State of Vermont
Agency of Administration
Health Care Reform
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REPORT TO THE VERMONT LEGISLATURE

Vermont Health Care Innovation Project Quarterly Report

Act 54 of 2015, Section 24

Submitted to
House Committees on Health Care and on Ways and Means
Senate Committees on Health and Welfare and on Finance
Health Reform Oversight Committee

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This report is submitted in compliance with Act 54 of the Acts of 2015, Section 24 regarding the Vermont Health Care Innovation Project. It provides updates on activities performed by this project in the third quarter of 2015. Additional information about the project can be found on our project website: http://healthcareinnovation.vermont.gov.

Vermont's SIM project, known as the Vermont Health Care Innovation Project or VHCIP, uses SIM funds to strive towards the triple aim:

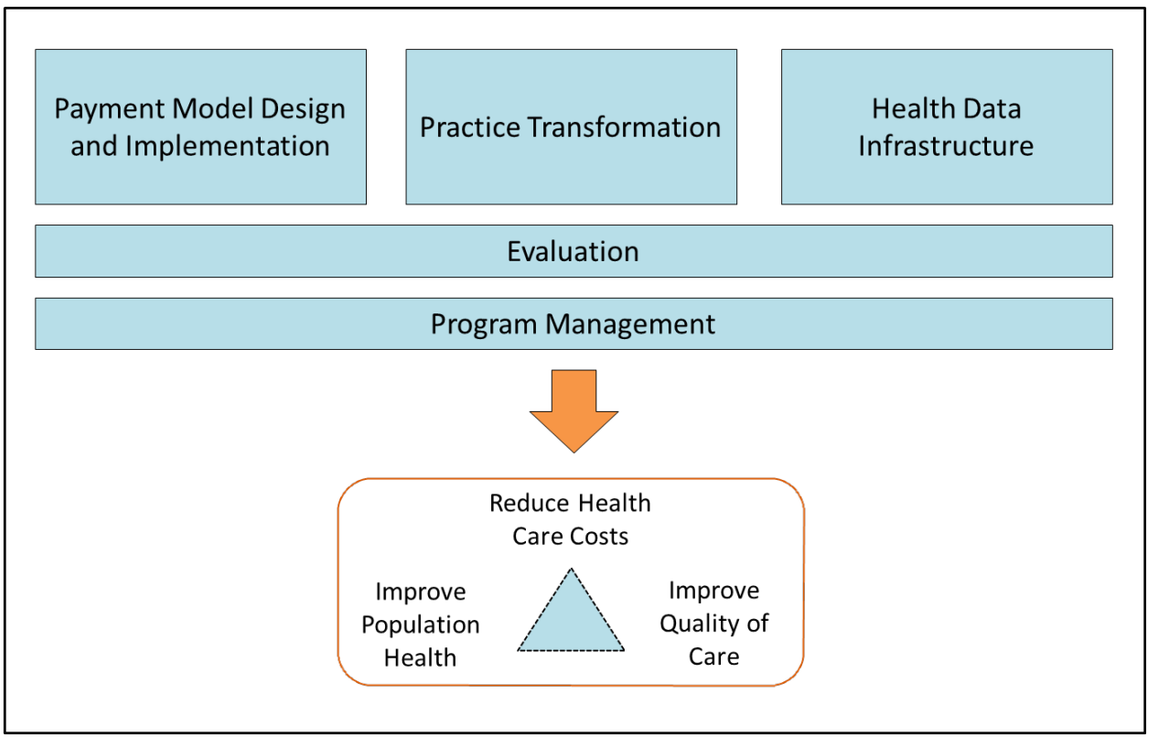
- Better care;
- Better health; and
- Lower costs.

The triple aim is advanced through a series of tasks that fall under five major focus areas:

- **Payment Model Design and Implementation**: Supporting creation and implementation of value-based payments for providers in Vermont across all payers.
- **Practice Transformation**: Enabling provider readiness and encouraging practice transformation to support creation of a more integrated system of care management and care coordination for Vermonters.
- **Health Data Infrastructure**: Supporting provider, payer, and State readiness to participate in alternative payment models by building an interoperable system that allows for sharing of health information to support optimal care delivery and population health management.
- **Evaluation:** Assessing whether program goals are being met.
- **Program Management and Reporting:** Ensuring an organized project.

The project's five focus areas are depicted in Figure 1 below:

Figure 1: Vermont's SIM Focus Areas



Third Quarter Progress

During Quarter 3, Vermont's SIM project continued to make progress in three core areas (payment model design and implementation; practice transformation; and health data infrastructure), and engaged in project-wide strategic planning.

Payment Model Design and Implementation:

Vermont finished calculating Year 1 (2014) results from the Medicaid and commercial Shared Savings Programs (SSPs) and updated Year 3 SSP measures based on national changes. DVHA and GMCB announced results for Vermont's Medicaid and Commercial SSPs during Quarter 3. Analyses showed that the Medicaid SSP generated $14.6 million in total savings, shared between Medicaid and the program's two ACOs. Governor Shumlin held a press conference in September to announce the Medicaid SSP results. The Commercial SSP did not generate savings, in part due to challenges in setting expenditure targets based on the medical expense portion of Exchange premiums in plans' first year. DVHA, GMCB, and contractors continue to analyze data from both SSPs to pinpoint potential areas of success and improvement.

We also continued work on the Medicaid Episodes of Care payment model. This model is expected to launch in 2016.

Vermont released a final report from the Prevention Institute, a contractor engaged to develop a list of key characteristics of an Accountable Community for Health and perform a national and state scan to identify exemplar communities. The report informed work to assess feasibility and design of Accountable Communities for Health in the state during Quarter 3, and in September SIM population health leadership proposed a next phase of work in this area. This proposal would create a collaborative peer learning opportunity for Vermont communities interested in becoming Accountable Communities for Health, with activities modeled after the Integrated Care Management Learning Collaborative described below. The proposal was approved by the VHCIP Steering Committee and Core Team, and is expected to launch in January 2016.

Practice Transformation:

Vermont expanded the Integrated Communities Care Management Learning Collaborative to eight new communities and released an RFP to support development of core competency training and disability-specific core competency training for front-line health care providers. The Learning Collaborative supports quality improvement and innovation in communities seeking to integrate care management across health, community, and social service organizations. The first Learning Collaborative cohort of three communities, which launched in Quarter 1, continues to receive learning opportunities and quality improvement facilitation.

Health Data Infrastructure:

Vermont's SIM-supported health information technology (HIT) and health information exchange (HIE) investments have continued this quarter, with a focus on increasing HIE connectivity, gathered requirements for potential care management tools, and improving clinical data quality. In Quarter 3, design work continued for a tool to support shared care planning/care transitions. Vermont continues to work with VITL, ACOs, and providers to improve the quality of data in our HIE, and with the state's Designated Mental Health Agencies to build a data repository.

Project Governance Changes:

Project leadership approved a new governance structure as a result of the mid-project risk assessment. The new structure consolidates work from VHCIP's seven work groups into four: Payment Model Design and Implementation; Practice Transformation; Health Data Infrastructure; and Workforce. The activities and membership of the Quality & Performance Measures, Population Health, and DLTSS Work Groups will be incorporated into the Payment Models, Practice Transformation, and Health Data Infrastructure Work Groups starting in

October; the Workforce Work Group was created by executive order and will remain unchanged. DLTSS and Population Health will continue to meet quarterly. The VHCIP Steering Committee and Core Team remain unchanged.

Self-Evaluation Activities

Vermont submitted its draft Self-Evaluation Plan design in June 2015 and anticipates submitting a revision to this plan to CMMI in late Fall 2015. This plan includes three categories of activity:

1. Activities performed by the self-evaluation contractor.
2. Monitoring and evaluation activities performed by SIM staff and key analytic contractors.
3. Patient experience surveys performed by Datastat.

Through the Self-Evaluation Plan, Vermont proposes to answer research questions in three topical areas, all key to Vermont's progress towards achieving an integrated delivery system that rewards value-based care: Care Integration and Coordination; Use of Clinical and Economic Data to Promote Value-Based Care; and Payment Reform and Incentive Structures. The Self-Evaluation Plan combines a review of information on various reporting cycles to assist in programmatic decisions within the SIM Testing period, as well as inform Vermont's sustainability planning.

Table 1: Milestones- Progress to Date

CMMI-Required Milestones		
Milestone	*Lead(s) and Contractors Supporting*	*Progress Toward Milestones*
Project Implementation *Performance Period 2*: Continue to implement project statewide. Implement all Performance Period 2 Milestones.	*Lead(s):* Georgia Maheras *Contractors:* All contractors.	• Statewide project implementation continues, with focus on achieving our SIM Milestones.
Payment Models *Performance Period 2*: 60% of Vermonters in alternatives to fee-for-service.	*Lead(s):* Georgia Maheras *Contractors:* Bailit Health Purchasing; Burns and Associates.	• Currently ~60% of Vermonters are in alternatives to fee-for-service.
Population Health Plan *Performance Period 2*: Draft Plan submitted to CMMI by 12/31/15.	*Lead(s):* Georgia Maheras, Heidi Klein *Contractors:* TBD.	• Plan outline drafted.
Sustainability Plan *Performance Period 2*: N/A	*Lead(s):* Georgia Maheras *Contractors:* TBD.	• This is a Performance Period 3 activity.

Payment Model Design and Implementation		
Milestone	*Lead(s) and Contractors Supporting*	*Progress Toward Milestones*
ACO Shared Savings Programs (SSPs) *Performance Period 2:* Expand the number of people in the Shared Savings Programs in Performance Period 2 (goal met by 12/31/15): Medicaid/commercial program provider participation target: 950. Medicaid/commercial program beneficiary attribution target: 130,000.	*Lead(s):* Cecilia Wu, Richard Slusky *Contractors:* Bailit Health Purchasing; Bi-State Primary Care Association/ Community Health Accountable Care; Burns and Associates; Deborah Lisi-Baker; Health*first*; Policy Integrity; The Lewin Group; UVM Medical Center/OneCare Vermont; Vermont Medical Society Foundation; Wakely Actuarial.	• Medicaid and Commercial SSPs launched on 1/1/2014. • Year 2 contract negotiations between DVHA and Medicaid SSP ACOs are in progress. • Expansion of Total Cost of Care for Year 3 was considered in 2015. DVHA reviewed all potential services to include in Year 3 before determining not to include them. DVHA notified the ACOs that it would not include additional services on 9/1/2015. • The Green Mountain Care Board published the Year 1 (CY2014) quality, cost, and utilization performance results for each of the ACOs in Fall 2015. • In Performance Period 2, the project focus is on continued program implementation and evolution of program standards based on cost and quality results from the first performance period. • Performance Period 3 will target additional beneficiaries and focus on expanding the number of Vermonters served in this alternative payment model. • The Shared Savings Program will not offer downside risk as originally proposed in Year 3. **Total Providers Impacted:** 949; **Total Vermonters Impacted:** 133,754 (June 2015)

Episodes of Care (EOCs) *Performance Period 2*: 3 EOCs designed for Medicaid – implementation of data reports by 1/1/16. Implementation of data reports means: episodes selected, outreach plan to providers designed, first run of historic data provided to providers participating in program.	*Lead(s):* Alicia Cooper, Amanda Ciecior *Contractors:* Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group.	• A sub-group of the Payment Models Work Group focused on Episodes was established in January 2015. • Staff conducted a series of one-on-one meetings with stakeholder organizations to understand opportunities and concerns related to this initiative. • Vendor will begin designing an episode-based payment model for Vermont's Medicaid program. **Total Providers Impacted:** 0; **Total Vermonters Impacted:** 0
Pay-for-Performance (Blueprint) *Performance Period 2*: Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/16 and enhanced direct payments to Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the legislature).	*Lead(s):* Craig Jones *Contractors:* Bailit Health Purchasing.	• The Blueprint for Health has been engaging with its Executive Committee, DVHA and AHS leadership, and SIM stakeholders to discuss potential modifications to both the Community Health Team (CHT) and Patient-Centered Medical Home (PCMH) payment models. Such modifications include shifting payers' CHT payments to reflect current market share, increasing the base payments to PCMH practices, and adding an incentive payment for regional performance on a composite of select quality measures. • The legislature appropriated $2.4 million for Medicaid Blueprint payments (both CHT and PCMH) in State Fiscal Year 2016. • A number of quality measures have been selected as the basis for the performance incentive payment that will be incorporated in 2016; these measures are aligned with those being used for the Medicaid and commercial SSPs. A stakeholder group with payer, ACO, and provider representation is presently working to establish appropriate performance targets and benchmarks linking practice performance to incentive payment eligibility. **Total Providers Impacted:** 698; **Total Vermonters Impacted:** 285,968 (June 2015)
Health Home (Hub & Spoke) *Performance Period 2*: Reporting on program's transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.	*Lead(s):* Beth Tanzman *Contractors:* Bailit Health Purchasing; Burns and Associates.	• Vermont is currently assessing and expanding state capacity to collect and report on performance metrics. • Vermont is working with CMS to develop their quality reporting strategy for the 2014 performance year. • Access to treatment has steadily expanded, from 2,867 Medicaid beneficiaries receiving treatment in January 2013 to 5,069 in July 2015. • Program implementation and reporting are ongoing. **Total Participating Providers:** 65; **Total Vermonters Impacted:** 5,069 (June 2015)
Accountable Health Communities *Performance Period 2*: Feasibility assessment – data analytics: 1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15. 2. Design/creation of ACH learning system for all 14	*Lead(s):* Heidi Klein, Jim Westrich *Contractors:* Bailit Health Purchasing; Burns and Associates; Prevention Institute; TBD.	• Contractor selected to engage in national research; contract executed. Findings delivered to project leadership in June 2015. • 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

Vermont Health Service Areas by 12/31/15. 3. Start roll out ACH learning system to at least 3 health service areas by 1/1/16. 4. Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 1/1/16.		the practice and the community levels is ongoing. • Recommendations for next steps, developed to build upon the innovations being tested at the regional level in Vermont, were approved by the Core Team in October 2015.
Prospective Payment System – Home Health *Performance Period 2*: 1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15. 2. Design PPS program for home health for launch 7/1/16.	*Lead(s):* TBD *Contractors:* Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group.	• As a result of ongoing collaboration between DVHA and Vermont's home health agencies, there is presently consensus that the PPS will be comprised of episode-based payments (most likely 60 days in length, similar to Medicare) that will be adjusted for case acuity. • DVHA is in the process of developing Vermont-specific groupings for acuity that will that will take into account the relatively small size of the program in the state. • The quality-based component of the home health PPS is currently in the early phases of development; measure selection for this purpose will begin in the near future.
Prospective Payment System – Designated Agencies *Performance Period 2*: Submit planning grant for Certified Community Behavioral Health Clinics to SAMHSA by 8/5/15. If awarded, begin alignment of new opportunity with SIM activities. (Note: No SIM funds used to support this effort.)	*Lead(s):* Selina Hickman *Contractors:* Non-SIM funded.	• Planning grant application submitted in August 2015. • In September 2015, DVHA elected not to pursue this planning grant application; this work stream was replaced by the Medicaid Value-Based Purchasing – Mental Health and Substance Abuse work stream below.
Medicaid Value-Based Purchasing – Mental Health and Substance Abuse *Performance Period 2*: N/A		• Developing a work plan for contractors. • Parsing mental health and substance abuse funding to support more detailed analyses.
All-Payer Model *Performance Period 2*: 1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI. 2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.	*Lead(s):* Michael Costa/Ena Backus *Contractors:* Bailit Health Purchasing; Burns and Associates; Health Management Associates.	• Negotiations between CMMI and SOV (led by AOA and GMCB) are in process.
State Activities to Support Model Design and Implementation – GMCB *Performance Period 2*: 1. Research and planning to identify the components necessary for APM regulatory activities by 11/15/15. 2. Specific regulatory activities and timeline are dependent on discussions with CMMI.	*Lead(s):* Michael Costa/Ena Backus *Contractors:* Bailit Health Purchasing; Burns and Associates.	• Initial research into regulatory components.

State Activities to Support Model Design and Implementation – Medicaid *Performance Period 2*: Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate: 1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15. 2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 12/31/15. 3. Create draft SPA documents for Year 1 of the EOC program by 12/31/15. 4. Execute Year 1 and Year 2 commercial and Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan. 5. Develop monitoring and compliance plan for Year 1 EOCs by 12/31/15. 6. Design modifications to existing Integrated Family Services Program so it can expand to at least one additional community on 1/1/16. 7. Research and design related to Frail Elders (timeline dependent upon federal contract approval).	*Lead(s):* Alicia Cooper, Cecilia Wu *Contractors:* Bailit Health Purchasing; Burns and Associates; Wakely Actuarial.	• Both Year 1 and 2 SSP State Plan Amendments were approved in 2015. • Beneficiary call-center is operational and will continue through program duration. • ACO data sharing is ongoing. • Draft of Year 3 SSP State Plan Amendment in development. • Draft of Year 1 EOC State Plan Amendment in development. • Coordinating stakeholders to begin planning for expansion of Integrating Family Services program.

Care Delivery and Practice Transformation		
Milestone	*Lead(s) and Contractors Supporting*	*Progress Toward Milestones*
Learning Collaboratives *Performance Period 2*: Offer at least two cohorts of Learning Collaboratives to 3-6 communities: 1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15. 2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 12/31/15.	*Lead(s):* Erin Flynn, Pat Jones *Contractors:* Nancy Abernathy; Bailit Health Purchasing; Deborah Lisi-Baker; Pacific Health Policy Group; Vermont Program for Quality Health Care; TBD – Core Competency Training;	• The Learning Collaborative works to engage as many patient-facing care providers within each community as possible, including nurses, care coordinators, social workers, mental health clinicians, physicians, and others, from a broad spectrum of health, community and social service organizations that includes primary care practices, community health teams, home health agencies, mental health agencies, Area Agencies on Aging, housing organizations, social service organizations, and others. • Participants are convened for at least four in-person learning sessions and multiple webinars, as well as regular local meetings to support work. The fourth in-person learning session for the first cohort took place on September 29th, 2015, where discussion of additional needs and sustainability within communities will occur. • Two additional cohorts (a total of 9 additional communities) have joined the Learning

		Collaborative, with the first in-person learning sessions occurring in September 2015. • An RFP for to develop core competency training for front-line care management practitioners was released in September 2015 (a collaboration between SIM Care Models & Care Management and DLTSS Work Groups).
Sub-Grant Program – Sub-Grants *Performance Period 2*: N/A	*Lead(s):* Jessica Mendizabal *Contractors:* 12 sub-grantees; Pacific Health Policy Group; University of Massachusetts.	• Sub-grantees continue to report on activities and progress, highlighting lessons learned. • All sub-grantees convened on October 7, 2015, for the second in a series of symposiums designed to share lessons learned and inform the SIM project overall.
Sub-Grant Program – Technical Assistance *Performance Period 2*: N/A	*Lead(s):* Sarah Kinsler *Contractors:* Bailit Health Purchasing; Policy Integrity; Truven Health Analytics; Vermont Program for Quality Health Care; Wakely Actuarial.	• Sub-grantee technical assistance contracts are executed; contractors are available for technical assistance as requested by subgrantees and approved by project leadership according to a detailed SIM process.
Regional Collaborations *Performance Period 2*: Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 12/31/15. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.	*Lead(s):* Erin Flynn, Pat Jones *Contractors:* Bi-State Primary Care Association/ Community Health Accountable Care; Pacific Health Policy Group; UVM Medical Center/OneCare Vermont.	• Unified Regional Collaborations begun in each of the State's 14 Health Service Areas. • Weekly stakeholder meetings to discuss further development and direction of Collaborations.
Workforce – Care Management Inventory *Performance Period 2*: Obtain snapshot of current care management activities, staffing, people served, and challenges.	*Lead(s):* Erin Flynn *Contractors:* Bailit Health Purchasing.	• Care Management Inventory Survey was administered in 2014. • Results were presented to the SIM Care Models & Care Management Work Group in February 2015. • Results will be presented to the Work Force Work Group in December 2015.
Workforce – Demand Data Collection and Analysis *Performance Period 2*: 1. Execute contract for micro-simulation demand modeling by 9/30/15 (dependent on federal approval). 2. Provide preliminary data as defined by the contract to vendor for use in model by 12/31/15.	*Lead(s):* Amy Coonradt *Contractors:* TBD.	• DVHA executed a contract with IHS for micro-simulation demand-modeling. Work is expected to begin in November 2015.
Workforce – Supply Data Collection and Analysis *Performance Period 2*: N/A	*Lead(s):* Matt Bradstreet, Amy Coonradt	• The Vermont Department of Health has hired additional staff to develop and administer surveys to accompany provider re-licensure applications, and perform analysis on licensure data and develop provider reports on various health care professions.

	Contractors: N/A.	• VDH staff to report analysis findings to work group on an ongoing basis, beginning in Q3 2015.

Health Data Infrastructure		
Milestone	*Lead(s) and Contractors Supporting*	*Progress Toward Milestones*
Expand Connectivity to HIE – Gap Analyses *Performance Period 2*: N/A	*Lead(s):* Steve Maier, Georgia Maheras *Contractors:* H.I.S. Professionals; Vermont Information Technology Leaders.	• Gap Analysis of ACO Program data quality measures completed in January 2014. • VITL has conducted numerous data quality interviews with the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs). VITL has also identified that a number of DA and SSA member agencies' structures are decentralized such that they operate as multiple independent agencies. VCP has confirmed the need for full assessments to be conducted at these agencies. VITL will be pursuing additional funding to accommodate this revised scope. • LTSS Technical Assessment Final Report to be completed in October 2015 with recommendations on next steps.
Expand Connectivity to HIE – Gap Remediation *Performance Period 2*: Remediate data gaps that support payment model quality measures, as identified in gap analyses: 1. Remediate 50% of data gaps for SSP quality measures by 12/31/15. 2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.	*Lead(s):* Georgia Maheras, Steve Maier *Contractors:* H.I.S. Professionals; Pacific Health Policy Group; Vermont Information Technology Leaders.	• ACO Gap Remediation project includes five projects: Interface and Electronic Health Record Installation, Data Analysis, Data Formatting, Terminology Services, and SE Team. • Contract with VITL executed. ACO Gap Remediation work has been in progress since March, with significant progress to date. • VITL and VCP proposed additional gap remediation work in Quarter 4 of 2015 for Performance Period 3. • The HIE/HIT Work Group is evaluating next steps based on the receipt of the LTSS Technology Assessment.
Expand Connectivity to HIE – Data Extracts from HIE *Performance Period 2*: N/A	*Lead(s):* Richard Slusky, Georgia Maheras *Contractors:* Vermont Information Technology Leaders.	• OCV Gateway nearly completed. Estimated completion by November 2015. • CHAC Gateway more than 50% complete. Estimated completion December 2015.
Improve Quality of Data Flowing into HIE *Performance Period 2*: 1. Implement terminology services tool to normalize data elements within the VHIE by 10/1/15. 2. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 12/31/15.	*Lead(s):* Steve Maier, Georgia Maheras *Contractors:* Behavioral Health Network; Bi-State Primary Care Association/Community Health Accountable Care; H.I.S. Professionals; UVM Medical Center/OneCare Vermont; Vermont Information Technology Leaders.	• VITL contract in place includes a Terminology Services project to provide services to translate clinical data sets submitted to the HIE into standardized code sets. • VITL contract in place to work with providers and the ACOs to improve the quality of clinical data in the HIE for use in population health metrics within the Shared Savings Program. • Data quantity and quality improvements have resulted so far in raising from 17% to 39% of total OCV beneficiaries the capability within the statewide HIE at VITL to produce clinical quality ACO measures. Additional work toward the project goal of 62% will occur in Performance Period 2. • Contracts with Vermont Care Network and VITL to improve data quality and work flows at Designated Mental Health Agencies (DAs). VITL will work with DAs to implement the desired state in each agency through the development of a toolkit that will provide the necessary documentation, workflows and answers to specific questions needed.

Telehealth – Strategic Plan *Performance Period 2*: Develop Telehealth Strategic Plan by 9/15/15.	*Lead(s):* Sarah Kinsler *Contractors:* JBS International.	• JBS International convened the Vermont Telehealth Steering Committee in March 2015 to guide Telehealth Strategy development. Steering Committee members met biweekly via phone between March and July to come to consensus on a telehealth definition, identify guiding principles for the strategy, review key features on telehealth programs across the country, and develop strategy elements. • A draft Statewide Telehealth Strategy was submitted to DVHA in June 2015; JBS worked with SOV staff to refine the Strategy between June and September 2015. • The final strategy elements were approved by the HIE/HIT Work Group, Steering Committee, and Core Team in August 2015. The State of Vermont finalized the Strategy in September 2015 and released the final Strategy in mid-September.
Telehealth – Implementation *Performance Period 2*: 1. Release telehealth program RFP by 9/30/15. 2. Award at least one contract to implement the scope of work in the telehealth program RFP by 11/30/15.	*Lead(s):* Sarah Kinsler *Contractors:* TBD – Telehealth Pilots.	• A draft RFP scope was developed by the State and JBS International, drawing on the telehealth definition, guiding principles, and key Telehealth Strategy elements. • The draft RFP scope was approved by the HIE/HIT Work Group, Steering Committee, and Core Team in August 2015. • The RFP was released on September 18, 2015; the bid period closed on October 23, 2015. • The bids are under review.
EMR Expansion *Performance Period 2*: 1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and Developmental Disability agencies (by 12/31/15). 2. Explore non-EMR solutions for providers without EMRs: Develop plan based on LTSS technical gap analysis.	*Lead(s):* Georgia Maheras *Contractors:* ARIS; Vermont Information Technology Leaders/Vermont Department of Mental Health.	• EMR acquisition for five Specialized Service Agencies complete. • LTSS Technical Assessment to be completed in October 2015 with recommendations for 2016 for further actions. VITL contract with the Department of Mental Health to support procurement of the EMR system for the State's new hospital.
Data Warehousing *Performance Period 2*: 1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan). 2. Procure clinical registry software by 12/31/15. 3. Develop a cohesive strategy for developing data systems to support analytics by 12/31/15.	*Lead(s):* Georgia Maheras *Contractors:* Behavioral Health Network; H.I.S. Professionals; Stone Environmental; Vermont Information Technology Leaders; TBD.	• Vermont Care Network (VCN/BHN) is working on behalf of Designated Mental Health Agencies (DAs) and Specialized Service Agencies (SSAs) to develop a behavioral health-specific data repository, which will to aggregate, analyze, and improve the quality of the data stored within the repository and to share extracts with appropriate entities. • VCN/BHN contract has been approved by DVHA. • VCN/BHN is working on finalizing the contract now that DVHA has approved the contract. • Data quality work, data dictionary development, training of analytic software, and other supporting tasks are all in progress to support the project once the team is ready for implementation.
Care Management Tools *Performance Period 2*: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system,	*Lead(s):* Erin Flynn and Sarah Kinsler (Shared Care Plan/Universal Transfer Protocol); Richard	*Shared Care Plan/Universal Transfer Protocol (SCÜP)* • Contractor performed discovery and drafted a Universal Transfer Protocol charter in 2014 and early 2015.

and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development: 1. Event Notification System: Procure solution by 11/1/15 implement according to project plan for phased roll out. 2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 11/30/15.	Slusky(Event Notification System) *Contractors:* Shared Care Plan/Universal Transfer Protocol: Bailit Health Purchasing; im21; Vermont Information Technology Leaders; TBD. Event Notification System: Vermont Information Technology Leaders; TBD.	• Integrated Care Management Learning Collaborative Cohort 1 communities requested shared care planning tools. • Universal Transfer Protocol and Shared Care Plan projects have merged. New project, SCÜP, currently in discovery and design phase. *Event Notification System* • State of Vermont is working with VITL to procure Event Notification System. Contractor selected. Anticipated start date of 11/1/15.
General Health Data – Data Inventory *Performance Period 2*: N/A	*Lead(s):* Sarah Kinsler *Contractors:* Stone Environmental.	• Contractor selected and contract executed; work was on hold May-August 2015 pending federal budget approval. • Work on data inventory is nearly complete. Initial dataset discovery began in January. Datasets are logged in an online system (linked below). • Contractor, working with SOV staff and key stakeholders, has identified ~20 high priority datasets for deeper data collection; additional data collection on these prioritized datasets began in May 2015 and relaunched in September. • Contractor has engaged in research on possible portal framework options, and has tentatively selected a solution.
General Health Data – HIE Planning *Performance Period 2*: 1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015. 2. HDI work group will identify connectivity targets for 2016-2019 by 12/31/15.	*Lead(s):* Sarah Kinsler *Contractors:* Stone Environmental.	• Contractor selected and kickoff meeting with outlined roles and responsibilities conducted.
General Health Data – Expert Support *Performance Period 2*: Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.	*Lead(s):* Steve Maier, Richard Slusky *Contractors:* Stone Environmental; TBD.	• IT-specific support to be engaged as needed. • Enterprise Architect, Business Analyst and Subject Matter Experts identified to support the design phase of SCÜP.

Evaluation		
Milestone	*Lead(s) and Contractors Supporting*	*Progress Toward Milestones*
Self-Evaluation Plan and Execution *Performance Period 2*:	*Lead(s):* Annie Paumgarten	• Self-evaluation contractor selected. • Draft Self-Evaluation Plan submitted to CMMI for review on 6/30/15. Self-Evaluation Plan being

1. Amend vendor self-evaluation contract to reflect new activities within 30 days of CMMI approval of self-evaluation plan. 2. Streamline reporting around other evaluation activities not performed by Impaq within 30 days of CMMI approval of self-evaluation plan.	*Contractors:* Impaq International.	revised pending resubmission in late Fall 2015. • Patient experience surveys for the patient-centered medical home and shared savings program fielded for 2014. • Anticipate fielding patient experience surveys annually for these programs. • Ongoing monitoring and evaluation by SOV staff and contractors occurring as needed according to project plan.
Surveys *Performance Period 2*: Conduct annual patient experience survey and other surveys as identified in payment model development. Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – Phase 1 to determine impact of Performance Period 2 activities.	*Lead(s):* Pat Jones, Jenney Samuelson *Contractors:* Datastat.	• Patient experience surveys for the patient-centered medical home and shared savings program are fielded annually.
Monitoring and Evaluation Activities Within Payment Programs *Performance Period 2*: 1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications: Biannual reporting to providers. 2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications: Monthly, quarterly reports depending on type.	*Lead(s):* Cecilia Wu, Richard Slusky, Spenser Weppler *Contractors:* Bailit Health Purchasing; Burns and Associates; The Lewin Group; TBD.	• Ongoing monitoring and evaluation by SOV staff and contractors occurring as needed.

General Program Management		
Milestone	*Lead(s) and Contractors Supporting*	*Progress Toward Milestones*
Project Management and Reporting – Project Organization *Performance Period 2*: Ensure project is organized through the following mechanisms: 1. Project Management contract scope of work and tasks performed on-time. 2. Monthly staff meetings, co-chair meetings, and Core Team meetings with reporting on budget, milestones, and policy decisions presented and discussed at each meeting. 3. Submit quarterly reports to CMMI and the Vermont Legislature.	*Lead(s):* Georgia Maheras *Contractors:* University of Massachusetts.	• Project management contract in place to support project organization and reporting.
Project Management and Reporting – Communication and	*Lead(s):* Christine Geiler, Amanda	• Communication and outreach plan drafted. Pending implementation.

Outreach *Performance Period 2*: Engage stakeholders in project focus areas by: 1. Convening 5 Core Team, 5 Steering Committee, and 10 work group public meetings by 12/31/15. 2. Distributing all-participant emails at least once a month. 3. Updating website at least once a week.	Ciecior *Contractors:* PDI Creative; University of Massachusetts.	• SIM Work Groups and other stakeholder engagement activities launched.