Vermont Health Care Innovation Project
Steering Committee Meeting Agenda

June 29, 2016, 1:00pm-3:00pm

4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action?
1	1:00-1:10pm	Welcome and Introductions; Minutes Approval	Steven Costantino & Al Gobeille	Attachment 1: Draft June 29, 2016, Meeting Minutes	Approval of Minutes
2	1:10-1:25pm	Core Team Update • Performance Period 2 Annual Report • Upcoming Budget Decisions • Year 2 SSP Results Timeline *Public comment*	Lawrence Miller & Georgia Maheras		
3	1:25-1:35pm	Brief VHCIP Sustainability Plan Update *Public comment*	Georgia Maheras & Sarah Kinsler	Attachment 3a: Sustainability Sub-Group Roster Attachment 3b: Sustainability Timeline	
4	1:35-2:55pm	VHCIP Evaluation Update	Kate O'Neill	Attachment 4: VHCIP Evaluation Update VHCIP State-Led Evaluation Final Environmental Scan – August 2016	
5	2:55-3:00pm	Next Steps, Wrap-Up and Future Meeting Schedule	Steven Costantino & Al Gobeille	Next Meeting: Wednesday, October 26, 2016, 1:00-3:00pm, Montpelier	

Attachment 1 - Steering Committee Minutes - 6.29.16

Vermont Health Care Innovation Project
Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, June 29, 2016, 1:00pm-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Minutes Approval	Georgia Maheras called the meeting to order at 1:03PM. Chairman Gobeille also chairing. A quorum was not present.	
2. Core Team Update	Project Update: • Georgia Maheras announced that we just received notification of Year 3 budget approval from our federal partners. We received notification of Year 2 budget approvals early last week. • Sustainability planning begins in July. Sustainability will be on agendas through the end of the year.	
3. VHCIP Work group plans	Georgia Maheras presented work group agendas for July-December 2016 (Attachment 3). The group discussed the following: • Kim Fitzgerald commented she liked seeing the agendas in their entirety for the year. Georgia explained that long-term agenda planning and development is standard, but has not been well-shared in the past. • July: Anticipated vote on connectivity targets. • October: Work groups review Population Health Plan. • November: Work groups review Sustainability Plan.	
4. Frail Elders update	Cy Jordan and the Frail Elders Project team presented on project findings. • For more information and full reports, please see Frail Elders Project website: www.vmsfoundation.org/elders. • The Green Mountain Care Board challenged Cy's team to find actionable projects from their initial whitepapers. The Lab Collaboration grew out of hospital paper. • The team determined that the target population is broader than only frail elders. The team worked to identify 'pre-frail' characteristics with an ultimate focus on what is most important to patients.	

Agenda Item	Discussion	Next Steps

	• The study includes care providers (beyond hospital) and was a deep dive into two communities: Little Rivers service area (Bradford to St. Johnsbury, Wells River), and Gifford service area.
	  o Julie Tessler asked who made up the providers in the study. Erica Garfin responded the providers from the two service areas included adult day programs, VNAs, and Area Agencies on Aging. She hopes future policy will be guided by the project findings.
	• Structured interviews, focus groups, literature search, provider interviews, policy/SMEs, and Medicare data were used to create quantifiable benchmarks.
	• Research was performed January-May. The research was compiled from May-June and four framing questions were identified: Who are our high-risk seniors? How will we measure success? How will we care for them? How will we pay for their care?
	• Steve Kappel provided an overview of the survey data. Finding quantitative datasets to support quantitative data was a challenge:
	  1. Claims data could not be used because there is no 'result' or 'contributing determinants' to coincide with it. National survey data couldn't be used directly so he merged Medicare Current Beneficiary Survey (MCBS) data with Vermont Household Health Insurance Survey data and aligned age, poverty level, dual status, & self-reported status. Counts in Vermont of particular illnesses were also noted. This created a baseline for comparison to other states regarding: functional limitations, long-term functional limitation, chronic conditions, and prevalence of chronic conditions.
	  2. Dale Hackett asked if there was a correlation between increasing limited mobility and substance abuse/need. Steve responded that this has not yet been investigated. Cy clarified that in these cases, typically substance abuse is actually 'unintentional' misuse.
	  3. Cy clarified that this had to be a benchmark analysis (rather than pre- and post-treatment results, since this population is not improving). Steve said that the goal was to monitor a slow slope of decline (rather than slope elimination). Cy also pointed out this benchmark slope comparison would need to age with each group.
	• Rick Barnett asked how mental health and substance abuse factored into the study since treatment services are generally not covered by Medicare? Erica responded there is a huge impact but she had no direct input on correlation. She said there was evidence of this impact in the two areas: Licensed psychologist services are reimbursed by Medicare, but geriatric psychiatric evaluations are hard to get due limited provider supply. One region added a geriatric mental health provider to their staff, which has resulted in improved access. Cy noted that the difference between patient need and total cost/utilization is not a direct correlation.
	• The study followed five different arms of research and reports with 10 focus questions.	

Agenda Item	Discussion	Next Steps
	1. Who are our high risk seniors? Social determinants of health have a significant impact. Functional ability vs physical health. Originally assumed a screening would determine this, but that did not turn out to be the best approach. 2. How will we measure success? There is no one index (more of a balanced scorecard of factors) – this requires benchmarks by age group since the target population is going to decline. The project team concluded that identifying participants on a steeper slope of decline as an indicator of problems. 3. How to care for them? Primary care team, multi-disciplinary, integrated care coordinator. ▪ Peter Cobb asked if this included services that are not currently covered (specifically home visit services)? Cy replied that there are some home visit items that are covered, but not all (such as services performed by community care worker, nurse). ▪ Kim Fitzgerald asked how was SASH involved. Cy and Erica replied that the project team interviewed a SASH coordinator. She said the response from primary care providers was that they wanted to see patients in their own home instead of a hospital environment. Ex: Practice nurse could not go into patient's homes. What are the needs of the seniors, where are mismatch, how can we advocate? ▪ Julie Tessler asked for more information about the expertise of the care coordinator. Randy Messier responded that this varies from practice to practice (could be nurses, health care practitioner, social worker) depending on patient need. Care coordinators have the ability to help the care team to identify the right person for the care visit and help with patient follow-up. Different models have different types of people in this role. ▪ Judy Peterson noted that Vermont is unique since every single citizen has access for NFP home health services. Due to the scarcity of resources, should we simply augment the model we currently have instead of adopting a new model? Perhaps invest in home care network for services Medicare won't pay for? Cy commented that Josh Plavin will provide examples later in presentation. Josh added that this study doesn't replace what is already occurring but should be leveraged. ▪ Dale Hackett asked about transportation. Erica replied that transportation was identified as a major problem. Josh commented Vermont's infrastructure would need to support transit enhancements. ▪ Mike Hall stated that he is impressed with potential payment models, and comprehensive surveys to identify best practice. However, he commented that the integrated team description seems overly clinical and doesn't anticipate integration with delivery systems in the community. He cautioned that communities should leverage existing resources and emphasize collaboration (ex: partnering with existing mental health providers instead of hiring their own). He expressed concerned that care diversity was still be controlled by the primary care organization. Cy explained that collaborative	

Agenda Item	Discussion	Next Steps
	measures need to come before a new model. This will be an iterative process and these will be tests of change. Josh agreed that we cannot use history as a barometer moving forward. We need to recognize community needs and leverage services/resources that are already available. Randy agreed with this sentiment, and commented that we must build a medical home neighborhood, but we need interorganizational communication. Part of the work is to understand what levels of care are out there now. Cy commented that this study was originally about primary care so that flavors the presentation, but the data is based on needs. ▪ Video: Available at www.vmsfoundation.org/elders. ▪ Cy- these are examples of sustainable practices, not necessarily a recommendation. 4. How to pay for it? Josh: this priority should be dependent upon the needs of the seniors.	
5. Sustainability Preview- Timeline and Contract	Georgia Maheras led a discussion on the timeline for Sustainability Plan development: • The initial draft is due in November 2016. An updated draft incorporating stakeholder and work group feedback will be delivered in March 2017. The final draft will be delivered by the contractor to the State in mid-June 2017; the final draft is due to CMMI by June 30, 2017. o This timeline incorporates time for review and input from the new Governor's administration which will begin in January. o We will convene an advisory group on early outline drafts, contractor support, etc. This team is invited to participate – let Georgia know. Dale Hackett expressed his interest. o Dale commented that when the original SIM application was submitted, 3 major initiatives were outlined, and asked which of those initiatives and projects are being sustained, and which are ending. Georgia responded that sustainability will be based on what worked, though o Kim Fitzgerald asked how project delays impact sustainability planning. Georgia clarified that the state budget process is different from the SIM budget process. If there are timeline impacts, they will be handled via budget adjustment. o Dale asked how legislative crossover in March will impact sustainability planning. Georgia responded that feedback has been clear on what works and what doesn't; legislative crossover is unlikely to impact sustainability planning. • The apparent awardee for the sustainability planning support contract is Meyers & Stouffer.	
6. Public Comment, Next Steps, Wrap Up and Future Meeting Schedule	There was no additional public comment. **Next Meeting:** Wednesday, July 27, 2016, 1:00pm-3:00, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Steering Committee Member List

Minutes

Member		Member Alternate			Wednesday, June 29, 2016
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓				AHS - DAIL
Rick	Barnett ✓				Vermont Psychological Association
Bob	Bick				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
Al	Gobeille ✓				GMCB
Lynn	Guillett ✓				Dartmouth Hitchcock
Dale	Hackett ✓				Consumer Representative

Minutes

Mike	Hall ✓	Angela	Smith-Dieng		Champlain Valley Area Agency on Aging / COVE
Paul	Harrington ✓				Vermont Medical Society
Selina	Hickman	Shawn	Skafelstad		AHS - DVHA
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
Jill	Olson	Mike	DelTrecco		Vermont Association of Hospital and Health Systems
Mary Val	Palumbo ✓				University of Vermont
Ed	Paquin ✓				Disability Rights Vermont
Judy	Peterson ✓				Visiting Nurse Association of Chittenden and Grand Isle Counties
Allan	Ramsay ✓				GMCB
Frank	Reed	Jaskanwar	Batra		AHS - DMH
		Kathy	Nancy ✓		
Paul	Reiss				HealthFirst/Accountable Care Coalition of the Green Mountains
Simone	Rueschemeyer				Vermont Care Network

Minutes

Howard	Schapiro				University of Vermont Medical Group Practice
Julie	Tessler ✓	Marlys	Waller		Vermont Council of Developmental and Mental Health Services
Sharon	Winn				Bi-State Primary Care
	35		9		

16
17 NO Q.

	Meeting Name:	VHCIP Steering Committee Meeting	
	Date of Meeting:	June 29, 2016	
	First Name	Last Name	
1	Susan	Aranoff	not
2	Ena	Backus	
3	Melissa	Bailey	
4	Heidi	Banks	
5	Rick	Barnett	here
6	Susan	Barrett	
7	Jaskanwar	Batra	
8	Bob	Bick	
9	Martha	Buck	
10	Kristina	Choquette	
11	Sarah	Clark	
12	Peter	Cobb	here
13	Lori	Collins	
14	Amy	Coonradt	
15	Alicia	Cooper	
16	Steven	Costantino	
17	Elizabeth	Cote	
18	Diane	Cummings	here
19	Mike	DelTrecco	
20	Tracy	Dolan	
21	Richard	Donahey	
22	Susan	Donegan	
23	John	Evans	
24	Jamie	Fisher	

25	Kim	Fitzgerald	here
26	Katie	Fitzpatrick	
27	Erin	Flynn	
28	Aaron	French	
29	Catherine	Fulton	here
30	Joyce	Gallimore	
31	Lucie	Garand	
32	Christine	Geiler	
33	Al	Gobeille	phone
34	Lynn	Guillett	
35	Dale	Hackett	here
36	Mike	Hall	here
37	Paul	Harrington	here
38	Carrie	Hathaway	
39	Carolynn	Hatin	
40	Karen	Hein	
41	Selina	Hickman	
42	Debbie	Ingram	
43	Craig	Jones	
44	Kate	Jones	
45	Pat	Jones	phone
46	Joelle	Judge	here
47	Trinka	Kerr	phone
48	Sarah	Kinsler	
49	Heidi	Klein	
50	Leah	Korce	phone
51	Andrew	Laing	

52	Kelly	Lange	
53	Deborah	Lisi-Baker	
54	Sam	Liss	
55	Vicki	Loner	
56	Robin	Lunge	
57	Carole	Magoffin	
58	Georgia	Maheras	here
59	Jackie	Majoros	
60	Carol	Maloney	
61	David	Martini	here
62	Madeleine	Mongan	
63	Todd	Moore	
64	Jill	Olson	
65	Brian	Otley	
66	Dawn	O'Toole	
67	Mary Val	Palumbo	here
68	Ed	Paquin	here
69	Annie	Paumgarten	here
70	Judy	Peterson	here
71	Anne	Petrow	
72	Luann	Poirer	
73	Allan	Ramsay	here
74	Frank	Reed	
75	Paul	Reiss	
76	Simone	Rueschemeyer	
77	Jenney	Samuelson	
78	Larry	Sandage	

79	Suzanne	Santarcangelo	
80	Howard	Schapiro	
81	Julia	Shaw	
82	Shawn	Skafelstad	
83	Angela	Smith-Dieng	
84	Holly	Stone	here
85	Beth	Tanzman	
86	Julie	Tessler	here
87	Beth	Waldman	
88	Marlys	Waller	
89	Julie	Wasserman	here
90	Kendall	West	
91	James	Westrich	
92	Sharon	Winn	
93	David	Yacovone	

Steve Kappel - Policy Integrity - Frail Elders
Josh Plavin - BOSUT - Frail Elders
Erica Garfin - Frail Elders
Randy Messier - Frail Elders

Attachment 3a - SIM Sustainability Sub-Group Roster

SIM Sustainability Sub-Group Membership List

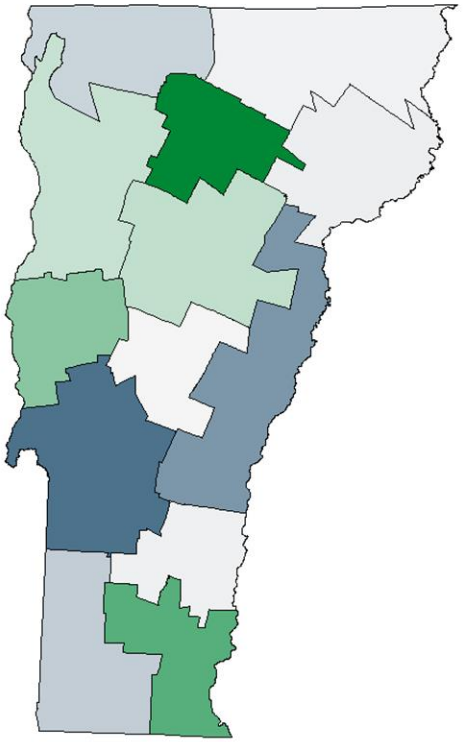
- Lawrence Miller (Sub-Group Chair; Core Team Chair)
- Paul Bengtson (Core Team Member)
- Steve Voigt (Core Team Member)
- Cathy Fulton (Payment Model Design and Implementation Work Group Co-Chair)
- Laural Ruggles (Practice Transformation Work Group Co-Chair)
- Simone Rueschemeyer (Health Data Infrastructure Work Group Co-Chair)
- Deborah Lisi-Baker (DLTSS Work Group Co-Chair)
- Karen Hein (Population Health Work Group Co-Chair)
- Mary-Val Palumbo (Health Care Workforce Work Group Co-Chair)
- Andrew Garland (Blue Cross Blue Shield of Vermont)
- Lila Richardson (Office of the Health Care Advocate)
- Todd Moore or Vicki Loner (OneCare)
- Kate Simmons (CHAC)
- Holly Lane (Health*first*)
- Paul Harrington (Vermont Medical Society)
- Dale Hackett (consumer; member of PMDI, PT, HDI, DLTSS, and Population Health Work Groups)
- Stefani Hartsfield (Cathedral Square; HDI Work Group member)
- Kim Fitzgerald (Cathedral Square; member of Steering Committee and PMDI Work Group)
- Susan Barrett (Green Mountain Care Board)
- Staff: Georgia Maheras and Sarah Kinsler
- Myers & Stauffer: Alicia Jansen, Venesa Day, Terri Branning

Attachment 3b - SIM Sustainability Timeline

SIM Sustainability Timeline

September-December 2016	SIM Sustainability Sub-Group informs Plan outline and draft
September 15, 2016	Finalize Sustainability Plan outline
Late October 2016	Draft Plan submitted to State
November 2016	SIM Work Groups/Steering Committee review and comment
December 2016	SIM Core Team first review and comment
January-March 2017	Revisions based on Sub-Group, Work Group, Steering Committee, Core Team comments
March 2017	Revised draft Plan submitted to State
Spring 2017	Core Team approval of final Plan
June 2017	Final Sustainability Plan submitted to CMMI

Attachment 4 - Evaluation Presentation



VHCIP State-Led Evaluation

Design – Progress – Next Steps

VERMONT
GREEN MOUNTAIN CARE BOARD

Major Areas of Work

- Conduct a State-led Evaluation Study
- Provide Evaluation Findings
- Create and Assist in Implementing a Learning Dissemination Plan

Three Research Areas

- Care Integration
- Use of Clinical and Economic Data to Promote Value-Based Care
- Payment and Delivery System Reform

Evaluation Components

Environmental Scan

Site Visits

Focus Groups

Provider Surveys

Learning Dissemination Plan

Progress

Environmental Scan

- SIM Document review
- Inventory secondary data sources
- Site visit selection
- Literature review
- Key Informant Interviews

ENVIRONMENTAL SCAN APPROACH

1 Initial Document Review

Review Vermont SIM Materials

1. *Inventory documents and sources*
2. *Assess feasibility of secondary data*
3. *Develop foundational understanding*

2 Draft Approach

Research Questions
Identify by Technical Area

Metrics
Secondary data - to Quantify SIM Impact

Site Selection Matrix
Key Characteristics

Inventory Sources
Documents to be reviewed and KIIs

3 Test with Client and Key Informants

Draft Environmental Scan Workplan

Share with VHCIP, conduct key informant interviews to assess feasibility of approach

Finalize Workplan

4 Conduct Environmental Scan

Create Database of Secondary Data

Conduct KII Interviews

Complete site selection matrix

Review National Literature (benchmarks)

Environmental Scan Report

Progress

Site Visits

- Development of site visit guides
  - General/CC
  - Clinical
  - Care Coordination
  - Subgrants

Site visit guides were tailored for the specific audience and site visit type focusing on the three research areas.

Sub-grant site visit guides utilized REAIM Framework: Reach, Effectiveness, Adoption, Implementation, Maintenance

Progress

Pre-Site Visit Meetings and Site Visits Completed as of 9/21/16

- Middlebury – UCC and Integrated Family Services
- Bennington - UCC and Clinicians
- Upper Valley UCC
- Windsor UCC
- Central Vermont – SBIRT and UCC
- VPQHC
- VMS Foundation
- St. Johnsbury
- Newport
- Healthfirst
- CHAC
- OneCare
- WRJ Family Practice

Progress

Focus Groups: Understanding beneficiary experience with care coordination

- Two focus groups with beneficiaries targeted in learning collaborative – Central VT and St. Johnsbury
- One focus group targeting participants of Integrated Family Services – Middlebury
- One focus group targeting older Vermonters participating in care coordination – Windsor or Rutland – TBD
- One focus group targeting Vermonters with a disability participating in care coordination – Windsor or Rutland - TBD

Progress

Focus Groups

- Guides developed
- Outreach flyers developed
- Outreach to sites initiated
- Financial incentive, transportation, dependent care and other facilitating support

Progress

Provider Surveys

- Physicians, Advanced Practice Professionals
- Care Coordinators, Mental Health Professionals, Additional Community and Supportive Providers

Focus on Core Research Areas

- Additional inquiry to how three areas support system and service integration
- Confirm/Disconfirm qualitative findings
- Quantify qualitative findings

Progress

Learning Dissemination Plan

- Tailor evaluation findings and evaluation themes relevant for specific audiences
  - Webinars
  - Issue Briefs
  - Non-technical Report Summaries
  - White Papers
  - Blog Posts
  - National Conferences
  - Discussion Sessions

Progress

Learning Dissemination Plan

- Inventory of Existing Communication Channels, Tools and Frequencies, Gatekeepers and Audiences
- Draft Learning Dissemination Plan Completed – to be updated with final evaluation findings

Preliminary Themes

Vision: Vision of health care reform not commonly understood across all organizational levels (Executive management to front line staff).

Goal Alignment: while patient goals and reform goals are aligned, the perception of cost driven reform prevails.

Roles and Responsibilities: Data, data analytics, practice transformation (QI) have multiple players (ACOs, Blueprint, VMS, VPQHC, VITL, State, VCHIP). Appearance of siloed efforts when coordinated integrated approach necessary.

Preliminary Themes

Uncertainty: Impacts willingness to invest in change and transformation activities.

High value activities: UCCs, Blueprint, care coordinator funding, SIM-funded trainings, and collaboratives are all seen as very helpful. There is concern for how these efforts will continue post SIM.

Relationship building then structure: Value of developing relationships before instituting structural changes such as through collaboratives. Includes identification of formal or informal leadership and developing a shared culture of cooperation.

Preliminary Themes

State Standardization and Local Customization: Value in the presence of a structure that provides guiding principles to accomplish health reform work and yet allows for local leadership, context and decision making.

Community Scale: Communities that are smaller in size feel that they have an advantage in developing their UCC and conducting care coordination activities.

Preliminary Themes

Learning Dissemination and Gathering Feedback: Additional strategies to share information and gather feedback from those on the front lines could be helpful.

Provider Involvement: Building physician and non-physician leadership and developing a structure for working together towards common goals are strategies of improving the acceptability and validity of non-clinical efforts towards health care reform and community health improvement. The UCCs were often seen as a way to promote leadership but not as effective or consistent throughout the state.

Preliminary Themes

Infrastructure Development: Continue to develop and enhance the existing capacity and infrastructure for healthcare reform. Do better and more of what they are currently doing rather than adopting new direction or new initiatives.

Transparency: Improve transparency of payment reform and investment of shared savings.

Payment Strategies: Advance bundled payments and global budgets.

Preliminary Themes

Delivery System Redesign: Shared savings has increased redesign efforts including review of data, development of common protocols, identify and mobilize quality improvement support internally or through external sources and further system and partner integration (extent and success in this area varied).

Policy and Payment Barriers: Lack of all payer participation and mix of fee for service and shared savings creates discord within practices and systems.

Preliminary Themes

Care Coordination Resources: More resources/care managers improves care delivery as they are able to avoid redundancy and confusion around roles.

Measurements: Reduce burden of and align data requested.

Data Infrastructure Burden: Too many different places to go for needed data.

View on Data: To date, a consistent view is not emerging on the value of Blueprint data sheets, VITL, ACO data and the use of organization's own EHR.

Preliminary Themes

Data Standardization: Efforts valued, continue.

System Compatibility: Plan data systems for future integration and exchange.

Next Steps

Refine approach to site visits, interviews and survey:

- What themes are missing that might be evident to Steering Committee and SIM leadership
- Confirm and disconfirm themes
- Refine research questions to further qualify or understand themes
- Refine survey content – quantify or bring stronger voice to preliminary findings, confirm/disconfirm

Discussion