

***Vermont Health Care Innovation Project  
Care Models and Care Management Work Group Status Report  
May 2015***

Date: May 29, 2015

Co-Chairs: Bea Grause & Nancy Eldridge

Staff: Pat Jones & Erin Flynn

*The Care Models and Care Management Work Group meeting was held on May 12, 2015.*

**1) Work Group updates this month:**

**Regional Blueprint/ACO Committees:**

The work group received a progress update from Blueprint and ACO representatives regarding the Unified Community Collaboratives (UCCs). Jenney Samuelson and Patty Launer reported that the regional committees continue to progress in forming their committees, conducting meetings, developing charters, defining priorities, deciding on projects and getting started on their work. Each UCC is currently focusing on selecting at least one quality improvement project as a key area of focus within their community.

**Integrated Communities Care Management Learning Collaborative:**

- The third in-person learning session was held at Norwich University on May 19<sup>th</sup> with approximately 75 people in attendance. Jeanne McAllister from the University of Indiana served as expert faculty delivering a curriculum focused on implementing shared plans of care across the multi-organization integrated community teams. Additionally, communities participated in two breakout sessions (one cross-community breakout, and the other a community-specific breakout) to share lessons learned, and apply teachings from the day's curriculum.
- The VHCIP Steering Committee and Core Team approved the learning collaborative expansion request put forth by the CMCM work group. Several communities have already come forward expressing their desire to participate in the next round, and the planning team is continuing to reach out to additional communities throughout the state to gauge interest and readiness as the timeline for additional community cohorts is further developed and refined.
- Core competency training for frontline care managers is in the planning stages, and an RFP is being developed in collaboration with the DLTSS work group. Training will merge relevant skills and competencies for frontline care management practitioners with disability-specific core competencies. A key focus of planning efforts is to ensure that levers (such as a train-the-trainer model, for example) are built into the design in order to ensure continued sustainability beyond the life of the VHCIP, by developing capacity within existing resources throughout the state.
- Quality Improvement facilitators Nancy Abernathy and Bruce Saffron offered updates on progress from the Round 1 communities as follows:
  - Bruce has been working with communities to collect data, measure outcomes, and implement evaluation of the learning collaborative. This includes tracking of process measures (e.g., has a lead care coordinator been identified? Has a shared care plan been developed?) and outcome measures (e.g., ED utilization and hospital admissions). Extensive research is currently being conducted to assess the best tools to measure person engagement and person and provider experience.

- Nancy has been working on facilitation and supporting leadership within the community teams. She is currently assisting communities in developing work flow diagrams to guide them as they implement and systematize the processes they have been testing. Current work within community teams is largely focused on developing workflows, beginning with convening a care conference and populating the shared care plan in partnership with the individual, identifying negotiated actions of various team members based on the individual's goals, updating progress against those goals, and reconvening at an appropriate time to define new goals in partnership with the individual.

### **Presentation on the SCÜP Project:**

Erin Flynn, Senior Policy Advisor at DVHA and Larry Sandage, HIE Program Manager presented on the SCÜP (Shared Care Plans/Universal Transfer Protocol) Project out of the HIE work group. The SCÜP project seeks to support an existing project within the HIE work group around the development of a universal transfer protocol to facilitate transitions across health care settings, and also seeks to expand this work to capture the shared care plans being developed by the multi-disciplinary community teams in the learning collaborative. Previously, the Universal Transfer Protocol project conducted research and identified data needs within two case study communities – Bennington and St. Johnsbury. A UTP Charter and full report is available as compiled by consultants im21. The initial stage of the UTP project did not address a technology solution, but rather focused on business requirements and workflow.

Through the lessons learned within the pilot communities of the Integrated Communities Care Management Learning Collaborative, it has become clear that there is significant overlap between the UTP form and a shared care plan. Rather than developing and implementing these two tools electronically via different technology solutions, the project seeks to integrate the two tools into one solution that will meet the joint goals of improving care coordination, especially around transitions in care, within communities. The initial stage of the SCÜP project will focus on gathering business requirements to better understand communities' workflows, processes, and needs, before taking these back to the HIE workgroup to discuss and apply towards the gathering of technical requirements.

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

Planned accomplishments for the next two months include: 1)Continue developing plans and a timeline to expand the learning collaborative to all interested communities; 2)Continue to implement the current round of the learning collaborative, including planning and preparation for upcoming summer webinars; 3)Coordinate with the DLTSS Work Group on core competency training for front line care managers; 4)Continue to track progress of the UCCs, and ensure alignment between the learning collaborative and the UCCs; 5)Summarize gaps, redundancies, and opportunities for coordination, as identified by organizations that presented to the Work Group and results from the Care Management Inventory Survey; 6)Continue to explore areas of overlap and potential collaboration with the Population Health and DLTSS Work Groups.

### **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.

**Vermont Health Care Innovation Project**  
**DLTSS Work Group Status Report**  
**May 2015**

Date: May 29, 2015

Co-Chair: Deborah Lisi-Baker

Staff: Julie Wasserman, Erin Flynn

*The DLTSS Work Group meeting was held on May 28, 2015*

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

The DLTSS Work Group had an in-depth discussion on the six draft DLTSS-Specific Core Competency briefs authored by Susan Besio of PHPG. The intent of these briefs is to create six foundational/ source documents on which to build training curricula, educational materials, and other products for providers and other audiences. The briefs are as follows:

- Introduction to the Briefs
- Disability Competency for Providers
- Disability Competency for Care Management Practitioners
- Cultural Competency
- Accessibility
- Universal Design

These briefs focus on providing definitions and explaining key concepts, with concrete examples. The briefs were written so they could be relevant to all health care, service and support providers. The DLTSS Work Group will solicit comments and edits from Work Group participants as well as providers. These briefs initially will be utilized to develop curricula for training care management practitioners within the Learning Collaborative, but also may be utilized to develop curricula for interested providers and care managers not directly involved in the Integrated Communities Care Management Learning Collaborative.

The Work Group received a brief presentation on CMS's new Home- and Community-Based Services (HCBS) Waiver regulations, including DAIL's timeline for addressing them. A future presentation on this issue will be educational in nature; public comment will occur via the formal public comment process.

Alicia Cooper presented on the SIM Payment Models Work Group activities both past and present. Topics included:

- Proposed changes to the Blueprint for Health payment methodology
- Changes to Vermont Medicaid Shared Savings Program (VMSSP) Year 2 Gate & Ladder Methodology
- Episodes of Care (EOC) Sub-Group work
- Next Generation ACO Overview
- Monitoring Year 1 VMSSP Payments
- Future activities

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

- Learning Collaborative Curriculum Development and Training updates
- DAIL presentation on its plan and process for addressing CMS's new HCBS Waiver regulations
- Presentation on DLTSS Data Planning/Gap Analysis/Remediation Report (ACTT Project 2)
- Presentation on SCUP / UTP (Shared Care Plans and Universal Transfer Protocol)

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

4) **Other matters:**

**Vermont Health Care Innovation Project  
HIE/HIT Work Group Status Report  
May 2015**

Date: May 30, 2015

Co-Chairs: Simone Rueschemeyer & Brian Otley

Staff: Steven Maier & Richard Slusky

*The HIE/HIT Work Group meeting was held on May 20.*

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

- The ACTT projects:
  - Vermont Care Network (VCN) Data Repository project:
    - A vendor has been selected as a preferred vendor and negotiations are beginning with the preferred vendor
  - VCN Data Quality project work is proceeding with multiple interviews and group meetings.
  - The DLTSS Data Quality project has completed its final report. The report is in review and its findings will be communicated shortly.
  - The SCÜP (Shared Care Plan/Universal Transfer Protocol) project:
    - Work has begun on the SCÜP project:
      - Resource requests for a business analyst and subject matter expertise have been submitted and approved by the HIE/HIT Work Group and VHCIP Steering Committee.
      - A nationwide technology scan has begun.
      - Conversations have begun with two of the three identified communities for collaboration.
      - Weekly team meetings have been scheduled.
- 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: A vendor has been selected to pilot the solution. The project has reached agreement on 3 pilot sites.
- The Stone Environmental Data Inventory Project is in process of performing in-depth analyses of select data sets. This project is temporarily on hold pending CMMI approval of several 2015 contracts.
- The Telehealth/telemedicine contract is in the approval process. The initial kickoff meeting was conducted on March 23rd. Initial recommendations were proposed by the contractor at the April Work Group meeting. Final recommendations will be presented to the HIE/HIT Work Group in June and the Steering Committee and Core Team in July, and a draft scope of work for an RFP for telehealth pilot projects submitted to DVHA in July.
- The Vermont Health Information Strategic Plan project has conducted multiple steering committee meetings and information gathering.

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

- Telehealth recommendations to be reviewed and sent to the Steering Committee and Core Team for approval.
- VCN to develop a contract with the preferred vendor for the VCN Data Repository.
- SCÜP project work to begin with its technical assessment and on-boarding a business analyst.

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

- None at this time

4) **Other matters:**

- None at this time

***Vermont Health Care Innovation Project  
Payment Models Work Group Status Report  
May 2015***

Date: May 29<sup>th</sup>, 2015

Co-Chairs: Don George and Andrew Garland

Staff: Kara Suter and Richard Slusky

*The Payment Models Work Group did not meet in May.*

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

- None.

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

- Staff is preparing an update on Total Cost of Care (TCOC) research for Year 3.
- Staff is speaking with convening organizations working with Vermont nursing homes and rehabilitation centers participating in the Model 3 Bundled Payments for Care Improvement (BPCI) program.

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

- None.

**4) Other matters:**

- Alicia Cooper will be replacing Kara Suter as workgroup staff.

***Vermont Health Care Innovation Project  
Population Health Work Group Status Report  
May 2015***

Date: June 1, 2015  
Co-Chairs: Tracy Dolan & Karen Hein  
Staff: Heidi Klein

*The Population Health Work Group met on May 12, 2015.*

**1) Work Group updates this month:**

**Opportunities For Paying For Population Health And Prevention**

The Work Group continues to draft a paper on opportunities for paying for population health and prevention as part of the various models being tested within the Vermont Health Care Innovation Project. VHCIP staff, Mandy Ciecior and Sarah Kinsler, collected information to be included in the first section of the paper that will provide a basic explanation of the current payment structures and the new models being tested.

We have submitted a technical assistance request to CMMI to assist in identifying the policy levers for paying for population health and prevention in the models being tested. This analysis will be the basis for recommendations on the opportunities for including payment of population health and community-wide prevention strategies.

The next area of exploration is related to promising financing vehicles that promote and/or enable financial investment in population health interventions. Jim Hester, project consultant, is preparing materials currently.

**May Work Group Meeting**

The focus of the meeting was on paying for population health – this is the third goal of the Triple Aim and health reform efforts in Vermont. Jim Hester, who is a national leader in thinking about population health, presented possible financial models and frameworks discussed at the national level. His presentation included elements, criteria, issues and some examples. The work group discussed how these frameworks might be applied in Vermont.

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

- Finalize the work of the Prevention Institute on the Accountable Health Community model and how elements of that model are currently being realized in Vermont.
- Work with staff from the CMCM work group to discuss shared goals, interests and opportunities for integration of clinical care and population health activities in the models being tested.
- Update Population Health Plan outline and develop tasks and timeline for completion

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



- **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 PHWG. The PHWG definition includes the health (physical and mental) and well-being of the whole population in a geographic area.
- **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.
- **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.

***Vermont Health Care Innovation Project  
Quality and Performance Measures Work Group Status Report  
May 2015***

Date: May 28, 2015

Co-Chairs: Catherine Fulton & Laura Pelosi

Staff: Pat Jones & Alicia Cooper

*The Quality and Performance Measures Work Group meeting was held on May 18, 2015.*

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

The work group heard a brief summary of the national report from the Institute of Medicine entitled *Vital Signs: Core Metrics for Health and Health Care Progress*. The report outlines potential domains and measures that are recommended for an aligned national measure set. Craig Jones, MD from the Vermont Blueprint for Health was part of the IOM work group that developed the report; he will be invited to a future QPM work group meeting to provide more information about the process and the findings of the report.

Miriam Sheehey and Maura Crandall from OneCare Vermont; Heather Skeels and Patty Launer from CHAC; and Rick Dooley from Healthfirst presented information on the ACOs' experience with clinical data collection. They stressed the unique collaboration that occurred between the three ACOs, and described the benefits, challenges and lessons learned from the process. They also described early indications of quality improvement and improved documentation, and showed examples of the data collection and reporting tools that they developed together. They presented several recommendations, including increasing measure alignment, improving timeliness and accuracy of the patient lists used to pull records for extraction, continuing to allow ACOs to develop templates and collaborate on data collection, and releasing benchmarks in a more timely fashion. The work group applauded the ACOs' efforts and presentation.

The work group continued previous discussions on national changes to measures currently in the Vermont commercial and Medicaid measure sets, and potential replacement measures. Virginia Hood, MD from the University of Vermont Medical Center presented information about hypertension prevalence, impact and treatment, to inform discussion about including a hypertension measure in the Commercial and Medicaid Shared Savings Program (SSP) measure sets. Dr. Hood described why hypertension should be an area of focus; it is a pervasive and controllable risk factor for various serious chronic conditions. She said that despite some suggestions that higher blood pressure targets might be acceptable for older adults, a blood pressure of 140/90 for adults appears to be the best target.

The work group voted unanimously for Year 2 (2015) of the Medicaid and Commercial Shared Savings Programs to eliminate the LDL Screening payment measure and replace it with the Medicare Shared Savings Program Blood Pressure Control measure as a payment measure; and to eliminate the Diabetes Care Composite ("D5") reporting measure and replace it with the Medicare Shared Savings Program Diabetes Composite ("D2") measure as a reporting measure. The work group also voted unanimously to replace Appropriate Medications for People with Asthma with Medication Management for People with Asthma in the Year 3 (2016) Monitoring and Evaluation measure set.

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

- During the June meeting, the work group will continue its review of national measure changes and potential modifications to the Vermont ACO SSP Year 3 measure set.
- Craig Jones, MD will be invited to a future meeting to present additional information on the IOM report, *Vital Signs: Core Metrics for Health and Health Care Progress*.

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

- 4) **Other matters:** Within the next several quarters, the work group may have the opportunity to provide input on the definition of “meaningful improvement” as it applies to quality performance in the GMCB-approved commercial Shared Savings Program standards. Also within the next several quarters, the Work Group may be called upon to recommend or provide input on measures for other payment models (e.g., the Blueprint’s proposed pay-for-performance component).

***Vermont Health Care Innovation Project  
Health Care Work Force Work Group Status Report  
May 2015***

Date: May 30, 2015

Co-Chairs: Mary Val Palumbo & Robin Lunge

Staff: Amy Coonradt

*The Health Care Work Force Work Group did not meet in May. The Work Group's next meeting will be held on June 24, 2015.*

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

- The Micro-simulation Demand Modeling RFP closed for bidding on March 2, 2015, and the bid review team is working through a final round of scoring.
- The Strategic Plan subgroup completed its initial review of the Strategic Plan and will submit its proposed changes for review at the next work group meeting.

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

- The work group will hear presentations from the Payment Models Work Group in June.
- The work group will have the opportunity to vote on revisions to the Workforce Strategic Plan at its June meeting.
- The work group will hear another presentation from the Care Models and Care Management Work Group once that group's Learning Collaborative has had several more sessions.
- The work group will hear a presentation from the DLTS work group and have the opportunity to provide feedback on the DLTS disability awareness briefs later in the summer of 2015.

**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:**