

July 2014 - VHCIP
Work Group Status
Reports

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

Date: July 31, 2014

Co-Chairs: Bea Grause & Nancy Eldridge

1) WG Project updates this month:

The CMCM Work Group's June 10th meeting agenda consisted of a mixture of status updates, decisions, and continued discussion on work group deliverables.

Specifically the group:

- Received an update on the status of the Integrated Community Learning Collaborative proposal;
- Finalized recommendations for the Core Team regarding criteria for the second round of the provider grant program;
- Voted to approve the finalized CMCM work plan and care management problem statement;
- Received an update on the status of the care management inventory; and
- Continued discussion of potential care management standards for ACOs.

Following is more detail on each of these accomplishments:

- **Integrated Community Learning Collaborative:** The learning collaborative planning group updated the full work group on its goals to 1.) Reduce fragmentation in the care management system, and 2.) Provide tools and training opportunities for participating organizations' care management staff (e.g., using data, developing communication mechanisms to improve integration, creating and using shared plans of care). The planning group will continue to report back to the full work group on its progress. Once a proposal is finalized, it will be presented to the CMCM work group and the full SIM governance structure with funding recommendations.
- **Provider Grant Criteria:** The Care Models and Care Management Work Group has identified the following as its top two priorities, and recommends that they be considered as criteria when reviewing Round Two Provider Grant proposals:

- In order to better serve all Vermonters (especially those with complex physical and/or mental health needs), reduce fragmentation with better coordination of provider/CHT/health plan and other care management activities (e.g., medication management, mental health and substance abuse transitions). Focus on improving transitions of care and communications between providers and care managers that offer services throughout the various domains of a person's life.
- Better integrate social services (e.g., housing, food, fuel, education, transportation) and health care services in order to more effectively understand and address social determinants of health (e.g., lack of housing, food insecurity, loss of income, trauma) for high-risk Vermonters.
- Additionally, the work group recommends that consideration be given to proposals for provider training that supports the above two criteria.
- **Care Management Inventory Update:** The care management survey is currently active and 25 organizations have completed it to date. Staff would like to keep the survey open a little longer to allow for more participation, and will update the work group on the status next month.
- **Care Management Standards:** The group continued to review potential sources for care management standards, including NCQA ACO standards, CMS and other nationally recognized best practices as highlighted by the DLTSS work group, and the IOM's elements of team based care. They further discussed the potential for standards to relate to the following:
 1. Identification of people needing care management services;
 2. What care management services people currently receive or should receive;
 3. Who provides those services;
 4. What data and information systems are needed and what information must be captured.

Work group member comments were captured and will be incorporated into the standards development process.

2) Planned accomplishments for next month/future : The work group's main accomplishments and goals for next month and the near future lie in two areas:

1) Finalizing recommendations of care management standards for the ACO Shared Savings Program, and 2) Finalizing a proposal for the Integrated Community Learning Collaborative.

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

- a. As always, how to more concretely align CMCM’s work with other work groups. In addition to the aforementioned work groups, the work of the HIE, Measures, and Payment Models work groups are of particular importance. The work group has scheduled a presentation from the DLTSS work group on a Model of Care at its August meeting.
- b. How to create a “vetting” process for draft care management standards with stakeholders, including ACO clinical advisory boards.
- c. How to constructively shape and support the evolving Integrated Community Care Management Learning Collaborative.
- How to synthesize the extensive information presented at each meeting, to begin 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: 7.7.14

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 received a presentation and final report titled “DLTSS Medicaid Expenditure Analysis” produced by PHPG. This report was the result of multiply inquiries by the DLTSS Work Group, DAIL staff, various stakeholders, and other VHCIP Work Groups wanting to know, “What percent of the Medicaid budget is spent on people with DLTSS needs?” A salient finding of this report is that more than 70% of the Medicaid budget is spent on the combined traditional Medicaid and specialized services for these individuals. The DLTSS Work Group looks forward to sharing this report with the Steering Committee and Core Team.

The DLTSS Work Group conducted a second meeting in May devoted entirely to reviewing and approving recommendations to the QPM Work Group on DLTSS-specific performance measures for inclusion in the Medicaid and Commercial ACO Core set of “Payment” and “Reporting” measures for Year 2. DLTSS-specific performance measures are important given the option to include DLTSS services in the ACOs’ Total Cost of Care beginning in Year 2 (January 2015) and the mandatory requirement for inclusion of DLTSS services in January 2016.

Responding to a request for input on criteria for the VHCIP Provider Grant Program-Round Two, the DLTSS Work Group identified the need to bridge the knowledge gap among providers between acute/medical care and disability and long term services and supports. The Work Group approved the following language which was sent to the Core Team leadership: “Amend the Provider Grant Program criteria to support specific provider grant proposals that include provider training activities to achieve person-centered, cross-disciplinary and culturally sensitive care specific to the needs of people with disabilities and long term service and support needs, and which include consumer input/participation and statewide applicability.”

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

The DLTSS Work Group is looking forward to having the “DLTSS Model of Care – Best Practices” presented to the Care Models/Care Management Work Group, possibly in August. We understand there is impetus to make progress toward a formal recommendation on Model of Care elements to the Core Team. As Anya stated in her April 29, 2014 letter from the Core Team to Co-Chair Deborah Lisi-Baker, “As you know, two of the VHCIP work groups – Care Models and Care Management, and Long Term Services and Supports – will be working in the coming months to develop one or more “models of care” that would be incorporated in the ACO programs. We anticipate receiving recommendations from the work groups on this model (or models) and subsequently making recommendations to AHS on how the ACO contracts could be augmented to better specify the model of care requirements.”

There are currently six AHS Surveys that target specific populations (CFC, DS, CRT and GC enrollees) and address quality of life, quality of care, and issues of individual preference. The DLTSS Work Group has asked for a presentation on each of these surveys by the responsible Department. We are developing a “common format” for these presentations, coordinating with the AHS Performance Accountability Committee, and hope to begin scheduling survey presentations in the Fall.

The DLTSS Work Plan includes an objective to promote person-centered and directed, disability-related and culturally competent care in VHCIP activities. Addressing the gap in provider knowledge and care delivery is paramount in order to achieve the VHCIP goals of improving the care and health of Vermonters, and reducing per capita health care costs. The DLTSS Work Group will work to develop an overarching framework on which the broader VHCIP efforts can build to address this gap.

VT Health Care Innovation Project HIE Work Group Status Report

Date: June 2, 2014

Co-Chairs: Simone Rueschemeyer & Brian Otley

1) WG Project updates this month:

- The ACTT projects: BHN contract pending; VITL contract amendment pending; H.I.S. Professionals contract pending; ARIS contract pending; Universal Transfer Form bids are being reviewed.
- Population-Based ACO Project:
 - The gap analysis has been completed by VITL and is subject to sign-off by VHCIP;
 - For OneCare, the gateway build is being worked on with live lab interfaces; projected completion for ADT in August; projected completion for CCD and immunization in September.
 - For CHAC and ACCGM the project start date for the gateway build is TBD
 - Event Notification: projected vendor selection and contract in October with system implementation projected for December. A pilot is projected for January-March and a full rollout is projected to start in March 2015.
- The Workgroup reviewed a proposal by Stone Environmental. Stone Environmental is working with geospatial technologies. They would like to make recommendations to the HIE work group for data comparisons and the application of geospatial methods. An example of geospatial application: taking claims data and mapping it to different areas in the State to see the emergence of chronic disease in certain geographic areas. Stone Environmental has set up a practice level database for the Blueprint which has been successful. The group wants to mitigate overlap and address ways to bring together the different data points as much as possible.
- The Workgroup discussed what the state needs are around telehealth/telemedicine and will be developing a Scope of Work and criteria for a RFP.
- The Workgroup received an update from Steve Maier on the Vermont Health Information Strategic Plan. He will continue to keep the workgroup updated as the responses to the RFP are reviewed.

VT Health Care Innovation Project

- Joel Benware presented *Overview of Patient Portals* and the group will continue to discuss strategies around patient portals and the creation of statewide efficiencies.
- 2) Planned accomplishments for next month/future:
- Telemedicine: Presentation of a draft SOW for a statewide lead on telehealth/telemedicine and initial criteria for RFP.
 - Continued discussion around the VITL Data Warehouse
 - Continued discussion around the patient portal
 - Discussion around second year VHCIP milestones
 - Continued updates from ACTT and Population-based proposals

VT Health Care Innovation Project

Population Health Work Group Status Report

Date: July 31, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

1) WG Project updates this month:

- At the July meeting of the work group, we continued the discussion on financing population health. Work group members, Jenney Samuelson (Blueprint), Laural Ruggles (NVRH) and Melanie Sheehan (Mt. Ascutney Hospital and Health Center) shared information on their programs and financing. Specifically, they were asked to comment on the following: *Are there current efforts in Vermont that are the seeds of a Community Health System as outlined at last meeting? Specifically, what is currently included in Prevention Coalitions, Community Health Teams, and the Blueprint and what additional components are needed?*
- Members of the planning group – Tracy Dolan, Karen Hein, Jim Hester and Heidi Klein – met to draft an outline for the final population health plan to be delivered at the end of the SIM grant period. This outline will be shared at the August meeting of the work group to guide the development of the work plan, agendas, etc. of the group. It will also be shared with the CDC/CMMI technical assistance team to identify areas for learning through others at the national level and/or other states engaged in SIM.
- Tracy Dolan from the Population Health Working Group previously presented both criteria and specific measures for consideration for Year Two ACO measures at the Quality and Performance Measures Working Group. Heidi Klein represented the Population Health Working Group at the QPM July meeting.

- The RFP for a consultant support in work related to our third objective: *Identifying and disseminating current initiatives in Vermont and nationally where clinical and population health are coming together. Identifying 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.* Bids are due August 5th.

2) Planned accomplishments for next month/future:

- A revised work plan, based on the outline for the population health plan, will be shared with the Population Health Work Group at the August meeting; the revised work plan will be finalized by the end of August
- The consultant to support in work related to our third objective (accountable health communities) will be selected in August and research begun shortly thereafter.
- Continue explore new financing mechanisms for paying for population health and prevention;
- Continue to reach out to other Working Groups to determine shared priorities

3) Issues/risks that need to be addressed : none

4) Other issues: none

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

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

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

Meeting held on June 23; Updates provided for three ongoing items:

1. Attribution estimates
2. Clinical measure data collection
3. Analytics Contractor

The group adopted 2 additional measure selection criteria that were proposed by the Population Health Work Group to be used in evaluating Payment measures.

The work group also discussed a recommendation to remove the Breast Cancer Screening measure from the commercial and Medicaid ACO Shared Savings Program measure set, given current uncertainty about clinical best practice and concerns about risks outweighing benefits. The group will further consider this measure at the July meeting.

Jody Kamon, SBIRT Program Evaluation Director, gave a presentation about the SBIRT program and the metrics currently being used to evaluate the program. The group discussed possible opportunities for collaboration in measure development and use in future.

The co-chairs, staff, and consultant brought an analysis of initial Reporting measure recommendations to the full work group to review and consider. The measure scoring sheets that were used were presented to and discussed by the work group. The group also voted unanimously to promote two measures (Cervical Cancer Screening and Tobacco Use: Screening and Cessation Intervention) from the Pending list to the Reporting list for Year 2. The co-chairs, staff, and consultant will similarly review and score measures proposed for Payment, and the results of that analysis will be shared prior to the July meeting.

Work group members were asked to review co-chair/staff/consultant recommendations and to provide written comment on the Year 2 measures prior to the July meeting. The work group will vote on Year 2 measures in July, and will finalize recommendations for Steering Committee, Core Team, and Green Mountain Care Board consideration by July 31st.

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

In July, the work group will vote on reclassification or addition of measures in Year 2 for Pending, Reporting , Payment, and M&E.

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

The current timeline states that Year 2 measures will be finalized by September 30th, and that final measure specifications will be released for all Year 2 measures by October 31st.

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

There are disparate stakeholder viewpoints on which and how many measures should be included. If the work group is unable to finalize recommendations during the July meeting, we may need to request a timeline extension in the first year.

4) **Other matters** :

Work group members were encouraged to participate in OneCare's June 25th webinar, "CMS Quality Measurement Training and Reporting Overview"

VT Health Care Innovation Project Workforce Work Group Status Report

Date: August 1, 2014

Co-chairs: Mary Val Palumbo & Robin Lunge

- 1) Work Group Project updates this month:
 - Demand modeling –A planning group made up of staff was formed to do the planning/design recommendations for an RFP on demand modeling. The planning group met with Tim Dall who delivered a demand modeling webinar to the group in May, and plans to present a drafted Scope of Work for a demand modeling RFP to the entire Work Force Work Group at their next meeting.
 - Prioritizing state spending on workforce initiatives – this topic is outside of the SIM scope of work and is related to the workforce workgroup’s charge from statute and the Governor to provide advice to the administration on aligning workforce initiatives with health care reform planning. The group is in the process of considering how to make recommendations to the Governor on how to strategically fund workforce initiatives.
 - Symposium – the legislature has charged the workgroup with planning a symposium on workforce and health care reform. The symposium’s planning group has met twice to brainstorm logistics, keynote speakers, structure and topics for the symposium.
- 2) Planned accomplishments for next month/future:
 - A demand modeling RFP will be created
 - Recommendations around state workforce spending will be submitted to the Governor by August to align with state budget planning for the FY 16 budget. The group is working on criteria for evaluating workforce initiatives in addition to drafting a description of need to the Governor.
 - Work is being done to confirm dates and speakers for the workforce symposium, and further planning will occur at the group’s next meeting in August.
- 3) Issues/risks that need to be addressed:
 - A subcommittee on Long Term Care has been created and is working on delivering a report to the WFWG around their findings later this Fall.
 - The Work Group continues to emphasize a desire to be more up to date on activities of other workgroups. Staff is actively working on how to incorporate this request into monthly meetings. This will include inviting other work groups to present to the Workforce Work Group.