continue to discuss.</p> <p>Dale Hackett asked what the driving factors are for the data collection, noting there are integrated care models behind the data collection, but there are many different models and how is it going to work. Simone responded that they are focusing on the data exchange to integrate services being provided and are having a lot of discussions with CMCM. Ultimately the data exchange within the state will impact the delivery of services and there are a lot of questions on how to get that done. Dale asked at what point the model would need to change based on the data or if the model will dictate the framework. Simone noted that improvements can be made to the care being provided using data analysis in combination with conversations at the local level. Todd Moore asked the group to think about where we need to invest more resources and how do</p>	

Agenda Item	Discussion	Next Steps
	<p>reallocate the resources within a care model to begin to address these issues.</p> <p><b>C. <u>Payment Models</u></b>  Kara Suter gave the following update: The Payment Models Work Group met on April 7<sup>th</sup>. In that meeting the group received a high level overview about what data analytics could be done to support the Episodes of Care (EOC) program. They had a presentation from Brandeis and will start thinking about moving into the next phase of the EOC program: prioritize episodes and potential for implementing. She is working on the meeting minutes to make sure presentation is detailed for anyone that couldn't hear on the phone. Next month they will focus on recommendations for criteria for choosing EOCs upon which to focus. In late April, staff, co-chairs and technical experts are going to flesh out their current work plan and discuss how to prioritize payment models included in the SIM grant and expectations of other work groups, especially QPM. The contracts are in place for the Shared Savings Program and they are working on the payer and provider side. They have started to solidify partnerships and processes.</p> <p><b>D. <u>Population Health</u></b>  Tracy Dolan gave the following update: The work group made recommendations to the QPM work group on pending measures. They are looking at the preventative side and will complete a cross walk with the SHIP. They developed a scope of work for an RFP, which will come to the Steering Committee. They presented to CMCM, and spoke with CDC regarding technical assistance to retrofit highlighting secondary screenings. The CDC is not offering technical assistance however. The work group is also looking forward to the next round of provider grants. The work group was disappointed that no Population Health related applications were awarded. Debbie Ingram encouraged the work group to look at the national network that VEHI belongs to- they are seeing a big trend looking at disparities between class, race, access to healthy things in the community, exposure to disruptions in community and she would like to see more on health disparities in VT. Tracy confirmed she has this information.</p> <p>Dale Hackett noted "environment" means many things and asked for clarification. Tracy mentioned that on the CDC technical assistance call one area they mention is policy and environmental change, and built environment (access to parks, work place environment, food, etc).</p>	

Agenda Item	Discussion	Next Steps
	<p><b><u>E. Quality and Performance Measures</u></b>  Pat Jones gave the following update: The work group is in the process of considering measures for years two and three for the ACO Shared Savings program and heard from other groups on recommendations. VT Legal Aid, Howard Center, the Population Health Work Group and the DLSS Work Group gave input on measures for year two. They will finalize the year two measure set by July, 2014 so it can go through the approval process and allow the ACOs to begin to prepare to collect those measures. They are waiting to see what new models the Payment Models work group develops and will respond as well. The work group will be evaluating the current measure set from year one and discussing whether there have been barriers in reporting measures. They have reached out to insurers to see if there is any overlap with information they already have to collect under Rule 9-03.</p> <p><b><u>F. Workforce</u></b>  Georgia Maheras gave the following update: the Workforce work group will begin meeting once a month for the rest of the year. They are focused on developing a list of priorities for investments to give to the governor, since many workforce items cannot be funded under SIM. They are updating the Workforce Strategic Plan; looking at recommendations and determining what needs to change and what has been completed. There is a legislative proposal to host a workforce symposium and the work group formed a subcommittee to work on details. They also organized a subcommittee of LTSS providers that will finish in early fall and report back to the work group with recommendations about that part of the workforce.</p> <p>Bob Bick asked if the changes to professional categories are more detailed in the minutes. Georgia responded that the professions are given specific names in the documents, which are prescribed by the federal government, though it is not as forward thinking as VT. The Workforce Strategic Plan will make sure the categories are more broadly defined. A recommendation was made to have a glossary. “Rostered” refers to clinical service providers who are not licensed but they are regulated and need to pay a fee.</p>	
<b>8. Next Steps, Wrap-Up and Future Meeting Schedule</b>	The next meeting will be Wednesday, May 14 <sup>th</sup> 10 am – 12 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	

# Attachment 6 - Financial Proposals

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# Financial Proposals

May 14, 2014

Georgia Maheras, JD

Project Director

# AGENDA

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1. Bailit Health Purchasing, Inc.  
Amendment
2. Population Health Work Group  
Proposal- RFP

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# POPULATION HEALTH WORK GROUP PROPOSAL

# Population Health Work Group Proposal

- Request from the Population Health Work Group to release an RFP:
  - Project timeline: July 1-Dec 31, 2014
  - Project estimated cost: \$70,000
  - Project Summary: Hire a contractor to assist Vermont in exploring the development and potential application of the Accountable Health Community to Vermont's health care system. The deliverable would be a fully developed pilot program.
  - Budget line item: Work Group Consulting



# Intent of Contract

- Research promising community level innovations in payment and service delivery in others parts of the country to coordinate health improvement activities and more directly impact population health;
- Identify key features to consider in developing recommendations for VT;
- Determine which features are present in the innovations currently underway through VHCIP and other health system reforms and what expansion in the scope of delivery models would be recommended;
- Identify initiatives in Vermont that have some of the features necessary to improve population health by better integration of clinical services, public health programs and community based services at both the practice and the community levels.

# Population Health Work Group Charge in VHCIIP

## Ops Plan

Examine current population health improvement efforts administered throughout Vermont and recommend ways in which the project could better coordinate health improvement activities and more directly impact population health, including:

- Enhancement of State initiatives administered through the Department of Health
- Support for or enhancement of local or regional initiatives led by governmental or non-governmental organizations, including employer-based efforts
- **Expansion of the scope of delivery models within the scope of SIM or pre-existing state initiatives to include population health”**

# What is an Accountable Health Community(AHC)?

- An AHC would be accountable for the health of the population in a geographic area, including reducing disparities in the distribution of health. Its major functions could include:
  - convening a broad set of key stakeholders
  - assessing the needs of the community, identifying gaps and potential interventions and prioritizing actions to achieve shared goals
  - managing a diverse portfolio of interventions and allocating resources
  - creating the information systems and capability to assess performance and implement rapid cycle changes

# Contract deliverables

- Project plan
- Identification of AHC-like models and summary of same
- Creation of a Request for Information soliciting input from Vermont entities seeking to become AHCs
  - This includes a readiness assessment
- Develop a draft proposal for an AHC pilot

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# **BAILIT HEALTH PURCHASING, INC. AMENDMENT**

# Proposal

- Project timeline: July 1, 2014-January 31, 2017
- Project estimated cost: \$1,000,000
- Project summary: This amendments would support work performed in the following VHCIP work groups:
  - Care Models and Care Management
  - Quality and Performance Measures
  - Payment Models

Bailit will also perform tasks related to two parts of the ACTT proposal previously approved by the Steering Committee and Core Team. This is a previously approved amount of \$40,272.

- Budget line item: Work Group Consulting

# Deliverables

- Payment Models, Care Models and Quality and Performance Measures Work Group Activities:
  - Research and analysis
  - Document development
  - Meeting facilitation
  - Assist the work group staff in carrying out the work plan approved by the work group
  - Assist the staff with any sub-groups of work groups

# Proposal relationship to VHCIP Goals

- VHCIP's project structure relies on seven work groups performing critical tasks. Bailit has provided consulting support to three of these groups over the past year. The work groups have approved continued support from Bailit for specific tasks.
  - The work groups will be monitoring performance and will recommend and future changes in scope.
- This amendment brings Bailit's VHCIP-related activities into one agreement for ease of managing and reporting.



# Sole source justification

- Bailit is familiar with Vermont's payment and delivery system models and key personnel can draw on that expertise to inform this work. This allows Vermont to maximize efficiencies in contracting.
- Bailit has contracts with other SIM states and entities across the country engaged in payment and delivery system reform work. They bring this knowledge back to Vermont for our discussions, which ensures we have the broadest available set of information upon which to base policy decisions.
- Bailit is able to begin this work immediately. The SIM Project requires Vermont adhere to extremely tight timeframes for payment and care model development. Delaying procurement of a vendor to conduct this work would significantly jeopardize the ability of Vermont to meet critical milestones and metrics.

# Key personnel

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- Michael Bailit
- Mary Beth Dyer
- Kate Bazinsky
- Marge Houy
- Beth Waldman
- Megan Burns
- Christine Hughes
- Michael Joseph
- Margaret Trinity
- Brendan Hogan

# Attachment 7 - VHCIP Work Group Status Reports

# May 2014 - VHCIP Work Group Status Reports

Please note that the Workforce Work Group has not had a meeting since the previous report as such we have included their April status report for your reference.

## *VT Health Care Innovation Project Care Models and Care Management Work Group Status Report*

Date: May 13, 2014

Co-Chairs: Bea Grause & Nancy Eldridge

- 1) WG Project updates this month: (if possible contrast to master timeline and work plan)

The CMCM workgroup met on May 13 with a continued focus on the “demand” side of health care with a presentation from the Vermont Department of Health entitled “Improving the health of Vermonters – our shared agenda” by Deb Wilcox, Director of Planning and Healthcare Quality. Deb made several key points relevant to the CMCM work:

- None of the health care *access* measures have changed significantly since 2000 (not better and not worse);
- Three of the six leading chronic disease diagnosis are related to cardiovascular disease;
- The percentage of Vermonters who receive recommended screenings has not changed significantly since 2002;
- 60% of Vermonters are either overweight or obese;
- 59% of Vermont adults have one or more chronic condition.

The review of Vermont’s health goals was preceded by a summary by DVHA’s Erin Flynn on the highlights of last month’s breakout discussions that focused on three questions:

- **What will health care reform success look like based on the Population Health Work Group (April) presentation?**
  - Reform will include prevention within a global budget
  - Take a wholistic approach that includes healthy environments
  - Reforms will address the Determinants of Health and will focus on the bottom of the CDC health pyramid
  - Will include a broader definition of providers
- **What is missing in the Vermont Department of Health’s goals?**
  - A greater investment in the bottom of the pyramid (socioeconomic factors)
  - Health literacy

- **What care management practices, protocols or principles will be most impactful in achieving those VDH goals?**
  - Focus on resource allocation vs scarcity of resources
  - Target the poor as a population

Deb's presentation was followed by a discussion led by Michael Bailit on potential domains and corresponding categories that should be included in the ACO Care Management Standards. The four domains (groupings of like ideas) considered were: program structure, relationships with other organizations, activities, and program evaluation. This led to a discussion around whether the standards assume that ACOs will provide the care management services in a centralized model, or whether Vermont is building on the existing community based care management system where ACOs would contract with a decentralized network of care managers. Work group members were asked to review two documents within the next week: (1) a proposed list of domains/categories to be included in the ACO Care Management standards; and (2) a definition(s) of care management.

The May meeting was a follow-up to a presentation in April by the VHCIP Population Health Workgroup co-chairs, Tracy Dolan and Karen Hein, MD. In April a key area of focus was discussion around how to connect social determinants with care models in ways that will help participants and providers. Helping providers look at the whole person and consider their day-to-day environment was also a point of interest. Dr. Hein also talked about eventually developing a "unified health care budget" that better links the health return on investments such as healthier food. After this presentation, small groups of participants worked through discussion questions around how care management practices could help achieve population health goals. Following the break-out sessions, Marie Zura and Colleen Fiske from the Howard Center presented on Service Coordination for Developmental Services.

- 2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan) We plan to continue working with the Population Health Work group and the DLTSS workgroup to consider how to align the efforts of these groups as it pertains to the demand side of health care and the needs of special populations. In addition, the CMCM workgroup will begin to focus specifically on developing care management standards for the ACO pilots. Our proposed process is to develop a first draft with DVHA/GMCB staff and CMCM co-chairs, which will then be shared with the full CMCM workgroup. The CMCM continues to follow the developing ACO learning collaborative. We plan to bring a definition of Care Management and a draft Problem Statement to the Work group at the June meeting.

- 3) Issues/risks that need to be addressed :

- a. How to more concretely align CMCM’s work with other workgroups. In addition to the aforementioned workgroups, the work of the HIE, Measures, and payment models workgroups are of particular importance.
  - b. How to create a “vetting” process with draft care management standards through the ACOs – particularly each ACO’s clinical advisory board.
  - c. How to constructively shape and support the evolving ACO Learning collaborative.
  - d. How to find time to constructively develop grant review criteria in a way that will achieve the VHCIP goals but also remain aligned with criteria for provider grants that may also go through other workgroups. CMCM Co-chairs are reviewing 10 Provider grants referred to their work group for the purposes of recommending additional priorities to the Core Team for round two.
- 4) Other matters :
- Work over the summer? Will vacations impact the pace or focus? Also, it would be helpful to use the SIM Steering committees to be more forward looking than backward looking (e.g. too much time reporting and not enough time talking about what to do next).

# *VT Health Care Innovation Project DLTSS Work Group Status Report*

**Date: 5.5.14**

**Co-chairs: Judy Peterson & Deborah Lisi-Baker**

## **1) WG Project updates this month: (if possible contrast to master timeline and work plan)**

This month the DTLSS Workgroup approved a DLTSS Model of Care at our regular meeting and also formally recommended DLTSS Subpopulation analyses for Existing Core Payment measures, and Promotion of Existing Pending measures to Payment/Reporting status to the QPM workgroup.

We also held an additional meeting to specifically discuss the details of the various Medicare, Medicaid, and commercial Shared Savings Programs and related ACOs operating in Vermont. This was an excellent meeting which allowed our group to better understand the many complex elements of ACOs (e.g. attributed lives, shared savings, governance and network participants and affiliate participants). We will be happy to share the comprehensive document outlining this information once it has been further refined.

## **2) Planned accomplishments for next month/future: (if possible contrast to master timeline and work plan)**

At our May 22 DLTSS Work Group meeting we will continue to review performance measures from the QPM work group as well as considering DLTSS relevant measures from other sources. Our primary focus will be on potential “new” DLTSS measures for inclusion in the Core measure set (either “Payment” or “Reporting”). We need to submit a recommended list of DLTSS-related “new” measures to the QPM Work Group prior to their June 23 QPM Work Group meeting. We also plan to continue our discussion of Vermont’s Shared Savings Programs and ACOs.

## **3) Issues/risks that need to be addressed:**

We feel good about clarifying ACO operations at our 5/2/14 meeting. We hope continued transparency will allow our group to perform the collaborative work necessary to truly reform health care in Vermont.





# ***VT Health Care Innovation Project HIE Work Group Status Report***

**Date: May 5, 2014**

**Co-chairs: Simone Rueschemeyer & Brian Otley**

## **1) WG Project updates this month: (if possible contrast to master timeline and work plan)**

- Presented the Advancing Care through Technology (ACTT) proposal to the Steering Committee on April 16, 2014. A motion to approve the proposal was put forth and seconded.
- Presented the Advancing Care through Technology (ACTT) proposal to the Core Team on April 21, 2014. A motion to approve the proposal was put forth and seconded.
- Continued meetings with VITL to align strategic activities
- Determined the appropriate SME's to present on Telemedicine to the HIE WG. Identified two resources that will demonstrate Telemedicine capabilities and opportunities.
- Discussed criteria for prioritizing and recommendation of approval of VHCIP Grant proposals
- Continued discussion of VITL's Data Warehouse presentation. Began identification of what the key decision factors and whom the key stakeholders should be to successfully determine next steps.

## **2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan)**

- Telemedicine: additional clarity, additional information, criteria development and solicitations
- Continued discussion around the VITL Data Warehouse
- Continued discussion around the patient portal
- Grant Program referral assessment and recommendations
- Referrals from QPM

- Evaluation

**3) Issues/risks that need to be addressed :**

- There is a lot of need and there are a lot of great ideas. How activities are prioritized and how they link to the overall state plan as well as how they connect to other workgroup initiatives should be continually assessed.
- Ensuring that current investments in the ACTT and ACO proposals are sustainable once the proposed scopes of work are completed.

**4) Other matters :**

- None at this time

# *VT Health Care Innovation Project Payment Models Work Group Status Report*

**Date: May 13, 2014**

**Co-chairs: Don George & Stephen Rauh**

The WG reviewed a revised work plan that summarized work done to date and prioritized activities through summer and fall 2014.

In anticipation of the receipt of VT-specific episodes of care (EOC) data in July, the WG used break-out sessions in the May meeting to discuss criteria for reviewing and evaluating those data. The WG has two primary short term objectives and one longer term objective for the EOC component of the work plan:

- Make recommendations to the care models/care management (CMCM) work group based on review of data on episodes of care (EOC)
- Make recommendations to the quality and performance (Q&PM) work group based on review of data on episodes of care (EOC)
- Inform future recommendations on the design of payment models and/or incentive programs based on EOCs

The workgroup will also be producing some supporting materials to inform this work including a survey of clinical condition priorities as well as a Request for Information (RFI). The RFI draft will be reviewed in the June meeting with an anticipated release date of July.

The work plan also summarizes the plan for incorporating P4P program discussions as well as year two programmatic changes for the SSP.

# *VT Health Care Innovation Project*

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## *Population Health Work Group Status Report*

Date: May 12, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

1) WG Project updates this month:

- During our April working group meeting we:
  - Reviewed the provider grant process and talked about the two proposals that were forwarded to our working group for further discussion. We proposed that the applicant, NMC, present their proposal for more feedback from our group at the May meeting.
  - Heard feedback from Heidi Klein on the presentation of our proposed measures to the Measures and Accountability working group.
  - Revisited measures that are relevant to population health.
  
- We presented at the Care Management and Care Models Working Group during their April meeting. We reviewed demographic projections for Vermont, the State Health Improvement Plan, population health frameworks and the link between clinical measures and public health and social determinant measures.
- A smaller group from the PH Working Group met to review our planned deliverables as per the SIM operational plan, proposal and our charter. We then worked backward from the deliverables to determine our next steps. The meeting was very successful and we plan to sharpen our workplan as a result next month.
- We were asked to return to the Care Management and Care Models group to present in more details both the chronic disease data from VDH and the State Health Improvement Plan. PH Working Group co-chairs Tracy Dolan

and Karen Hein will not be available and in their place, Deb Wilcox from VDH will present.

2) Planned accomplishments for next month/future:

In the next months, we hope to

- a) Finalize workplan with clear steps and deliverables
- b) Offer recommendations to the Steering Committee to help guide the next round of provider grants highlighting the need for some focus on 1) partnerships between clinical and community and 2) focus on upstream factors that impact the health of Vermonters
- c) Meet with CMMI via phone to discuss the 'Population Health Plan' that they are requesting as part of the SIM grant deliverables
- d) post an RFP for a consultant support in work related to our third objective namely highlighting examples of accountable health communities and other models of care based in communities.
- e) explore new financing mechanisms for paying for population health and prevention;
- f) reach out to other Working Groups to determine shared priorities

3) Issues/risks that need to be addressed : none

- 4) Other issues: In order to continue to highlight the need for a greater focus on considering prevention of chronic illness to improve health and curb costs, the Population Health Working Group would like to provide the steering committee with recommendations about the criteria for the next round of provider grants that will take into account the need to consider more upstream factors that impact the health of Vermonters.

## *VT Health Care Innovation Project Quality & Performance Measures Work Group Status Report*

**Date:** April 2014  
**Co-Chairs:** Laura Pelosi & Cathy Fulton

### 1) **WG Project updates this month:** (if possible contrast to master timeline and work plan)

The following updates were presented to the group for review & discussion:

1. The Standard for Measure Review and Modification was approved by the GMCB on 4/17/14.
2. A small workgroup is convening to determine if the current insurer data collection processes for clinical quality measures will be applicable for the ACO measures data collection processes.
3. A presentation by VDH on the Substance Brief Intervention and Referral to Treatment (SBIRT) measure is scheduled for the May 29, 2014 meeting.
4. The Analytics Contractor has been selected, contract negotiations are underway, and the deliverable timeline will be available in the upcoming months.
5. The initial round of Provider Grant awardees was announced on April 2. A second round of awards will commence following the July Core Team meeting. This round will add \$1.9 million to the Provider Grant program, for a total of \$5.3

Criteria for Measure Selection survey results were presented to the group for discussion; 12 overall criteria were adopted by the group for use in determining measure status. An additional five overall criteria generated significant discussion, ending with the decision to review additional detail and information for consideration at the May or June meeting. In addition, the work group will vote on the use of 5 criteria for Payment measures at the next meeting.

Year 2 Proposals for New Measures were presented to the group by DLTSS Workgroup, Population Health Workgroup and DVHA. This was an initial presentation of measures to be considered for adoption and will be discussed in greater detail at subsequent meetings of the Workgroup.

One measure, Breast Cancer Screening has been recommended for removal from the Year One program due to new evidence-based information and conflicting clinical guidance. This will be discussed further at the next meeting.

**2) Planned accomplishments for next month/future :** (if possible contrast to master timeline and work plan)

Review any additional measure recommendations from work group members.

Discuss clinical guidelines and quality measurement regarding breast cancer screening.

Hear a presentation from VDH about SBIRT grant and planned program activities in VT (specifically as they relate to quality measurement).

Implement a measure review process to address all measures for consideration, adjudicate all requests and prepare recommendations for the full workgroup to review and discuss.

**3) Issues/risks that need to be addressed :**

The staff, Co-Chairs and workgroup members are carefully monitoring timelines and workplans to allow for sufficient discussion of measure considerations and meet target deadlines for measures recommendations.

Staff and co-chairs will also prioritize making information available on ACO attribution estimates as soon as possible, per work group member requests. Estimates will inform discussions about the feasibility of including certain measures in the program in subsequent years.

**4) Other matters :**

None currently.

# *VT Health Care Innovation Project Workforce Work Group Status Report*

**Date: April 2, 2014**

**Co-chairs: Mary Val Palumbo & Robin Lunge**

## **1) WG Project updates this month: (if possible contrast to master timeline and work plan)**

- The WG reviewed the Workforce Strategic Plan recommendations in order to update the status of the work toward meeting each recommendation. The recommendation status was updated, but needs further consideration. The WG will also need to update the Strategic Plan for January as required by law.
- The group reviewed the SIM grant criteria for spending, which includes data collection and analysis, but would not currently fund workforce training, loan repayment, or other programs of that nature.
- Because this group is established for a dual purpose, the group also discussed establishing a process to solicit proposals to recommend to the Governor, understanding that this would need to be presented as a possible priority for state funding, but that there is no set amount of dollars.
- The WG heard an update from VDH, then discussed and approved an updated workforce survey collection proposal:
  - The licensure schedule is every two years, but it's staggered and data will be gathered when professionals are licensed. Analysis will then be prioritized for that data.
  - There is currently one full time person working on this project and they are recruiting for a second. Dawn will report to the group in 2-4 months with an update and see whether or not they need to add another full time person.
  - The work group can conditionally approve the addition of another FTE or additional contract resources, so that the approvals can go through Steering and Core Team first, and then back to the work group to save time.



- The group discussed the following changes to the professional categories listed in the document presented by the Department of Health: Naturopath be changed to Naturopathic Physician and placed under primary care; Mental Health Licensed Professional Counselor be changed to Licensed Clinical Mental Health Counselor; Licensed Lay Midwife should be included; Alcohol and Drug Abuse Counselor should be changed to include Therapists and Substance Abuse Counselors.
- Medical assistants are not licensed or certified so they are not listed but this is an important area and may want to look at other ways to capture this data.
- The group approved the Department of Health's proposal for prioritization with the changes discussed subject to the Workforce work group getting a report back on potential additional resource needs..
- The group also approved VDH assembling a task force to determine what further analytic resources VDH needs. VDH will report back in the May meeting and present a proposal if needed.
- DAILEY gave an update to the group on the first meeting of the Long Term Care (LTC) Subcommittee. The group met on March 24<sup>th</sup> and 10-12 attendees, in addition to staff, with more expected to attend the next meeting on May 5<sup>th</sup>. They plan to meet each month thereafter to develop recommendations to the Workforce work group. Brendan Hogan from Bailit Health Purchasing, Inc. will be acting as the lead and doing consulting work, looking at what constitutes direct quality care. The subcommittee acknowledges the importance of training, noting little has been done. They plan to collect the data around supply and demand from existing reports and providers. Hogan will compile and review the data at the next subcommittee meeting. Most of the data will come from the fiscal agent ARIS Solutions, the Department of Labor and agencies such as Home Health. Tasks for Hogan include creating an overall work plan and summaries of data supplied, recruitment retention, and training efforts. The LTC subcommittee will present to the work group again in September.
- The group discussed implementing a Symposium subcommittee and looking outside the US to understand recruitment in other single payer-like systems. Molly Backup and Deborah Wachtel will meet to discuss preceptorships, which may eventually form into a subcommittee

**2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan)**

- The WG will begin meeting monthly due to the volume of work needed to be done. The group will revisit monthly meetings, which do pose a hardship for some members, in late summer.
- The WG will finalize the process to get project recommendations.
- The LTC Subcommittee will report on data and available information they have collected/analyzed.
- The WG will consider suggestions for additional members to represent other professions & make a recommendation which Robin will bring to the Governor.
- S.252 current directs the Administration to have a Workforce Symposium before November 15<sup>th</sup>. The group will hear back from the planning subcommittee.
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**3) Issues/risks that need to be addressed :**

- There is much interest in getting information about new care models & we need to be mindful not to do the work of the care models workgroup. This group should, however, coordinate with that workgroup and understand the future state, in order to make recommendations for how to plan for it.
- There is a lot of interest in funding proposal which are outside of the SIM grant funding.
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**4) Other matters :**