State of Vermont
Agency of Administration
Health Care Reform
109 State Street
Montpelier, Vermont 05609

REPORT TO THE VERMONT LEGISLATURE

Vermont Health Care Innovation Project Quarterly Report
Act 54 of 2015, Section 24

Submitted to
House Committees on Health Care and on Ways and Means
Senate Committees on Health and Welfare and on Finance
Health Reform Oversight Committee

Submitted by
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This report is submitted to fulfill the requirements of Act 54 of the Acts of 2015, Section 24 regarding the Vermont Health Care Innovation Project. It provides updates on activities performed by this project in Quarter 1 of 2016. Additional information about the project can be found on our project website: http://healthcareinnovation.vermont.gov.

Project Overview

The Vermont Health Care Innovation Project or VHCIP, is funded through a $45 million State Innovation Models (SIM) Model Testing grant from the federal Center for Medicare & Medicaid Innovation (CMMI). VHCIP uses SIM funds to strive towards the Triple Aim:
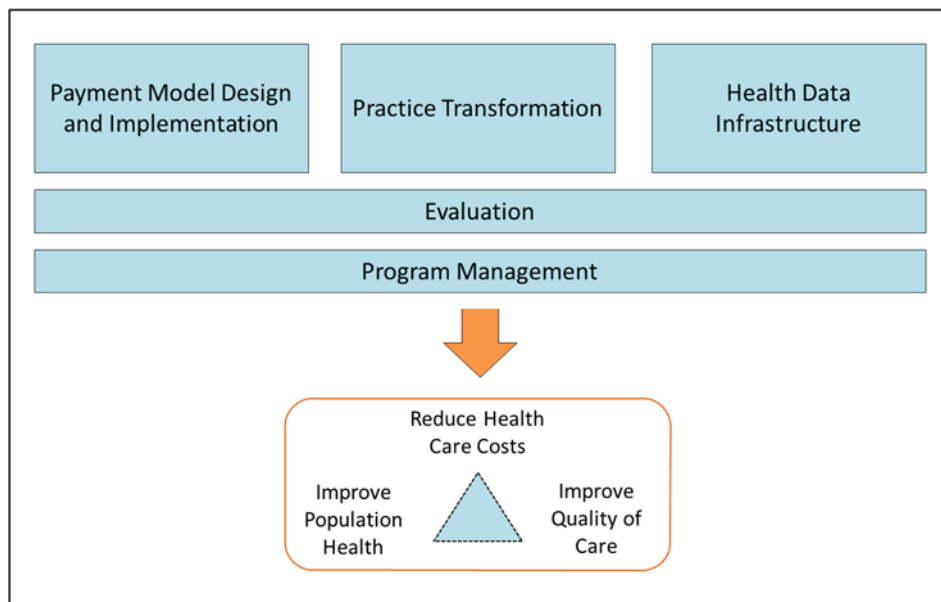
- Better care;
- Better health; and
- Lower costs.

The Triple Aim is advanced through a series of tasks that fall under five major focus areas:

- **Payment Model Design and Implementation**: Supporting creation and implementation of value-based payments for providers in Vermont across all payers.
- **Practice Transformation**: Enabling provider readiness and encouraging practice transformation to support creation of a more integrated system of care management and care coordination for Vermonters.
- **Health Data Infrastructure**: Supporting provider, payer, and State readiness to participate in alternative payment models by building an interoperable system that allows for sharing of health information to support optimal care delivery and population health management.
- **Evaluation:** Assessing whether program goals are being met.
- **Program Management and Reporting:** Ensuring an organized project.

The project's five focus areas are depicted in Figure 1 below:

Figure 1: Vermont's SIM Focus Areas

Payment Model Design and Implementation

During Quarter 1, VHCIP worked to advance implementation and planning activities across a variety of existing and proposed payment models, including: Medicaid and commercial Shared Savings Programs; Accountable Communities for Health; the All-Payer Model/Medicaid Pathway; and Medicaid Episodes of Care and Prospective Payment System for Home Health.

Medicaid and Commercial ACO Shared Savings Programs: VHCIP engaged in further analyses of Year 1 (2014) Medicaid and commercial ACO Shared Savings Program (SSP) results. DVHA and GMCB staff and contractors continued to analyze data from both SSPs to pinpoint areas of success and improvement. DVHA analyses during Quarter 1 (Q1) focused on priority areas identified by SIM stakeholders, in particular an assessment of the quality of care for beneficiaries in the Medicaid SSP receiving DLTSS specialized services; this is a continuation of work undertaken in Quarter 4 of 2015. DVHA expects to release a report detailing results in Q2 of 2016. In addition, the State formally submitted a Medicaid State Plan amendment (SPA) for Year 3 of the Medicaid SSP during Q1.

Accountable Communities for Health: During Q1, VHCIP continued work to engage communities around the state in a peer learning opportunity to explore the Accountable Communities for Health (ACH) model. An ACH works across the entire population in a defined geographic region to support the integration of medical care, mental health services, social and community services, and community wide prevention efforts. An ACH Peer Learning Laboratory for interested communities had a soft-launch in Q1 of 2016; 10 communities (regions) from around the state were accepted and will participate in the Peer Learning Laboratory. Interested communities will participate in a series of facilitated in-person and web-based learning sessions designed to support peer learning and inform State policy development. Peer Learning Laboratory curriculum will be designed by a contractor. This builds on previous work (described in the report for Quarter 3 of 2015) to identify key characteristics of an ACH; VHCIP staff are working to ensure alignment between the Peer Learning Lab and other learning opportunities currently offered to providers and community leaders on related topics (see Practice Transformation, below).

All-Payer Model and Medicaid Pathway: VHCIP continued to offer support to the All-Payer Model and Medicaid Pathway efforts in Q1. Federal and State investments are helping Vermont create a strong foundation for a statewide, all-payer, transformative delivery system model. The All-Payer Model is complemented by a newly renamed initiative known as the **Medicaid Pathway**, which includes and builds on Vermont's SIM-supported Medicaid Value-Based Purchasing efforts. Medicaid Value-Based Purchasing was an integral part of Vermont's SIM grant application, and the goal of incorporating new types of Medicaid providers into payment reform activities has been a central theme of Vermont's SIM activities. The Medicaid Pathway is a process, led by the Agency of Human Services Central Office in partnership with the Agency of Administration, that addresses payment and delivery system reforms that must happen in coordination with the All-Payer Model. This process focuses Medicaid services that are not provided exclusively (or at all) through the initial APM implementation, such as mental health, substance abuse services, and long-term services and supports. The goal is alignment of payment and delivery principles that support a more integrated system of care.

Medicaid Episodes of Care and *Prospective Payment System for Home Health:* During Quarter 1, VHCIP leadership engaged in ongoing discussions with CMMI related to two work streams, related to a Medicaid Episodes of Care (EOC) payment model and a Prospective Payment System (PPS) for Home Health. With agreement from CMMI, VHCIP leadership elected to modify both work streams.

- Work on a formal Episode of Care was suspended due to estimated episode launch date and inability to evaluate the model prior to the end of SIM. The initiative had been previously delayed; provider and stakeholder support for this work stream was never fully realized due to significant provider fatigue and concurrent competing payment reform priorities.
- Legislation was passed in May 2015 requiring that DVHA, in collaboration with the State's home health agencies, develop a prospective payment system for home health payments made by DVHA under traditional Medicaid (exclusive of waivers) to be put in place by July 1, 2016. In support of this goal, DVHA has developed five acuity groupings during 2015-early 2016 and presented them to the provider association for feedback. Providers have requested the State delay implementation of this model until July 1, 2017; there is currently pending legislation[1] to enact this change.

Practice Transformation

VHCIP continued to support implementation of practice transformation for Vermont providers during Quarter 1, including the: Integrated Communities Care Management Learning Collaborative; core competency trainings; and regional collaborations.

Integrated Communities Care Management Learning Collaborative: We continued implementation of the Integrated Communities Care Management Learning Collaborative, now active in eleven communities as of Q3 2015. The Learning Collaborative supports quality improvement and innovation in communities seeking to integrate care management across health, community, and social service organizations.

Core Competency Training: Project staff launched a series of care management and disability-specific core competency trainings for front-line health care providers in March 2016. This area of work developed out of the Integrated Communities Care Management Learning Collaborative. Interest in these trainings has significantly exceeded expectations; the program was expanded to include a fourth cohort of training sessions (3 were originally planned) due to large waiting lists for participants. Evaluations from the first training sessions were overwhelmingly positive. Trainings will continue through Q3 2016.

The Core Competency curriculum to front line staff offers comprehensive training for care coordination to a wide range of medical, social, and community service organizations in communities state-wide. The core curriculum will cover competencies related to care coordination and disability awareness. Additional training opportunities include advanced care coordination training, care coordination training for managers and supervisors, and "train the trainer" training. In total, 34 separate training opportunities will be made available to up to 240 participants state-wide. In order to ensure sustainability of training materials beyond the initial training period, training sessions will be filmed and all materials will be made available in an online format.

Regional Collaborations: VHCIP is working with Blueprint for Health staff and stakeholders to support implementation of Regional Collaborations (also known as Unified Community Collaboratives). These local structures support provider collaboration and alignment between Blueprint and ACO quality measurement, data analysis, clinical priorities, and improvement efforts. Regional Collaborations

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[1] This is proposed in the SFY17 Budget.

convene leaders from ACOs, the Blueprint, and health care/community organizations, and are now active in all Health Service Areas.

Health Data Infrastructure

During Quarter 1 VHCIP continued to plan for and make investments in health information technology (HIT) and health information exchange (HIE), including: DLTSS provider gap remediation activities and improving data quality.

DLTSS Provider Gap Remediation: In 2014 and 2015, VHCIP researched data and technology gaps impacting disability and long-term services and supports (DLTSS) providers and made recommendations for critical improvements. As a result, VHCIP staff and stakeholders engaged in planning to remediate these gaps in Q4 2015 and Q1 2016. Efforts planned for the remainder of 2016 focus on high-impact connectivity and accessibility targets with the goal of connecting Vermont's Home Health Agencies to the Vermont Health Information Exchange (VHIE). Additionally, VHCIP has distributed the DLTSS Health Information Technology Assessment remediation recommendations to DLTSS providers, consumers, and advocates, as well as other key stakeholders. Focus on the DLTSS recommendations is also incorporated into Vermont's HIT Strategic Plan.

Improving Data Quality: Our activities also continue work to improve data quality within the clinical data in the VHIE with a special focus on our designated mental health agencies. This comes in two major forms: workflow improvements at the provider office and also translation services within the VHIE.

Evaluation

All of our efforts are evaluated to ensure the processes, as well as the outcomes, work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to identify successes, ensure that we are not inadvertently causing negative unintended consequences, and expand lessons learned quickly.

State-Led Evaluation Plan Approval: VHCIP's State-Led Evaluation Plan, a required element of the SIM grant, was approved by CMMI in Q1 2016 The plan was developed in collaboration with VHCIP stakeholders.

This plan includes three categories of activity:

1. Activities performed by the self-evaluation contractor.
2. Monitoring and evaluation activities performed by SIM staff and key analytic contractors.
3. Patient experience surveys performed by Datastat.

Through the Self-Evaluation Plan, VHCIP proposes to answer research questions in three topical areas, all key to Vermont's progress towards achieving an integrated delivery system that rewards value-based care: Care Integration and Coordination; Use of Clinical and Economic Data to Promote Value-Based Care; and Payment Reform and Incentive Structures. The Self-Evaluation Plan combines a review of information on various reporting cycles to assist in programmatic decisions within the SIM Testing period, as well as inform VHCIP sustainability planning.

State-Led Evaluation Plan Implementation: As a result of changes to the State-Led Evaluation Plan and related contract scopes, State procurement guidelines required VHCIP to terminate its contract with the

existing State-Led Evaluation contractor and re-procure for the revised scope of work in Quarter 4 2015. A new state-led evaluation contractor was selected in December 2015 with a contract executed with JSI International and a state-led evaluation launch meeting held in March 2016.

For more detailed information, please refer to the attached VHCIP Project Status Reports for March 2016, which include project summaries, timelines, and other key information about each project area.

Vermont Health Care Innovation Project

In 2013, Vermont was awarded a $45 million State Innovation Models (SIM) grant from the federal Centers for Medicare and Medicaid Innovation (CMMI). The resulting effort, known as the Vermont Health Care Innovation Project (VHCIP), is working to test innovative payment and delivery system reform models throughout our state.

Vermont's payment and delivery system reforms are designed to help Vermont achieve the Triple Aim of better care, better health, and lower costs. In order to achieve this we are working to design value-based payment models for all payers, support provider readiness for increased accountability, and improve our health data infrastructure to enable all to use timely information for clinical decision-making and policy-making. A hallmark of our activities is collaboration between the public and private sectors. We are creating commitment to change and synergy between public and private cultures, policies, and behaviors.

Our work occurs in five focus areas **Payment Model Design and Implementation, Practice Transformation**, **Health Data Infrastructure**, **Evaluation,** and **Project Management**.

Payment Model Design and Implementation: Supporting creation and implementation of value-based payments for providers in Vermont across all payers.

VHCIP's payment model design activities are performed on a multi-payer basis as much as possible.

Building off of the successful launch of our patient-centered medical home efforts (the Blueprint for Health program), Vermont launched Medicaid and commercial Shared Savings ACO Programs in 2014. Nearly 60% of Vermonters are participating in these two programs, which align with the Medicare Shared Savings ACO Program. The three ACOs in Vermont include the majority of our health care providers—including many of our long-term services and supports and mental health providers.

VHCIP is also designing – and testing – various other value-based payment models intended to promote better sustainability of health care costs and higher quality. These include: pay-for-performance, episodes of care/bundled payments, prospective payment systems, and capitation.

The payment models are designed in a way that meets providers where they are: some providers are more able to accept financial risk than others. They are also designed to ensure that the payers can operationalize the new structure and the State can evaluate the programs. By establishing a path for all providers, we are phasing in reforms broadly, but responsibly.

Vermont is also exploring an all-payer model. An all-payer model is an agreement between the state and the federal government on a sustainable rate of growth for health care spending in that state; the agreement will include strict quality and performance measurement. An agreement would also include all necessary Medicare waivers, the new structure of a global commitment waiver for Medicaid, and the state's vision for the payment of providers.

Practice Transformation: Enabling provider readiness and encouraging practice transformation.

VHCIP's care delivery activities are designed to enable provider readiness to participate in alternative payment models and accept higher levels of financial risk and accountability. This area of work includes monitoring Vermont's existing

workforce, as well as designing transformation activities that support provider readiness. We have two areas of early success within this work stream: our Sub-Grant Program and the Integrated Communities Care Management Learning Collaborative.

The Sub-Grant Program supports over 15,000 Vermont providers in practice transformation and impacts over 300,000 Vermonters from all over the state.

The Integrated Communities Care Management Learning Collaborative, launched in late 2014, seeks to improve care and reduce fragmentation for at-risk Vermonters and their families by enhancing integrated care management across multi-organizational teams of health and human services providers. The first cohort of the Learning Collaborative included three communities and 90 providers, and the initiative has expanded to two new cohorts with teams of health care and service providers from 8 additional interested communities in the state. The Learning Collaborative utilizes a Plan-Do-Study-Act quality improvement model punctuated with periodic in-person and virtual learning sessions. The program will also evaluate whether the interventions improve coordination of care and services.

Health Data Infrastructure: Supporting provider, payer, and State readiness to participate in alternative payment models.

VHCIP's health data infrastructure development activities support the development of clinical, claims, and survey data systems to support alternative payment models. VHCIP is making strategic investments in clinical data systems to allow for passive quality measurement – reducing provider burden while ensuring accountability for health care quality – and to support real-time decision-making for clinicians. VHCIP is also working to strengthen Vermont's data infrastructure to support interoperability of claims and clinical data and predictive analytics.

These investments have yielded significant improvements in the quality and quantity of data flowing from providers' electronic medical records into the Vermont's Health Information Exchange (VHIE). We have also identified data gaps for non-meaningful use providers to support strategic planning around data use for all providers across the continuum.

Evaluation: Ongoing evaluation of investments and policy decisions.

All of our efforts are evaluated to ensure the process, as well as the outcomes work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to ensure that we are not inadvertently causing unintended consequences and so that we can expand lessons learned quickly.

Project Management: Support for all VHCIP activities.

The various VHCIP activities are supported through several staff and contractors who ensure the project is organized, has sufficient resources, and is able to meet all goals and milestones.

VHCIP Project Status Reports
March 2016

Focus Area: Milestones Supporting CMMI Requirements

Project Summary: The Population Health Plan will build upon the existing State Health Improvement Plan, which identifies three strategic goals for population health improvement: Reduce the prevalence of chronic disease; reduce the prevalence of individuals with or at risk of substance abuse or mental illness; and improve childhood immunization rates. The Population Health Plan will also offer a strategic pathway forward to systematically connect integrated care management efforts with community-wide prevention strategies to improve population health outcomes. The plan will include an analysis of the care and payment models being tested through the VHCIP and offer suggestions for strategic levers to ensure population health improvement. It is being developed collaboratively by the SIM Population Health Work Group, Vermont Department of Health, and SIM staff, with support from contractors and key national subject matter experts. The Population Health Plan is a required deliverable of Vermont's SIM grant. Work to develop the Population Health Plan is ongoing; it will be completed by the end of Performance Period 3.

Project Timeline and Key Facts:
- 2014 – Developed definition of population health and came to consensus on core concepts.
- 2015 – Developed Population Health Plan outline with research support from SIM TA partners (CDC and CHCS) and contractors; began to draft short sections of the Population Health Plan
- January-June 2016 – Finalize Population Health Plan outline with VHCIP work group input; collect and organize materials on population health measures, payment models, care models, and financing mechanisms; and select contractor to support Population Health Plan writing beginning in July 2016.
- July-October 2016 – Draft Population Health Plan.
- November 2016 – Present draft Population Health Plan to VHCIP work groups for feedback.
- December 2016-June 2017 – Finalize Population Health Plan.

Status Update/Progress Toward Milestones and Goals:
- During 2014 and 2015, the Population Health Work Group and staff developed a definition of population health, came to consensus on core concepts, and developed documents to communicate concepts to project stakeholders.
- In the first half of 2015, project staff developed a rough outline for the Population Health Plan with technical assistance support from CDC and CHCS. This outline is being refined and finalized in the first half of 2016 with input from the Population Health Work Group and other VHCIP work groups.
- In late 2015, DVHA released an RFP seeking support for writing the Population Health Plan. The RFP was rereleased in March 2016.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: Finalize Population Health Plan outline by 6/30/16.
Performance Period 3: Finalize Population Health Plan by 6/30/17.

Metrics: There is no quarterly reporting associated with this project.

Additional Goals:
 # Lives Impacted: N/A
 # Participating Providers: N/A

Key Documents:
- Population Health Work Group Essential Resources
- Population Health Integration in the Vermont Health Care Innovation Project
- ACOs, TACOs and Accountable Communities for Health
- Accountable Communities for Health: Opportunities and Recommendations

State of Vermont Lead(s): Heidi Klein

Contractors Supporting: James Hester; TBD – Population Health Plan Writer (Performance Period 3).
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Milestones Supporting CMMI Requirements
Project: Sustainability Plan

Project Summary: The Sustainability Plan is a required deliverable of Vermont's SIM grant, and will build on ongoing conversations between State leadership, project stakeholders, and CMMI. Vermont's high-level sustainability strategy is to sustain any contract support and personnel using model savings and through re-deployment of vacant positions and changes in contractor scope that may be no longer needed given new models of provider oversight and financing. Vermont will use our final test year to do more detailed planning, and to provide specificity about the activities that will be supported after the end of our SIM testing period. Work to plan for SIM sustainability is ongoing. The State plans to engage a contractor to support development of the Sustainability Plan in Spring 2016; the Plan will be completed by the end of Performance Period 3.

Project Timeline and Key Facts:
- 2015 – Basic sustainability strategy developed.
- January-June 2016 – Finalize Sustainability Plan strategy and engage contractor to support Sustainability Plan development.
- July-October 2016 – Draft Sustainability Plan.
- November 2016 – Present draft Sustainability Plan to VHCIP work groups for feedback.
- December 2016-June 2017 – Finalize Sustainability Plan.

Status Update/Progress Toward Milestones and Goals:
- During 2015, Project leadership developed a high-level sustainability strategy and began project-level sustainability planning.
- In the first half of 2016, Vermont plans to release an RFP seeking contractor support for sustainability planning and development of the Sustainability Plan document. A bidder will be selected and contract executed before July 1, 2016.
- Vermont's comprehensive sustainability plan depends in part on our negotiations with CMMI regarding the Medicare waivers needed to implement a Next Generation ACO style All-Payer Model in Vermont.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: Finalize Sustainability Plan outline and procure contractor to support Plan development by 6/30/16.
Performance Period 3: Finalize Sustainability Plan by 6/30/17.

Metrics: There is no quarterly reporting associated with this project.

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Georgia Maheras

Contractors Supporting: TBD – Sustainability Planning (Performance Period 3).
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Payment Model Design and Implementation

Project Summary: Modeled closely after the Medicare Shared Savings Program, this alternative payment model for commercial and Medicaid beneficiaries in Vermont was launched in 2014 as a three-year program. Beneficiaries are attributed to one of three accountable care organizations (ACOs) in the State. ACOs must meet quality targets to be eligible to share in any savings.

Project Timeline and Key Facts:

- January 2014 – Medicaid and commercial SSPs launched.
- July 2014 – ACOs and DVHA started sharing attribution files and claims data.
- August 2014 – ACOs and DVHA began meeting monthly to collaborate around clinical/quality improvement.
- March 2015 – Performance measures, quality benchmarks, and Gate and Ladder methodology reviewed and modified for Year 2.
- August 2015 – DVHA elected not to include additional categories of service in TCOC for Year 3.
- September 2015 – Shared savings/quality performance calculations and results made available for Performance Year 1 of program.
- October 2015 – Results of the SSP Year 1 were presented to the GMCB and VHCIP stakeholders.
- December 2015-January 2016 – VHCIP staff prepared for Year 3 Medicaid SSP SPA negotiations.
- March 2016 – Year 3 Medicaid SSP SPA to be submitted to CMS.

Status Update/Progress Toward Milestones and Goals:

- Medicaid SSP Year 2 contract negotiations between DVHA and Medicaid SSP ACOs are almost complete.
- Expansion of Total Cost of Care for Year 3 of the Medicaid SSP was considered in 2015. DVHA reviewed all potential services to include in Year 3 before determining not to include them. DVHA notified the ACOs that it would not include additional services on September 1, 2015.
- The Green Mountain Care Board published the Year 1 (CY2014) quality, cost, and utilization performance results for each of the ACOs in the commercial SSP in Fall 2015.
- In Performance Period 2, the project focus is on continued program implementation and evolution of program standards based on cost and quality results from the first performance period of both the Medicaid and commercial SSPs.
- During Performance Period 3, the SSPs will target additional beneficiaries and focus on expanding the number of Vermonters served in this alternative payment model.
- The commercial SSP will not offer downside risk as originally proposed in Year 3.

Milestones:

Performance Period 1:

1. Implement Medicaid and Commercial ACO SSPs by 1/1/14.
2. Develop ACO model standards: Approved ACO model standards.
3. Produce quarterly and year-end reports for ACO program participants and payers: Evaluation plan developed.
4. Execute Medicaid ACO contracts: Number ACO contracts executed (goal = 2).
5. Execute commercial ACO contracts: Number of commercial ACO contracts executed (goal = 2).

Performance Period 1 Carryover: Continue implementation activities in support of the 2014 SSP performance year.

1. Continue implementation activities in support of the initial SSP performance period according to the SSP project plan.
2. Modify program standards by 6/30/15 in preparation for subsequent performance periods. Finalize contract amendments for subsequent performance periods.
3. Complete final cost and quality calculations for initial SSP performance period by 9/15/15.
4. Maintain 2 contracts with ACOs Year 1 Medicaid ACO-SSP.
5. Maintain 3 contracts with ACOs Year 1 commercial ACO-SSP.
6. Modify initial quality measures, targets, and benchmarks for Y2 program periods by 6/30/15 (based on stakeholder input and national measure guidelines).
7. Medicaid/commercial program provider participation target: 700
   Medicaid/commercial program beneficiary attribution target: 110,000

Performance Period 2: Expand the number of people in the Shared Savings Programs in Performance Period 2 by 6/30/16:

    Medicaid/commercial program provider participation target: 950.

    Medicaid/commercial program beneficiary attribution target: 130,000.

Performance Period 3: Expand the number of people in the Shared Savings Programs in Performance Period 3 by 12/31/16:

    Medicaid/commercial program provider participation target: 960.

    Medicaid/commercial program beneficiary attribution target: 140,000.

Metrics:

CORE_Beneficiaries impacted_[VT]_VTEmployees

CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial

CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid

CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare

CORE_Participating Provider_[VT]_[ACO]_Commercial

CORE_Participating Provider_[VT]_[ACO]_Medicaid

CORE_Participating Provider_[VT]_[ACO]_Medicare

CORE_Provider Organizations_[VT]_[ACO]_Commercial

CORE_Provider Organizations_[VT]_[ACO]_Medicaid

CORE_Provider Organizations_[VT]_[ACO]_Medicare

CORE_Payer Participation_[VT]

CORE_BMI_[VT]

CORE_Diabetes Care_[VT] CORE_ED Visits_[VT]

CORE_Readmissions_[VT]

CORE_Tobacco Screening and Cessation_[VT]

CAHPS Clinical & Group Surveys

Additional Goals:

  # Lives Impacted: 179,076 (as of December 2015)

  # Participating Providers: 940 (as of December 2015)

Key Documents:

- Shared Savings Program webpage

State of Vermont Lead(s): Amy Coonradt, Richard Slusky

Contractors Supporting: Bailit Health Purchasing; Bi-State Primary Care Association/Community Health Accountable Care; Burns and Associates; Deborah Lisi-Baker; Healthfirst; Policy Integrity; The Lewin Group; UVM Medical Center/OneCare Vermont; Vermont Medical Society Foundation; Wakely Actuarial.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:

- Plans for SSP evolution in 2016 could be inconsistent with activities proposed for the All-Payer Model in 2017.
  - o Vermont will include key SSP operational staff in APM planning conversations to ensure alignment across related initiatives.

Focus Area: Payment Model Design and Implementation
Focus Area: Payment Model Design and Implementation Project: Episodes of Care (EOCs)

Project Summary: Vermont is in the process of developing an episode-based payment model for the Medicaid population. The payment model will include one episodes of care (EOCs), and will be implemented to best complement other payment models that are presently in operation in the state.

Project Timeline and Key Facts:
- June-December 2014 – HCi3/Brandeis engaged to conduct preliminary analyses of EOCs in Vermont.
- January 2015 – Public-private stakeholder EOC sub-group of the VHCIP Payment Models Work Group launched to discuss the potential for development of episode-based payment models and analytics to support delivery system transformation.
- May 2015 – DVHA staff began Medicaid-specific analysis of potential EOCs, taking into consideration service volume, cost, and overall variation.
- August 2015 – Three EOCs tentatively selected for implementation in July 2016.
- September 2015 – Vendor selected to design Medicaid's episode-based payment model for 2016 launch.
- November 2015 – Pilot episodes brought before the Payment Model Design and Implementation Work Group.
- January 2016 – Following discussions with CMMI, Vermont developed new EOC milestones, below, which limit the number to one EOC.

Status Update/Progress Toward Milestones and Goals:
- In January 2016, following internal discussion and discussion with CMMI, the Core Team modified the EOC milestone, reducing it from three Episodes to one and ensuring alignment with other reforms. The new milestone focuses Vermont's EOC work on the Integrating Family Services program, currently piloted in two Vermont communities.
- As of March 2016, the IFS program is being used to help inform the Medicaid VBP work stream regarding flexibility of funding and its impact on care delivery. The State is engaged in analysis to compare IFS pilot sites to communities without IFS pilots, and financial modeling is also underway.

Milestones:
Performance Period 1: At least 3 episodes launched by 10/2014.
Performance Period 1 Carryover: EOC feasibility analyses:
    1. Analyze 20 episodes for potential inclusion in Medicaid EOC program by 7/31/15.
    2. Develop implementation plan for EOC program by 7/31/15.
    3. Convene stakeholder sub-group at least 6 times by 6/30/15.
Performance Period 2: Research, design, and draft implementation plan for one EOC based off of the IFS program by 6/30/16.
Performance Period 3: Implement EOC Payment Model impacting IFS Program's Service by 7/1/17.

Metrics:
CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid
CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare
CORE_Participating Provider_[VT]_[EOC]
CORE_Participating Organizations_[VT]_[EOC]
CORE_Payer Participation_[VT]

Additional Goals:
  # Lives Impacted: 0 (as of December 2015)
  # Participating Providers: 0 (as of December 2015)

Key Documents: Episodes of Care Sub-Group Webpage

State of Vermont Lead(s): Amanda Ciecior

Contractors Supporting: Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:
- Program will launch without sufficient time to implement or evaluate its potential prior to the end of SIM.
  - VHCIP leadership directed program staff to align timelines now that there is a new milestone.

Project Summary: The Blueprint for Health provides performance payments to advanced primary care practices recognized as patient centered medical homes (PCMHs), as well as providing multi-disciplinary support services in the form of community health teams (CHTs), a network of self-management support programs, comparative reporting from state-wide data systems, and activities focused on continuous improvement. The Blueprint aims to better integrate a system of health care for patients, improving the health of the overall population, and improving control over health care cost by promoting health maintenance, prevention, and care coordination and management. This Status Report is updated quarterly to align with the Blueprint's quarterly reports to CMMI.

Project Timeline and Key Facts:
- 2008 – Pilot programs in two Vermont communities.
- 2010 – Vermont selected to participate in CMS' Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration, through which Medicare becomes a participating insurer with the Blueprint, joining commercial insurers and Medicaid in providing financial support for the advanced primary care practices.
- 2011 – The Blueprint expanded and Community Health Teams implemented across the State.
- 2012 – The Blueprint reported that lower health care expenditures for participants offset the payments that insurers made for medical homes and community health teams.
- 2015 – Legislature approved funding to support Blueprint payment changes.
- October 2015 – The Blueprint reported 126 PCMH qualified practices in Vermont.

Status Update/Progress Toward Milestones and Goals:
- The Blueprint for Health engaged with its Executive Committee, DVHA and AHS leadership, and VHCIP stakeholders to discuss potential modifications to both the Community Health Team (CHT) and Patient-Centered Medical Home (PCMH) payments. Such modifications include shifting payers' CHT payments to reflect current market share (7/1/2015), increasing the base payments to PCMH practices (5/1/2015 for Medicaid, 1/1/2016 for commercial insurers), and adding an incentive payment for regional performance on a composite of select quality measures (1/1/2016).
- The legislature appropriated $2.4 million for Medicaid Blueprint payments (both CHT and PCMH) in State Fiscal Year 2016.
- A number of quality measures have been selected as the basis for the performance incentive payment that will be incorporated in 2016; these measures are aligned with those being used for the Medicaid and commercial SSPs.
- The Blueprint has approached a saturation point where the program has recruited most of the primary care practices in the state, and the rate of onboarding of new practices has slowed. It is anticipated that 6 new practices will join by the end of 2016, and that the currently enrolled practice will maintain participation.
- Since 2015, the Blueprint has been working on a model for integrating efforts with the ACOs. In early 2016 further decision will be made regarding the program's trajectory within finance models that are proposed for 2017.

Milestones:
Performance Period 1: Develop Medicaid value-based purchasing plan addressing pay-for-performance initiatives: Medicaid value-based purchasing plan developed.
Performance Period 1 Carryover:
   1. Design modifications to the Blueprint for Health P4P program – dependent on additional appropriation in state budget.
       Modification design completed by 7/1/15 based on Legislative appropriation.
   2. Medicaid value-based purchasing case study developed with Integrating Family Services program completed by 6/30/15.
Performance Period 2: Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/15 and enhanced direct payments to Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the legislature).
Performance Period 3:
   1. Expand the number of providers and beneficiaries participating in the Blueprint for Health by 6/30/17:
       Medicaid/ commercial/ Medicare providers participating in P4P program target: 715.

Medicaid/ commercial/ Medicare beneficiaries participating in P4P program target: 310,000. 2. P4P incorporated into Sustainability Plan by 6/30/17.	

Metrics:
CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial
CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid
CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]
CORE_Payer Participation_[VT]

Additional Goals:
  # Lives Impacted: 309,713 (as of December 2015)
  # Participating Providers: 706 (as of December 2015)

Key Documents:
- Blueprint for Health Webpage

State of Vermont Lead(s): Craig Jones

Contractors Supporting: Non-SIM supported.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Payment Model Design and Implementation
Project: Health Home (Hub & Spoke)

Project Summary: The Hub and Spoke initiative is a Health Home initiative created under Section 2703 of the Affordable Care Act for Vermont Medicaid beneficiaries with the chronic condition of opioid addiction. The Health Home integrates addictions care into general medical settings and links these settings to specialty addictions treatment programs in a unifying clinical framework. Two payments are used: bundled monthly rate for Hubs and a capacity-based payment for Spokes. This Status Report is updated quarterly to align with the Hub & Spoke program's quarterly reports to CMS.

Project Timeline and Key Facts:
- January 2013 – Implementation across Vermont began.
- July 2013 – Start date of first State Plan Amendment for Health Home.
- January 2014 – Start date of second State Plan Amendment for Health Home.

Status Update/Progress Toward Milestones and Goals:
- Vermont is currently assessing and expanding state capacity to collect and report on performance metrics.
- Vermont is working with CMS to develop their quality reporting strategy for the 2014 performance year.
- Access to treatment has steadily expanded, from 2,867 Medicaid beneficiaries receiving treatment in January 2013 to 5,165 in September 2015.
- Program implementation and reporting are ongoing.

Milestones:
Performance Period 1: Health Homes.
Performance Period 1 Carryover: State-wide program implementation.
    1. Implement Health Home according to Health Home State Plan Amendment and federal plan for 2015.
    2. Report on program participation to CMMI.
Performance Period 2: Reporting on program's transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.
Performance Period 3:
    1. Expand the number of providers and beneficiaries participating in the Health Home program by 6/30/17:
        Number of providers participating in Health Home program target: 75 MDs prescribing to >= 10 patients.
        Number of beneficiaries participating in Health Home program target: 2,900 Hub + 2,300 Spoke = 5,200 total patients.
    2. Health Home program incorporated into Sustainability Plan by 6/30/17.

Metrics:
CORE_Provider Organizations_[VT]_[HH]
CORE_Participating Providers_[VT]_[HH]
CORE_Provider Organizations_[VT]_[HH]

Additional Goals:
  # Lives Impacted: 5,179 (as of December 2015)
  # Participating Providers: 72 (as of December 2015)

Key Documents:

State of Vermont Lead(s): Beth Tanzman

Contractors Supporting: Non-SIM supported.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Payment Model Design and Implementation
Project: Accountable Communities for Health

Project Summary: This effort will seek to align programs and strategies related to integrated care and services for individuals and community-wide prevention efforts to improve health outcomes within a geographic community. The first phase of this work focused on research to further define the Accountable Communities for Health (ACH) model and identify core elements. The second phase of Vermont's Accountable Communities for Health work will bring together multi-disciplinary teams from communities across the state to further explore how this model might be implemented and develop community capacity; this effort will be known as the ACH Peer Learning Lab. The ACH Peer Learning Lab seeks to support participating communities in increasing their capacity and readiness across the nine core elements of the ACH model through a curriculum that utilizes in-person and distance learning methods to support peer learning, as well as community facilitation to support each community's development; the project will result in a report that documents findings and lessons learned, and includes recommendations to inform future State decision-making, focusing on what infrastructure and resources are needed at the community/regional level and the State level.

Project Timeline and Key Facts:
- Fall 2014 – Population Health Work Group expressed interest in establishing an ACH in Vermont.
- December 2014 – Prevention Institute selected as vendor to begin research.
- June 2015 – Prevention Institute provided their findings to VHCIP.
- July 2015 – Accountable Health Communities working group began meeting on a monthly basis.
- September 2015 – Recommended next steps discussed by Population Health Work Group.
- October 2015 – Core Team approved next steps and budget for ACH Phase II.
- November and December 2015 – Continued work to develop ACH Phase II, called the ACH Peer Learning Lab, including an RFP for contractor support.
- January 2016 – Recruitment materials released; informational webinar for interested communities.
- February 2016 – An RFP was released seeking curriculum design and facilitation support for this project. A bidder was selected and contract negotiations kicked off. The State received twelve applications to participate in the ACH Peer Learning Lab from interested communities; 10 communities from around Vermont will participate.
- March 2016 – Contract negotiations with the apparent awardee continue, as does planning for Peer Learning Lab events.
- May 2016 – Estimated date of first in-person peer-to-peer learning session.

Status Update/Progress Toward Milestones and Goals:
- Contractor selected to engage in national research for phase one of this work; contract executed. Findings delivered to VHCIP in June 2015.
- Recommendations for next steps, developed to build upon the innovations being tested at the regional level in Vermont, were approved by the Core Team in October 2015.
- Planning for an ACH Peer Learning Lab for interested communities is ongoing. The Peer Learning Lab launched in January 2016 with the release of recruitment materials and an informational webinar. Ten communities were selected to participate in February. Through an RFP process, the State has identified an apparently successful awardee to provide curriculum design and facilitation services to support participating communities and document lessons learned for the State; contract negotiations are ongoing as of March 2016.
- Work to identify opportunities to enhance new health delivery system models, such as the Blueprint for Health and Accountable Care Organizations (ACOs), to improve population health by better integration of clinical services, public health programs and community based services at both the practice and the community levels is ongoing.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: Feasibility assessment – research ACH design.
    1. Convene stakeholders to discuss ACH concepts at least 3 times to inform report.
    2. Produce Accountable Community for Health report by 7/31/15.
Performance Period 2: Feasibility assessment – data analytics:
    1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15.
    2. Design/creation of ACH learning system for all 14 Vermont Health Service Areas by 1/31/16.

3. Start roll out ACH learning system to at least 3 health service areas by 2/1/16.

4. Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.

Performance Period 3: ACH Implementation Plan incorporated into Sustainability Plan by 6/30/17.

Metrics:
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE Participating Providers_[VT]_[ACO]_Commercial
CORE Participating Providers_[VT]_[ACO]_Medicaid
CORE Participating Providers_[VT]_[ACO]_Medicare
CORE_Payer Participation_[VT]

Additional Goals:
   # Lives Impacted: TBD
   # Participating Providers: TBD

Key Documents:
- Integrating Population Health in VHCIP
- ACO/TACO/ACH
- Accountable Communities for Health, Opportunities and Recommendations
- Proposed Next Steps for Accountable Communities for Health

State of Vermont Lead(s): Heidi Klein

Contractors Supporting: Bailit Health Purchasing; Burns and Associates; Prevention Institute; Public Health Institute.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:
- Delayed contract execution could delay full Peer Learning Lab launch.
  - Community recruitment has continued as planned, with a "soft launch" webinar to orient communities and ensure momentum is maintained while contractor procurement is finalized.

Focus Area: Payment Model Design and Implementation
Project: Choices for Care

Project Summary: The current Choices for Care delivery system encourages some coordination of care among providers and pays providers according to a fee-for-service schedule. In its current state, this program has opportunities for improvement. These include improving the quality and experience of care, increasing flexibility of providers and enhancing existing community supports and services. Recognizing an opportunity to improve care coordination among home- and community-based services (HCBS) providers, Vermont is working to enhance the current Choices for Care delivery system combined with specific payment reform strategies. The changes aim to improve the quality of care individuals receive in Choices for Care and the performance of the system overall. Work to explore value-based payment models to achieve these improvements, and to develop corresponding quality measures, is ongoing.

Project Timeline and Key Facts:
- July 2015-December 2015—meetings with sub-group to research implementation of a pilot program.
- January 2016 – Proposed project plan presented to VHCIP leadership and stakeholders.
- February-March 2016 – Continued research and feasibility analyses for a potential pilot that would incorporate a payment change (data analysis, financial analysis, stakeholder participation analysis).

Status Update/Progress Toward Milestones and Goals:
- Consultants and Staff will continue to refine project plan.
- Research for one Vermont region, St. Johnsbury, completed in March 2016.

Milestones: This work is part of the Accountable Communities for Health (ACH) work stream. The relevant piece of that initiative's milestones is included below.
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.
Performance Period 3: ACH Implementation Plan incorporated into Sustainability Plan by 6/30/17.

Metrics:
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE Participating Providers_[VT]_[ACO]_Commercial
CORE Participating Providers_[VT]_[ACO]_Medicaid
CORE Participating Providers_[VT]_[ACO]_Medicare
CORE_Payer Participation_[VT]

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Bard Hill; Julie Wasserman

Contractors Supporting: Bailit Health Purchasing and PHPG

Anticipated Risks and Mitigation Strategy:
- Changes to the CFC system may require legislative approval.

Focus Area: Payment Model Design and Implementation
Project: Prospective Payment System – Home Health

Project Summary: As a result of stakeholder support in the state, legislation was passed in Vermont requiring that DVHA, in collaboration with the State's home health agencies, develop a prospective payment system (PPS) for home health payments made by DVHA under traditional Medicaid (exclusive of waivers) to be put in place by July 1, 2016.

Project Timeline and Key Facts:
- May 2015 – Enabling legislation passed in Vermont's legislature.
- June 2015 – Planning for Home Health PPS began.

Status Update/Progress Toward Milestones and Goals:
- As a result of ongoing collaboration between DVHA and Vermont's home health agencies, there is presently consensus that the PPS will be comprised of episode-based payments (most likely 60 days in length, similar to Medicare) that will be adjusted for case acuity.
- DVHA has developed five acuity groupings and presented them to the provider association for feedback. Based on that feedback, acuity adjustment factors were finalized and a fiscal impact was developed for each provider.
- DVHA and providers met to review the potential fiscal impact of the model change. Based on results of these analyses, it was agreed that more time was needed to develop an incremental approach to the implementation of the prospective payment system.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2:
    1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15.
    2. Design PPS program for home health for launch 7/1/16.
Performance Period 3:
    1. Implement, monitor and evaluate Medicaid PPS program for home health. Implementation by 7/1/16.
    2. Monitoring and evaluation occur monthly through 6/30/17.

Metrics:
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE Participating Providers_[VT]_[ACO]_Commercial
CORE Participating Providers_[VT]_[ACO]_Medicaid
CORE Participating Providers_[VT]_[ACO]_Medicare
CORE_Payer Participation_[VT]

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:
-

State of Vermont Lead(s): Aaron French

Contractors Supporting: N/A

Anticipated Risks and Mitigation Strategy:
- Financial impact analyses result in the need to modify implementation timeline.
  - Project leadership will work with stakeholders, and the Legislature, to extend the implementation timeline.

Focus Area: Payment Model Design and Implementation
Project: Medicaid Value-Based Purchasing – Mental Health and Substance Use[1]

Project Summary: This new work stream initiates a feasibility assessment of current mental health and substance abuse spending within the Agency of Human Services and focuses primarily on the Designated Agency system of care. Future design considerations will be intended to and must work to support Medicaid alignment with the All-Payer Model.

Project Timeline and Key Facts:
- Fall 2015 – Leveraged existing contracts to start feasibility study.
- December 2016 – Implementation plan for presentation and approval by AHS leadership.
- January-March 2016 – Stakeholder group convened and identification of key project tasks completed. Built on prior work related to IFS.
- March-June 2016 – Development of new payment model and implementation plan.
- July-December 2016 – Operational planning for new payment model.

Status Update/Progress Toward Milestones and Goals:
- Developing a work plan for contractors.
- Parsing mental health and substance abuse funding to support more detailed analyses.
- Ongoing meetings with leadership from the Agency of Human Services and members of the provider community.
- Contractors continue to work with State to develop finalized project plan to implement new payment and delivery system by 1/1/17.
- Work group members and consultants have started to narrow in on the scope of services this work stream will target for payment and delivery reform.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: N/A
Performance Period 3:
    1. Based on research and feasibility analysis, design an alternative to fee-for-service, for Medicaid mental health and substance use services by 12/31/16.
    2. Develop implementation timeline based on payment model design and operational readiness by 12/31/16.

Metrics:
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicaid

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Amanda Ciecior, Selina Hickman

Contractors Supporting: Bailit Health Purchasing, Burns and Associates, Pacific Health Policy Group.

Anticipated Risks and Mitigation Strategy: None at this time.

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[1] This work stream replaces a previous Performance Period 2 milestone in the Payment Model Design and Implementation area: Prospective Payment System – Designated Mental Health Agencies. Work in this area, and more significant updates to this Status Report, will ramp up in Performance Period 3.

<table>
<tr><td colspan="1" style="text-align:center">Focus Area: Payment Model Design and Implementation
Project: All-Payer Model</td></tr>
</table>

Project Summary: Vermont continues to explore an All-Payer Model. An All-Payer Model will build on existing all-payer payment alternatives to better support and promote a more integrated system of care and a sustainable rate of overall health care cost growth. Value-based payments that shift risk on to health care providers and that are aligned across all payers encourages collaboration across the care continuum and can result in better health outcomes for Vermonters. Through the legal authority of the Green Mountain Care Board (GMCB), the state can facilitate the alignment of commercial payers, Medicaid, and Medicare through a Medicare waiver. Over time, a Medicare waiver may also allow the GMCB to govern rates, on an all-payer basis, for those providers who elect not to participate in an ACO. To move away from FFS, the state will apply the Next Generation ACO payment model across all payers. The focus on the ACO and existing CMS ACO programming, along with Vermont's strong stakeholder network, SIM investments, and the current SSP program, is a timely and realistic evolution of Vermont's multi-payer reform. Eventually, an integrated ACO in Vermont could attract and involve the vast majority of people, payers, and providers.

Project Timeline and Key Facts: Vermont staff is engaged in ongoing discussions with CMMI staff. Key high level milestones are listed below:
- 2015 – Aligned on term sheet with CMMI that contains key elements of the APM, including high level models for rate setting, financial targets, waivers, ACO, and quality and performance measurement.
- Current through February 29, 2016 – Engaged in stakeholder outreach and public process to vet term sheet and potential model design.
- November 2015-March 2016 – Further work on all phases of project, including ACO, rate-setting, and quality measurement methodologies. Begin implementation of functionality required to ensure operational readiness.
- March 15, 2016-January 1, 2017 – Continue implementation of APM.
- April 15, 2016 – Reach consensus with CMMI on major elements requiring clearance.
- April-August 2016 – Continue to refine elements necessary for inclusion in an APM agreement.
- January 1, 2017 – Launch model.

Status Update/Progress Toward Milestones and Goals:
- Negotiations between CMMI and SOV continue.
- SOV proposed a term sheet to CMMI on January 25, 2016. The term sheet sets out the basic outline for a potential all-payer model agreement, including the legal authority of the state to enter into such an agreement, the performance period for the agreement, waivers necessary to facilitate payment change and additional covered services, data sharing, and an evaluation of the demonstration.
- The stakeholder outreach and public process to vet the term sheet and potential model design began almost immediately, as the GMCB held two days of public meetings to discuss the proposed term sheet on January 28 and 29, 2016. The hearings were well attended by stakeholders. Concurrently, SOV staff has been testifying before relevant legislative committees to explain the term sheet and prospective model to Vermont's policy makers.
- SOV staff held an all-day work session at CMMI in Baltimore on March 22nd. Progress was made on the major elements of the project. The goal is to reach consensus on all major elements of the demonstration by April 15th so that CMMI can begin the federal clearance process.
- Vermont's three major ACOs voted to form a single corporate entity in anticipation of an all payer model.
- The State of Vermont would participate in the all payer model as a payer via Medicaid. State staff has spent considerable effort preparing Medicaid for an al payer model. The three major tasks are (1) preparing Vermont to contract with a risk bearing ACO that utilizes a Next Generation payment model, (2) preparing Medicaid to be able to make all-inclusive population based payments modeled on Next Generation payment model 4, and (3) aligning these changes with Vermont's 1115 waiver. Vermont is on track in all three tasks. Final State approval was given on March 30 for Medicaid to release a RFP for a Next Generation ACO program featuring an all-inclusive population based payment. The RFP is scheduled to be published the week of April 4th. The State of Vermont and HP are on track for the required MMIS changes. Vermont's SIM Core Team approved funding for the MMIS work during its March meeting. SOV staff held an all-day meeting at CMCS on March 23rd to discuss renewal of Vermont's 1115 waiver and its alignment with an all payer model.
- APM Staff worked with the legislature as it drafted H.812, *An act relating to implementing an all-payer model and oversight of accountable care organizations*. The Administration does not need legislative approval for an all

payer model; however, the bill is a positive step that shows support for reform. Also, the bill enhances state regulation of accountable care organizations. This was seen as important given their prominence in a proposed all payer model and CMS's commitment to ACOs as a vehicle for reform. The bill passed the Vermont House of Representatives on March 17th.

- State APM staff and Medicaid staff have been making joint presentations on the all-payer model and Medicaid Pathway. The Medicaid Pathway is a companion project, supported by SIM, that accelerates payment and delivery system reform for providers and services not initially subject to the proposed financial caps of the all-payer model. Presentations were made to the Department of Disabilities, Aging, and Independent Living (DAIL) Advisory Board on March 9th and the SIM Payment Model Design and Implementation Work Group meeting on March 21st.
- APM staff provided an all payer model update presentation to the Blueprint for Health field team monthly meeting on March 14th.

Milestones – All-Payer Model:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2:
    1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI.
    2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.
Performance Period 3:
    1. If negotiations are successful, assist with implementation as provided for in APM agreement through end of SIM grant.
    2. Contribute to analytics related to all-payer model implementation design through end of SIM grant.
    3. All-Payer Model incorporated into Sustainability Plan by 6/30/17.

Milestones – State Activities to Support Model Design and Implementation – GMCB:
Performance Period 1: N/A
Performance Period 1 Carryover: Identify quality measurement alignment opportunities. (in another section previously – the quality section):
    1. Review new Blueprint (P4P) measures related to new investments by 7/1/15.
Performance Period 2:
    1. Research and planning to identify the components necessary for APM regulatory activities by 6/30/16.
    2. Specific regulatory activities and timeline are dependent on discussions with CMMI.
Performance Period 3: N/A (milestones in this category integrated into All-Payer Model for Performance Period 3)

Metrics:
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE Participating Providers_[VT]_[ACO]_Commercial
CORE Participating Providers_[VT]_[ACO]_Medicaid
CORE Participating Providers_[VT]_[ACO]_Medicare
CORE_Payer Participation_[VT]

Additional Goals:
The goal is for the APM to include the maximum, prudent amount of services, providers, and spending. Generally, the APM is based on covered services. The State is discussing inclusion of all Medicare Part A and Part B spending, and their commercial and Medicaid equivalents, in the model. This is the majority of state health care spending. The project aims for maximum provider participation. Currently, the three Vermont based ACOs are formally discussing merger. Given current ACO participation, there is a significant opportunity to include all hospitals in Vermont along with Dartmouth-Hitchcock Medical Center in New Hampshire. Hospitals employ approximately 2/3 of physicians in Vermont. Additionally, ACO rosters include many independent doctors and the State's FQHCs.

Key Documents:

State of Vermont Lead(s): Michael Costa, Ena Backus

Contractors Supporting: Bailit Health Purchasing; Burns and Associates; Health Management Associates.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:
- Consensus on major elements and clearance process may not be concluded in time to provide sufficient information to allow for operational implementation by 1/1/17.
  - Risk mitigation is consistent with discussions with CMMI and ongoing communications with entities that would need to implement change by 1/1/17. Additionally, SIM staff and all-payer model leads are collaborating to draft an all-payer model communication plan that ensures no gaps in messaging about goals and expectations once term sheet is agreed upon.

Focus Area: **Payment Model Design and Implementation**
Project: State Activities to Support Model Design and Implementation – Medicaid

Project Summary: For all Medicaid payment models that are designed and implemented as part of Vermont's State Innovation Model grant activity, there are a number of Medicaid-specific state activities that must occur. These activities ensure that Vermont Medicaid is in compliance with its Medicaid State Plan and its Global Commitment for Health (1115) waiver, and that newly established programs will be monitored for their impact on Medicaid beneficiaries.

Project Timeline and Key Facts:
- February 2014 – Vermont submitted State Plan Amendment to CMS for Year 1 SSP.
- July 2014 – Established call center for Medicaid beneficiaries with queries or concerns specifically about the SSP.
- July 2014 – Established permissions and protocols to begin monthly data-sharing between Medicaid and ACOs participating in SSP; establish process for tracking ACO and Medicaid compliance with monthly contractual obligations.
- June 2015 – Vermont received State Plan Amendment approval from CMS for Year 1 SSP.
- August 2015 – Vermont submitted State Plan Amendment to CMS for Year 2 SSP.
- September 2015 – Vermont received State Plan Amendment approval from CMS for Year 2 SSP.
- March 2016 – Vermont submitted State Plan Amendment to CMS for Year 3 SSP.

Status Update/Progress Toward Milestones and Goals:
- Both Year 1 and 2 SSP State Plan Amendments were approved in 2015.
- Beneficiary call-center is operational and will continue through program duration.
- ACO data sharing is ongoing.
- Year 3 SSP State Plan Amendment submitted to CMS.
- Coordinating stakeholders to begin planning for expansion of Integrating Family Services program.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate.
1. Obtain SSP Year 1 State Plan Amendment by 7/31/15.
2. Procure contractor for SSP monitoring and compliance activities by 4/15/15.
3. Procure contractor for data analytics related to value-based purchasing in Medicaid by 9/30/15.
4. Ensure call center services are operational for Medicaid SSP for SSP Year 2.

Performance Period 2: Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate:
1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15.
2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 3/31/15.
3. Create draft SPA documents for Year 1 of the EOC program by 4/1/16.
4. Execute Year 1 and Year 2 commercial and Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan.
5. Develop monitoring and compliance plan for Year 1 EOCs by 6/30/16.
6. Design modifications to existing Integrated Family Services (IFS) Program so it can expand to at least one additional community on 7/1/16.
7. Research and design related to Frail Elders (timeline dependent upon federal contract approval) – final recommendations by 6/30/16.

Performance Period 3: Pursue state plan amendments and other federal approvals as appropriate for each payment model; ensure monitoring and compliance activities are performed:
1. Obtain SPA for Year 3 of the Medicaid Shared Savings Program by 12/31/16.
2. Execute Year 3 commercial and Medicaid monitoring and compliance plans according to the predetermined plan through 6/30/17.
3. Execute Year 1 monitoring and compliance plan for EOC work stream by 6/30/17.

Metrics:

CORE_Beneficiaries impacted_[VT]_VTEmployees
CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid
CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare

Additional Goals:

   # Lives Impacted: N/A

   # Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Alicia Cooper

Contractors Supporting: Bailit Health Purchasing; Burns and Associates; Wakely Actuarial.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation

Project Summary: The Integrated Communities Care Management Learning Collaborative is a health service area-level rapid cycle quality improvement initiative. It is based on the Plan-Do-Study-Act (PDSA) quality improvement model, and features in-person learning sessions, webinars, implementation support, and testing of key interventions. The Collaborative initially focuses on improved cross-organization care management for at-risk populations; however, the ultimate goal is to develop this approach population-wide. These efforts mirror the Triple Aim and Vermont's Health Care Reform goals.

Project Timeline and Key Facts:
- November 2014 – Kick-off webinar for first round communities (3 communities total).
- January 2015 – First in-person learning session held with ~90 people in attendance, featuring national experts from the Camden Coalition of Healthcare Providers.
- February-December 2015 – Alternating monthly webinars and in-person learning sessions for first round communities.
- April 2015 – Proposed expansion of the Learning Collaborative to additional communities.
- July 2015 – Kick-off webinar for second round communities (8 additional communities).
- November 2015 – Second in-person learning session for second round communities.
- October 2015-August 2016 – Alternating monthly webinars and in-person learning sessions for second round.

Status Update/Progress Toward Milestones and Goals:
- The Learning Collaborative works to engage as many patient-facing care providers within each community as possible, including nurses, care coordinators, social workers, mental health clinicians, physicians, and others, from a broad spectrum of health, community and social service organizations that includes primary care practices, community health teams, home health agencies, mental health agencies, Area Agencies on Aging, housing organizations, social service organizations, and others.
- Participants are convened for at least four in-person learning sessions and multiple webinars, as well as regular local meetings to support work. The fourth in-person learning session for the first cohort took place on September 29, 2015, where discussion of additional needs and sustainability within communities occurred.
- Two additional cohorts (8 additional communities) have joined the Learning Collaborative, with the first in-person learning sessions occurring in November 2015. The next in-person learning session will take place in May or June 2016.
- The creation of a Learning Collaborative toolkit is ongoing, anticipated release is the first quarter of 2016. Widespread distribution of this toolkit to program participants will aid in program sustainability.

Milestones:
Performance Period 1:
   1. Provide quality improvement and care transformation support to a variety of stakeholders.
   2. Procure learning collaborative and provider technical assistance contractor.
Performance Period 1 Carryover: Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15:
   1. Convene communities in-person and via webinar alternating format each month for 12 months.
   2. Assess impact of Learning Collaborative monthly.
   3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.
Performance Period 2: Offer at least two cohorts of Learning Collaboratives to 3-6 communities:
   1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.
   2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.
Performance Period 3:
   1. Target: 500 Vermont providers have completed the Learning Collaborative by 12/31/16.
   2. Report on program effectiveness to Steering Committee and Core Team by 12/31/16.
   3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 6/30/17.

Metrics:

CORE_Participating Provider_[VT]_[ACO]_Commercial

CORE_Participating Provider_[VT]_[ACO]_Medicaid

CORE_Participating Provider_[VT]_[ACO]_Medicare

CORE_Provider Organizations_[VT]_[ACO]_Commercial

CORE_Provider Organizations_[VT]_[ACO]_Medicaid

CORE_Provider Organizations_[VT]_[ACO]_Medicare

CORE_Participating Providers_[VT]_[EOC]

CORE_Provider Organizations_[VT]_[EOC]

CORE_Participating Providers_[VT]_[APMH]

CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:

 # Lives Impacted: 150

 # Participating Providers: Approximately 200 (70-80 per cohort)

Key Documents:

- Learning Collaborative Webpage

State of Vermont Lead(s): Pat Jones

Contractors Supporting: Nancy Abernathey; Bailit Health Purchasing; Deborah Lisi-Baker; Pacific Health Policy Group; Vermont Program for Quality Health Care. Apparent Awardees for Core Competency Training: Vermont Developmental Disabilities Council; Primary Care Development Corporation (Contracts nearing execution).

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:

- There is risk of lost or slowed community momentum when SIM funding and formal Learning Collaborative activities end.
  - Collaborative staff and leadership are working to create a process for continued work that can be integrated into and adopted by participating communities, without the help of outside resources, so that efforts are self-sustaining.

<table>
<tr><td colspan="1" style="background-color:orange;text-align:center">Focus Area: Practice Transformation
Project: Core Competency Trainings</td></tr>
</table>

Project Summary: The Core Competency Training initiative will offer a comprehensive training curriculum to front line staff providing care coordination (including case managers, care coordinators, etc.) from a wide range of medical, social, and community service organizations in communities state-wide. Core curriculum will cover competencies related to care coordination and disability awareness. Additional training opportunities include advanced care coordination training, care coordination training for managers and supervisors, and "train the trainer" training. In total, 34 separate training opportunities will be made available to up to 240 participants state-wide. In order to ensure sustainability of training materials beyond the initial training period, training sessions will be filmed and all materials will be made available in an online format. This project is an offshoot of the Integrated Communities Care Management Learning Collaborative and meets the need identified within that training series.

Project Timeline and Key Facts:
- March 2016 – Day 1, Introductory Care Coordination Training in 3 locations (North, Central, South)
- April 2016 – Day 1, Disability Competency Training in 3 locations (North, Central, South); Webinar 1
- May 2016 – Day 2, Introductory Care Coordination Training in 3 locations (North, Central, South)
- June 2016 – Day 2, Disability Competency Training in 3 locations (North, Central, South); Webinar 2
- July 2016 – Day 3, Introductory Care Coordination Training in 3 locations (North, Central, South)
- August 2016 – Webinar 3
- September 2016 – Advanced Care Coordination Training; Day 3, Disability Competency Training in 3 locations (North, Central, South)
- October 2016 – Care Coordination for Managers and Supervisors Training in 1 central location; Webinar 4
- November 2016 – Train-the-Trainer Training
- December 2016 – Webinar 5

Status Update/Progress Toward Milestones and Goals:
- After a competitive bid review process, two training organizations have been selected and contracts are nearing execution. Between January and March 2016, Vermont is engaged in pre-planning with trainers, curriculum finalization, and planning for training logistics in preparation for the initial March events These March events were very well attended.
- The first day of Introductory Care Coordination Training will be offered to up to 240 participants, in North, Central, and Southern locations (TBD) throughout the state. The curriculum will cover general topics including: Introduction to Care Coordination, Principles of Team-Based Care, Outreach and Engagement, Conducting Comprehensive Assessments. Interest in trainings is high: after assessing initial registration numbers, it quickly became clear that another training section was needed; a second Burlington training section has been added, with training dates in April, June, August, and September.

Milestones: This work is part of the Learning Collaboratives work stream.
Performance Period 1:
    1. Provide quality improvement and care transformation support to a variety of stakeholders.
    2. Procure learning collaborative and provider technical assistance contractor.
Performance Period 1 Carryover: Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15:
    1. Convene communities in-person and via webinar alternating format each month for 12 months.
    2. Assess impact of Learning Collaborative monthly.
    3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.
Performance Period 2: Offer at least two cohorts of Learning Collaboratives to 3-6 communities:
    1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.
    2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.
Performance Period 3:
    1. Target: 500 Vermont providers have completed the Learning Collaborative by 12/31/16.
    2. Report on program effectiveness to Steering Committee and Core Team by 12/31/16.
    3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 6/30/17.

Metrics:
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:
 # Participating Providers: Approximately 240 expected

Key Documents:

State of Vermont Lead(s): Erin Flynn

Contractors Supporting: Apparent Awardees: Vermont Developmental Disabilities Council, Primary Care Development Corporation (Contracts nearing execution).
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation
Project: Sub-Grant Program – Sub-Grants

Project Summary: The VHCIP Provider Sub-Grant Program was launched in 2014 and has provided 14 awards to 12 provider and community-based organizations who are engaged in payment and delivery system transformation. Awards range from small grants to support employer-based wellness programs, to larger grants that support state-wide clinical data collection and improvement programs. The overall investment in this program is nearly $5 million.

Project Timeline and Key Facts:
- April 2014 – First round of awards made to sub-grantees.
- October 2014 – Second round of awards made to sub-grantees.
- January 2015-December 2016 – Continued implementation. Quarterly progress reports include successes and challenges, progress toward project goals and evaluation updates.
- May 2015 – First sub-grantee symposium held.
- October 2015 – Second sub-grantee symposium held.

Status Update/Progress Toward Milestones and Goals:
- Sub-grantees continue to report on activities and progress, highlighting lessons learned.

Milestones:
Performance Period 1: Develop technical assistance program for providers implementing payment reforms.
Performance Period 1 Carryover: Continue sub-grant program:
    1. Convene sub-grantees at least once by 6/30/15.
    2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.
Performance Period 2: Continue sub-grant program:
    1. Convene sub-grantees at least once by 6/30/16.
    2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.
Performance Period 3:
    1. Provide SIM funds to support sub-grantees through 12/31/16.
    2. Convene sub-grantees at least twice by 12/31/16.
    3. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.

Metrics:
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:
  # Lives Impacted: 307,769
  # Participating Providers: 15,407

Key Documents*:*
- [Sub-grant Program Project Summaries](#)
- 4th Quarter 2015 Reports are posted on the [VHCIP website](#).

State of Vermont Lead(s): Joelle Judge and Georgia Maheras

Contractors Supporting: 12 sub-grantees; University of Massachusetts.
To view executed contracts, please visit the **[VHCIP Contracts](#)** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation
Project: Sub-Grant Program – Technical Assistance

Project Summary: The Sub-Grant Technical Assistance program was designed to support the awardees of provider sub-grants in achieving their project goals. VHCIP recognized that while the provider sub-grantees are focused on creating innovative programs to transform their practices and test models of unique care delivery, they require support to develop the necessary infrastructure. The VHCIP initially contracted with five contractors to provide this support; contracts remain in place with three TA providers, listed below

Project Timeline and Key Facts:
- December 2014 – Five contracts awarded to the contractors listed below in order to ensure technical assistance is available to the sub-grantees in a variety of areas.
- January 2015-December 2016 – Three contractors provide ongoing technical support for data analytics, policy development, payment model and care model design, quality measurement identification, financial analysis and actuarial services.

Status Update/Progress Toward Milestones and Goals:
- Sub-grantee technical assistance contracts are executed; contractors are available for technical assistance as requested by sub-grantees and approved by project leadership according to a detailed VHCIP process.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: Provide technical assistance to sub-grantees as requested by sub-grantees:
1. Remind sub-grantees of availability of technical assistance on a monthly basis.
2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.
Performance Period 2: Provide technical assistance to sub-grantees as requested by sub-grantees:
1. Remind sub-grantees of availability of technical assistance on a monthly basis.
2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.
Performance Period 3: Provide technical assistance to sub-grantees as requested by sub-grantees through 12/31/16:
1. Remind sub-grantees of availability of technical assistance on a monthly basis.
2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.

Metrics:
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals: *(this program supports the provider sub-grant program; numbers are as reported above)*
  # Lives Impacted: 307,769
  # Participating Providers: 15,407

Key Documents:
- Contract for Bailit Health Purchasing
- Contract for Policy Integrity
- Contract for Wakely

State of Vermont Lead(s): Joelle Judge and Georgia Maheras

Contractors Supporting: Bailit Health Purchasing; Policy Integrity; Wakely Actuarial.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation
Project: Regional Collaborations

Project Summary: Within each of Vermont's 14 Health Service Areas, Blueprint for Health and ACO leadership have merged their work groups and chosen to collaborate with stakeholders using a single unified health system initiative (known as a "Regional Collaboration"). Regional Collaborations include medical and non-medical providers (e.g., long-term services and supports providers and community providers), and a shared governance structure with local leadership. These groups focus on reviewing and improving the results of core ACO Shared Savings Program quality measures, supporting the introduction and extension of new service models, and providing guidance for medical home and community health team operations.

Project Timeline and Key Facts:
- November 2014 – Vermont ACO and Blueprint leadership began meeting.
- October 2014-August 2015 – Expanded existing community teams to begin working with leadership to realign existing teams, put governance documentation in place, and re-evaluate and set new community priorities.
- March 2015 – Released plans and implementation documents for Regional Collaboratives.
- June 2015 – Launched Basecamp as an opportunity to share learnings and collaborate in two pilot communities.
- January 2015 – Established three pilot communities through the Integrated Communities Care Management Learning Collaborative as work groups of the Regional Collaborative.
- August 2015 – 12 of 14 communities had a Charter in place and their community's focus areas defined; eight more communities joined the Integrated Communities Care Management Learning Collaborative.
- March 2015 – 13 of 14 communities had a charter in place and 14 of 14 had defined one or more focus areas. A total of 11 communities continue to participate in the Integrated Communities Care Management Learning Collaborative. Additional areas of focus include increasing hospice and palliative care utilization, reducing ED utilization, reducing readmissions, and improving care for people with chronic illness.

Status Update/Progress Toward Milestones and Goals:
- Regional Collaborations begun in each of the State's 14 Health Service Areas.
- Weekly stakeholder meetings to discuss further development and direction of these Regional Collaborations.
- Regular presentations to VHCIP work groups on progress in each region highlighting specific case studies from communities seeing positive outcomes on the ground.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: Establish regional collaborations in health services areas by beginning to develop a Charter, governing body, and decision-making process:
    1. Develop Charter, decision-making process, and participants for 6 HSAs by 11/30/15.
    2. Require monthly updates from ACOs/Blueprint for Health.
Performance Period 2: Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.
Performance Period 3:
    1. Support regional collaborations in 14 HSAs by providing sub-grants to ACOs and other technical assistance resources.
    2. Develop a transition plan by 4/30/17 to shift all HSAs to non-SIM resources.
    3. Incorporate into Sustainability Plan by 6/30/17.

Metrics:
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:
 # Lives Impacted: TBD
 # Participating Providers: TBD
Key Documents:
State of Vermont Lead(s): Jenney Samuelson
Contractors Supporting: Bi-State Primary Care Association/Community Health Accountable Care; Pacific Health Policy Group; UVM Medical Center/OneCare Vermont.
To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation
Project: Workforce – Care Management Inventory

Project Summary: In 2014, the Care Models and Care Management (CMCM) Work Group designed and fielded a survey to various organizations engaged in care management, to provide insight into the current landscape of care management activities in Vermont. The survey aims to better understand State specific staffing levels and types of personnel engaged in care management, in addition to the populations being served. The project is complete as of February 2016.

Project Timeline and Key Facts:
- June 2014 – CMCM Work Group designed and fielded care management inventory survey to various stakeholders.
- February 2015 – Results of survey presented to CMCM Work Group.
- February 2016 – Results of survey to be presented to Workforce Work Group, which could use it to predict future supply and demand trends for Vermont's health care workforce around care management staffing.

Status Update/Progress Toward Milestones and Goals:
- Care Management Inventory Survey was administered in 2014.
- Results were presented to the SIM Care Models & Care Management Work Group in February 2015.
- Results will be presented to the Workforce Work Group in February 2016.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: Obtain snapshot of current care management activities, staffing, people served, and challenges:
    1. Obtain Draft Report by 3/31/15.
    2. Present to 2 work groups by 5/31/15.
    3. Final Report due by 9/30/15.
Performance Period 2: N/A
Performance Period 3: N/A

Metrics:
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:
- Care Management Survey Report

State of Vermont Lead(s): Erin Flynn

Contractors Supporting: Bailit Health Purchasing.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Practice Transformation
Project: Workforce – Demand Data Collection and Analysis

Project Summary: A "micro-simulation" demand model will use Vermont-specific data to identify future workforce needs for the State by inputting various assumptions about care delivery in a high-performing health care system. The selected vendor for this work will create a demand model that identifies ideal workforce needs for Vermont in the future, under various scenarios and parameters.

Project Timeline and Key Facts:
- June 2014 – Health Care Workforce Work Group began discussing the idea of demand modeling to better project future health care demands in Vermont.
- August 2014 – Health Care Workforce Work Group approved Scope of Work for demand modeling RFP.
- January 2015-March 2015 – RFP is released in January and closed in March, with five responses.
- Q2 2016 – AOA to execute a contract with selected vendor for demand modeling work and provide data to vendor.
- Q2 2016 – AOA and WFWG to hold kick-off meeting with vendor and provide preliminary data to vendor for use in model.
- Q4 2016 – Vendor to prepare and submit draft report of demand projections.

Status Update/Progress Toward Milestones and Goals:
- AOA expecting to execute a contract with IHS for micro-simulation demand-modeling in Q2 2016. Work is expected to begin in Q2 2016.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2:
    1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval).
    2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.
Performance Period 3: Submit Final Demand Projections Report and present findings to Work Force Work Group by 12/31/16.

Metrics:
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:
- Health Care Workforce Work Group Webpage

State of Vermont Lead(s): Amy Coonradt (Mat Barewicz)

Contractors Supporting: TBD.

Anticipated Risks and Mitigation Strategy: Delays in contract execution continue to delay the start of work on this project.
- Final contract execution is expected before 4/15/16, and provision of preliminary data to vendor is expected by 6/15/16. This delay is not expected to impact other work streams within VHCIP.

Focus Area: Practice Transformation
Project: Workforce – Supply Data Collection and Analysis

Project Summary: The Office of Professional Regulation and Vermont Department of Health (VDH) work in tandem to assess current and future supply of providers in the state's health care workforce for health care work force planning purposes, through collection of licensure and relicensure data and the administration of surveys to providers during the licensure/relicensure process. Surveys include key demographic information for providers, and are used for workforce supply assessment and predicting supply trends, as well as informing future iterations of Vermont's Health Care Workforce Strategic Plan.

Project Timeline and Key Facts:
- January 2015 – Additional FTE hired to assist with survey development/administration and data analysis.
- April 2015 – Health Care Workforce Work Group provided input to VDH regarding report content and formatting.
- October 2015 – Health Care Workforce Work Group received status update on data collection, progress, and schedule of survey administration by provider type.
- February 2016 – VDH proposed forming a sub-group of the Health Care Workforce Work Group and other key subject matter experts. The subgroup will analyze VDH data and provide this analysis to the broader work group, with the goal of informing work group activities.

Status Update/Progress Toward Milestones and Goals:
- The Vermont Department of Health has hired additional staff to develop and administer surveys to accompany provider re-licensure applications, and perform analysis on licensure data and develop provider reports on various health care professions.
- VDH staff will report analysis findings to work group on an ongoing basis, beginning in Q3 2015.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan.
Performance Period 2: Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:
    1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16.
    2. Publish data reports/analyses on website by 12/31/15.
    3. Distribute reports/analyses to project stakeholders by 12/31/15.
Performance Period 3: Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:
    1. Present data to Workforce Work Group at least 3 times by 12/31/16.
    2. Publish data reports/analyses on website by 6/30/17.
    3. Distribute reports/analyses to project stakeholders by 6/30/17.
    4. Incorporate into Sustainability Plan by 6/30/17.

Metrics:
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
CORE_Provider Organizations_[VT]_[ACO]_Medicaid
CORE_Provider Organizations_[VT]_[ACO]_Medicare
CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Matt Bradstreet (Amy Coonradt)

Contractors Supporting: N/A

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure

<table>
<tr><td colspan="1" align="center">Focus Area: Health Data Infrastructure
Project: Expand Connectivity to HIE – Gap Analyses</td></tr>
</table>

Project Summary: The Gap Analysis is an evaluation of the Electronic Health Record (EHR) system capability of health care organizations, interface ability of the EHR system, and the data transmitted within those interfaces. Conducting the ACO Gap Analysis created a baseline determination of the ability of health care organizations to produce Year 1 Medicare, Medicaid, and commercial Shared Savings ACO Program quality measure data. The Vermont Care Partners (VCP) Gap Analysis is evaluating data quality among the 16 designated and specialized service agencies. Finally, the DLTSS Gap Analysis was conducted to review the technical capability of DLTSS providers statewide. This work stream is complete as of December 2015.

Project Timeline and Key Facts:
- January 2014 – VITL and ACO teams launched Gap Analysis of the ACO Program quality measures.
- July 2014 – Gap Analysis of the ACO Program quality measure data completed.
- September 2014 – H.I.S. Professionals began DLTSS Technical Assessment.
- January 2015 – Scope of Work for VCP Gap Analysis finalized.
- February 2015 – Work began for VCP Gap Analysis with introductory meeting with Designated Agencies.
- February 2015 – H.I.S. Professionals submitted draft of DLTSS Technical Assessment and recommendations.
- April 2015 – DLTSS Technical Assessment work put on hold pending federal approvals of funding.
- July 2015 – A total of 67 data quality meetings held with DAs & SSAs.
- November 2015 – DLTSS Technical Assessment Final Report completed.
- December 2015 – DLTSS Technical Assessment findings presented to Health Data Infrastructure (HDI) Work Group.

Status Update/Progress Toward Milestones and Goals:
- Gap Analysis of ACO Program data quality measures completed in January 2014.
- VITL has conducted numerous data quality interviews with the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs). VITL has also identified that a number of DA and SSA member agencies' structures are decentralized such that they operate as multiple independent agencies. VCP has confirmed the need for full assessments to be conducted at these agencies. VITL will be pursuing additional funding for this revised scope.
- DLTSS Technical Assessment Final Report completed with recommendations on next steps; report has been distributed to stakeholders and findings presented to the HDI Work Group.

Milestones:
Performance Period 1: Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers.
Performance Period 1 Carryover: Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers:
1. Complete DLTSS technical gap analysis by 9/30/15.
2. Conduct bimonthly SSP quality measure gap analyses for ACO providers.
Performance Period 2: N/A
Performance Period 3: N/A

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: TBD
  # Participating Providers: 400

Key Documents:
- ACO Gap Analysis (Fall 2014)
- [DLTSS Information Technology Assessment Report](#) (Fall 2015)

State of Vermont Lead(s): Larry Sandage

Contractors Supporting: VITL; Vermont Care Partners; H.I.S. Professionals; Bailit.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure
Project: Expand Connectivity to HIE – Gap Remediation

Project Summary: The Gap Remediation project addresses gaps in connectivity and clinical data quality of health care organizations to the Health Information Exchange. The ACO Gap Remediation component improves the connectivity and data quality for all Vermont Shared Savings Program measures among ACO member organizations. The Vermont Care Partners (VCP) Gap Remediation will improve the data quality for the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs).

Project Timeline and Key Facts:
- March 2015 – ACO Gap Remediation work begun by VITL and ACO member organizations.
- March 2015 – Terminology Services vendor identified by VITL.
- May 2015 – SET Team work completed by VITL and Medicity.
- July 2015 – Gap Remediation work continued, with 95 ADT, VXU, and CCD interfaces in progress.
- October 2015 – Phase II ACO Gap Remediation initially proposed.
- October 2015 – VCP Gap Remediation proposed.
- January 2016 – Phase I ACO Gap Remediation work completed.
- January 2016 – VCP Gap Remediation work began.
- February 2016 – Terminology Services work begins.
- December 2016 – VCP Gap Remediation work to be completed.

Status Update/Progress Toward Milestones and Goals:
- ACO Gap Remediation project includes five projects: Interface and Electronic Health Record Installation, Data Analysis, Data Formatting, Terminology Services, and SE Team.
- Contract with VITL executed. ACO Gap Remediation work has been in progress since March 2015, with significant progress to date.
- VITL and VCP proposed additional gap remediation work in Quarter 4 of 2015 for Performance Period 3.
- The HDI Work Group evaluated next steps based on the DLTSS Technology Assessment, and approved proposals for gap remediation for the ACO and VCP projects in the November Work Group meeting.
- The HDI Work Group also recommended further investment into connections for the Area Agencies on Aging and Home Health Agencies in the November Work Group meeting.
- In December 2015, VITL increased the percentage of total ACO data being transmitted to the VHIE to 62%-64%.
- The VHCIP Steering Committee approved a motion to recommend further investment into connections for the AAAs and HHAs in the December Steering committee meeting. A proposal was developed in collaboration with the State, VITL, AAAs, and HHAs in January 2016. The VHCIP Core Team approved a proposal for DLTSS Gap Remediation to provide connectivity and accessibility for Home Health Agency health data in January 2016.
- Contract with VITL to provide connectivity interface discovery and implementation to Home Health Agencies is in development. This contract will also provide onboarding services to Home Health Agencies for access to VITL's provider portal, VITLAccess.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: Remediate data gaps that support payment model quality measures, as identified in gap analyses:
    1. Remediate 50% of data gaps for SSP quality measures by 12/31/15.
    2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.
Performance Period 3:
    1. Remediate 65% of ACO SSP measures-related gaps as identified in Fall 2015/Spring 2016 by 6/30/17.
    2. Remediate data gaps for LTSS providers according to remediation plan developed in Performance Period 2 by 6/30/17.
    3. Incorporate Gap Remediation activities into Sustainability Plan by 6/30/17.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:

# Lives Impacted: TBD # Participating Providers: TBD	
Key Documents:	
State of Vermont Lead(s): Georgia Maheras, Larry Sandage	
Contractors Supporting: VITL; Vermont Care Partners; H.I.S. Professionals; Pacific Health Policy Group. To view executed contracts, please visit the **VHCIP Contracts** page.	
Anticipated Risks and Mitigation Strategy: None at this time.	

Focus Area: Health Data Infrastructure
Project: Expand Connectivity to HIE – Data Extracts from HIE

Project Summary: This project provides a secure data connection from the VHIE to the ACOs analytics vendors for their attributed beneficiaries. Allows ACOs direct access to timely data feeds for population health analytics.

Project Timeline and Key Facts:
- March 2014 – OneCare (OCV) Gateway build started.
- February 2015 – Community Health Accountable Care (CHAC) Gateway build started.
- January 2016 – Contract with VITL to build Health*first* Gateway approved.

Status Update/Progress Toward Milestones and Goals:
- OCV Gateway is complete as of December 2015.
- CHAC Gateway is complete as of December 2015.
- Health*first* Gateway started in February 2016.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: Completed development of ACO Gateways with OneCare Vermont (OCV) by 3/31/15 and Community Health Accountable Care (CHAC) by 12/31/15 to support transmission of data extracts from the HIE.
Performance Period 2: N/A
Performance Period 3: N/A

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: TBD
  # Participating Providers: TBD

Key Documents:

State of Vermont Lead(s): Georgia Maheras

Contractors Supporting: Vermont Information Technology Leaders.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure
Project: Improve Quality of Data Flowing into HIE

Project Summary: The Data Quality Improvement Project is an analysis performed of ACO members' Electronic Health Record on each of sixteen data elements. Additional data quality work with Designated Agencies (DAs) to improve the quality of data and usability of data for this part of Vermont's health care system. VITL will engage providers and make workflow recommendations to change data entry to ensure the data elements are captured. In addition, VITL will perform comprehensive analyses to ensure that each data element from each Health Care Organization (HCO) is formatted identically. VITL will work with the HCOs to perform some or all of the following: (1) The HCO can change their method of data entry; (2) the HCO's vendor can change their format used to capture data; and (3) a third party could use a terminology service to transform the data.

Project Timeline and Key Facts:
- March 2015 – VITL-ACO Data Quality work began by deploying VITL's eHealth Specialist teams to member organizations for review of Data Quality input and workflow.
- July 2015 – Significant progress made in data quality assessment and initial phases of gap remediation through an existing underlying contract approved in Performance Period 1; additional gap remediation progress in Performance Periods 2 & 3 pending Federal approval of contract amendment.
- January 2016 – Funds to support continued work on the VCP Data Quality project approved by the VHCIP Core Team.

Status Update/Progress Toward Milestones and Goals:
- There was a contract with VITL in place to work with providers and the ACOs to improve the quality of clinical data in the HIE for use in population health metrics within the Shared Savings Program.
- Data quantity and quality improvements resulted in 64% of data gaps for SSP quality measures.
- Ongoing work with Vermont Care Network and VITL to improve data quality and work flows at Designated Mental Health Agencies (DAs). VITL will work with DAs to implement the workflow improvements in each agency through the development of a toolkit that will provide the necessary documentation, workflows, and answers to specific questions needed.
- The HDI Work Group approved additional data quality work for the ACO and VCP project in the November Work Group meeting.
- The VHCIP Steering Committee approved the motion to continue the data quality work for the VCP project, but requested that the ACO project continue to develop its proposal in the December Steering Committee meeting.
- The VHCIP Core Team approved the VCP Data Quality project to continue its work with the Designated Agencies in January 2016.
- Contract with VITL to provide continued Data Quality services for the Designated Mental Health Agencies (VCP Data Quality project) is in development.

Milestones:
Performance Period 1: Clinical Data:
   1. Medication history and provider portal to query the VHIE by end of 2013.
   2. State law requires statewide availability of Blueprint program and its IT infrastructure by October 2013.
Performance Period 1 Carryover:
   1. Data quality initiatives with the DAs/SSAs:
   Conduct data quality improvement meetings with the DAs/SSAs to focus on the analysis of the current state assessments for each agency: at least 4 meetings per month with DA/SSA leadership and 6 meetings per month with individual DAs/SSAs to review work flow.
   2. Access to medication history to support care: 150 medication queries to the VHIE by Vermont providers by 12/31/15.
Performance Period 2:
   1. Implement terminology services tool to normalize data elements within the VHIE by TBD.
   2. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 6/30/16.
Performance Period 3:

1. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 50% of ACO attributing practices by 7/1/16. Complete workflow improvement by 12/31/16. 2. Engage in workflow improvement activities at designated mental health agencies (DAs) as identified in gap analyses. Start workflow improvement activities in all 16 DAs by 7/1/16 and complete workflow improvement by 12/31/16.
Metrics: CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: TBD
  # Participating Providers: 977

Key Documents:
  • VITL Contract SIM Amendment 2
  • SFY 15 Year-End VITL Progress Report
  • Gap Remediation Monthly Status Report – 8/31/15

State of Vermont Lead(s): Larry Sandage
Contractors Supporting: Behavioral Health Network/Vermont Care Network; Bi-State Primary Care Association/Community Health Accountable Care; H.I.S. Professionals; UVM Medical Center/OneCare Vermont; Vermont Information Technology Leaders. To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure
Project: Telehealth – Strategic Plan

Project Summary: Vermont contracted with JBS International to develop a Statewide Telehealth Strategy to guide future investments in this area. The Strategy, developed in collaboration with the State of Vermont and private sector stakeholders, includes four core elements: a coordinating body to support telehealth activities; alignment of state policies relevant to telehealth; telehealth technology investments that are secure, accessible, interoperable, cloud-based, and aligned with Vermont's HIT infrastructure; and clinician engagement. The Strategy also includes a Roadmap based on Vermont's transition from volume-based to value-based reimbursement methodologies to guide prioritization of telehealth projects and their alignment with new clinical processes adopted as payment reform evolves. This project is complete.

Project Timeline and Key Facts:
- February 2015 – Contractor presented project plan to the HIE/HIT Work Group.
- March-July 2015 – Vermont Telehealth Steering Committee convened in March 2015 to guide Telehealth Strategy development; the Steering Committee continued to meet through July.
- June 2015 – Contractor presented draft strategy elements to the HIE/HIT Work Group for comments.
- August 2015 – Final Strategy elements approved.
- June-September 2015 – Strategy review and editing.
- September 2015 – Final Strategy document approved by State of Vermont; final Strategy released. The project is complete.

Status Update/Progress Toward Milestones and Goals:
- JBS International convened the Vermont Telehealth Steering Committee in March 2015 to guide Telehealth Strategy development. Steering Committee members met biweekly via phone between March and July to come to consensus on a telehealth definition, identify guiding principles for the strategy, review key features on telehealth programs across the country, and develop strategy elements.
- A draft Statewide Telehealth Strategy was submitted to DVHA in June 2015; JBS worked with SOV staff to refine the Strategy between June and September 2015.
- The final strategy elements were approved by the HIE/HIT Work Group, Steering Committee, and Core Team in August 2015.
- The State of Vermont finalized the Strategy in September 2015 and released the final Strategy in mid-September.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: Develop Telehealth Strategic Plan by 9/15/15.
Performance Period 3: N/A

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
　# Lives Impacted: N/A
　# Participating Providers: N/A

Key Documents:
- A Statewide Telehealth Strategy for the State of Vermont
- Vermont Telehealth Pilots RFP

Lead(s): Sarah Kinsler

Contractors Supporting: JBS International.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure
Project: Telehealth – Implementation

Project Summary: Vermont is funding pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations over a 12-month time period. The primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout the State of Vermont. Projects were selected in part based on demonstration of alignment with the health reform efforts currently being implemented as part of the SIM Grant process.

Project Timeline and Key Facts:
- August 2015 – Approval of draft RFP scope.
- September 2015 – RFP released.
- November 2015 – Pilot projects selected.
- February 2016 – Pilot launch.
- April 2016-January 2017 – Pilot period.
- December 2016-February 2017 – Pilot project wrap-up, evaluation, and reporting.

Status Update/Progress Toward Milestones and Goals:
- A draft RFP scope was developed by the State and JBS International, drawing on the telehealth definition, guiding principles, and key Telehealth Strategy elements.
- The draft RFP scope was approved by the HIE/HIT Work Group, Steering Committee, and Core Team in August 2015.
- The RFP was released on September 18, 2015; the bid period closed on October 23, 2015.
- Bid selection committee met four times to review bids; bids were scored and top two received notification of award.
- Project staff have met with two apparent awardees to initiate contract negotiations; contract execution expected in April 2016.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2:
    1. Release telehealth program RFP by 9/30/15.
    2. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16.
Performance Period 3:
    1. Continue telehealth pilot implementation through contract end dates.
    2. Incorporate Telehealth Program into Sustainability Plan by 6/30/17.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: N/A – Program not yet launched.
  # Participating Providers: N/A – Program not yet launched.

Key Documents:
- A Statewide Telehealth Strategy for the State of Vermont
- Vermont Telehealth Pilots RFP

Lead(s): Sarah Kinsler

Contractors Supporting: TBD – to be selected in October 2015.

Anticipated Risks and Mitigation Strategy:
- Delays in bidder selection and contract negotiations have resulted in delayed program launch.
  - The State is working to limit the impact of this delay. Project staff are working with apparent awardees to conclude contract negotiations, minimize implementation challenges, and execute contracts; program launch is expected in April 2016. The timeline above reflects delays.

Focus Area: Health Data Infrastructure
Project: EMR Expansion

Project Summary: EMR Expansion focuses on assisting in the procurement of EMR systems for non-Meaningful Use (MU) providers. This would include technical assistance to identify appropriate solutions and exploration of alternative solutions.

Project Timeline and Key Facts:
- January 2015 – EMR acquisition project began with VITL, VCP, and ARIS for five Specialized Service Agencies (SSAs).
- January-June 2015 – VITL assisted Vermont DMH in procuring new EMR solution for State Psychiatric Hospital.
- July 2015 – Vendor selected for SSA EMR acquisition and contract negotiations completed.
- August 2015 – Contract executed for SSA EMR acquisition. The project is complete.

Status Update/Progress Toward Milestones and Goals:
- EMR acquisition for five Specialized Service Agencies is ongoing.
- VITL provided technical assistance to the Department of Mental Health to support procurement of the EMR system for the State's new hospital.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2:
    1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16).
    2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.
Performance Period 3: N/A

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: TBD
  # Participating Providers: TBD

Key Documents:
- DLTSS Information Technology Assessment Report (Fall 2015)

State of Vermont Lead(s): Larry Sandage

Contractors Supporting: VITL, Vermont Care Partners, ARIS.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure
Project: Data Warehousing

Project Summary: The VCN Data Repository will allow the Designated Mental Health Agencies (DA) and Specialized Service Agencies (SSA) to send specific data to a centralized data repository. Long-term goals of the data repository include accommodating connectivity to the Vermont Health Information Exchange (VHIE), as well as Vermont State Agencies, other stakeholders and interested parties. In addition to connectivity, it is expected that this project will provide VCN members with advanced data analytic capabilities to improve the efficiency and effectiveness of their services, and support the Triple Aim of health care reform. This project will also allow the network to show the incredible value it provides to the people of Vermont and participate more fully in health care delivery reform. Additionally, it will support the agencies as we transition from a fee-for-service reimbursement structure, to an outcome based payment methodology.

Project Timeline and Key Facts:
- March 2015 – RFP released for this project.
- May 2015 – Selection Committee selected preferred vendor and begins contract negotiations.
- September 2015 – Vendor contract executed.
- September 2016 – Phase 1 as defined in contract to be completed.

Status Update/Progress Toward Milestones and Goals:
- Vermont Care Network (VCN/BHN) is working on behalf of Designated Mental Health Agencies (DAs) and Specialized Service Agencies (SSAs) to develop a behavioral health-specific data repository, which will to aggregate, analyze, and improve the quality of the data stored within the repository and to share extracts with appropriate entities.
- Data quality work, data dictionary development, training on analytic software, and other supporting tasks are all in progress to support the project once the team is ready for implementation. Implementation began in late 2015 and will continue through the end of 2016.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: Prepare to develop infrastructure to support the transmission, aggregation, and data capability of the DAs and SSAs data into a mental health and substance abuse compliant Data Warehouse:
    1. Develop data dictionary by 3/31/15.
    2. Release RFP by 4/1/15.
    3. Execute contract for Data Warehouse by 10/15/15.
    4. Design data warehousing solution so that the solution begins implementation by 12/31/15.
Performance Period 2:
    1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan).
    2. Procure clinical registry software by 3/31/16.
    3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.
Performance Period 3:
    1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16.
    2. Begin to implement cohesive strategy for developing data systems to support analytics by 12/31/16.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: 35,000
  # Participating Providers: 5,000

Key Documents:
- Data Repository RFP

State of Vermont Lead(s): Larry Sandage

Contractors Supporting: Behavioral Health Network/Vermont Care Network; H.I.S. Professionals; Stone Environmental; Vermont Information Technology Leaders; TBD.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure
Project: Care Management Tools (Shared Care Plan Project)

Project Summary: The Shared Care Plan (SCP) project (formerly part of the SCÜP project) will provide a Shared Care Plan solution to Vermont's provider organizations. This project will ensure that the components of a shared care plan will be captured in a technical solution that allows providers across the care continuum to electronically exchange critical data and information as they work together in a team based, coordinated model of care.

Project Timeline and Key Facts:
- April 2015 – Through Learning Collaboratives, the need for a technical solution for Shared Care Plans was identified; UTP and SCP projects are aligned under a single project named SCÜP.
- June 2015 – Discovery on aligned SCÜP project began.
- July 2015 – Requirements gathering sessions with multiple communities performed and initial technical and business requirements drafted.
- August 2015 – Requirements validated with target communities.
- October 2015 – Technical Assessments of existing or proposed solutions meeting SCÜP use cases reviewed for alignment.
- November 2015 – Technical proposal submitted to HDI Work Group by SCÜP team. SCÜP split into two projects (SCP and UTP) due to a difference in proposed solutions.
- December 2015-January 2016 – Continued discovery activities.
- March 2016 – Status update provided to the HDI Work Group recommending that the SCP project continue its review of the consent requirements for Shared Care Plans. A technical solution is not recommended at this time.

Status Update/Progress Toward Milestones and Goals:
- Integrated Care Management Learning Collaborative Cohort 1 communities requested shared care planning tools.
- Final findings reviewed with HDI Work Group. A technical solution is not recommended at this time.
- The final report including project findings for this project will be distributed in April 2016. Work on the consent requirements and consent management system will begin in Q2 2016.

Milestones (all Care Coordination Tools work streams):
Performance Period 1: N/A
Performance Period 1 Carryover:
    1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution:
        Report due 4/15/15.
    2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.
Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:
    1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
    2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.
Performance Period 3:
    1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
    2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
    3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.
    4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.

Metrics:

CORE_Health Info Exchange_[VT]
Additional Goals:
Lives Impacted: TBD
Participating Providers: TBD
Key Documents:
State of Vermont Lead(s): Larry Sandage
Contractors Supporting: Bailit Health Purchasing; im21; Vermont Information Technology Leaders. To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure
Project: Care Management Tools (Universal Transfer Protocol)

Project Summary: The Universal Transfer Protocol (UTP) project (formerly part of the SCÜP project) will provide a Universal Transfer Protocol to Vermont's provider organizations. This project will ensure that a Universal Transfer Protocol will allows providers across the care continuum to exchange critical data and information as they work together in a team based, coordinated model of care; particularly when people transition from one care setting to another.

Project Timeline and Key Facts:
- September 2014 – Contractor im21 began UTP discovery.
- February 2015 – Draft UTP charter and final UTP report submitted.
- April 2015 – Through Learning Collaboratives, the need for a technical solution for Shared Care Plans was identified; UTP and SCP projects are aligned under a single project named SCÜP.
- June 2015 – Discovery on aligned SCÜP project began.
- July 2015 – Requirements gathering sessions with multiple communities performed and initial technical and business requirements drafted.
- August 2015 – Requirements validated with target communities.
- October 2015 – Technical Assessments of existing or proposed solutions meeting SCÜP use cases reviewed for alignment.
- November 2015 – Technical proposal submitted to HDI Work Group by SCÜP team. SCÜP split into two projects (SCP and UTP) due to a difference in proposed solutions.
- March 2016 – Status update provided to the HDI Work Group recommending that the UTP project work with the Learning Collaboratives to provide support services to transform practice workflows to support the UTP use case.

Status Update/Progress Toward Milestones and Goals:
- Integrated Care Management Learning Collaborative Cohort 1 communities requested shared care planning tools.
- Former SCÜP project separated into two separate projects (SCP and UTP).
- Final findings reviewed with HDI Work Group. Project staff recommended that the UTP project work with the Learning Collaboratives to provide support services to transform practice workflows to support the UTP use case.

Milestones (all Care Coordination Tools work streams):
Performance Period 1: N/A
Performance Period 1 Carryover:
    1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution:
        Report due 4/15/15.
    2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.
Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:
    1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
    2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.
Performance Period 3:
    1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
    2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
    3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.

4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.
Metrics: CORE_Health Info Exchange_[VT]
Additional Goals: # Lives Impacted: TBD   # Participating Providers: TBD
Key Documents:
State of Vermont Lead(s): Larry Sandage
Contractors Supporting: Bailit Health Purchasing; im21; Vermont Information Technology Leaders.   To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure
Project: Care Management Tools (Event Notification System)

Project Summary: The Event Notification System (ENS) project will implement a system to proactively alert participating providers regarding their patient's medical service encounters. VITL and the Vermont ACOs worked with the State to perform discovery and design of proposed ENS solutions. The selected ENS solution will provide admission, discharge, and transfer data to participating providers.

Project Timeline and Key Facts:
- July 2014 – VITL begins ENS project.
- August 2014 – Proof of concept began with 2 selected vendors.
- January 2015 – Research and discovery related to vendor selection.
- September 2015 – Vendor selected.
- October 2015 – VITL, State, and vendor in contract negotiations.
- March 2016 – Contract approved.

Status Update/Progress Toward Milestones and Goals:
- State of Vermont is working with VITL to procure Event Notification System. Contractor selected. Contract being routed for approval as of January 2016.
- PatientPing and VITL have completed implementation of all 15 VITL feeds in the PatientPing environment.
- Event Notification project is scheduling a formal launch in early April.

Milestones (all Care Coordination Tools work streams):
Performance Period 1: N/A
Performance Period 1 Carryover:
    1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution:
        Report due 4/15/15.
    2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.
Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:
    1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
    2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.
Performance Period 3:
    1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
    2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
    3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.
    4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: TBD
  # Participating Providers: TBD

Key Documents:

Lead(s): Georgia Maheras, Larry Sandage

Contractors Supporting: Vermont Information Technology Leaders.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:

Focus Area: Health Data Infrastructure
Project: General Health Data – Data Inventory

Project Summary: Vermont engaged a contractor, Stone Environmental, to complete a statewide health data inventory that will support future health data infrastructure planning. This project built a comprehensive list of health data sources in Vermont, gathered key information about each, and catalogued them in a web-accessible format. The resulting data inventory is a web-based tool that allows users (both within the State and external stakeholders) to find and review comprehensive information relating to the inventoried datasets. This work stream is complete.

Project Timeline and Key Facts:
- November 2014 – Contract executed.
- December 2014 – Project launched.
- January 2015 – Project convened Health Data Inventory Steering Committee to guide work.
- January-May 2015 – Dataset discovery and initial information collection.
- February-May 2015 – One-on-one meetings with Health Data Inventory Steering Committee members and other key stakeholders.
- April-May 2015 – Dataset prioritization.
- May-August 2015 – Contract on hold pending CMMI approval of Performance Period 2 budget.
- August 2015 – Project re-launched.
- September-November 2015 – Data collection on prioritized datasets, recommendations development.
- November 2015 – Draft report and recommendations submitted and shared with project leadership and HDI Work Group co-chairs for feedback.
- December 2015 – Final recommendations presented to Health Data Infrastructure Work Group; final report submitted to project leadership; final web-accessible inventory launched. The project is complete.

Status Update/Progress Toward Milestones and Goals:
- Contractor, working with SOV staff and key stakeholders, identified ~20 high priority datasets for deeper data collection; additional data collection on these prioritized datasets began in May 2015 and relaunched in September.
- Contractor engaged in research on possible portal framework options, and selected a solution already licensed by the State of Vermont.
- Draft report submitted to contract manager and shared with project leadership and HDI Work Group co-chairs in November 2015.
- Final report submitted and web-accessible inventory launched in December 2015.

Milestones:
Performance Period 1: Conduct data inventory.
Performance Period 1 Carryover: Complete data inventory:
    1. Draft analysis of health care data sources that support payment and delivery system reforms by 4/15/15.
    2. Final data inventory due by 10/31/15.
Performance Period 2: N/A
Performance Period 3: N/A

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:
- Stone Environmental Health Data Inventory Contract
- Final Health Data Inventory Report
- Searchable Health Data Inventory

State of Vermont Lead(s): Sarah Kinsler

Contractors Supporting: Stone Environmental.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure
Project: General Health Data – HIE Planning

Project Summary: The HIE Planning project resulted from a perceived gap in high-level planning and research in local and nationwide best practices for providing a robust, interoperable ability to transmit accurate and current health information throughout the Vermont health care landscape. This project will conduct further research in best practices around improving clinical health data quality and connectivity resulting in recommendations to the HIE/HIT Work Group. Additionally, the HDI Work Group has participated on multiple occasions in the 2015 revision of Vermont Health Information Technology Plan, which is scheduled for release in January 2016.

Project Timeline and Key Facts:
- December 2014 – Contractor selected for HIE Planning project.
- April 2015-September 2015 – HIE Planning project contracting process put on hold pending Federal approval.
- October 2015 – HIE Planning work began.

Status Update/Progress Toward Milestones and Goals:
- Contractor selected and kick-off meeting with outlined roles and responsibilities conducted.
- Work is ongoing.
- HIT Plan released in January 2016 and is pending approval at the Green Mountain Care Board as of March 2016.

Milestones:
Performance Period 1: Provide input to update of state HIT plan.
Performance Period 1 Carryover: N/A
Performance Period 2:
    1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015.
    2. HDI Work Group will identify connectivity targets for 2016-2019 by 6/30/16.
Performance Period 3: Finalize connectivity targets for 2016-2019 by 12/31/16.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
  # Lives Impacted: N/A
  # Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Georgia Maheras

Contractors Supporting: Stone Environmental.
To view executed contracts, please visit the **VHCIP Contracts** page.

Additional Supporting Information: None at this time.

Focus Area: Health Data Infrastructure
Project: General Health Data – Expert Support

Project Summary: This is a companion project to all of the projects within the Health Data Infrastructure focus area. Due to the nature of those projects, we need specific skills to support the State and stakeholders in decision-making and implementation. The specific skills needed are IT Enterprise Architects, Business Analysts, and Subject-Matter Experts.

Project Timeline and Key Facts:
- Accessed as necessary to support various Health Data Infrastructure projects.

Status Update/Progress Toward Milestones and Goals:
- IT-specific support to be engaged as needed.
- Enterprise Architect, Business Analyst and Subject Matter Experts identified.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.
Performance Period 3: Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
 # Lives Impacted: N/A
 # Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Georgia Maheras

Contractors Supporting: Stone Environmental; TBD.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Evaluation

Project Summary: All SIM efforts are evaluated to ensure the process and outcomes, work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to ensure there are no unintended consequences and enable staff to better expand lessons learned quickly. Below is a list of SIM-supported projects and tasks underway in the Evaluation focus area:

- Development and execution of a Self-Evaluation Plan;
- Surveys to measure patient experience and other key factors, as identified in payment model development; and
- Monitoring and evaluation activities within payment programs.

Project Timeline and Key Facts:

- September 2014 – Initial Self-Evaluation contract executed.
- June 2015 – Self-Evaluation Plan draft submitted to CMMI.
- November 2015 – RFP re-released for sub-set of the State-led Evaluation Plan.
- March 2016 – State-led Evaluation contract executed.
- November 2017 – State-led Evaluation Report to be finalized.
- Annually – Patient Experience Survey for P4P (PCMH) and Shared Savings Program.
- Annually according to specified project plans – Shared Savings Program monitoring and evaluation activities.

Status Update/Progress Toward Milestones and Goals:

- RFP re-released for State-led Study portion of the State-led Evaluation Plan in November 2015 due to significant differences between planned implementation activities and original contract scope; Vermont procurement guidelines required a new competitive bidding process. Vermont selected a bidder in December 2015; a contract with the new State-led Evaluation contractor was executed in March 2016.
- Ongoing activities including conducting annual patient experience survey and other surveys as identified in payment model development; analyses of the commercial and Medicaid Shared Savings Programs according to program specifications, and ongoing monitoring and evaluation by SOV staff and contractors occurring as needed according to project plan.

Milestones:

Self-Evaluation Plan and Execution
Performance Period 1:
1. Procure contractor: Hire through GMCB in Sept 2013.
2. Evaluation (external):
- Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal=2).
- Evaluation plan developed.
- Baseline data identified.

Performance Period 1 Carryover:
1. Design Self-Evaluation Plan for submission to CMMI by 6/30/15.
a. Elicit stakeholder feedback prior to submission.
2. Once approved by CMMI, engage in Performance Period 1 Carryover activities as identified in the plan.

Performance Period 2:
1. Procure new self-evaluation contractor by 2/28/16 to execute contractor-led self-evaluation plan activities.
2. Continue to execute self-evaluation plan using staff and contractor resources.
3. Streamline reporting around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.

Performance Period 3: Execute Self-Evaluation Plan for 2016 and 2017 according to timeline for Year 3 activities.

Surveys
Performance Period 1: N/A
Performance Period 1 Carryover: Conduct annual patient experience survey (Performance Period 1 surveys only):

1. Surveys are completed by 6/30/15 for reporting as part of the first performance period for the Medicaid and commercial Shared Savings Programs.

Performance Period 2: Conduct annual patient experience survey and other surveys as identified in payment model development:

Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – phase 1 to determine impact of Performance Period 2 activities by 6/30/16.

Performance Period 3: Conduct annual patient experience survey and other surveys as identified in payment model development:

Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings Programs by 6/30/17.

Monitoring and Evaluation Activities Within Payment Programs

Performance Period 1: N/A

Performance Period 1 Carryover: Conduct analyses as required by payers related to specific payment models.
• Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2 by 6/30/15).
• Payer-specific evaluation plan developed for Medicaid Shared Savings Program as part of State Plan Amendment approval.
• Baseline data identified for monitoring and evaluation of Medicaid and commercial Shared Savings Programs by 6/30/15.

Performance Period 2:
1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications: biannual reporting to providers.
2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications: monthly, quarterly reports depending on type.

Performance Period 3:
1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications (bi-annual reporting to providers).
2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications (monthly, quarterly reports depending on report type).
3. Conduct analyses of the EOC program according to program specifications (monthly, quarterly reports depending on report type).
4. Conduct analyses of the PPS – Home Health program according to program specifications (monthly, quarterly reports depending on report type).
5. TBD: APM, Medicaid VBP – Mental Health and Substance Use.

Metrics:
CORE_BMI_[VT]
CORE_Diabetes Care_[VT]
CORE_ED Visits_[VT]
CORE_HRQL_[VT]
CORE_Readmissions_[VT]
CORE_Tobacco Screening and Cessation_[VT]
CAHPS Clinical & Group Surveys
CORE_HCAHPS Patient Rating_[VT]

Additional Goals:
 # Lives Impacted: All Vermonters impacted by VHCIP.
 # Participating Providers: All Vermont providers impacted by VHCIP.

Key Documents:
• Self-Evaluation Plan

Lead(s): Annie Paumgarten, Pat Jones

Contractors Supporting: John Snow Inc.; Datastat; Bailit Health Purchasing; Burns and Associates; The Lewin Group.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: