



**VHCIP Project Status Reports
Practice Transformation Focus Area
August 2016**

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Focus Area: Practice Transformation

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Project: Learning Collaboratives

Project Summary: The Integrated Communities Care Management Learning Collaborative is a health service area-level rapid cycle quality improvement initiative. It is based on the Plan-Do-Study-Act (PDSA) quality improvement model, and features in-person learning sessions, webinars, implementation support, and testing of key interventions. The Collaborative initially focuses on improved cross-organization care management for at-risk populations; however, the ultimate goal is to develop this approach population-wide. These efforts mirror the Triple Aim and Vermont's Health Care Reform goals.

Project Timeline and Key Facts:

- November 2014 – Kick-off webinar for Round 1 communities (3 communities total).
- January 2015 – First in-person learning session held with ~90 people in attendance, featuring national experts from the Camden Coalition of Healthcare Providers.
- February-December 2015 – Alternating monthly webinars and in-person learning sessions for Round 1 communities.
- April 2015 – Proposed expansion of the Learning Collaborative to additional communities.
- July 2015 – Kick-off webinar for Round 2 communities (8 additional communities).
- November 2015 – Second in-person learning session for Round 2 communities.
- October 2015-September 2016 – Alternating monthly webinars and in-person learning sessions for Round 2.
- October-December 2016 – Transition collaborative to post-SIM structure with embedded leadership at the community level.

Status Update/Progress Toward Milestones and Goals:

- 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, Agency of Human Services, 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 29, 2015, where discussion of additional needs and sustainability within communities occurred.
- An additional cohort of 8 communities joined the Learning Collaborative, with the first in-person learning sessions occurring in November 2015. May 2016 learning sessions were conducted with a focus on maintaining the continuity of care and sustaining the intervention over time. Learning sessions with expert faculty member Terrence O'Malley, MD, Internist and Geriatrician, will be held on September 6th and 7th with a focus on 'Keeping the Shared Plan of Care Alive Under Dynamic and Challenging Situations'. Specific sessions will include "where the person is in the system of care: identifying and prioritizing common transitions in care", "determining information each team member needs during a transition of care", and "using electronic tools to facilitate the connected care community".
- The Learning Collaborative toolkit has been completed and is publicly posted to the Blueprint for Health website, and will be posted to the VHCIP website as well. The toolkit will be reviewed and updated on a quarterly basis through 2016 (and on an ad hoc basis in the future) to ensure incorporation of new tools, improvements to existing tools, and alignment with ACO tools and trainings.

Milestones:

Performance Period 1:

1. Provide quality improvement and care transformation support to a variety of stakeholders.
2. Procure learning collaborative and provider technical assistance contractor.

Performance Period 1 Carryover: Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15:

1. Convene communities in-person and via webinar alternating format each month for 12 months.
2. Assess impact of Learning Collaborative monthly.
3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.

Performance Period 2: Offer at least two cohorts of Learning Collaboratives to 3-6 communities:

1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.
2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.

Performance Period 3:

1. Target: 400 Vermont providers have participated in Learning Collaborative activities (including Integrated Communities Care Management Learning Collaborative or Core Competency Trainings) by 12/31/16. (*Baseline as of December 2015: 200*)
2. Report on program effectiveness to Steering Committee and Core Team by 12/31/16.
3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 6/30/17.

Metrics:

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]

Additional Goals:

- # Lives Impacted: 215
- # Participating Providers: Approximately 200 (70-80 per cohort)

Key Documents:

- [Learning Collaborative Webpage](#)

State of Vermont Lead(s): Pat Jones, Erin Flynn

Contractors Supporting: Nancy Abernathy; Bailit Health Purchasing; Deborah Lisi-Baker; Pacific Health Policy Group; Vermont Program for Quality Health Care. Apparent Awardees for Core Competency Training: Vermont Developmental Disabilities Council; Primary Care Development Corporation.
To view executed contracts, please visit the [VHCIP Contracts](#) page.

Anticipated Risks and Mitigation Strategy:

- There is risk of disruption to communities' momentum and progress as we begin to approach the end of the SIM funding period.
 - Project leadership is developing a transition plan to ensure that an infrastructure exists to support the communities in their work to provide integrated care management to complex individuals. Collaborative staff and leadership are working to create a process for continued work that can be integrated into and adopted by participating communities, without the help of outside resources, so that efforts are self-sustaining. Furthermore, a communication plan is being developed to ensure that communities are aware of this transition, and have a clear message as to how this transition will impact their work on the ground.
- Community participants have identified a potential need to increase understanding of integrated care management amongst certain provider types such as highly specialized physicians.
 - Project leadership is currently exploring tools to increase physician knowledge of and engagement in the Integrated Communities Care Management Learning Collaborative model of care.
- Participants are reporting reform fatigue as they work to implement the interventions of the collaborative, and ultimately move towards an integrated model of care, under the time and resource constraints of the current fee for service billing structure.
 - Key project staff and contractors are working with State and private sector leaders engaged in related initiatives, including the ACH Peer Learning Lab and the Regional Collaborations, to ensure initiatives dovetail and reduce confusion among participating communities. Planning payment reforms intend to better support complex care management.

Focus Area: Practice Transformation

Project: Core Competency Trainings

Project Summary: The Core Competency Training initiative will offer a comprehensive training curriculum to front line staff providing care coordination (including case managers, care coordinators, etc.) from a wide range of medical, social, and community service organizations in communities state-wide. Core curriculum will cover competencies related to care coordination and disability awareness, and will reinforce and expand upon the disability awareness briefs and the Integrated Communities Care Management Learning Collaborative curriculum. Care coordination and care management core competency training includes topics such as: motivational interviewing, health coaching, health literacy, bias, culture and values, communication skills, transitions in care, and principles of team-based care. Training focused on core competencies related to working with individuals with DLTSS needs including topics such as: disability and wellness, person-centered care, universal design/accessibility, cultural competence, transition from pediatric to adult care, sexuality and reproductive health, and trauma-informed care. Additional training opportunities include advanced care coordination training, care coordination training for managers and supervisors, and “train the trainer” training. In total, 36 separate training opportunities will be made available to up to 240 participants state-wide. In order to ensure sustainability of training materials beyond the initial training period, training sessions will be filmed and all materials will be made available in an online format. This project is an offshoot of the Integrated Communities Care Management Learning Collaborative and meets the need identified within that training series.

Project Timeline and Key Facts:

- March 2016 – Day 1 of six-day core training series
- April 2016 – Day 2 of six-day core training series
- May 2016 – Day 3 of six-day core training series
- June 2016 – Day 4 of six-day core training series; Webinar 1
- July 2016 – Day 5 of six-day core training series; webinar 2
- August 2016 – Burlington Section 2 training, Webinar 3
- September 2016 – Day 6 of six-day core training series; Advanced Care Coordination Training
- October 2016 – Care Coordination for Managers and Supervisors Training in 1 central location; Webinar 4
- November 2016 – Train-the-Trainer Training
- December 2016 – Webinar 5

Status Update/Progress Toward Milestones and Goals:

- After a competitive bid review process, two training organizations were selected and contracts executed. Between January and March 2016, Vermont engaged in pre-planning with trainers, curriculum finalization, and planning for training logistics in preparation for the initial March events.
- Between March and September 2016, monthly trainings of the six-day core training series will be held. Day 5 of the six-day core training series was held in three locations (North, Central, South) in July with a focus on transitions in care, the culture of poverty, shared decision making, and professional boundaries and self-care. An additional section of training for the Burlington training site was held on three consecutive days in August. Planning is underway for day 6 of training, which will focus on trauma informed care, adverse childhood events, and the transition from pediatric to adult care.
- Approximately 240 participants from approximately 90 different organizations across the state have been represented at the core competency trainings.
- One webinar was held in July with a focus on domestic and sexual violence, and two were held in August focusing on sexuality and reproductive health of people with disabilities and strategies for working with complex individuals. Three more webinars will be held between September and December. All participant facing materials from the six-day core training series are available on the newly launched VHCCIP website.

Milestones: This work is part of the Learning Collaboratives work stream.

Performance Period 1:

1. Provide quality improvement and care transformation support to a variety of stakeholders.
2. Procure learning collaborative and provider technical assistance contractor.

Performance Period 1 Carryover: Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15:

1. Convene communities in-person and via webinar alternating format each month for 12 months.

2. Assess impact of Learning Collaborative monthly.
3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.

Performance Period 2: Offer at least two cohorts of Learning Collaboratives to 3-6 communities:

1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.
2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.

Performance Period 3:

1. Target: 400 Vermont providers have participated in Learning Collaborative activities (including Integrated Communities Care Management Learning Collaborative or Core Competency Trainings) by 12/31/16. (*Baseline as of December 2015: 200*)
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3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 6/30/17.

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 CORE_Participating Providers_[VT]_[APMH]
 CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:

Participating Providers: Approximately 240 expected

Key Documents:

- [Core Competency Training Materials](#)

State of Vermont Lead(s): Erin Flynn, Pat Jones

Contractors Supporting: Vermont Developmental Disabilities Council, Primary Care Development Corporation.
 To view executed contracts, please visit the [VHCIP Contracts](#) page.

Anticipated Risks and Mitigation Strategy:

- Some normal attendee attrition is expected over the spring and summer months.
 - Registration has been opened up to a broader audience, and staff will continue to promote the training series through the VHCIP website, monthly newsletters, and other forums.
- Project staff are working to ensure that trained trainers are embedded throughout the state in order to support continued availability of training content and curriculum in the future.

Focus Area: Practice Transformation
Project: Sub-Grant Program – Sub-Grants

Project Summary: The VHCIP Provider Sub-Grant Program was launched in 2014 and has provided 14 awards to 12 provider and community-based organizations who are engaged in payment and delivery system transformation. Awards range from small grants to support employer-based wellness programs, to larger grants that support state-wide clinical data collection and improvement programs. The overall investment in this program is nearly \$5 million.

Project Timeline and Key Facts:

- April 2014 – First round of awards made to sub-grantees.
- October 2014 – Second round of awards made to sub-grantees.
- January 2015–December 2016 – Continued implementation. Quarterly progress reports include successes and challenges, progress toward project goals and evaluation updates.
- May 2015 – First sub-grantee symposium held.
- October 2015 – Second sub-grantee symposium held.
- June 2016 – Third sub-grantee symposium held.

Status Update/Progress Toward Milestones and Goals:

- Sub-grantees continue to report on activities and progress, highlighting lessons learned.
- The following sub-grantees completed their projects; final reports are available [here](#).
 - Northeastern Vermont Regional Hospital: The Dual Eligible project combined with the Integrated Communities Care Management Learning Collaborative has helped advance care coordination in the Northeast Kingdom region of Vermont.
 - Bi-State Primary Care Association: The Furthering Community Health Accountable Care project aimed to provide infrastructure support for the Community Health Accountable Care Organization.
 - Rutland Area Visiting Nurse Association & Hospice: The Supportive Care Program was designed to provide better care coordination and outcomes for seriously ill patients in the Rutland area.
 - VMS Foundation: The Pursuing High Value Care for Vermonters project was conceived and implemented with the goals of reducing harm and avoiding unnecessary lab testing and promoting regional integration.
 - Vermont Developmental Disabilities Council: The Inclusive Health Care Partnership Project (IHPP) was a 1-year research project designed to address health disparities among adults with disabilities.

Milestones:

Performance Period 1: Develop technical assistance program for providers implementing payment reforms.

Performance Period 1 Carryover: Continue sub-grant program:

1. Convene sub-grantees at least once by 6/30/15.
2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.

Performance Period 2: Continue sub-grant program:

1. Convene sub-grantees at least once by 6/30/16.
2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.

Performance Period 3:

1. Provide SIM funds to support sub-grantees through 12/31/16.
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.
4. Final report on the sub-grant program developed by Vermont’s self-evaluation contractor by 6/30/17.

Metrics:

CORE_Participating Provider_[VT]_[ACO]_Commercial
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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]

Additional Goals:

Lives Impacted: 336,791

Participating Providers: 14,076

Key Documents:

- [Q2 2016 Sub-Grant Program Project Summaries](#). Previous quarters available on the [Sub-Grant Program Website](#).

State of Vermont Lead(s): Joelle Judge and Georgia Maheras

Contractors Supporting: 12 sub-grantees; University of Massachusetts.

To view executed contracts, please visit the [VHCIP Contracts](#) page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation
Project: Sub-Grant Program – Technical Assistance

Project Summary: The Sub-Grant Technical Assistance program was designed to support the awardees of provider sub-grants in achieving their project goals. VHCIP recognized that while the provider sub-grantees are focused on creating innovative programs to transform their practices and test models of unique care delivery, they require support to develop the necessary infrastructure. The VHCIP initially contracted with five contractors to provide this support; contracts remain in place with three TA providers, listed below

Project Timeline and Key Facts:

- December 2014 – Five contracts awarded to the contractors listed below in order to ensure technical assistance is available to the sub-grantees in a variety of areas.
- January 2015-December 2016 – Three contractors provide ongoing technical support for data analytics, policy development, payment model and care model design, quality measurement identification, financial analysis and actuarial services.

Status Update/Progress Toward Milestones and Goals:

- Sub-grantee technical assistance contracts are executed; contractors are available for technical assistance as requested by sub-grantees and approved by project leadership according to a detailed VHCIP process.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: 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.

Performance Period 2: 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.

Performance Period 3: Provide technical assistance to sub-grantees as requested by sub-grantees through 12/31/16:

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.
3. Final report on the sub-grant program developed by Vermont's self-evaluation contractor by 6/30/17.

Metrics:

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]

Additional Goals:

Lives Impacted: 336,791

Participating Providers: 14,076

Key Documents: See [VHCIP Contracts](#) page for TA contracts, noted below.

State of Vermont Lead(s): Joelle Judge and Georgia Maheras

Contractors Supporting: Bailit Health Purchasing; Policy Integrity; Wakely Actuarial.

To view executed contracts, please visit the [VHCIP Contracts](#) page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation

Project: Regional Collaborations

Project Summary: Within each of Vermont's 14 Health Service Areas, Blueprint for Health and ACO leadership have merged their work groups and chosen to collaborate with stakeholders using a single unified health system initiative (known as a "Regional Collaboration"). Regional Collaborations include medical and non-medical providers (e.g., long-term services and supports providers and community providers), and a shared governance structure with local leadership. These groups focus on reviewing and improving the results of core ACO Shared Savings Program quality measures, supporting the introduction and extension of new service models, and providing guidance for medical home and community health team operations.

Project Timeline and Key Facts:

- November 2014 – Vermont ACO and Blueprint leadership began meeting.
- October 2014-August 2015 – Expanded existing community teams to begin working with leadership to realign existing teams, put governance documentation in place, and re-evaluate and set new community priorities.
- March 2015 – Released plans and implementation documents for Regional Collaboratives.
- June 2015 – Launched Basecamp as an opportunity to share learnings and collaborate in two pilot communities.
- January 2015 – Established three pilot communities through the Integrated Communities Care Management Learning Collaborative as work groups of the Regional Collaborative.
- August 2015 – 12 of 14 communities had a Charter in place and their community's focus areas defined; eight more communities joined the Integrated Communities Care Management Learning Collaborative.
- March 2016 – 13 of 14 communities had a charter in place and 14 of 14 had defined one or more focus areas. A total of 11 communities continue to participate in the Integrated Communities Care Management Learning Collaborative.
- July 2016 – Most recent quality improvement initiatives include projects partnering with local corrections and education officials to reduce opioid abuse in adolescent populations, and partnering with local primary care practices and hospitals to monitor opioid prescribing habits. Promising data is beginning to emerge in long standing projects such as CHF reduction and developmental screening rates, and existing projects such as decreasing ED utilization continue to challenge communities.
- August 2016 – All 14 teams have identified key focus areas, implemented quality improvement projects, and are just beginning to analyze and understand the results of these interventions.

Status Update/Progress Toward Milestones and Goals:

- Regional Collaborations begun in each of the State's 14 Health Service Areas.
- Weekly stakeholder meetings to discuss further development and direction of these Regional Collaborations.
- Regular presentations to VHCCIP work groups on progress in each region highlighting specific case studies from communities seeing positive outcomes on the ground.
- Communities have made great progress in their efforts to establish a shared community-wide governance structure and in working together to define the needs, priorities, and overarching vision for their community.
- Collaborative teams are working to add engaged consumer representation.
- Teams have established protocols for the regular sharing of data profiles from sources such as ACOs and the Blueprint for Health in order to ensure that all quality improvement efforts are data driven and evidence-based.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Establish regional collaborations in health services areas by beginning to develop a Charter, governing body, and decision-making process:

1. Develop Charter, decision-making process, and participants for 6 HSAs by 11/30/15.
2. Require monthly updates from ACOs/Blueprint for Health.

Performance Period 2: Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.

Performance Period 3:

1. Support regional collaborations in 14 HSAs by providing sub-grants to ACOs and other technical assistance resources.
2. Develop a transition plan by 4/30/17 to shift all HSAs to non-SIM resources.
3. Incorporate into Sustainability Plan by 6/30/17.

Metrics:

CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
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CORE_Participating Providers_[VT]_[EOC]
CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:

Lives Impacted: TBD

Participating Providers: TBD

Key Documents:

State of Vermont Lead(s): Jenney Samuelson

Contractors Supporting: Bi-State Primary Care Association/Community Health Accountable Care; Pacific Health Policy Group; UVM Medical Center/OneCare Vermont.

To view executed contracts, please visit the [VHCIP Contracts](#) page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Practice Transformation
Project: Workforce – Care Management Inventory

Project Summary: In 2014, the Care Models and Care Management (CMCM) Work Group designed and fielded a survey to various organizations engaged in care management, to provide insight into the current landscape of care management activities in Vermont. The survey aims to better understand State specific staffing levels and types of personnel engaged in care management, in addition to the populations being served. The project is complete as of February 2016.

Project Timeline and Key Facts:

- June 2014 – CMCM Work Group designed and fielded care management inventory survey to various stakeholders.
- February 2015 – Results of survey presented to CMCM Work Group.
- February 2016 – Results of survey to be presented to Workforce Work Group, which could use it to predict future supply and demand trends for Vermont’s health care workforce around care management staffing.

Status Update/Progress Toward Milestones and Goals:

- Care Management Inventory Survey was administered in 2014.
- Results were presented to the SIM Care Models & Care Management Work Group in February 2015.
- Results will be presented to the Workforce Work Group in February 2016.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Obtain snapshot of current care management activities, staffing, people served, and challenges:

1. Obtain Draft Report by 3/31/15.
2. Present to 2 work groups by 5/31/15.
3. Final Report due by 9/30/15.

Performance Period 2: N/A

Performance Period 3: N/A

Metrics:

CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
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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]

Additional Goals:

Lives Impacted: N/A

Participating Providers: N/A

Key Documents:

- [Care Management Survey Report](#)

State of Vermont Lead(s): Erin Flynn

Contractors Supporting: Bailit Health Purchasing.

To view executed contracts, please visit the [VHCIP Contracts](#) page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Practice Transformation

Project: Workforce – Demand Data Collection and Analysis

Project Summary: A “micro-simulation” demand model will use Vermont-specific data to identify future workforce needs for the State by inputting various assumptions about care delivery in a high-performing health care system. The selected vendor for this work will create a demand model that identifies ideal workforce needs for Vermont in the future, under various scenarios and parameters.

Project Timeline and Key Facts:

- June 2014 – Health Care Workforce Work Group began discussing the idea of demand modeling to better project future health care demands in Vermont.
- August 2014 – Health Care Workforce Work Group approved Scope of Work for demand modeling RFP.
- Spring 2016 – RFP released in January and closed in March, with five responses. AOA executed a contract with the selected vendor in May and provided data to vendor. AOA and other Vermont staff held kick-off meeting with vendor and provided preliminary data for vendor to begin population projections and model adjustment.
- Q4 2016 – Vendor to prepare and submit final report of demand projections, with input from Vermont stakeholders including the Work Force Work Group.

Status Update/Progress Toward Milestones and Goals:

- AOA executed a contract with IHS for micro-simulation demand-modeling in May 2016.
- AOA provided preliminary data to vendor for model refinement in May 2016.
- Vermont stakeholders began holding monthly meetings with IHS in June 2016 and continue to provide quantitative and qualitative data to vendor for further model refinement.
- IHS ran preliminary demand projections for RN, MD, APRN, and PA professions by different subspecialties and HSAs in June-July 2016. IHS will continue to refine projections for these and additional professions.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval).
2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.

Performance Period 3: Submit Final Demand Projections Report and present findings to Workforce Work Group by 12/31/16.

Metrics:

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CORE_Provider Organizations_[VT]_[APMH]

Additional Goals:

Lives Impacted: N/A

Participating Providers: N/A

Key Documents:

- [Health Care Workforce Work Group Webpage](#)

State of Vermont Lead(s): Amy Coonradt (Mat Barewicz)

Contractors Supporting: IHS Global. To view executed contracts, please visit the [VHCIP Contracts](#) page.

Anticipated Risks and Mitigation Strategy:

- Delays in contract execution have delayed work on this project. The contract is now executed, and provision of preliminary data to vendor occurred in June. Delays are not expected to impact other work streams.

Focus Area: Practice Transformation

Project: Workforce – Supply Data Collection and Analysis

Project Summary: The Office of Professional Regulation and Vermont Department of Health (VDH) work in tandem to assess current and future supply of providers in the state’s health care workforce for health care work force planning purposes, through collection of licensure and relicensure data and the administration of surveys to providers during the licensure/relicensure process. Surveys include key demographic information for providers, and are used for workforce supply assessment and predicting supply trends, as well as informing future iterations of Vermont’s Health Care Workforce Strategic Plan.

Project Timeline and Key Facts:

- January 2015 – Additional FTE hired to assist with survey development/administration and data analysis.
- April 2015 – Health Care Workforce Work Group provided input to VDH regarding report content and formatting.
- October 2015 – Health Care Workforce Work Group received status update on data collection, progress, and schedule of survey administration by provider type.
- February 2016 – VDH proposed forming a sub-group of the Health Care Workforce Work Group and other key subject matter experts. The subgroup will analyze VDH data and provide this analysis to the broader work group, with the goal of informing work group activities.
- June-August 2016 – VDH and other subject matter experts within Work Group conducted “deeper dive” analysis of data on physician assistants and discussed ways of utilizing PAs to increase access to primary care in Vermont. This discussion will continue at subsequent meetings and will include analysis of other primary care professions, in order to further emphasize team-based primary care in the Vermont workforce.

Status Update/Progress Toward Milestones and Goals:

- 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 will report analysis findings to work group on an ongoing basis, beginning in Q3 2015.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan.

Performance Period 2: Continue to 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 4 times between 1/1/15 and 6/30/16.
2. Publish data reports/analyses on website by 12/31/15.
3. Distribute reports/analyses to project stakeholders by 12/31/15.

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 12/31/16.
2. Publish data reports/analyses on website by 6/30/17.
3. Distribute reports/analyses to project stakeholders by 6/30/17.
4. Incorporate into Sustainability Plan by 6/30/17.

Metrics:

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]

Additional Goals:

Lives Impacted: N/A

Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Amy Coonradt

Contractors Supporting: N/A

Anticipated Risks and Mitigation Strategy: None at this time.