VT Health Care Innovation Project
Core Team Meeting Agenda

August 31, 2015 1:00 pm - 3:00 pm
312 Hurricane Lane, DVHA Large Conference Room, Williston
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:20	Welcome and Chair's Report: a. Update on contract approvals and document submission to CMMI b. Release of the following reports/briefs: i. Prevention Institute Report on Accountable Communities for Health ii. Disability Core Competency Briefs • Introduction to Disability Awareness • Disability Competency for Providers • Disability Competency for Care Management Practitioners • Cultural Competency • Accessibility • Universal Design c. Sub-grantee symposium is October 7th	Lawrence Miller	Addendum to the Year 2 Operational Plan - August 2015 Milestone/Metrics Matrix - August 2015 VCHIP Year 2 Budget Request - August 2015

Core Team Processes and Procedures				
2	1:20-1:25	Approval of meeting minutes	Lawrence Miller	Attachment 2: July 28, 2015 minutes *Decision needed.*
3	1:25-2:00	Mid-Project Risk Assessment: Rebasing and Realignment	Georgia Maheras	Attachment 3: slides *Decision needed.*
Policy Recommendations				
4	2:00-2:20	HIE/HIT Work Group: Telehealth Strategy	Simone Ruescheme yer and Sarah Kinsler	Attachment 4: Telehealth Strategy Slides *Decision needed.*
Spending Recommendations				
5	2:20-2:40	Funding requests: • HIE/HIT Work Group: Telehealth Implementation RFP o $1.1 million	Georgia Maheras	Attachment 5: Funding Request Slides *Decision needed.*
6	2:40-2:45	*Public Comment*	Lawrence Miller	
7	2:45-2:55	Next Steps, Wrap-Up and Future Meeting Schedule: October 5th, 1-3pm, 4th Floor Conference Room, Pavilion Building, Montpelier	Lawrence Miller	

Attachment 2: July 28, 2015 minutes

Vermont Health Care Innovation Project
Core Team Meeting Minutes

Date of meeting: Tuesday, July 28, 10:00-11:00am, Conference Call Only.

Core Team Members in Attendance: Robin Lunge, Steven Costantino, Hal Cohen, Monica Hutt, Lawrence Miller

Attendees: Georgia Maheras, Annie Paumgarten, Pat Jones, Julia Shaw, Sue Aranoff, Gabe Epstein, Julie Wasserman, Joyce Gallimore, Kate Simmons, Sarah Kinsler, Larry Sandage, Amy Coonradt, Sharon Winn, Martita Giard, Meg O'Donnell, Carole Magoffin

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Robin Lunge called the meeting to order at 10:01. A roll-call was taken; a quorum was not initially present, but was present following the third agenda item. **Chair's Report** Update on CMMI site visit: Federal partners commented that they were impressed with stakeholder participation during the site visit. Overall, the site visit went well and additional funds are beginning to be drawn down based on approval received from the visit. Update on contract approval: The project had previously put some contracts on hold and asked contractors to hold work contingent on federal approval, to minimize state's financial risk. Because issues were worked through during the site visit, it is expected that some contractors will be able to be paid starting at the end of this week. Any new contracts or pending approval should be approved by mid-August. All invoices are being processed as soon as possible.	
2. Minutes Approval	This item was held until after Item 4, Funding Requests, due to lack of a quorum. Steven Costantino moved to approve the minutes as written. Hal Cohen seconded the motion. Roll call was taken and the motion carried.	

Agenda Item	Discussion	Next Steps
3. Consumer Representation Related to the Community Health Accountable Care ACO	**Consumer Representation Related to the Community Health Accountable Care ACO:** Georgia noted that there has been communication between the Health Care Advocate, Community Health Accountable Care (CHAC), and DVHA over the past few weeks. This issue relates to the contract between CHAC and DVHA for the Vermont Medicaid Shared Savings Program (VMSSP), specifically regarding consumer representation and CHAC's consumer advisory board. The legal and policy teams at DVHA have been working with the Health Care Advocate and CHAC to resolve this issue. Steven Costantino provided an update on DVHA's behalf, noting that CHAC sent a response and corrective action plan to DVHA, and that DVHA is satisfied with their response and would like to commend CHAC for working on this in a timely and expeditious manner. Steven stated that DVHA believes the corrective action plan meets the requirements for consumer representation on the board. Joyce Gallimore stated that on behalf of the CHAC board, she would like to acknowledge the concerns that were raised and stated that DVHA, CHAC, and the Health Care Advocate share the same goal of bringing in and engaging consumers, as it is fundamental to achieving better health and health outcomes. CHAC continues to be very committed to these goals, and hope that their actions demonstrate their willingness to comply with a robust consumer support and engagement process. Julia Shaw stated that the Health Care Advocate is also satisfied with the corrective action plan from CHAC, particularly that provider input and consumer input will be separated going forward. The Health Care Advocate is happy to help support continued consumer input.	
4. Funding Requests	A quorum was reached. **Patient Experience Survey Renewal (Datastat):** Georgia stated that the first version of the patient experience survey was approved in October 2013. A that time, the Core Team decision was to coordinate the patient experience survey with the Blueprint for Health survey in order to maximize resources and not overburden providers and individuals, in terms of generating samples, etc. The patient experience survey results are a component of the Shared Savings Program measures set. The first year of surveying is almost completed. This is a request to renew the contract with Datastat for another year, adding $100,000 of SIM funds (estimated), with a matching $100,000 on the Blueprint side, for a total of $200,000 in funding. Steven Costantino made the motion to approve the request as written. The motion was seconded by Hal Cohen. The request to renew the Patient Experience Survey contract with Datastat was approved.	

Agenda Item	Discussion	Next Steps
	ACO Requests for Funding: In April, the Core Team solicited requests for additional funding from the state's ACOs. Two ACOs (CHAC and OneCare Vermont) submitted funding requests and the Core Team received information at both the late May and early June meetings on these requests, as well as heard input from ACO representatives. Staff were asked to engage in analyses to determine if any items in the funding requests were in conflict or not aligned with ongoing SIM activities that were previously approved, and also to determine if there should be a limit or cap to the amount that should be spent. CHAC's application included funding for telemonitoring activities, and it was determined that this aligns well with current telehealth strategies, with the recommendation that alignment continue and be monitored. OneCare Vermont requested funding for a number of different components. Two of these – for an event notification system, and for a shared care management tool and tracking system – are activities that the Core Team had previously funded. The current recommendation to the Core Team is that OneCare should not use these funds for those purposes, but that SIM staff work separately with OneCare to meet the goals of project. The structure of the funding proposal is similar to that approved by the Core Team a year ago, by looking at the ACO's population of attributed lives and assigning an according per-attributed-life amount. However, if an ACO's number of attributed lives increases by more than 1,000, then funding would be altered to reflect the actual attributed lives. The majority of funding would be out of the 2016 budget, but a portion would be expended in 2015. A total of $2.7 million out of the practice facilitation line item ($2.09 million to OCVT and $678,000 to CHAC). Other funds had previously been allocated. Lawrence Miller asked if the adjustment for attributed lives would apply to an increase only, or if the amount of an award would be reduced if the number of attributed lives dropped, and when that adjustment might occur. Georgia stated that an increase would be in the parameters of approval, and that the Core Team would have to approve any adjustment of funding in the event of a decrease. The ACOs have been held harmless in the past for downward fluctuations in attributed lives. Georgia asked to reserve the right to come back to the Core Team if this occurs. Steven Costantino noted that OneCare's request was for $3.5 million, but the recommended amount was $2 million, and asked what made up the difference in that amount. Georgia replied that the two components (an event notification system and a shared care management tool and tracking system) were not approved, thus the	

Agenda Item	Discussion	Next Steps
	difference between the requested and recommended amounts. Steven Costantino made a motion to approve additional funds for both ACOs, incorporating the recommendation from the memo dated 7/22/15. The motion was seconded by Hal Cohen. The request for funding for CHAC and OneCare, incorporating the recommendations from the 7/22/15 memo, was approved.	
5. Public Comment	Hal Cohen noted that the ACO funding requests that were just approved were one-time requests, but asked how they would be sustainable in future? Georgia confirmed that they were one-time investments, and that the SIM project will be engaging in sustainability planning later in the fall and next year, and will ensure that whatever resources SIM has been augmenting either within or outside of the state have a sustainability trajectory. There is an assumption that shared savings or savings attained through programs would be available for reinvestment in various ways. Per discussions at its latest site visit, CMMI recommended that 20% of Vermont SIM's Year 3 activities be dedicated to sustainability. Monica Hutt stated that the recommendations made in the 7/22/15 memo around ACO funding made a specific reference to ensure alignment with HIT work happening in the agency, and asked if there is a dedicated process to ensure alignment, or if this happens at each step forward and as occasions arise? Georgia stated that ensuring alignment occurs at two different levels: 1.) Georgia is in frequent communication with AHS HSE leadership; and 2.) Larry Sandage is part of the HSE project management team and works at that level with other program and project managers to ensure that projects and requests have alignment on both levels. Additionally, ad-hoc opportunities occur, and there is a process to ensure alignment for these as well. The level of engagement was more limited in 2014, and these conversations have been stepped up more in the past month, as the potential for misalignment has increased. There is anticipation that these conversations will occur more frequently moving forward.	
6. Next Steps, Wrap-Up and Future Meeting Schedule	**Next Meeting:** August 31, 1:00-3:00pm, Large Conference Room, 312 Hurricane Lane, Williston.	

Attachment 3: Rebasing Slides

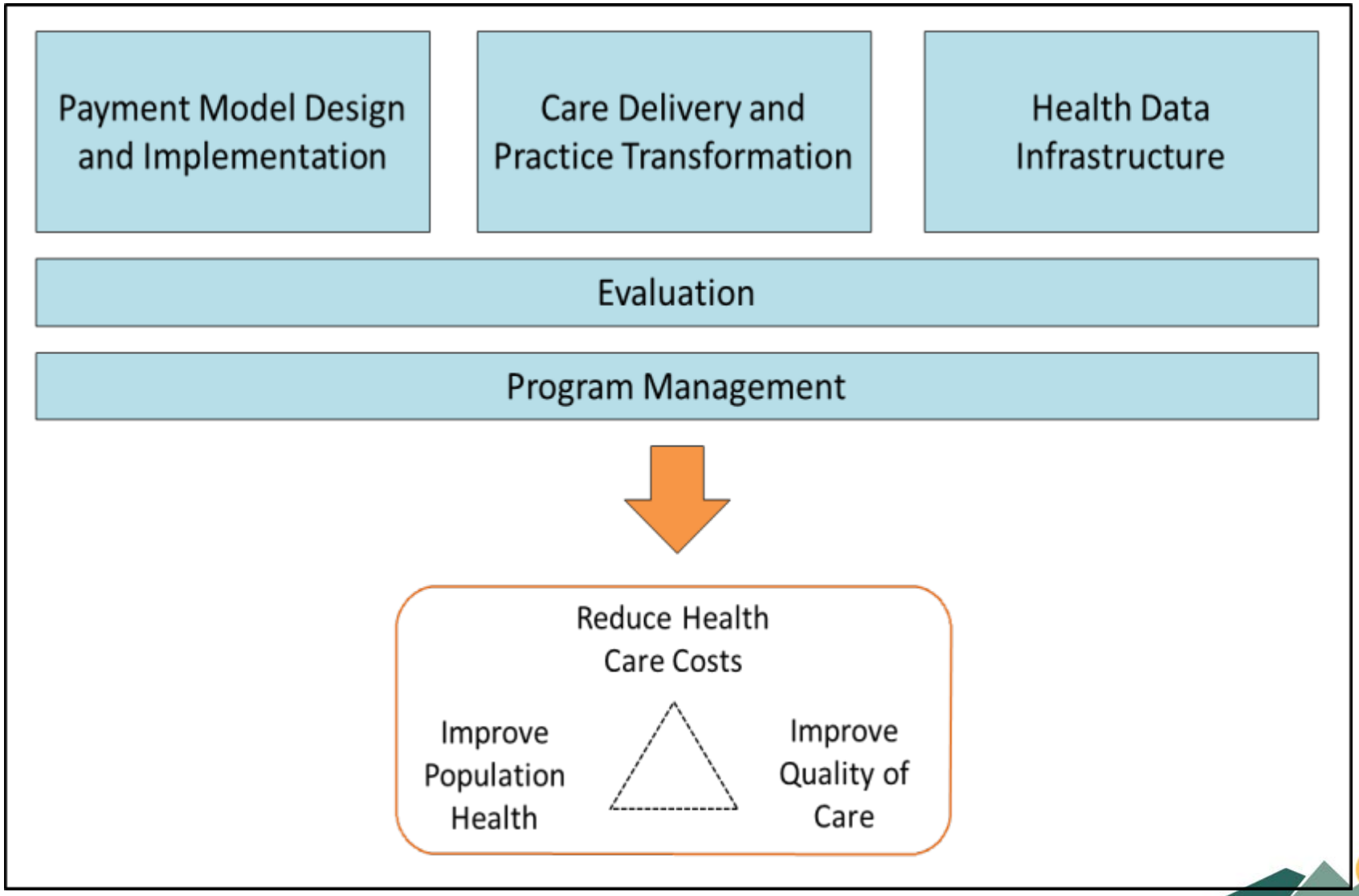
VHCIP Project Rebasing presented to VHCIP Core Team

Lawrence Miller, Chair, Core Team

Georgia Maheras, Project Director

August 31, 2015

Vermont's SIM Focus Areas and Goal:



Vermont Health Care Innovation Project

What is success?

- Supporting creation and implementation of value-based payments for providers in Vermont across all payers.
- Supporting the inclusion of 80% of Vermonters in alternatives to fee-for-service.
- Creation of a system of care management that is agreed to by all payers and providers that:
  - Utilizes advanced primary care infrastructure to the greatest extent possible;
  - fills gaps;
  - eliminates duplication of effort;
  - creates clear protocols for providers;
  - reduces confusion and improves the care experience for patients; and
  - follows best practices.
- Creation of a health data infrastructure to support a high-performing health system.

- Includes activities that *support provider and payer readiness* to participate in alternative payment models.

Mid-Project Risk Assessment:

- Progress to date:
  - Snapshot of impact
- Remaining activities (milestones)
  - Rebasing
  - Realignment of work groups

Snapshot of SIM Payment Model Impacts

		Q1 2015
Beneficiaries Impacted	Commercial SSP*	40,232
	Medicaid SSP*	52,177
	Medicare SSP*	61,560
	Commercial Blueprint (APMH/P4P)	111,529
	Medicaid Blueprint (APMH/P4P)	106,818
	Medicare Blueprint (APMH/P4P)	67,621
	Medicaid Health Home	2,706
Participating Providers	Medicare, Medicaid, Commercial SSPs	977
	Blueprint (APMH/P4P)	694
	Medicaid Health Home	123
Provider Organizations	Medicare, Medicaid, Commercial SSPs	83
	Blueprint (APMH/P4P)	63
	Medicaid Health Home	5

*All SSP impact numbers reflect Q2

Snapshot of SIM Care Delivery & Health Data Infrastructure Impacts

	Impact
Health Data Infrastructure	400 Providers
Care Delivery & Practice Transformation: Learning Collaboratives	420 Providers
Care Delivery & Practice Transformation: Subgrantee Program	692 Providers 281,808 Vermonters

Remaining work to do:

Payment Models:

- Medicaid and commercial SSP: Year 3 implementation.
- Medicaid Episodes of Care implementation
- Feasibility/Analysis: Accountable Communities for Health and All-Payer Model.
- Home Health PPS

80% of Vermonters in alternatives to fee-for-service by 12/31/2016.

Remaining work to do:

Practice Transformation:

- Expand Learning Collaboratives to remainder of state.
- Sustain sub-grants, regional collaborations.
- Do micro-simulation demand modeling.

Population Health

- Finalize Population Health Plan.

Remaining work to do:

Health Data Infrastructure:

- Launch Event Notification System.
- Continue data quality and gap remediation efforts.
- Invest in shared care plan and uniform transfer protocol solution.
- Invest in telehealth pilots
- Design and implement registry and data warehousing solutions.

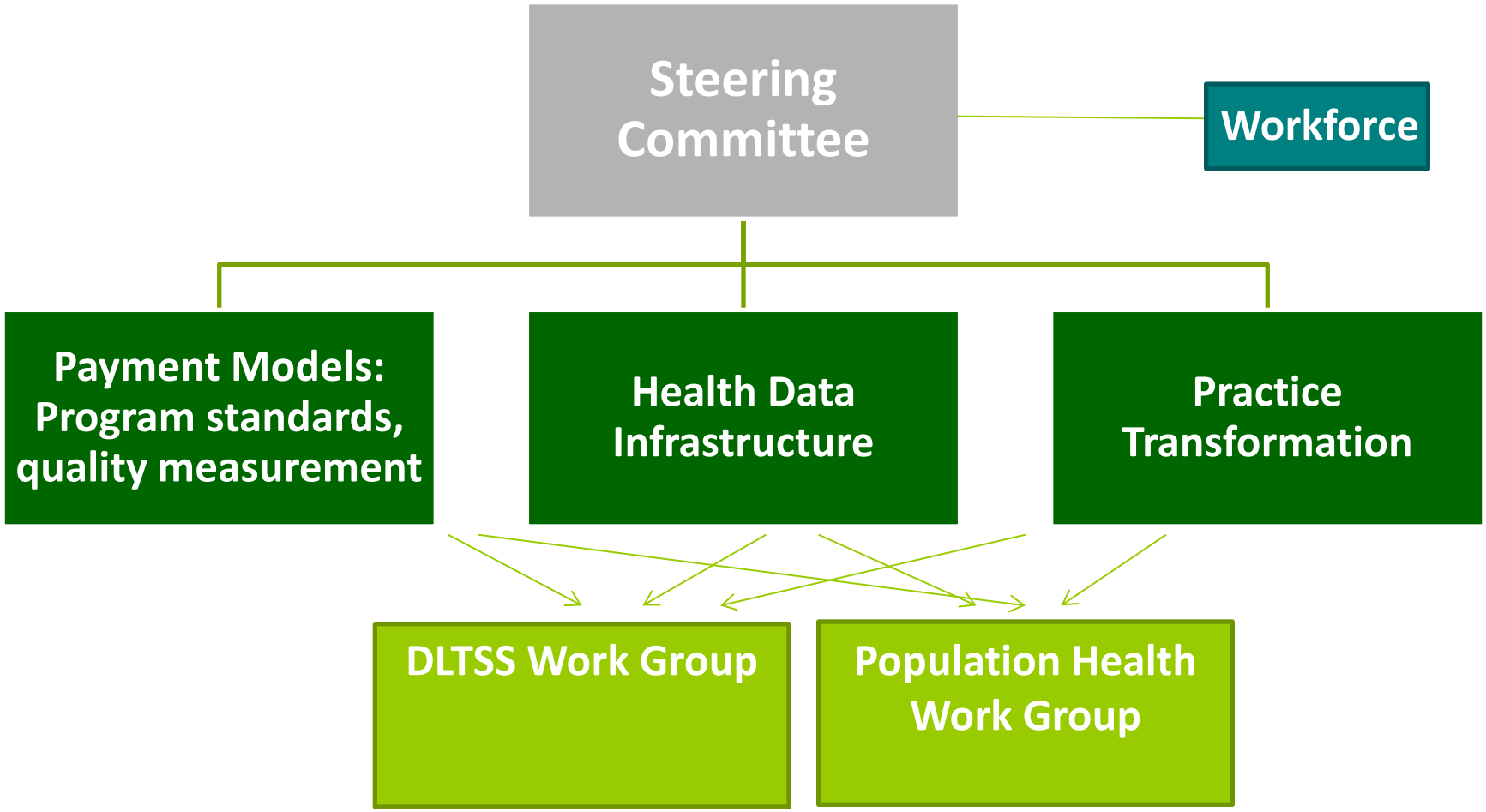
Remaining work to do:

SUSTAINABILITY

Realignment:

- Reconfigure existing structure to better align the organizational structure and the work left to perform.
- Reassign SIM staff leads accountable for each work stream.
- Written monthly updates.
- Revamped website.

New Organization Structure:



Assumes Core Team above Steering-Committee-- removed to allow for easier depiction

Work stream leads: Payment Models

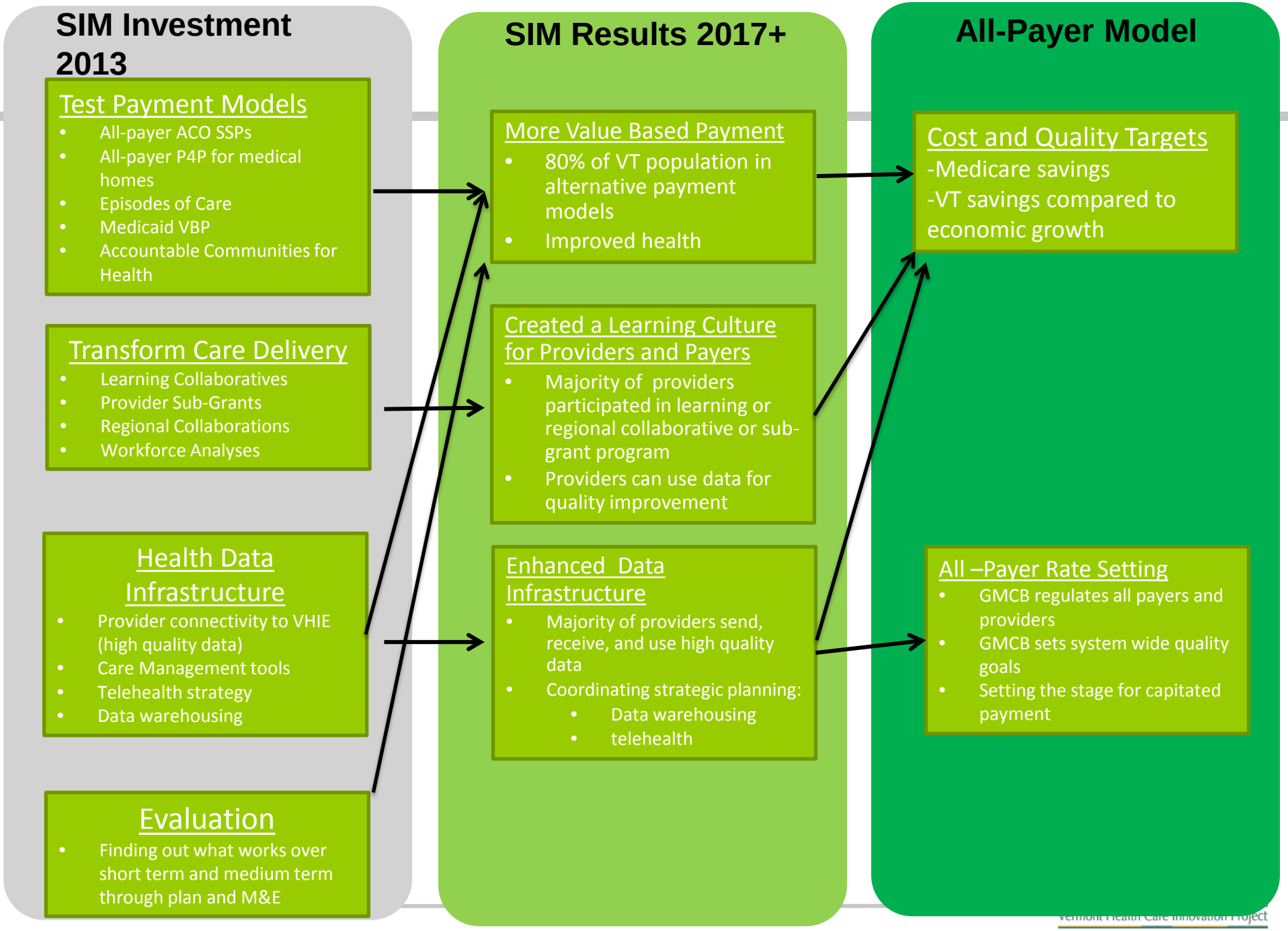
Project	SOV Lead
Shared Savings ACO Programs	Slusky/Wu
Episodes of Care	Cooper
PPS-DAs	Hickman
PPS-Home Health	Cooper
Pay-for-performance	C. Jones
Accountable Communities for Health	H. Klein

Work stream leads: Health Data Infrastructure

Project	SOV Lead
Telehealth	Kinsler
Connectivity and Quality	Maier/Sandage
HIT Plan	Maier
Care Management Tools	Sandage (ENS and SCUP)
Part 2	Maier
Analytics (and all steps necessary to get to that – access and availability to stand data up for analytics)	Maheras

Work stream leads: Practice Transformation

Project	SOV Lead
Learning Collaboratives	P. Jones/Flynn
Regional Collaborations	Samuelson
Sub-grantees	Judge
Workforce	Coonradt
Pay-for-performance	C. Jones
Accountable Communities for Health	H. Klein


SIM Investment 2013
Test Payment Models
All-payer ACO SSPs
All-payer P4P for medical homes
Episodes of Care
Medicaid VBP
Accountable Communities for Health
Transform Care Delivery
Learning Collaboratives
Provider Sub-Grants
Regional Collaborations
Workforce Analyses
Health Data Infrastructure
Provider connectivity to VHIE (high quality data)
Care Management tools
Telehealth strategy
Data warehousing
Evaluation
Finding out what works over short term and medium term through plan and M&E
SIM Results 2017+
More Value Based Payment
80% of VT population in alternative payment models
Improved health
Created a Learning Culture for Providers and Payers
Majority of providers participated in learning or regional collaborative or sub-grant program
Providers can use data for quality improvement
Enhanced Data Infrastructure
Majority of providers send, receive, and use high quality data
Coordinating strategic planning:
Data warehousing
telehealth
All-Payer Model
Cost and Quality Targets
-Medicare savings
-VT savings compared to economic growth
All –Payer Rate Setting
GMCB regulates all payers and providers
GMCB sets system wide quality goals
Setting the stage for capitated payment

Attachment 4: Telehealth Strategy Slides

Telehealth Strategy

Sarah Kinsler

August 31, 2015

Today's Objective

Approval of Strategy based on feedback received

Principles/Goals of the Strategy

- Patient-centeredness such that telehealth meets the needs of patients wherever and whenever the needs arise for care, health, and well-being;
- Improved access to care where access may be limited by geography, service limitations, and personal limitations;
- Measurable outcomes that will demonstrate improvements in patient engagement, quality of care, and costs;
- Interoperability such that the clinical data generated through telehealth encounters can be exchanged and ingested by other types of health information technologies;
- Alignment with currently active telehealth programs including but not limited to interactive audiovisual programs in support of teleconsultation with patients and between clinicians, any store and forward efforts currently underway, existing remote monitoring programs, and e-visits; and
- Alignment with other statewide provider initiatives related to value based payment reform.

Strategy Elements

- Creation or designation of a coordination body to support expansion of telehealth services that promote patient-centered care and health care reform.
- State policies align telehealth initiatives and planning with the goals of health reform and maintain a patient-centered approach to care.
- Telehealth technologies can be used easily and incorporate interoperability and security standards such that data and information can flow through Vermont's health information exchange either directly or through provider electronic medical record systems throughout the state.
- Resources are available to engage clinician interest in and adoption of telehealth products and services, and to provide ongoing support for the effective and efficient implementation of those products and services to the benefit of patients.

Attachment 5: Funding Request Slides

Financial Proposals

August 31, 2015

Georgia Maheras, JD

Project Director

AGENDA

1. HIE/HIT Work Group: Telehealth Pilots

HIE/HIT Work Group: Telehealth Pilots

- Request from the Work Group: Recommend approval of draft RFP scope with revisions specified by HIE/HIT Work Group.
  - Project timeline: 12-month pilot period (est. November 1, 2015-October 31, 2016) with 2-month evaluation period
  - Project estimated cost: $1.1 million ($155,000 in Year 2)
  - Project Summary: One or more telehealth pilots to provide coordination of telehealth strategies that align with Vermont's payment and delivery system reform goals.
  - Budget line item: *Technology and Infrastructure*: Telemedicine
- The HIE/HIT Work Group is responsible for exploring and recommending technology solutions to achieve SIM's desired outcomes.

Scope of Work

- Grantees will participate in DVHA-required meetings, submit quarterly reports, provide budget and spending reports, create a final evaluation report, and present to VHCIP Work Groups, Steering Committee, and Core Team.
- RFP is open-ended to encourage innovative proposals and allow for a variety of responses; however, all respondents must:
  - Demonstrate alignment with elements and principles of Vermont's Statewide Telehealth Strategy;
  - Describe plans for engaging users (provider and patient) and partners in telehealth activities;
  - Describe whether and how they will procure and implement telehealth technology (if applicable);
  - Demonstrate project management capabilities;
  - Describe evaluation plans; and
  - Discuss sustainability and scalability.