VHCIP Project Status Reports
Practice Transformation Focus Area
December 2015

Focus Area: Practice Transformation

<table>
<tr><td colspan="1" align="center">**Focus Area: Practice Transformation**
Project: Learning Collaboratives</td></tr>
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Project Summary: The Integrated Communities Care Management Learning Collaborative is a community (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 first round communities (3 communities total).
- January 2015 – First in-person learning session is 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 first round communities.
- April 2015 – Proposed expansion of the Learning Collaborative to additional communities.
- July 2015 – Kick-off webinar for second round communities (8 additional communities).
- November 2015 – Second in-person learning session for second round communities.
- October 2015-August 2016 – Alternating monthly webinars and in-person learning sessions for second round.

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, 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.
- Two additional cohorts (a total of 8 additional communities) have joined the Learning Collaborative, with the first in-person learning sessions occurring in September 2015.
- An RFP for development of core competency training for front-line care management practitioners was released in September 2015 (a collaboration between VHCIP Care Models & Care Management and DLTSS Work Groups), and apparently successful bidders were notified in December 2015.
- The creation of a Learning Collaborative toolkit is ongoing, anticipated release is the first quarter of 2016. Widespread distribution of this toolkit to program participants will aid in program sustainability.

**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.

**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: 150
   # Participating Providers: Approximately 200 (70-80 per cohort)

Key Documents*:*
   • Learning Collaborative Webpage

State of Vermont Lead(s): Pat Jones

Contractors Supporting: Nancy Abernathey; Bailit Health Purchasing; Deborah Lisi-Baker; Pacific Health Policy Group; Vermont Program for Quality Health Care; TBD – Core Competency Training; TBD – Learning Collaborative Facilitators. To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:
   • There is risk of lost or slowed community momentum when SIM funding and formal Learning Collaborative activities end.
     o Collaborative staff and leadership are working to create a process for continue work that can be integrated into and adopted by participating communities, without the help of outside resources, so that efforts are self-sustaining.

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 funding to 12[1] 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 – Quarterly progress reports due, including successes and challenges, progress toward project goals and evaluation updates.
- May 2015 – First sub-grantee symposium is held.
- October 2015 – Second sub-grantee symposium is held.

Status Update/Progress Toward Milestones and Goals:
- 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 VHCIP project overall.

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.

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: 304,276
    # Participating Providers: 15,334

Key Documents*:*
- Sub-grant Program Project Summaries
- 3rd Quarter 2015 Reports are posted to the VHCIP 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.

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[1] 14 awards were made to 12 organizations.

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.

Metrics*:*
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CORE_Provider Organizations_[VT]_[EOC]
CORE_Participating Providers_[VT]_[APMH]
CORE_Provider Organizations_[VT]_[APMH]

Additional Goals*:* *(this program supports the provider sub-grant program; numbers are as reported above)*
   # Lives Impacted: 304,276
   # Participating Providers: 15,334

Key Documents*:*
- [Contract for Bailit Health Purchasing](#)
- [Contract for Policy Integrity](#)
- [Contract for Wakely](#)

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 workgroups 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 mental health 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 begin meeting.
- October 2014-August 2015 – Expand 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 – Release plans and implementation documents for Regional Collaboratives.
- June 2015 – Launch Basecamp as an opportunity to share learnings and collaborate in two pilot communities.
- January 2015 – Establish three pilot communities through the Integrated Communities Care Management Learning Collaborative as workgroups of the Regional Collaborative.
- August 2015 – 12 of 14 communities have a Charter in place and their community's focus areas defined; eight more communities join the Integrated Communities Care Management Learning Collaborative.
- December 2015 – 13 of 14 communities have a charter in place and 14 of 14 have defined one or more focus areas. A total of 11 communities continue to participate in the Integrated Communities Care Management Learning Collaborative. Additional areas of focus include increasing hospice and palliative care utilization, reducing ED utilization, reducing readmissions, and improving care for people with chronic illness.

Status Update/Progress Toward Milestones and Goals:
- Unified Regional Collaborations begun in each of the State's 14 Health Service Areas.
- Weekly stakeholder meetings to discuss further development and direction of Collaborations.
- Regular presentations to VHCIP work groups on progress in each region.

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.

Metrics*:*
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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.

Project Timeline and Key Facts:
- June 2014 – CMCM work group designs and fields 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 Work Force 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

Metrics:
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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: None at this time.

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 begin discussing the idea of demand modeling to better project future healthcare demands in Vermont.
- August 2014 – Health Care Workforce Work Group approves Scope of Work for demand modeling RFP.
- January 2015-March 2015 – RFP is released in January and closed in March, with five responses.
- October 2015 – DVHA expects to select a contractor for demand modeling work.
- Q1 2016 – DVHA expects to provide data to vendor.

Status Update/Progress Toward Milestones and Goals:
- DVHA expecting to execute a contract with IHS for micro-simulation demand-modeling by 1/15/16. Work is expected to begin in Q1 2016.

**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.

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

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

Contractors Supporting: TBD.

Anticipated Risks and Mitigation Strategy: None at this time.

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 is hired to assist with survey development/administration and data analysis.
- April 2015 – Health Care Workforce Work Group provides input to VDH regarding report content and formatting.
- October 2015 – Health Care Workforce Work Group to hear status update on data collection, progress, and schedule of survey administration by provider type.

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 to 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.

Metrics*:*
CORE_Participating Provider_[VT]_[ACO]_Commercial
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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): Matt Bradstreet (Amy Coonradt)

Contractors Supporting: N/A

Anticipated Risks and Mitigation Strategy: None at this time.