

***Vermont Health Care Innovation Project  
Care Models and Care Management Work Group Status Report  
April 2015***

Date: May 1, 2015  
Co-Chairs: Bea Grause & Nancy Eldridge  
Staff: Pat Jones & Erin Flynn

*The Care Models and Care Management Work Group meeting was held on April 14<sup>th</sup>, 2015.*

**1) Work Group updates this month:**

**ACO Care Management Standards:** At its April 16<sup>th</sup> meeting, the Green Mountain Care Board voted to adopt the ACO care management standards for inclusion in the existing pilot standards for the Commercial and Medicaid ACO Shared Savings Programs.

**Regional Blueprint/ACO Committees:** The work group received a progress update from Blueprint and ACO representatives regarding the Unified Community Collaboratives (UCCs). Miriam Sheehy from OneCare Vermont presented a chart showing the status of each regional group's charter, consumer representation, priority areas, and participants. Patrick Flood described the work of the UCC in the St. Johnsbury region.

**Integrated Communities Care Management Learning Collaborative:**

- April and May learning collaborative events include a bi-monthly webinar on April 15<sup>th</sup> with community presentations of case studies with guidance from Luran Hardin (the expert faculty member from the March 10<sup>th</sup> learning session), and an all-day in-person learning session featuring Jeanne McAllister from the University of Indiana on May 19<sup>th</sup>.
- The Work Group received an update on coordination with the DLSS Work Group on the learning collaborative, and on funding for and plans by the DLSS Work Group to develop materials and curriculum specific to care management for people living with disabilities, to augment the planned core competency training for front line care managers.
- The Work Group received a more detailed presentation (including budget information) on the recommended expansion of the learning collaborative to interested communities. The Work Group voted to recommend expansion of the learning collaborative as presented.

**Presentation from VNAs of Vermont, AAAs of Vermont, and Vermont Care Partners:**

Peter Cobb from the VNAs of Vermont, Mike Hall from Champlain Valley Area on Aging, Patrick Flood from Northern Counties Health Care, and Melissa Bailey from Vermont Care Partners presented information on services provided by their member agencies and ways in which they work together and with other service providers, and responded to questions from Work Group members.

**2) Planned accomplishments for next month/future:** Planned accomplishments for the next two months include: 1)Continue with plans to expand the learning collaborative to all interested communities, pending Core Team approval; 2)Continue to implement the current round of the integrated communities learning collaborative, including planning and preparation for the upcoming

May learning session and core competency training for front line care managers; 3)Coordinate with the DLSS Work Group on core competency training; 4)Continue to track progress of the UCCs, and ensure alignment between the learning collaborative and the UCCs; 5)Summarize gaps, redundancies, and opportunities for coordination, as identified by organizations that presented to the Work Group and information from the Care Management Inventory Survey; 6)Continue to explore areas of overlap and potential collaboration with the Population Health and DLSS Work Groups.

**3) Issues/risks that need to be addressed:**

- Ensuring continued success, engagement and progress on the Integrated Communities Care Management Learning Collaborative, with wide representation from medical, social, and community organizations in each pilot community.
- Continuing to identify areas of overlap and linkages with other work groups.
- Staying on track to identify and support care models/care management that address Vermont's goals.

**Vermont Health Care Innovation Project**  
**DLTSS Work Group Status Report**  
**April 2015**

Date: April 30, 2015

Co-Chairs: Deborah Lisi-Baker & Judy Peterson

Staff: Julie Wasserman & Erin Flynn

*The DLTSS Work Group meeting was held on April 30, 2015.*

**1) Work Group Project updates this month:**

The DLTSS Work Group had a robust conversation about the emerging field of home and community-based quality and performance measures. CMS is leading the way as is the National Quality Forum. Work Group members stressed the importance of developing home and community-based quality and performance measures especially in light of Vermont's pursuit of an All-Payer Waiver and accompanying payment reform initiatives. If hospitals are expected to achieve positive outcomes and meet performance measures, money will need to flow across the continuum of care (both medical and DLTSS). This discussion focused on the entire system not just the performance of ACOs.

The Work Group received an update on the collaborative efforts between the DLTSS and CMCM Work Groups on the Learning Collaborative. The goal of the Learning Collaborative is to improve integration of care management activities for at-risk people, and provide learning opportunities for best practice care management in Vermont pilot communities. In an effort to improve quality of care and health outcomes for people with disabilities, five "Disability Awareness Briefs" are being developed: Disability Competency for Providers, Disability Competency for Care Managers, Cultural Competency, Accessibility, and Universal Design. These Briefs initially will be utilized to develop curricula for training care management professionals within the Learning Collaborative, but also may be utilized to develop curricula for interested providers and care managers not directly involved in the Care Management Learning Collaborative.

The Northeast Kingdom "Duals" Project, recipient of a VHCIP provider grant, shared their successes, challenges and vision for the future. This project is a person-centered, person-directed approach to working with high need dually eligible individuals to develop and implement a plan of service that is responsive to the individual's needs and priorities. Hallmarks of this initiative are: significant collaboration among the providers, a lead care manager, shared plans of care, a health coach who makes home visits, and the use of flexible funds to pay for needed services not covered by Medicare or Medicaid. DLTSS Work Group participants advocated for "flexible funding" in additional sites across Vermont.

**2) Planned accomplishments for next month/future:**

- Disability-Specific Core Competencies for the CM/CM Learning Collaborative: Presentation of "Disability Awareness Briefs"
- Payment Models Work Group presentation
- DAIL presentation on its plan and process for public input regarding compliance with new Federal Guidelines on Home and Community-based Services.

**Vermont Health Care Innovation Project  
HIE/HIT Work Group Status Report  
April 2015**

Date: April 30, 2015

Co-Chairs: Simone Rueschemeyer & Brian Otley

Staff: Steven Maier & Richard Slusky

*The HIE/HIT Work Group meeting was held on April 30.*

**1) Work Group Project updates this month:**

- The ACTT projects:
  - Vermont Care Network (VCN) Data Repository project:
    - Proposals have been received and are in review
  - VCN Data Quality project work is proceeding with multiple interviews and group meetings
  - The DLTSS Data Quality project has completed its final report. The report is in review and its findings will be communicated shortly
  - The Universal Transfer Protocol (UTP) project:
    - The UTP Project re-scoped and aligned with Shared Care Plan work in process under the Learning Collaboratives. The new project will be broken off into its own separate project titled “SCÜP”
  - NOTE: The ACTT Program itself is no longer required to function as a unified program and will take the form of three distinct projects:
    - VCN Data Quality and Data Repository
    - DLTSS Data Quality
    - SCÜP
- Population-Based ACO Project:
  - The VITL Population Based ACO contract to include the Population-Based Gap Remediation scope of work is in its approval process.
  - Event Notification: A vendor has been selected to pilot the solution. The project has reached agreement on 3 pilot sites.
- The Stone Environmental Data Inventory Project has conducted interviews with individual Steering Committee members and other key stakeholders to discover additional information on data sets. A list of high priority data sets to investigate further is nearly finalized and was reviewed at the April Work Group meeting.
- The Telehealth/Telemedicine contract is in the approval process. The initial kickoff meeting was conducted on March 23<sup>rd</sup>, and a project steering committee continues to meet bi-weekly. Initial recommendations were proposed by the contractor at the April Work Group meeting.
- The Vermont Health Information Strategic Plan project has conducted multiple steering committee meetings and information gathering & interviews have begun by the vendor.

**2) Planned accomplishments for next month/future:**

- Telehealth Contract to be executed. Work will initiate based on initial recommendations
- VCN Data Repository vendor to be selected
- Planning for Year 2 based on the goals set forth in the Year 2 Work Plan
- The Stone Environmental Data Inventory Project to conduct in depth review of select data sets and begin drafting final report

3) **Issues/risks that need to be addressed:**

- None at this time

4) **Other matters:**

- None at this time

***Vermont Health Care Innovation Project  
Payment Models Work Group Status Report  
April 2015***

Date: April 28<sup>th</sup>, 2015

Co-Chairs: Don George & Andrew Garland

Staff: Kara Suter & Richard Slusky

*The Payment Models Work Group meeting was held on April 20th.*

**1) Work Group Project updates this month:**

- Alicia Cooper updated the workgroup on the activity of the Episodes of Care sub-group to date. The sub-group has now met five times, with additional meetings planned in future. The sub-group is seeking input from the larger payment models workgroup before moving forward with any recommendations.
- The workgroup reviewed all of the feedback made to date regarding the proposed Blueprint payment methodology. Workgroup members felt comfortable sending this feedback on to the Blueprint Executive Committee once all the comments were attributed to the appropriate workgroup members.
- Kara Suter presented on CMS' Next Generation ACO model. Kara discussed the key changes in this model relative to previous CMS ACO models as well as some of the higher level details of the model.

**2) Planned accomplishments for next month/future:**

- The Episodes of Care sub-group plans to review and address any feedback from the PMWG, and will return to the full work group with recommendations during an upcoming meeting.
- Staff is in the process of contacting the convening organizations working with Vermont nursing homes and rehabilitation centers participating in the Model 3 BPCI program; we hope to arrange a presentation about the program during an upcoming work group meeting.

***Vermont Health Care Innovation Project  
Population Health Work Group Status Report  
April 2015***

Date: April 30, 2015

Co-Chairs: Tracy Dolan & Karen Hein

Staff: Heidi Klein

**1) Work Group Project updates this month:**

a. Opportunities For Paying For Population Health And Prevention

The Work Group is taking the initial steps to draft a paper on opportunities for paying for population health and prevention as part of the various models within the Vermont Health Care Innovation Project.

VHCIP staff, Mandy Ciecior and Sarah Kinsler, collected information to be included in the first section of the paper that will provide a basic explanation of the current payment structures and the new models being tested through the Vermont Health Care Innovation Project.

We have submitted a technical assistance request to CMMI to assist in identifying the policy levers for paying for population health and prevention in the models being tested. This analysis will be the basis for recommendations on the opportunities for including payment of population health and community-wide prevention strategies.

The next area of exploration is related to promising financing vehicles that promote and/or enable financial investment in population health interventions. Jim Hester, project consultant, is preparing materials currently.

b. April Work Group Meeting

The focus of the meeting was to set a base level of understanding of current payment systems for health care before launching into the analysis of the payment reforms being tested and opportunities for investment in population health improvement. Alicia Cooper, Payment Reform Director on the SIM team at DVHA, presented on the payment reform landscape in Vermont and SIM's role in changing payment for population health. Alicia described the shift to value-based payment: Any system of paying for health care that emphasizes quality care and cost management; represents a shift from paying for the volume of services delivered to the value of services delivered; movement away from the fee-for-service model. She then described the payment models being tested through VHCIP and the alignment with a value-based payment system.

**2) Planned accomplishments for next month/future:**

- Finalize the work of the Prevention Institute on the Accountable Health Community model and how elements of that model are currently being realized in Vermont.

- Work with staff from the CMCM work group to discuss shared goals, interests and opportunities for integration of clinical care and population health activities in the models being tested.
- Update Population Health Plan outline and develop tasks and timeline for completion

**3) Issues/risks that need to be addressed:**

a. Shared frameworks

While there appears to be significant interest in the work of the PHWG it is clear that many of the leaders in the project do not share the same definition of population health and remain unfamiliar with the frameworks adopted by the PHWG. The PHWG definition includes the health (physical and mental) and well-being of the whole population in a geographic area.

b. Innovation Models

There is the risk that the payment and care models being tested will not include the population health frameworks adopted by the PHWG. Conversely, there is the risk that the PHWG exploration of Accountable Health Communities is not sufficiently connected to the models being tested. The Prevention Institute has been tasked with exploring existing building blocks (e.g. Blueprint and ACOs) but not with the emerging models.

c. Alignment of resources and expectations

CMS with the assistance of CDC is increasing the expectations for population health in VHCIP but the workgroup leadership is not clear on the resources that will be available to meet these new expectations. Additionally, many partners have inquired about the possibility of serving as a pilot test for an Accountable Health Community presuming there are funds available.



***Vermont Health Care Innovation Project  
Quality and Performance Measures Work Group Status Report  
April 2015***

Date: April 30, 2015

Co-Chairs: Laura Pelosi, Catherine Fulton

Staff: Pat Jones, Alicia Cooper

*The Quality and Performance Measures Work Group meeting was held on April 13, 2015.*

**1) Work Group Project updates this month:**

Updates were provided for the following items:

- The proposed Gate and Ladder methodology changes for the Year 2 Vermont Medicaid Shared Savings Program were approved by the Core Team at their April 6<sup>th</sup> meeting, after being approved by both the Payment Models Work Group and the Steering Committee.
- The Green Mountain Care Board approved a hiatus for Year 3 ACO measures. The hiatus language provides for changes or potential replacements if there are changes to measure specifications evidence-based practice guidelines, or if measures are retired by their stewards.

The work group heard a presentation from the Blueprint for Health on the use of performance measures in Blueprint-ACO Unified Community Collaboratives, and how the Collaboratives will use ACO quality results to identify opportunities for quality improvement. The proposed Pay for Performance component of the Blueprint's payment methodology was also introduced to the group.

The work group continued its review of national changes in measures that are currently being used in Vermont's ACO SSP measures set, and discussed potential replacements for measures being retired or changed. Further discussion of measures set changes will occur at the work group's May meeting.

**2) Planned accomplishments for next month/future:**

During the May meeting, the work group will continue their discussion of changes and/or replacements for the Shared Savings Programs measures that have been retired or modified. The work group will also hear a joint presentation from the ACOs about their experiences with Year 1 clinical quality measure data collection.

**3) Issues/risks that need to be addressed:**

**4) Other matters:**

Within the next several quarters, the work group may have the opportunity to provide input on the definition of "meaningful improvement" as it applies to quality performance in the GMCB-approved commercial Shared Savings Program standards. Also within the next several quarters, the Work Group may be called upon to recommend or provide input on measures for other payment models (e.g., Blueprint's proposed pay-for-performance component).

***Vermont Health Care Innovation Project  
Workforce Work Group Status Report  
April 2015***

Date: April 30, 2015

Co-Chairs: Mary Val Palumbo & Robin Lunge

Staff: Amy Coonradt

*The Health Care Work Force Work Group met on April 22, 2015.*

**1) Work Group Project updates this month:**

- The Micro-simulation Demand Modeling RFP closed for bidding on March 2, 2015, and all bids received are currently being reviewed and scored by a bid review team
- The Strategic Plan subgroup completed its initial review of the Strategic Plan and will submit its proposed changes for review at the next work group meeting.
- The work group heard a presentation from VDH on its physician survey reports. The work group discussed the format and content of the reports and provided feedback to VDH.
- The work group reviewed and provided feedback on the high level points in the Year 2 Work Plan.

**2) Planned accomplishments for next month/future:**

- The work group will hear presentations from the Population Health Work Group and Payment Models Work Group in the coming months, as well as another presentation from the Care Models and Care Management Work Group once that group's Learning Collaborative has had several more sessions.
- The work group will have the opportunity to vote on revisions to the Workforce Strategic Plan at its June meeting.

**3) Issues/risks that need to be addressed:**

- The group will explore the issue of transparency laws around professional relicensure data and surveys.