State Innovation Model
Year 3 Operational Plan
For Health System Innovation

Prepared by the State of Vermont
For the Centers for Medicare and Medicaid Services
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Executive Summary

Overall Goal

Vermont's Year 3 Operational Plan describes Vermont's plans to utilize State Innovation Model (SIM) grant funds to support improvements in the state's health care system in Performance Period 3. This document builds on our Year 2 Operational Plan, submitted in November 2014, and our Year 2 Operational Plan Addenda, submitted in August 2015. This document focuses on Vermont's project activities to date and planned activities for the coming year, with particular emphasis on Vermont's Performance Period 3 milestones and contractor resources to be used to achieve those milestones and meet accountability targets.

Overall, Vermont's SIM project 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
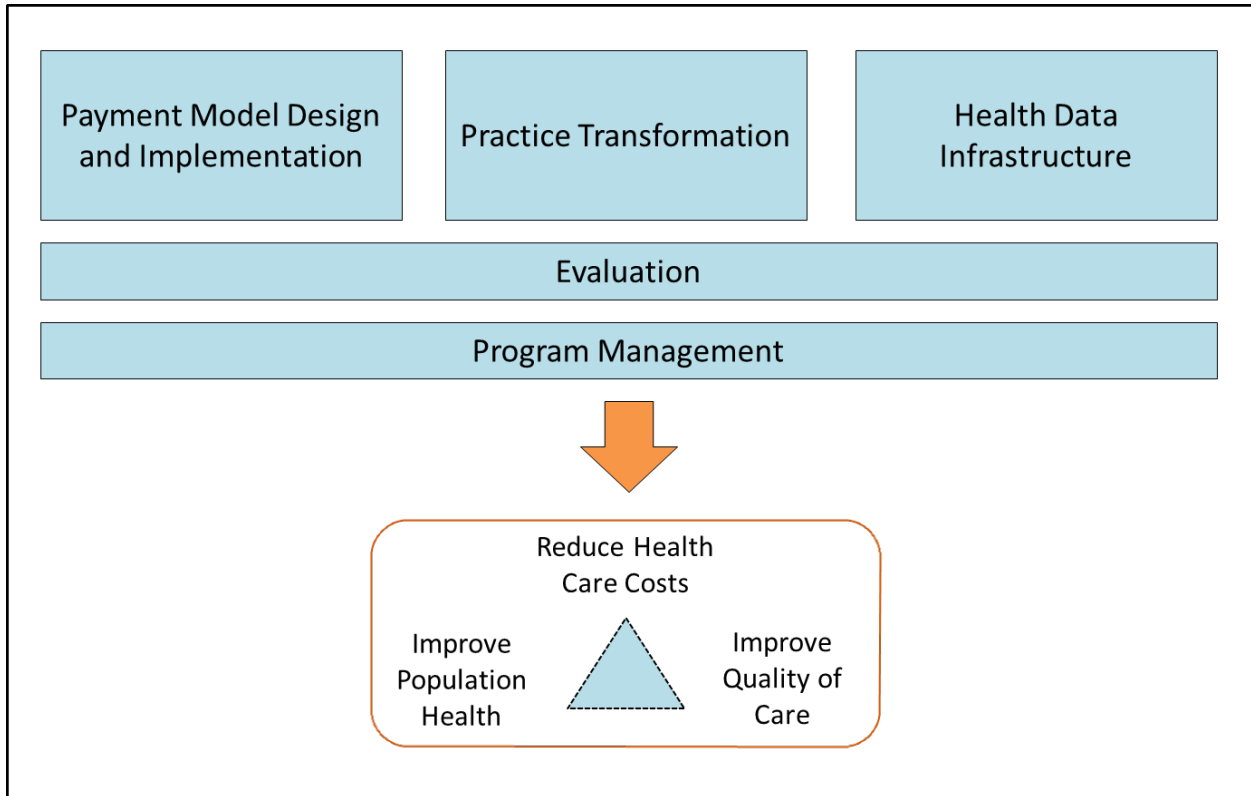

Performance Period 3

Performance Period 3 is the final Performance Period for Vermont's SIM project and concludes the three-year testing period. During Performance Period 3, Vermont will continue activities to support payment model design and implementation, care delivery and practice transformation, health data infrastructure improvements, evaluation, and project management. Vermont will also ramp up activities related to the Population Health Plan, which is due at the end of the project (Appendix A), and will continue our sustainability planning activities, ensuring that we appropriately transition key activities at the end of the Performance Period (see Section M). At this time, Vermont is discussing an All-Payer Model with CMMI, with possible implementation after the end of Performance Period 3. The current SIM activities support provider, payer, and state readiness for implementation of this model, but will be considered on an on-going basis as the details develop.

Payment Model Design and Implementation

Vermont's payment models are designed in a way that meets providers where they are, as some providers are more able to accept financial risk than others. They are also designed to ensure that the payers can operationalize the new structure, and the State can evaluate the

programs. Provider, State, and payer readiness is critical for success of alternative payment models in Vermont. See this depicted in *Figure* 2 below:

Figure 2: Alternative Payment Readiness
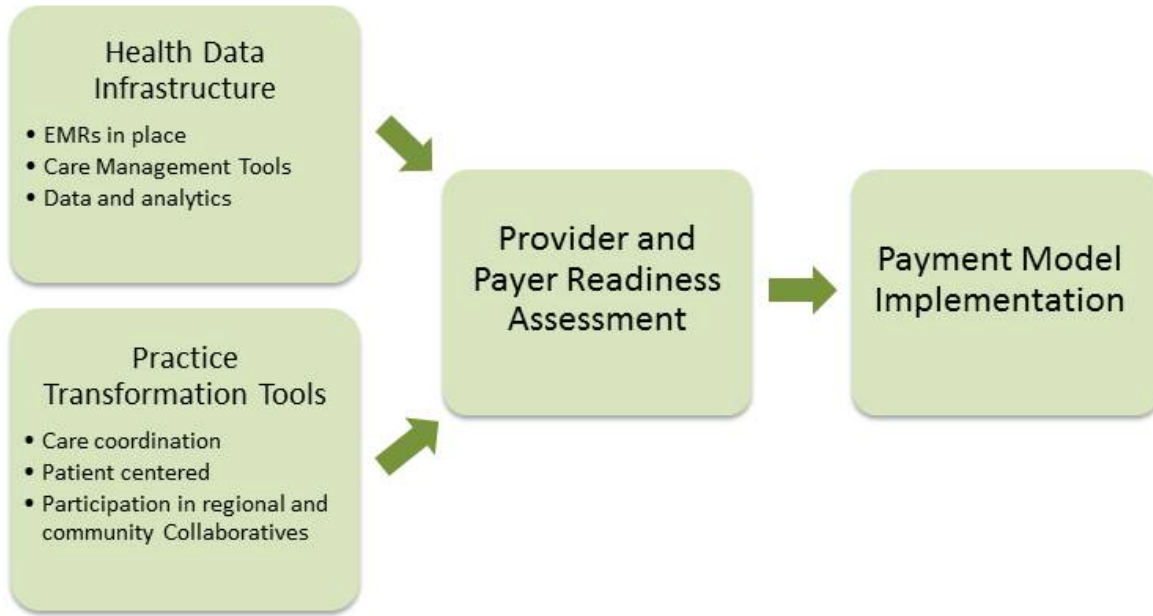
By establishing a path for all providers, we are phasing in reforms broadly, but responsibly. Vermont's active payment model design activities are performed on a multi-payer basis as much as possible, and include:

- Expansion of the **Advanced Primary Care Medical Home** initiative, known as the Blueprint for Health, launched in 2008.
  - o In addition to Medicaid and Vermont's three largest commercial insurers, Medicare participates in the Blueprint for Health as a payer through the federal the Multi-payer Advanced Primary Care Practice Demonstration.
- Medicaid and commercial **Shared Savings ACO Programs**, launched in 2014.
  - o Vermont ACOs are also participating in the Medicare Shared Savings Program.

These initiatives include the majority of Vermonters and Vermont providers: more than 60% of Vermonters are participating in the Advanced Primary Care Medical Home Initiative and Shared Savings programs. Vermont's three ACOs include the majority of our health care providers – including many of our long-term services and supports and mental health providers.

Vermont is also researching and analyzing other value-based payment models intended to promote better sustainability of health care costs and higher quality. These include: pay-for-performance, episodes of care/bundled payments, prospective payment systems, and

capitation. Vermont continues to emphasize feasibility and research for Medicaid value-based purchasing.

As noted above, Vermont is exploring an All-Payer Model, which is informed by the Medicare Next Generation Accountable Care Organization model. An All-Payer Model would include an agreement between the State and the federal government to target a sustainable rate of growth for health care spending in Vermont across Medicaid, Medicare and commercial payers. The agreement would include strict quality and performance measurement and Medicare waivers, if needed for restructuring payments. The model also incorporates a renewed Section 1115 Global Commitment waiver for Medicaid. Provider payments would be structured using Next Generation's value-based payment models, such as capitation or global budgets. Lastly, the Green Mountain Care Board would be the regulatory entity that would ensure that health care growth meets the targets through mechanisms such as hospital budget and payer rate reviews. The work done through the SIM grant to advance alternative payment models has helped to ensure that payers and providers are ready to move to a more aggressive payment model after the end of the grant, such as those being explored through the All-Payer Model.

Below is a list of SIM-supported projects and tasks underway in the Payment Model Design and Implementation focus area during Performance Period 3.

- Continued expansion of Vermont's *ACO Shared Savings Programs*;
- Launch of a Medicaid *Episodes of Care Program*;
- Expansion of a *Pay-for-Performance* program, implemented through the Blueprint for Health;
- Continued reporting and monitoring for the *Medicaid Health Homes program*, also known as the Hub and Spoke program;
- Design and analysis related to *Accountable Communities for Health*;
- Development of a *Prospective Payment System for Home Health*;
- Design and analysis related to an alternative payment model for *Medicaid-supported Mental Health and Substance Use Services*;
- Design, analysis, and launch of *Integrated Family Services in additional Health Service Areas*; and
- Design and analysis to support decision-making related to an *All-Payer Model* with CMMI.

Practice Transformation

Vermont SIM's care delivery and practice transformation activities are designed to enable provider readiness to participate in alternative payment models and accept higher levels of financial risk and accountability. This area of work includes monitoring Vermont's existing workforce, as well as designing transformation activities that support provider readiness. These activities impact a broad array of Vermont's providers and are undertaken as precursors to or in

concert with alternative payment models. They are intended to ensure that the providers impacted by alternative financial models are supported in making the accompanying practice changes necessary for success, as well as to improve the health of individuals and the population through an integrated system of care management and care coordination.

Below is a list of SIM-supported projects and tasks underway in the Practice Transformation focus area:

- *Learning Collaboratives* to support improved and integrated care management in Vermont communities;
- A *Sub-Grant Program* for Vermont providers, including a *technical assistance* component;
- *Regional Collaboratives* to support integration of the Blueprint for Health and Vermont's ACOs, and to enable community-wide governance and quality improvement efforts; and
- Workforce activities, including *demand and supply data collection and analysis.*

Health Data Infrastructure

Vermont SIM's health data infrastructure development activities support the development of clinical, claims, and survey data systems to support alternative payment models. The State is making strategic investments in clinical data systems to allow for passive quality measurement – reducing provider burden while ensuring accountability for health care quality – and to support real-time decision-making for clinicians through improved information sharing. SIM is also working to strengthen Vermont's data warehousing infrastructure to support interoperability of claims and clinical data and to enhance our ability to produce predictive analytics. As with Vermont's Practice Transformation activities, the activities in this focus area are intended to ensure providers, payers, and the State are prepared and have timely and accurate information that is necessary to support alternative payment models.

These investments have yielded significant improvements in the quality and quantity of data flowing from providers' electronic medical records into Vermont's Health Information Exchange (VHIE). We have also identified data gaps for non-Meaningful Use-eligible providers to support strategic planning around data use for all providers across the care continuum.

Below is a list of SIM-supported projects and tasks underway in the Health Data Infrastructure focus area:

- Activities to expand provider connectivity to the VHIE, including *Gap Analyses*, *Gap Remediation Activities*, and development of tools to support *Data Extracts From the VHIE*;
- Work to *Improve the Quality of Data Flowing into the VHIE*;
- A *Telehealth Strategic Planning* effort and implementation of *Telehealth Pilots* aligned with the new Statewide Telehealth Strategy;

- Efforts to *Expand Implementation of Electronic Medical Records* to non-Meaningful Use-eligible providers;
- Work on *Data Warehousing* to support the State and providers in improving the quality, aggregating, and analyzing health data;
- Discovery and design activities to develop *Care Management Tools*, including an electronic shared care plan solution, a universal transfer protocol, and an event notification system; and
- Various general activities, including a *Health Data Inventory Project*, *HIT/HIE Planning Activities*, and *Expert Support* as needed to support health data initiatives.

Evaluation

All of our efforts are evaluated to ensure the processes, as well as the outcomes, work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to identify successes, ensure that we are not inadvertently causing negative unintended consequences, and expand lessons learned quickly.

Below is a list of SIM-supported projects and tasks underway in the Evaluation focus area:

- Development and execution of a *Self-Evaluation Plan*;
- *Surveys* to measure patient experience and other key factors, as identified in payment model development; and
- *Monitoring and Evaluation Activities* within payment programs.

Project Management and Reporting

SIM is supported by a project management team that oversees project-wide coordination and reporting, as well as communication and outreach. Project management is focused on achieving milestones and meeting accountability targets across the project. *Table 1* on the following page includes a summary of all Performance Period 3 milestones, lead staff, contractor support, and progress to date, which provides a global view of the project's current status and how Vermont believes it will achieve results. Section J, Staff/Contractor Recruitment and Training, provides additional detail by contractor.

Table 1: Performance Period 3 Milestone Summary

CMMI-Required Milestones		
Milestone	*Lead(s) and Contractors Supporting*	*Progress Toward Milestones*
Project Implementation _Performance Period 3_: Continue to implement project statewide. Implement all Performance Period 3 Milestones.	*Lead(s):* Georgia Maheras *Contractors:* All contractors.	• Statewide project implementation continues, with focus on achieving our SIM Milestones.
Payment Models _Performance Period 3_: 80% 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 3_: Develop Population Health Plan by 12/31/16	*Lead(s):* Georgia Maheras, Heidi Klein *Contractors:* TBD.	• Plan outline drafted.
Sustainability Plan _Performance Period 3_: 1. Execute contract(s) with vendor(s) to support development of sustainability plan by 1/31/16. Tasks include: a. Design and possible deployment of an integrated data, analytic and Population Health Management toolset infrastructure. b. Design of unified governance model providers within the APM. c. Analysis of all SIM-related activities to determine sustainability path, including governance and financial expenditure recommendations. d. Stakeholder review for sustainability plan. e. Documentation of sustainability plan. 2. Develop Sustainability Plan by 11/1/16.	*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 3: Expand the number of people in the Shared Savings Programs in Performance Period 3 (goal met by 12/31/16):
    Medicaid/commercial program provider participation target: 1000.
    Medicaid/commercial program beneficiary attribution target: 160,000.
	Lead(s): Cecilia Wu, Richard Slusky
	
	Contractors: TBD.
		• 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 3*: Implement 3 EOCs for Medicaid by 7/1/16. Implementation includes monitoring, reporting of data, evaluation for all three EOCs.	*Lead(s):* Alicia Cooper, Amanda Ciecior *Contractors:* TBD.	• 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 3:
1. Medicaid/commercial/Medicare:
    Number of providers participating in P4P program target: 698.
    Number of beneficiaries participating in P4P program target: 297,033.
2. P4P incorporated into Sustainability Plan by 10/31/16.
	Lead(s): Craig Jones
	
	Contractors: Non-SIM funded.
		• 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 3:
1. Medicaid/commercial/Medicare:
  Number of providers participating in Health Home program target: 65 MDs prescribing to >= 10 patients.
  Number of beneficiaries participating in Health Home program target: 2,785 Hub + 2,284 Spoke = 5,069 total patients.
2. Health Home incorporated into Sustainability Plan by 10/31/16.
	Lead(s): Beth Tanzman
	
	Contractors: Non-SIM funded.
		• 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 Communities for Health *Performance Period 3*: ACH Implementation Plan incorporated into Sustainability Plan by 10/31/16.	*Lead(s):* Heidi Klein, Jim Westrich *Contractors:* 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 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 3*: 1. Implement, monitor and evaluate Medicaid PPS program for home health. Implementation by 7/1/16. 2. Monitoring and evaluation occur monthly through 12/31/16.	*Lead(s):* Tom Boyd *Contractors:* TBD.	• 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.

Medicaid Value-Based Purchasing – Mental Health and Substance Abuse _Performance Period 3_: 1. Based on research and feasibility analysis, design an alternative to fee-for-service, for Medicaid mental health and substance use services by 12/31/16. 2. Develop implementation timeline based on payment model design and operational readiness by 12/31/16.	_Lead(s):_ Selina Hickman _Contractors:_ TBD.	• Developing a work plan for contractors. • Parsing mental health and substance abuse funding to support more detailed analyses.
All-Payer Model _Performance Period 3_: 1. If negotiations are successful, assist with implementation as provided for in APM agreement through the end of the grant term. 2. Contribute to analytics related to all-payer model implementation design. 3. If negotiations are successful, assist with implementation as provided for in APM agreement through the end of the grant term.	_Lead(s):_ Michael Costa/Ena Backus _Contractors:_ Health Management Associates.	• Negotiations between CMMI and SOV (led by AOA and GMCB) are in process.

| **State Activities to Support Model Design and Implementation – Medicaid**

Performance Period 3:
1. Obtain SPA for Year 3 of the Medicaid Shared Savings Program by 12/31/16.
2. Execute Year 3 commercial and Medicaid monitoring and compliance plans throughout Performance Period 3 according to the predetermined plan.
3. Execute Year 1 monitoring and compliance plan for EOCs by 12/31/16.
4. Integrated Family Services (IFS) SPA documents developed for 7/1/16 launch. Expand to 3 more regions by 7/1/16.
5. IFS expansion to remainder of State by 12/31/16. | _Lead(s):_ Alicia Cooper, Cecilia Wu

Contractors: Policy Integrity. | • 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 3*: 1. Target: 500 Vermont providers have completed the Learning Collaborative by 12/31/16. 2. Report on program effectiveness to Steering Committee and Core Team by 9/30/16. 3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 10/31/16.	*Lead(s):* Erin Flynn, Pat Jones *Contractors:* N/A.	• 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 3*: 1. Provide SIM funds to support sub-grantees through 10/31/16. 2. Convene sub-grantees at least twice by 12/31/16. 3. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	*Lead(s):* Jessica Mendizabal *Contractors:* 12 sub-grantees.	• 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 3: Provide technical assistance to sub-grantees as requested by sub-grantees:
    1. Remind sub-grantees of availability of technical assistance on a monthly basis.
    2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.
	Lead(s): Sarah Kinsler
	
	Contractors: Policy Integrity.
		• 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.

Workforce – Demand Data Collection and Analysis *Performance Period 3*: Transfer model to Vermont Dept. of Labor by 12/31/16.	*Lead(s):* Amy Coonradt *Contractors:* N/A.	• 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 3_: Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:
     1. Present data to Workforce Work Group at least 3 times by 9/30/16.
     2. Publish data reports/analyses on website by 12/31/16.
     3. Distribute reports/analyses to project stakeholders by 12/31/16.
     4. Incorporate into sustainability plan by 10/31/16.
	Lead(s): Matt Bradstreet, Amy Coonradt
	
	 Contractors: N/A.
		• 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.
		 • 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 Remediation *Performance Period 3*: 1. Remediate 65% of ACO SSP measures-related gaps as identified in fall 2015. 2. Report on LTSS remediation plan and incorporate into HIT Strategic Plan by 2/28/16. 3. Incorporate into Sustainability Plan by 10/31/16.	*Lead(s):* Georgia Maheras, Steve Maier *Contractors:* Vermont Information Technology Leaders, TBD.	• 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.
Improve Quality of Data Flowing into HIE *Performance Period 3*: 1. 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 50% of ACO attributing practices by 6/30/16. Complete workflow improvement by 12/31/16. 2. Engage in workflow improvement activities at designated mental health agencies (DAs) as identified in gap analyses. Start workflow improvement activities in all 16 DAs by 6/30/16 and complete workflow improvement by 12/31/16.	*Lead(s):* Steve Maier, Georgia Maheras *Contractors:* N/A.	• 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 – Implementation *Performance Period 3*: Make recommendations for the Sustainability Plan by 10/31/16.	*Lead(s):* Jim Westrich *Contractors:* N/A.	• 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.
Data Warehousing *Performance Period 3*: 1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16. 2. Begin to implement cohesive strategy for developing data systems to support analytics by 12/31/16.	*Lead(s):* Georgia Maheras *Contractors:* N/A.	• 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 3_: SCÜP: Launch pilot project based on approved proposal by 8/1/16. Impact 45 (approx. 15 in each of three communities) providers by 12/31/16.	_Lead(s):_ Erin Flynn and Sarah Kinsler (Shared Care Plan/Universal Transfer Protocol); Richard Slusky(Event Notification System) _Contractors:_ Stone Environmental; TBD.	_Shared Care Plan/Universal Transfer Protocol (SCÜP)_ • Contractor performed discovery and drafted a Universal Transfer Protocol charter in 2014 and early 2015. • 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 – HIE Planning _Performance Period 3_: Develop connectivity targets for 2016-2019 by 6/30/16.	_Lead(s):_ Sarah Kinsler _Contractors:_ N/A.	• Contractor selected and kickoff meeting with outlined roles and responsibilities conducted.
General Health Data – Expert Support _Performance Period 3_: 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.	• 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 3*: Execute Self-Evaluation Plan for 2016 according to timeline for Year 3 activities.	*Lead(s):* Annie Paumgarten *Contractors:* Impaq International.	• Self-evaluation contractor selected. • Draft Self-Evaluation Plan submitted to CMMI for review on 6/30/15. Self-Evaluation Plan being 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 3*: Conduct patient experience survey to inform Year 3 Shared Savings Program by 12/31/16.	*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 3*: 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. 3. Conduct analyses of the EOC program according to program specifications: Monthly, quarterly; depending on report type. 4. TBD: APM, PPS, Mental Health and Substance Use.	*Lead(s):* Cecilia Wu, Richard Slusky, Spenser Weppler *Contractors:* 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 3: 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.
    4. Sustainability Plan complete by 11/30/16.
	Lead(s): Georgia Maheras
	
	Contractors: TBD.
		• Project management contract in place to support project organization and reporting.

Project Management and Reporting – Communication and Outreach
Performance Period 3: Engage stakeholders in project focus areas by:
    1. Convening 10 Core Team, 10 Steering Committee, and 25 work group public meetings by 12/31/16.
    2. Distributing all-participant emails at least once a month.
    3. Updating website at least once a week.
	Lead(s): Christine Geiler, Amanda Ciecior
	
	Contractors: PDI Creative; TBD.
		• Communication and outreach plan drafted and being implemented.
		• SIM Work Groups and other stakeholder engagement activities launched.
		• Website undergoing updates.

Section A: Project Governance, Management Structure, and Decision-Making Authority

Performance Period 3 Milestone: ***Ensure project is organized.***

Project leaders continue to provide quarterly updates to legislative leadership to ensure that the legislature is appropriately informed of progress toward the project's five focus areas.

In early 2015, Vermont embarked on a mid-project risk assessment to ensure that project governance, management structure, and decision-making authority were supporting the high-level project goals and individual performance period milestones. Careful planning at the outset of the project created a project structure that continues to include strong linkages with the Governor's Office, shared public-private governance, and an effective project management organization. However, project leadership identified several areas where the project's governance could better support the project's success:

- Modification of our work group structure could support better integration of work across the project.
- Communications about project goals and progress could be stream-lined and made more effective.
- We could distribute lessons-learned from the sub-grant program and models being tested in a more timely manner.

Modifications to Work Group Structure to Support Integration Across the Project

In August 2015, Vermont's SIM team developed a new work group structure that would ensure perspectives were heard as part of critical decision-making, but also integrated key work streams for more effective project management. This new structure was implemented in October 2015 after receiving comment from SIM participants. This modification in work group structure will free up staff and contractor resources to address the third area of improvement: better distribution of lessons-learned. Overall, we will be able to better deploy our SIM resources to meet all of our project milestones.

Figure 3 below depicts the new work group governance structure:

Figure 3: Vermont SIM Project Governance Structure
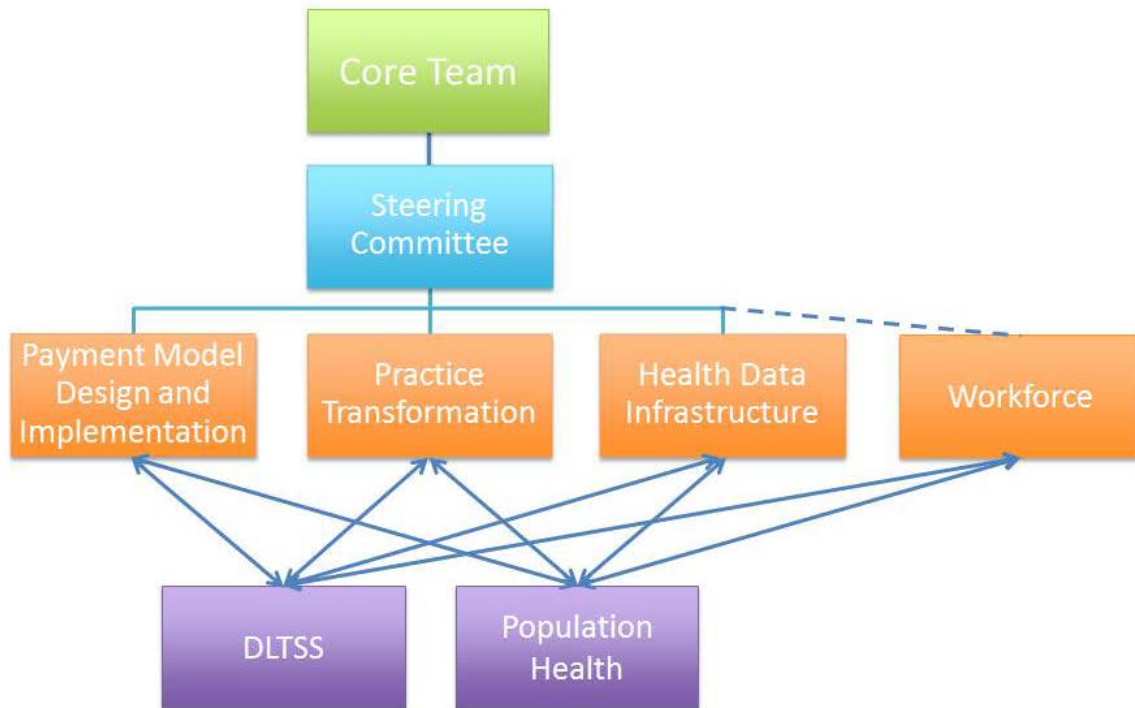
While previously Vermont's SIM team had seven work groups reporting up through a Steering Committee and Core Team, there are now four groups, which meet monthly to advance our project's milestones. Two additional work groups meet quarterly to provide subject matter specific expertise on our milestones. We combined all of our activities, as codified in annual work plans, as well as participant lists in this new structure. The work group charges are listed below.

The Core Team

This group provides overall direction to Vermont's SIM project, synthesizes and acts on guidance from the Steering Committee, makes funding decisions, sets project priorities, and helps resolve any conflicts within the project initiatives.

Core Team Membership
- Lawrence Miller – Chief of Health Care Reform, Chair
- Robin Lunge – Director of Health Care Reform
- Hal Cohen – Secretary of Human Services
- Al Gobeille – Chair of the Green Mountain Care Board
- Steven Costantino – Commissioner of the Department of Vermont Health Access
- Monica Hutt – Commissioner of the Department of Disabilities, Aging, and Independent Living

- Paul Bengtson – CEO, Northeastern Vermont Regional Hospital
- Steve Voigt – Executive Director, ReThink Health of the Upper Valley

The Steering Committee

The Steering Committee informs, educates, and guides the Core Team in all of the work planned under the SIM grant. In particular, the group guides the Core Team's decisions about investment of project funds, necessary changes in state policy and how best to influence desired innovation in the private sector. See below for a list of Steering Committee members. The membership of the Steering Committee brings a broad array of perspectives from multiple agencies within state government, and multiple groups and organizations from outside state government. The Steering Committee includes at least one of the co-chairs of each work group (described below), who are expected to report on the recommendations of those work groups in specific subject areas defined in their charters.

Steering Committee Membership
- Steven Costantino, Commissioner, Department of Vermont Health Access (co-chair)
- Al Gobeille, Chair, Green Mountain Care Board (co-chair)
- Susan Aranoff, Department of Disabilities, Aging, and Independent Living
- Rick Barnett, M.D., Vermont Psychological Association
- Bob Bick, M.D., Howard Center for Mental Health
- Peter Cobb, Vermont Assembly of Home Health and Hospice Agencies
- Elizabeth Cote, Area Health Education Centers Program
- Tracy Dolan, Department of Health
- Susan Donegan, Department of Financial Regulation
- Frank Reed, Department of Mental Health
- John Evans, Vermont Information Technology Leaders
- Catherine Fulton, Vermont Program for Quality in Health Care
- Joyce Gallimore, Community Health Accountable Care (CHAC)
- Don George, Blue Cross Blue Shield of Vermont
- Bea Grause, Vermont Association of Hospital and Health Systems
- Lynn Guillett, Dartmouth Hitchcock Medical Center
- Dale Hackett, Consumer Advocate
- Mike Hall, Champlain Valley Area Agency on Aging
- Paul Harrington, Vermont Medical Society
- Debbie Ingram, Vermont Interfaith Action
- Craig Jones, M.D., Vermont Blueprint for Health
- Trinka Kerr, Office of the Health Care Advocate
- Deborah Lisi-Baker, Disability Policy Expert
- Jackie Majoros, Long-Term Care Ombudsman
- Todd Moore, OneCare Vermont

- Mary Val Palumbo, University of Vermont
- Ed Paquin, Disability Rights Vermont
- Laura Pelosi, Vermont Health Care Association
- Allan Ramsay, M.D., Green Mountain Care Board
- Paul Reiss, M.D., Accountable Care Coalition of the Green Mountains
- Simone Rueschemeyer, Vermont Care Network
- Howard Schapiro, M.D., University of Vermont Medical Group   Practice
- Shawn Skafelstad, Agency of Human Services Central Office
- Julie Tessler, Vermont Council of Developmental and Mental Health   Services
- Sharon Winn, Bi-State Primary Care

Payment Model Design and Implementation Work Group

This group will build on the work of the Payment Models, Care Models and Care Management, Quality Performance Measures, Population Health, and Disability and Long-Term Services and Supports (DLTSS) Work Groups to date and:

- Continue to develop and recommend standards for the commercial and Medicaid shared savings ACO (SSP ACO) model;
- Develop and recommend standards for the Medicaid episode of care model;
- Develop and recommend standards for Medicaid Value-Based Purchasing models;
- Assist with All-Payer Model implementation as appropriate; and
- Monitor implementation of Pay-for-Performance investments, Health Home (Hub & Spoke) program, Accountable Communities for Health, and Prospective Payment System for Home Health, and ensure these activities are included in Vermont's SIM Sustainability Plan as appropriate.

The group will recommend mechanisms for assuring consistency and coordination across all payment models including standardization of quality measures.

Practice Transformation Work Group

This group will build on the work of the Care Models and Care Management, DLTSS, and Population Health Work Groups to date and:

- Launch learning collaboratives in at least 6 communities;
- Align Blueprint for Health and ACO care management activities; and
- Monitor implementation of Learning Collaborative, Sub-Grant program, Regional Collaboratives, and Workforce Supply and Demand Data Collection and Analysis, and ensure these activities are included in Vermont's SIM Sustainability Plan as appropriate.

The group will recommend mechanisms for assuring greater consistency and/or coordination across these programs and models in terms of service delivery or other key model or program components. The goal will be to maximize effectiveness of the programs and models in improving Vermonters' experience of care, reducing unnecessary costs and improving health, and minimizing duplication of effort or inconsistencies between the models.

Health Data Infrastructure Work Group

This group will build on the work of the Health Information Exchange/Health Information Technology (HIE/HIT) and DLTSS work groups to date and:

- Explore and recommend technology solutions and best practices to achieve SIM's desired outcomes;
- Guide investments in the expansion and integration of health information technology, as described in the SIM proposal, including:
    - Support for enhancements to electronic health records (EHRs) and other source data systems;
    - Expansion of technology that supports integration of services, care management, and enhanced communication, including connectivity and data transmission from source systems such as mental health providers and long-term care providers;
    - Improvement of the quality of health data in both source and destination systems;
    - Implementation of and/or enhancements to data repositories; and
    - Development of analytics and reporting systems.

Workforce Work Group

This group will build on its work to date and:

- Monitor implementation of Learning Collaborative, Sub-Grant program, Regional Collaboratives, and Workforce Supply and Demand Data Collection and Analysis, and ensure these activities are included in Vermont's SIM Sustainability Plan as appropriate.

Disability and Long-Term Services and Supports (DLTSS) Work Group

This group will build on its work to date and:

- Provide recommendation regarding provider payment models that encourage quality and efficiency among the array of primary care, acute and long-term services, and support providers who serve dually-eligible populations;

- Identify quality measures to be used to evaluate provider and overall project performance; and
- Provide recommendations for learning collaboratives that address the needs of individuals who utilize long-term services and supports.
- Support education across the SIM governance structure on issues relevant to DLTSS populations and providers.

Population Health Work Group

This group will examine current population health improvement efforts administered through the Department of Health, the Blueprint for Health, local governments, employers, hospitals, accountable care organizations, FQHCs, and other provider and payer entities. The group will examine these initiatives and SIM initiatives for their potential impact on the health of Vermonters and recommend ways in which the project could better coordinate health improvement activities and more directly impact population health, including:

- Enhancement of state initiatives administered through the Department of Health;
- Support for or enhancement of local or regional initiatives led by governmental or non-governmental organizations, including employer-based efforts; and
- Expansion of the scope of delivery models within the scope of SIM or pre-existing state initiatives to include population health.

Streamlined Communication about Project Goals and Progress

Vermont's SIM team reformatted its monthly project reports to provide a more comprehensive, consistent way to report on every project. These reports are distributed to all project participants and posted on our website. (See Attachment C for October 2015 reports.)

Vermont's SIM project is also updating our website to reflect the new governance structure and to enhance user experience. The website will organize project materials in two ways: by work group, as is current practice, and also by work stream and specific activity.

Timely Distribution of Lessons Learned

As discussed briefly above, we are redeploying staff and contractor resources to better support our remaining project activities. Project management expertise continues to be leveraged throughout the SIM project structure with project management resource and principles deployed across the project to ensure that each milestone is being monitored according to scope, schedule, and budget. This increased diligence, using best practice project management principles, will increase the chance of success of Vermont reaching each of its milestones.

Section D: Information Systems and Data Collection Setup

Vermont is implementing a statewide approach toward achieving interoperability and accessibility of clinical and patient information at the point of care, and for use in population health management. As discussed above, Vermont has identified sharing of high quality, timely data as a necessary component of a successfully reformed system. Vermont's Performance Period 3 health data investments build on the prior periods' investments in this area. We continue to improve the quality and interoperability of our health care data to support our payment and delivery system reforms. Vermont's strategy in this area is to assess the need for health data, then identify the appropriate technical solution(s), making sure that we include all providers who will be impacted by the payment reforms described in Sections F and O.

Milestones for Performance Period 3 in each of these areas are described below:

Expand Connectivity to HIE – Gap Remediation

Performance Period 3 Milestone:

1. Remediate 65% of ACO SSP measures-related gaps as identified in fall 2015.

2. Report on long-term services and supports (LTSS) remediation plan and incorporate into Health Information Technology (HIT) Strategic Plan by 2/28/16.

3. Incorporate into Sustainability Plan by 10/31/16.

Gap remediation work for the Shared Savings Program quality measures will continue in Performance Period 3 building on significant progress that was made during Performance Period 2, accelerating connectivity to the Vermont Health Information Exchange. During Performance Period 2, the ACOs and the State worked with VITL to determine the optimal way to remediate the variety of data gaps as efficiently as possible. We will undergo additional work in this area in Performance Period 3.

Additionally, Vermont's SIM Team will distribute broadly the LTSS remediation recommendations identified in Performance Period 2 based on the LTSS Technology Assessment report completed in Performance Period 2. These recommendations will be incorporated into Vermont's HIT Strategic Plan in Performance Period 3.

Finally, Vermont will focus on the sustainability of these connections to the HIE by reviewing current and potential new funding mechanisms to support HIE initiatives. Section M includes additional detail about Vermont's sustainability planning.

Improve Quality of Data Flowing into HIE

Performance Period 3 Milestone:

1. 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 50% of ACO attributing practices by 6/30/16. Complete workflow improvement by 12/31/16.

2. Engage in workflow improvement activities at designated mental health agencies (DAs) as identified in gap analyses. Start workflow improvement activities in all 16 DAs by 6/30/16 and complete workflow improvement by 12/31/16.

Vermont's SIM Team will continue work with Vermont Information Technology Leaders, Inc. (VITL) to improve workflow at provider practices. This practice-specific work results in higher quality clinical data flowing into Vermont's Health Information Exchange (VHIE). VITL will coordinate with Vermont's ACOs and the DAs/SSAs on data quality workflow improvement activities throughout Performance Period 3. The specific activities in this area include using representatives from the ACOs and DAs/SSAs to identify providers for whom we can improve the data quality on specific data elements. VITL then works with the practices to improve the data at the source. The data quality work continues with the inclusion of technical tools to translate and standardize the data within the VHIE.

Telehealth – Implementation

Performance Period 3 Milestone: ***Make recommendations for the Sustainability Plan by 10/31/16.***

In Performance Period 2, Vermont contracted with JBS International to develop a Statewide Telehealth Strategy to guide future telehealth investments as part of the Telehealth – Strategic Plan work stream. The Strategy, developed in collaboration between the State of Vermont and private sector stakeholders, includes four core elements: a coordinating body to support telehealth activities; alignment of state policies relevant to telehealth; telehealth technology investments that are secure, accessible, interoperable, cloud-based, and aligned with Vermont's HIT infrastructure; and clinician engagement. The Strategy also includes a Roadmap based on Vermont's transition from volume-based to value-based reimbursement methodologies to guide prioritization of telehealth projects and their alignment with new clinical processes adopted as payment reform evolves.

An RFP for statewide telehealth pilots was developed based on the recommendations included in the strategy. The RFP was released in September 2015, with bids due in October. One or more contractors will be selected in late 2015. Both RFP release and pilot implementation are Performance Period 2 milestones.

In Performance Period 3, Vermont will focus on the sustainability of the investments made in Performance Period 2 by reviewing current and potential new funding mechanisms to support telehealth initiatives.

Data Warehousing

<ins>Performance Period 3 Milestone:</ins>

1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16.

2. Begin to implement cohesive strategy for developing data systems to support analytics by 12/31/16.

In Performance Period 2, Vermont worked with Vermont Care Network (VCN) to identify requirements, perform discovery, and begin the procurement process to implement a mental health-specific data repository. All of these agencies are 42 CFR Part 2 agencies and cannot, at this point, share data within the VHIE. This repository will aggregate, analyze, and improve the quality of stored data, as well as share extracts with appropriate entities. The contract for the preferred vendor is in final stages of development. Following contract execution, VCP will work with the preferred vendor and the State to develop the data warehouse and other supporting tools during the remainder of Performance Periods 2 and 3.

Vermont will also complete the migration of its hosted Clinical Registry tool (known as DocSite) to VITL's infrastructure during the remainder of Performance Period 2. This project will include migrating the software and data from one hosted environment to another, which will support data aggregation and reporting initiatives for the Blueprint for Health.

Additionally, beginning in Performance Period 2, Vermont's SIM team is developing a comprehensive strategy for long term data warehousing services. We anticipate implementing this strategy in Performance Period 3.

Care Management Tools

<ins>Performance Period 3 Milestone</ins>: SCÜP: launch pilot project based on approved proposal by 8/1/16. Impact 45 (approx. 15 in each of three communities) providers by 12/31/16.

Throughout Performance Period 2, the SIM team performed discovery work on the feasibility and business requirements for both Shared Care Plans and a Universal Transfer Protocol under a project known as SCÜP. The final technology proposal, which will provide recommendations for a technological pilot solution to support Vermont's providers and caregivers in successfully navigating transitions between care settings, will be completed towards the end of Performance Period 2. As currently structured, the pilot project would target three pilot communities and would be implemented in Performance Period 3.

General Health Data – HIE Planning

<ins>Performance Period 3 Milestone</ins>: Develop connectivity targets for 2016-2019 by 6/30/16.

During Performance Period 2, the HDI Work Group identified connectivity targets for consideration. A contractor has been selected for this work for Performance Period 3 targets.

General Health Data – Expert Support

Performance Period 3 Milestone: 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.

During Performance Period 2, Vermont's SIM team identified expertise to provide additional IT-specific knowledge and subject matter expertise to assist in research, discovery, and support to meet the growing need across SIM related Health Information projects. This team of experts will provide these services throughout Performance Period 3 to support identified research and development initiatives.

Section F: Model Intervention, Implementation and Delivery

Vermont continues to bring to bear a variety of policy and regulatory levers to implement our innovation model and to translate project learning into effective state policy after the life of the grant period. All of the policy and regulatory levers noted in this section (formerly Section G) of Vermont's original Year 2 Operational Plan remain in place, as has the SIM grant program's ongoing engagement of stakeholders. Although Vermont's SIM governance structure was reorganized during Quarter 3 of Performance Year 2 (see Section A), leadership from key public and private stakeholder organizations in Vermont continue to be actively involved in project guidance and decision-making.

Since the submission of Vermont's Year 2 Operational Plan, additional work has been devoted to the continued development of the Population Health Plan. Activity has also intensified around planning for an All-Payer Model as a possible next step in payment reform. In addition, there has been significant stakeholder and policy-maker engagement in conversations about how best to translate lessons learned from the SIM testing period into the future health care landscape in the state.

All of Vermont's SIM models are designed collaboratively with stakeholders to ensure that providers, payers, and the State are ready to implement the models (see Figure 2 in the Executive Summary). Vermont's reform activities to date have identified the need to ensure that providers and payers are ready for an alternative payment model. Launching a model without this readiness assessment results in significant challenges and even failure to achieve the goals of the new payment program. Providers need to have the financial ability to take on risk, the capacity to adjust their operations, and access to the appropriate data and clinical information to support change. Additionally, Vermont's providers need to trust the state's ACOs and be supportive of an integrated model. Vermont's payers need to have the capacity to undertake the new model, which involves significant data analytic resources not utilized within fee-for-service payment models. As Vermont expands the breadth and depth of its alternative payment models, we ask several key questions to help assess readiness and identify work required on the road to successful reform:

1. Care Delivery: Are providers ready?
2. Health Data Infrastructure: Are providers ready?
3. What are the services we want to include? Who is covered by those services?
   a. What is the current financial methodology?
   b. What are the current program requirements?
4. Level of accountability: What value-based purchasing model could we employ?
   a. What level of risk can the providers take on?
5. Which quality measures should we use?
   a. Make sure they are aligned with the existing measures in use.
   b. Assess electronic collection/provider burden.
6. Should the new model be mandatory or voluntary?

7. Are there enough lives/money/services for this alternative to work in Vermont, where we have a smaller population?

Milestones for Performance Period 3 in each of these areas are described below:

Population Health Plan

<u>Performance Period 3 Milestone</u>: Develop Population Health Plan by 12/31/16

Work continues to develop the *Plan for Integrating Population Health and Prevention in Health Care Innovation in Vermont*. This plan builds upon the existing *State Health Improvement Plan* which identifies three strategic goals for population health improvement:

> Goal 1: Reduce the prevalence of chronic disease.
> Goal 2: Reduce the prevalence of individuals with or at risk of substance abuse or mental illness.
> Goal 3: Improve childhood immunization rates.

Improvements made through evidence-based strategies for these three preventable conditions will have a positive impact on multiple health outcomes in the future.

The *Plan for Integrating Population Health and Prevention in Health Care Innovation in Vermont* will also offer a strategic pathway forward to systematically connect integrated care management efforts with community-wide prevention strategies to improve population health outcomes. It is being developed collaboratively by the SIM Population Health Work Group, Vermont Department of Health, and SIM staff, with support from contractors and key national subject matter experts.

All-Payer Model

<u>Performance Period 3 Milestones:</u>

1. Assist in researching feasibility, developing analytics, and obtaining information to support APM negotiating team decision-making as needed to complete term sheet and waiver terms and conditions.

2. Contribute to analytics related to All-Payer Model implementation design.

3. If negotiations are successful, assist with implementation as provided for in APM agreement through the end of the grant term.

Vermont is currently working with CMMI on the development of an All-Payer Model[1], which is informed by the Medicare Next Generation ACO program parameters. While the state is very interested in pursuing this model as the next step in payment and delivery reform, it is still

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[1] Vermont's All-Payer Model planning includes resources from sources other than SIM as part of Vermont's sustainability plan.

uncertain whether the state and the federal government can reach a mutually acceptable agreement on model parameters. The SIM milestones for Performance Period 3 are accordingly supportive of this effort, but do not assume that a mutually acceptable result is a foregone conclusion.

Section J: Staff/Contractor Recruitment and Training

This section of the Operational Plan provides detailed information on Vermont's Year 3 milestones, the planned activities that support those milestones and the contractor and staff resources needed to accomplish them. The State relies on a mix of staff and contractors to implement and evaluate the success of initiatives planned during the testing period supporting Vermont's SIM Project.

State staff involved in Vermont's SIM activities work in three state agencies: the Agency of Administration (AOA), the Green Mountain Care Board (GMCB), and the Agency of Human Services (AHS). AHS staff from three departments participate: DVHA, the Department of Health (VDH), and the Department of Disabilities, Aging, and Independent Living (DAIL). In a matrixed staffing approach, the SIM staff will work under the general direction of the SIM Project Director, who works within the AOA. *Figures 4* below shows Vermont's program management structure.

Figure 4: Vermont SIM Project Program Management Structure
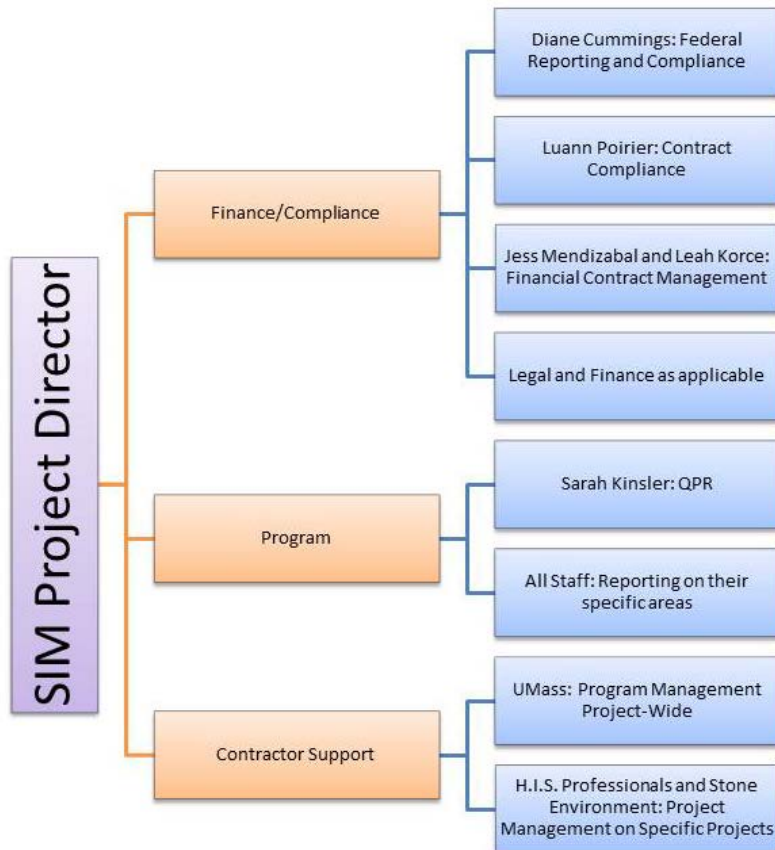
Figure 5 below depicts the flow of funds across the State of Vermont Agencies and Departments participating in the SIM project.

Figure 5: Flow of SIM Funds between State of Vermont Agencies and Departments

*AHS enters into Memoranda of Understanding with the other agencies/departments for staff and/or contracts.

Tables 2-7 below augment *Table 1: Milestone Summary*, found above in the Executive Summary. Vermont's Year 3 Budget Narrative includes additional detail about personnel and contractors. When reviewing the tables, please note there are several State of Vermont Key Personnel who support all of Vermont's Performance Period 3 milestones:

- Lawrence Miller: Chief of Health Care Reform, Chair, Core Team;
- Robin Lunge: Director of Health Care Reform, Member, Core Team;
- Al Gobeille: Chair, Green Mountain Care Board, Member, Core Team;
- Steven Costantino, Commissioner, Department of Vermont Health Access, Member, Core Team;
- Hal Cohen, Secretary, Agency of Human Services, Member, Core Team;
- Monica Hutt, Commissioner, Department of Disabilities, Aging, and Independent Living, Member, Core Team;
- Georgia Maheras, Deputy Director for Health Care Reform, Project Director;
- Richard Slusky, Director of Payment and Delivery System Reform, Green Mountain Care Board, Lead – GMCB; and
- Alicia Cooper, Health Care Project Director, Department of Vermont Health Access, Lead – DVHA.

Table 2: CMMI-Required Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

CMMI-Required Milestones				
Milestones	*Specific Tasks and Supporting Contractors*	*Line Item and Contractor*	*Staff*	*Accountability Metrics (Performance Period 3, reported in Quarterly Reports)*
Project Implementation *Performance Period 3*: Continue to implement project statewide. Implement all Performance Period 3 Milestones.		All.	All SIM-funded staff	All metrics
Payment Models *Performance Period 3*: 80% of Vermonters in alternatives to fee-for-service.	Research, alignment and design of payment models: Burns and Associates (Medicaid); HMA (all-payers).	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – *Bailit Health Purchasing, Burns and Associates.*	All SIM-funded staff	CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare
Population Health Plan *Performance Period 3*: Develop Population Health Plan by 12/31/16	Research and writing population health plan: TBD.	TBD-RFP.	SIM-funded staff: Sarah Kinsler Key personnel: Tracy Dolan, Heidi Klein	Not reported on quarterly basis, but required reporting element by end of project.

Sustainability Plan
Performance Period 3:
1. Execute contract(s) with vendor(s) to support development of sustainability plan by 1/31/16. Tasks include:
    a. Design and possible deployment of an integrated data, analytic and Population Health Management toolset infrastructure.
    b. Design of unified governance model providers within the APM.
    c. Analysis of all SIM-related activities to determine
	Development of sustainability plan: TBD.	TBD-RFP.	All SIM-funded staff
			
			All SIM key personnel
				Not reported on quarterly basis, but required reporting element by end of project.

sustainability path, including governance and financial expenditure recommendations. d. Stakeholder review for sustainability plan. e. Documentation of sustainability plan. 2. Develop Sustainability Plan by 11/1/16.				

Table 3: Payment Model Design and Implementation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Payment Model Design and Implementation				
Milestone	*Specific Tasks and Supporting Contractors*	*Line Item and Contractor*	*Staff*	*Accountability Metrics (Performance Period 3, reported in Quarterly Reports)*

ACO Shared Savings Programs (SSPs)
 Performance Period 3: Expand the number of people in the Shared Savings Programs in Performance Period 3 (goal met by 12/31/16):
     Medicaid/commercial program provider participation target: 1000.
     Medicaid/commercial program beneficiary attribution target: 160,000.
	TBD.	1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – *TBD*.	SIM-funded staff: Julie Wasserman; Cecelia Wu; Amy Coonradt; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole Magoffin; Carolynn Hatin
			
			 Key personnel: Spenser Weppler; Pat Jones
				CORE_Beneficiaries impacted_[VT]_VTEmployees
				 CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial
				 CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid
				 CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare
				 CORE_Participating Provider_[VT]_[ACO]_Commercial
				 CORE_Participating Provider_[VT]_[ACO]_Medicaid
				 CORE_Participating Provider_[VT]_[ACO]_Medicare
				 CORE_Provider Organizations_[VT]_[ACO]_Commercial
				 CORE_Provider Organizations_[VT]_[ACO]_Medicaid
				 CORE_Provider Organizations_[VT]_[ACO]_Medicare
				 CORE_Payer Participation_[VT]
				 CORE_BMI_[VT]
				 CORE_Diabetes Care_[VT]
				 CORE_ED Visits_[VT]
				 CORE_Readmissions_[VT]
				 CORE_Tobacco Screening and Cessation_[VT]
				 CAHPS Clinical & Group Surveys

Episodes of Care (EOCs) *Performance Period 3*: Implement 3 EOCs for Medicaid by 7/1/16. Implementation includes monitoring, reporting of data, evaluation for all three EOCs.	TBD.	1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for all Payers: Analyses for implementation – *TBD/Staff*.	SIM-funded staff: Julie Wasserman; Susan Aranoff; David Epstein; Amanda Ciecior; James Westrich; Brian Borowski; Carole Magoffin Key personnel: Spenser Weppler and Pat Jones	CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Payer Participation_[VT]
Pay-for-Performance (Blueprint) *Performance Period 3*: 1. Medicaid/commercial/Medicare: Number of providers participating in P4P	1. Financial standards: Non-SIM funded. 2. Care standards: Non-SIM funded.	N/A	Key personnel: Craig Jones; Jenney Samuelson; Spenser Weppler	CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Participating Providers_[VT]_[APMH]

program target: 698. Number of beneficiaries participating in P4P program target: 297,033. 2. P4P incorporated into Sustainability Plan by 10/31/16.	3. Quality measures: Non-SIM funded. 4. Analyses for design and implementation: Non-SIM funded. 5. Stakeholder engagement – Medicaid and commercial: Non-SIM funded.			CORE_Provider Organizations_[VT]_[APMH] CORE_Payer Participation_[VT]

Health Home (Hub & Spoke)
Performance Period 3:
1. Medicaid/commercial/Medicare:
    Number of providers participating in Health Home program target: 65 MDs prescribing to >= 10 patients.
    Number of beneficiaries participating in Health Home program target: 2,785 Hub + 2,284 Spoke = 5,069 total patients.
2. Health Home incorporated into Sustainability Plan by 10/31/16.
	1. Financial standards: non-SIM funded.
	2. Care standards: non-SIM funded.
	3. Quality measures: non-SIM funded.
	4. Analyses for design and implementation: non-SIM funded.
	5. Stakeholder engagement: non-SIM funded.
			Key personnel: Beth Tanzman	CORE_Provider Organizations_[VT]_[HH]
				CORE_Participating Providers_[VT]_[HH]
				CORE_Provider Organizations_[VT]_[HH]

Accountable Communities for Health *Performance Period 3*: ACH Implementation Plan incorporated into Sustainability Plan by 10/31/16.	Implement ACH learning systems –TBD.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – *TBD*.	SIM-funded staff: Sarah Kinsler; Amanda Ciecior Key personnel: Tracy Dolan; Heidi Klein	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]
Prospective Payment System – Home Health *Performance Period 3*: 1. Implement, monitor and evaluate Medicaid PPS program for home health. Implementation by 7/1/16. 2. Monitoring and evaluation occur monthly through 12/31/16.	1. Implementation analyses – TBD.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – *TBD*.	SIM-funded staff: Alicia Cooper Key personnel: Aaron French; Tom Boyd	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_ions_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]
Medicaid Value-Based Purchasing – Mental Health and Substance Abuse	1. Feasibility, design, and implementation analyses –	Advanced Analytics: Policy and Data	Key personnel: Selina Hickman	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicaid

Performance Period 3: 1. Based on research and feasibility analysis, design an alternative to fee-for-service, for Medicaid mental health and substance use services by 12/31/16. 2. Develop implementation timeline based on payment model design and operational readiness by 12/31/16.	TBD.	Analysis to Support System Design and Research for All Payers – _TBD_.		CORE_Provider Organizations_[VT]_[ACO]_Medicaid
All-Payer Model _Performance Period 3_: 1. Assist in researching feasibility, developing analytics, and obtaining information to support APM negotiating team decision-making as needed to complete term sheet and waiver terms and conditions. 2. Contribute to analytics related to All-Payer Model implementation design. 3. If negotiations are successful, assist with implementation as provided for in APM agreement through the end of the grant term.	Research and analyses: HMA.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – _Health Management Associates_.	SIM-funded staff: Michael Costa Key personnel: Ena Backus; Susan Barrett	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizions_[VT]_[ACO]_Medicaid CORE_Provider Organizaions_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]
State Activities to Support Model Design and Implementation – Medicaid _Performance Period 3_: 1. Obtain SPA for Year 3 of the Medicaid Shared Savings Program by 12/31/16. 2. Execute Year 3 commercial and Medicaid monitoring and compliance plans throughout Performance Period 3 according to the predetermined plan. 3. Execute Year 1 monitoring and compliance plan for EOCs by 12/31/16. 4. Integrated Family Services (IFS) SPA documents developed for 7/1/16 launch. Expand to 3 more regions by 7/1/16. 5. IFS expansion to remainder of State by 12/31/16.	Data analyses: Policy Integrity.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers: _Policy Integrity_.	SIM-funded staff: Brad Wilhelm; Cecelia Wu; Amy Coonradt; Amanda Ciecior; Luann Poirier. Key personnel: Spenser Weppler; Pat Jones	CORE_Beneficiaries impacted_[VT]_VTEmployees CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare

Table 4: Practice Transformation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Care Delivery and Practice Transformation				
Milestone	*Specific Tasks and Supporting Contractors*	*Line Item and Contractor*	*Staff*	*Accountability Metrics (Performance Period 3, reported in Quarterly Reports)*
Learning Collaboratives *Performance Period 3*: 　　1. Target 500 Vermont providers to have completed the Learning Collaborative by 12/31/16. 　　2. Report on program effectiveness to Steering Committee and Core Team by 9/30/16. 　　3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 10/31/16.	N/A	N/A	SIM-funded staff: Erin Flynn; Julie Wasserman Key personnel: Jenney Samuelson	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]
Sub-Grant Program – Sub-Grants *Performance Period 3*: 　　1. Provide SIM funds to support sub-grantees through 10/31/16. 　　2. Convene sub-grantees at least twice by 12/31/16. 　　3. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	Sub-Grantees	Sub-Grantees	SIM-funded staff: Sue Aranoff, Joelle Judge, Gabe Epstein, Julie Wasserman Key personnel: Heidi Klein	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]
Sub-Grant Program – Technical Assistance *Performance Period 3*: Provide technical assistance to sub-grantees as requested by sub-grantees: 　　1. Remind sub-grantees of availability of technical assistance on a monthly basis. 　　2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	Sub-Grantee technical assistance: Policy Integrity.	Technical Assistance: Technical Assistance to Providers Implementing Payment Reforms: Policy Integrity.	SIM-funded staff: Sue Aranoff; Julie Wasserman; Gabe Epstein Key personnel: Heidi Klein	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]

Workforce – Demand Data Collection and Analysis _Performance Period 3_: Transfer model to Vermont Dept. of Labor by 12/31/16.	_Staff Only._	_Staff Only._	SIM-funded staff: Amy Coonradt Key personnel: Mat Barewicz	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider._[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC] CORE_Provider Organizations_[VT]_[EOC] CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]

Workforce – Supply Data Collection and Analysis
 Performance Period 3: Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:
     1. Present data to Workforce Work Group at   least 3 times by 9/30/16.
     2. Publish data reports/analyses on website by   12/31/16.
     3. Distribute reports/analyses to project   stakeholders by 12/31/16.
     4. Incorporate into sustainability plan by   10/31/16.
	Staff Only.	_Staff Only._	SIM-funded staff: Matt Bradstreet; Amy Coonradt
			
			 Key personnel: VDH and OPR licensing staff
				CORE_Participating Provider_[VT]_[ACO]_Commercial
				 CORE_Participating Provider_[VT]_[ACO]_Medicaid
				 CORE_Participating Provider_[VT]_[ACO]_Medicare
				 CORE_Provider Organizations_[VT]_[ACO]_Commercial
				 CORE_Provider Organizations_[VT]_[ACO]_Medicaid
				 CORE_Provider Organizations_[VT]_[ACO]_Medicare
				 CORE_Participating Providers_[VT]_[EOC]
				 CORE_Provider Organizations_[VT]_[EOC]
				 CORE_Participating Providers_[VT]_[APMH]
				 CORE_Provider Organizations_[VT]_[APMH]

Table 5: Health Data Infrastructure Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Health Data Infrastructure				
Milestone	*Specific Tasks and Supporting Contractors*	*Line Item and Contractor*	*Staff*	*Accountability Metrics (Performance Period 3, reported in Quarterly Reports)*
Expand Connectivity to HIE – Gap Remediation *Performance Period 3*: 1. Remediate 65% of ACO SSP measures-related gaps as identified in fall 2015. 2. Report on LTSS remediation plan and incorporate into HIT Strategic Plan by 2/28/16. 3. Incorporate into Sustainability Plan by 10/31/16.	Remediation of data gaps – VITL; TBD.	1. Technology and Infrastructure: Expanded Connectivity to the HIE Infrastructure: *VITL*. 2. Technical Assistance: Practice Transformation & Data Quality Facilitation: *TBD*.	SIM-funded staff: Susan Aranoff; Julie Wasserman; David Epstein Key personnel: Steve Maier; Spenser Weppler; Larry Sandage	CORE_Health Info Exchange_[VT]
Improve Quality of Data Flowing into HIE *Performance Period 3*: 1. 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 50% of ACO attributing practices by 6/30/16. Complete workflow improvement by 12/31/16. 2. Engage in workflow improvement activities at designated mental health agencies (DAs) as identified in gap analyses. Start workflow improvement activities in all 16 DAs by 6/30/16 and complete workflow improvement by 12/31/16.	*Staff Only.*	*Staff Only.*	Key personnel: Larry Sandage	CORE_Health Info Exchange_[VT]
Telehealth – Implementation *Performance Period 3*: Make recommendations for the Sustainability Plan by 10/31/16.	*Staff Only.*	*Staff Only.*	SIM-funded staff: Jim Westrich	CORE_Health Info Exchange_[VT]
Data Warehousing *Performance Period 3*: 1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16. 2. Begin to implement cohesive strategy for developing data systems to support analytics by 12/31/16.	Stakeholder Engagement: TBD.	Technology and Infrastructure: Enhancement to Centralized Clinical Registry & Reporting Systems – *TBD.*	Key personnel: Larry Sandage	CORE_Health Info Exchange_[VT]

Care Management Tools _Performance Period 3_: SCÜP: Launch pilot project based on approved proposal by 8/1/16. Impact 45 (approx. 15 in each of three communities) providers by 12/31/16.	Implement project: TBD.	1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – _Stone Environmental_; 2. Technology and Infrastructure: Enhancement to Centralized Clinical Registry & Reporting Systems – _TBD_.	Key personnel: Larry Sandage	CORE_Health Info Exchange_[VT]
General Health Data – HIE Planning _Performance Period 3_: Develop connectivity targets for 2016-2019 by 6/30/16.	_Staff Only._	_Staff Only._	Key personnel: Larry Sandage	CORE_Health Info Exchange_[VT]
General Health Data – Expert Support _Performance Period 3_: 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.	Research and analyses: Stone Environmental.	1. Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – _Stone Environmental_.	Key personnel: Larry Sandage	CORE_Health Info Exchange_[VT]

Table 6: Evaluation Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

Evaluation				
Milestone	*Specific Tasks and Supporting Contractors*	*Line Item and Contractor*	*Staff*	*Accountability Metrics (Performance Period 3, reported in Quarterly Reports)*
Self-Evaluation Plan and Execution *Performance Period 3*: Execute self-evaluation plan for 2016 according to timeline for Year 3 activities.	Execution of self-evaluation plan: IMPAQ.	Evaluation: Self-Evaluation: *IMPAQ.*	SIM-funded staff: Annie Paumgarten Key personnel: Susan Barrett	All metrics
Surveys *Performance Period 3*: Conduct patient experience survey to inform Year 3 Shared Savings Program by 12/31/16.	1. Field patient experience survey: Datastat. 2. Develop survey report: Datastat.	Model Testing: Quality Measures –*TBD.*	SIM-funded staff: Annie Paumgarten Key personnel: Pat Jones, Jenney Samuelson	CAHPS Clinical & Group Surveys CORE_HCAHPS Patient Rating_[VT]
Monitoring and Evaluation Activities Within Payment Programs *Performance Period 3*: 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. 3. Conduct analyses of the EOC program according to program specifications: Monthly, quarterly; depending on report type. 4. TBD: APM, PPS, Mental Health and Substance Use.	Financial and quality analysis for new programs: TBD.	Advanced Analytics: Policy and Data Analysis to Support System Design and Research for All Payers – *TBD.*	SIM-funded staff: Cecelia Wu; Amy Coonradt; James Westrich; Brian Borowski; Carole Magoffin Key personnel: Spenser Weppler, Pat Jones	CORE_BMI_[VT] CORE_Diabetes Care_[VT] CORE_ED Visits_[VT] CORE_HRQL_[VT] CORE_Readmissions_[VT] CORE_Tobacco Screening and Cessation_[VT] CAHPS Clinical & Group Surveys

Table 7: General Program Management Milestones and Accountability Metrics with Contractor, Line Item, and Staff Detail

General Program Management				
Milestone	*Specific Tasks and Supporting Contractors*	*Line Item and Contractor*	*Staff*	*Accountability Metrics (Performance Period 3, reported in Quarterly Reports)*
Project Management and Reporting – Project Organization *Performance Period 3*: 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. 4. Sustainability Plan complete by 11/30/16.	Project Management – TBD.	Project Management: *TBD*.	SIM-funded staff: Christine Geiler; Amanda Ciecior	All metrics
Project Management and Reporting – Communication and Outreach *Performance Period 3*: Engage stakeholders in project focus areas by: 1. Convening 10 Core Team, 10 Steering Committee, and 25 work group public meetings by 12/31/16. 2. Distributing all-participant emails at least once a month. 3. Updating website at least once a week.	Project Management – TBD. Outreach and engagement: PDI Creative.	1. Project Management: *TBD*. 2. Outreach: *PDI Creative*.	SIM-funded staff: Christine Geiler; Amanda Ciecior	All metrics

Section M: Sustainability

Vermont embarked on a bold set of reforms with the passage of Act 48 of 2011. These reforms charge the Executive Branch and the Green Mountain Care Board (GMCB) with creating a high-performing health system that provides Vermonters with the highest quality of care at a sustainable cost. These reforms require that we use our regulatory and policy levers to develop evidence-based financial models for health system financing.

Vermont's State Innovation Model Testing Grant provides significant resources to support Vermont in achieving the goals set out in Act 48. The SIM project enables us to test programs and invest in delivery system change and our health data infrastructure.

Vermont will use its final test year to do detailed planning around sustainability and provide specificity about the activities that will be supported after the end of our SIM testing period. Since the start of the SIM grant, Vermont focused SIM investments in one-time activities to the extent feasible to ensure that we are building system infrastructure, such as health data tools, and limiting activities for which there will be ongoing costs. Vermont's investments have been structured around five 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.

Vermont will analyze each of these areas to determine which investments should be maintained after the end of the test period. For example, after the SIM testing period has ended, we would not need the resources for program management and reporting as the activities would have been concluded. We will also work with our evaluation team to identify areas of successful investment in need of on-going support, areas of investment that have not furthered our goals, and areas of investment that have served their purpose and do not need on-going support. For example, we have supported provider sub-grants to foster innovation in the provider community. Not all of the funded efforts will be successful in meeting the stated goal of the intervention, but even so, will have furthered the learning of the provider community. This type of analysis is needed prior to determining what contractor or staffing needs will be maintained after the end of the testing period.

Vermont plans to procure a contractor to support our sustainability planning during Performance Period 3. Vermont's sustainability strategy is to sustain needed contract support and personnel using model savings and through re-deployment of vacant positions and changes in contractor scope in light of new models of provider oversight and financing.

Our comprehensive sustainability plan will take into consideration our on-going negotiations with CMMI regarding a Next Generation ACO-style All-Payer Model in Vermont, as well as next steps should the state and federal governments not reach agreement on this type of model. The state is currently developing the model with CMMI and determining what an alternative path might look like should negotiations not succeed. Currently, in concept and practice, SIM supports provider, payer, and State readiness for increased financial risk and delivery integration through an All-Payer ACO Model. We expect that the SIM investments through 2016 will continue to ensure that the health care providers and ACOs are ready to accept more aggressive payment models such as capitation and global budgets, that Vermont's health data infrastructure is more usable for delivery integration than it is now, and that the state is ready for any necessary modifications to regulatory processes by the Green Mountain Care Board or the Agency of Human Services.

Additionally, the current negotiations have revealed a mutual desire to consider how additional services could be included in the model over time, especially services where the majority of spending is by Medicaid. There are SIM investments through 2016 which work toward supporting integration of behavioral/mental health, substance abuse, and long-term services and supports, specifically through the alternative payment models we are investigating for Medicaid, such as Integrated Family Services and prospective payments for home health agencies. Overall, the sustainability planning process will allow the state to consider a multi-year evaluative process to determine how best to align services with the All-Payer Model or expand and include more services in the All-Payer Model. SIM sustainability funds and planning would provide the framework to ensure that Vermont is transitioning appropriately.

SIM Investments

Staffing

Vermont's SIM implementation plan, as described in the SIM Timeline (Figure 6 in Section O), is to phase in alternative payment models over the SIM Model Testing period. The phased approach requires contract and staff resources to perform existing payment and delivery system tasks, while simultaneously innovating. The State of Vermont's SIM budget includes funding for a combination of personnel and contracts to support transformations in the payment and delivery system. Vermont has structured its SIM funding to provide infrastructure and capacity for the transition from existing payment and delivery systems to alternate payment and delivery systems.

Vermont uses SIM funding to support the development of tools and new models, while at the same time maintaining existing structures until they are no longer needed. As new payment mechanisms come online, we will no longer need staff and contracts to perform current tasks and will train those staff for their new roles. Vermont is intentionally seeking contract services to provide the subject matter and technical expertise necessary to conduct this transition with staff and contractors. SIM is assisting the state in becoming more efficient in its role as payer and regulator.

Ongoing Data and Infrastructure Needs

The State of Vermont is using SIM funds to develop a large portion of our data infrastructure. Specifically, we are doing the following:

- Building connections between providers and the state's data sources;
- Connecting more providers to our Health Information Exchange (HIE);
- Enhancing the clinical registry; and
- Integrating the state's clinical registry and claims data reporting systems.

The funds provided through SIM are in addition to other funding the state has received through our health information technology claims assessment, Medicaid and HITECH. Vermont is aware of the complexity of federal IT funds available and, as described in Section A, is tasking the HDI Work Group to ensure all activities in this area are aligned.

The SIM funding allows Vermont to build the infrastructure necessary to support new payment models and educate providers on the new data systems. Once Vermont has developed the electronic connections, we will need to maintain those connections and improve them as new technologies emerge. Data systems also require significant ongoing maintenance for upgrades. We anticipate that the remaining existing sources of non-SIM funding will be sufficient to support the ongoing maintenance for the data systems developed during the 3-year SIM Testing Period.

Learning Health System Needs

Shifting to alternative payment systems requires collaboration among providers, payers, and government. It also requires a willingness to continually learn and build towards a high performing health system. The State of Vermont continues to pull all of these entities together to facilitate discussion and shared learnings as part of a learning health system. Vermont will continue to support its learning health system after SIM funds are expended. Some of this future support will be through our Blueprint for Health and our ACOs. The specific approach will be determined based on whether the state and federal government are able to reach agreement for an All-Payer Model or if the state will pursue an alternative path.

Evaluation and System Monitoring

Vermont's sustainability plan will be complete by 11/30/16 and include specific next steps for all SIM-related activities.

The State is performing a self-evaluation that covers all of our project areas – this allows for rapid-cycle and more intense review of activities. Once the SIM testing period is over, we will resume the standard evaluation and monitoring protocol in place in the state that predated the project. Vermont expects these would be sufficient to properly monitor and evaluate Vermont's health care system once the SIM funding is completed. A key piece of the sustainability plan will be to ensure we continue high-quality evaluation of our programs as we continue innovations over time.

Our strategy in this area is to evaluate which SIM initiatives and models work, and to expand those deemed successful. The State uses monitoring and evaluation reports to determine which initiatives should be expanded, modified or terminated. This includes a review of the payment models, shared savings, pay-for-performance, episodes of care, as well as, a review of the activities in the sub-grant program.

Federal Funding Beyond the SIM Grant

Vermont continues to work with its federal partners to identify opportunities for funding to support federal and state health system goals. Vermont will engage all payers, including Medicare, in discussions using program outcome data to determine whether ongoing participation in any of Vermont's payment and delivery system initiatives is a good investment.

Section O: Implementation Timeline for Achieving Participation and Metrics

Since the submission of Vermont's Year 2 Operational Plan on November 3, 2014, Vermont's SIM program has continued to support the implementation of the Medicaid and commercial ACO Shared Savings Programs, and has advanced the development of alternative payment models based on Episodes of Care, Pay-for-Performance, and Prospective Payment Systems. In addition, Vermont is continuing to develop a framework for an All-Payer Model.

As described in Section F above, Vermont's payment models are designed based on an analysis of provider and payer readiness, as well as an assessment of which alternative payment model is most appropriate for the services and providers. Vermont's Performance Period 3 activities in the Payment Model Design and Implementation focus area intentionally focus on sustainability, and on alignment with the All-Payer Model that may launch on January 1, 2017.

It is important to note that while the SIM investment in the design and implementation of these payment models is critical for Vermont's success, the SIM investments build on significant contribution of resources by Vermont's providers, payers, and the State itself. In particular, part of Vermont's SIM sustainability strategy has been to invest SIM funds into one-time use activities as much as possible, and to rely on these other resources for activities that will be ongoing past the SIM Performance Periods.

Milestones for Performance Period 3 in each of the areas mentioned above are described below:

ACO Shared Savings Programs (SSPs)

Performance Period 3 Milestone: Expand the number of people in the Shared Savings Programs in Performance Period 2 (goal met by 12/31/16).

The third program year for both the Vermont Medicaid and commercial ACO Shared Savings Programs will begin on January 1, 2016. In Performance Period 3, project focus is on continued program implementation and evaluation of cost and quality results from the first and second Performance Periods. Additional focus during Performance Period 3 is on expanding the number of Vermonters served in this alternative payment model, in particular by targeting additional beneficiary populations for attribution. Performance Period 3 will also provide an opportunity for payers, ACOs, and the provider community to discuss future movement toward population-based payments upon completion of the SIM testing period.

Episodes of Care (EOCs)

Performance Period 3 Milestone: Implement 3 EOCs for Medicaid by 7/1/16. Implementation includes monitoring, reporting of data, evaluation for all 3 EOCs.

During Performance Period 2, Vermont Medicaid engaged in activities to support the development of an episode-based payment model slated for launch in the second quarter of 2016. Activities have included data analysis to assess which episodes would have adequate sample sizes to support payment model development and which episodes present significant opportunities for cost savings and/or complication avoidance. Consideration is also being made about how best to coordinate Shared Savings Program and Episode of Care model implementation activities during Performance Period 3. During the third Performance Period, following an additional phase of stakeholder input, Medicaid will begin sharing episode data reports with participating providers. The Medicaid EOC payment model, which will include three episodes, is expected to be fully operational by 7/1/16.

Pay-for-Performance (Blueprint)

Performance Period 3 Milestone:

1. Medicaid/commercial/Medicare:

> **_Number of providers participating in P4P program target: 698._**

> **_Number of beneficiaries participating in P4P program target: 297,033._**

2. P4P incorporated into Sustainability Plan by 10/31/16.

In Performance Period 2, Vermont's Legislature appropriated $2.4 million for Medicaid Blueprint payments, a portion of which will be used for a Pay-for-Performance incentive. To date, a number of quality measures have been selected as the basis for the performance incentive payment that will be incorporated in Performance Period 3; 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, and the new payment model will be launched in 2016. The continuation of this model will be incorporated into the Sustainability Plan in Performance Period 3.

Other Medicaid Value-Based Purchasing Models (Health Homes, Prospective Payment System for Home Health, and Mental Health and Substance Use Services)

Performance Period 3 Milestone:

- **_Health Homes (Hub & Spoke): Health Home incorporated into Sustainability Plan by 10/31/16._**

- **_Prospective Payment System – Home Health: Implement (by 7/1/16), monitor and evaluate (by 12/31/16) Medicaid PPS program for home health._**

- **_Medicaid Value-Based Purchasing – Mental Health and Substance Abuse: Based on research and feasibility analysis, design an alternative to fee-for-service for Medicaid_**

mental health and substance use services by 12/31/16. Develop implementation timeline based on payment model design and operational readiness by 12/31/16.

Performance Period 3 will also see the continuation of a number of activities relating to a variety of Medicaid Value-Based Purchasing programs. Vermont Medicaid's Health Home initiative – the Hub and Spoke program for treatment of opioid addiction – has been in operation since July 2013, with statewide roll-out beginning in January 2014. During Performance Period 3, implementation activities for this program will continue, with emphasis on further expanding the state's capacity to collect and report on performance metrics specific to this program.

Performance Period 3 activities will also include the design and launch of a Prospective Payment System (PPS) for home health services covered by Medicaid. While the methodology for the PPS program has now been established, work will continue in the first half of Performance Period 3 to establish a quality framework for this initiative. The program is expected to launch 7/1/16. There will also be new focus in Performance Period 3 on the potential for development of a Medicaid value-based purchasing program for mental health and substance use services. Following a period of research and feasibility analyses with stakeholders, the state plans to develop an implementation timeline for such a payment model that would continue beyond the life of the testing grant period.

Accountable Communities for Health

<u>***Performance Period 3 Milestone***</u>***: ACH Implementation Plan incorporated into Sustainability Plan by 10/31/16.***

During the third Performance Period, the SIM grant program's Population Health Work Group will build upon work completed in prior Performance Periods regarding Accountable Communities for Health (ACHs). Using Performance Period 2 Carryover funds, Vermont plans to launch a collaborative peer learning opportunity for Vermont communities interested in becoming ACHs. This will allow for the dissemination of lessons learned from the state's work with the Prevention Institute to explore the ACH concept, identify communities in Vermont that are early leaders in this field, and develop recommendations to support Vermont in moving toward this model. This work will enable the state, in collaboration with communities, to develop an ACH Implementation Plan that will be incorporated into the Sustainability Plan in Performance Period 3.

All-Payer Model

<u>***Performance Period 3***</u>***:***

1. If negotiations are successful, assist with implementation as provided for in All-Payer Model (APM) agreement through the end of the grant term.

2. Contribute to analytics related to all-payer model implementation design.

3. If negotiations are successful, assist with implementation as provided for in APM agreement through the end of the grant term.

During Performance Period 2, SIM investments have allowed for crucial All-Payer Model (APM) progress, including researching feasibility, developing analytics, and obtaining information to support APM negotiating team decision-making as needed to complete term sheet and waiver terms and conditions. Further, SIM investments contributed to analytics related to All-Payer Model implementation design for the State, payers, and providers.

Performance Period 3 would, provided negotiations are successful, use SIM investments to assist with implementation as provided for in APM agreement through the end of the grant term. Specific work would include, but not be limited to, Vermont finalizing detailed ACO methodology (benchmark, attribution, risk levels, quality, overlaps), development of a plan to receive updated Medicare claims data on regular basis sufficient to measure timely progress of the model, further development of Vermont's rate-setting capability and methodologies, implementation of All-Payer Model specific quality targets and methodology, and the analytics necessary to evaluate the feasibility of including additional services into the model over time. Additional investments would be made to ensure provider readiness.

Project Implementation Timeline

As noted in Section P of Vermont's original Year 2 Operational Plan, there continue to be project-specific plans in place to guide the development and implementation of each of the models described above. Moreover, staff and contractor support have been assigned for each of these models to ensure that associated milestones and accountability targets will be met during the SIM testing period. *Figure 6* depicts a summary timeline for the models listed above, in addition to other project work streams.

Figure 6: Vermont SIM Project Timeline[2]

Work Stream	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016
Payment Models															
Shared Savings Program												Year 2 Results available			Meet SSP parti-cipation goals
Episodes of Care										★					
Pay for Performance				Enhanced direct payments						Roll out new P4P invest-ments for CHTs					
Health Home (Hub and Spoke)															Meet beneficiary and provider targets
Accountable Communities for Health											Complete feasibility research				★
PPS – Home Health										★					
Medicaid VBP: Mental Health and Substance Abuse															★
Integrated Family Services Expansion[3]										★					★

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[2] The key to this table is provided on page 57.

[3] Integrated Family Services Expansion is part of the State Activities to Support Model Design and Implementation – Medicaid milestone, however due to the amount of work being done for this specific work stream it is being illustrated in its own row.

Practice Transformation																			
Learning Collaboratives																			Reach 500 VT Providers
Core Competency/ Disability Awareness Training[4]																			
Sub-grant program: Sub-grants							Convene sub-grantees						Convene sub-grantees			
Sub-grant Program: Technical Assistance																			
Regional Collaborations																			
Workforce – Demand Data Collection/Analysis																			Transfer model to Dept. of Labor
Workforce – Supply Data Collection/ Analysis																			
Health Data Infrastructure																			
Expand Connectivity to HIE – Gap Remediation																			
Improve Quality of Data Flowing into HIE																			Complete workflow improve-ment

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[4] Core Competency Training is part of the Learning Collaborative milestone, however, due to the amount of work being done for this specific work stream it is being illustrated in its own row.

Telehealth – Implementation																
Data Warehousing				Develop strategy for develop-ing data systems												★
Care Management: Event notification system																Target: 30 Vermont providers sending and/or receiving event notify-cations
Care Management: SCUP								★								Impact 45 providers
General Health Data – HIE Planning				Develop Connect-ivety Targets												
General Health Data – Expert Support																
Evaluation																
Self-Evaluation Plan and Execution																
Surveys								★								★
Monitoring and Evaluation Activities Within Payment Programs				Conduct analysis of PCMH program			State-led Evalua-tion Interim Reporting on Qual-itative Site Visits	Conduct analysis of SSP							Conduct analysis of EOC program

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Project Management and Reporting																			
Project Organization																			
Communication and Outreach				Solicit feedback for website modific-ations			• Website Overhaul complete • Stake-holder outreach plan												
Coordination and Alignment: APM[5]																			

Figure 6 Key

(green)	Feasibility Study – Research/Program Design
(gray)	Ongoing Monitoring and Reporting
(black bar)	Quarterly Report to CMMI
(blue)	Submit SPA
(red)	Update to Work Group, Steering Committee or Core Team
(purple)	Include in Sustainability Plan
(star)	Launch date
(light blue)	Program Implementation and monitoring

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[5] All-Payer Model has its own project plan. It is incorporated by reference into this timeline.

Section Q: Evaluation

Self-Evaluation Plan and Execution

Vermont submitted its draft Self-Evaluation Plan design in June 2015, using Performance Period 1 Carryover funds, 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. The Self-Evaluation Plan Findings, provided as Appendix B to this Operational Plan, provide examples of the rapid-cycle evaluation and decision-making Vermont utilized to-date.

Figures 7-9 below show the draft logic model within Vermont's Self-Evaluation plan:

Figure 7: Designing & Implementing New Payment Models Logic Model for SIM State-Led Evaluation
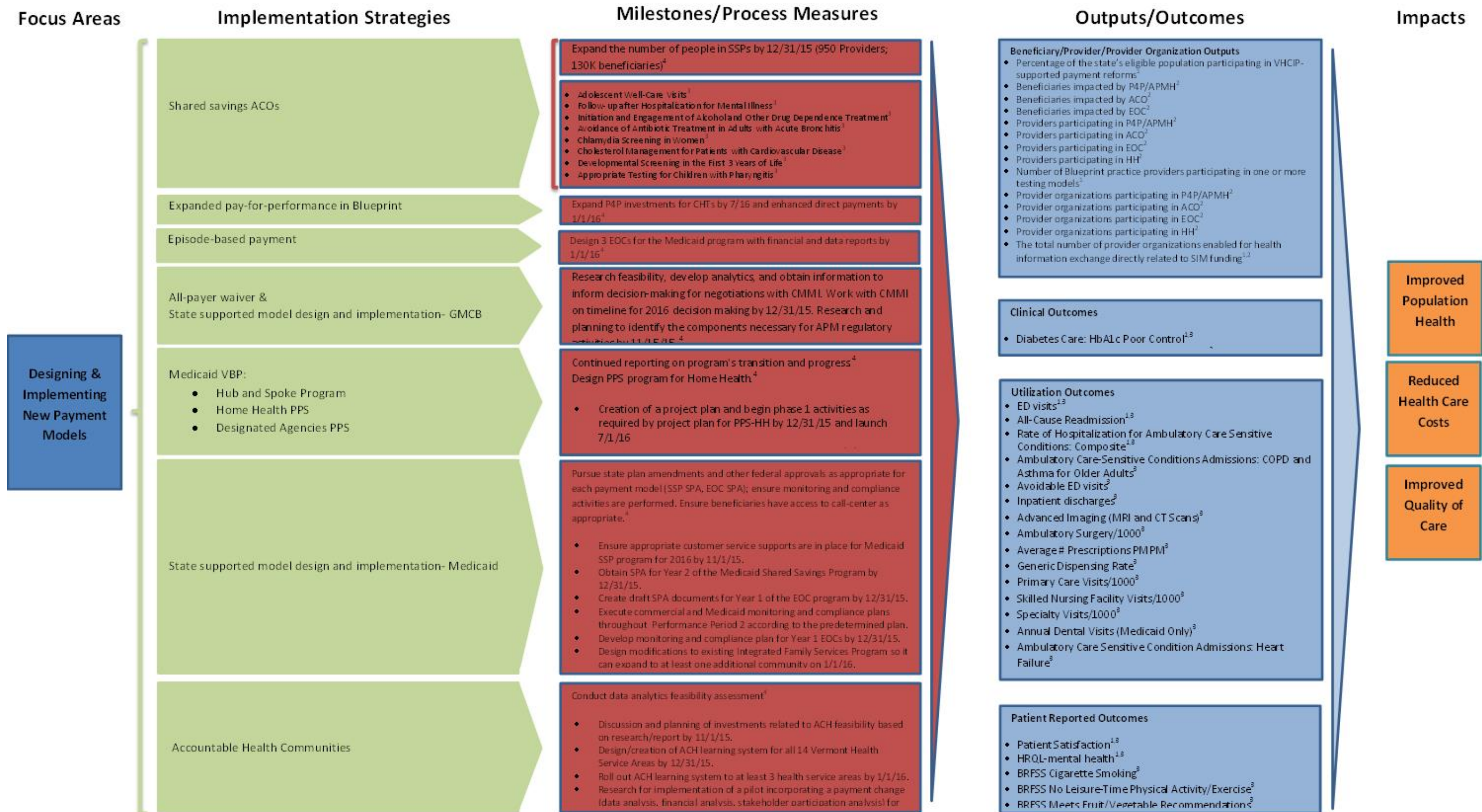
NOTE: Figures 7-9 are formatted for 11x17 landscape color printing.

Figure 8: Transforming Care Delivery Logic Model for SIM State-Led Evaluation

Focus Areas

Transforming Care Delivery

Implementation Strategies

- Integrated community care management collaboratives
- Provider subgrant program
- Health workforce planning/monitoring/modeling
- Regional collaboratives between Blueprint, ACO(s), and local care delivery structures

Milestones/Process Measures

Planning for additional Learning Collaborative cohorts.[4]

- Create expansion plan for remaining VT HSAs that want to participate in the Learning Collaborate program by 6/15/15.
- Expand existing Learning Collaborative program to at least 6 additional health service areas by 12/31/15.
- Develop core competency training (collaboration between SIM Care Models & Care Management and

Develop "lessons learned" document based on subgrant activities[4]

Workforce Strategic Plan informed by supply data, care management inventory survey, provider licensure data, and microsimulation demand model[4]

Develop and expand regional collaborations to all 14 HSAs with each having a Charter, governing body, and decision-making process by 12/31/15.[4]

Patient-Related Process Measures

- Tobacco screening and cessation[1,2]
- BMI screening[1,2]
- Adolescent Well-Care Visits[3]
- Follow-up after Hospitalization for Mental Illness[3]
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment[3]
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis[3]
- Chlamydia Screening in Women[3]
- Cholesterol Management for Patients with Cardiovascular Disease[3]
- Developmental Screening in the First 3 Years of Life[3]
- Appropriate Testing for Children with Pharyngitis[3]
- Appropriate Medications for People with Asthma[3]
- Comprehensive Diabetes Care[3]
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD[3]
- Follow-up Care for Children Prescribed ADHD Medication[3]
- Antidepressant Medication Management[3]
- Breast Cancer Screening[3]

Outputs/Outcomes

Beneficiary/Provider/Provider Organization Outputs
- Percentage of the state's eligible population participating in VHCIP-supported payment reforms[1]
- Beneficiaries impacted by P4P/APMH[2]
- Beneficiaries impacted by ACO[2]
- Beneficiaries impacted by EOC[2]
- Providers participating in P4P/APMH[2]
- Providers participating in ACO[2]
- Providers participating in EOC[2]
- Providers participating in HH[2]
- Number of Blueprint practice providers participating in one or more testing models[2]
- Provider organizations participating in P4P/APMH[2]
- Provider organizations participating in ACO[2]
- Provider organizations participating in EOC[2]
- Provider organizations participating in HH[2]
- The total number of provider organizations enabled for health information exchange directly related to SIM funding[1,2]

Clinical Outcomes
- Diabetes Care: HbA1c Poor Control[1,3]

Utilization Outcomes
- ED visits[1,3]
- All-Cause Readmission[1,3]
- Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite[1,3]
- Ambulatory Care-Sensitive Conditions Admissions: COPD and Asthma for Older Adults[3]
- Avoidable ED visits[3]
- Inpatient discharges[3]
- Advanced Imaging (MRI and CT Scans)[3]
- Ambulatory Surgery/1000[3]
- Average # Prescriptions PMPM[3]
- Generic Dispensing Rate[3]
- Primary Care Visits/1000[3]
- Skilled Nursing Facility Visits/1000[3]
- Specialty Visits/1000[3]
- Annual Dental Visits (Medicaid Only)[3]
- Ambulatory Care Sensitive Condition Admissions: Heart Failure[3]

Patient Reported Outcomes
- Patient Satisfaction[1,3]
- HRQL-mental health[1,3]
- BRFSS Cigarette Smoking[3]
- BRFSS No Leisure-Time Physical Activity/Exercise[3]
- BRFSS Meets Fruit/Vegetable Recommendations[3]

Impacts

- Improved Population Health
- Reduced Health Care Costs
- Improved Quality of Care

[1]SOV QPR Metrics 9.18.15.docx; [2]VT_Metrics Reference Guide_040115.xlsx; [3]VermontPerformanceMeasureInventory_20150520.xlsx; [4]SIM Ops Plan Addenda 8.7.15.docx;*SIM outcome/process measure but not specific to this focus area;

Figure 9: Improving Health Data Infrastructure Logic Model for SIM State-Led Evaluation

Focus Areas

Improving Health Data Infrastructure

Implementation Strategies

- Expand connectivity to HIE
- Expand availability of data extracts from HIE
- Improve quality of data flowing into the HIE
- Expand telehealth in Vermont
- Expand EMR usage
- Develop and populate DA and SSA data warehouse
- Develop and implement care management tools (Shared Care Plan, Uniform Transfer Protocol, Event Notification)
- General Health Data

Milestones/Process Measures

- Remediate 50% of data gaps for SSP quality measures and develop remediation plan for gaps identified in LTSS gap analysis by 12/31/15.[4]
- Develop tools to support data extracts from the HIE developed and implemented[4]
- Workflow improvements at provider practices to improve data flowing into VHIE.[4]
  - Start workflow improvement activities in 30% of ACO attributing practices by 12/31/15.
- Completed telehealth strategic plan[4]
- Award one telehealth contract by 11/1/15[4]
- Deploy EMR for state psychiatric hospital and developmental disability agencies[4]
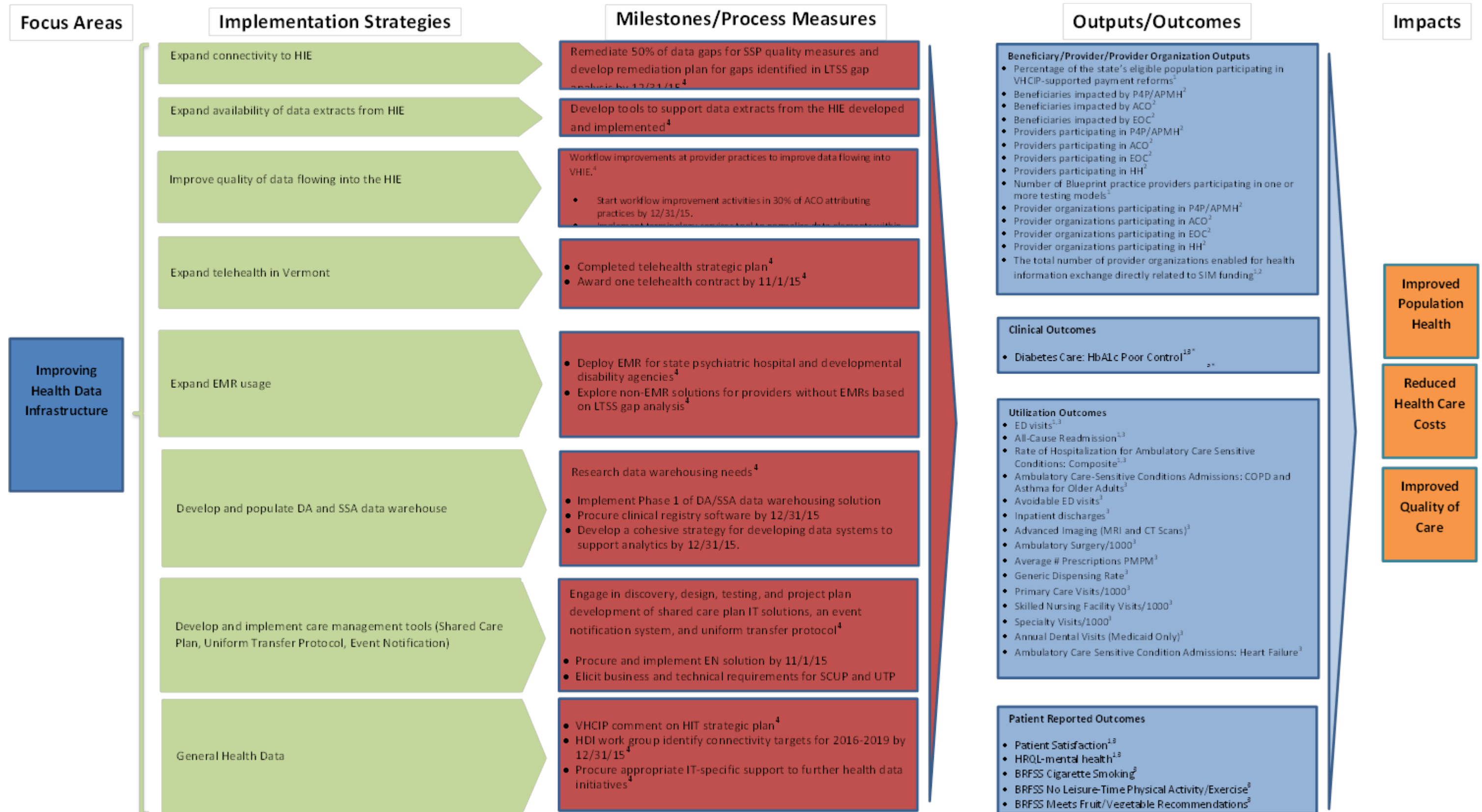- Explore non-EMR solutions for providers without EMRs based on LTSS gap analysis[4]
- Research data warehousing needs[4]
  - Implement Phase 1 of DA/SSA data warehousing solution
  - Procure clinical registry software by 12/31/15
  - Develop a cohesive strategy for developing data systems to support analytics by 12/31/15.
- Engage in discovery, design, testing, and project plan development of shared care plan IT solutions, an event notification system, and uniform transfer protocol[4]
  - Procure and implement EN solution by 11/1/15
  - Elicit business and technical requirements for SCUP and UTP
- VHCIP comment on HIT strategic plan[4]
- HDI work group identify connectivity targets for 2016-2019 by 12/31/15[4]
- Procure appropriate IT-specific support to further health data initiatives[4]

Outputs/Outcomes

Beneficiary/Provider/Provider Organization Outputs
- Percentage of the state's eligible population participating in VHCIP-supported payment reforms[1]
- Beneficiaries impacted by P4P/APMH[2]
- Beneficiaries impacted by ACO[2]
- Beneficiaries impacted by EOC[2]
- Providers participating in P4P/APMH[2]
- Providers participating in ACO[2]
- Providers participating in EOC[2]
- Providers participating in HH[2]
- Number of Blueprint practice providers participating in one or more testing models[1]
- Provider organizations participating in P4P/APMH[2]
- Provider organizations participating in ACO[2]
- Provider organizations participating in EOC[2]
- Provider organizations participating in HH[2]
- The total number of provider organizations enabled for health information exchange directly related to SIM funding[1,2]

Clinical Outcomes
- Diabetes Care: HbA1c Poor Control[1,3]*

Utilization Outcomes
- ED visits[1,3]
- All-Cause Readmission[1,3]
- Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite[1,3]
- Ambulatory Care-Sensitive Conditions Admissions: COPD and Asthma for Older Adults[3]
- Avoidable ED visits[3]
- Inpatient discharges[3]
- Advanced Imaging (MRI and CT Scans)[3]
- Ambulatory Surgery/1000[3]
- Average # Prescriptions PMPM[3]
- Generic Dispensing Rate[3]
- Primary Care Visits/1000[3]
- Skilled Nursing Facility Visits/1000[3]
- Specialty Visits/1000[3]
- Annual Dental Visits (Medicaid Only)[3]
- Ambulatory Care Sensitive Condition Admissions: Heart Failure[3]

Patient Reported Outcomes
- Patient Satisfaction[1,3]
- HRQL-mental health[1,3]
- BRFSS Cigarette Smoking[3]
- BRFSS No Leisure-Time Physical Activity/Exercise[3]
- BRFSS Meets Fruit/Vegetable Recommendations[3]

Impacts

- Improved Population Health
- Reduced Health Care Costs
- Improved Quality of Care

[1]SOV QPR Metrics 9.18.15.docx; [2]VT_Metrics Reference Guide_040115.xlsx; [3]VermontPerformanceMeasureInventory_20150520.xlsx; [4]SIM Ops Plan Addenda 8.7.15.docx;*SIM outcome/process measure but not specific to this focus area;

Section S: Risk Mitigation Strategies

Vermont is engaged in regular and robust risk identification and mitigation processes. Using the template provided by CMMI, the Risk Register is thoroughly reviewed and updated on a quarterly basis. As risks arise during the project, they are added to the risk register, ranked according to impact and probability, and a mitigation plan is put into place

Vermont's Risk Mitigation Plan is included under separate cover as Attachment A.

Appendix 1: Plan for Improving Population Health

Vermont's State Health Improvement Plan acknowledges that although Vermont is regularly recognized as the healthiest state in the country, continued improvement is necessary to ensure that all Vermonters have equal opportunity to experience good health and quality of life.[6] Vermont's SIM activities invest significant resources in transforming our health care system by changing the way we pay for and deliver care, and by building critical health data infrastructure to support these changes. However, we also realize that transformation must not be limited to the health care system: McGinnis, Williams-Russo, and Knickman (2002) estimate that access to health care and the quality of medical care account for 10% proportionately to the factors that contribute to premature death (see Figure 10).[7]

Figure 10: Major Contributors to Health Outcomes[8]
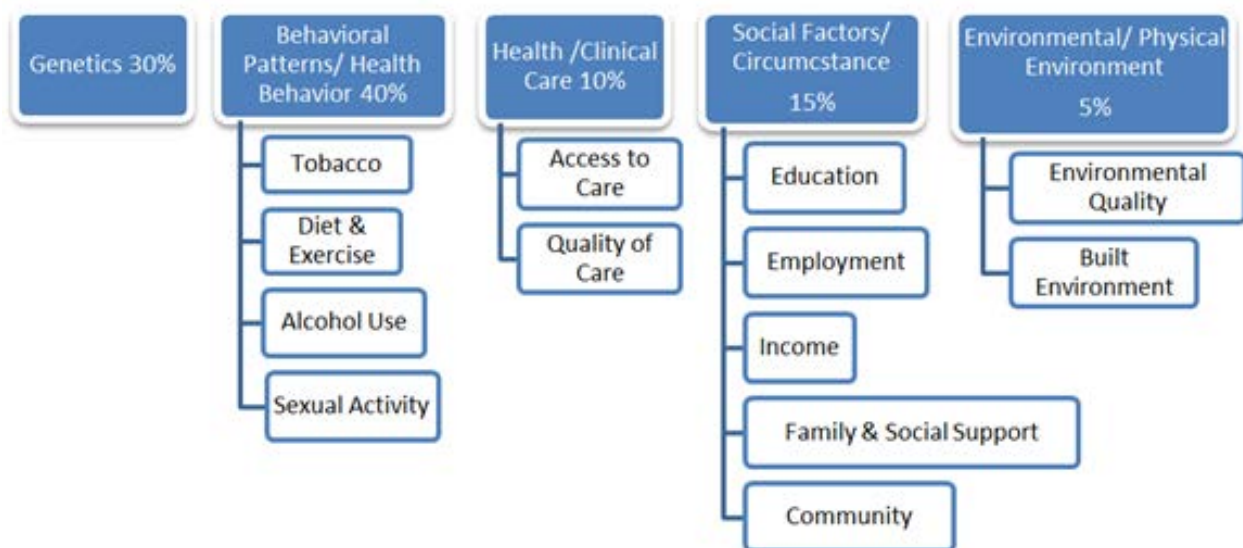
To this end, in Performance Period 1, Vermont's SIM team established the framework for our population health strategy. We started by establishing a consistent definition of population health across the SIM project. At the start of the project, stakeholders' definition of population health varied significantly:

- For medical providers, "population" may be either the "panel of patients" (all patients who use the provider, regardless of whether they see other providers more frequently) or "attributed lives", which refers only to those patients who receive most of their care

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[6] Vermont's State Health Improvement Plan is available at: http://healthvermont.gov/hv2020/ship.aspx.

[7] McGinnis, J.M., P. Williams-Russo, and J.R. Knickman (March 2002), "The Case for More Active Policy Attention to Health Promotion," *Health Affairs*, 21(2): 78-93. Available at: http://content.healthaffairs.org/content/21/2/78.full.

[8] Graphic adapted from Robert Wood Johnson Foundation's County Health Rankings model to include genetics and McGinnis weighting of factors. For more information on County Health Rankings, see: http://www.countyhealthrankings.org/our-approach.

from that provider and are linked to that provider through an attribution algorithm or methodology.

- For health insurers or payers, the definition of "population" is "covered lives" (the health plan beneficiaries).
- For communities, the "population" might include everyone who lives in a defined geographic area.

Similarly, the definition of "health" varies from a narrow definition limited to physical health to an expanded definition which includes mental health and well-being.

Vermont adopted the definition of Population Health that was developed by the Institute of Medicine (IOM) Roundtable on Population Health Improvement, building on work by Kindig and Stoddart (2003):

> "Population Health is 'the health outcomes of a group of individuals, including the distribution of such outcomes within the group' (Kindig and Stoddart, 2003). While not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors."[9]

In Performance Period 2, Vermont's Population Health Work Group has focused on:

- Developing consensus on a robust set of population health measures to be used in tracking the outcomes of the project and to be incorporated in the new payment models;
- Offering recommendations on how to pay for population health and prevention through modifications to proposed health reform payment mechanisms;
- Identifying promising new financing vehicles that promote financial investment in population health interventions;
- Identifying opportunities to enhance current initiatives and health delivery system models (e.g. Accountable Care Organizations) to improve population health by better integration of clinical services, public health programs and community based services at the practice and community levels; and
- Developing the "Plan for Integrating Population Health and Prevention in Vermont Health Care Innovation."

To support this work, Vermont has laid out an evolutionary path from current delivery system models – Accountable Care Organization (ACO) Shared Savings Programs (SSPs) – to potential future reforms that can support increased integration of population health: Totally Accountable Care Organizations (TACOs) and Accountable Communities for Health (ACHs). Note that the mechanisms for payment and financing are not discreetly connected to a particular payment

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[9] Institute of Medicine, Roundtable on Population Health Improvement. For more information, see: http://iom.nationalacademies.org/Activities/PublicHealth/PopulationHealthImprovementRT/VisionMission

methodology. Vermont's SIM project is currently testing different models and options to determine the best fit that will cover necessary costs, ensure continuing high quality care and improve health outcomes.

Population Health Strategy

Vermont's population health strategy looks to integrate population health into the alternative payment models we are designing and implementing with SIM support. This strategy has identified several key features that would indicate there is successful integration of population health in the new models. These are described below:

1. Focus on the Whole Population in an Area.
   - Use data on health trends and burden of illness to identify priorities and target evidence-based actions that have proven successful in preventing diseases and changing health outcomes.
   - Expand efforts to maintain or improve the health of all people – young, old, healthy, sick, etc. Focus specific attention on the health and wellness of sub-populations most vulnerable in the future due to disability, age, income and other factors.

2. Focus on Prevention, Wellness and Well-Being by Patient, Physician, and System.
   - Focus on primary prevention[10] and actions taken to maintain wellness rather than solely on identifying and treating disease and illness.
   - Utilize proven evidence-based prevention strategies to address risk and protective factors[11] and personal health behaviors such as tobacco use, diet and exercise, and alcohol use, as well as other health and mental health conditions that are known to contribute to health outcomes.

3. Address the Multiple Contributors to Health Outcomes.
   - Support integrated approaches that recognize the interconnection between physical health, mental health, and substance abuse.
   - Identify the social determinants of health[12] and circumstances in which people are born, live, work, and age (e.g. education, employment, income, family support, community, the built and natural environment).

4. Create Accountability for Health.
   - Use measures of quality and performance at multiple levels of change to ensure accountability in system design and implementation for improved population health.

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[10] Primary prevention aims to prevent disease from developing in the first place. Secondary prevention aims to detect and treat disease that has not yet become symptomatic. Tertiary prevention is directed at those who already have symptomatic disease, to prevent further deterioration, recurrent symptoms and subsequent events. Mosby's Medical Dictionary, 8th edition.

[11] http://www.who.int/hiv/pub/me/en/me_prev_ch4.pdf

[12] http://www.cdc.gov/socialdeterminants/

- Build upon existing infrastructure (Blueprint Medical Homes, Community Health Teams, Accountable Care Organizations, and public health programs) to connect community resources for health in a geographic area.
- Include partners and resources able to influence the determinants of health and the circumstances in which people live, work, and play.

5. <u>Create Sustainable Funding Models Which Support and Reward Improvements in Population Health including Primary Prevention and Wellness.</u>
   - Incentivize payers and health systems to invest in community-wide prevention efforts and to encourage delivery of physical health, mental health, and substance use prevention services.
   - Direct savings, incentives, and investments to efforts aimed at primary prevention and wellness including efforts that address the social determinants of health (e.g. housing, transportation, education).
   - Develop budgets that explicitly demonstrate spending and/or investments in prevention and wellness.
   - Identify long- and short-term multi-sector impacts and capture a portion of those benefits for reinvestment.

Future Work to Support Population Health Strategy

The two major work streams underway during Performance Period 3 are: completing Vermont's Population Health Plan, required by CMMI; and feasibility and research into Accountable Communities for Health. In addition, ongoing work includes continued effort by the SIM Population Health Work Group to identify strategic opportunities to ensure that payment and care models being tested within Vermont seek to improve population health outcomes; and researching emerging financing models for population health and prevention activities.

Population Health Plan

Performance Period 3 Milestone*: **Develop Population Health Plan by 12/31/16.***

In Performance Period 3, work will continue to develop the *Plan for Integrating Population Health and Prevention in Health Care Innovation in Vermont*. This plan is the culmination of the work throughout the project and will incorporate prior frameworks, documents, and contractor reports. This plan builds upon the existing Vermont State Health Improvement Plan, which identifies three strategic goals for population health improvement:

Goal 1: Reduce the prevalence of chronic disease.
Goal 2: Reduce the prevalence of individuals with or at risk of substance abuse or mental illness.
Goal 3: Improve childhood immunization rates.

Improvements made through evidence-based strategies for these three preventable conditions will have a positive impact on multiple health outcomes in the future. It is important to note that these three goals align with the major drivers of increased health costs and the ACO measures for quality improvement (e.g. hypertension, diabetes, obesity).

The *Plan for Integrating Population Health and Prevention in Health Care Innovation in Vermont* will offer a strategic pathway forward to systematically connect integrated care management efforts with community-wide prevention strategies to improve population health outcomes.

The plan will summarize the results of the three primary areas of work carried out through this project: population health measures; recommendations on paying for population health and prevention; and identifying current initiatives where clinical and population health activities are coming together to improve population health. These areas of work are described in greater detail in the introduction to this Appendix.

The *Plan for Integrating Population Health and Prevention in Health Care Innovation in Vermont* is being developed collaboratively by the SIM Population Health Work Group, Vermont Department of Health, and SIM staff, with support from contractors and key national subject matter experts. Plan authors will be seeking significant input from and providing regular updates to the SIM Work Groups, Steering Committee, and Core Team.

Accountable Communities for Health (ACH)

<u>Performance Period 3 Milestone</u>: ACH Implementation Plan incorporated into Sustainability Plan by 10/31/16.

In 2015, The Population Health Work Group committed to exploring the concept of an Accountable Community for Health (ACH) as a potential community-based model for integrating clinical care and community health efforts. Vermont hired the Prevention Institute to:

1. Research promising community-level innovations in payment and service delivery in others parts of the country to coordinate health improvement activities and more directly impact population health;
2. Identify key features to consider in developing recommendations for VT;
3. Determine which features are present in the innovations currently underway through SIM and other health system reforms and what expansion in the scope of delivery models would be recommended; and
4. Identify initiatives in Vermont that have some of the features necessary to improve population health by better integration of clinical services, public health programs and community based services at both the practice and the community levels.

One of the key findings from the report is the recognition within Vermont's health system of the multiple contributors to health outcomes. As described earlier in this section, it is

understood that access to high quality medical care is an essential but proportionately small contributor to health outcomes when compared with individual behaviors and the social and economic factors which contribute to health behavior. Clinical leaders are working to integrate clinical care with additional behavioral and social services for their patients. Simultaneously, community leaders are working on community-wide prevention strategies. The challenge ahead for population health improvement is to effectively connect these efforts to mutually support and sustain one another.

Based on the recommendations of the Prevention Institute and members of the Population Health Work group, Vermont has proposed continued feasibility assessment, model design, and peer learning activity in 2016. These activities would support Vermont in moving from a conceptual Accountable Communities for Health framework, developed based on research and interviews, to implementation based on the practical experiences and questions of potential Accountable Community for Health leaders in regions across our state. They would also seek to ensure future Accountable Communities for Health activities are thoughtfully designed to support and enhance existing regional delivery system transformation activities, including the state's Unified Community Collaboratives and the Integrated Communities Care Management Learning Collaborative (both discussed in the Executive Summary). As proposed, this process includes four major components:

- Establish a statewide framework for population health improvement;
- Produce guidance to regions on goals, indicators, and evidence based strategies for population health improvement;
- Build capacity and learning among integrators and team leads from established regions – UCC and/or Community Wide Health/Prevention Structure; and
- Explore long-term financing opportunities.

The peer learning initiative will build upon the Integrated Communities Care Management Learning Collaborative and will be coordinated with existing regional activities to assure alignment across efforts. One of the key challenges will be to identify community leaders ready to broaden their work on integrating clinical care and services to consider how to engage with a broader set of partners able to affect community-wide prevention strategies.

Based on lessons learned from these efforts and progress in participating communities, Vermont will develop an ACH Implementation Plan to be incorporated into our Sustainability Plan by October 2016.

Appendix 2: Self-Evaluation Findings

Overview

Vermont monitors its progress towards project goals and does rigorous continuous improvement by sharing information through a diverse set of vehicles including SIM work groups, multi-community learning collaboratives, stakeholder symposiums, public presentations, and regional community collaboratives. SIM continuous improvement activities help to inform SIM programmatic decision-making, facilitate shared learning across the project, and directly support quality improvement efforts at the regional, community, and organizational levels.

A primary source for SIM continuous improvement information is metrics results – the SIM Core measure set, the Shared Savings Program measure sets, a select sub-set of PCMH measures, and the RTI federal evaluation measure set. Other important sources include risk assessments, subject matter experts, State-led evaluation reporting, surveys, and internal payer data analytics. Via the above varied means, continuous improvement information is regularly shared with administrators, ACOs, providers, payers, advocates, community leaders, and consumers. This helps keep SIM on track to achieve project goals and milestones, and informs any course corrections as needed.

Activities that Inform SIM Programmatic Decisions

SIM Core metrics and progress on SIM milestones are collected and reported quarterly, externally to CMMI and internally to the SIM Core Team. The Core Team reviews funding requests in light of progress reporting and allocates accordingly. An annual VCHIP convening is used to present progress, discuss project strengths and challenges, and uses break-out sessions to brainstorm ways to more efficiently and effectively meet project targets.

Project leadership also participates in regular on-going risk assessment, including an intensive mid-project risk assessment that resulted in significant changes to SIM governance and reporting structures. While previously Vermont's SIM team had seven work groups reporting up through a Steering Committee and Core Team, there are now four groups, which meet monthly to advance our project's milestones. Two additional work groups meet quarterly to provide subject matter specific expertise on our milestones. We combined all of our activities, as codified in annual workplans, as well as participant lists in this new structure. In addition to governance changes, SIM reporting was restructured to more effectively gauge and communicate ongoing progress towards achieving grant milestones. SIM investments are now mapped to specific milestones, facilitating funding decisions that are strategic and reflect where progress and investment is sufficient or where additional staff focus and grant resources are warranted. See Section A for additional information on Vermont SIM Program governance and reporting changes.

At the functional area level, each SIM work group has individual workplans with more detailed milestones and targets applicable to the content of the work group. Workplans are cross-walked across groups and regularly updated to assess progress within the groups' area of focus. Such cross-walking allowed for clear links across groups by topical areas, and points to where one group might benefit from receipt of information from another. Often subject matter experts inform work group activities, provide relevant information, and help advise work group members when obstacles arise and/or make suggestions to maximize progress.

An example of a work group-driven programmatic course correction is in the State's telehealth initiative plans. Initially, plans were to release an RFP and create a pilot to test a telehealth model in Vermont. However, stakeholders at the Health Information Exchange/Health Information Technology Work Group pointed out that enough telehealth activity was already underway in the State that existing initiatives should be catalogued and assessed prior to significant new investment. As such, instead of investing immediately in implementation, SIM funds were used to assess the existing telehealth landscape, and to consider results of that assessment in crafting an RFP for telehealth implementation activity.

Another example is project leadership's decision to delay implementation of the Episodes of Care (EOC) payment model due to provider reform fatigue. When the EOC concept was brought to the Payment Models Work Group in Year 1 of the grant, stakeholders expressed concern at the concept of introducing another reform so soon after the Shared Savings Program had launched. EOC activity has been limited to presenting analytics to inform quality improvement strategies, and implementation goals are now limited to three episodes within Medicaid in 2016.

The locus of funding control has shifted over the course of the project, from primarily State staff to a more inclusive recommendation involving stakeholders.

Monthly SIM staff meetings are utilized to report on functional area activities, and to discuss successes, and brainstorm ways to mitigate and overcome any problems. A survey of SIM stakeholder perceptions of the SIM work group process was administered in year one, with results provided to work group staff and co-chairs to facilitate improved work group management.

The Federal SIM evaluation and State-led SIM evaluation reporting will continue to inform SIM administration. The mixed-methods SIM federal evaluation results include qualitative analysis of stakeholder interviews, consumer and provider survey results, and quantitative analysis of SIM impacts statewide and at the ACO level. Federal evaluation results are released and shared with SIM stakeholders annually.

Federal evaluation interviews with stakeholders, and workgroup discussions, pointed to a need to better align Blueprint and ACO activities and strategies. As such, a number of alignment strategies were put into place including designing regional collaboratives that implement quality improvement initiatives in communities throughout Vermont.

The mixed methods State-led evaluation will take an in-depth look at stakeholder-identified key areas of interest including: care integration, clinical and economic data for performance improvement, and provider incentives. Just-in-time memos will be released after qualitative site visits in early 2016. State-led evaluation interim reporting (including survey results) will be shared with SIM stakeholders later in 2016 with final reporting and actionable recommendations for scaling activities up or back released in 2017. This reporting will help inform sustainability activities.

Other information used for continuous improvement includes monthly data reviews by payers, ACO operations team meetings, and All-Payer Waiver alignment meetings.

Activities that Facilitate Shared Learning

SIM actively facilitates shared learning via SIM work groups, an annual project-wide symposium, public presentations, provider grantee symposiums and at learning collaboratives. The State-led Self-Evaluation Plan will include a learning dissemination plan for sharing project-wide evaluation findings.

Shared learning mechanisms have directly contributed to the teamwork and team building that influences stakeholder willingness to engage in the significant transformation activities funded by the grant. Shared learning provides inspiration through case study presentations, shared programmatic successes, and results that demonstrate the effectiveness of innovations underway that create positive change in the lives of Vermonters. This willingness is a key ingredient in moving forward with sometimes difficult and novel changes in payment and delivery system reforms.

CMMI's annual site visits to Vermont are leveraged as an opportunity for stakeholders to summarize and share their progress on diverse fronts with each other and CMMI. Additionally, provider grant symposiums, organized by topical area, have created an important learning exchange mechanism for what is working well and brainstorming how to mitigate challenges both at the administrative level and on the front lines of care.

SIM work groups host subject matter experts, presentations about program models, successes, challenges, and other information relevant to learning and sharing about the work groups' functional areas. The SIM annual meeting also provides a forum for stakeholders to report on the work underway, strengths, challenges, and how challenges were overcome.

Multi-community learning collaboratives are rolling out statewide to share and diffuse best practices for care coordination and to help multi-organizational teams work most effectively with at-risk Vermonters. A peer learning opportunity focused on Accountable Communities for Health will be piloted in multiple communities to maximize the effectiveness of the effort.

As stakeholders present on existing projects in each work group area of focus, connections are drawn that enhance sharing of resources, foster the ability for SIM initiatives to build off of existing programs and infrastructure, and allow for better communication across previously siloed activities. An example is the bridges that have been built within care management in the state thugh the learning collaboratives.

The SIM project director and staff give public presentations to the Legislature, Green Mountain Care Board, ACOs, work groups and others with the level of specificity of metric or other results appropriate to the audience. Ad-hoc education about SIM activities has helped build connections and reduce duplication of efforts. For example, a recent presentation created an opportunity for alignment between a learning collaborative for pediatricians implemented by the Vermont Department of Health and SIM's Integrated Communities Care Management Learning Collaborative. They were able to leverage and share existing materials, and communicate about strengths and weaknesses of implementation approaches. Additionally, a SIM legislative update led to presenting data that directly informed a committee decision about a psychiatric referral system.

The provider sub-grant symposiums that have been held focused on sharing results to date, challenges, and successes. A symposium evaluation survey was conducted to improve the format and content of the symposiums.

Quality Improvement Activities

The Shared Savings Program measure results, which are provided to providers within the ACOs, are used to support a variety of strategies for continuous quality improvement on the frontlines of care. One key Blueprint for Health- and ACO-led effort is the regional Unified Community Collaboratives (UCCs). The UCCs take metric results, input from stakeholders that participate in SIM work groups, input from regional leads, and determine regional, community-based and practice-setting level strategies to work on continuous performance improvement. UCCs have been intentionally given leeway and encouraged to take SIM data, hospital community needs assessments, practice profiles, SSP metrics, and other sources of data to design strategies that are specific to the individual regions and communities in which they operate.

Multi-community learning collaborative cohorts are provided with training on best practices for working with at-risk Vermonters. The learning collaboratives are fielding a consumer survey and tracking a number of process metrics that are used for continuous improvement.

Additionally, Vermont fielded a consumer survey with Vermont-specific questions and results.

Appendix 3: Glossary

ACG – Adjusted Clinical Groups

ACH – Accountable Communities for Health

ACO – Accountable Care Organization

ACS-NSQIP – American College of Surgeons National Surgical Quality Improvement Program

ADAP – Alcohol and Drug Abuse Programs

AHS – Agency of Human Services

AOA – Agency of Administration

APM – All-Payer Model

APMH – Advanced Practice Medical Home

BHN – Behavioral Health Network

BRFSS – Behavioral Risk Factor Surveillance System

CAGR – Cumulative Average Growth Rate

CAHPS – Consumer Assessment of Healthcare Providers and Systems

CBC – Complete Blood Count

CCHL – Community Committee on Healthy Lifestyle

CCIIO – The Center for Consumer Information & Insurance Oversight

CCMR – Care Coordination Medical Record

CCT – Community Care Team

CD – Clinical Director

CDM – Chronic Disease Management

CHA – Community Health Advocate

CHAC – Community Health Accountable Care, LLC

CHF – Congestive Heart Failure

CHIP – Children's Health Insurance Program

CHT – Community Health Team

CMMI – Center for Medicare and Medicaid Innovation

CMO – Chief Medical Officer

CMS – Centers for Medicare and Medicaid Services

COPD – Chronic Obstructive Pulmonary Disease

CSA – Community Supported Agriculture

DAIL – Department of Disabilities, Aging, and Independent Living

DAs – Designated (mental health) Agencies

DHMC – Dartmouth Hitchcock Medical Center

DID – Difference in differences

DLTSS – Disability and Long Term Services and Supports

DUA – Data Use Agreement

DVHA – Department of Vermont Health Access

ED – Emergency Department

EHR – Electronic Health Record

EMR – Electronic Medical Record

EMT – Emergency Medical Technician

EOC – Episodes of Care

ERG – Episode Risk Grouper

FAHC – Fletcher Allen Health Care

FEDU – Frequent ED Use

FICA – Federal Insurance Contributions Act

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent

GMCB – Green Mountain Care Board

HC – Health Care

HCM – Health Confidence Measures

HDI – Health Data Infrastructure

HF – Health*first*

HH – Health Home

HIE – Health Information Exchange

HIPPA – Health Insurance Portability and Accountability Act

HIT – Health Information Technology

HP – Hospital Readmissions

HPA – Health Promotion Advocate

HRQL – Health Related Quality of Life

HSA – Health Service Area

IBNR – Incurred But Not Reported

IFS – Integrated Family Services

INTERACT – Interventions to Reduce Acute Care Transfers

IOM – Institute of Medicine

IT – Information Technology

LS – Learning Session

LTSS – Long-Term Services and Supports

MA – Medical Assistant

MD – Medical Doctor

NAACO – National Association of ACO's

NMC – Northwestern Medical Center

NQF – National Quality Forum

OCV – OneCare Vermont

P4P – Pay for Performance

PCMH – Patient Centered Medical Home

PCP – Primary Care Physician

PPS – Prospective Payment System

PRG – Pharmacy Risk Grouper

QCCM – Quality and Care Coordination Manager

QI – Quality Improvement

RFP – Request for Proposal

RN – Registered Nurse

RUI – Resource Use Index

SAS – Statistical Analysis System

SBIRT – Screening, Brief Intervention, and Referral to Treatment

SC – Surgical Champion
SCR – Surgical Care Reviewers
SCÜP – Shared Care Plan/Universal Transfer Protocol
SIM – State Innovation Model
SMS – Short Message Service
SOV – State of Vermont
SPA – State Plan Amendment
SPC – Statistical Process Control
SSA – Specialized Service Agency
SSCPC – Statewide Surgical Collaborative Project Coordinator
SSP – Shared Savings Program
SVHC – Southwestern Vermont Health Care
SVMC – Southwestern Vermont Medical Center
SW – Social Worker
SWOT – Strengths, Weaknesses, Opportunities, and Threats
TACO – Totally Accountable Care Organization
TBD – To be determined
TCI – Total Cost Index
TCM – Transitional Care Model
TCN – Transitional Care Nurse
TCOC – Total Cost of Care
TCRRV – Total Care Relative Resource Value
UCC – Unified Community Collaborative
VCN – Vermont Care Network
VCP – Vermont Care Partners
VCP – Vermont Collaborative Physicians
VDH – Vermont Department of Health
VHCIP – Vermont Health Care Innovation Project
VHCURES – Vermont Healthcare Claims Uniform Reporting and Evaluation System
VHIE – Vermont's Health Information Exchange
VITL – Vermont Information Technology Leaders
VPQHC – Vermont Program for Quality in Health Care
VT – Vermont
WRFP – White River Family Practice
XSSP – Commercial Shared Savings Program