



In 2013, Vermont was awarded a \$45 million State Innovation Models (SIM) grant from the federal Centers for Medicare and Medicaid Innovation (CMMI). The resulting effort, known as the Vermont Health Care Innovation Project (VHCIP), has worked to test innovative payment and delivery system reform models throughout our state.

Vermont's payment and delivery system reforms are designed to help Vermont achieve the Triple Aim of better care, better health, and lower costs. In order to achieve this, we are working to design value-based payment models for all payers, support provider readiness for increased accountability, and improve our health data infrastructure to enable timely information for clinical decision-making and policy-making. Collaboration between the public and private sectors has been a hallmark of our activities; we are creating commitment to change and synergy between public and private cultures, policies, and behaviors.

VHCIP's work has spanned in five focus areas: **Payment Model Design and Implementation, Practice Transformation, Health Data Infrastructure, Evaluation, and Project Management.**

**Payment Model Design and Implementation:** Supporting creation and implementation of value-based payments for providers in Vermont across all payers.

VHCIP's payment model design activities have been performed on a multi-payer basis as much as possible. Payment model design and implementation activities have included:

- *Medicaid and Commercial Shared Savings ACO Programs*
- *Pay-for-Performance*
- *Prospective Payment Systems*
- *Capitation*

These payment models have been designed to meet providers where they are, whether they are ready to assume financial risk or need additional readiness supports. They are also designed to ensure that the payers can operationalize the new structures and the State can evaluate each program. By establishing a path for all providers, we are phasing in reforms broadly, but responsibly.

Building off of the successful launch of our patient-centered medical home efforts (the Blueprint for Health program), Vermont launched Medicaid and commercial Shared Savings ACO Programs in 2014. Nearly 60% of Vermonters were participants in these two programs, which aligned with the Medicare Shared Savings ACO Program. The three ACOs that participated in these programs included the majority of Vermont's health care providers—including many of our long-term services and supports and mental health providers. The commercial Shared Savings ACO Program continues in 2017.

In October 2016, Vermont reached agreement with CMS on an All-Payer Model. The Vermont All-Payer ACO Model is an agreement between the state and the federal government on a sustainable rate of growth for health care spending in that state; it includes strict quality and performance measurement and is intentionally aligned with Vermont's Global Commitment for Health 1115 waiver renewal. It builds on the reforms and infrastructure developed and piloted under VHCIP and will be the next big step forward in Vermont's health system transformation. A contract between the State

and OneCare Vermont to launch a risk-bearing Medicaid ACO under a Vermont Medicaid Next Generation program, signed in February 2017 for a pilot performance period of calendar year 2017, is the first step of All-Payer Model Implementation.

**Practice Transformation: Enabling provider readiness and encouraging practice transformation.**

VHCIP's care delivery 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. Two areas of significant success within this work stream include the Integrated Communities Care Management Learning Collaborative and our Sub-Grant Program.

The Integrated Communities Care Management Learning Collaborative, launched in late 2014, sought to improve care and reduce fragmentation for at-risk Vermonters and their families by enhancing integrated care management across multi-organizational teams of health and human services providers. The first cohort of the Learning Collaborative included three communities and 90 providers, and the initiative expanded to add two new cohorts with teams of health care and service providers from 8 additional interested communities in the state. The Learning Collaborative utilized a Plan-Do-Study-Act quality improvement model punctuated with periodic in-person and virtual learning sessions. The program is evaluating whether these interventions improve coordination of care and services.

In addition, VHCIP invested nearly \$5 million over 3 years in a Sub-Grant Program to support provider-level innovation. The Sub-Grant Program supported over 15,000 Vermont providers in transforming care delivery models and impacted over 300,000 Vermonters from all over the state. The program acted as a testing ground for provider-led change, with most projects driven by provider practices and collaborations.

**Health Data Infrastructure: Supporting provider, payer, and State readiness to participate in alternative payment models.**

VHCIP's health data infrastructure development activities have supported the development of clinical, claims, and survey data systems needed to support implementation of alternative payment models. VHCIP 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. VHCIP is also working to strengthen Vermont's data infrastructure to support interoperability of claims and clinical data and predictive analytics.

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

**Evaluation: Ongoing evaluation of investments and policy decisions.**

All VHCIP efforts are evaluated to ensure they are supporting positive outcomes for Vermont, including its residents, payers, and providers. Evaluations occur by program, by population, and by region to ensure that we are not inadvertently causing unintended consequences, and to support dissemination of lessons learned quickly and expand use of best practices.

**Project Management: Support for all VHCIP activities.**

VHCIP activities are supported by staff and contractors who ensure the project is organized, has sufficient resources, and is able to meet all goals and milestones.

# VHCIP Project Status Reports

## February 2017

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## Focus Area: Milestones Supporting CMMI Requirements

### Focus Area: Milestones Supporting CMMI Requirements

#### Project: Population Health Plan

**Project Summary:** The Population Health Plan proposes a strategic pathway forward to systematically connect integrated care management efforts with community-wide prevention strategies to improve population health outcomes, building on Vermont's existing State Health Improvement Plan. The plan builds on the work of the Population Health Work Group. It outlines principles for integrating population health and prevention into broader health reform efforts and identifies policy levers and options to support population health integration. The Population Health Plan is a required deliverable of Vermont's SIM grant. Work to develop the Population Health Plan is ongoing; it will be completed by the end of Performance Period 3.

#### Project Timeline and Key Facts:

- 2014 – Developed definition of population health and came to consensus on core concepts.
- 2015 – Developed Population Health Plan outline with support from SIM TA (CDC/CHCS) and contractors.
- January-June 2016 – Finalized Population Health Plan outline with Population Health Work Group input; collected and organized materials on population health measures, payment models, care models, and financing mechanisms. In June 2016, a contractor was engaged to support Population Health Plan writing.
- July-November 2016 – Draft Population Health Plan developed. A draft of the Population Health Plan was released to all VHCIP stakeholders for public comment on September 27 and presented to each VHCIP work group in October. A revised draft was presented to the Core Team in November.
- December 2016-June 2017 – Finalize Population Health Plan: Core Team approval, and submission to CMMI.

#### Status Update/Progress Toward Milestones and Goals:

- During 2014 and 2015, the Population Health Work Group and staff developed a definition of population health, came to consensus on core concepts, and developed key documents to communicate core concepts.
- In 2015, project staff developed a rough outline for the Population Health Plan with technical assistance support from CDC and CHCS. This outline was refined in the first half of 2016 with input from the Population Health Work Group and other VHCIP work groups.
- In late 2015, DVHA released an RFP seeking support for writing the Population Health Plan; a contract was executed in June 2016 with a start date of July 1, 2016.
- Project staff and contractors worked during July-September 2016 to draft the Population Health Plan. A draft was distributed to all VHCIP stakeholders on September 27, and was reviewed by VHCIP work groups and the Steering Committee in October 2016. A revised draft was discussed by the Core Team in November. The Core Team voted to endorse the draft Population Health Plan; vetting and editing will continue through Spring 2017.

#### Milestones:

*Performance Period 1:* N/A

*Performance Period 1 Carryover:* N/A

*Performance Period 2:* Finalize Population Health Plan outline by 6/30/16.

*Performance Period 3:* Finalize Population Health Plan by 6/30/17.

**Metrics:** There is no quarterly reporting associated with this project.

#### Additional Goals:

*# Lives Impacted:* N/A

*# Participating Providers:* N/A

#### Key Documents:

- [Population Health Work Group Essential Resources](#)
- [Population Health Integration in the Vermont Health Care Innovation Project](#)
- [ACOs, TACOs and Accountable Communities for Health](#)
- [Draft Population Health Plan \(Revised based on Public Comment – November 2016\)](#)

**State of Vermont Lead(s):** Georgia Maheras, Heidi Klein

**Contractors Supporting:** James Hester; Vermont Public Health Association.

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

**Anticipated Risks and Mitigation Strategy:** None at this time.

## Focus Area: Milestones Supporting CMMI Requirements

### Project: Sustainability Plan

**Project Summary:** The Sustainability Plan is a required deliverable of Vermont's SIM grant, and builds on ongoing conversations between State leadership, project stakeholders, and CMMI. Vermont's high-level sustainability strategy is to sustain any contract support and personnel using model savings and through re-deployment of vacant positions and changes in contractor scope that may be no longer needed given new models of provider oversight and financing. During Performance Period 3, Vermont is undertaking additional detailed planning with State and private sector partners around activities that will be supported after the end of our SIM testing period. The Plan will be completed by the end of Performance Period 3.

#### Project Timeline and Key Facts:

- 2015 – Basic sustainability strategy developed.
- January-June 2016 – Finalized Sustainability Plan strategy and engaged contractor to support Sustainability Plan development.
- July-October 2016 – Draft Sustainability Plan development.
- September-December 2016 – Sustainability Planning Sub-Group convened to inform draft Sustainability Plan.
- November-December 2016 – Present draft Sustainability Plan to VHCIP work groups for feedback.
- December 2016-June 2017 – Finalize Sustainability Plan: Core Team approval, and submission to CMMI.

#### Status Update/Progress Toward Milestones and Goals:

- During 2015, project leadership developed a high-level sustainability strategy and began project-level sustainability planning.
- In March 2016, Vermont released an RFP seeking contractor support for sustainability planning and development of the Sustainability Plan document. A contractor was selected and a contract executed in June 2016; the contractor began work in July.
- Vermont convened the VHCIP Sustainability Planning Sub-Group, a working group of private sector stakeholders, in August 2016. Feedback from this group and a group of high-level State leadership informs the draft Plan.
- Project staff and contractors worked during September-October 2016 to draft the Sustainability Plan. A draft was distributed to all VHCIP stakeholders in early November, and was reviewed and discussed by VHCIP work groups and the Steering Committee in November and December 2016. The draft Sustainability Plan and stakeholder comments to date were discussed by the Core Team in December.
- Project staff and contractors will work with the Core Team to continue to update and revise the Sustainability Plan in January-June 2017, including adding more detailed financial information about the cost of sustaining each work stream to the Sustainability Plan. The finalized Sustainability Plan will be submitted to CMMI in June 2017, following approval by the Core Team.

#### Milestones:

*Performance Period 1:* N/A

*Performance Period 1 Carryover:* N/A

*Performance Period 2:* Finalize Sustainability Plan outline and procure contractor to support Plan development by 6/30/16.

*Performance Period 3:* Finalize Sustainability Plan by 6/30/17.

**Metrics:** There is no quarterly reporting associated with this project.

#### Additional Goals:

*# Lives Impacted:* N/A

*# Participating Providers:* N/A

#### Key Documents:

**State of Vermont Lead(s):** Georgia Maheras

**Contractors Supporting:** Myers and Stauffer.

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

**Anticipated Risks and Mitigation Strategy:** None at this time.

## Focus Area: Payment Model Design and Implementation

### Focus Area: Payment Model Design and Implementation

#### Project: ACO Shared Savings Programs (SSPs)

**Project Summary:** Modeled closely after the Medicare Shared Savings Program, this alternative payment model for commercial and Medicaid beneficiaries in Vermont was launched in 2014 as a three-year program. Beneficiaries are attributed to one of three accountable care organizations (ACOs) in the State. ACOs must meet quality targets to be eligible to share in any savings. The Medicaid SSP ended after the 2016 performance year (Year 3) and transitioned into the Vermont Medicaid Next Generation (VMCN) ACO Program in four communities for the 2017 Vermont Medicaid Next Generation (VMNG) pilot year (see All-Payer Model status report). The commercial SSP continues with a fourth performance year in 2017.

#### **Project Timeline and Key Facts:**

- January 2014 – Medicaid and commercial SSPs launched.
- July 2014 – ACOs and DVHA started sharing attribution files and claims data.
- August 2014 – ACOs and DVHA began meeting monthly to collaborate around clinical/quality improvement.
- March 2015 – Performance measures, quality benchmarks, and Gate and Ladder methodology reviewed and modified for Year 2.
- August 2015 – DVHA elected not to include additional categories of service in TCOC for Year 3.
- September 2015 – Shared savings/quality performance calculations and results made available for Performance Year 1 of program.
- October 2015 – Results of the SSP Year 1 were presented to the GMCB and VHCIP stakeholders.
- December 2015-January 2016 – VHCIP staff prepared for Year 3 Medicaid SSP SPA negotiations.
- March 2016 – Year 3 Medicaid SSP SPA submitted to CMS.
- June 2016 – Year 3 Medicaid SSP SPA approved by CMS.
- July-September 2016 – DVHA and GMCB staff worked with analytics contractor to prepare quality and financial performance data for Year 2. Preliminary results sent to ACOs/payers for data validation in September.
- October 2016 – Shared savings/quality performance calculations and results made available for Performance Year 2 of program. Results of SSP Year 2 results were presented to VHCIP stakeholders at work group meetings and webinars.
- 2017 – Pilot year of Vermont Medicaid Next Generation ACO Pilot Program; Year 4 of Commercial SSP.

#### **Status Update/Progress Toward Milestones and Goals:**

- Medicaid SSP Year 2 contract negotiations between DVHA and Medicaid SSP ACOs are complete; contract amendments with participating ACOs have been executed.
- Expansion of Total Cost of Care for Year 3 of the Medicaid SSP 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 September 1, 2015.
- In Performance Period 2, the project focused on continued program implementation and evolution of program standards based on cost and quality results from the first performance period of both the Medicaid and commercial SSPs.
- During Performance Period 3, the SSPs targeted additional beneficiaries and focused on expanding the number of Vermonters served in this alternative payment model.
- The commercial SSP did not offer downside risk as originally proposed in Year 3.
- The Vermont Medicaid SSP concluded following the end of Year 3, and DVHA launched a risk-based Vermont Next Generation ACO Pilot Program in four communities for CY2017; the commercial SSP continues with a fourth performance year in CY2017.

#### **Milestones:**

##### Performance Period 1:

1. Implement Medicaid and Commercial ACO SSPs by 1/1/14.
2. Develop ACO model standards: Approved ACO model standards.
3. Produce quarterly and year-end reports for ACO program participants and payers: Evaluation plan developed.
4. Execute Medicaid ACO contracts: Number ACO contracts executed (goal = 2).
5. Execute commercial ACO contracts: Number of commercial ACO contracts executed (goal = 2).

**Performance Period 1 Carryover:** Continue implementation activities in support of the 2014 SSP performance year.

1. Continue implementation activities in support of the initial SSP performance period according to the SSP project plan.
2. Modify program standards by 6/30/15 in preparation for subsequent performance periods. Finalize contract amendments for subsequent performance periods.
3. Complete final cost and quality calculations for initial SSP performance period by 9/15/15.
4. Maintain 2 contracts with ACOs Year 1 Medicaid ACO-SSP.
5. Maintain 3 contracts with ACOs Year 1 commercial ACO-SSP.
6. Modify initial quality measures, targets, and benchmarks for Y2 program periods by 6/30/15 (based on stakeholder input and national measure guidelines).
7. Medicaid/commercial program provider participation target: 700  
Medicaid/commercial program beneficiary attribution target: 110,000

**Performance Period 2:** Expand the number of people in the Shared Savings Programs in Performance Period 2 by 6/30/16:

- Medicaid/commercial program provider participation target: 950.
- Medicaid/commercial program beneficiary attribution target: 130,000.

**Performance Period 3:** Programs in Performance Period 3 by 12/31/16:

- Medicaid/commercial program provider participation target: 960. (*Baseline as of December 2015: 940*)
- Medicaid/commercial program beneficiary attribution target: 140,000. (*Baseline as of December 2015: 179,076*)

**Metrics:**

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

**Additional Goals:**

- # Lives Impacted: 167,474 (as of December 2016)
- # Participating Providers: 1,007 (as of December 2016)

**Key Documents:**

- [Shared Savings Program webpage](#)
- [Vermont Medicaid Shared Savings Program: Analyses of Utilization and Expenditure in the 2014 Performance Year](#)
- [Webinar: Vermont's Year 2 Medicaid and Commercial ACO Shared Savings Program Results](#)

**State of Vermont Lead(s):** Amy Coonrad, Pat Jones

**Contractors Supporting:** Bailit Health Purchasing; Bi-State Primary Care Association/Community Health Accountable Care; Burns and Associates; Deborah Lisi-Baker; Healthfirst; Policy Integrity; The Lewin Group; UVM Medical Center/OneCare Vermont; Vermont Medical Society Foundation; Wakely Actuarial.

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

**Anticipated Risks and Mitigation Strategy:** None at this time.



## Focus Area: Payment Model Design and Implementation

### Project: Episodes of Care (EOCs) (Project Complete)

**Project Summary:** From 2014 through early 2016, Vermont worked to develop an episode-based payment model for the Medicaid population which would be implemented to best complement other payment models that are presently in operation in the state. In April 2016, following internal discussion and discussion with CMMI, Vermont's SIM leadership team elected to discontinue this activity.

#### Project Timeline and Key Facts:

- June-December 2014 – HCl3/Brandeis engaged to conduct preliminary analyses of EOCs in Vermont.
- January 2015 – Public-private stakeholder EOC sub-group of the VHCIP Payment Models Work Group launched to discuss the potential for development of episode-based payment models and analytics to support delivery system transformation.
- May 2015 – DVHA staff began Medicaid-specific analysis of potential EOCs, taking into consideration service volume, cost, and overall variation.
- August 2015 – Three EOCs tentatively selected for implementation in July 2016.
- September 2015 – Vendor selected to design Medicaid's episode-based payment model for 2016 launch.
- November 2015 – Pilot episodes brought before the Payment Model Design and Implementation Work Group.
- January 2016 – Following discussions with CMMI, Vermont developed new EOC milestones, below, which limit the number to one EOC.
- April 2016 – Following discussions with CMMI, Vermont elected to discontinue its work to develop an EOCs.

#### Status Update/Progress Toward Milestones and Goals:

- In April 2016, following internal discussion and discussion with CMMI, Vermont's SIM leadership team elected to discontinue this activity due to estimated episode launch date (7/1/17, following the end of Vermont's SIM Model Testing period) and inability to evaluate the model prior to the end of SIM. The initiative had been previously delayed; provider and stakeholder support for this work stream was never fully realized due to significant provider fatigue and concurrent competing payment reform priorities. The State will continue work on IFS program payment models through the Medicaid VBP (Medicaid Pathway) work stream.

#### Milestones:

Performance Period 1: At least 3 episodes launched by 10/2014.

Performance Period 1 Carryover: EOC feasibility analyses:

1. Analyze 20 episodes for potential inclusion in Medicaid EOC program by 7/31/15.
2. Develop implementation plan for EOC program by 7/31/15.
3. Convene stakeholder sub-group at least 6 times by 6/30/15.

Performance Period 2: Research, design, and draft implementation plan for one EOC based off of the IFS program by 6/30/16.

Performance Period 3: N/A

#### Metrics:

CORE\_Beneficiaries impacted\_VT\_[EOC]\_Commercial

CORE\_Beneficiaries impacted\_VT\_[EOC]\_Medicaid

CORE\_Beneficiaries impacted\_VT\_[EOC]\_Medicare

CORE\_Participating Provider\_VT\_[EOC]

CORE\_Participating Organizations\_VT\_[EOC]

CORE\_Payer Participation\_VT]

#### Additional Goals:

# Lives Impacted: 0

# Participating Providers: 0

**Key Documents:** [Episodes of Care Sub-Group Webpage](#)

**State of Vermont Lead(s):** Alicia Cooper

**Contractors Supporting:** Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.



## Focus Area: Payment Model Design and Implementation

### Project: Pay-for-Performance (Blueprint for Health)

**Project Summary:** The Blueprint for Health provides performance payments to advanced primary care practices recognized as patient-centered medical homes (PCMHs), as well as providing multi-disciplinary support services in the form of community health teams (CHTs), a network of self-management support programs, comparative reporting from state-wide data systems, and activities focused on continuous improvement. The Blueprint aims to better integrate care for patients, improve the health of the overall population, and improve control over health care cost by promoting health maintenance, prevention, and care coordination and management. This Status Report is updated quarterly to align with the Blueprint's quarterly reports to CMMI.

#### Project Timeline and Key Facts:

- 2008 – Blueprint model piloted in two Vermont communities.
- 2010 – Vermont selected to participate in CMS' Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration, through which Medicare becomes a participating insurer with the Blueprint, joining commercial insurers and Medicaid in providing financial support for the advanced primary care practices.
- 2011 – The Blueprint expanded and Community Health Teams implemented across the State.
- 2012 – The Blueprint reported that lower health care expenditures for participants offset the payments that insurers made for medical homes and community health teams.
- 2015 – Legislature approved funding to support Blueprint payment changes.
- 2016 – Continue to implement payment and quality measurement changes.
- 2017 – MAPCP Demonstration ends; Blueprint practices, CHTs, and SASH teams will continue to receive Medicare funding through one-time funds included All-Payer Model agreement.

#### Status Update/Progress Toward Milestones and Goals:

- The Blueprint for Health engaged with its Executive Committee, DVHA and AHS leadership, and VHCIP stakeholders in 2015 to discuss modifications to both the Community Health Team (CHT) and Patient-Centered Medical Home (PCMH) payments. Modifications implemented include: shifting payers' CHT payments to reflect current market share (7/1/2015), increasing the base payments to PCMH practices (7/1/2015 for Medicaid, 1/1/2016 for commercial insurers), and adding an incentive payment for regional performance on a composite of select quality measures (1/1/2016). The legislature appropriated \$2.4 million for Medicaid Blueprint payments (both CHT and PCMH) in SFY 2016. Quality measures selected for the performance incentive payment are aligned with Medicaid and commercial SSPs measure sets.
- The Blueprint has reached a point where the program has recruited most of the primary care practices in the state, and the rate of onboarding of new practices has slowed. In 2016, 6 new practices joined, and currently enrolled practices maintained participation. In 2017, it is anticipated that 8 more primary care practices will join the Blueprint.
- Since 2015, the Blueprint has been working to align efforts with ACOs. (See Regional Collaborations)
- 2016 Blueprint Community Health Teams convened local organizations to implement cross-organization care coordination strategies across the state. In 2017, CHTs will sustain and continue to expand the use of care coordination tools and to support ACO care coordination. (See Learning Collaboratives.)
- Medicare began participation in the Blueprint in 2011 through the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration, which ended in December 2016. Medicare will continue to participate in the Blueprint in 2017 through one-time funds included the All-Payer Model agreement; after 2017, funding for the Blueprint will flow through the ACO as part of population-based payments.
- On January 1, 2017, fourteen women's health practices (OB/GYN, family planning and midwifery practices) began participating in the Blueprint Women's Health Initiative.

#### Milestones:

Performance Period 1: Develop Medicaid value-based purchasing plan addressing pay-for-performance initiatives: Medicaid value-based purchasing plan developed.

#### Performance Period 1 Carryover:

1. Design modifications to the Blueprint for Health P4P program – dependent on additional appropriation in state budget.

Modification design completed by 7/1/15 based on Legislative appropriation.

2. Medicaid value-based purchasing case study developed with Integrating Family Services program completed by 6/30/15.

Performance Period 2: Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/15 and enhanced direct payments to Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the legislature).

Performance Period 3:

1. Expand the number of providers and beneficiaries participating in the Blueprint for Health by 6/30/17:

Medicaid/ commercial/ Medicare providers participating in P4P program target: 715. (*Baseline as of December 2015: 706*)

Medicaid/ commercial/ Medicare beneficiaries participating in P4P program target: 310,000. (*Baseline as of December 2015: 309,713*)

2. P4P incorporated into Sustainability Plan by 6/30/17.

**Metrics:**

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]

CORE\_Provider Organizations\_[VT]\_[APMH]

CORE\_Payer Participation\_[VT]

**Additional Goals:**

# Lives Impacted: 307,658 (as of December 2016)

# Participating Providers: 795 providers across 128 participating practices (as of December 2016)

**Key Documents:**

- [Blueprint for Health Webpage](#)

**State of Vermont Lead(s):** Beth Tanzman

**Contractors Supporting:** Non-SIM supported.

**Anticipated Risks and Mitigation Strategy:** None at this time.

## Focus Area: Payment Model Design and Implementation

### Project: Health Home (Hub & Spoke)

**Project Summary:** The Hub and Spoke initiative is a Health Home initiative created under Section 2703 of the Affordable Care Act for Vermont Medicaid beneficiaries with the chronic condition of opioid addiction. The Health Home integrates addictions care into general medical settings and links these settings to specialty addictions treatment programs in a unifying clinical framework. Two payments are used: bundled monthly rate for Hubs and a capacity-based payment for Spokes. This program sits within the Blueprint for Health. This Status Report is updated quarterly to align with the Hub & Spoke program's quarterly reports to CMS.

#### Project Timeline and Key Facts:

- January 2013 – Hub & Spoke implementation began across Vermont.
- July 2013 – Start date of first State Plan Amendment for Health Home.
- January 2014 – Start date of second State Plan Amendment for Health Home.

#### Status Update/Progress Toward Milestones and Goals:

- Vermont is currently assessing and expanding state capacity to collect and report on performance metrics.
- Access to treatment has steadily expanded, from 2,867 Medicaid beneficiaries receiving treatment in January 2013 to 5,858 in January 2017.
- December 2015 baseline for providers prescribing to  $\geq 10$  patients included in Performance Period 3 milestone (below) includes duplicates where providers are prescribing in multiple regions; the de-duplicated count is 67.
- Program implementation and reporting are ongoing.

#### Milestones:

Performance Period 1: Health Homes.

Performance Period 1 Carryover: State-wide program implementation.

1. Implement Health Home according to Health Home State Plan Amendment and federal plan for 2015.
2. Report on program participation to CMMI.

Performance Period 2: Reporting on program's transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.

Performance Period 3:

1. Expand the number of providers and beneficiaries participating in the Health Home program by 6/30/17:  
Number of providers participating in Health Home program target: 75 MDs each prescribing to  $\geq 10$  patients. (*Baseline as of December 2015: 67* \*Note this figure is corrected from previous versions because the previous figure was not de-duplicated)  
Number of beneficiaries participating in Health Home program target: 2,900 Hub + 2,300 Spoke = 5,200 total patients. (*Baseline as of December 2015: 5,179*)
2. Health Home program incorporated into Sustainability Plan by 6/30/17.

#### Metrics:

CORE\_Provider Organizations\_[VT]\_[HH]

CORE\_Participating Providers\_[VT]\_[HH]

#### Additional Goals:

- # Lives Impacted: 5,858 (as of January 2017)
- # Participating Providers: 196 + 5 Hubs (as of January 2017)

#### Key Documents:

- [Blueprint for Health Webpage](#)

**State of Vermont Lead(s):** Beth Tanzman

**Contractors Supporting:** Non-SIM supported.

**Anticipated Risks and Mitigation Strategy:** None at this time.

## Focus Area: Payment Model Design and Implementation

### Project: Accountable Communities for Health

**Project Summary:** This effort seeks to align programs and strategies related to integrated care for individuals and community-wide prevention efforts to improve health outcomes within a geographic community. Phase I of this work (2015) focused on research to further define the Accountable Communities for Health (ACH) model and identify core elements. Phase II brought together multi-disciplinary teams from communities across the state in an Accountable Communities for Health Peer Learning Laboratory, which sought to support participating communities in increasing their capacity and readiness across the nine core elements of the ACH model. The Peer Learning Lab curriculum utilized in-person and distance learning methods to support peer learning, as well as community facilitation to support each community's development. A final report from this project will document findings and lessons learned, and will include recommendations to inform future State decision-making, focusing on what infrastructure and resources are needed at the community/regional level and the State level.

#### Project Timeline and Key Facts:

- Fall 2014 – Population Health Work Group expressed interest in establishing an ACH in Vermont.
- January-June 2015 – ACH Phase I: Research to define ACH model and identify core concepts.
- January-February 2016 – ACH Peer Learning Laboratory soft launch; 10 communities from around Vermont were accepted for participation.
- May 2016 – ACH Peer Learning Laboratory Needs Assessment survey released.
- June 2016 – ACH Peer Learning Laboratory Kick-Off Webinar; In-Person Learning Session #1 (of 3).
- September 2016 – ACH Peer Learning Laboratory In-Person Learning Session #2 (of 3).
- January 2017 – ACH Peer Learning Laboratory In-Person Learning Session #3 (of 3).
- March 2017 – ACH Peer Learning Laboratory final report expected.

#### Status Update/Progress Toward Milestones and Goals:

- The Peer Learning Lab had a soft launch in January 2016 with the release of recruitment materials and an informational webinar. Ten communities were selected to participate in February. A kick-off webinar was held on June 1.
- Three in-person convenings with participating communities were held in June and September 2016, and January 2017. Local facilitation to support communities in developing ACH competencies also began in June and will continue through the conclusion of this phase of work in March 2017.
- Work with the Blueprint for Health, Accountable Care Organizations (ACOs), and other partners to identify opportunities to improve population health through better integration of clinical services, public health programs, and community based services at both the practice and the community levels is ongoing, as are efforts to incorporate Accountable Communities for Health into Vermont's SIM Sustainability Plan.

#### Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Feasibility assessment – research ACH design.

1. Convene stakeholders to discuss ACH concepts at least 3 times to inform report.
2. Produce Accountable Community for Health report by 7/31/15.

Performance Period 2: Feasibility assessment – data analytics:

1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15.
2. Design/creation of ACH learning system for all 14 Vermont Health Service Areas by 1/31/16.
3. Start roll out ACH learning system to at least 3 health service areas by 2/1/16.
4. Research for implementation of a pilot incorporating a payment change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.

Performance Period 3:

1. Continue implementation of ACH learning system (ACH Peer Learning Laboratory) to 10 participating communities.
2. Develop ACH Implementation Plan based on lessons learned from ACH Peer Learning Laboratory by 6/30/17.
3. ACH Implementation Plan incorporated into Sustainability Plan by 6/30/17.

#### Metrics:

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]

**Additional Goals:**

*# Lives Impacted:* TBD

*# Participating Providers:* TBD

**Key Documents:**

- [Integrating Population Health in VHCIP](#)
- [ACO/TACO/ACH](#)
- [Accountable Communities for Health, Opportunities and Recommendations](#)
- [Accountable Communities for Health Peer Learning Laboratory Recruitment Packet](#)

**State of Vermont Lead(s):** Heidi Klein, Sarah Kinsler

**Contractors Supporting:** Bailit Health Purchasing; Burns and Associates; Prevention Institute; Public Health Institute.

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

**Anticipated Risks and Mitigation Strategy:**

- Lack of coordination could result in siloed improvement initiatives across clinical care, social services, and primary prevention.
  - Key project staff and contractors are working with State and private sector leaders engaged in related initiatives, including the Integrated Communities Care Management Learning Collaborative and the Regional Collaborations, to ensure initiatives dovetail and develop a coordinated plan for sustainability that bridges all three of these levels.

**Focus Area: Payment Model Design and Implementation**  
**Project: Prospective Payment System – Home Health (Project Complete)**

**Project Summary:** As a result of stakeholder support in the state, legislation was passed in 2015 requiring that DVHA, in collaboration with the State’s home health agencies, develop a prospective payment system (PPS) for home health payments made by DVHA under traditional Medicaid (exclusive of waivers) to be put in place by July 1, 2016. During their 2016 session, Vermont’s Legislature is considering a delay in implementation of this model until July 1, 2017, at the request of home health providers around the state. In April 2016, after internal discussion and discussion with CMMI, Vermont’s SIM project suspended this effort in response to this change and eliminated this milestone in Performance Period 3.

**Project Timeline and Key Facts:**

- May 2015 – Enabling legislation passed in Vermont’s legislature.
- June 2015 – Planning for Home Health PPS began.
- April 2016 – After internal discussion and discussion with CMMI, Vermont’s SIM project suspended this effort in response to this change and eliminated this milestone in Performance Period 3.

**Status Update/Progress Toward Milestones and Goals:**

- As a result of ongoing collaboration between DVHA and Vermont’s home health agencies, partners reached consensus that the PPS would be comprised of episode-based payments (most likely 60 days in length, similar to Medicare) that will be adjusted for case acuity. DVHA developed five acuity groupings and presented them to the provider association for feedback. Based on that feedback, acuity adjustment factors were finalized and a fiscal impact was developed for each provider.
- DVHA and providers met to review the potential fiscal impact of the model change. Based on results of these analyses, it was agreed that more time was needed to develop an incremental approach to the implementation of the prospective payment system.
- During their 2016 session, Vermont’s Legislature considered a delay in implementation of this model until July 1, 2017, at the request of home health providers around the state. In April 2016, after internal discussion and discussion with CMMI, Vermont’s SIM project suspended this effort in response to this change and eliminated this milestone in Performance Period 3.

**Milestones:**

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15.
2. Design PPS program for home health for launch 7/1/16.

Performance Period 3: N/A

**Metrics:**

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]

**Additional Goals:**

# Lives Impacted: N/A

# Participating Providers: N/A

**Key Documents:**

**State of Vermont Lead(s):** Aaron French

**Contractors Supporting:** N/A

**Anticipated Risks and Mitigation Strategy:** This project is complete.



## Focus Area: Payment Model Design and Implementation

### Project: All-Payer Model

**Project Summary:** The Vermont All-Payer ACO Model builds on existing all-payer payment models to better support and promote a more integrated system of care and a sustainable rate of overall health care cost growth in Vermont. Value-based payments that shift risk on to health care providers and that are aligned across all payers encourage collaboration across the care continuum and can result in better health outcomes for Vermonters. Through the legal authority of the Green Mountain Care Board (GMCB) and facilitated by an All-Payer Accountable Care Organization Model Agreement with CMMI, the state can enable the alignment of commercial payers, Medicaid, and Medicare in an Advanced Alternative Payment Model. Specifically, the State will apply the Next Generation ACO payment model across all payers with modifications, with all-payer rates set by the GMCB to enable the model. The focus on the ACO and existing CMS ACO programming, along with Vermont's strong stakeholder network, SIM investments, and the current SSP program, is a timely and realistic evolution of Vermont's multi-payer reform. Eventually, an integrated ACO and All-Payer Model in Vermont could attract and involve the vast majority of people, payers, and providers.

**Project Timeline and Key Facts:** Vermont staff is engaged in ongoing discussions with CMMI staff.

- 2015 – Achieved alignment with CMMI on term sheet that contains key elements of the APM, including high-level models for rate setting, financial targets, waivers, ACO, and quality and performance measurement.
- 2015-ongoing – Stakeholder outreach and public process to vet term sheet and potential model design.
- November 2015-March 2016 – Further work on all phases of project, including ACO capacity development, rate-setting, and quality measurement methodologies. Begin implementation of functionality required to ensure operational readiness.
- March 15, 2016-January 1, 2017 – Capacity building to prepare for implementation of an APM.
- April 15, 2016 – Reached consensus with CMMI on major elements requiring clearance.
- April-September 2016 – Continued to refine elements necessary for inclusion in an APM agreement.
- September 2016-October 2016 – Agreement with CMMI on APM agreement achieved. Draft agreement publicly released for comment, with GMCB holding meetings and joint public forums on this topic in October. Agreement document and aligned Medicaid 1115 waiver renewal signed at the end of October.
- January 1, 2017-December 31, 2017 – Pilot year for Vermont Medicaid Next Generation (VMNG) ACO program.
- September 2016-January 1, 2018 – Begin model and prepare for first year of financial and quality measure accountability.

#### Status Update/Progress Toward Milestones and Goals:

- Agreement with CMMI:
  - SOV proposed a term sheet to CMMI on January 25, 2016. The term sheet set out the basic outline for a potential all-payer model agreement, including the legal authority of the state to enter into such an agreement, the performance period for the agreement, waivers necessary to facilitate payment change and additional covered services, data sharing, and an evaluation of the demonstration.
  - The stakeholder outreach and public process to vet the term sheet and potential model design began in January 2016, with public meetings at GMCB to discuss the proposed term sheet on January 28 and 29. The hearings were well attended by stakeholders. Concurrently, SOV staff testified before relevant legislative committees to explain the term sheet and prospective model to Vermont's policymakers.
  - Agreement on terms was reached in September 2016. Vermont distributed the draft agreement and companion documents to a broad group of stakeholders on September 28 and held a series of GMCB meetings and joint public forums with the Administration to explain the draft agreement and gather public comment in October. The agreement was signed on October 27. Staff and federal partners also worked together to ensure alignment between the All-Payer Model and Vermont's 1115 Medicaid waiver renewal, also finalized in late October.
- Vermont Medicaid Next Generation ACO Program:
  - On April 7, the State's Medicaid agency published an RFP seeking a contract with a risk-bearing ACO that utilizes a Next Generation payment model in anticipation of the All-Payer Model. Four entities submitted letters of intent, with bids due in early June.
  - Vermont selected OneCare Vermont as the successful bidder. The State performed a readiness review in November-December, and a contract was signed in early February 2017 for a pilot performance period of calendar year 2017.

- In December 2016, Vermont Medicaid conducted a readiness review to ensure that OneCare Vermont was operationally capable of participating in a Medicaid version of the Next Generation ACO program. This included both several weeks of desk audits and a full week of in-person review. OneCare passed the readiness review, with 76% of items complete and a commitment to have 100% of items complete by the end of March 2017.
- Vermont Medicaid and OneCare Vermont signed a contract in February to launch the Vermont Next Generation (VMNG) ACO program for calendar year 2017. The program is aligned with the CMS Next Generation ACO program. It has the following features: nearly 30,000 attributed lives, a payment model aligned with Next Generation Payment Model 4, upside and downside risk for the ACO, quality measures aligned with the APM agreement, and a portion of payment contingent on quality. The contract can be extended up to four additional years.
- The Green Mountain Care Board (GMCB) conducted a *Medicaid Rate Case* where they reviewed the all-inclusive population based payment to be paid by Vermont Medicaid to the ACO OneCare Vermont. This presages the type of review the GMCB will conduct during the performance years 1-5 of the All-Payer Model.
- Staff are working to prepare Medicaid for the All-Payer Model in its role as a payer.
- **ACO Merger:**
  - On May 1, representatives from Community Health Accountable Care (CHAC), Healthfirst/Vermont Collaborative Physicians (VCP), and OneCare Vermont Accountable Care (OneCare) voted unanimously to form a unified ACO (“Vermont Care Organization” (VCO)) by June 1, 2016; VCO will act as an umbrella organization that would create a unified structure to coordinate the work of Accountable Care Organizations in Vermont.
- **All-Payer Model Implementation:**
  - In May 2016, Governor Shumlin signed *An act relating to implementing an all-payer model and oversight of accountable care organizations* into law as Act 113 of 2016. The law tasks the Green Mountain Care Board with formal state regulation of accountable care organizations.
  - The Green Mountain Care Board continues to prepare for All-Payer Model implementation, including developing regulatory oversight and policy development mechanisms. This regulatory capacity building includes creating the framework for reviewing a Medicaid all-inclusive population-based payment to an ACO in 2017 and for all payers beginning in 2018.
  - The Funding Opportunity Announcement for Start-Up Funding in Support of the Vermont All-Payer ACO Model Cooperative Agreement, worth up to \$9.5 million, was released in late November 2016. The State submitted a non-competitive application for these funds in December 2016.
  - In November 2016, the Agency of Human Services released a process by which the State will accept provider applications for Delivery System Reform Investment funds, capacity for which was built into Vermont’s renewed 1115 Medicaid Global Commitment Waiver. The State held an information session and released a webinar regarding this application process in December. The new Administration is reviewing the process by which these investments are made.
- Vermont submitted an application to the CPC+ program on June 8. Vermont submitted this application as a placeholder in case the All-Payer Model does not come to fruition. CMS denied this application on July 28.

**Milestones – All-Payer Model:**

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI.
2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.

Performance Period 3:

1. If negotiations are successful, assist with implementation as provided for in APM agreement through end of SIM grant.
2. Contribute to analytics related to all-payer model implementation design through end of SIM grant.
3. All-Payer Model incorporated into Sustainability Plan by 6/30/17.

**Milestones – State Activities to Support Model Design and Implementation – GMCB:**

Performance Period 1: N/A

Performance Period 1 Carryover: Identify quality measurement alignment opportunities. (in another section previously – the quality section):

1. Review new Blueprint (P4P) measures related to new investments by 7/1/15.

Performance Period 2:

1. Research and planning to identify the components necessary for APM regulatory activities by 6/30/16.
2. Specific regulatory activities and timeline are dependent on discussions with CMMI.

Performance Period 3: N/A (milestones in this category integrated into All-Payer Model for Performance Period 3)

**Metrics:**

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]

**Additional Goals:**

The goal is for the APM to include the maximum, prudent amount of services, providers, and spending. Generally, the APM is based on covered services. The agreement includes Medicare Part A and Part B spending, and their commercial and Medicaid equivalents, in the model. This is the majority of state health care spending. The project also aims for maximum provider participation. Given current ACO participation, there is a significant opportunity to include all hospitals in Vermont along with Dartmouth-Hitchcock Medical Center in New Hampshire. Hospitals employ ~2/3 of physicians in Vermont. Additionally, ACO rosters include many independent doctors and the state’s FQHCs.

**Key Documents:**

**State of Vermont Lead(s):** Michael Costa, Ena Backus

**Contractors Supporting:** Bailit Health Purchasing; Burns and Associates; Health Management Associates.  
To view executed contracts, please visit the [VHCIP Contracts](#) page.

**Anticipated Risks and Mitigation Strategy:**

- The transition to a new federal Administration in January 2017 created risk.
  - The APM agreement was signed in October 2016. Since then, both the state and federal administrations have changed. In Vermont, the Administration has taken specific and timely steps toward implementation. Vermont will work with federal partners to ensure as seamless a transition as possible with respect to the All-Payer Model, acknowledging that some uncertainty is inevitable during this time.

## Focus Area: Payment Model Design and Implementation

### Project: Medicaid Value-Based Purchasing (Medicaid Pathway – Mental Health/Substance Use)<sup>1</sup>

**Project Summary:** The Medicaid Pathway is a companion project to the All-Payer Model that seeks to accelerate payment and delivery system reform for providers and services not initially subject to the proposed financial caps of the All-Payer Model, such as LTSS, mental health, substance use disorder (SUD) services and others. This work stream has focused on mental health and SUD providers, incorporating previous work to assess feasibility of current mental health and SUD spending within the Agency of Human Services. In 2016, the State convened providers from each these sectors along with other key partners to determine how best to serve Vermonters through a more integrated continuum of mental health, SUD, and developmental services.

#### Project Timeline and Key Facts:

- Fall 2015 – Leveraged existing contracts to start feasibility study.
- December 2015 – Implementation plan for presentation and approval by AHS leadership.
- January-March 2016 – Stakeholder group convened and identification of key project tasks completed.
- March-June 2016 – Development of potential payment model and implementation plan with stakeholders.
- July-December 2016 – Operational planning for new payment model with stakeholders.
- January 2017 – Internal planning to refine project focus in line with State goals.

#### Status Update/Progress Toward Milestones and Goals:

- Ongoing meetings with leadership from the Agency of Human Services and members of the provider community.
- In September 2016, an Information Gathering Process was released to solicit feedback on proposed reforms. Four responses were received; and the State released a response to feedback in November 2016.
- In November 2016, a survey was distributed to consumers and advocates; 17 responses were received.
- In December 2016, legislative reports in accordance with Act 113, Sec. 11 and Act 113, Sec. 12 were submitted by the Agency of Human Services to the Senate Committee on Health and Welfare, the House Committee on Health Care, and the House Committee on Human Services.

#### Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2: N/A

Performance Period 3:

1. 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.
2. Other Medicaid VBP Activities: Engage in research and feasibility analysis to support additional Medicaid Value-Based Purchasing activities.

#### Metrics:

CORE\_Beneficiaries impacted\_[VT]\_[ACO]\_Medicaid

CORE\_Participating Provider\_[VT]\_[ACO]\_Medicaid

CORE\_Provider Organizations\_[VT]\_[ACO]\_Medicaid

#### Additional Goals:

# Lives Impacted: N/A

# Participating Providers: N/A

#### Key Documents:

- [Information Gathering Process](#)
- [Information Gathering Process Stakeholder Feedback and State Response – November 2016](#)
- [State of Vermont Goals: Medicaid Pathway – DAs, SSAs, and Preferred Providers – September 2016](#)

**State of Vermont Lead(s):** Georgia Maheras, Selina Hickman

**Contractors Supporting:** Bailit Health Purchasing, Burns and Associates, Pacific Health Policy Group.

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

**Anticipated Risks and Mitigation Strategy:** None at this time.

<sup>1</sup> This work stream consolidates milestones from two previous work streams: Prospective Payment System – Designated Mental Health Agencies and Medicaid Value-Based Purchasing – Mental Health and Substance Abuse.

## Focus Area: Payment Model Design and Implementation

### Project: Medicaid Value-Based Purchasing (Medicaid Pathway – LTSS/Choices for Care)

**Project Summary:** The Medicaid Pathway is a companion project to the All-Payer Model that accelerates payment and delivery system reform for providers and services not initially subject to the proposed financial caps of the All-Payer Model, such as LTSS, mental health, substance use disorder services and others. This work stream focuses on delivery system integration and payment reform with the goal of improving outcomes and quality of care for people who receive long-term services and supports, in particular through Vermont’s Choices for Care program. Choices for Care is a nationally recognized Medicaid program that serves both nursing home residents and those receiving home- and community-based services. Savings from decreased institutional utilization help to fund community-based services for participants who qualify for “nursing home-level of care.” This project has explored value-based payment models to achieve these improvements. The St. Johnsbury pilot completed its research and feasibility analyses in March 2016 (see Status Update below); implementation steps will be identified through the sub-group process.

#### Project Timeline and Key Facts:

- July 2015-December 2015 – Sub-Group convened to research implementation of a St. Johnsbury pilot program.
- January 2016 – Proposed St. Johnsbury project plan presented to VHCIP leadership and stakeholders.
- February-March 2016 – Continued research and feasibility analyses for a potential St. Johnsbury pilot.
- May-December 2016 – LTSS/Choices for Care Medicaid Pathway Subgroup formed. Subgroup is working to identify goals and scope, discuss delivery system and payment models, develop a quality and oversight framework, promote, and oversee pilot project(s), and identify necessary resources and policy changes.
- January 2017 – Internal planning to refine project focus in line with State goals.

#### Status Update/Progress Toward Milestones and Goals:

- Intensive planning and stakeholder engagement began in June 2016.
- Research for one Vermont region, St. Johnsbury, was completed in March 2016.

#### Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2: N/A

Performance Period 3:

1. 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.
2. Other Medicaid VBP Activities: Engage in research and feasibility analysis to support additional Medicaid Value-Based Purchasing activities.

#### Metrics:

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]

#### Additional Goals:

# Lives Impacted: N/A

# Participating Providers: N/A

**Key Documents:** LTSS/CFC Medicaid Pathway Goals, Principles, and Objectives.

**State of Vermont Lead(s):** Bard Hill

**Contractors Supporting:** Bailit Health Purchasing, PHPG

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

#### Anticipated Risks and Mitigation Strategy:

- Changes to the CFC system may require legislative approval.



## Focus Area: Payment Model Design and Implementation

### Project: State Activities to Support Model Design and Implementation – Medicaid

**Project Summary:** For all Medicaid payment models that are designed and implemented as part of Vermont’s State Innovation Model grant activity, there are a number of Medicaid-specific state activities that must occur. These activities ensure that Vermont Medicaid’s SIM-supported activities are in compliance with its Medicaid State Plan and its Medicaid 1115 waiver, and that newly established programs will be monitored for their impact on Medicaid beneficiaries.

#### **Project Timeline and Key Facts:**

- February 2014 – Vermont submitted State Plan Amendment to CMS for Year 1 SSP.
- July 2014 – Established call center for Medicaid beneficiaries with queries or concerns specifically about the SSP.
- July 2014 – Established permissions and protocols to begin monthly data-sharing between Medicaid and ACOs participating in SSP; establish process for tracking ACO and Medicaid compliance with monthly contractual obligations.
- June 2015 – Vermont received State Plan Amendment approval from CMS for Year 1 SSP.
- August 2015 – Vermont submitted State Plan Amendment to CMS for Year 2 SSP.
- September 2015 – Vermont received State Plan Amendment approval from CMS for Year 2 SSP.
- March 2016 – Vermont submitted State Plan Amendment to CMS for Year 3 SSP.
- June 2016 – Vermont received State Plan Amendment approval from CMS for Year 3 SSP.

#### **Status Update/Progress Toward Milestones and Goals:**

- Both Year 1 and 2 SSP State Plan Amendments were approved in 2015; the Year 3 SSP State Plan Amendment was approved in 2016.
- Beneficiary call-center is operational and will continue through program duration.
- ACO data sharing is ongoing.
- Frail Elders project recommendations presented to VHCIP work groups and Steering Committee in June 2016.

#### **Milestones:**

Performance Period 1: N/A

Performance Period 1 Carryover: Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate.

1. Obtain SSP Year 1 State Plan Amendment by 7/31/15.
2. Procure contractor for SSP monitoring and compliance activities by 4/15/15.
3. Procure contractor for data analytics related to value-based purchasing in Medicaid by 9/30/15.
4. Ensure call center services are operational for Medicaid SSP for SSP Year 2.

Performance Period 2: Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate:

1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15.
2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 3/31/15.
3. Create draft SPA documents for Year 1 of the EOC program by 4/1/16.
4. Execute Year 1 and Year 2 commercial and Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan.
5. Develop monitoring and compliance plan for Year 1 EOCs by 6/30/16.
6. Design modifications to existing Integrated Family Services (IFS) Program so it can expand to at least one additional community on 7/1/16.
7. Research and design related to Frail Elders (timeline dependent upon federal contract approval) – final recommendations by 6/30/16.

Performance Period 3: Pursue state plan amendments and other federal approvals as appropriate for each payment model; ensure monitoring and compliance activities are performed:

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 according to the predetermined plan through 6/30/17.

#### **Metrics:**



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

**Additional Goals:**

*# Lives Impacted: N/A*

*# Participating Providers: N/A*

**Key Documents:**

- [Frail Elders Project Website](#)

**State of Vermont Lead(s):** Alicia Cooper

**Contractors Supporting:** Bailit Health Purchasing; Burns and Associates; 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

### Focus Area: Practice Transformation

#### Project: Learning Collaboratives (Project Complete)

**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. The Collaborative has focused on improved cross-organization care management for at-risk populations; however, the ultimate goal is to develop this approach population-wide. The SIM-funded portion of this project is complete as of December 2016.

#### **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.
- September 2016 – Round 1 and Round 2 communities merged for a joint session with a focus on “Keeping the Shared Plan of Care Alive Under Dynamic and Challenging Situations.”
- October-December 2016 – Transition collaborative to post-SIM structure with embedded leadership at the community level, supported by VCO and Blueprint for Health leadership. Continue to identify opportunities for state-wide peer support, sharing and learning to continue.

#### **Status Update/Progress Toward Milestones and Goals:**

- The Learning Collaborative has worked 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 have been convened for at least four in-person learning sessions and multiple webinars, as well as regular local meetings to support work.
- The first cohort of 3 communities joined the Learning Collaborative in November 2014. An additional cohort of 8 communities joined the Learning Collaborative in November 2015.
- 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 an ad hoc basis in the future to ensure incorporation of new tools, improvements to existing tools, and alignment with ACO tools and trainings. A state-wide care coordination toolkit training was held in December for providers across the state.
- Two webinars were conducted in December: “Community Progress with Care Navigator” offered an opportunity for the pilot communities to share their learnings and progress in building upon the workflows of the ICCMLC as they implement Care Navigator; “Addressing State Privacy Concerns to Promote Interoperability” addressed questions and concerns regarding sharing information across care teams.
- Blueprint for Health and VCO staff continue to meet to identify learning opportunities and develop curriculum for 2017 and beyond. An enhanced webpage containing all of the work from this area will be posted on the VHCIP website in early 2017.

#### **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: 311 as of December 2016
- # Participating Providers: Approximately 200 (70-80 per cohort)

**Key Documents:**

- [Learning Collaborative Webpage](#)
- [Integrated Communities Care Management Learning Collaborative Toolkit](#)

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

**Contractors Supporting:** Nancy Abernathey; 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:**

- This project has been transitioned to the local communities with support from the Blueprint for Health and VCO going forward.

## Focus Area: Practice Transformation

### Project: Core Competency Trainings (Project Complete)

**Project Summary:** The Core Competency Training initiative has offered 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 statewide. The curriculum covers 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 has included topics such as: motivational interviewing, health coaching, health literacy, bias, culture and values, communication skills, transitions in care, domestic and sexual violence, working with complex cases, and principles of team-based care. Training focused on core competencies related to working with individuals with DLTSS needs including topics like disability and wellness, person-centered care, universal design/accessibility, facilitating inclusive meetings and trainings, cultural competence, transition from pediatric to adult care, sexuality and reproductive health, and trauma-informed care. Additional training opportunities have included advanced care coordination training for individuals facing challenges with mental health, substance use, or homelessness, care coordination training for managers and supervisors, and “train the trainer” training. In total, 36 separate training opportunities have been made available to up to 240 participants state-wide. In order to ensure sustainability of training materials beyond the initial training period, training sessions have been filmed and all materials are available in an online format. This project is an offshoot of the Integrated Communities Care Management Learning Collaborative; it is complete as of December 2016.

#### **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, Webinars 3 & 4.
- September 2016 – Day 6 of six-day core training series; Advanced Care Coordination Training Workshop.
- October 2016 – Care Coordination for Managers and Supervisors; Webinar 5.
- November 2016 – Train-the-Trainer Training; Webinar 6.
- December 2016 – Webinar 7.

#### **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 were held. Day 6 of the six-day core training series was held in three locations (North, Central, South) in September with a focus on the transition from pediatric to adult care, trauma informed care and Adverse Childhood Events (ACEs). An additional section of training for the Burlington training site was held on three consecutive days in August.
- A two-day Advance Care Coordination Workshop was held in September 2016 with a focus on skills, tools, and strategies with working with complex cases involving mental health disorders, substance use, or homelessness. Planning is currently underway for a one-day workshop for managers and supervisors to offer skills, tools, and strategies for supporting care coordination and disability awareness skills in organizations and staff members.
- A one-day Training for Managers and Supervisors was held in October 2016 with a focus on how to provide effective management and leadership. Specific topics included different care management care delivery models, team based care delivery including inter-disciplinary case conference meetings, working collaboratively with physicians, and providing high quality supervision to prevent staff burnout.
- Approximately 240 participants from approximately 90 different organizations across the state have participated.
- Webinars between July and December focused on: sexuality and reproductive health of people with disabilities; strategies for working with complex individuals; facilitating inclusive meetings and trainings; delivering culturally sensitive care to LGBTQ Vermonters; and on trauma-informed care.

- All participant-facing materials from the six-day core training series are available on the VHCIP website as part of the new practice transformation/learning collaborative/training webpage.

**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*)
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  
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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:**

# Participating Providers: ~240

**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:**

- This project has been transitioned to the local communities and trained trainers with support from the Blueprint for Health and VCO going forward.

## Focus Area: Practice Transformation

### Project: Sub-Grant Program – Sub-Grants (Project Complete)

**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.
- December 2016 – Sub-Grant Program concludes.

#### Status Update/Progress Toward Milestones and Goals:

- All of the sub-grant projects have concluded; final reports are available [here](#).
- Sub-grantees submitted Q4 2016 Quarterly Reports during the month of December, available [here](#).
- Project staff have engaged the evaluation team and the self-evaluation contractor to develop a robust plan for the dissemination of lessons learned.

#### 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  
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: 339,648

# Participating Providers: 14,078

#### Key Documents:

- [Q4 2016 Sub-Grant Program Project Quarterly Reports](#)



- [Sub-Grant Program Website](#)
- [Descriptions of All Sub-Grant Projects](#)

**State of Vermont Lead(s):** 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:** This project is complete.

## Focus Area: Practice Transformation

### Project: Sub-Grant Program – Technical Assistance (Project Complete)

**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:

- The Sub-Grant Program has concluded. Sub-grantee technical assistance contractors were available as requested by sub-grantees and approved by project leadership through the life of the Sub-Grant Program.

#### 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  
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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: 339,648

# Participating Providers: 14,078

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

**State of Vermont Lead(s):** 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:** This project is complete.

## Focus Area: Practice Transformation

### Project: Regional Collaborations

**Project Summary:** Within each of Vermont's 14 Health Service Areas (HSAs), Blueprint for Health and ACO leadership have merged their work groups, collaborating with stakeholders. These Regional Collaborations, also known as Community Collaboratives, 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 key measures and population health indicators, supporting the introduction and extension of new service models, providing guidance for medical home and community health team operations, and community priority-setting. While the Community Collaboratives have been rolled out on a statewide level, each region has been afforded enough local control to collaboratively develop a charter, membership, and culture that works best for their communities. Community Collaboratives build upon existing infrastructure, while avoiding duplication.

#### Project Timeline and Key Facts:

- November 2014 – Vermont ACO and Blueprint leadership began meeting.
- October 2014–August 2015 – Expanded existing community teams began 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.
- August 2015 – 12 of 14 communities had a Charter in place and community focus areas defined; 8 additional communities joined the Integrated Communities Care Management Learning Collaborative.
- March 2016 – 13 of 14 communities had a charter in place; 14 of 14 had defined one or more focus areas.
- November 2016 – All 14 communities have a charter in place and are identifying and initiating quality improvement work based on identified priorities. Many communities are beginning to analyze and understand the results of their interventions. Examples of key focus areas include: the Integrated Communities Care Management Learning Collaborative and the Accountable Communities for Health Peer Learning Lab, transitional care, combating opiate addiction, ED utilization, 30 days all cause readmissions, CHF, COPD, SBIRT, hospice and palliative care utilization, obesity, adolescent well visits, developmental screenings, oral health, unplanned pregnancies, chronic pain and depression. Promising data has emerged in long standing projects such as CHF reduction and developmental screening rates, and existing projects such as decreasing ED utilization continue to challenge communities.
- February 2017 – As select communities across the state have begun participation in the Vermont Next Generation Medicaid ACO program, the implementation of the VMNG payment and care models (including the care coordination model) have become topics of exploration for communities statewide. Many communities are seeking to learn more about the program in anticipation of joining one or more payer programs in 2018.
- Several communities continue to explore the opportunity of leveraging regional collaborations to implement an Accountable Communities for Health model. Key state and ACO leadership will continue to meet to explore ways they can best support communities in this work. (See Accountable Communities for Health Status Report)

#### 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 VHCIP work groups on progress in each region highlighting specific case studies from communities seeing positive early results.
- 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.
- State leadership will continue to support local leadership teams as they continue to mature in structure and decision-making process to ensure readiness for upcoming reforms.
- Work to set common population health indicators, measures, targets, and drivers remains a key focus of Regional Collaboration leadership.

**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\_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:**

- Despite progress made to date, more work is needed to formalize the authority of the Regional Collaboration leadership teams in order to drive priority setting and decision making at a local and regional level. The Blueprint for Health and VCO continue to collaborate to offer support to Regional Collaborations as they work to achieve this goal.

## Focus Area: Practice Transformation

### Project: Workforce – Care Management Inventory (Project Complete)

**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 aimed to better understand staffing levels and types of personnel engaged in care management, as well as the populations being served. The project was completed in February 2016.

#### Project Timeline and Key Facts:

- June 2014 – CMCM Work Group designed and fielded care management inventory survey.
- February 2015 – Results of survey presented to CMCM Work Group.
- February 2016 – Results of survey to be presented to Workforce Work Group to support future discussions of care management workforce supply and demand trends.

#### Status Update/Progress Toward Milestones and Goals:

- Care Management Inventory Survey was administered in 2014.
- Results were presented to the Care Models & Care Management Work Group in February 2015.
- Results were 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  
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:

- [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 is creating 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 –Workforce Work Group began discussing demand modeling to project future health care demands.
- Spring 2016 – RFP released in January 2016. AOA executed a contract with the selected vendor in May and provided preliminary data for vendor to begin population projections and model adjustment.
- November 2016 – Vendor prepared and submitted a draft report of demand projections, with input from Vermont stakeholders including the Workforce Work Group, and refine model and report based on feedback.
- January 2017-February 2017—Vendor updated demand projections with new data sets.

#### **Status Update/Progress Toward Milestones and Goals:**

- 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 projections for RNs, MDs, APRNs, and PAs by subspecialties and HSAs in June-July 2016.
- IHS and Vermont, with input from key stakeholders from the public and private sectors, drafted a prioritized list of demand modeling scenarios to be run through the model in late summer.
- IHS presented a draft report of demand projections and modeling scenarios to Vermont stakeholders at the December Workforce Work Group meeting and will incorporate feedback into model refinements.
- IHS continues to refine its model using the VHCURES dataset, to more accurately reflect the Vermont population.
- IHS continues to incorporate additional demand scenarios into its model and reports.

#### **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:**

CORE\_Participating Provider\_[VT]\_[ACO]\_Commercial  
CORE\_Participating Provider\_[VT]\_[ACO]\_Medicaid  
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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:** IHS Global. To view executed contracts, please visit the [VHCIP Contracts](#) page.

#### **Anticipated Risks and Mitigation Strategy:**

- IHS and state will execute a no-cost extension to accommodate delays in vendor access to VHCURES data.



## 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 workforce 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 at VDH 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 analyzed VDH data and provided this analysis to the broader work group, with the goal of informing work group activities.
- June-October 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. VDH and other subject matter experts also conducted second “deeper dive” analysis of data, focusing on mental health and substance abuse professions in Vermont. This discussion will continue at subsequent meetings.

#### 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 report analytic findings to the work group on an ongoing basis.

#### 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  
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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):** Amy Coonradt

**Contractors Supporting:** N/A

**Anticipated Risks and Mitigation Strategy:** None at this time.

## Focus Area: Health Data Infrastructure

### Focus Area: Health Data Infrastructure

Project: Expand Connectivity to HIE – Gap Analyses (Project Complete)

**Project Summary:** The Gap Analysis is an evaluation of the Electronic Health Record (EHR) system capability of health care organizations, interface ability of the EHR system, and the data transmitted within those interfaces. Conducting the ACO Gap Analysis created a baseline determination of the ability of health care organizations to produce Year 1 Medicare, Medicaid, and commercial Shared Savings ACO Program quality measure data. The Vermont Care Partners (VCP) Gap Analysis evaluated data quality among the 16 Designated and Specialized Service Agencies. Finally, the DLSS Gap Analysis was conducted to review the technical capability of DLSS providers statewide. This work stream is complete as of December 2015.

#### Project Timeline and Key Facts:

- January 2014 – VITL and ACO teams launched Gap Analysis of the ACO Program quality measures.
- July 2014 – Gap Analysis of the ACO Program quality measure data completed.
- September 2014 –DLSS Information Technology Assessment work launched.
- January 2015 – Scope of Work for VCP Gap Analysis finalized.
- February 2015 – Work began for VCP Gap Analysis with introductory meeting with Designated Agencies.
- February 2015 – Draft DLSS Information Technology Assessment Report completed.
- July 2015 – A total of 67 data quality meetings held with DAs & SSAs.
- November 2015 – DLSS Information Technology Assessment Report completed.
- December 2015 – DLSS Information Technology Assessment findings presented to HDI Work Group.

#### Status Update/Progress Toward Milestones and Goals:

- Gap Analysis of ACO Program data quality measures completed in January 2014.
- VITL has conducted numerous data quality interviews with the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs). VITL has also identified that a number of DA and SSA member agencies' structures are decentralized such that they operate as multiple independent agencies. VCP has confirmed the need for full assessments to be conducted at these agencies.
- DLSS Information Technology Assessment Report completed with recommendations on next steps; report has been distributed to stakeholders and findings presented to the HDI Work Group.

#### Milestones:

Performance Period 1: Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers.

Performance Period 1 Carryover: Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers:

1. Complete DLSS technical gap analysis by 9/30/15.
2. Conduct bimonthly SSP quality measure gap analyses for ACO providers.

Performance Period 2: N/A

Performance Period 3: N/A

#### Metrics:

CORE\_Health Info Exchange\_[VT]

#### Additional Goals:

- # Lives Impacted: TBD
- # Participating Providers: 400

#### Key Documents:

- ACO Gap Analysis (Fall 2014)
- [DLSS Information Technology Assessment Report](#) (Fall 2015)

**State of Vermont Lead(s):** Georgia Maheras, Larry Sandage

**Contractors Supporting:** VITL; Vermont Care Partners; H.I.S. Professionals; Bailit.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

## Focus Area: Health Data Infrastructure

### Project: Expand Connectivity to HIE – Gap Remediation

**Project Summary:** The Gap Remediation project addresses gaps in connectivity and clinical data quality of health care organizations to the Health Information Exchange. Gap remediation efforts are focused in three areas: ACO member organizations, Vermont’s 16 Designated Mental Health and Specialized Service Agencies (DAs and SSAs), and Home Health Agencies.

- The ACO Gap Remediation component improves the connectivity for all Vermont Shared Savings Program measures among ACO member organizations. The project includes five deliverables: Interface and Electronic Health Record Installation, Data Analysis, Data Formatting, Terminology Services, and SET Team activities.
- The Vermont Care Partners (VCP) Gap Remediation improves the data quality for Vermont’s DAs and SSAs.
- The DLTSS Gap Remediation effort seeks to increase connectivity and access to client information for Home Health Agencies. This project, approved in January 2016 based on the results of the DLTSS Information Technology Assessment, originally included Area Agencies on Aging in its scope; Area Agencies on Aging are currently excluded from this work due to legal data sharing issues.

Gap Remediation efforts for ACO member organizations and VCP dovetail with the data quality improvement efforts described under the “Improve Quality of Data Flowing into HIE” work stream. The VCP Data Quality and Terminology Services projects are reported under that focus area.

#### **Project Timeline and Key Facts:**

- March 2015 – ACO Gap Remediation work begun by VITL and ACO member organizations; Terminology Services vendor identified by VITL.
- May 2015 – SET Team work completed by VITL and Medicity.
- July 2015 – Gap Remediation work continued, with 95 ADT, VXU, and CCD interfaces in progress.
- October 2015 – Phase II ACO Gap Remediation initially proposed; VCP Gap Remediation proposed.
- January 2016 – Phase I ACO Gap Remediation work completed; VCP Gap Remediation work begun; DLTSS Gap Remediation project to increase connectivity for Home Health Agencies and Area Agencies on Aging approved and planning process begun.
- June 2016 – Home Health Agency connectivity project Phase 1 completed.
- December 2016 – VCP Gap Remediation work completed.
- June 2017 – Home Health Agency connectivity project to be completed.

#### **Status Update/Progress Toward Milestones and Goals:**

- In December 2015, VITL increased the percentage of OneCare Vermont beneficiaries able to be represented in Quality Measure reporting to 64%.
- VITL and VCP proposed additional gap remediation work in Quarter 4 of 2015 for Performance Period 3 and the HDI Work Group approved proposals for gap remediation for the ACO and VCP projects in the November Work Group meeting.
- The HDI Work Group evaluated next steps based on the DLTSS Information Technology Assessment in November 2015, and recommended pursuing connections for Home Health Agencies and Area Agencies on Aging. A revised proposal limited to Home Health Agencies was approved by the Core Team in January 2016. Home Health Agency interface discovery work was completed as of June 2016. VITLAccess onboarding and interface development work has begun in collaboration with the HHAs, State staff, and VITL, and is scheduled for completion in June 2017.
- State and VITL staff collaborated on re-scoping the Home Health Agency interface work. A request has been submitted to extend the work until June 2017, reallocating project funding and defining the deliverables under this project.

#### **Milestones:**

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2: Remediate data gaps that support payment model quality measures, as identified in gap analyses:

1. Remediate 50% of data gaps for SSP quality measures by 12/31/15.
2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.

Performance Period 3:

1. Remediate 65% of ACO SSP measures-related gaps as identified in Fall 2015/Spring 2016 by 6/30/17. (*Baseline as of December 2015: 62%*)
2. Remediate data gaps for LTSS providers according to remediation plan developed in Performance Period 2 by 6/30/17.
3. Incorporate Gap Remediation activities into Sustainability Plan by 6/30/17.

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: TBD

# Participating Providers: TBD

**Key Documents:**

**State of Vermont Lead(s):** Georgia Maheras, Larry Sandage

**Contractors Supporting:** VITL; Vermont Care Partners; H.I.S. Professionals; Pacific Health Policy Group.

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

**Anticipated Risks and Mitigation Strategy:** None at this time.

**Focus Area: Health Data Infrastructure**

**Project: Expand Connectivity to HIE – Data Extracts from HIE (Project Complete)**

**Project Summary:** This project provided a secure data connection from the VHIE to the ACOs analytics vendors for their attributed beneficiaries, and allowed ACOs direct access to timely data feeds for population health analytics. This work stream was completed as of July 2016.

**Project Timeline and Key Facts:**

- March 2014 – OneCare (OCV) Gateway build started.
- February 2015 – Community Health Accountable Care (CHAC) Gateway build started.
- December 2015 – OCV and CHAC Gateways completed.
- January 2016 – Contract with VITL to build Healthfirst Gateway approved.
- July 2016 – Healthfirst Gateway completed.

**Status Update/Progress Toward Milestones and Goals:**

- All three Gateways are completed.

**Milestones:**

*Performance Period 1:* N/A

*Performance Period 1 Carryover:* Completed development of ACO Gateways with OneCare Vermont (OCV) by 3/31/15 and Community Health Accountable Care (CHAC) by 12/31/15 to support transmission of data extracts from the HIE.

*Performance Period 2:* N/A

*Performance Period 3:* N/A

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: TBD

# Participating Providers: TBD

**Key Documents:**

**State of Vermont Lead(s):** Georgia Maheras

**Contractors Supporting:** Vermont Information Technology Leaders.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.



## Focus Area: Health Data Infrastructure

### Project: Improve Quality of Data Flowing into HIE (Project Complete)

**Project Summary:** The Data Quality Improvement Project initially focused on analyzing ACO members' data quality in reference to each of sixteen data elements. The ACO Data Quality efforts were later expanded to improve workflow and data entry in member Electronic Health Record systems, and to include efforts to improve data quality and usability for Designated Agencies (DAs) and Specialized Service Agencies (SSAs). To improve data quality, VITL works directly with providers to recommend data entry and data capture workflow improvements. VITL also performs comprehensive analyses to ensure data elements from each Health Care Organization (HCO) are formatted identically, and works with the HCOs to improve quality and usability through one or more of the following methods: (1) The HCO can change their method of data entry; (2) the HCO's vendor can change their format used to capture data; and (3) a third party could use a terminology service to transform the data. The Terminology Services project, originally initiated as part of the ACO Gap Remediation work, examined clinical data elements and translates those data elements into standardized code sets.

#### **Project Timeline and Key Facts:**

- March 2015 – VITL-ACO Data Quality work began by deploying VITL's eHealth Specialist teams to member organizations for review of Data Quality input and workflow.
- July 2015 – Significant progress made in data quality assessment and initial phases of gap remediation through an existing underlying contract approved in Performance Period 1; additional gap remediation progress in Performance Periods 2 & 3 pending Federal approval of contract amendment.
- January 2016 – Funds to support continued work on the Vermont Care Partners (VCP) Data Quality project approved by the VHCIP Core Team.
- February 2016 – Terminology Services work begun.
- April 2016 – Terminology Services hardware and software implementation complete.
- June 2016 – Terminology Services configuration and training completed.
- September 2016 – Terminology Services second phase approved by the VHCIP Core Team.
- December 2016 – VCP Data Quality work completed.

#### **Status Update/Progress Toward Milestones and Goals:**

- Data quantity and quality improvements resulted in addressing 64% of known data gaps for SSP quality measures.
- Work with VCP, DA/SSA member agencies, and VITL continued through December 2016. VITL worked with DAs to implement the workflow improvements in each agency through the development of a toolkit that provides the necessary documentation, workflows, and answers to specific questions as needed.
- The HDI Work Group approved additional data quality work for the ACO and VCP project in the November 2015 Work Group meeting. This request was approved by the Steering Committee and Core Team in December 2015 and January 2016, respectively.
- VITL provided continued Data Quality services for the Designated Mental Health Agencies (VCP Data Quality project) through workflow support to enable DA staff to improve information collection and standardized data entry of required data elements. Analysis of the data identified areas of improvement, and the data sets were formatted to meet standard data formats for development of consistent and accurate ADT and CCD interfaces.
- Terminology Services implementation will be supported at a future date under another program in 2017.

#### **Milestones:**

##### Performance Period 1: Clinical Data:

1. Medication history and provider portal to query the VHIE by end of 2013.
2. State law requires statewide availability of Blueprint program and its IT infrastructure by October 2013.

##### Performance Period 1 Carryover:

1. Data quality initiatives with the DAs/SSAs:  
Conduct data quality improvement meetings with the DAs/SSAs to focus on the analysis of the current state assessments for each agency: at least 4 meetings per month with DA/SSA leadership and 6 meetings per month with individual DAs/SSAs to review work flow.
2. Access to medication history to support care: 150 medication queries to the VHIE by Vermont providers by 12/31/15.

##### Performance Period 2:

1. Implement terminology services tool to normalize data elements within the VHIE by TBD.
2. 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 30% of ACO attributing practices by 6/30/16.

*Performance Period 3:* 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 7/1/16 and complete workflow improvement by 12/31/16. Report on improvement over baseline by 6/30/17.

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: TBD

# Participating Providers: 977

**Key Documents:**

**State of Vermont Lead(s):** Georgia Maheras, Larry Sandage

**Contractors Supporting:** Behavioral Health Network/Vermont Care Network; Bi-State Primary Care Association/Community Health Accountable Care; H.I.S. Professionals; UVM Medical Center/OneCare Vermont; Vermont Information Technology Leaders.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

**Focus Area: Health Data Infrastructure**  
**Project: Telehealth – Strategic Plan (Project Complete)**

**Project Summary:** Vermont contracted with JBS International to develop a Statewide Telehealth Strategy to guide future investments in this area. The Strategy, developed in collaboration with 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. This project is complete.

**Project Timeline and Key Facts:**

- February 2015 – Project launched.
- March-July 2015 – Vermont Telehealth Steering Committee convened in March 2015 to guide Telehealth Strategy development; the Steering Committee continued to meet through July.
- June 2015 – Contractor presented draft strategy elements to the HIE/HIT Work Group for comments.
- August 2015 – Final Strategy elements approved.
- June-September 2015 – Strategy review and editing.
- September 2015 – Final Strategy document approved by State of Vermont; final Strategy released. The project is complete.

**Status Update/Progress Toward Milestones and Goals:**

- JBS International convened the Vermont Telehealth Steering Committee in March 2015 to guide Telehealth Strategy development. Steering Committee members met biweekly via phone between March and July to come to consensus on a telehealth definition, identify guiding principles for the strategy, review key features on telehealth programs across the country, and develop strategy elements.
- A draft Statewide Telehealth Strategy was submitted to DVHA in June 2015; JBS worked with SOV staff to refine the Strategy between June and September 2015.
- The final strategy elements were approved by the HIE/HIT Work Group, Steering Committee, and Core Team in August 2015.
- The State of Vermont finalized the Strategy in September 2015 and released the final Strategy in mid-September.

**Milestones:**

*Performance Period 1:* N/A

*Performance Period 1 Carryover:* N/A

*Performance Period 2:* Develop Telehealth Strategic Plan by 9/15/15.

*Performance Period 3:* N/A

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: N/A

# Participating Providers: N/A

**Key Documents:**

- [A Statewide Telehealth Strategy for the State of Vermont](#)

**Lead(s):** Sarah Kinsler

**Contractors Supporting:** JBS International.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

## Focus Area: Health Data Infrastructure

### Project: Telehealth – Implementation

**Project Summary:** Vermont is funding pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations. The primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout the State of Vermont. Projects were selected in part based on demonstration of alignment with the health reform efforts currently being implemented as part of Vermont’s SIM project. Project summaries:

- The VNA of Chittenden and Grand Isle Counties is developing its telehealth infrastructure by building connections among providers and enabling the timely sharing of clinical information.
- The Howard Center, a major mental health and substance use disorder treatment provider in the state, is developing an opiate treatment pilot that uses novel technology to facilitate and monitor home-based opiate treatment for some clients.

#### **Project Timeline and Key Facts:**

- August 2015 – Approval of draft RFP scope.
- September 2015 – RFP released.
- November 2015 – Pilot projects selected.
- April and June 2016-June 2017 – Pilot project periods, including wrap-up, evaluation, and reporting.

#### **Status Update/Progress Toward Milestones and Goals:**

- 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. Two pilots were selected in November.
- Contracts executed for two awardees in July 2016. Pilots began in April and June 2016. As of December 2016, both pilot projects are in progress and have made telehealth technology purchases to support their work. One pilot contract has been extended through June 2017 to allow additional time for pilot implementation.

#### **Milestones:**

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

1. Release telehealth program RFP by 9/30/15.
2. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16.

Performance Period 3:

1. Continue telehealth pilot implementation through contract end dates.
2. Incorporate Telehealth Program into Sustainability Plan by 6/30/17.

#### **Metrics:**

CORE\_Health Info Exchange\_[VT]

#### **Additional Goals:**

- # Lives Impacted: TBD
- # Participating Providers: TBD

#### **Key Documents:**

- [A Statewide Telehealth Strategy for the State of Vermont](#)

**Lead(s):** Jim Westrich

**Contractors Supporting:** Howard Center; VNA of Chittenden and Grand Isle Counties.

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

#### **Anticipated Risks and Mitigation Strategy:**

- Delays in bidder selection and contract negotiations have resulted in delayed program launch.
  - The State has worked to limit the impact of this delay by negotiating condensed project timelines. The timeline above reflects delays.

**Focus Area: Health Data Infrastructure**  
**Project: EMR Expansion (Project Complete)**

**Project Summary:** EMR Expansion focused on assisting in the procurement of EMR systems for non-Meaningful Use (MU) providers, focusing on EMR acquisition for five Specialized Service Agencies (SSAs) and Department of Mental Health/State Psychiatric Hospital. This project is complete.

**Project Timeline and Key Facts:**

- January 2015 – EMR acquisition project began with several contractors: VITL, VCP, and ARIS for five Specialized Service Agencies (SSAs).
- January-June 2015 – VITL assisted Vermont’s Department of Mental Health in procuring new EMR solution for State Psychiatric Hospital.
- July 2015 – Vendor selected for SSA EMR acquisition and contract negotiations completed.
- August 2015 – Contract executed for SSA EMR acquisition. The project is complete.
- June 2016 – SSA EMR implementations complete.

**Status Update/Progress Toward Milestones and Goals:**

- EMR acquisition for five Specialized Service Agencies is complete.
- VITL provided technical assistance to the Department of Mental Health to support procurement of the EMR system for the State’s new hospital.

**Milestones:**

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16).
2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.

Performance Period 3: N/A

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

- # Lives Impacted: TBD
- # Participating Providers: TBD

**Key Documents:**

**State of Vermont Lead(s):** Georgia Maheras, Larry Sandage

**Contractors Supporting:** VITL, Vermont Care Partners, ARIS.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

## Focus Area: Health Data Infrastructure

### Project: Data Warehousing

**Project Summary:** The Data Warehousing work stream includes three independent projects: The Vermont Care Partners (VCP) Data Repository project, the Clinical Registry Migration project, and statewide planning to develop a cohesive data warehousing strategy.

- The VCN Data Repository allows the Designated Mental Health Agencies (DAs) and Specialized Service Agencies (SSAs) to send specific data to a centralized data repository. In addition to acting as a centralized repository for DA/SSA data, it is expected that this project will provide VCP members with advanced data analytic capabilities to improve the efficiency and effectiveness of their services, to demonstrate value, and to participate in payment and delivery system reforms.
- The Clinical Registry Migration project moved the Blueprint for Health Clinical Registry from its previous environment to be hosted within VITL's infrastructure.
- Statewide planning activities focus on developing a long-term strategy for data systems to support analytics.

#### **Project Timeline and Key Facts:**

- March 2015 – RFP released for the VCP Data Repository project.
- May 2015 – VCP Data Repository Selection Committee selected preferred vendor.
- September 2015 – VCP Data Repository Vendor contract executed.
- June 2016 – Blueprint Clinical Registry Migration to VITL infrastructure complete.
- July 2016 – VCP Data Repository Phase 1 completed.
- January 2017 – VCP Data Repository Phase 2 in process.
- June 2017 – VCP Data Repository Phase 3 to be completed.

#### **Status Update/Progress Toward Milestones and Goals:**

- VCP Data Repository project work has developed a behavioral health-specific data repository for DAs and SSAs, which will aggregate, analyze, and improve the quality of the data stored within the repository and allow for sharing of data extracts with appropriate entities.
- As of May 2016, the VCP Data Repository project had received 100% of member agency data for CYs 2014 and 2105. The web portal for member agencies is nearly ready for functional testing. A prototype of a dashboard including a Key Performance Indicator (KPI) summary, demographic analyses, service delivery analyses, staff service delivery analyses, and crisis services analyses was prepared for review and feedback. Implementation of this project began in late 2015 and continued through the end of 2016.
- The Blueprint Clinical Registry Migration began in January 2016 with the acquisition of the clinical registry software. The system was migrated in Spring 2016 and successfully went live in June 2016.
- The VHCIP team has convened a team of State stakeholders to discuss strategies for developing data systems to support the State's analytic needs, as well as a group of stakeholders to discuss HIT Data Governance. This group provided proposals to the State's health care and HIT leadership in December 2016.

#### **Milestones:**

*Performance Period 1:* N/A

*Performance Period 1 Carryover:* Prepare to develop infrastructure to support the transmission, aggregation, and data capability of the DAs and SSAs data into a mental health and substance abuse compliant Data Warehouse:

1. Develop data dictionary by 3/31/15.
2. Release RFP by 4/1/15.
3. Execute contract for Data Warehouse by 10/15/15.
4. Design data warehousing solution so that the solution begins implementation by 12/31/15.

*Performance Period 2:*

1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan).
2. Procure clinical registry software by 3/31/16.
3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.

*Performance Period 3:*

1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16.
2. Obtain approval of cohesive strategy for developing data systems to support analytics by 10/31/16.  
Operationalize the approved cohesive strategy for developing data systems to support analytics by 12/31/16.



**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: 35,000

# Participating Providers: 5,000

**Key Documents:**

- Data Repository RFP

**State of Vermont Lead(s):** Georgia Maheras

**Contractors Supporting:** Behavioral Health Network/Vermont Care Network; H.I.S. Professionals; Stone Environmental; Vermont Information Technology Leaders; TBD.

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

**Anticipated Risks and Mitigation Strategy:**

- Work toward the cohesive data warehousing strategy component of the Performance Period 2 milestone was been delayed.
  - The State is currently working with key partners to develop a cohesive strategy; this work is expected to be completed during Performance Period 3.

## Focus Area: Health Data Infrastructure

### Project: Care Management Tools – Shared Care Plan Project (Project Complete)

**Project Summary:** The Shared Care Plan (SCP) project (formerly part of the SCÜP project) originally sought to provide a Shared Care Plan solution to Vermont’s provider organizations. After electing not to pursue a technical Shared Care Plan solution, the project refocused on reviewing and recommending revisions to consent policy and architecture to enable shared care planning in the future.

#### **Project Timeline and Key Facts:**

- April 2015 – Through the Integrated Communities Care Management Learning Collaborative, the need for a technical solution for Shared Care Plans was identified. Universal Transfer Protocol (UTP) and SCP projects are aligned under a single project named SCÜP.
- June 2015 – Discovery on aligned SCÜP project began.
- July-October 2015 – Requirements gathering sessions with multiple communities were performed and initial technical and business requirements drafted. Requirements validated with target communities. Technical Assessments of existing or proposed solutions meeting SCÜP use cases were reviewed for alignment.
- November 2015 – Technical proposal submitted to HDI Work Group by SCÜP team. SCÜP split into two projects (SCP and UTP) due to a difference in proposed solutions.
- December 2015-January 2016 – Continued discovery activities.
- March 2016 – Project staff recommended continued review of consent requirements for Shared Care Plans. A technical solution was not recommended.
- March 2016-December 2016 – Continued review of consent requirements and development of recommendations.

#### **Status Update/Progress Toward Milestones and Goals:**

- Integrated Care Management Learning Collaborative Cohort 1 communities requested shared care planning tools in April 2015.
- Final findings reviewed with HDI Work Group in November 2015 and March 2016. A technical solution was not recommended.
- A project plan to define consent requirements and for discovery work for a consent management system was presented to the HDI Work Group in October 2016. The HDI Work Group requested that additional detail be developed by a subgroup for December 2016.
- The HIE Consent Management Statement of Work was proposed to the HDI Work Group in December 2016. Feedback from the Work Group will be incorporated into any subsequent work in 2017.

#### **Milestones (all Care Coordination Tools work streams):**

Performance Period 1: N/A

Performance Period 1 Carryover:

1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15.
2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.

Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:

1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.

Performance Period 3:

1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.

3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.
4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: N/A

# Participating Providers: N/A

**Key Documents:**

- [Shared Care Plan and Universal Transfer Protocol Final Report](#) (May 2016)

**State of Vermont Lead(s):** Georgia Maheras

**Contractors Supporting:** Bailit Health Purchasing; im21; Vermont Information Technology Leaders.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

## Focus Area: Health Data Infrastructure

### Project: Care Management Tools – Universal Transfer Protocol (Project Complete)

**Project Summary:** The Universal Transfer Protocol (UTP) project (formerly part of the SCÜP project) sought to provide a Universal Transfer Protocol to Vermont’s provider organizations to help providers across the care continuum to exchange critical data that would support a team-based, coordinated model of care, particularly during care transitions. After electing not to pursue a technical UTP solution, this work focused on transforming practice workflows to meet UTP goals in partnership with the Integrated Communities Care Management Learning Collaborative. This project is complete.

#### Project Timeline and Key Facts:

- September 2014 – Contractor im21 began UTP discovery.
- February 2015 – Draft UTP charter and final UTP report submitted.
- April 2015 – Through Learning Collaboratives, the need for a technical solution for Shared Care Plans was identified; UTP and SCP projects aligned under a single project named SCÜP.
- June 2015 – Discovery on aligned SCÜP project began.
- July-October 2015 – Requirements gathering sessions with multiple communities performed and initial technical and business requirements drafted. Requirements validated with target communities. Technical Assessments of existing or proposed solutions meeting SCÜP use cases reviewed for alignment.
- November 2015 – Technical proposal submitted to HDI Work Group by SCÜP team. SCÜP split into two projects (SCP and UTP) due to a difference in proposed solutions.
- March 2016 – Project staff recommended that the UTP project work with the Learning Collaboratives to provide support services to transform practice workflows to support the UTP use case. A technical solution was not recommended.
- September 2016 – Integrated Communities Care Management Learning Collaborative learning session focused on transforming practice workflows to support care transitions and the UTP use case.

#### Status Update/Progress Toward Milestones and Goals:

- Final findings reviewed with HDI Work Group. Project staff recommended that the UTP project work with the Integrated Communities Care Management Learning Collaboratives to provide support services to transform practice workflows to support the UTP use case. The September 2016 learning session for Learning Collaborative communities focused on this topic.

#### Milestones (all Care Coordination Tools work streams):

Performance Period 1: N/A

##### Performance Period 1 Carryover:

1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15.
2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.

Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:

1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.

##### Performance Period 3:

1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.

4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: TBD

# Participating Providers: TBD

**Key Documents:**

- [Shared Care Plan and Universal Transfer Protocol Final Report](#) (May 2016)

**State of Vermont Lead(s):** Georgia Maheras

**Contractors Supporting:** Bailit Health Purchasing; im21; Vermont Information Technology Leaders.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

**Focus Area: Health Data Infrastructure**  
**Project: Care Management Tools – Event Notification System**

**Project Summary:** The Event Notification System (ENS) project has implemented a system to proactively alert participating providers regarding their patient’s medical service encounters. VITL and the Vermont ACOs worked with the State to perform discovery and design of proposed ENS solutions. The selected ENS solution provides admission, discharge, and transfer data to participating providers.

**Project Timeline and Key Facts:**

- July 2014 – VITL began ENS project.
- August 2014-January 2015 – Proof of concept, research, and discovery to support vendor selection.
- September 2015 – Vendor selected.
- March 2016 – Contract approved.
- April 2016 – Project launch.

**Status Update/Progress Toward Milestones and Goals:**

- State of Vermont worked with VITL to procure an Event Notification System.
- Vendor (PatientPing) and VITL have completed implementation of all 15 VITL feeds in PatientPing environment.
- As of January 1, 2017, the ENS service was providing alerts for 95,456 lives, and was continuing to target expansion to all FQHC patients and the VNAs. Additional expansion work is targeted for the DAs/SSAs & SNFs.

**Milestones (all Care Coordination Tools work streams):**

Performance Period 1: N/A

Performance Period 1 Carryover:

1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15.
2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.

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Performance Period 3:

1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.
4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

- # Lives Impacted: 95,456 as of January 2017
- # Participating Providers: TBD

**Key Documents:**

**Lead(s):** Georgia Maheras

**Contractors Supporting:** Vermont Information Technology Leaders, PatientPing.

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

**Anticipated Risks and Mitigation Strategy:** None at this time.



## Focus Area: Health Data Infrastructure

### Project: General Health Data – Data Inventory (Project Complete)

**Project Summary:** Vermont engaged a contractor, Stone Environmental, to complete a statewide health data inventory that will support future health data infrastructure planning. This project built a comprehensive list of health data sources in Vermont, gathered key information about each, and catalogued them in a web-accessible format. The resulting data inventory is a web-based tool that allows users (both within the State and external stakeholders) to find and review comprehensive information relating to the inventoried datasets. This project was completed as of December 2015.

#### Project Timeline and Key Facts:

- November 2014 – Contract executed.
- December 2014 – Project launched.
- January 2015 – Project convened Health Data Inventory Steering Committee to guide work.
- January-May 2015 – Dataset discovery and initial information collection; including key informant interviews.
- April-May 2015 – Dataset prioritization.
- September-November 2015 – Data collection on prioritized datasets, recommendations development.
- November 2015 – Draft report and recommendations submitted and shared with project leadership and HDI Work Group co-chairs for feedback.
- December 2015 – Final recommendations presented to Health Data Infrastructure Work Group; final report submitted to project leadership; final web-accessible inventory launched.

#### Status Update/Progress Toward Milestones and Goals:

- Contractor, working with SOV staff and key stakeholders, identified ~20 high priority datasets for deeper data collection; additional data collection on these prioritized datasets began in May 2015 and ended in September.
- Contractor engaged in research on possible portal framework options, and selected a solution already licensed by the State of Vermont.
- Draft report submitted to contract manager and shared with project leadership and HDI Work Group co-chairs in November 2015.
- Final report submitted and web-accessible inventory launched in December 2015.

#### Milestones:

Performance Period 1: Conduct data inventory.

Performance Period 1 Carryover: Complete data inventory:

1. Draft analysis of health care data sources that support payment and delivery system reforms by 4/15/15.
2. Final data inventory due by 10/31/15.

Performance Period 2: N/A

Performance Period 3: N/A

#### Metrics:

CORE\_Health Info Exchange\_[VT]

#### Additional Goals:

# Lives Impacted: N/A

# Participating Providers: N/A

#### Key Documents:

- [Final Health Data Inventory Report](#)
- [Searchable Health Data Inventory](#)

**State of Vermont Lead(s):** Sarah Kinsler

**Contractors Supporting:** Stone Environmental.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

**Focus Area: Health Data Infrastructure**

**Project: General Health Data – HIE Planning (Project Complete)**

**Project Summary:** The HIE Planning project resulted from a perceived gap in high-level planning and research in local and nationwide best practices for providing a robust, interoperable ability to transmit accurate and current health information throughout the Vermont health care landscape. This project is conducting further research on best practices around improving clinical health data quality and connectivity resulting in recommendations to the HDI Work Group. Additionally, the HDI Work Group has participated on multiple occasions in the 2015 revision of Vermont Health Information Technology Plan, which was released in January 2016.

**Project Timeline and Key Facts:**

- December 2014 – Contractor selected for HIE Planning project.
- April 2015-September 2015 – HIE Planning project contracting process put on hold pending Federal approval.
- October 2015 – HIE Planning work began.
- July 2016 – Connectivity Targets plan presented to HDI Workgroup.

**Status Update/Progress Toward Milestones and Goals:**

- Work is ongoing with contractor support.
- Vermont HIT Plan released in January 2016; the Plan is pending approval at the Green Mountain Care Board.
- Connectivity Targets presented and approved in the October HDI Work Group meeting. In December 2016, the Connectivity Targets were presented to both the Steering and Core Teams. The Steering team provided feedback but did not vote as it lacked a quorum. The Core Team subsequently approved the Connectivity Targets. Additional parameters were requested and will be included in the next version, tentatively scheduled for March 2017.

**Milestones:**

Performance Period 1: Provide input to update of state HIT plan.

Performance Period 1 Carryover: N/A

Performance Period 2:

1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015.
2. HDI Work Group will identify connectivity targets for 2016-2019 by 6/30/16.

Performance Period 3: Finalize connectivity targets for 2016-2019 by 12/31/16. Incorporate targets into Sustainability Plan by 6/30/17.

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

# Lives Impacted: N/A

# Participating Providers: N/A

**Key Documents:**

**State of Vermont Lead(s):** Georgia Maheras, Larry Sandage

**Contractors Supporting:** Stone Environmental.

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

**Additional Supporting Information:** This project is complete.

**Focus Area: Health Data Infrastructure**

Project: General Health Data – Expert Support (Project Complete)

**Project Summary:** This is a companion project to all of the projects within the Health Data Infrastructure focus area. These projects require specific skills to support the State and stakeholders in decision-making and implementation, including IT Enterprise Architects, Business Analysts, and Subject-Matter Experts.

**Project Timeline and Key Facts:**

- Accessed as necessary to support various Health Data Infrastructure projects.

**Status Update/Progress Toward Milestones and Goals:**

- IT-specific support to be engaged as needed.
- Enterprise Architect, Business Analyst and Subject Matter Experts identified.

**Milestones:**

*Performance Period 1:* N/A

*Performance Period 1 Carryover:* N/A

*Performance Period 2:* 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.

*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.

**Metrics:**

CORE\_Health Info Exchange\_[VT]

**Additional Goals:**

- # Lives Impacted: N/A
- # Participating Providers: N/A

**Key Documents:**

**State of Vermont Lead(s):** Georgia Maheras

**Contractors Supporting:** Stone Environmental.

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

**Anticipated Risks and Mitigation Strategy:** This project is complete.

## Focus Area: Evaluation

### Focus Area: Evaluation

Projects: Self-Evaluation Plan and Execution; Surveys; Monitoring and Evaluation Activities within Payment Programs

**Project Summary:** All SIM efforts are evaluated to assess the impacts on Vermont and its residents, payers, and providers. The evaluations occur by program, by population, and by region to ensure there are no unintended consequences and to enable staff to better expand lessons learned quickly. SIM-supported projects and tasks underway in the Evaluation focus area include development and execution of a State-led Evaluation Plan; surveys to measure patient experience and other factors; and monitoring and evaluation activities within payment programs.

#### Project Timeline and Key Facts:

- March 2016 – State-led Evaluation contract executed.
- December 2016 – State-led Site Visit Report due.
- April 2017 – Learning Dissemination Plan due.
- May 2017 – State-led Provider Survey Report due.
- October 2017 – Final State-led Evaluation Report.
- Annually – Patient Experience Survey for P4P and SSPs.
- Annually – Payment program monitoring and evaluation activities according to specified project plans.

#### Status Update/Progress Toward Milestones and Goals:

- Vermont is implementing a mixed-methods study that includes site visits, key informant interviews and provider surveys focused on: care integration, use of clinical and economic data for performance improvement, and payment reform incentives. This includes compiling and synthesizing evaluation data from across VHCIP pilots to inform final evaluation reporting, and creating a learning dissemination plan.
- In January 2017, the evaluator conducted two in-depth comprehensive reviews of state-led evaluation activities with early findings for the SIM leadership team and evaluation steering committee. Survey development to reach both advanced practice professionals as well as professionals involved in care coordination was piloted. Analysis of sub-grant final reports continued. Also in January, a data summit was held to review findings in ACO-level data collected during the first two years of the ACO pilot.
- In February 2017, the provider survey targeting care coordination professionals was fielded. Also in February, aggregation and analyses of data collected to date from SIM-funded pilots continued.
- Monitoring activities include conducting an annual patient experience survey and other surveys as identified in payment model development; analyses of the commercial and Medicaid Shared Savings Programs according to program specifications; and ongoing monitoring and evaluation of payment models by State and contractors.

#### Milestones:

##### Self-Evaluation Plan and Execution

##### Performance Period 1:

1. Procure contractor: Hire through GMCB in Sept 2013.
2. Evaluation (external):
  - Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal=2).
  - Evaluation plan developed.
  - Baseline data identified.

##### Performance Period 1 Carryover:

1. Design Self-Evaluation Plan for submission to CMMI by 6/30/15.
  - a. Elicit stakeholder feedback prior to submission.
2. Once approved by CMMI, engage in Performance Period 1 Carryover activities as identified in the plan.

##### Performance Period 2:

1. Procure new self-evaluation contractor by 2/28/16 to execute contractor-led self-evaluation plan activities.
2. Continue to execute self-evaluation plan using staff and contractor resources.
3. Streamline reporting around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.

Performance Period 3: Execute Self-Evaluation Plan for 2016 and 2017 according to timeline for Performance Period 3 activities.

## **Surveys**

Performance Period 1: N/A

Performance Period 1 Carryover: Conduct annual patient experience survey (Performance Period 1 surveys only):

1. Surveys are completed by 6/30/15 for reporting as part of the first performance period for the Medicaid and commercial Shared Savings Programs.

Performance Period 2: Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – phase 1 to determine impact of Performance Period 2 activities by 6/30/16.

Performance Period 3: Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings Programs by 6/30/17.

## **Monitoring and Evaluation Activities Within Payment Programs**

Performance Period 1: N/A

Performance Period 1 Carryover: Conduct analyses as required by payers related to specific payment models.

- Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2 by 6/30/15).
- Payer-specific evaluation plan developed for Medicaid Shared Savings Program as part of State Plan Amendment approval.
- Baseline data identified for monitoring and evaluation of Medicaid and commercial Shared Savings Programs by 6/30/15.

Performance Period 2:

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.

Performance Period 3:

1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications (bi-annual reporting to providers).
2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications (monthly, quarterly reports depending on report type).
3. TBD: APM, Medicaid VBP – Mental Health and Substance Use.

## **Metrics:**

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

## **Additional Goals:**

*# Lives Impacted:* All Vermonters impacted by VHCIP.

*# Participating Providers:* All Vermont providers impacted by VHCIP.

## **Key Documents:**

- State-Led-Evaluation Plan

**Lead(s):** Kathryn O’Neill (State-Led Evaluation); Pat Jones, Jenney Samuelson (Surveys); Alicia Cooper, Pat Jones (Monitoring and Evaluation of Payment Programs)

**Contractors Supporting:** John Snow Inc.; Datastat; Bailit Health Purchasing; Burns and Associates; The Lewin Group. To view executed contracts, please visit the [VHCIP Contracts](#) page.

## **Anticipated Risks and Mitigation Strategy:**

- Vermont’s small population presents monitoring and evaluation challenges due to small numerators/denominators for some measures.