

# June 2014 - VHCIP Work Group Status Reports

# *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 Payment Models Work Group Status Report***

Date: June 2, 2014

Co-Chairs: Don George & Steve Rauh

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

- Presentation from François de Brantes, Executive Director, Health Care Incentives Improvement Institute on 'Lessons from the Field' around EOC
  - Most initiatives are currently functioning with upside risk only as there are so many competing priorities and stakeholders, hard to agree upon terms for downside risk
  - Important to have data to physicians on a regular basis to drive improvement
  - Best to determine what functions one would like to change then create incentives based on that
  - Must create desire for change at frontline, trickledown effect does not work
  - Target each organization separately, easier to tie in accountability and create an incentive that will work for that particular entity
- Briefly reviewed current attributed Medicaid lives in the OneCare and Community Health ACOs
- An Episodic scoring matrix was presented for use in choosing appropriate Episodes moving forward
- Reviewed and allowed for a one week comment period on the Draft Clinical Priorities and Opportunities Survey

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

- Brandeis consultants will present Vermont specific data on EOC
- Results from Clinical Priorities and Opportunities survey collected and presented
- Define additional cost categories for the optional incentive program for Year Two
- Make recommendations on quality or performance scoring methodology used to allocate earned savings

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

### 4) Other matters :

# *VT Health Care Innovation Project*

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## *Population Health Work Group Status Report*

Date: June 24, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

1) WG Project updates this month:

- Northwest Medical Center presented the proposal that they had submitted for funding during the first round of provider grant applications. That proposal was not funded but was referred to the population health working group for more discussion. NMC presented and answered questions and heard feedback from the group. The co-chairs of the group encouraged NMC to consider the payment reform goals of VHCIP as they ready another submission for round two.
- Jim Hester gave the group a presentation on 'Sustainable Financial Models for Improving Population Health' which described some models for community financing and a model for a community health system.
- Tracy Dolan from the Population Health Working Group presented both criteria and specific measures for consideration at the Quality and Performance Measures Working Group. Tracy highlighted the need to consider the state priorities from the State Health Improvement Plan when determining which measures to prioritize. The QPM working group voted to adopt the criteria related to the reporting and payment measures and voted to recommend adding measures for cervical cancer screening and tobacco screening and cessation intervention.

- Our group submitted recommendations to the Steering Committee to consider as they prepare to release the RFP for round two of the provider grants. The recommendations included the need to focus on incentivizing prevention as part of payment reform, to consider the needs of the whole population including children and to consider the health disparities within populations.

2) Planned accomplishments for next month/future:

In the next months, we hope to

- a) Finalize workplan with clear steps and deliverables
- b) post an RFP for a consultant support in work related to our third objective namely highlighting examples of accountable health communities and other models of care based in communities.
- c) Continue explore new financing mechanisms for paying for population health and prevention;
- d) 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:** May 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 May 29; Updates provided for three ongoing items:

1. Attribution estimates
2. Ability to use insurer clinical data samples for ACO measures
3. Analytics Contractor

The group adopted 12 of 17 measure selection criteria during April's meeting, requesting clarifying language for 5 additional criteria that had generated significant discussion. The status of the additional 5 criteria was not resolved during the May meeting, but will be revisited during the June meeting. The WG membership definitely felt the additional 5 criteria had a role and purpose in orienting the overall project work; staff will work with the co-chairs to produce a revised proposal for the use of these criteria.

The 21 measures submitted for consideration for Year 2 reporting, payment and M&E classification were presented to the group for review. Each measure was reviewed individually with a brief overview of the measure description, method of data collection, sponsoring group, and benchmark information. There was opportunity for very brief discussion for each measure regarding any questions or major concerns with the measure. WG members were asked to submit additional questions or concerns to the staff for review and follow-up.

The WG members agreed to have the Co-Chairs and staff bring analysis of initial recommendations to the full WG to review and consider. Analysis will include objective evaluation against the approved criteria, including current abilities to capture information and opportunities for improvement. This analysis will be prepared for presentation at the June meeting.

WG members were asked to plan on early starts for the June and July QPM WG meetings due to the volume of measures and discussion anticipated for the recommendation process.

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

The work plan deliverables were reviewed with the WG as a reminder, and are listed here as well:

- Recommendations for current “pending” measures for Year 2
- Consideration of new measures in Year 2 for pending, reporting or payment
- Modifying status of any measure based on changes in national clinical guidelines
- Reviewing performance targets and benchmarks
- Reviewing state and insurer performance on M&E measures

Measures finalized by end of September

Changes to M&E by end of September

Release final measure specifications for all Year 2 measures by October 31.

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

Potential to need additional meetings in June or July to accommodate the decision-making process; will assess and revise calendar as needed. The Co-Chairs wish to avoid this if possible out of respect for the WG members’ schedules.

4) **Other matters** :

The SBIRT presentation originally scheduled for May 29 needed to be re-scheduled due to the time constraints for the May agenda. The WG will look forward to this important presentation, hopefully in August or September.



***VT Health Care Innovation Project  
Workforce Work Group Status Report***

**June Status Report**

**Co-chairs: Mary Val Palumbo and Robin Lunge**

The Workforce Work Group has been working on four major initiatives:

- 1) Data Collection for supply and demand modeling - Dawn Philibert gave a brief update on the VDH workforce data collection. There was concern at a previous meeting around staffing and that VDH might have then missed the timeframe to conduct surveys on certain professions. But at this time they have been able to capture all professions and don't anticipate missing any. Dawn and Peggy reviewed the Steps for Collecting the Workforce Data: design survey tool; collect data during licensing or relicensing; analyze data; report on data. Conclusions and recommendations lead to planning and policy development. Surveys have already been conducted for some professions and they may have to prioritize analysis for some over others. After all professions have been captured they will conduct analysis.  
As was discussed at the core team meeting there are challenges with recruiting for analytical work. They received one response to the RFP and the committee did not feel the vendor response was adequate. Individuals are interested in the work but were intimidated by the components of the RFP. The core team reallocated money and positions to allow VDH to hire a position to fulfill this need, in lieu of an RFP.
- 2) Demand modeling – the group attended a webinar on demand modeling to learn about the best practices in this area & to educate itself on what type of modeling should be done. A subcommittee was formed to do the planning/design recommendations for an RFP on demand modeling.
- 3) Prioritizing state spending on workforce initiatives – this topic is outside of the SIM scope of work and is related to the workforce workgroups charge from statute and the Governor to provide advice to the Governor on aligning workforce initiatives with health care reform planning. The group is considering making recommendations to the Governor on how to strategically fund workforce initiatives. The recommendations will need to 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 and will finalize it at their next meeting.

- 4) Symposium – the legislature asked the administration to plan a symposium on workforce and health care reform. There is a subcommittee which met last week to begin planning the symposium and brainstormed logistical details, keynote speakers and topics. If anyone would like more details, there are meeting minutes we can distribute.