

August 2014 - VHCIP  
Work Group Status  
Reports

***VT Health Care Innovation Project  
Care Models and Care Management  
August Work Group Status Report***

Date: August 28, 2014

Co-Chairs: Bea Grause & Nancy Eldridge

Staff: Pat Jones and Erin Flynn

**1) WG Project updates this month:**

This month the CMCM work group expanded its August 12<sup>th</sup> in person meeting to three hours in order to accommodate a packed schedule including:

- An overview of Care Management Survey Responses;
- An update on the Integrated Community Learning Collaborative;
- A proposed process for further developing care management standards; and
- A presentation from the DLTSS work group on a DLTSS model of care.

Following is more detail on each of these topics:

- **Integrated Community Learning Collaborative:** An update on the Integrated Community Learning Collaborative was provided. The CMCM work group voted unanimously at its July meeting to recommend the Integrated Community Learning Collaborative proposal, including a budget for funding not to exceed \$300,000. The proposal went before the Steering Committee at its August 6<sup>th</sup> meeting, and was recommended to the Core Team for approval. The Core Team voted to approve funding of the Integrated Community Learning Collaborative with a budget not to exceed \$300,000 at its August 13<sup>th</sup> meeting. In light of this decision, the learning collaborative planning group developed amendments to an existing DVHA RFP for two quality improvement facilitators to support the pilot communities throughout the learning collaborative. The RFP was posted on August 27<sup>th</sup>, and can be found at <http://dvha.vermont.gov/administration/1revised-facilitator-rfp-blueprint-and-vhcup-8.27.14.pdf>. At its September 5<sup>th</sup> meeting the planning group will continue to discuss several “pre-work phase” topics such as identifying the integrated care teams, choosing a population, quality and performance measures, and learning session topics. The group is also working on solidifying the time line, key milestones, and expectations for participants. The planning group will continue to give regular updates to the CMCM work group throughout the learning collaborative time frame.

- **Care Management Inventory Survey:** The Care Management Inventory Survey is complete with 42 organizations from across the state responding. At the August meeting Christine Hughes of Bailit Health Purchasing, who consulted on the survey design and analysis, provided a summary presentation highlighting the demographics of survey respondents, as well as a broad overview of the Care Management services they provide. Staff and consultants will continue to work together to analyze the survey results and identify key findings regarding Vermont's care management infrastructure. A more in-depth analysis will be presented at the September meeting.
- **Care Management Standards:** At the August CMCM meeting a proposed timeline for completion of the care management standards was presented. Based on feedback received from the work group at its June and July meetings, the work group co-chairs, staff and consultants will work together to develop recommendations for broad/aspirational ACO care management standards to support the achievement of a system of care management that:

- utilizes advanced primary care infrastructure to the greatest extent possible,
- fills gaps,
- eliminates duplication of effort,
- creates clear protocols for providers,
- reduces confusion and improves the care experience for people needing care management services, and
- follows best practice.

The work group will provide feedback on the draft standards at an upcoming meeting.

- **DLTSS Model of Care Presentation:** At the August CMCM meeting, the work group received a presentation from the DLTSS work group regarding a model of care for the DLTSS population that was first developed as part of the former duals demonstration. The work group provided very positive feedback and shared information on current activities and future plans to utilize elements of this model of care in their own communities. Members also shared challenges, such as HIE capabilities, to utilizing certain care management tools to the best of their ability (i.e. - a shared plan of care). The group will continue to consider how this model of care, amongst others, will feed into its recommendations for a strategic plan; and will explore opportunities to test out certain tools and best practices in its learning collaborative pilot communities.

**2) Planned accomplishments for next month/future:** In September the work group plans to move forward towards meeting its goals and accomplishments in a number of areas: 1) Feedback will be received from ACOs, payers, and work group members regarding the draft care management standards; and the work group co-chairs, staff and consultants will have a better sense of what changes/edits can be made to best incorporate this feedback; 2) Key findings of the care management inventory survey will be presented to the group, and the group will have a better sense of how these findings can inform their future work, including development of a strategic plan; 3) Recruitment and procurement of quality improvement facilitators to support the integrated communities learning collaborative will be underway, and the planning team will continue to lay groundwork for the learning collaborative kick-off; and 4) The work group will welcome Dr. Craig Jones of the Blueprint for Health, and Todd Moore of OneCare Vermont at its October meeting for a presentation regarding care coordination and collaboration between the Blueprint, ACOs and the existing care management infrastructure.

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

- a. Finalizing care management standards that meet the needs and gain the support of all parties;
- b. Understanding how to use the key findings presented in the care management inventory survey analysis to guide the work group moving forward, and to better understand the existing and future care management needs of Vermonters;
- c. Making sure that the integrated communities learning collaborative stays on track, especially in light of a full and intensive timeline;
- d. Continuing to identify areas of overlap and linkages with other work groups, particularly the DLSS work group and the population health work group in the month of September;
- e. Continuing to synthesize all the work group activity and data collection to build a strategic plan with recommendations on characteristics of ideal care models/care management in support of Vermont's goals.

# *VT Health Care Innovation Project DLTSS Work Group Status Report*

**Date: 8.28.14**

**Co-chairs: Judy Peterson & Deborah Lisi-Baker**

**1) WG Project updates this month: (if possible contrast to master timeline and work plan)**

The DLTSS Work Group continues to have on-going discussions about the recommended Quality and Performance Measures for the Medicaid and Commercial ACO SSPs in Year 2. Given the ACO Quality and Performance Measures do not address quality of life, quality of care, and issues of individual preference, the DLTSS Work Group is particularly interested in AHS Surveys which speak to these issues. At its September meeting, the DLTSS Work Group will hear a presentation from DAIL on the Long Term Care Consumer Survey (Choices for Care and Attendant Services).

The DLTSS Work Group had a rich discussion on Provider Training, underscoring the importance of provider capacity and ability to effectively work with the DLTSS population. Work Group members drew on their personal and professional experiences in providing feedback on how best to proceed with this initiative. We will discuss mechanisms for moving forward, and potential resources and funding at our September Work Group meeting.

The DLTSS Model of Care was presented to an interested and appreciative CM/CM Work Group at their August meeting. The DLTSS Model of Care is currently being used by some community providers and has relevant applicability to the CM/CM Learning Collaborative. The ensuing discussion and follow-up activity provided excellent examples of DLTSS and CM/CM Work Group coordination and collaboration.

**2) Planned accomplishments for next month/future: (if possible contrast to master timeline and work plan)**

The DLTSS Work Group will begin the process of updating its Work Plan to coordinate the timing of its work on DLTSS-related payment issues with the Payment Models Work Group. DLTSS-related payment issues include the recommendation of payment methodologies that incentivize providers to bridge the gap between acute and DLTSS service systems; payment methodologies that incentivize ACOs to reinvest savings to prevent unnecessary hospitalizations, ER visits and nursing home stays; and mechanisms to reduce cost shifting among payers.

## ***VT Health Care Innovation Project Payment Models Work Group Status Report July and August 2014***

- 1) Work Group Project updates this month:
  - The payment models workgroup had a presentation in July from Blueprint’s Craig Jones on the future of healthcare delivery and integration of existing models in the State. The workgroup expressed interest in being updated on discussions related to this topic and look forward to more conversations in the future.
  - François de Brantes from HCI3 presented to the workgroup in August on Medicaid data as related to Episodes of Care throughout Vermont. The workgroup felt the presentation set a good baseline for knowledge but requested more information from more payers.
  - The workgroup spent much of their time in the August meeting discussing how Vermont compared to other states when comparing Medicaid episodes data. There were also preliminary discussions centered on what episodes would be most beneficial to VT to bundle and where improvements/ savings could be made.
- 2) Planned accomplishments for next month/future :
  - In September, the workgroup will receive a presentation from a group of Physicians at Fletcher Allen on frail and elderly patients and current reimbursement issues with providing this specialized care.
  - Commercial level data will be distributed to the workgroup and presented on in September. Issues with Medicaid data that were flagged by the workgroup in August will also be addressed.
  - Workgroup will continue to be pulled into the discussions with Blueprint on integration.
- 3) Issues/risks that need to be addressed :
- 4) Other matters :

Comment [CAC1]: Is that right?

## *VT Health Care Innovation Project Quality & Performance Measures Work Group Status Report*

**Date:** August 2014  
**Co-Chairs:** Laura Pelosi & Cathy Fulton

1) **WG Project updates this month:** (if possible contrast to master timeline and work plan)

Meetings held on July 29<sup>th</sup> and August 25<sup>th</sup>

July 29

Updates provided for following ongoing items:

1. Attribution estimates
2. Clinical measure data collection
3. Analytics Contractor
4. Additional SBIRT information

The work group voted on Year 2 ACO Shared Savings Program measures. The group began with consideration of measures that had been recommended for prioritization by the QPM co-chairs, staff and consultant. The group also considered one measure not recommended for prioritization by the QPM co-chairs, staff and consultant. In a series of votes, the work group recommended the re-classification of 9 measures (previously included in the Year 1 measure set) and the addition of 2 new measures.

August 25

Updates provided for following ongoing items:

1. Attribution estimates
2. Integration of Blueprint and ACO Measures
3. Other payment models

At the Steering Committee's request, the work group discussed the feasibility of using patient experience survey measures for Payment in Year 2, and reviewed the written comments relating to Year 2 measures. The group also reviewed measures in the Pending category that were not voted on in the July meeting:

- The group discussed the patient experience measures and agreed that there is not yet enough information available as to what the survey response rate will be and whether **responsesparticipating practices** will be representative of the Medicaid and Commercial ACO populations to recommend these measures for Payment in Year 2.
- The group reviewed the written comments and consequently discussed three Pending measures that had not been voted on at the previous meeting. The group agreed that these measures should remain Pending in Year 2, but should be priority considerations in Year 3.



2) **Planned accomplishments for next month/future** : (if possible contrast to master timeline and work plan)

In September, the group will begin discussion of performance targets and benchmarks for proposed Year 2 Payment measures.

In October, the group will invite the HIE work group and VITL to give a presentation on progress toward electronic collection of data for clinical quality measures.

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

Given the current timeline for measure approval by the Steering Committee, Core Team and Green Mountain Care Board, there may be a delay the finalization of performance targets and benchmarks for Year 2 Payment measures.

4) **Other matters** :

The work group voted (during the August meeting) to re-evaluate the feasibility of ~~using ALL~~ reviewing all Year 2 Pending measures during next year's discussion of Year 3 measures.

## ***VT Health Care Innovation Project Work Force Work Group Status Report July and August 2014***

- Work Group Project updates this month:
  - In July, Beth Tanzman presented on the Community Health Workforce in Vermont. The workgroup was very engaged in this discussion and asked about how the Community Health Teams were structured and what percentage were attributed to an ACO in the state. There were also preliminary discussions on what the future of ACOs and PCMH will look like in Vermont and how they can leverage one another's strengths.
  - In August, plans for the workforce symposium were finalized. The event will be held from 8am-1pm on November 10, 2014 at the Sheraton in Burlington. The agenda will have several key speakers giving an overview of payment and delivery reform and addressing workforce needs, and then will have several panels to do a presentation piece with responders. The symposium will hit on several past, present and future topics of healthcare workforce issues in Vermont.
  - At the August meeting, the workgroup voted to request \$1 million from the Governor in the FY 2016 budget to distribute as the workgroup sees fit. Workgroup would like to request proposals for and fund several projects pertaining to workforce innovations and the Workforce Strategic Plan and needs the funding to do so.
  - The workgroup discussed loan repayment grants in VT at the August meeting. Discussion centered on how the workgroup can best utilize existing funds for the benefit of the current healthcare workforce.
  - In August, the workgroup was presented with a Scope of Work for Demand Modeling in the State. This SOW is for micro-simulation requirement modeling which will help the State to better anticipate and predict future healthcare workforce numbers and structure. The RFP will be for a 6 month, \$250-300 k contract. There are several groups doing this work that could potentially bid. There was concern that there are already several models in existence. However, it was suggested that current models will not suffice for what the Workgroup

wants to do and a new model is needed that is flexible enough to adapt to Vermont's needs in its current environment of reform and change.

- Planned accomplishments for next month/future :
  - Staff will work to set a finalized symposium agenda to present to the workgroup at their next meeting and will be taking suggestions for a title and distributing save the dates.
  - The Workforce subcommittee on Long Term Care will provide the WFWG with a Report on Direct Care Workers in Vermont and their recommendations in September.
  - Demand modeling RFP will be released
  - A revised Demand Study of Nursing and Healthcare Workforce Proposal will be presented to the workgroup in the coming months to survey institutions about their current staffing levels. The proposal was presented at the August meeting but the group agreed that its scope needed to be widened to better assess the current healthcare workforce needs in the state.
- Issues/risks that need to be addressed :
  - The Work Group will review the Workforce Strategic Plan and will assess which recommendations it should focus its efforts on in the coming months.
  - The Work Group continues to emphasize a desire to be more up to date on activities of other workgroups. Staff is building presentations from other work groups into its agendas, and will work further to strengthen communication with other work groups.
- Other matters :