

May 2014 - VHCIP Work Group Status Reports

Please note that the Workforce Work Group has not had a meeting since the previous report as such we have included their April status report for your reference.

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

Date: May 13, 2014

Co-Chairs: Bea Grause & Nancy Eldridge

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

The CMCM workgroup met on May 13 with a continued focus on the “demand” side of health care with a presentation from the Vermont Department of Health entitled “Improving the health of Vermonters – our shared agenda” by Deb Wilcox, Director of Planning and Healthcare Quality. Deb made several key points relevant to the CMCM work:

- None of the health care *access* measures have changed significantly since 2000 (not better and not worse);
- Three of the six leading chronic disease diagnosis are related to cardiovascular disease;
- The percentage of Vermonters who receive recommended screenings has not changed significantly since 2002;
- 60% of Vermonters are either overweight or obese;
- 59% of Vermont adults have one or more chronic condition.

The review of Vermont’s health goals was preceded by a summary by DVHA’s Erin Flynn on the highlights of last month’s breakout discussions that focused on three questions:

- **What will health care reform success look like based on the Population Health Work Group (April) presentation?**
 - Reform will include prevention within a global budget
 - Take a wholistic approach that includes healthy environments
 - Reforms will address the Determinants of Health and will focus on the bottom of the CDC health pyramid
 - Will include a broader definition of providers
- **What is missing in the Vermont Department of Health’s goals?**
 - A greater investment in the bottom of the pyramid (socioeconomic factors)
 - Health literacy

- **What care management practices, protocols or principles will be most impactful in achieving those VDH goals?**
 - Focus on resource allocation vs scarcity of resources
 - Target the poor as a population

Deb's presentation was followed by a discussion led by Michael Bailit on potential domains and corresponding categories that should be included in the ACO Care Management Standards. The four domains (groupings of like ideas) considered were: program structure, relationships with other organizations, activities, and program evaluation. This led to a discussion around whether the standards assume that ACOs will provide the care management services in a centralized model, or whether Vermont is building on the existing community based care management system where ACOs would contract with a decentralized network of care managers. Work group members were asked to review two documents within the next week: (1) a proposed list of domains/categories to be included in the ACO Care Management standards; and (2) a definition(s) of care management.

The May meeting was a follow-up to a presentation in April by the VHCIP Population Health Workgroup co-chairs, Tracy Dolan and Karen Hein, MD. In April a key area of focus was discussion around how to connect social determinants with care models in ways that will help participants and providers. Helping providers look at the whole person and consider their day-to-day environment was also a point of interest. Dr. Hein also talked about eventually developing a "unified health care budget" that better links the health return on investments such as healthier food. After this presentation, small groups of participants worked through discussion questions around how care management practices could help achieve population health goals. Following the break-out sessions, Marie Zura and Colleen Fiske from the Howard Center presented on Service Coordination for Developmental Services.

- 2) Planned accomplishments for next month/future : (if possible contrast to master timeline and work plan) We plan to continue working with the Population Health Work group and the DLTSS workgroup to consider how to align the efforts of these groups as it pertains to the demand side of health care and the needs of special populations. In addition, the CMCM workgroup will begin to focus specifically on developing care management standards for the ACO pilots. Our proposed process is to develop a first draft with DVHA/GMCB staff and CMCM co-chairs, which will then be shared with the full CMCM workgroup. The CMCM continues to follow the developing ACO learning collaborative. We plan to bring a definition of Care Management and a draft Problem Statement to the Work group at the June meeting.

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

- a. How to more concretely align CMCM’s work with other workgroups. In addition to the aforementioned workgroups, the work of the HIE, Measures, and payment models workgroups are of particular importance.
 - b. How to create a “vetting” process with draft care management standards through the ACOs – particularly each ACO’s clinical advisory board.
 - c. How to constructively shape and support the evolving ACO Learning collaborative.
 - d. How to find time to constructively develop grant review criteria in a way that will achieve the VHCIP goals but also remain aligned with criteria for provider grants that may also go through other workgroups. CMCM Co-chairs are reviewing 10 Provider grants referred to their work group for the purposes of recommending additional priorities to the Core Team for round two.
- 4) Other matters :
- Work over the summer? Will vacations impact the pace or focus? Also, it would be helpful to use the SIM Steering committees to be more forward looking than backward looking (e.g. too much time reporting and not enough time talking about what to do next).

VT Health Care Innovation Project DLTSS Work Group Status Report

Date: 5.5.14

Co-chairs: Judy Peterson & Deborah Lisi-Baker

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

This month the DTLSS Workgroup approved a DLTSS Model of Care at our regular meeting and also formally recommended DLTSS Subpopulation analyses for Existing Core Payment measures, and Promotion of Existing Pending measures to Payment/Reporting status to the QPM workgroup.

We also held an additional meeting to specifically discuss the details of the various Medicare, Medicaid, and commercial Shared Savings Programs and related ACOs operating in Vermont. This was an excellent meeting which allowed our group to better understand the many complex elements of ACOs (e.g. attributed lives, shared savings, governance and network participants and affiliate participants). We will be happy to share the comprehensive document outlining this information once it has been further refined.

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

At our May 22 DLTSS Work Group meeting we will continue to review performance measures from the QPM work group as well as considering DLTSS relevant measures from other sources. Our primary focus will be on potential “new” DLTSS measures for inclusion in the Core measure set (either “Payment” or “Reporting”). We need to submit a recommended list of DLTSS-related “new” measures to the QPM Work Group prior to their June 23 QPM Work Group meeting. We also plan to continue our discussion of Vermont’s Shared Savings Programs and ACOs.

3) Issues/risks that need to be addressed:

We feel good about clarifying ACO operations at our 5/2/14 meeting. We hope continued transparency will allow our group to perform the collaborative work necessary to truly reform health care in Vermont.



VT Health Care Innovation Project HIE Work Group Status Report

Date: May 5, 2014

Co-chairs: Simone Rueschemeyer & Brian Otley

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

- Presented the Advancing Care through Technology (ACTT) proposal to the Steering Committee on April 16, 2014. A motion to approve the proposal was put forth and seconded.
- Presented the Advancing Care through Technology (ACTT) proposal to the Core Team on April 21, 2014. A motion to approve the proposal was put forth and seconded.
- Continued meetings with VITL to align strategic activities
- Determined the appropriate SME's to present on Telemedicine to the HIE WG. Identified two resources that will demonstrate Telemedicine capabilities and opportunities.
- Discussed criteria for prioritizing and recommendation of approval of VHCHIP Grant proposals
- Continued discussion of VITL's Data Warehouse presentation. Began identification of what the key decision factors and whom the key stakeholders should be to successfully determine next steps.

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

- Telemedicine: additional clarity, additional information, criteria development and solicitations
- Continued discussion around the VITL Data Warehouse
- Continued discussion around the patient portal
- Grant Program referral assessment and recommendations
- Referrals from QPM



- Evaluation

3) Issues/risks that need to be addressed :

- There is a lot of need and there are a lot of great ideas. How activities are prioritized and how they link to the overall state plan as well as how they connect to other workgroup initiatives should be continually assessed.
- Ensuring that current investments in the ACTT and ACO proposals are sustainable once the proposed scopes of work are completed.

4) Other matters :

- None at this time

VT Health Care Innovation Project Payment Models Work Group Status Report

Date: May 13, 2014

Co-chairs: Don George & Stephen Rauh

The WG reviewed a revised work plan that summarized work done to date and prioritized activities through summer and fall 2014.

In anticipation of the receipt of VT-specific episodes of care (EOC) data in July, the WG used break-out sessions in the May meeting to discuss criteria for reviewing and evaluating those data. The WG has two primary short term objectives and one longer term objective for the EOC component of the work plan:

- Make recommendations to the care models/care management (CMCM) work group based on review of data on episodes of care (EOC)
- Make recommendations to the quality and performance (Q&PM) work group based on review of data on episodes of care (EOC)
- Inform future recommendations on the design of payment models and/or incentive programs based on EOCs

The workgroup will also be producing some supporting materials to inform this work including a survey of clinical condition priorities as well as a Request for Information (RFI). The RFI draft will be reviewed in the June meeting with an anticipated release date of July.

The work plan also summarizes the plan for incorporating P4P program discussions as well as year two programmatic changes for the SSP.

VT Health Care Innovation Project

Population Health Work Group Status Report

Date: May 12, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

1) WG Project updates this month:

- During our April working group meeting we:
 - Reviewed the provider grant process and talked about the two proposals that were forwarded to our working group for further discussion. We proposed that the applicant, NMC, present their proposal for more feedback from our group at the May meeting.
 - Heard feedback from Heidi Klein on the presentation of our proposed measures to the Measures and Accountability working group.
 - Revisited measures that are relevant to population health.

- We presented at the Care Management and Care Models Working Group during their April meeting. We reviewed demographic projections for Vermont, the State Health Improvement Plan, population health frameworks and the link between clinical measures and public health and social determinant measures.
- A smaller group from the PH Working Group met to review our planned deliverables as per the SIM operational plan, proposal and our charter. We then worked backward from the deliverables to determine our next steps. The meeting was very successful and we plan to sharpen our workplan as a result next month.
- We were asked to return to the Care Management and Care Models group to present in more details both the chronic disease data from VDH and the State Health Improvement Plan. PH Working Group co-chairs Tracy Dolan

and Karen Hein will not be available and in their place, Deb Wilcox from VDH will present.

2) Planned accomplishments for next month/future:

In the next months, we hope to

- a) Finalize workplan with clear steps and deliverables
- b) Offer recommendations to the Steering Committee to help guide the next round of provider grants highlighting the need for some focus on 1) partnerships between clinical and community and 2) focus on upstream factors that impact the health of Vermonters
- c) Meet with CMMI via phone to discuss the 'Population Health Plan' that they are requesting as part of the SIM grant deliverables
- d) 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.
- e) explore new financing mechanisms for paying for population health and prevention;
- f) reach out to other Working Groups to determine shared priorities

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

- 4) Other issues: In order to continue to highlight the need for a greater focus on considering prevention of chronic illness to improve health and curb costs, the Population Health Working Group would like to provide the steering committee with recommendations about the criteria for the next round of provider grants that will take into account the need to consider more upstream factors that impact the health of Vermonters.

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

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

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

The following updates were presented to the group for review & discussion:

1. The Standard for Measure Review and Modification was approved by the GMCB on 4/17/14.
2. A small workgroup is convening to determine if the current insurer data collection processes for clinical quality measures will be applicable for the ACO measures data collection processes.
3. A presentation by VDH on the Substance Brief Intervention and Referral to Treatment (SBIRT) measure is scheduled for the May 29, 2014 meeting.
4. The Analytics Contractor has been selected, contract negotiations are underway, and the deliverable timeline will be available in the upcoming months.
5. The initial round of Provider Grant awardees was announced on April 2. A second round of awards will commence following the July Core Team meeting. This round will add \$1.9 million to the Provider Grant program, for a total of \$5.3

Criteria for Measure Selection survey results were presented to the group for discussion; 12 overall criteria were adopted by the group for use in determining measure status. An additional five overall criteria generated significant discussion, ending with the decision to review additional detail and information for consideration at the May or June meeting. In addition, the work group will vote on the use of 5 criteria for Payment measures at the next meeting.

Year 2 Proposals for New Measures were presented to the group by DLTSS Workgroup, Population Health Workgroup and DVHA. This was an initial presentation of measures to be considered for adoption and will be discussed in greater detail at subsequent meetings of the Workgroup.

One measure, Breast Cancer Screening has been recommended for removal from the Year One program due to new evidence-based information and conflicting clinical guidance. This will be discussed further at the next meeting.

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

Review any additional measure recommendations from work group members.

Discuss clinical guidelines and quality measurement regarding breast cancer screening.

Hear a presentation from VDH about SBIRT grant and planned program activities in VT (specifically as they relate to quality measurement).

Implement a measure review process to address all measures for consideration, adjudicate all requests and prepare recommendations for the full workgroup to review and discuss.

3) Issues/risks that need to be addressed :

The staff, Co-Chairs and workgroup members are carefully monitoring timelines and workplans to allow for sufficient discussion of measure considerations and meet target deadlines for measures recommendations.

Staff and co-chairs will also prioritize making information available on ACO attribution estimates as soon as possible, per work group member requests. Estimates will inform discussions about the feasibility of including certain measures in the program in subsequent years.

4) Other matters :

None currently.

VT Health Care Innovation Project Workforce Work Group Status Report

Date: April 2, 2014

Co-chairs: Mary Val Palumbo & Robin Lunge

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

- The WG reviewed the Workforce Strategic Plan recommendations in order to update the status of the work toward meeting each recommendation. The recommendation status was updated, but needs further consideration. The WG will also need to update the Strategic Plan for January as required by law.
- The group reviewed the SIM grant criteria for spending, which includes data collection and analysis, but would not currently fund workforce training, loan repayment, or other programs of that nature.
- Because this group is established for a dual purpose, the group also discussed establishing a process to solicit proposals to recommend to the Governor, understanding that this would need to be presented as a possible priority for state funding, but that there is no set amount of dollars.
- The WG heard an update from VDH, then discussed and approved an updated workforce survey collection proposal:
 - The licensure schedule is every two years, but it's staggered and data will be gathered when professionals are licensed. Analysis will then be prioritized for that data.
 - There is currently one full time person working on this project and they are recruiting for a second. Dawn will report to the group in 2-4 months with an update and see whether or not they need to add another full time person.
 - The work group can conditionally approve the addition of another FTE or additional contract resources, so that the approvals can go through Steering and Core Team first, and then back to the work group to save time.

- The group discussed the following changes to the professional categories listed in the document presented by the Department of Health: Naturopath be changed to Naturopathic Physician and placed under primary care; Mental Health Licensed Professional Counselor be changed to Licensed Clinical Mental Health Counselor; Licensed Lay Midwife should be included; Alcohol and Drug Abuse Counselor should be changed to include Therapists and Substance Abuse Counselors.
- Medical assistants are not licensed or certified so they are not listed but this is an important area and may want to look at other ways to capture this data.
- The group approved the Department of Health's proposal for prioritization with the changes discussed subject to the Workforce work group getting a report back on potential additional resource needs..
- The group also approved VDH assembling a task force to determine what further analytic resources VDH needs. VDH will report back in the May meeting and present a proposal if needed.
- DAILEY gave an update to the group on the first meeting of the Long Term Care (LTC) Subcommittee. The group met on March 24th and 10-12 attendees, in addition to staff, with more expected to attend the next meeting on May 5th. They plan to meet each month thereafter to develop recommendations to the Workforce work group. Brendan Hogan from Bailit Health Purchasing, Inc. will be acting as the lead and doing consulting work, looking at what constitutes direct quality care. The subcommittee acknowledges the importance of training, noting little has been done. They plan to collect the data around supply and demand from existing reports and providers. Hogan will compile and review the data at the next subcommittee meeting. Most of the data will come from the fiscal agent ARIS Solutions, the Department of Labor and agencies such as Home Health. Tasks for Hogan include creating an overall work plan and summaries of data supplied, recruitment retention, and training efforts. The LTC subcommittee will present to the work group again in September.
- The group discussed implementing a Symposium subcommittee and looking outside the US to understand recruitment in other single payer-like systems. Molly Backup and Deborah Wachtel will meet to discuss preceptorships, which may eventually form into a subcommittee

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

- The WG will begin meeting monthly due to the volume of work needed to be done. The group will revisit monthly meetings, which do pose a hardship for some members, in late summer.
- The WG will finalize the process to get project recommendations.
- The LTC Subcommittee will report on data and available information they have collected/analyzed.
- The WG will consider suggestions for additional members to represent other professions & make a recommendation which Robin will bring to the Governor.
- S.252 current directs the Administration to have a Workforce Symposium before November 15th. The group will hear back from the planning subcommittee.
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3) Issues/risks that need to be addressed :

- There is much interest in getting information about new care models & we need to be mindful not to do the work of the care models workgroup. This group should, however, coordinate with that workgroup and understand the future state, in order to make recommendations for how to plan for it.
- There is a lot of interest in funding proposal which are outside of the SIM grant funding.
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4) Other matters :