



Vermont Health Care Innovation Project Core Team Meeting Minutes

Final meeting minutes

Date of meeting: Wednesday, June 14, 2017, 2:00-3:00pm, Cherry Conference Room, Waterbury State Office Complex

Core Team Attendees: Mary Kate Mohlman, Melissa Bailey, Monica Hutt, Al Gobeille, Robin Lunge, Dr. Mark Levine (joined late), Cory Gustafson

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	<p>Mary Kate Mohlman called the meeting to order at 2:03 pm. A roll-call attendance was taken and a quorum was present.</p> <p><i>Chair's Report:</i></p> <ul style="list-style-type: none"> • There are no new updates; this is the last Core Team meeting 	
2. Approval of Meeting Minutes	<p>Robin Lunge moved to approve the minutes from the April 18 meeting. Al Gobeille seconded. There was no discussion. A roll call vote was taken and the minutes were approved.</p>	
3. Budget Update	<p>Georgia Maheras introduced Attachment 3a, a budget PowerPoint. Georgia Maheras and Diane Cummings provided an update.</p> <ul style="list-style-type: none"> • Performance Period 1: There have been no changes since our last update on PP1. • Performance Period 2: Some funds remain to pay out contractors. Invoices for the majority of those funds will be received by the end of June. Between \$300,000 and \$500,000 will remain unspent for PP2. • Performance Period 3: A large balance (~\$4million) remains unspent, and we are spending down remaining items. 	

	<ul style="list-style-type: none"> ○ The Evaluation team and Payment Reform teams are working with JSI, Lewin, Burns, and Wakely to complete remaining tasks by June 30th on a compressed timeline. ○ Noted that Indirect Cost amount is as of March 31. There is a 2-3 month lag, and these costs are only assessed quarterly. ○ Received final approval 1 week ago. No items remain pending. We are in the process of spending down remaining items. Final invoices will be received from vendors by 7/31, and will take 30-60 days to process through state Vision system. Indirects will process quarterly (we anticipate lag). ○ Final financial information will be sent to CMMI by 10/28 (note that it was originally due 9/28, but we requested a 1-month extension due to the state operating on a cash, not accrual, basis). ○ Programmatic reports will be submitted to CMMI by 10/28. 	
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4. Population Health Plan Update	<p>Heidi Klein provided an update on the Population Health Plan (Attachment 4), focusing on the latest round of edits to the plan. Edits were technical in nature, and not substantive.</p> <p>Georgia Maheras noted that the Core Team has seen this plan before, and that between the last iteration and current version of the report no additional comments were received from stakeholders. The goal is to submit the plan to CMMI by 6/30.</p> <p>Al Gobeille moved to approve the plan for submission to CMMI. Robin Lunge seconded. A roll call vote was taken, and the motion passed.</p>	
5. Sustainability Plan Update	<p>Georgia Maheras provided an update on the SIM Sustainability Plan (Attachment 5), noting changes that were made to the plan reflecting feedback from the Core Team:</p> <ul style="list-style-type: none"> • Specific changes were made around deferring to later processes and efforts that will be conducted, highlighting that the Vermont APM is the overarching sustainability activity in the payment models area, reiterating that the Office of Health Care Reform now resides in AHS, and that references to VCO have now been changed to ACO or ACOs, to reflect current status. • Changes are anticipated around microsimulation demand model as the project wraps up, but other projects are completed or close to completion. • The plan will be submitted to CMMI by 6/30. <p>Discussion:</p> <p>Al Gobeille expressed concern that the plan was too definitive and did not provide enough flexibility, while there is a level of uncertainty in the future for some ongoing initiatives. How flexible can we be around the plan?</p>	

	<p>Georgia noted that the majority of recommendations in the plan focus on continuing work in these areas, but not committing to exact actions or dates. The plan is less prescriptive than some anticipated, with more conditional language. The plan strongly emphasizes that any actions taken moving forward are done in a collaborative way.</p> <p>Robin Lunge moved to approve the plan for submission to CMMI. Mark Levine seconded. A roll call vote was taken, and the motion passed.</p>	
<p>6. Evaluation Update</p>	<p>Kate O'Neill gave an update on evaluation activities (Attachment 6), focusing on results of provider and care coordination surveys fielded in March-April:</p> <ul style="list-style-type: none"> • There will be a federal evaluation in addition to state-led evaluation efforts. The state evaluation will be completed in June and the finalized document will be released in July. The federal evaluation (conducted by RTI) will be available in Fall 2018 (for results through 2017). • Results of state evaluation so far show strong improvement in care coordination and practice transformation activities, and growing provider readiness to move toward payment reform efforts, though investments in IT need more time to show returns • Al Gobeille noted that this is good supporting material to show tangible results from the SIM grant • Georgia also noted that CMMI has made a separate request to SIM states for feedback on areas of success, and is compiling SIM state feedback for CMS. <p>Discussion:</p> <ul style="list-style-type: none"> • Many survey questions focus on provider perception of programs—are there corresponding reports to support this? Yes, Blueprint and Hub & Spoke reports are available, and ACO SSP information will become available after 6/30. A comparison of results and provider perception of program success is an area of interest. • Robin noted that at the federal level, the assumption is that payment change is a driver of reform, but this survey demonstrates that provider readiness is an important component to successful reform. • Susan Aranoff noted that provider perception of the utility of ACO/VITL data is low. Kate responded that the saturation and longevity of systems matter to perception, which could be influencing these results. This could be a potential future area of research. • Mary Kate Mohlman noted that we will be conducting a separate evaluation of the VHIE/VITL this summer, as mandated by the legislature. • Providers are exposed to EHRs more in everyday practice than to the VHIE and ACO data, and more SIM dollars were put into EHRs than into VITL or ACO initiatives, so the survey results make sense. 	

	A full evaluation will be posted on VHCIP website when completed. Any follow-up questions should be directed to Kate O'Neill at the GMCB.	
7. Public Comment	Susan Aranoff asked how Year 3 results of the ACO Shared Savings Program will be distributed. Georgia noted that an all-participant email will be distributed in July with project-wide updates. Public communication about evaluation and findings will be distributed.	
8. Next Steps, Wrap Up and Future Meeting Schedule	<p><i>Next Steps:</i></p> <ul style="list-style-type: none"> - <i>There will be a Core Team potluck on June 29th from 11:30-1:00pm held in the Ash conference room of the Waterbury State Office Complex.</i> <p>The meeting ended at 2:49pm.</p>	

