Vermont Health Care Innovation Project
Steering Committee Meeting Agenda

September 28, 2015, 1:00pm-3:00 pm
Vermont State College, Conference Room 101, 575 Stonecutters Way, Montpelier
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed?
1	1:00-1:10pm	Welcome and Introductions	Al Gobeille		
2	1:10-1:15pm	Minutes Approval	Al Gobeille	Attachment 2: Draft August 26, 2015, Meeting Minutes	Approval of Minutes
3	1:15-1:40pm	Work Group Policy Recommendations: • QPM Work Group – Year 3 ACO Shared Savings Program Measure Changes *Public comment*	• Pat Jones and Catherine Fulton	Attachment 3: Summary of QPM-Recommended Year 3 Measure Changes	Approval of Policy Recommendations
4	1:40-2:20pm	Core Team Update: • Update on VHCIP Governance Changes and Transition • Update on Year 2 Approval Status *Public comment*	Lawrence Miller & Georgia Maheras	Attachment 4: New VHCIP Governance Structure	
5	2:20-2:55pm	Work Group Funding Recommendations: • Population Health Work Group – Accountable Communities for Health Proposal *Public comment*	• Tracy Dolan and Heidi Klein	Attachment 5a: Accountable Communities for Health Learning System Proposal Attachment 5b: Steering Committee Financial Proposals, September 28, 2015	Approval of Funding Request
6	2:55-3:00pm	Next Steps, Wrap-Up and Future Meeting Schedule	Al Gobeille	Next Meeting: Wednesday, October 28, 2015, 1:00-3:00pm, Montpelier	

Attachment 2: Draft August 26, 2015, Meeting Minutes

Vermont Health Care Innovation Project
Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, August 26, 2015; 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Steven Costantino called the meeting to order at 1:05pm. A quorum was present.	
2. Minutes Approval	Trinka Kerr moved to approve the minutes by exception and Sue Aranoff seconded. The motion passed with three abstentions.	
3. Core Team Update	Georgia Maheras gave an update on the Mid-Project Risk Assessment and CMMI Site Visit (Attachments 2a-c). - Slide 5: These are not unduplicated counts – there is overlap between Blueprint and Shared Savings Programs. Project staff are working to come to an unduplicated count now. - As of December 1, 2015 we had approximately 65% of Vermonters enrolled in an alternative fee-for-service program. - 80% of the total eligible population is about 460,000 beneficiaries; the denominator is comprised of Vermont State residents, which includes Vermonters receiving care out of State, but excludes some populations that we can't impact with payment reform activities (for example, uninsured Vermonters). - There was a question about how children are impacted by the Learning Collaborative. The Vermont Child Health Improvement Program (VCHIP) is engaging in its own learning collaborative. SIM is now collaborating with VCHIP to incorporate similar content into the SIM Learning Collaboratives. - Data on process measures is availability from the pilot communities for the Learning Collaboratives. - Slide 12: o New Proposed Organization Structure: DLTSS and Population Health work groups would still convene on a quarterly basis. o Co-Chairs presented on the slide have not been finalized. o The focus areas relate directly to the newly identified milestones.	**Governance Proposal: Please email any additional written comment to Sarah Kinsler (sarah.kinsler@vermont.gov) by Sunday, 8/30.** **A memo to CMMI will be shared with the group that discusses what groups are not included in the denominator.**

Agenda Item	Discussion	Next Steps
	The group discussed the following: - Provider/practice transformation operating in isolation while it's connected to reimbursement. - DLTSS issues possibly being overlooked. The goal is to incorporate DLTSS issues into all work groups. - The reorganization is budget neutral. One benefit would be devoting more staff time to other programmatic areas. - New work group membership would be decided as it was in the past – SIM leadership will ask organizations to assign members to participate. Co-Chairs will note any gaps and approach organizations individually to provide additional membership. Adequate consumer representation is also a focus. - More member alternates would be encouraged with this new structure to ensure organizations provide the right member related to the content presented at that particular meeting. Lawrence Miller gave an update on the All-Payer Model (Attachment 2e). - The group agreed it would be important to tell CMS that we will have a road map to get us to an all-payer model that includes a broad total cost of care,even if it is years down the road. - The legislature's role has been minimal to this point – the current effort is around creating a framework for providers to enter into contractual relationships with organizations other than the state. They need to understand the activities, and there are budgetary implications for GMCB and Medicaid. - Regarding trends: Trends need to be very carefully set to ensure incentives are correct. This would bring Medicare into alignment. Trend rates might be slightly different across payers, but they'll be set transparently. - Long-term services and supports (LTSS) and other community-based providers need to be part of the system. These providers need to see reimbursement issues addressed, and for the cost base to improve. This is outside the scope of this phase of the All-Payer Model. Stakeholders from the long-term care and community-based provider sectors requested more concrete plans for their inclusion in future models . Georgia Maheras provided an update on the CMMI site visit in July (Attachment 2d). - Contract approval delays are mainly due to process and staff turnover at CMMI, not our financial or programmatic elements.	
Public comment	No further comments were offered.	
4. Work Group Policy Recommendations	Georgia Maheras provided an update on the HIE/HIT Work Group – Telehealth Strategy (Attachment 3) - A final report of the strategy will be distributed to the Steering Committee within the next few weeks. The group discussed the following: - How does this strategy define telehealth? Attendees expressed concern that a limiting definition could harm current efforts. The definition described in the strategy is quite broad and was developed by the	

Agenda Item	Discussion	Next Steps
	Telehealth Steering Committee, convened by JBS International, the lead contractor on the project. - The proposed RFP excludes vendors from proposing projects but all other entities are welcome to submit proposals. Dale Hackett moved to approve the Telehealth Strategy by exception. Kim Fitzgerald seconded. The motion passed unanimously.	
Public Comment	No further comment was offered.	
5. Work Group Funding Recommendations	Georgia Maheras presented a funding request for the HIE/HIT Work Group- Telehealth Pilot (Attachment 4- note the title on Slide 3 was incorrectly labeled and should have reflected the HIE/HIT Work Group). Georgia noted that the total amount available for this program was misstated at the HIE/HIT Work Group as $155,000– this is the Year 2 budgeted amount only; the full program is budgeted at $1.1 million. Dale Hackett moved to approve by exception the recommendation for the Telehealth RFP in the amount of $1.1 million. Mike Hall seconded. The motion passed unanimously.	
Public comment	No further comments were offered.	
6. Work Group Update: SCÜP Status Report	Georgia Maheras presented the SCÜP status report (Attachment 5). - The project leads are focused on not duplicating existing efforts and minimizing administrative provider burden. - The next check point will be at the next Steering Committee meeting.	
Public comment	No further comments were offered.	
7. Work Group Update: Population Health Work Group – Accountable Health Communities Update	Tracy Dolan presented an overview of the Accountable Health Communities report completed by Prevention Institute (Attachment 6).	
8. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Wednesday, September 28, 2015 1:00pm-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier	

VHCIP Steering Committee Participant List

Attendance: 8/26/2015

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

First Name	Last Name		Organization	Steering Committee
Susan	Aranoff	here	AHS - DAIL	S/M
Ena	Backus		GMCB	X
Melissa	Bailey	here	Vermont Care Network	X
Heidi	Banks		Vermont Information Technology Leaders	X
Rick	Barnett	here	Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Jaskanwar	Batra	here	AHS - DMH	MA
Bob	Bick	here	DA - HowardCenter for Mental Health	M
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Amanda	Ciecior		AHS - DVHA	S
Sarah	Clark		AHS - CO	X
Peter	Cobb	here	VNAs of Vermont	M
Lori	Collins		AHS - DVHA	X
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper	here	AHS - DVHA	S
Steven	Costantino	here	AHS - DVHA, Commissioner	C

Elizabeth	Cote	phone	Area Health Education Centers Program	M
Diane	Cummings	here	AHS - Central Office	S
Susan	Devoid		OneCare Vermont	A
Tracy	Dolan	here	AHS - VDH	M
Richard	Donahey		AHS - Central Office	X
Susan	Donegan		AOA - DFR	M
Gabe	Epstein	here	AHS - DAIL	S
John	Evans		Vermont Information Technology Leaders	M
Jaime	Fisher		GMCB	A
Kim	Fitzgerald	here	Cathedral Square / SASH	M
Katie	Fitzpatrick		Bi-State Primary Care	A
Erin	Flynn		AHS - DVHA	S
Aaron	French		AHS - DVHA	X
Catherine	Fulton	here	Vermont Program for Quality in Health Care	M
Joyce	Gallimore	here	Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Don	George		Blue Cross Blue Shield of Vermont	M
Al	Gobeille		GMCB	C
Bea	Grause		Vermont Association of Hospital and Health Systems	M
Sarah	Gregorek		AHS - DVHA	A
Lynn	Guillett		Dartmouth Hitchcock	M
Dale	Hackett	here	None	M
Mike	Hall	here	Champlain Valley Area Agency on Aging / COVE	M
Janie	Hall		OneCare Vermont	A
Thomas	Hall		Consumer Representative	X
~~Bryan~~	~~Hallett~~		GMCB	S
Paul	Harrington	here	Vermont Medical Society	M
Carrie	Hathaway		AHS - DVHA	X
Diane	Hawkins		AHS - DVHA	X
Karen	Hein			X
Selina	Hickman		AHS - Central Office	X
Debbie	Ingram		Vermont Interfaith Action	M
Craig	Jones		AHS - DVHA - Blueprint	M

Kate	Jones		AHS - DVHA	S
Pat	Jones	Phone	GMCB	S
Joelle	Judge	here	UMASS	S
Trinka	Kerr	here	VLA/Health Care Advocate Project	M
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein	Phone	AHS - VDH	S/MA
Kelly	Lange	here	Blue Cross Blue Shield of Vermont	X
Deborah	Lisi-Baker	here	SOV - Consultant	M
Sam	Liss		Statewide Independent Living Council	X
Vicki	Loner		OneCare Vermont	MA
Robin	Lunge		AOA	X
Carole	Magoffin		AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Jackie	Majoros	here	VLA/LTC Ombudsman Project	M
Carol	Maloney		AHS	X
David	Martini	here	DFR	MA
Mike	Maslack			X
Alexa	McGrath		Blue Cross Blue Shield of Vermont	A
Darcy	McPherson		AHS - DVHA	X
Marisa	Melamed		AOA	S
Jessica	Mendizabal	here	AHS - DVHA	S
Madeleine	Mongan		Vermont Medical Society	X
Todd	Moore	here	OneCare Vermont	M
Brian	Otley		Green Mountain Power	X
Dawn	O'Toole		AHS - DCF	X
Mary Val	Palumbo		University of Vermont	M
Ed	Paquin		Disability Rights Vermont	M
Annie	Paumgarten	here	GMCB	S
Laura	Pelosi		Vermont Health Care Association	M
Judy	Peterson		Visiting Nurse Association of Chittenden and Grand Isle Counties	M
Luann	Poirer		AHS - DVHA	S
Allan	Ramsay		GMCB	M
Frank	Reed		AHS - DMH	M
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M

Simone	Rueschemeyer	here	Vermont Care Network	M
Jenney	Samuelson		AHS - DVHA - Blueprint	X
Larry	Sandage		AHS - DVHA	S
Howard	Schapiro		University of Vermont Medical Group Practice	M
Julia	Shaw		VLA/Health Care Advocate Project	X
Shawn	Skaflestad	(Interim)	AHS - Central Office	M
Mary	Skovira		AHS - VDH	A
Richard	Slusky	here	GMCB	S
Angela	Smith-Dieng	here	Area Agency on Aging	MA
~~Kara~~	~~Suter~~		AHS - DVHA	S
Beth	Tanzman		AHS - DVHA - Blueprint	X
Julie	Tessler	here	DA - Vermont Council of Developmental and Mental Health Serv	M
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman	here	AHS - Central Office	S
Spenser	Weppler		GMCB	S
Kendall	West		Bi-State Primary Care Association	X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Sharon	Winn		Bi-State Primary Care	M
Cecelia	Wu		AHS - DVHA	S
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Lawrence Miller - Chf H/C Reform / AOA

Motion Passed 1° Trinka 2° Sue

Motion passed 1° Dale 2° Kim

Motion passed 1° Dale 2° Mike

no vote needed

VHCIP Steering Committee Member List

Roll Call: 8/26/2015

Member		Member Alternate		Minutes	Tele-health	Funding Requests	SCUP	
First Name	Last Name	First Name	Last Name					Organization
	2		1					
Susan	Aranoff ✓							AHS - DAIL
Rick	Barnett ✓							Vermont Psychological Association
Bob	Bick ✓			A				DA - HowardCenter for Mental Health
Peter	Cobb ✓							VNAs of Vermont
Steven	Costantino ✓							AHS - DVHA, Commissioner
Elizabeth	Cote							Area Health Education Centers Program
Tracy	Dolan ✓	Heidi	Klein					AHS - VDH
Susan	~~Donegan~~	David	Martini ✓					AOA - DFR
John	~~Evans~~	Kristina	Choquette ✓					Vermont Information Technology Leaders
Kim	Fitzgerald ✓							Cathedral Square and SASH Program
Catherine	Fulton							Vermont Program for Quality in Health Care
Joyce	Gallimore ✓							Bi-State Primary Care/CHAC
Don	~~George~~	Kelly	Lange ✓	A				Blue Cross Blue Shield of Vermont
Al	Gobeille							GMCB
Bea	Grause							Vermont Association of Hospital and Health Systems
Lynn	Guillett							Dartmouth Hitchcock
Dale	Hackett ✓							None
Mike	Hall ✓	Angela	Smith-Dieng					Champlain Valley Area Agency on Aging / COVE
Paul	Harrington ✓							Vermont Medical Society
Debbie	Ingram							Vermont Interfaith Action
Craig	Jones							AHS - DVHA - Blueprint
Trinka	Kerr ✓							VLA/Health Care Advocate Project
Deborah	Lisi-Baker ✓							SOV - Consultant
Jackie	Majoros ✓							VLA/LTC Ombudsman Project
Todd	Moore ✓	Vicki	Loner					OneCare Vermont

Mary Val	Palumbo							University of Vermont
Ed	Paquin							Disability Rights Vermont
Laura	Pelosi							Vermont Health Care Association
Allan	Ramsay							GMCB
~~Frank~~	Reed	Jaskanwar	Batra ✓					AHS - DMH
Paul	Reiss							Accountable Care Coalition of the Green Mountains
Simone	Rueschemeyer ✓							Vermont Care Network
Howard	Schapiro							University of Vermont Medical Group Practice
Shawn	Skafelstad							AHS - Central Office
Julie	Tessler ✓							DA - Vermont Council of Developmental and MH Services
Sharon	Winn							Bi-State Primary Care

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Attachment 3: Summary of QPM-Recommended Year 3 Measure Changes

Proposed Changes for Year 3
ACO Shared Savings Program Measures

VHCIP Steering Committee

September 28, 2015

Language from GMCB's Suggested Hiatus

- "…If a measure is no longer supported by evidence, the measure should be considered for elimination. If a measure is eliminated, the VHCIP Quality and Performance Measures work group could recommend replacing it with a measure that is supported by evidence…"

Rationale for Proposed Changes

- Quality measures can and do change as the evidence base changes.
- The QPM Work Group's consultant, Bailit Health Purchasing, provided a summary of national changes to measures in Vermont's SSP measure sets.
- There have been recent national changes to one measure in the payment measure set:
  - Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening), a claims-based payment measure (Core-3a)

Rationale for Proposed Changes (cont'd)

- There have been recent national changes to one set of measures in the reporting measure set:
  - Optimal Diabetes Care Composite ("D5"), a set of 5 clinical data-based reporting measures (Core-16)

- There have been recent national changes to two measures in the monitoring & evaluation measure set:
  - Appropriate Medications for People with Asthma (M&E-1)
  - ED Utilization for Ambulatory Care-Sensitive Conditions (M&E-16)

Proposed Year 3 Measure Changes

- During recent meetings, the QPM Work Group voted unanimously to recommend replacements for the LDL Screening, Diabetes Composite, Asthma Medications, and ED Utilization measures.
- Changes to the LDL Screening and Diabetes Composite measures were effective for Year 2 (2015) after being approved by the Steering Committee, Core Team and GMCB. The QPM Work Group is seeking approval to continue these changes into Year 3 (2016).
- Changes to Asthma Medications and ED Utilization measures would be effective for Year 3 (2016).

Recommendation: Replace LDL Screening with Controlling High Blood Pressure

Previous Measure	Recommended Measure
Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening) (Payment Measure)	Hypertension: Controlling High Blood Pressure (Payment Measure)

- LDL screening is no longer considered best practice; as a result, this measure has been dropped by the Medicare Shared Savings Program (MSSP) and NCQA HEDIS.
- Newly proposed HEDIS cholesterol measure (Statin Therapy for Patients with Cardiovascular Disease) has not yet been adopted, and will lack benchmarks when it is.
- QPM Work Group recommendation is to replace LDL Screening with a nationally-endorsed MSSP measure in Year 3, as was done for Year 2:
  - Hypertension: Controlling High Blood Pressure

Recommendation: Replace Optimal Diabetes Care Composite with MSSP Diabetes Composite

Previous Measure	Recommended Measure
Optimal Diabetes Care Composite ("D5," includes LDL Screening, hemoglobin A1c control, blood pressure control, tobacco non-use, and aspirin use) (Reporting Measure)	MSSP Diabetes Composite ("D2," includes hemoglobin A1c poor control and eye exam) (Reporting Measure)

- CMS has retired this measure from the MSSP measure set, most likely because one of the 5 measures that make up the composite is the LDL Screening measure.
- QPM Work Group recommendation for Year 3 is to replace "D5" with the new MSSP Diabetes Composite Measure ("D2"), which consists of 2 measures, as was done for Year 2.
- For the D2 measure, HbA1c Poor Control is already in the Commercial and Medicaid measure sets, Eye Exam is new.

Recommendation: Replace Appropriate Medications for People with Asthma with Medication Management

Current Measure	Recommended Measure
Appropriate Medications for People With Asthma (Monitoring and Evaluation Measure)	**HEDIS® Medication Management for People With Asthma (Monitoring and Evaluation Measure)**

- NCQA is proposing retiring Appropriate Medications for People With Asthma 2016 due to consistently high HEDIS® performance rates and little variation in plan performance for both commercial and Medicaid plans.
- Medication Management for People with Asthma was first introduced in HEDIS® 2012. NCQA views it as a more effective way of assessing asthma medication management. National benchmarks are available, and the measure can be calculated with claims.
- This M&E measure is collected at the Health Plan (statewide) level, rather than at the ACO level.

Recommendation: Replace ED Utilization for ACSCs with Onpoint Avoidable ED Measure

Current Measure	Recommended Measure
ED Utilization for Ambulatory Care Sensitive Conditions (Monitoring and Evaluation Measure)	Onpoint Health Data's Potentially Avoidable ED Utilization (Monitoring and Evaluation Measure)

- AHRQ has retired the ED Utilization for ACSCs measure for unidentified reasons, but is working on other ED-specific measures that have not yet been finalized.
- The Onpoint Health Data Measure looks at ED visits with primary diagnoses for which outpatient ED use was frequent, treatment was commonly provided in another setting (i.e., physician office), and inpatient hospitalizations were extremely rare. The measure is currently used in the Blueprint practice and health service area profiles.
- The measure set also contains M&E-14: Avoidable ED visits-NYU algorithm.

SUMMARY – Year 3 Recommended Measure Changes for Commercial and Medicaid ACO SSPs

Previous/Current Measure	Recommended Replacement Measure	Measure Set
Year 1 Measure: Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening)	MSSP Hypertension: Controlling High Blood Pressure (Payment Measure)	Payment
Year 1 Measure: Optimal Diabetes Care Composite ("D5") D5 includes: • LDL Screening • hemoglobin A1c control • blood pressure control • tobacco non-use • aspirin use	MSSP Diabetes Composite ("D2") D2 includes: • hemoglobin A1c poor control (already in measure set) • eye exam	Reporting

SUMMARY – Year 3 Recommended Measure Changes Commercial and Medicaid Programs (cont'd)

Current Measure	Recommended Replacement Measure	Measure Set
Appropriate Medications for People with Asthma	Medication Management for People with Asthma	Monitoring and Evaluation
ED Utilization for Ambulatory Care Sensitive Conditions	Onpoint Health Data's Potentially Avoidable ED Utilization	Monitoring and Evaluation

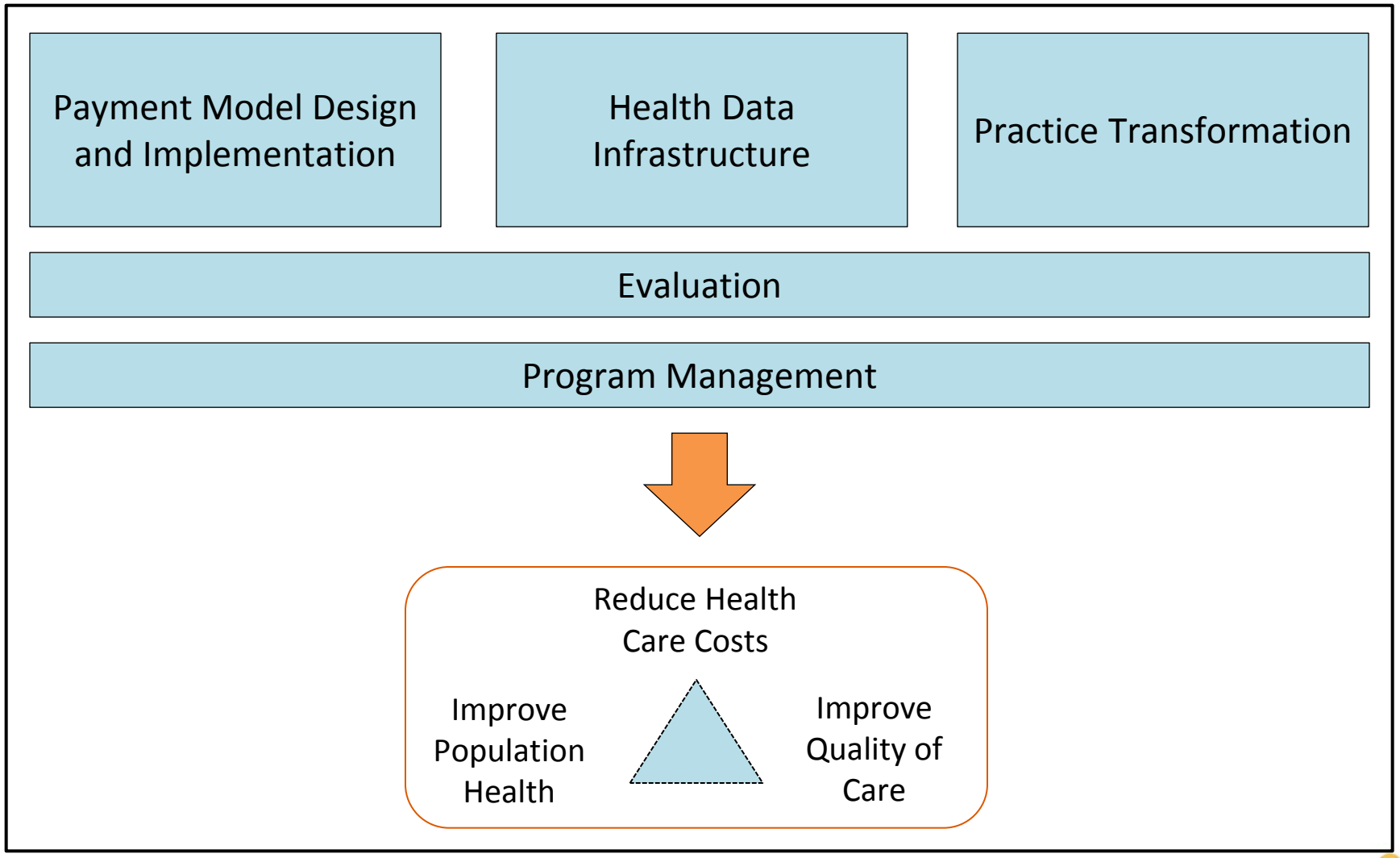
Attachment 4: New VHCIP Governance Structure

New VHCIP Governance Structure

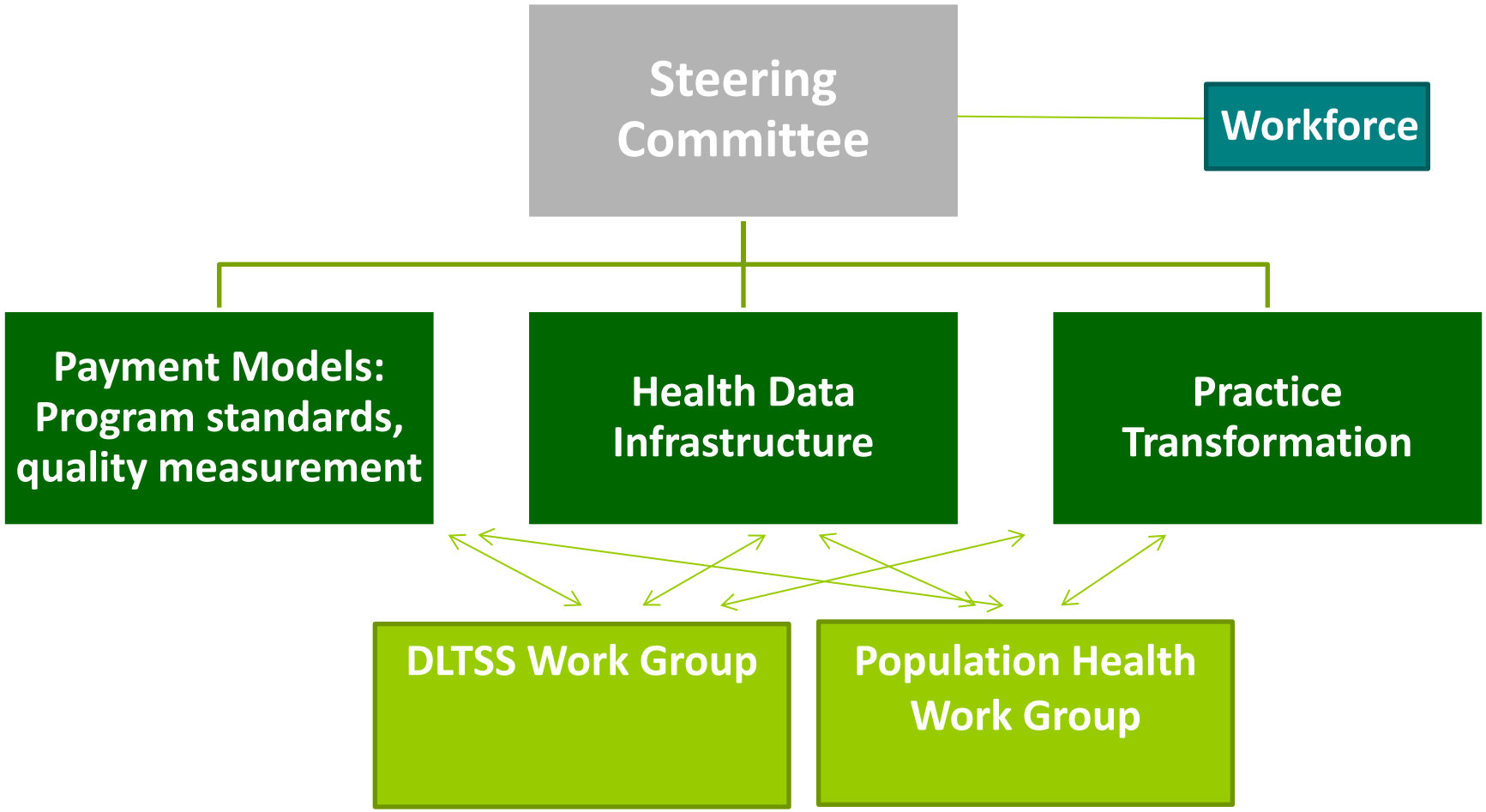
Georgia Maheras, Project Director

September 28, 2015

Vermont's SIM Focus Areas and Goal:



New Organization Structure:



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

Attachment 5a: Accountable Communities for Health Learning System Proposal

September 21, 2015

ACCOUNTABLE COMMUNITIES FOR HEALTH LEARNING SYSTEM PROPOSAL

Defining Accountable Communities for Health

- **Accountable Community for Health (ACH):** "An aspirational model—accountable for the health and well-being of the entire population in its defined geographic area and not limited to a defined group of patients. Population health outcomes are understood to be the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, economic circumstances and environmental factors. An ACH supports the integration of high-quality medical care, mental and behavioral health services, and social services (governmental and non-governmental) for those in need of care. It also supports community-wide prevention efforts across its defined geographic area to reduce disparities in the distribution of health and wellness."

Background

- VHCIP contracted with the Prevention Institute, a nationally recognized non-profit based in Oakland, to explore the ACH concept, identify communities in Vermont and nationwide that are early leaders in this field, and develop recommendations to support Vermont in moving toward this model.
  - Report, "Accountable Communities for Health: Opportunities and Recommendations" (July 2015)
  - Prevention Institute also presented findings and recommendations to the Population Health Work Group; Tracy Dolan presented them to the Steering Committee in August.

Key Concepts

- Engages a **broad set of partners outside of healthcare** to improve overall population health;
- **Brings together major medical care, mental and behavioral and social services**, across a geographic area, and requires them to operate as partners rather than competitors while also connecting systems set up to integrate/coordinate services for individuals with community-wide prevention efforts;
- Focuses on the **health of all residents in a geographic area** rather than just a patient panel; and
- Identifies multiple strands of resources that can be applied to ACH-defined objectives that **explore the potential for redirecting savings from healthcare costs** in order to sustain collaborative efforts.

Core Elements of the ACH Model

1. Mission
2. Multi-Sectoral Partnership
3. Integrator Organization
4. Governance
5. Data and Indicators
6. Strategy and Implementation
7. Community Member Engagement
8. Communications
9. Sustainable Funding

Accountable Communities for Health Learning System

- **Goal:** Explore this concept with interested communities to support them in building Accountable Health Communities from the ground up.
  - Communities will learn with and from one another and from national innovators;
  - Identify the practical steps and developmental stages in creating an Accountable Community for Health; and
  - Inform the development of necessary state-level policy and guidance to support regional efforts.

Accountable Communities for Health Learning System

- Modeled after the Integrated Communities Care Management Learning Collaborative, which has had high community interest and engagement.
  - 12-month project, with 3-month planning/design phase
  - Combination of full-day in-person learning sessions; webinars to reinforce concepts and discuss progress and challenges; and local facilitation to support ongoing community-level work.
    - Quarterly **learning sessions** and **webinars** would engage national experts as faculty.
    - Ongoing **facilitative support** will help communities pull together local leadership; identify potential integrators; review existing data and systems; and determine opportunities for increased coordination/connection.

Accountable Communities for Health Learning System

- Community interest is high
  - Six community efforts in Vermont were profiled for the Prevention Institute's report:
    - Rise VT (Franklin and Grand Isle Counties)
    - St. Johnsbury Collective Impact (Caledonia and Southern Essex Counties)
    - Environment Community Opportunity Sustainability (Chittenden County)
    - Windsor Health Service Area Accountable Care Community for Health (Windsor County)
    - ReThink Health Upper Connecticut River Valley (Upper Valley)
    - Accountable Community (Windham County)
  - Additional communities have expressed interest in continued engagement and support

Proposed Budget

Proposed budget draws from Integrated Communities Care Management Learning Collaborative budget estimates and actual Cohort 1 costs.

- Planning and Curriculum Design (Contractual): $50,000
- Faculty for Learning Sessions/Webinars (Other): $40,000
- Facility Fees for Learning Sessions (Other): $16,000
- Logistical Support (Contractual): $25,000
- Supplies: $1,000
- Community Facilitators: $100,000
- **Estimated Total: $232,000**

QUESTIONS?

Attachment 5b: Steering Committee Financial Proposals, September 28, 2015

Financial Proposals

September 28, 2015

Georgia Maheras, JD

Project Director

AGENDA

1. Population Health Work Group: Accountable Communities for Health Learning System

Population Health Work Group: Accountable Communities for Health Learning System

- Request from the Work Group: Recommend approval of proposed Accountable Communities for Health Learning System.
  - Project timeline: 3-month planning and design phase (October-December 2015); 12-month learning system (January-December 2016)
  - Project estimated cost: $232,000
  - Project Summary: Collaborative peer learning opportunity for Vermont communities interested in becoming Accountable Communities for Health.
  - Budget line item: *Advanced Analytics (Type 1b PHWG)*
- The Population Health Work Group is responsible for recommending ways in which the project could better coordinate health improvement activities and more directly impact population health.

Scope of Work

- This project would create a collaborative peer learning opportunity for Vermont communities interested in becoming Accountable Communities for Health.
  - Building on previous Prevention Institute contract, "Accountable Communities for Health: Opportunities and Recommendations"
  - Provide support and learning opportunity for communities, develop statewide guidance and recommendations

- **Learning System Structure**: Builds on framework of Integrated Communities Care Management Learning Collaborative.
  - Quarterly: Full-day in-person meetings with participating communities and national expert faculty
  - Quarterly: Webinars for participating communities with local or national faculty
  - Ongoing: Meetings within communities, supported by facilitators

For Steering Committee Consideration

- Is the recommendation consistent with the goals and objectives of the grant?
  - Yes. VHCIP's Operational Plan outlines the following tasks:

Population Health Work Group

- This group will examine current population health improvement efforts administered through the Department of Health, the Blueprint for Health, local governments, employers, hospitals, accountable care organizations, FQHCs, and other provider and payer entities. The group will examine these initiatives and VHCIP initiatives for their potential impact on the health of Vermonters 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; and
  - Expansion of the scope of delivery models within the scope of VHCIP or pre-existing state initiatives to include population health.

For Steering Committee Consideration

- Is the recommendation inconsistent with any other policy or funding priority that has been put in place within the VCHIP project?
  - No; it builds on the Prevention Institute Accountable Communities for Health contract and the Integrated Care Management Learning Collaborative.
- Has the recommendation been reviewed by all appropriate Work Groups?
  - Yes. The Population Health Work Group has reviewed this proposal, though the Work Group did not vote on this.