

December 2014 - VHCIP
Work Group Status
Reports

VT Health Care Innovation Project DLTSS Work Group Status Report

Date: 12.17.14

Co-chairs: Judy Peterson & Deborah Lisi-Baker

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

The DLTSS December meeting continued its discussion on the relationship between the ACOs and the DLTSS system of care. The discussion was framed by written questions posed by Vermont Legal Aid and the VT Council of Developmental and Mental Health Services; written responses were provided by the three ACOs – CHAC, OneCare, and Healthfirst. Work Group participants included providers, ACOs, advocates and others who engaged in an in-depth discussion of the DLTSS system of care as it relates to ACOs and the State.

Topics discussed at this meeting included the ACOs' future adoption of the VHCIP Care Management Standards, the challenge for DLTSS providers in addressing varying sets of expectations from multiple ACOs, and DLTSS providers having sufficient voice in the governance and operation of ACOs. There is a desire for alignment of expectations among ACOs. In addition, regional collaboration efforts across provider domains are especially important, given that not all Vermonters are attributed to an ACO.

Updates were given on the All-Payer Waiver and the Consolidated Global Commitment Waiver; the discussion included an explanation of the differences between the two waivers. The DLTSS Work Group will hear a presentation on the Consolidated Global Commitment Waiver once the State and CMS have finalized the agreement.

A draft letter to the Governor was composed by volunteers of the DLTSS Work Group focusing on the importance of preserving funding and services for the DLTSS population. The Work Group discussed the draft letter, enumerating both supporting and opposing views, and voted to support the letter. A letter from the DLTSS Work Group to the Governor will need to go through the VHCIP Steering Committee and Core Team prior to final approval.

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

At the upcoming January meeting, the DLSS Work Group will hear a presentation on the Washington County Mental Health Collaborative grant proposal. This proposal was submitted to the Round 2 Provider Grant Program but was not funded. The Core Team asked that this proposal be sent to both the DLSS and CM/CM Work Groups for possible Work Group funding. The Work Group will also hear a presentation by DMH on its CRT and Children's Services surveys, including high level results. In addition, the Work Group will receive an update on the Frail Elderly proposal which is being revised and presented to the Steering Committee in early January.

HIE Work Group Status Report

Date: December 30, 2014

Co-Chairs: Simone Rueschemeyer & Brian Otley

1. WG Project updates this month:

- The ACTT projects:
 - Vermont Care Network (VCN) Data Repository project is in the process of gathering requirements
 - Conversations continue between VITL, VCN, and the State on the appropriate next steps
 - VCN – VITL Statement of Work nearly finalized for the Data Quality Project
 - The DLTSS Data Quality project continues its technology review and prior technology assessments are being updated
 - The Universal Transfer Protocol project has provided initial recommendations and continues its interviews with the St. Johnsbury area
- Population-Based ACO Project:
 - The VITL Population Based ACO contract is in the process of being amended to include the Population-Based Gap Remediation scope of work.
- Event Notification: two vendors have been selected to pilot the solution. The pilot is projected for January-March and a full rollout is projected to start in March 2015.
- The Stone Environmental Data Inventory Project has begun planning work.
- Proposals have been received for the Telehealth/telemedicine RFP and are under review.
- The Vermont Health Information Strategic Plan has begun initial planning and the vendor contract is in routing.
- Joel Benware has developed a proposal for a Patient Portal that continues to be in review.
- Year 2 goals were developed and presented to work group for review.

2) Planned accomplishments for next month/future:

- Telehealth Contract to be finalized and routed for approval. Work will initiate on updating the project plan and definition of current landscape.
- Continued discussion to move forward the idea of a data utility.
- Planning for Year 2 based on the goals set forth in the Year 2 Work Plan.
- The Stone Environmental Data Inventory Project to identify Steering Committee and initial data sets for review.
- Review of the Patient Portal proposal.

- Work will continue with the ACTT projects and the ACO Population Health projects and additional work will begin as proposals are reviewed and approved.

VT Health Care Innovation Project Payment Models Work Group Status Report December 2014

- 1) Work Group Project updates this month:
 - At the December meeting, the PMWG heard comments from both QPM and the PMWG on Medicaid Year 2 Gate and Ladder methodology. After QPM makes recommendations about targets and benchmarks at their December meeting, a proposal regarding the Year 2 Medicaid SSP Gate & Ladder methodology will be shared with this workgroup.
 - Richard Slusky updated that group that the commercial payers have decided to make no changes to the Year 2 Commercial SSP Gate & Ladder methodology.
 - Brandies presented a high level analysis of the Episodes of Care data to the workgroup. This presentation was intended to get the workgroup thinking about how the existing data from HCl3 can be used and enhanced to benefit the healthcare system in Vermont. Kara Suter then recommended developing an Episodes of Care sub-group to start working through the existing data and determining what information is still missing in order to be truly beneficial for delivery system transformation
- 2) Planned accomplishments for next month/future :
 - Changes to the Yr 2 Medicaid gate and ladder methodology will be addressed.
 - The development of an Episodes of Care sub-group will continue to be discussed
 - The workgroup will receive an update on Yr 2 TCOC decisions made by the ACOs
- 3) Issues/risks that need to be addressed :
 - Membership of this workgroup will be evaluated for Year 2, quorum has been a challenge over the past couple months.
 - Leadership is actively seeking a replacement co-chair to help lead this workgroup
- 4) Other matters :

VT Health Care Innovation Project

Population Health Work Group Status Report

Date: December 30, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

Staff: Heidi Klein

1. WG Project updates this month:

- a. December meeting of the PHWG: Craig Jones and Todd Moore shared the regional approach being developed

Key questions/issues of how this might serve as a base for a broader Accountable Health Community included:

- Where do hospital community health needs assessments fit in this model?
- Where is prevention and how are upstream factors included?
- Who is part of the leadership structure? It sounded like medical providers only
- Will these regional entities be thinking about an expanded set of measures; consider how best to link with CHNA data points, BRFSS measures (fruit and veg), county health rankings
- Need to think about strategies for incorporating social determinants
- Consider payment based on measurement at HSA level rather than solely within primary care medical home
- How will the proposed unified health system integrate assurance of physical safety necessary for health and ACES approach?
- How would schools be included? What about their health-related work?

Dr. Jones requested that the work group's assistance in helping identify key 3-5) population health measures for them to consider incorporating as they expand the Blueprint and consider ACO synergy.

- b. Completed work plan for work group
- c. Revamped Population Health Plan from product of the Population Health Work Group to a Plan for Integrating Population Health in Health System Reform



2. Planned accomplishments for the next month/future:

- a. Continue to reach out to other Working Groups and the Steering Committee regarding shared priorities and the population health plan for VHCIP
- b. Startup of Prevention Institute contract to:
 - i. Research promising community level innovations in payment and service delivery in others parts of the country to coordinate health improvement activities and more directly impact population health;
 - ii. Identify key features to consider in developing recommendations for VT;
 - iii. Determine which features are present in the innovations currently underway through VHCIP and other health system reforms and what expansion in the scope of delivery models would be recommended; and
 - iv. Identify initiatives in Vermont that have some of the features necessary 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.
- c. Develop paper on connection between Accountable Care Organizations (ACOs), TACOs (Totally Accountable Care Organizations) and Accountable Health Communities (ACHCs)

3. Issues/risks that need to be addressed:

a. Shared frameworks

While there appears to be significant interest in the work of the PHWG it is clear that many of the leaders in the project do not share the same definition of population health and remain unfamiliar with the frameworks adopted by the Population Health Work Group. The ACO/TACO/ACH paper is another key document that will articulate the opportunities to build upon the ACOs for health improvement in the whole population.

b. Innovation Models

There is the risk that the payment and care models being tested will not include the population health frameworks adopted by the PHWG. Conversely, there is the risk that

the PHWG exploration of Accountable Health Communities is not sufficiently connected to the models being tested. The Prevention Institute has been tasked with exploring existing building blocks (e.g. Blueprint and ACOs) but not with the emerging models.

c. Alignment of resources and expectations

CMS with the assistance of CDC is increasing the expectations for population health in VHCIP but the workgroup leadership is not clear on the resources that will be available to meet these new expectations.

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

Date: December 2014
Co-Chairs: Laura Pelosi & Cathy Fulton

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

The meeting was held on December 22, 2014.

Updates were provided for the following ongoing items:

- Work Group Membership Requirements
- QPM Work Plan: All VHCIP work group work plans are currently under review to ensure better coordination among groups in the coming year. A new draft work plan will be presented to the QPM work group for review in the coming months.
- Targets and Benchmarks for Year 2 ACO Payment Measures: The group resumed discussion of the process for reviewing targets and benchmarks. The group reviewed changes to payment measures for Year Two, and reviewed options for setting targets and benchmarks. The group discussed a suggested approach which would adopt the Year 1 method for assigning targets and benchmarks, and voted to approve this recommendation.

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

- Lewin may provide a draft template for reporting measure results, for the Work Group's review.
- The revised work plan will be reviewed and voted upon.

3) Issues/risks that need to be addressed:

4) **Other matters:**

Within the next several quarters, the work group may have the opportunity to provide input on the definition of “meaningful improvement” as it applies to quality performance in the GMCB-approved commercial Shared Savings Program standards.

Within the next several quarters, the Work Group may be called upon to recommend or provide input on measures for other payment models (e.g., episodes of care, global budgets associated with an all-payer waiver).

VT Health Care Innovation Project Work Force Work Group Status Report December 2014

The work group met on December 17, 2014.

1) Work Group Project updates this month:

- The work group held a discussion around the symposium that took place in November, which included the following key takeaways:
 - The symposium was a good initial brainstorm around Vermont’s future healthcare workforce, and should be used to further develop and refine initiatives.
 - Topics from the symposium should be used to inform the Workforce Strategic Plan, when it is updated.
 - More flexibility is needed going forward in terms of licensing laws, scope of practice, and training for multiple skill sets within various healthcare professions.
 - Efficiency and better coordination of care can be achieved through a greater emphasis on team-based care and linking existing programs such as the Hub and Spoke to the community in a more integrative manner.
- The demand modeling RFP is being finalized by the Department of Labor with the aim of beginning work later in January.
- The group heard a presentation from Jeannie Hutchins from the UVM Center on Aging on Community Health Workers in the workforce and discussed the possibility of certification for CHWs in the state.

2) Planned accomplishments for next month/future :

- The February meeting will include an update from the Office of Professional Regulation.
- The Care Models/Care Management, Payment Models, and Population Health work groups have all been invited to provide an update to this workgroup.
- The work group will continue discussion around updating the Workforce Strategic Plan in the coming months.
- The work group will continue discussion around the CHW workforce.
- The work group will review the Year Two Work Plan once it is finalized.

3) Issues/risks that need to be addressed :

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

4) Other matters :