Vermont Health Care Innovation Project
Payment Models Work Group Meeting Minutes

Date of meeting: Monday, August 24, 2015, 1:00pm-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approve Meeting Minutes	Don George called the meeting to order at 1:03pm. A roll call attendance was taken and a quorum was not present. A quorum was present after the second agenda item. Sue Aranoff moved to approve the June 2015 meeting minutes by exception. Catherine Fulton seconded. The motion carried with one abstention.	
2. Project Updates	Alicia Cooper and Cecelia Wu provided brief updates on Vermont Health Care Innovation Project activities. • *CMMI Site Visit:* Alicia Cooper discussed our CMMI site visit, which took place on July 23-24. The site visit included a broad stakeholder meeting to provide high-level updates on our work across three key areas: payment models, care models, and HIE/HIT, as well as closed meetings between CMMI project officers and VHCIP project leadership. The site visit also provided an opportunity to gather feedback from CMMI on what they expect over the next year. • *SSP Year 1 Final Calculations:* Alicia Cooper reported that Lewin, the analytics contractor for the Medicaid and Commercial Shared Savings Programs (SSPs), is completing calculations on ACOs' Year 1 performance this month. Following review by ACOs, the results will be presented to VHCIP Work Groups (expected late September). • *VMSSP Year 2 Contract Amendment Process:* Cecelia Wu provided an update on the contract amendment process. Contracts are close to final – DVHA and the ACOs are in agreement on overall content and are in the final stages of negotiating wording for the program integrity section (new this year). • *VMSSP Year 3 Total Cost of Care Process Update:* Cecelia Wu reminded the group that DVHA's research to-date on TCOC was presented at the last Payment Models Work Group meeting. DVHA received written comment from a number of members; comments are included in the meeting materials (Attachment 2) and have been presented to DVHA leadership. A decision will likely be made this week. o Don George thanked Work Group members for their thoughtful public comment on this topic.	

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3. QPM Recommendations for Year 3 Commercial and Medicaid Shared Savings Program Measure Changes	Pat Jones presented the Quality and Performance Measures (QPM) Work Group's recommendations for measures changes for the Year 3 of the Commercial and Medicaid SSPs (Attachment 3). • Payment Measures: o *LDL Screening*: This measure is no longer supported by best practice. QPM recommends replacing this with a hypertension control measure that is part of the Medicare Shared Savings Program (MSSP) measure set. This change was already approved for Year 2; QPM recommends continuing the change in Year 3. • Reporting Measures: o *Diabetes Composite*: The 5-part diabetes care composite measure includes LDL screening, which is no longer considered best practice. QPM recommends moving from the five-part composite measure (known as the D5) to a two-part measure of diabetes care (D2). The D2 has replaced the D5 in the MSSP. This change was already approved for Year 2; QPM recommends continuing the change in Year 3. • Monitoring & Evaluation Measures: o *Appropriate Medications for People with Asthma*: This measure measure is being retired by the measure steward (NCQA). QPM recommends replacing this with a claims-based HEDIS measure, Medication Management for People with Asthma. o *ED Utilization for Ambulatory Care-Sensitive Conditions*: This measure is being retired by the measure steward (AHRQ). QPM recommends replacing this with Onpoint Health Data's Potentially Avoidable ED Utilization measure. The Onpoint measure is currently used in the Blueprint practice and health service area profiles. The group discussed the following: • Does the Onpoint measure look at the level of the ED visit? o ED visits that result in admissions are not counted for this measure. o MVP distinguishes Level 1 and Level 2 visits and uses this to support care coordination and treatment by identifying underlying conditions that might be affecting repeat offenders. The Onpoint measure only looks at primary diagnosis. It is at the ACO level – not actionable data, but rather an aggregate summary of ED utilization among ACO attributed lives. o The QPM Work Group requested the analytics contractor look at this measure for prior years to provide a baseline. • Is the Onpoint measure time-sensitive (is PCP office open or closed)? No. • Does the Onpoint measure take into account whether the patient has attempted to see the PCP? No – it's a claims-based measure. • Were there measures considered by the QPM Work Group but not brought forward as recommendations? No – all measures discussed achieved unanimous approval at the QPM Work Group.	

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	Pat also noted that the patient experience survey we use, the PCMH CAHPS survey, will likely undergo some changes over the next few months. Project leadership requested the work group vote on whether to allow the state latitude to update measures based on changes to the national PCMH CAHPS survey instrument, rather than voting on each change to measure specifications. The Work Group agreed that changes to this survey or the Family Experience of Hospice survey could be integrated into our measure set to ensure our measures are consistent with national standards. • Last year, this group discussed that patient experience measures should be linked to payment, rather than just reporting. The QPM Work Group did not discuss changing these to payment measures due to the Green Mountain Care Board's request for a hiatus on measure changes (unless there is a change in the evidence base). Paul Harrington, reflecting on previous meetings, noted that Payment Models Work Group members have expressed the belief that patient experience measures are critical to the project's success; Richard Slusky suggested a conversation with Al Gobeille to assess whether movement of measures between measure sets is an option. Results from Year 1 are likely to be released in September 2015; this group can come back to this suggestion following review of Year 1 results. • We will have ACO-level patient experience results for all three ACOs this year. Paul Harrington moved to approve by exception the four suggested changes as well as to approve flexibility to make changes to the patient experience measures based on national measure changes. Bard Hill seconded. The motion carried unanimously.	
4. All-Payer Model Progress Report Summary	Richard Slusky provided a progress update on the All-Payer Model (Attachment 4). This presentation was also delivered to the Green Mountain Care Board on August 13th. • This model is significantly different than Maryland's APM. Vermont's circumstances are significantly different from Maryland's, in part stemming from different cost trends in the two states. Maryland had a high per-capita cost for Medicare beneficiaries, while Vermont's is relatively low – this may mean Vermont is able to negotiate different requirements with respect to producing savings for Medicare. • Secretary Burwell will make the final decision on whether to grant an all-payer waiver, with sign off from OMB. Lawrence Miller noted that the waiver might be only one piece of the APM – a package of waivers and other strategies might be necessary to effectively align Medicare, Medicaid, and commercial payers. • The model will be voluntary and could involve multiple payment options for participants. • 2016 will be a transitional year, preparing for APM implementation in 2017. • Assessing options for ACOs to continue separate operations or collaborate more closely. • Payment options for participating and non-participating providers are included in this presentation – one goal is to ensure that declining to participate is not a better deal for providers than participation in the new model. For some provider types, there are multiple options currently under review. • This will also attempt to align the consolidated Medicaid Global Commitment and Choices for Care waivers, which will need to be renegotiated this year. • This is likely to be a 5-year waiver.	

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	The group discussed the following: • Members noted that engagement of community health providers – including mental health, substance abuse, long-term care services – and consumer advocates in decision-making is minimal. Richard noted that the ACO Payment Sub-Committee is a closed group but GMCB and AOA are working to share information on the process as appropriate. • NextGen ACO selection is expected in mid-September. • Why are payment reforms limited to hospitals, FQHCs, primary care, and specialty care? Richard noted that this is a huge effort to take on, and that these changes are likely to highlight the value of behavioral health and long-term care services – hospitals and ACOs are likely to change their relationships with these agencies as the value of services that can keep people healthy and out of the hospital becomes clearer. Richard suggested that readiness within these sectors is also not yet sufficient. • For the all-payer waiver, Medicare is limiting included services to Medicare Part A & B services. Lawrence Miller distinguished total cost of care and total cost of regulated care. He also noted that in the future, additional services could be included in rate review process, but that regulatory capacity to support this is not yet in place and provider sectors might not welcome that additional regulation. • Richard noted that this process is requiring leaps of faith on all parts – it will require culture change and different thinking across the system. Larry Goetschius agreed and requested that the current closed stakeholder group be reconsidered. Mike Hall commented that many behavioral health and long-term care providers are concerned that this will create a parallel delivery system if ACOs and hospitals choose to create mental health, home health, or other behavioral health and long-term care services internally. Richard argued that this is unlikely – in a fixed revenue model, it is unlikely hospitals will be able to do this as efficiently as existing organizations. • How will the new system encourage prospective selection of a PCP? ACOs will likely ask providers to open their practices to new patients. In addition, the new system will hopefully reduce the burden of paperwork, prior approval, etc. to allow providers to see more patients. The new system could also make primary care a more attractive profession for students by potentially increasing pay. • Sue Aranoff suggested that additional transparency around this initiative and the UCCs could broaden support from behavioral health and long-term care providers. Abe Berman commented that OneCare intended UCC meetings to be open and will check on this. • Lawrence Miller noted that it would be unwise to include all costs under the total cost of care, especially for services over which we have limited control of costs (for example, pharmacy) or that are historically underfunded (for example, behavioral health). Mike Hall agreed but suggested a roadmap toward expansion would be helpful and allow providers currently not included to plan ahead. Lawrence and Richard agreed but suggested that this is a task for the future, once the terms of the first waiver are in place.	

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6. Public Comment	Lila Richardson commented that there is a proposal to reorganize the VHCIP governance structure that will be discussed at the Steering Committee on Wednesday, 8/26, and voted on at the Core Team on 8/31. Lawrence noted that this is driven by discussions with CMMI, and their expectations of what we will accomplish prior to the end of the grant. This is intended to streamline decision-making, and not intended to limit participation. More information on the proposed changes is available in the Steering Committee materials, available on the VHCIP website.	
7. Next Steps, and Action Items	**Next Meeting:** Monday, September 21, 2015, 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.	

Minutes Sue 4 1°
Cathy F 2°
Motion Carried Unanimously

Measures:
Paul Harrington 1°
Bard Hill 2°
Motion carried unanimously

VHCIP Payment Models Work Group Member List

Roll Call: 8/24/2015

Member		Member Alternate		Minutes	Yr 3 Measures	
First Name	Last Name	First Name	Last Name			Organization
Mary Alice	Bisbee ✓					Consumer Representative
Diane	Cummings ✓					AHS - Central Office
Michael	Curtis	Melissa	Bailey ✓			Washington County Mental Health Services Inc.
Mike	DelTrecco ✓	Bea	Grause			Vermont Association of Hospital and Health Systems
Catherine	Fulton ✓					Vermont Program for Quality in Health Care
Joyce	Gallimore					CHAC
Maura	Graff ✓					Planned Parenthood of Northern New England
Lynn	Guillett					Dartmouth Hitchcock
Mike	Hall ✓	Angela	Smith-Dieng ✓			Champlain Valley Area Agency on Aging / COVE
Paul	Harrington ✓					Vermont Medical Society
Bard	Hill ✓	Susan	Aranoff ✓			AHS - DAIL
Sara	King	Larry	Goetschius ✓			Rutland Area Visiting Nurse Association & Hospice
Kelly	Lange ✓	James	Mauro			Blue Cross Blue Shield of Vermont
David	Martini					DFR
Lou	McLaren ✓					MVP Health Care
Tom	Pitts					Northern Counties Health Care
Amy	Putnam ✓					Northwestern Counseling and Support Services, Inc.
Paul	Reiss					Accountable Care Coalition of the Green Mountains
Lila	Richardson ✓	Rachel	Seelig			Vermont Legal Aid
Greg	Robinson	Abe	Berman ✓			OneCare Vermont
Howard	Schapiro					University of Vermont Medical Group Practice
Julia	Shaw ✓	Rachel	Seelig			Health Care Advocate Project
Ted	Sirotta					Northwestern Medical Center
Richard	Slusky ✓	Pat	Jones ✓			GMCB
Jeremy	Ste. Marie	Jessica	Oski			Vermont Chiropractic Association
Shannon	Thompson					AHS - DMH
Sharon	Winn	Joyce	Gallimore			Bi-State Primary Care
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approved.

approved.

VHCIP Payment Models Work Group Participant List

Attendance: 8/24/2015

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	VHCIP Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	Pymt Models
Susan	Aranoff	here	AHS - DAIL	S/MA
Ena	Backus		GMCB	X
Melissa	Bailey	here	Vermont Care Partners	MA
Michael	Bailit	phone	SOV Consultant - Bailit-Health Purchasing	S
Susan	Barrett		GMCB	X
Susan	Bartlett		AHS	X
~~Anna~~	~~Bassford~~		GMCB	A
Abe	Berman	phone	OneCare Vermont	MA
~~Susan~~	~~Besio~~		SOV Consultant - Pacific Health Policy Group	S
Mary Alice	Bisbee	phone	Consumer Representative	M
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Heather	Bushey		Planned Parenthood of Northern New England	X
Gisele	Carbonneau		HealthFirst	A
Amanda	Ciecior	here	AHS - DVHA	S
Sarah	Clark		AHS - CO	X

Michael Bailit - Phone

Lori	Collins		AHS - DVHA	X
Amy	Coonradt	here	AHS - DVHA	S
Alicia	Cooper	here	AHS - DVHA	S
Michael	Counter		Visiting Nurse Association & Hospice of VT & NH	X
Diane	Cummings	here	AHS - Central Office	S/M
Michael	Curtis		Washington County Mental Health Services Inc.	M
Danielle	Delong		AHS - DVHA	X
Mike	DelTrecco	phone	Vermont Association of Hospital and Health Systems	M
Michael	Donofrio		GMCB	X
Gabe	Epstein	here	AHS - DAIL	S
Katie	Fitzpatrick		Bi-State Primary Care	A
Erin	Flynn		AHS - DVHA	S
Catherine	Fulton	here	Vermont Program for Quality in Health Care	M
Joyce	Gallimore		Bi-State Primary Care/CHAC	MA/M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Andrew	Garland		MVP Health Care	C
Christine	Geiler		GMCB	S
Don	George	here	Blue Cross Blue Shield of Vermont	C
Carrie	Germaine	phone	AHS - DVHA	X
Al	Gobeille		GMCB	X
Larry	Goetschius	here	Addison County Home Health and Hospice	MA
Maura	Graff	here	Planned Parenthood of Northern New England	M
Bea	Grause		Vermont Association of Hospital and Health Systems	MA
Lynn	Guillett		Dartmouth Hitchcock	M
Mike	Hall	here	Champlain Valley Area Agency on Aging / COVE	M
Thomas	Hall		Consumer Representative	X
~~Bryan~~	~~Hallett~~		GMCB	S
Paul	Harrington	phone	Vermont Medical Society	M
Carrie	Hathaway		AHS - DVHA	X
Carolynn	Hatin		AHS - Central Office - IFS	S
Erik	Hemmett		Vermont Chiropractic Association	X
Selina	Hickman		AHS - DVHA	X
Bard	Hill	here	AHS - DAIL	M
Con	Hogan		GMCB	X

Nancy	Hogue		AHS - DVHA	X
Craig	Jones		AHS - DVHA - Blueprint	MA
Pat	Jones	here	GMCB	S/MA
Joelle	Judge	here	UMASS	S
Kevin	Kelley		CHSLV	X
Melissa	Kelly		MVP Health Care	X
Sarah	King		Rutland Area Visiting Nurse Association & Hospice	M
Sarah	Kinsler	here	AHS - DVHA	S
Peter	Kriff		PDI Creative	X
Kelly	Lange	here	Blue Cross Blue Shield of Vermont	M
Carole	Magoffin	here	AHS - DVHA	S
Georgia	Maheras		AOA	S
David	Martini		DFR	M
Mike	Maslack			X
John	Matulis			X
James	Mauro		Blue Cross Blue Shield of Vermont	MA
Alexa	McGrath		Blue Cross Blue Shield of Vermont	A
Sandy	McGuire		Howard Center	X
Lee	McKenna		OneCare Vermont	X
Lou	McLaren	here	MVP Health Care	M
MaryKate	Mohlman	here	AHS - DVHA - Blueprint	X
Monica	Ogelby		AHS - VDH	X
Jessica	Oski		Vermont Chiropractic Association	MA
Annie	Paumgarten	here	GMCB	S
Tom	Pitts		Northern Counties Health Care	M
Luann	Poirer		AHS - DVHA	S
Rebecca	Porter		AHS - VDH	X
Amy	Putnam	here	Northwest Counseling and Support Services, Inc	M
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Lila	Richardson	here	VLA/Health Care Advocate Project	M
Greg	Robinson		OneCare Vermont	M
Howard	Schapiro		University of Vermont Medical Group Practice	M
Rachel	Seelig		VLA/Senior Citizens Law Project	MA
Julia	Shaw	here	VLA/Health Care Advocate Project	M
Tom	Simpatico		AHS - DVHA	X

Ted	Sirotta		Northwestern Medical Center	M
Shawn	Skafelstad		AHS - Central Office	X
Richard	Slusky	here	GMCB	S/M
Angela	Smith-Dieng	here	Area Agency on Aging	MA
Jeremy	Ste. Marie		Vermont Chiropractic Association	M
Beth	Tanzman		AHS - DVHA - Blueprint	X
Shannon	Thompson		AHS - DMH	M
Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Serv	X
Julie	Wasserman	here	AHS - Central Office	S
Spenser	Weppler	here	GMCB	S
Kendall	West		Bi-State	X
James	Westrich	here	AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Sharon	Winn		Bi-State Primary Care	M
Cecelia	Wu	phone	AHS - DVHA	S
Erin	Zink		MVP Health Care	X
Marie	Zura		DA - HowardCenter for Mental Health	MA
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Lawrence Miller - AOA - here