

**Vermont Health Care Innovation Project
Practice Transformation Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Monday, August 2, 2016, 10:00am-12:00pm, Oak Conference Room, Waterbury State Office Complex

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approve Meeting Minutes	<p>Laural Ruggles called the meeting to order at 10:01am. A roll call attendance was taken and a quorum was present.</p> <p>Dale Hackett moved to approve the May and June 2016 meeting minutes by exception. Susan Aranoff seconded. The minutes were approved with three abstentions (Molly Dugan – June; Jessa Barnard and Meg Burmeister – May and June).</p> <p>Georgia Maheras commented that a group from Myers & Stauffer, our SIM Sustainability Plan contractor, is sitting in on today’s meeting.</p>	
2. Medicaid Pathway Update	<p>Selina Hickman provided an update on the Medicaid Pathway project (Attachment 2).</p> <ul style="list-style-type: none"> • Medicaid Pathway bridges delivery system transformation (Vermont Model of Care), payment reform, a quality framework, and readiness, resources, and technical assistance. The key outcome: Is anyone better off? • <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Dale Hackett asked how new payment models can impact social determinants that will improve population health. Selina replied that new payment models may allow providers (or groups of providers and other service providers working together) to address social and community needs. • Susan Aranoff noted that Medicaid Pathway and All-Payer Model project leaders are emphasizing provider-led reform, and commented that Medicare and CMS have historically been a strong force behind health care reform and that government is a critical partner in these reforms. Georgia Maheras noted that this emphasis came from Al Gobeille at the Green Mountain Care Board, and clarified that delivery system reforms should be provider-led but that government oversight is a critical function. Julie Tessler agreed that this is a collaborative process between government, payers, providers, and consumers. 	

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	<ul style="list-style-type: none"> • Dion LaShay commented that funding priorities and eligibility in the developmental services system requires individuals to be in crisis before they can receive services. Selina noted that this echoes comments in the Medicaid Pathway stakeholder group, and suggested that capitated or global models that incorporate risk can also allow providers flexibility to do things differently and provide services they may not otherwise have been able to provide/fund. • Julie Tessler commented that without additional resources within the DA/SSA system, the Pathway effort can't succeed. She suggested that reallocation of medical costs in community-based mental health and substance abuse services would help reduce system costs in other sectors, and added that peer support is a critical component of a successful model. • Dion LaShay asked whether Medicare is willing to partner in this area. Georgia replied that Medicare's willingness in this area has been limited, but she's heard that there may be some new Medicare-Medicaid partnerships coming out in the next few months. • Jessa Barnard asked where provider accountability would sit within the Pathway model (physical care practice vs. community based care practices). Selina replied that this work has focused on accountability for mental health, substance abuse, and developmental services at the community-based provider level. She added that there are various levels of integration that communities/regions could opt for; the State hasn't precluded physical-mental health integration at the provider level. • Beverly Boget commented that it seems like this project is attempting to capitate the community-based services sector, but suggested that savings are likely to occur in acute hospitalizations, ED visits, and other higher-cost settings. Selina replied that this is getting to total cost of care, and added that this is a question for the Legislature – are savings in acute care Vermont taxpayer savings, or should they be moved into other sectors? This group hasn't been able to answer these questions. Beverly replied that without investment in this sector, the model won't be successful; this provider sector has been historically under-resourced and doesn't have the ability to take on risk at the current resource level. Georgia Maheras added that AHS is required to submit a report to the Legislature on the Medicaid Pathway, and it will include findings on questions like this – this is a good opportunity to inform legislators of issues like these, since they manage appropriations. She also noted that incremental progress to better serve Vermonters is always worthwhile, and suggested interested parties participate in the formal information gathering process that will begin later this month. Selina added that this is not an academic exercise – we have demonstrated progress through Integrating Family Services, which has reorganized care without increased total dollars. • Susan Aranoff suggested adding a column to Slide 8 for payer risk under different models. • Julie Wasserman noted that savings on acute services may accrue to Medicare; others commented that savings may also accrue to other payers, depending on the insurance mix of individuals impacted by reforms. • Dale Hackett suggested adding a new measure: resource hours available. • Susan Aranoff suggested that on Slide 11, the State should be identified as a provider of key services to vulnerable populations in addition to a regulatory authority. 	

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	<ul style="list-style-type: none"> • Dale Hackett commented that providers can and do “prescribe” social and community services, but unless those services are available and individuals are connected to them, they are useless and individuals are unable to access benefits. Selina agreed that this is a challenge, and noted that a more integrated model where providers and services are co-located can provide closer connections. • Julie Tessler commented that Vermont Care Partners has worked quite a bit with this model, and suggested that provider-led, consumer and family-directed, and State-regulated were key aspects of the model, adding that the DAs and SSAs want to allow for integrated care within the system as well as more flexibility to provide preventive care and early intervention in partnership with other providers/services and the State. • Susan Aranoff suggested that information gathering around quality and outcomes should include consumers and include quality of life assessments and structured interviews to assess impact on individuals. Selina replied that there is a work group convened around quality and outcomes that includes each Department’s quality representatives, as well as provider representatives and other private sector partners. • Sam Liss commented that person-centered care is highlighted throughout, and suggested this be broadened to person-directed care where appropriate throughout. He asked whether there are protections and safeguards throughout this model to ensure case management is conducted by the best possible provider, rather than an entity that is chosen for efficiency. • Erin Flynn commented that the work around shared care planning occurring through the Integrated Communities Care Management Learning Collaborative could be relevant to the quality and outcome measurement aspect of this work by identifying person-directed goals and indicating when they are met. Dale Hackett asked how we measure things that are not a benefit, and gave the example of wanting to attend a movie when the showing ends after the last bus is scheduled. He suggested public transportation is a potential measure for this. Selina commented that this is a proxy to get to issues of quality of life and community inclusion, but suggested that we need to pick the important measures that help us understand whether we were successful in achieving key outcomes, rather than just forcing providers to measure and report. 	
3. Identifying and Addressing Practice Transformation Challenges and Barriers	<p>Pat Jones and Erin Flynn led a discussion on identifying and addressing practice transformation challenges and barriers (Attachment 3).</p> <ul style="list-style-type: none"> • Pat emphasized that care transformation is a key goal of payment models, and thanked this group and its co-chairs for many productive conversations over the past years. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Sam Liss asked whether anyone has done or will do an analysis of the contributions of employment, transportation, housing, or other services to social determinants of health. Pat replied that she can only respond anecdotally, but that one of the earliest Learning Collaborative interventions, the Camden Cards, have helped to identify needs like housing, transportation, community integration, and social interaction as key goals for individuals participating in care coordination. This has driven the kinds of organizations participating in care teams, and has been a change for many experienced care managers participating in the Learning Collaborative. 	

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	<ul style="list-style-type: none"> Molly Dugan commented that shared care planning has been a critical tool for this. Laural Ruggles commented that the Community Connections program in St. Johnsbury has been working to meet individuals' social needs for years, and has encouraged collaborations between provider and social services organizations to meet these needs. Deborah Lisi-Baker added that PDSA cycles supports identification of state-level policy changes needed to expand effective interventions. 	
4. Project Updates	<p><i>Integrated Communities Care Management Learning Collaborative:</i> Erin Flynn provided an update.</p> <ul style="list-style-type: none"> The next Learning Collaborative session will take place in September in Rutland and Waterbury, with a focus on 'Keeping the Shared Plan of Care Alive Under Dynamic and Challenging Situations'. This learning session will discuss common care transitions and work together to identify data needed for successful care transitions, as well as collecting data at the point of care. There will also be a presentation on the OneCare Vermont Care Navigator pilot. Pat added that this is challenging work, and is individually focused. The eleven Learning Collaborative communities are working with over 200 individuals and their families around the State, exceeding expectations for the initiative, and partners are being trained on the Learning Collaborative tools around the State. Sarah Narkewicz and Sandy Knowlton-Soho have developed a "train-the-trainer" toolkit on their own, and these tools are reaching a new set of partners, including law enforcement and others. A comprehensive toolkit will be posted to the VHCIP website in August, along with materials from Learning Sessions. Project Leadership is also working with OneCare Vermont to align with their care coordination toolkit. <p><i>Core Competency Training:</i> Erin Flynn provided an update.</p> <ul style="list-style-type: none"> Participants have received 5 (of 6 total) days of training; Day 5 took place in July, and a well-attended webinar also occurred in July. A 2-day advanced care coordination training for staff working with individuals with mental health and substance abuse conditions and/or who are currently homeless, a training for managers and supervisors, and a "train-the-trainer" training, are upcoming. Training materials are available on the VHCIP website. 	
5. Wrap-Up and Next Steps; Plans for Next Meeting	<p>Sam Liss commented that as of August 1, Medicaid for Working Persons with Disabilities enhancements were officially adopted in State policy; currently awaiting Federal approval, after which rulemaking will occur.</p> <p>Next Meeting: Tuesday, September 6, 2016, 10:00am-12:00pm, Oak Conference Room, Waterbury State Office Complex</p>	

VHCIP Practice Transformation Work Group Member List

minutes
DATE!
5/12/20

2-Aug-16

Member		Member Alternate			
First Name	Last Name	First Name	Last Name	MAY	JUNE
Susan	Aranoff ✓	Bard	Hill		
		Clare	McFadden		
Abe	Berman	Sara	Barry ✓		
		Emily	Bartling		
		Maura	Crandall		
		Miriam	Sheehey		
Beverly	Boget ✓				
Kathy	Brown	Stephen	Broer		
Barbara	Cimaglio				
Michael	Counter				
Molly	Dugan ✓	Stefani	Hartsfield		
		Kim	Fitzgerald		
Eileen	Girling	Heather	Bollman		
		Jenney	Samuelson		
Maura	Graff				
Dale	Hackett ✓				
Sarah	Jemley	Jane	Catton		
		Candace	Collins		
Linda	Johnson	Debra	Repice		
Pat	Jones ✓	<i>Kate</i>	<i>O'Neill</i>		
		Nancy	Breiden		
Dion	LaShay ✓				

VHCIP Practice Transformation Work Group Member List

2-Aug-16

Member		Member Alternate		Organization
First Name	Last Name	First Name	Last Name	
Patricia	Launer	Kendall	West ✓	Bi-State Primary Care
Sam	Liss ✓			Statewide Independent Living Council
Deborah	Lisi-Baker ✓			Consumer Representative
		Barbara	Prine	VLA/LTC Ombudsman Project
Kate	McIntosh	Judith	Franz	Vermont Information Technology Leaders
Bonnie	McKellar	Mark	Burke	Battleboro Memorial Hospital
Jessa	Barnard ✓	Stephanie	Winters A X	Vermont Medical Society
Mary	Moulton			VCP - Washington County Mental Health Services Inc.
Sarah	Narkewicz ✓			Rutland Regional Medical Center
Jill	Olson	Mike	DelTrecco	Vermont Association of Hospital and Health Systems
Laural	Ruggles ✓			Northeastern Vermont Regional Hospital
Catherine	Simonson			VCP - HowardCenter for Mental Health
Patricia	Singer	Jaskanwar	Batra	AHS - DMH
		Mourning	Fox	AHS - DMH
		Kathleen	Hentcy	AHS - DMH
Shawn	Skafelstad ✓	Julie	Wasserman ✓	AHS - Central Office
Meg	Burmester ✓	Mike	Hall A X	
Audrey-Ann	Spence			Blue Cross Blue Shield of Vermont

VHCIP Practice Transformation Work Group Member List

Member		Member Alternate			2-Aug-16
First Name	Last Name	First Name	Last Name		Organization
JoEllen	Tarallo-Falk				Center for Health and Learning
Julie	Tessler ✓				VCP - Vermont Council of Developmental and Mental Health Services
Lisa	Vites				Area Agency on Aging for Northeastern Vermont
Ben	Watts				AHS - DOC
	31		26		

minutes

30

15 Q ✓

VHCIP Practice Transformation Work Group

Attendance Sheet

Tuesday, August 02, 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 <i>new</i>	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 <i>none</i>	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	VCP - Northwest Counseling and Support Ser	M
19	Kathy	Brown	DA - Northwest Counseling and Support Ser	M
20	Martha	Buck	Vermont Association of Hospital and Health	A
21	Mark	Burke	Brattleboro Memorial Hopsital	MA
22	Anne	Burmeister	Planned Parenthood of Northern New Engla	X
23	Dr. Dee	Burroughs-Biron	AHS - DOC	X
24	Denise	Carpenter	Specialized Community Care	X
25	Jane	Catton	Northwestern Medical Center	MA
26	Alysia	Chapman	DA - HowardCenter for Mental Health	X

27	Joy	Chilton	Home Health and Hospice	X
28	Barbara	Cimaglio	AHS - VDH	M
29	Candace	Collins	Northwestern Medical Center	MA
30	Amy	Coonradt	AHS - DVHA	S
31	Alicia	Cooper	AHS - DVHA	S
32	Amy	Cooper	HealthFirst/Accountable Care Coalition of t	X
33	Michael	Counter	VNA & Hospice of VT & NH	M
34	Maura	Crandall	OneCare Vermont	MA
35	Claire	Crisman	Planned Parenthood of Northern New Engla	A
36	Diane	Cummings	AHS - Central Office	X
37	Dana	Demartino	Central Vermont Medical Center	X
38	Steve	Dickens	AHS - DAIL	X
39	Molly	Dugan	<i>here</i> Cathedral Square and SASH Program	M
40	Trudee	Ettlinger	AHS - DOC	X
41	Kim	Fitzgerald	Cathedral Square and SASH Program	MA
42	Erin	Flynn	<i>here</i> AHS - DVHA	S
43	Mourning	Fox	AHS - DMH	MA
44	Judith	Franz	Vermont Information Technology Leaders	MA
45	Mary	Fredette	The Gathering Place	X
46	Aaron	French	AHS - DVHA	X
47	Meagan	Gallagher	Planned Parenthood of Northern New Engla	X
48	Lucie	Garand	Downs Rachlin Martin PLLC	X
49	Christine	Geiler	GMCB	S
50	Eileen	Girling	AHS - DVHA	M
51	Steve	Gordon	Brattleboro Memorial Hopsital	X
52	Maura	Graff	Planned Parenthood of Northern New Engla	M
53	Dale	Hackett	<i>here</i> Consumer Representative	M
54	Samantha	Haley	AHS - DVHA	X
55	Mike	Hall	Champlain Valley Area Agency on Aging / C	MA
56	Stefani	Hartsfield	Cathedral Square	MA
57	Kathleen	Hentcy	AHS - DMH	MA
58	Selina	Hickman	<i>here</i> AHS - DVHA	X
59	Bard	Hill	AHS - DAIL	MA
60	Breena	Holmes	AHS - Central Office - IFS	X

61	Christine	Hughes	SOV Consultant - Bailit-Health Purchasing	S
62	Jay	Hughes	Medicity	X
63	Jeanne	Hutchins <i>none</i>	UVM Center on Aging	X
64	Sarah	Jemley	Northwestern Medical Center	M
65	Linda	Johnson	MVP Health Care	M
66	Craig	Jones	AHS - DVHA - Blueprint	X
67	Pat	Jones <i>here</i>	GMCB	M
68	Margaret	Joyal	Washington County Mental Health Services	X
69	Joelle	Judge <i>here</i>	UMASS	S
70	Sarah	Kinsler <i>here</i>	AHS - DVHA	S
71	Tony	Kramer	AHS - DVHA	X
72	Sara	Lane	AHS - DAIL	X
73	Kelly	Lange	Blue Cross Blue Shield of Vermont	X
74	Dion	LaShay <i>none</i>	Consumer Representative	M
75	Patricia	Launer	Bi-State Primary Care	M
76	Deborah	Lisi-Baker <i>here</i>	SOV - Consultant	C
77	Sam	Liss <i>none</i>	Statewide Independent Living Council	M
78	Vicki	Loner	OneCare Vermont	M
79	Carole	Magoffin <i>here</i>	AHS - DVHA	S
80	Georgia	Maheras <i>here</i>	AOA	S
81	Carol	Maroni	Community Health Services of Lamoille Vall	X
82	David	Martini	AOA - DFR	X
83	John	Matulis		X
84	James	Mauro	Blue Cross Blue Shield of Vermont	X
85	Lisa	Maynes	Vermont Family Network	X
86	Clare	McFadden	AHS - DAIL	MA
87	Kate	McIntosh	Vermont Information Technology Leaders	M
88	Bonnie	McKellar	Brattleboro Memorial Hopsital	M
89	Elise	McKenna	AHS - DVHA - Blueprint	X
90	Jeanne	McLaughlin	VNAs of Vermont	X
91	Darcy	McPherson	AHS - DVHA	A
92	Monika	Morse		X
93	Judy	Morton	Mountain View Center	X
94	Mary	Moulton	VCP - Washington County Mental Health Se	M

95	Kirsten	Murphy	AHS - Central Office - DDC	MA
96	Reeva	Murphy	AHS - Central Office - IFS	X
97	Sarah	Narkewicz <i>none</i>	Rutland Regional Medical Center	M
98	Floyd	Nease	AHS - Central Office	X
99	Nick	Nichols	AHS - DMH	X
100	Monica	Ogelby	AHS - VDH	X
101	Miki	Olszewski	AHS - DVHA - Blueprint	X
102	Jessica	Oski	Vermont Chiropractic Association	X
103	Ed	Paquin	Disability Rights Vermont	X
104	Eileen	Peltier	Central Vermont Community Land Trust	X
105	John	Pierce		X
106	Luann	Poirer	AHS - DVHA	S
107	Rebecca	Porter	AHS - VDH	X
108	Barbara	Prine	VLA/Disability Law Project	MA
109	Betty	Rambur	GMCB	X
110	Allan	Ramsay	GMCB	X
111	Paul	Reiss	HealthFirst/Accountable Care Coalition of t	X
112	Virginia	Renfrew	Zatz & Renfrew Consulting	X
113	Debra	Repice	MVP Health Care	MA
114	Julie	Riffon	North Country Hospital	X
115	Laural	Ruggles <i>none</i>	Northeastern Vermont Regional Hospital	C
116	Bruce	Saffran	VPQHC - Learning Collaborative Facilitator	X
117	Jenney	Samuelson	AHS - DVHA - Blueprint	MA
118	Jessica	Sattler	Accountable Care Transitions, Inc.	X
119	Rachel	Seelig	VLA/Senior Citizens Law Project	X
120	Susan	Shane	OneCare Vermont	X
121	Maureen	Shattuck	Springfield Medical Care Systems	X
122	Julia	Shaw	VLA/Health Care Advocate Project	X
123	Miriam	Sheehy	OneCare Vermont	X
124	Catherine	Simonson	VCP - HowardCenter for Mental Health	M
125	Patricia	Singer	AHS - DMH	M
126	Shawn	Skaflestad <i>none</i>	AHS - Central Office	M
127	Richard	Slusky	GMCB	X
128	Pam	Smart	Northern Vermont Regional Hospital	X

129	Lily	Sojourner	AHS - Central Office	X
130	Audrey-Ann	Spence	Blue Cross Blue Shield of Vermont	M
131	Holly	Stone	UMASS	S
132	Beth	Tanzman	AHS - DVHA - Blueprint	X
133	JoEllen	Tarallo-Falk	Center for Health and Learning	M
134	Julie	Tessler <i>wre</i>	VCP - Vermont Council of Developmental a	M
135	Bob	Thorn	DA - Counseling Services of Addison County	X
136	Win	Turner		X
137	Lisa	Viles	Area Agency on Aging for Northeastern Ver	MA
138	Beth	Waldman	SOV Consultant - Bailit-Health Purchasing	X
139	Marlys	Waller	DA - Vermont Council of Developmental an	X
140	Nancy	Warner	COVE	X
141	Julie	Wasserman <i>wre</i>	AHS - Central Office	S/MA
142	Ben	Watts	AHS - DOC	X
143	Kendall	West <i>phone</i>	Bi-State Primary Care/CHAC	MA
144	James	Westrich	AHS - DVHA	S
145	Robert	Wheeler	Blue Cross Blue Shield of Vermont	X
146	Jason	Williams	UVM Medical Center	X
147	Stephanie	Winters	Vermont Medical Society	MA
148	Jason	Wolstenholme	Vermont Chiropractic Association	X
149	Mark	Young		X
150	Marie	Zura	DA - HowardCenter for Mental Health	X
				150

Julie Corwin - DVHA
 Sara Barry - OneCare Vermont
 Jessa Barnard - VMS
 Meg Burmeister - AAA
 Kate O'Neill - GNCB