



#### **State Innovation Model**

109 State Street
Montpelier, VT 05609
http://healthcareinnovation.vermont.gov

# WE WOULD LIKE YOU TO PARTICIPATE! Helping At-Risk People through Integrated Care Management: A Vermont Health Care Reform Learning Collaborative

# **Learning Collaborative Description and Goals**

Vermont has a long history of collaboration in health care and community/social services delivery, and has implemented significant delivery system reforms aimed at strengthening coordination of care and services, including the Blueprint for Health and Accountable Care Organizations. Nonetheless, those with complex care needs, their families and providers who care for them still experience fragmentation, duplication and gaps in care and services. These issues are not unique to Vermont. A number of models, including Integrated Communities, Medical Neighborhoods, and Effective Team-Based Care, have been developed to address these concerns nationally.

Vermont's Integrated Community Care Management Learning Collaborative will test interventions based on these promising models, starting in three communities: Burlington, Rutland and St. Johnsbury. Teams of health care and service providers<sup>1</sup> from each community are invited to participate in the yearlong Learning Collaborative. Teams are encouraged to build on already-existing collaborative teams within the pilot communities if possible.

The Collaborative will use a Plan-Do-Study-Act quality improvement model punctuated with periodic inperson and virtual learning sessions. The near-term goals are to determine if the interventions improve coordination of care and services; establish improved communication and care protocols; reduce fragmentation, duplication, and gaps in care and services; and improve the care experience and outcomes for people in need of services and their families. The longer-term goals are to reduce growth in health care costs, improve care, and improve the health of the population. While the Collaborative will initially focus on at-risk populations, the ultimate focus will be on the broader population.

## **Benefits for Participating Organizations**

The Collaborative will assist participating organizations by:

- Providing expert faculty, skilled facilitators, and learning opportunities to improve integration of care management services for at-risk people and their families;
- Building lasting "Integrated Communities" for the future to serve broader populations;

<sup>1</sup> Potential team members include primary care practices, designated mental health agencies, developmental services providers, home health agencies, hospitals, skilled nursing facilities, Area Agencies on Aging, Blueprint Community Health Teams and practice facilitators, Support and Services at Home (SASH), ACOs, the Vermont Chronic Care Initiative, commercial insurers, people in need of care management services and their families, and others.

- Creating a statewide "Learning Community" that will offer regional and statewide continuing education opportunities for front-line care management staff; and
- Connecting participants with Vermont's Health Care Reform initiatives the collaborative is funded by the Vermont Health Care Innovation Project (VHCIP)<sup>2</sup>, and will connect organizations with Accountable Care Organizations, the Blueprint for Health, and other initiatives.

## **Expectations of Participating Communities**

The three pilot communities will be asked to form multi-organizational teams responsible for:

- Identifying existing care management services and resources, as well as gaps in services;
- Agreeing on criteria to define at-risk people;
- Determining which at-risk people will initially receive outreach for care management services;
- Implementing and testing best practices for integrating care management (e.g., shared care planning, care management protocols for referrals and transitions in care);
- Developing and adopting care management tools and training resources to support best practice implementation and testing;
- Providing shared learning opportunities for participating organizations; and
- Developing and collecting measures of success and accountability.

We are looking for two participants from each organization, one who provides direct care management services to people served by the organization and one who has authority to make decisions about care management services that the organization offers.

#### **Support for Participating Communities**

Two full-time skilled community facilitators will assist the pilot communities by:

- Promoting an environment of collaborative learning within and between the pilot communities
  and across the health system, through mechanisms that include multiple learning sessions with
  expert faculty; and
- Meeting with pilot community teams on a regular basis to provide:
  - Change management support;
  - Technical assistance and training;
  - Data analysis, measurement and IT support;
  - Creation of a learning health system, and
  - o Development of connections within and between pilot communities.

#### **Time Commitment**

The proposed time commitment is as follows:

- Kick-Off Webinar: November 12, 12:00 to 1:00 PM OR November 21, 8:00 to 9:00 AM
- Monthly Educational Webinars (except for months with In-Person Learning Sessions); 1.5 hours
- First In-Person Learning Session: January 2015; full-day
- First Action/Measurement Period: January-February 2015; time commitment TBD
- Second In-Person Learning Session: March 2015; full-day
- Second Action/Measurement Period: March-April 2015; time commitment TBD

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<sup>&</sup>lt;sup>2</sup> http://healthcareinnovation.vermont.gov/





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- Third In-Person Learning Session: May 2015; full-day
- Third Action/Measurement Period: May-June 2015; time commitment TBD
- Refinement of Interventions, Ongoing Implementation and Measurement: July-November 2015;
   time commitment TBD
- Final Measurements, Compilation of Results, and Next Steps: November 2015; time commitment TBD

## **Contact Information**

To sign on as a participant in the Learning Collaborative<sup>3</sup> or to learn more about it, please contact:

- Burlington: Deb Andrews, Blueprint Project Manager; <a href="Deborah.Andrews@vtmednet.org">Deborah.Andrews@vtmednet.org</a>
- Rutland: Sarah Narkewicz, Blueprint Project Manager; <a href="mailto:snarkewicz@rrmc.org">snarkewicz@rrmc.org</a>

Participating Organization:

• **St. Johnsbury:** Laural Ruggles, VP Marketing and Community Health Improvement/Blueprint Project Manager; <a href="mailto:l.ruggles@nvrh.org">l.ruggles@nvrh.org</a>, (802) 748-7590

#### **Interest in Participation**

The following organization is interested in participating in Vermont's Integrated Community Care Management Learning Collaborative:

Region (Burlington, Rutla  Participating Staff  Member's Name	nd or St. Johnsbury): Participating Staff Member's Title	Participating Staff Member's E-mail Address	Participating Staff Member's Phone Number
Signature of Organization	Leader:		<u> </u>
Printed Name of Organiza	ation Leader:		

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<sup>&</sup>lt;sup>3</sup> Please scan and send signed agreements to your community representative.