

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

Date: March 11, 2014

Co-Chairs: Bea Grause and Nancy Eldridge

The Care Models and Care Management (CMCM) Work Group held its monthly meetings on February 11<sup>th</sup> and again on March 11, 2014. At the February meeting the CMCM workgroup listened to a presentation from the Blueprint Community Health Team Models of Care. The group participated in a brainstorming activity to solicit ideas for future focus. After the February meeting, Michael Bailit sent around a survey monkey tool to assist with getting a sense of the workgroup's ranking on future potential work group activities.

At the March 11<sup>th</sup> meeting, the CMCM workgroup listened to a joint presentation from the Blueprint-VCCI-SASH and ACOs on Care Management Learning Collaborative. This presentation was at the conceptual level. The presenters walked through the high-level goals, highlights of their background research and next steps. Members of the CMCM requested regular updates as this work continues. Michael Baillit presented the summary from prioritizing activities (brainstorming and the survey). Workgroup members appeared to agree with the findings that showed a predominance of support for addressing fragmentation and focusing on the relationship between social and medical issues.

As the group worked through the presentation, several members expressed confusion about where all this work was headed and of understanding all the moving parts. Several members suggested changes in the workgroup structure to accommodate the need to conduct review and oversight of the learning collaborative and of the relevant provider grants (once approved). We discussed the iterative nature of this process and the co-chairs expressed appreciation for everyone's continued input and patience.

Looking ahead, the next few meetings will focus on collaboration with both the Population Health Workgroup and the Disabilities and Long Term Services and Supports Workgroup in an effort to clarify the goals of the CMCM workgroup within the overall SIM Driver Diagram goals.

## ***VT Health Care Innovation Project DLTSS Work Group Status Report***

Date: 3/3/14

Co-Chairs: Judy Peterson & Deborah Lisi-Baker

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

- a. Per our work plan, the DLTSS work group is finalizing the logistics of charter, membership, and work plan adjustments due to the change in our focus from the “Duals Project” to DLTSS.
  - b. In February we invited Patrick Flood, CEO of Northern Counties Health Care to describe the Integrated Long Term Supports, Duals-like “pilot” his organization is implementing in Caledonia County in conjunction with multiple provider partners. Patrick and guest Paul Bengtston, CEO of Northeastern Vermont Regional Hospital, described their efforts to identify the highest risk patients, improve communication among providers, and enhance interagency collaboration among all LTC and Acute care providers.
  - c. The DLTSS work group also discussed LTSS performance measures. This was the beginning of our work to identify currently collected measures and develop a process for input into the Quality and Performance Measures Work Group activities.
- 2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan)
- a. In March the DLTSS work group will finalize its amended membership list, charter and work plan. We will also review the ACTT grant proposal and continue our review and discussion of Performance Measures.
- 3) Issues/risks that need to be addressed :
- a. We need to address existing AHS performance measures to ascertain what’s reasonable, what is of value, what is not, what is missing that we need to have in place. We want value-added measures and prefer quality over quantity.
- 4) Other matters :
- a. We are establishing our membership list as a list of “voting members” and also identifying “alternates” who will vote in the absence of the regular member.



## ***VT Health Care Innovation Project Payment Models Work Group Status Report***

Date: March 11, 2014

Co-Chairs: Don George & Stephen Rauh

The Payment Models Work Group held its monthly meeting on March 3, 2014. In support of ongoing work related to the creation of an EOC program, two presentations from existing EOC/bundled payment initiatives were presented. The first presentation described Arkansas's approach to development and implementation of an ADHD bundle and the second, was from a team from Rutland Regional related to their CHF bundle as part of Medicare's Bundled Payment for Care Improvement (BPCI) program.

The WG compared and contrasted the approaches and discussed how Vermont might want to approach EOCs. New consultants to the WG from Truven/Brandeis were introduced. The next series of meetings will draw on data and analytics developed by the contractors to help facilitate developing the EOC targets and program design.

## ***VT Health Care Innovation Project Population Health Work Group Status Report***

Date: February 25, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

- 1) WG Project updates this month: The last update was submitted after our most recent meeting and captured much the activity that took place during that meeting.

In the past month we:

- Discussed and clarified some of the roles and responsibilities of some key working group members including our staff person, the co-chairs and our consultant
- Agreed to develop a proposal for consultant support to both lead and document (through a media product) the work around our third objective which is to identify and disseminate strong models within and outside of Vermont that highlight the intersection between clinical care and community-based prevention.
- Connected with the Care Models workgroup about offering a presentation to address the 'demand' side of care with a focus on population health
- Developed the agenda for our March meeting

- 2) Planned accomplishments for next month/future :

In the next 2-6 months, we hope to

- a) contribute to the recommendations for year two ACO measures including introducing some new ideas such as recommending a limited set of measures that might be attributed to an entire region and exploring the ways in which accountability could be shared for such measures
- b) develop a proposal for consultant support in work related to our third objective, namely highlighting examples of accountable care communities and other models of care based in communities.
- c) highlight more exemplar communities linking clinical and community efforts to improve health including those who support alternate payment mechanisms

(d) explore new financing mechanisms for paying for population health and prevention;  
E) support recipients or additional applicants through the newly released provider grants in Vermont who is engaging the community through clinical/community partnership in prevention to improve population health.

3) Issues/risks that need to be addressed :

- Working group declining participation – we need to make sure that participants have a ‘job’ to do and feel that they have a role in decision making during the meetings. We feel as though the discussion about recommending measures will assist with this.
- Ensure that at least one model of clinical/community partnership in prevention that gets at upstream prevention is included in the provider grants awarded in Vermont

4) Other matters :

none

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

**Date:** February 2014  
**Co-Chairs:** Laura Pelosi & Cathy Fulton

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

The first three items listed on the Workplan have been completed to date; the QPM WG has approved the charter document, secured the consultant (Bailit) for continued support and recommended the process for modifying SSP measures. The following lists accomplishments from the February 10 Workgroup meeting:

- Workgroup Charter was approved
- The Workplan continues to be modified to include changes to the Standards modification document; the most recent change was to move the target date for completion of the measures review process one month earlier (July rather than August) to accommodate more discussion and opportunity for review throughout the process.
- The process to START measures review was also moved forward one quarter for the same purpose, to allow for more extensive discussion and review. Measures review would have started at the beginning of the third quarter (June, July, August) which extends past the target for completion if the full quarter were needed to resolve issues. The Process for Review and Modification of Measures has been revised to start in the SECOND quarter (April, May, June) to conclude discussions and forward recommendations by the July 31 deadline.
- An excellent presentation by the VT Dept. of Health provided an overview from the population health perspective, as well as an overview of the VDH dashboard, data sources and current data collection processes. The WG members found this to be very helpful in understanding the work effort that is currently underway to capture detailed performance information on the overall health of Vermonters. WG members were reminded that this information helped inform the original workgroup discussions in measure selection and will continue to inform the Quality & PM WG continuing efforts. Additional resources such as the Data Dictionary will be shared with the WG members to help inform the continuing discussion.
- Sampling was discussed in more detail, including the potential to engage commercial insurers to “flag” ACO patients during the HEDIS production. A small subgroup comprised of insurer and ACO representatives and staff will meet to review the HEDIS process and potential for alignment. Results of this subgroup’s output will be presented to the full WG membership at the March meeting.
- The topic of GMCB oversight of the impact of payment measures on shared savings, as described in the document labeled “Exhibit B – GMCB Regulatory Oversight Role,” was introduced. WG members were provided with information on how the document was generated and approved by

the GMCB. It was explained to the WG members that the GMCB reserves the right to allocate shared savings to ACOs that do not meet the quality gate but that demonstrate improvement while measurement science continues to progress; an active public process would be employed in the event this oversight is utilized.

- The original Criteria for Selection for ACO measures document was distributed and briefly reviewed, but without sufficient time for in depth discussion. The WG members will have the opportunity to review the current document and consider any additional modification to make the criteria more useful for the upcoming measure review work. The VT Medical Society will submit language to include additional criteria addressing the evaluation of experience with the current measures. WG members will review and consider this added language at the March meeting.

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

- Begin consideration of Pending and new measures for the Year 2 ACO measure set.
- Finalize revisions to the Workplan and approve as amended.
- Review results of sampling and potential alignment with HEDIS production to “flag” ACO patients for sampling methodology.
- Addition of the measure evaluation experience to be added to the criteria list.
- WG members have requested presentations from the following list of suggestions to continue to support and inform this WG’s activities:
  - A presentation on the PAN-ACO – update from VITL
  - Overview of the Designated Agencies (DA’s)
  - Agency for Human Services (AHS) Dashboard
  - GMCB/VPQHC Dashboard
  - National Quality Strategy (NQS) - discussion

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

- Finalize sampling methodology with sufficient time to implement necessary changes in procedures for providers and insurers.

4) **Other matters:**

Re-scheduling the Quality & Performance Measures WG meetings from the 2<sup>nd</sup> Monday of the month due to conflicts with the Medicaid and Exchange Advisory Board meetings that impact several WG members. The meeting schedule will be changed to the FOURTH Monday of the month. This will take effect for the April 2014 meeting. Meeting requests with this updated scheduling information will be distributed by Christine Geiler.



## ***VT Health Care Innovation Project HIE Work Group Status Report***

Date: Feb 27, 2014

Co-Chairs: Simone Rueschemeyer & Brian Otley

- 1) WG Project updates this month: (if possible contrast to master timeline and work plan)
  - Reviewed through the WG process a proposal for funding by the Advancing Care through Technology (ACTT) Partnership
  - Approved a motion with conditions for submittal to the Steering Committee recommending approval of the ACTT proposal
  - Provided updates on the Status of the Population-based Collaborative HIE proposal that had previously been approved by the core team after going through the HIE WG and Steering Committee process.
  - Continued discussions on the HIE WG Work Plan goals that have been on-going among the WG
  - Discussed taking on telemedicine as a next topic of discussion and research by the HIE WG. The WG was supportive of tackling this topic.
  
- 2) Planned accomplishments for next month/future: (if possible contrast to master timeline and work plan)
  - Submit the ACTT proposal and motion to the Steering Committee
  - Line up appropriate presenters to introduce the telemedicine topic to the WG
  - Complete discussion in the HIE WG Work Plan as a framework document for the WG's priorities
  
- 3) Issues/risks that need to be addressed: none at this time
  
- 4) Other matters: none at this time



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

Date: 2/5/14

Co-Chairs: Mary Val Palumbo & Robin Lunge

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

Draft charter was approved with few edits.

Draft work plan was approved.

Proposals:

VT Dept. of Health proposal to contract for services supporting the collection of data on the Vermont Health Care Workforce. The group advanced the proposal with the understanding that VDH will determine the correct dollar amount between \$110,000-\$150,000.

Proposal for Workforce Strategic Planning Committee Sub-Group Related to Direct Service Workers – Approved.

UVM Psychiatric-Mental Health Nursing Post Masters Certificate student scholarships – Scholarship funding is not allowed under the grant funding criteria but proposals will be collected to advance through other means.

College Quest proposal was tabled until next meeting.

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

Set priorities for which Health Care Workforce Strategic Plan recommendations are addressed (March 2014).

Obtain consultants to assist with selected work group activities (March 2014).

Continue to collect proposals related to healthcare workforce and based on the recommendations of the strategic plan.

3) Issues/risks that need to be addressed : None identified.

- 4) Other matters: One request has been voiced for an additional member who would be more representation of non-traditional and alternative healthcare providers.