

October 2014 - VHCIP
Work Group Status
Reports

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

Date: November 7th, 2014

Co-Chairs: Bea Grause & Nancy Eldridge

Staff: Pat Jones and Erin Flynn

1) **WG Project updates this month:** Main points of discussion at the October 31st meeting were:

- **Presentation on Blueprint-OneCare Vermont Collaboration:** Craig Jones, MD, Executive Director, Vermont Blueprint for Health and Todd Moore, CEO, OneCare Vermont joined the work group to discuss their collaborative work around stimulating a Unified Learning Health System. Key components of this work include: unified community health system collaboratives, unified performance reporting & data utility, administrative simplification and efficiencies, building the medical neighborhood, implementing new service models (e.g. ACE, ECHO), and potential payment modifications. More specific details on each of these strategies are provided in the power point presentation, attachment 3a from the October meeting materials. The work group discussed the details of this work and provided input to better inform the unified community health system collaboratives, as well as the broader work towards achieving a unified learning health system.
- **Development of Care Management Standards for ACO Shared Savings Programs.** Work group staff reminded members that comments can be submitted on the draft Care Management Standards until 5:00pm on Tuesday November 11th, and that the work group will consider a final draft for recommendation to the Steering Committee, Core Team, and Green Mountain Care Board at its November 18 Care Models and Care Management Work Group meeting.

2) **Planned accomplishments for next month/future:** Planned accomplishments for the learning collaborative in the next month include: 1) Finalize selection and begin to move through the contracting phase with two Quality Improvement Facilitators; 2) Finalize (roughly) the integrated community teams in each pilot community (understanding that additional members may still be identified); 3) Conduct two “kick-off” webinars with all participants; and

4) Develop the January Learning Session agenda, curriculum, expert faculty, attendance, logistics, etc. Additional planned accomplishments include: 1) Compile work group feedback on Care Management Standards for SSPs into a finalized draft; 2) Finalize a report of findings from the care management inventory survey; 3) Review and refine the work plan for Year 2.

3) Issues/risks that need to be addressed:

- Ensuring that the learning collaborative stays on track, and that the community teams include wide representation from medical, social, and community organizations.
- Continuing to identify areas of overlap and linkages with other work groups.
- Staying on track to develop a strategic plan with recommendations on care models/care management in support of Vermont's goals.

VT Health Care Innovation Project DLTSS Work Group Status Report

Date: 11.14.14

Co-chairs: Judy Peterson & Deborah Lisi-Baker

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

The DLTSS Work Group was given an overview of DAIL's Developmental Disabilities Services participation in the National Core Indicators Project. The National Core Indicators have recently been adopted by DAIL and are supported by the US Department of Health and Human Services Administration for Community Living (ACL). The Core Indicators address how well the public system aids adults with developmental disabilities to work, participate in their communities, have friends and sustain relationships, and exercise choice and self-determination; these indicators also measure how satisfied people are with their services and supports. The State's 10 Designated Agencies and 5 Specialized Service Agencies are responsible for Developmental Disability Services for approximately 3,000 Vermonters.

We continued our discussion of the "Integrated Community Care Management" Learning Collaborative, a 1-year initiative to improve integration of care management activities for at-risk people and provide learning opportunities for best practices for care management in 3 pilot communities. A newly developed "DLTSS Core Competency Domains" document was presented; this document lists a variety of domains in which disability competencies can be reflected and drawn upon as a resource in the Learning Collaborative.

The Work Group was given an update on the ACTT Partnership's three projects:

1) DA/SSA Data Quality and Repository: Work with VITL to enable ARIS to procure a unified electronic health record for five Specialized Service Agencies. Improve the quality of data going into the existing systems and standardize it. Design and build a data repository to enable system-wide efficiencies, quality improvement, data analysis and connectivity to the VHIE. Work on an effort to share information for enhanced care coordination purposes while honoring the federal requirement under 42 CFR Part 2 which limits sharing of information pertaining to mental health and substance abuse services.



2) DLTSS Data Planning Project: Part 1 of project 2: Review a short list of DLTSS measures that may require sharing of information electronically to determine the feasibility of sharing this information with Medicaid ACOs in the future. Part 2 of project 2: Follow up on technology assessments that had previously been conducted for Home Health Agencies, Nursing Homes and Designated agencies. The technology assessments will inform the state of current IT systems used by other DLTSS provider groups including Area Agencies on Aging, Adult Day Centers, Vermont Center for Independent Living, and Residential Care Homes. The purpose of the review is to get a baseline of information that can help inform the feasibility of and potential future funding needed for connecting data between DLTSS systems with medical providers through systems managed by Vermont Information Technology Leaders, VITL.

3) Universal Transfer Protocol Process: The objective of the UTP project is to enable the exchange of essential information between long-term support service (LTSS) providers, patients and their immediate caregiver, and other health care service providers. This project will develop an initial set of standardized data elements for exchange between providers and receivers of services as well as a method for continuously refining and enlarging that data set. The contractor will conduct a series of focused interviews starting with the Aging and Disabilities Resource Connections (ADRC) transitions of care pilot in Bennington. The contractor will take the information learned from the ADRC pilot and conduct additional focused interviews in another region of the state. The contractor will conclude the work with a comprehensive report which will include the results of the qualitative review process and information from best practices from other states.

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

At its upcoming November meeting, Work Group participants and representatives from the ACOs will discuss a variety of questions on the relationship of ACOs to the DLTSS system of care. These questions were posed by Vermont Legal Aid and the VT Council of Developmental and Mental Health Services.



HIE Work Group Status Report

Date: November 1, 2014

Co-Chairs: Simone Rueschemeyer & Brian Otley

1. WG Project updates this month:

- The ACTT projects:
 - Contracts:
 - BHN contract approved;
 - VITL contract amendment pending;
 - H.I.S. Professionals contract approved;
 - ARIS contract pending;
 - IM21 contract approved
 - BHN Data Repository project is in the process of developing its project plan
 - VITL has submitted its preliminary proposal for the BHN Data Repository
 - The DLTSS Data Quality project has begun interviewing stakeholders and gathering information from providers
 - The Universal Transfer Protocol project has held several preliminary meetings with the Bennington area
- Population-Based ACO Project:
 - The gap analysis has been completed by VITL and is subject to sign-off by VHCIP;
 - VITL and the ACOs are collaborating on the Gap Remediation Proposal. Review of that proposal is scheduled for the November Work group meeting.
 - For OneCare, the gateway build is being worked on with live lab interfaces; projected completion for ADT in August; projected completion for CCD and immunization in September.
 - VITL has begun CHAC's gateway build.
- Event Notification: two vendors have been selected to pilot the solution. The pilot is projected for January-March and a full rollout is projected to start in March 2015.
- The Workgroup has forwarded a proposal from Stone Environmental to do an inventory of Vermont's health and human services data sets. More information will be required for its approval.
- The Telehealth/telemedicine RFP has been released.
- The Workgroup received an update from Steve Maier on the Vermont Health Information Strategic Plan. A vendor has been selected and work is projected to start in Q2 of SFY15
- Joel Benware has developed a proposal for a Patient Portal that is still in review.

2) Planned accomplishments for next month/future:

- Telemedicine: Presentation of a draft SOW for a statewide lead on telehealth/telemedicine and initial criteria for RFP.
- Continued discussion to move forward the idea of a data utility
- Re-assessment of year 2 goals for the work group and how best to utilize the remaining funds in years 2 and 3
- Review of the Patient Portal proposal
- Continued updates from ACTT and Population-based proposals as the contracts are approved.

VT Health Care Innovation Project Payment Models Work Group Status Report October 2014

- 1) Work Group Project updates this month:
 - The Payment Models Work Group received an updated proposal from VMS on Frail and Elderly Care. This proposal was approved by the PMWG and will then go to the DLTSS and CMCM workgroups for their review.
 - Year 2 Total Cost of Care comments were reviewed and discussed by the work group. ACOs have until November 17th to decide if they're expanding their TCOC in Year 2.
 - Kara Suter provided the work group a quick refresher on Gate and Ladder methodology so they will be prepared to discuss Year 2 adjustments at the next work group meeting.
 - An optional data meeting was held on October 24 where HCI3 lead the group through a more in-depth look at the Episodes data book. The work group was invited to provide comments on areas of future analysis and specific topics that they found interesting.
- 2) Planned accomplishments for next month/future :
 - The work group will further discuss and decide on Year 2 Gate and Ladder methodology for Medicaid ACOs.
 - An analysis of the Episodes of Care data will be presented by Brandeis at the December meeting. The analysis will look at areas of greatest improvement and variation within the state.
- 3) Issues/risks that need to be addressed :
- 4) Other matters :

VT Health Care Innovation Project

Population Health Work Group Status Report

Date: November 10, 2014

Co-Chairs: Tracy Dolan & Karen Hein.

Staff: Heidi Klein

1. WG Project updates this month:

The PHWG invited Rob Houston from the Center for Health Care Strategies to share the exploration of a Totally Accountable Care Organization (TACO). VT has been participating in a Learning Collaborative convened by the Center for Health Care Strategies (CHCS) to address this very issue. Rob Houston provided an overview of a Totally Accountable Health Community (TACO) – an aspirational model developed through a recent learning collaborative. TACOs would integrate health and social services and pay for them through a global payment mechanism. Specifically, this model includes the following features:

- Integration of physical and behavioral services, LTSS, social services and public health
- Fully accountable to a geographic area
- Involve all payers
- Financed through global capitation ties to a broad set of health outcomes.

The Population Health Work Group then discussed what is already in place in VT that would enable development of a TACO and how this theoretical model aligns with the population health and prevention frameworks we have adopted.

2. Planned accomplishments for the next month/future:

- a. Continue to reach out to other Working Groups regarding shared priorities
 - i. CMCM -- the communities identified for the learning collaborative are the some of the leaders in integrating clinical care with population health and prevention efforts. We hope to continue to work at the staff level and member



level to leverage integration of efforts

- ii. Payment Models – we look forward to hearing from this work group so we can figure out how to integrate population health

- b. Continue connections with other SIM states, CMMI and CDC

- i. Karen Hein and Heidi Klein will participate in the new Population Health Learning Cluster organized by the National Academy of State Health Policy

- c. Startup of Prevention Institute contract?

- d. Finalize workplan and outline for population health plan?

3. Issues/risks that need to be addressed:

- a. Shared frameworks

At the recent VHCIP day-long retreat there appeared to be significant interest in the work of the PHWG however it was clear that many of the leaders in the project do not share the same definition of population health and remain unfamiliar with the frameworks adopted by the Population Health Work Group. It will be important to continue to find avenues for sharing these frameworks and to seek feedback and adoption by others.

- b. Innovation Models

There is the risk that the payment and care models being tested will not include the population health frameworks adopted by the PHWG. Conversely, there is the risk that the PHWG exploration of Accountable Health Communities is not sufficiently connected to the models being tested. The Prevention Institute has been tasked with exploring existing building blocks (e.g. Blueprint and ACOs) but not with the emerging models.

- c. Alignment of resources and expectations

CMS with the assistance of CDC is increasing the expectations for population health in VHCIP but the workgroup leadership is not clear on the resources that will be available to meet these new expectations.

4. Other issues:

5.

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

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

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

Meeting held on October 27.

Updates were provided for following ongoing items:

- Year 2 ACO Shared Savings Program Measures Review Process: The GMCB approved the Core Team recommendations for the Year 2 Commercial measure set; the final Year 2 Medicaid and Commercial sets mirror the QPM Work Group's recommendations, except for promoting Pediatric Weight Assessment and Counseling from Reporting to Payment, and promoting Avoidable ED Visits from Monitoring & Evaluation to Reporting. The GMCB is taking public comment on whether there should be a hiatus on shared savings program measure changes for Year 3.
- Processes for Reviewing Targets and Benchmarks, and the Gate and Ladder Methodology: The processes for reviewing targets, benchmarks, and the gate and ladder methodology will be discussed further at the November meeting. The Payment Models Work Group will begin the discussion, and may solicit QPM Work Group input.

The work group received presentations on ACO improvement efforts related to Medicare and Vermont Commercial/Medicaid Shared Savings Program measures from Healthfirst and CHAC. OneCare Vermont will provide a similar presentation at the November meeting.

The work group received a revised work plan based on comments received at the September meeting. This revised work plan will be discussed at the next meeting.

Work group members were asked to think about what they might like to see in the SSP measure reporting templates, and how the data should be presented for various audiences. Staff and Co-Chairs will present the group with draft templates from the Analytics Contractor for discussion at an upcoming meeting.

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

- VITL will present the gap analysis (capacity to use electronic data collection for clinical quality measures) at the November Work Group meeting.
- OneCare Vermont will provide a presentation on quality improvement efforts related to measures at the November Work Group meeting.
- Lewin, the GMCB analytics contractor, may be able to report preliminary Year 1 results for claims based measures in November for the Medicaid and commercial SSPs.
- Lewin may also provide draft template for reporting measure results, for the Work Group's review.
- The work group will discuss Year 2 targets and benchmarks. If requested, the Work Group will develop recommendations for Year 2 Gate & Ladder levels for the Payment Models Work Group's consideration.
- The revised work plan will be reviewed and voted upon.

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

There continues to be a delay in finalizing performance targets and benchmarks for Year 2 Payment measures. This issue is justified by the fact that Year 1 measure results will not be available until the 3rd quarter of 2015, and is mitigated by the fact that Year 2 measure results won't be available until the 3rd quarter of 2016.

4) **Other matters:**

Within the next several quarters, the work group may have the opportunity to provide input on the definition of "meaningful improvement" as it applies to quality performance in the GMCB-approved commercial Shared Savings Program standards.

Within the next several quarters, the Work Group may be called upon to recommend measures for other payment models (e.g., episodes of care, global budgets associated with an all-payer waiver).

VT Health Care Innovation Project Work Force Work Group Status Report October 2014

1) Work Group Project updates this month:

- The Health Care Workforce Work Group received a report on Long Term Care from the Long Term Care subcommittee that was created earlier this year. The report was presented to the work group by Brendan Hogan and Stuart Schurr. This report outlined the importance and existence of direct care workers in the State, the various settings in which direct care workers are found and the recommendations of the subcommittee to the larger work group found below.
 - Explore licensure and/or certification for DCWs as a way to create minimum, standard training requirements for DCWs
 - Explore options to pay for training, such as Medicaid billing or WET funds from the Department of Labor or other funding sources
 - Develop a comprehensive, standardized direct care worker training curriculum that reflects the preferences of the people receiving the services from direct care workers, meets the needs of specialized populations, and work toward statewide implementation. If possible, resolve any Fair Labor Standard Act implementation challenges when planning for direct care worker training
 - Identify existing promising practices in DCW training and ways to expand those practices
 - Include DCWs in any workforce demand microsimulation model developed by the State and have this subcommittee work with state staff and the micro-simulation contractor to provide context and content to help the vendor better understand the current and future demand for DCWs in Vermont.
- The work group also discussed updating the Strategic Plan in the coming months. Several stakeholders felt the need to start over fresh with an outside consultant while others felt the existing plan was strong enough to build upon. The decision regarding updating the Strategic Plan was postponed until the December meeting.
- The demand modeling RFP is being finalized by the Department of Labor with the aim of beginning work in January.
- The work group's planning team has finalized preparations for the 2014 Health Care Workforce Symposium. The event will be held from 8am-1pm on November 10, 2014 at the Sheraton in Burlington. The symposium will include a keynote address and two moderated panels, with question-and-answer sessions after all

talks. The symposium will hit on several past, present and future topics of healthcare workforce issues in Vermont.

2) Planned accomplishments for next month/future :

- The next meeting will include an update from the Office of Professional Regulation.
- The Care Models/Care Management, Payment Models, and Population Health work groups have all been invited to provide an update to this workgroup.

3) Issues/risks that need to be addressed :

- The group will explore the issue of transparency laws around professional relicensure data and surveys.

4) Other matters :