

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

Date: February 26, 2015  
Co-Chairs: Bea Grause & Nancy Eldridge  
Staff: Pat Jones and Erin Flynn

- 1) **WG Project updates this month:** The Work Group met on Tuesday February 10<sup>th</sup>, 2015 for its monthly in-person meeting. Agenda items for that meeting included the following:

**Update on Integrated Communities Learning Collaborative Update:** The first virtual bi-monthly webinar of the Integrated Communities Care Management Learning Collaborative was held on February 18<sup>th</sup>, 2015 with over 50 attendees from the three pilot communities (Burlington, Rutland and St. Johnsbury) and from state agencies, ACOs, health insurers and other organizations. Topics covered in the February webinar included: a recap/overview of learning collaborative goals, timeline and progress to date; progress reports from each community on their first PDSA (Plan-Do-Study-Act) cycle, using data to identify at risk people; an overview of quality improvement measures and data collection tools; and a preview of learning session 2. Learning Session 2 is planned for March 10<sup>th</sup> at Norwich University in Northfield, Vermont. Luran Hardin, MSN, RN-BC CNL, Director of Complex Care at Mercy Health in Grand Rapids, Michigan will serve as expert faculty for the day. Curriculum will include topics such as selection and roles of lead care coordinator, information sharing agreements, and shared care plans. Breakout sessions are also planned for teams to work on applying the day's curriculum to their communities. As part of the overall budget for this project, the Core Team approved funding for two full-time quality improvement facilitators. An RFP was issued, and members of the planning group conducted interviews with the top candidates. Two contractors have been identified as apparently successful bidders. One contract has been executed with Nancy Abernathey, who has begun work on the project, and the second bidder is recruiting staff for the project.

**Vote on ACO Care Management Standards:** A vote was held to recommend adoption of the draft Care Management Standards for ACOs into the existing set of ACO standards for Medicaid and commercial shared savings programs. Prior to the vote, an amendment to change the language in the introductory sentence from "we recommend that ACOs be guided by the following standards" to "we recommend that ACOs agree to the following standards" was offered and ultimately approved. The group voted to recommend adoption of the care management standards for ACOs as amended. At the February 25<sup>th</sup> Steering Committee meeting, the Steering Committee voted to recommend adoption of the care management standards to the Core Team. The Core Team will review the care management standards at its March 9<sup>th</sup> meeting.

**Care Management Inventory Report:** Marge Houy and Christine Hughes of Bailit Health Purchasing presented a final report of findings from the care management inventory survey. Key findings include populations receiving care management services; services most likely to be utilized; care management organizations most likely to offer particular services; prevalence of staffing types; services provided by staffing type; type and frequency of interactions amongst organizations; challenges facing organizations;

and the number of organizations performing key care management functions. The full written report is available with the monthly meeting materials.

**Update on Regional Blueprint and ACO Committees:** Regional and statewide representatives from the Blueprint for Health, OneCare Vermont and Community Health Accountable Care provided a status report on the progress of united community collaboratives/regional clinical performance committees, and resulting quality improvement initiatives.

**Accomplishments for next month/future:** Planned accomplishments for the next two months include: 1) Continue to seek staffing for the second Learning Collaborative quality improvement facilitator; 2) Finalize preparations for the March 10<sup>th</sup> Learning Collaborative in-person learning session and the April 15<sup>th</sup> webinar; 3) Continue to monitor progress of Blueprint/ACO unified community collaboratives/regional clinical performance committees; and 4) Review the work plan for Year 2.

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

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

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

Date: February 26, 2015

Co-Chairs: Judy Peterson & Deborah Lisi-Baker

Staff: Julie Wasserman & Erin Flynn

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

The Central Vermont Health Service Area Collaborative gave a presentation, led by Mary Moulton – Director of Washington County Mental Health, on their current efforts to increase collaboration and coordination across providers in the region. The goals are to improve care and outcomes while lowering costs and enhancing collaboration among community providers. Providers include Central VT Medical Center (CVMC), Blueprint Community Health Teams (Medical Group Practices), Washington County Mental Health, Central VT Home Health, and the ACOs. Plans are underway to expand their group to include AAA, SASH, Nursing Homes, Substance Abuse Services, Housing, Transportation, and the Family Center of VT. The primary objective is to develop a “lead case management” model (for each client) using the DLTSS Model of Care. Implementation of this care coordination model will initially occur within a 6-month pilot project targeting 30 individuals with chronic diseases such as COPD, CHF and Diabetes. The pilot includes innovative care management initiatives as well as data analysis. Washington County Mental Health has other pioneering initiatives underway such as medical practice integration with medical practices; wellness programming; case review with community providers; a pediatrics pilot with medical practices; system integration with the local Health Center; a doula program with CVMC; and an initiative to create bi-directional care as part of a health home.

Robin Lunge gave an introductory presentation on Vermont’s proposed All-Payer Model which laid the foundation for a more in-depth discussion with Lawrence Miller on the All-Payer Model at the March DLTSS Work Group meeting. The waiver for an All-Payer Model would be 5 years in duration and would not affect eligibility, benefits, or beneficiary protections; the focus would be on reimbursement methodology.

The DLTSS Work Group received an overview and “accomplishments to date” on the Advancing Care Through Technology (ACTT) Project to support HIT development within the DLTSS system of care. ACTT is comprised of three projects:

1. DA/SSA Data Quality and Repository; and unified EHRs for SSAs
2. DLTSS Data Planning (inventory of HIT capabilities and remediation)
3. Universal Transfer Protocol (to systematize the exchange of information for people undergoing transitions in care settings).

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

At the upcoming March meeting, the DLTSS Work Group will hear a presentation on Vermont’s All-Payer Model: Goals, Objectives, Desired Outcomes, and Next Steps by Lawrence Miller. The DLTSS Work Group will also hear an overview of the Global Commitment Waiver and the recently approved consolidation of the Global Commitment Waiver with the Choices for Care Waiver.

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

Date: February 28, 2015

Co-Chairs: Simone Rueschemeyer & Brian Otley

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

- The ACTT projects:
  - Vermont Care Network (VCN) Data Repository project:
    - RFP development is in process
    - VCN has received approval to release an RFP for this scope of work from the Core Team
  - VCN Data Quality project has conducted its kick-off meeting and work is proceeding.
  - The DLTSS Data Quality project is continuing its technology review and prior technology assessments are being updated. Project is set to be completed in May.
  - The Universal Transfer Protocol project:
    - The vendor provided a draft of the charter, outlining recommendations for Phase 2
- Population-Based ACO Project:
  - The VITL Population Based ACO contract to include the Population-Based Gap Remediation scope of work is in its approval process.
- Event Notification: A vendor has been selected to pilot the solution. The pilot is projected for January-March with 3 to 5 providers and a full rollout is projected to start in March 2015.
- The Stone Environmental Data Inventory Project held its initial Steering Committee meeting and has begun reaching out to individual Steering Committee members to discover additional information on data sets.
- The Telehealth/telemedicine contract is in the approval process.
- The Vermont Health Information Strategic Plan project has an approved contract and multiple private & public meetings have been conducted.
- HIT/HIE Work Plan was developed and approved.

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

- Telehealth Contract to be executed. Work will initiate on updating the project plan and definition of current landscape.
- VCN Data Repository RFP to be released.
- Planning for Year 2 based on the goals set forth in the Year 2 Work Plan.
- The Stone Environmental Data Inventory Project to continue to gather information on data sets and begin prioritization of in depth review of select data sets.
- Work will continue with the ACTT projects and the ACO Population Health projects and additional work will begin as proposals are reviewed and approved.

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

Date: February 26, 2015

Co-Chairs: Don George and Andrew Garland

Staff: Kara Suter and Richard Slusky

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

- Alicia Cooper updated the workgroup on the progress of the Episodes of Care subgroup. To date, this subgroup has met twice to discuss how to best leverage Episodic data in Vermont to improve patient care and drive down costs. Meetings have been scheduled through April.
- The VMSSP Yr 2 Gate and Ladder methodology was on the agenda for a vote again in February. The workgroup decided to postpone a vote until additional performance data is released in early March, which would allow members to make a more informed decision at the March 16 meeting.
- Craig Jones from the Blueprint for Health continued his presentation from the January meeting on potential modifications of Blueprint payments to practices and Community Health Teams. The recommendations included:
  - Increase PCMH payment amounts
  - Incorporation of a composite measures-based payment for PCMHs
  - Increase CHT payments Adjust insurer portion of CHT costs to reflect market shareDiscussion took place around the proposed methodological details of this model and how it will fit into the future of healthcare payment reform in Vermont. Comments on this proposal will be accepted until March 9 for further discussion during the March 16 meeting.

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

- At the March meeting, the PMWG will vote on the VMSSP Yr 2 Gate and Ladder proposal.
- A brief update on the work of the Episodes of Care sub-group will be given
- The workgroup will be asked to provide input on the 2015 PMWG work plan.
- PMWG staff are working with DLTSS on a presentation about the Nursing Home Bundled Payment Initiative

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

- Membership of this workgroup will be evaluated for Year 2, as achieving a quorum of voting members has been a challenge in recent months.
- A vote on Yr 2 VMSSP Gate and Ladder methodology has been delayed significantly, affecting the ability to start the Yr 2 contract amendment process.

**4) Other matters:**

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

Date: February 20, 2015  
Co-Chairs: Tracy Dolan & Karen Hein  
Staff: Heidi Klein

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

- a. February meeting of the PHWG: Approaching Diabetes through Accountable Communities for Health

Julie Arel, Division Director of Health Promotion and Disease Prevention, and Nicole Lukas, Women’s Health Director at the Vermont Department of Health, provided an overview of the continuum of services, interventions and policies needed from the clinic to the community to address the factors contributing to increasing rates of diabetes and obesity in Vermont. This presentation used the story of Donna a young parent who feels it’s her fate to have diabetes based on family history. The presentation highlighted the multiple programs already available and the need for integration and sustained funding for the full continuum of activity from the individual clinical intervention to the community-wide programs and policies.

“Diabetes Donna” and the question, “How will the proposed change improve “Donna’s” health” will serve as a litmus test for future discussions of innovation in care models and payment models.

- b. Prevention Institute Inquiry regarding VT Accountable Communities for Health

Many sites in VT will be reviewed for inquiry as potential seeds of an Accountable Community for Health but only 3-4 will be visited. VHCIP staff posted an inquiry to all participants within VHCIP to identify initiatives in Vermont that have some of the features of an Accountable Health Community including integration of clinical services, public health programs and community based services at both the practice and the community levels.

- c. Finalized paper on connection between Accountable Care Organizations (ACOs), TACOs (Totally Accountable Care Organizations) and Accountable Health Communities (AHCs) from a care model perspective.

**2) Planned accomplishments for 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. Add financial models to the paper on connection between Accountable Care Organizations (ACOs), TACOs (Totally Accountable Care Organizations) and Accountable Health Communities (AHCs)

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. Additionally, many partners have inquired about the possibility of serving as a pilot test for an Accountable Health Community presuming there are funds available.

***Vermont Health Care Innovation Project  
QPM Work Group Status Report  
February 2015***

Date: February 28, 2015  
Co-Chairs: Laura Pelosi & Cathy Fulton  
Staff: Pat Jones & Alicia Cooper

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

The meeting was held on February 23, 2015.

Updates were provided for the following ongoing items:

- Targets and Benchmarks for Year 2 ACO Payment Measures: the Payment Models Work Group will vote on the proposed Gate and Ladder methodology changes for Year 2 at an upcoming meeting.
- Status of Year 1 Shared Savings Program Data Collection: An update was given on the collection of claims-based and clinical measures and the patient experience survey for Year 1, including a discussion of the small numbers issue for Year 1 of the commercial ACO program. Data from measures collection will be available in late summer 2015, to allow for 6 months of claims run-out.

The work group received a presentation from the Blueprint on the incorporation of ACO Shared Savings Program measures into Blueprint practice and health service area quality profiles.

The group also discussed how to approach the Year 3 ACO Shared Savings Program measures. Initial activities include researching recent and proposed changes to the HEDIS measures set, considering recent changes in clinical guidelines that could impact Vermont's measures set, and reviewing changes in the Medicare SSP measures set.

Finally, the group received a brief presentation on the Episodes of Care subgroup that formed under the Payment Models Work Group. This work group will have opportunities to provide recommendations and input to this subgroup when appropriate.

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

- Lewin (the Analytics Contractor) may provide a draft template for reporting measure results, for the Work Group's review.
- The revised work plan will be reviewed.

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

The planned discussion by the GMCB of a potential Year 3 measure hiatus has led to some uncertainty when planning work group activity around Year 3 measure modifications for the commercial and Medicaid SSPs.



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, pay-for-performance).

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

Date: February 26, 2015  
Co-Chairs: Robin Lunge & Mary Val Palumbo  
Staff: Amy Coonradt

*The Health Care Workforce Work Group meeting was held on February 18, 2015.*

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

- The Micro-simulation Demand Modeling RFP was released on January 26, 2015, and will close for bidding on March 2, 2015.
- The work group continued its discussion around the CHW workforce, including an update on a Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant through CCV for certification, as well as research from the Department of Labor around the current CHW workforce.
- The work group discussed updating the Workforce Strategic Plan and agreed to form a small subgroup of work group members to complete this task. The subgroup is expected to hold its first meeting within the month.
- The group heard a brief presentation from the Department of Health on their proposed budget cut to their Educational Loan Repayment Program for FY2016. The work group voted to send a letter to the Governor recommending that funding be reinstated to this program at FY2014 levels.
- Staff from the Integrated Communities Care Management Learning Collaborative presented to the workgroup on the ongoing work they are doing with the three pilot communities across Vermont

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

- The April meeting will include an update from the Office of Professional Regulation.
- The 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 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:**