

January 2015 - VHCIP
Work Group Status
Reports

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

Date: January 30, 2015

Co-Chairs: Bea Grause & Nancy Eldridge

Staff: Pat Jones and Erin Flynn

1) **WG Project updates this month:** The Work Group did not meet in January 2015.

Learning Collaborative Update: The first in-person learning session of the **Integrated Communities Care Management Learning Collaborative** was held in Randolph, Vermont on January 13th. An estimated 95 people attended the session, from the three pilot communities (Burlington, Rutland and St. Johnsbury) and from state agencies, ACOs, health insurers and other organizations. Faculty from Hagan, Rinehart and Connolly Pediatricians and the Camden Coalition of Healthcare Providers presented information on the Benefits of Care Coordination, Using Data to Identify At-Risk People; and Care Management Strategies. Each pilot community has breakout sessions to work in identifying at-risk people in need of care management. Planning is underway for the February 18th webinar, which will include progress reports from the pilot communities and a discussion of proposed measures, and the March 10th in-person learning session, which will focus on shared plans of care, identifying lead care coordinators, and/or other aspects of care management. A potential faculty member for March 10th has been invited. 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.

Update on ACO Care Management Standards: A small group of parties to the shared savings program contracts and program agreements, as well as DLTSS work group leaders and participants, continued to review language for the care management standards. The draft standards will be presented for a vote at the February meeting.

2) Planned 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 February 18th Learning Collaborative webinar and the second in-person learning session on March 10th; 3) Vote on consensus language for the ACO Care Management Standards; 4) Finalize and review a report of findings from the care management inventory survey; and 5) Review and refine 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.

VT Health Care Innovation Project DLTSS Work Group Status Report

Date: 1.30.15

Co-chairs: Judy Peterson & Deborah Lisi-Baker

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

The VT Department of Mental Health presented their Health Surveys and Findings for Adults and Children to the DLTSS Work Group. The purpose of these surveys is to monitor the performance of the CRT (Community Rehabilitation and Treatment for adults with serious mental illness) and Child and Adolescent mental health populations. These surveys have been conducted yearly since the 1990s. The most recent results for both adults and children show an 85% favorable response; the most favorable responses relate to staff and services and the least favorable relate to outcomes. Because these surveys are used by many states, national comparisons can be made.

The DLTSS Work Group was given an update on the Frail Elders Proposal which was initially presented to the Payment Models Work Group last September. This proposal has been restructured via a small group of interested parties and includes a patient interview; a patient and family survey; and billing, claims and clinical data inquiry. The original budget was \$72,000 but has risen to over \$100,000.

The DLTSS Work Group received an updated version of their letter to the Governor including a cover memo. These will go to the Steering Committee in February for approval, and then proceed to the Core Team.

Updates were given on the development of an All-Payer Waiver, the 1332 Waiver which the State will not pursue at this time, and the ACTT project.



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

At the upcoming February meeting, the DLSS Work Group will hear an informational presentation by the Central Vermont Health Service Area Collaborative on their efforts to date on regional care coordination. The DLSS Work Group will also hear an ACTT Project Overview and Accomplishments to date presentation. Lastly, we are hoping to schedule Al Gobeille and Lawrence Miller to speak about the All-Payer Waiver: Goals, Objectives, Desired Outcomes, and Next Steps. The Federal Government has made it clear that Vermont's All-Payer discussions and proposal need to be thoroughly vetted by stakeholders before being pursued with the Federal Government.

HIE Work Group Status Report

Date: January 30, 2015

Co-Chairs: Simone Rueschemeyer & Brian Otley

1. WG 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 – VITL Statement of Work finalized for the Data Quality Project.
 - The DLTSS Data Quality project continues is continuing its technology review and prior technology assessments are being updated.
 - The Universal Transfer Protocol project:
 - Provided recommendations
 - Continues its interviews with the St. Johnsbury area
 - Finalized recommendations are in development
- 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: 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 held its initial Steering Committee meeting and has begun gathering information on data sets.
- 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.
- HIT/HIE Leadership has met with the Patient Portal proposing group and is proceeding with additional due diligence.
- HIT/HIE Work Plan was developed.

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 finish development and 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.
- Continued due diligence on 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 January 2015

1) Work Group Project updates this month:

- Andrew Garland of MVP Health Care joined the Payment Models Workgroup as co-chair. .
- Alicia Cooper presented a proposal for VMSSP Yr 2 Gate and Ladder methodology. The workgroup voted to delay formal consideration of the proposal until February's meeting, allowing work group members additional time to ask clarifying questions about the proposed methodology.
- Craig Jones from the Blueprint for Health presented at the January meeting. In his presentation, Craig relayed the Blueprint's proposed strategy for building community health systems, as well as proposed payment modifications for Blueprint practices. These recommendations included:
 - Increase PCMH payment amounts
 - Shift to a composite measures-based payment for PCMHs
 - Increase CHT payments and capacity
 - Adjust insurer portion of CHT costs to reflect market share

Comment regarding the proposed new payment methodology for the Medical Homes was sought.

2) Planned accomplishments for next month/future :

- At the February 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 ACOs decisions regarding Year 2 Total Cost of Care will be announced
- 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 over the past couple months.
- A delay in providing materials to workgroup has proven to be an issue, as members do not feel they have adequate time to review materials before a vote is needed.

4) Other matters :

- Work Group members have been asked to complete a survey in support of the VHCIP self-evaluation

VT Health Care Innovation Project

Population Health Work Group Status Report

Date: January 30, 2015

Co-Chairs: Tracy Dolan & Karen Hein.

Staff: Heidi Klein

1. WG Project updates this month:

a. January meeting of the PHWG: Research on Accountable Health Communities

Leslie Mikkelson and Will Haar, from Prevention Institute along with project consultants Lisa Dulsky Watkins and Kalahn Taylor-Clark, provided an overview of the Prevention Institute, background on prior related projects and their anticipated approach to the work in VT. Project team members are currently drafting materials to focus the identification and review of potential national exemplars of an Accountable Health Community (tentatively defined as: “ACH is accountable for the health and well-being of the entire population in its defined geographic area, including reducing disparities in the distribution of health”). The next phase will include identifying potential places and partners in VT which have already planted the seeds for an AHC.

Many sites in VT will be reviewed for inquiry as potential seeds of an Accountable Health Community but only 3-4 will be visited. A catalogue of potential sites has been started based on the prior discussions VHCIP staff will help to identify potential sites by sending out a notice to all the work groups. Health Department staff will also distribute the notice.

b. Update on Population Health for “State of the SIM”

VHCIP Population Health Work Group staff, Heidi Klein, and Georgia Meharas provided an overview of work to date and anticipated focus for the future as part of the SIM State of the State meeting. Vermont was the only state to present at this breakout session.



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. Post 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. Finalize 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.

VT Health Care Innovation Project Work Force Work Group Status Report January 2015

The Health Care Work Force Work Group did not meet in January. The Work Group's next meeting will be held on February 18, 2015.

- 1) Work Group Project updates this month:
 - The Micro-simulation Demand Model RFP was released on January 26, 2015, and will close for bidding on March 2, 2015.

- 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 :