



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 all to use timely information for clinical decision-making and policy-making. A hallmark of our activities is collaboration between the public and private sectors. We are creating commitment to change and synergy between public and private cultures, policies and behaviors.

Our work occurs 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.

Vermont's payment model design activities are performed on a multi-payer basis as much as possible.

Building off of the successful launch of our patient-centered medical home efforts (the Blueprint for Health program), we launched Medicaid and commercial Shared Savings ACO Programs in 2014. Nearly 60% of Vermonters are participating in these two programs, which align with the Medicare Shared Savings ACO Program. The three ACOs in Vermont include the majority of our health care providers—including many of our long-term services and supports and mental health providers.

Vermont is also designing – and testing – various other value-based payment models intended to promote better sustainability of health care costs and higher quality. These include: pay-for-performance, episodes of care/bundled payments, prospective payment systems, and capitation.

The payment models are designed in a way that meets providers where they are: some providers are more able to accept financial risk than others. They are also designed to ensure that the payers can operationalize the new structure and the State can evaluate the programs. By establishing a path for all providers, we are phasing in reforms broadly, but responsibly.

Vermont is also exploring an all-payer model. An all-payer model is an agreement between the state and the federal government on a sustainable rate of growth for health care spending in that state; the agreement will include strict quality and performance measurement. An agreement would also include all necessary Medicare waivers, the new structure of a global commitment waiver for Medicaid, and the state's vision for the payment of providers.

Practice Transformation: Enabling provider readiness and encouraging practice transformation.

VHCIP's care delivery 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. We have two areas of early success within this work stream: our Sub-Grant Program and the Integrated Communities Care Management Learning Collaborative.

The Sub-Grant Program supports over 15,000 Vermont providers in practice transformation and impacts over 300,000 Vermonters from all over the state.

The Integrated Communities Care Management Learning Collaborative, launched in late 2014, seeks 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 has expanded to two new cohorts with teams of health care and service providers from 8 additional interested communities in the state. The Learning Collaborative utilizes a Plan-Do-Study-Act quality improvement model punctuated with periodic in-person and virtual learning sessions. The near-term goals are to establish improved communication and care protocols; reduce fragmentation, duplication, and gaps in care and services; and improve the care experience and outcomes for people in need of services and their families. The program will also evaluate whether the interventions improve coordination of care and services.

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

VHCIP's health data infrastructure development activities support the development of clinical, claims, and survey data systems to support 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's 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 of our efforts are evaluated to ensure the process, as well as the outcomes work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to ensure that we are not inadvertently causing unintended consequences and so that we can expand lessons learned quickly.

Project Management: Support for all VHCIP activities.

The various VHCIP activities are supported through several 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

November 2015

Focus Area: Payment Model Design and Implementation	4
Project: ACO Shared Savings Programs (SSPs).....	4
Project: Episodes of Care (EOCs).....	6
Project: Pay-for-Performance (Blueprint for Health).....	7
Project: Health Home (Hub & Spoke)	9
Project: Accountable Community for Health.....	10
Project: Prospective Payment System – Home Health	11
Project: Medicaid Value-Based Purchasing – Mental Health and Substance Use.....	12
Project: All-Payer Model.....	13
Project: State Activities to Support Model Design and Implementation – Medicaid.....	15
Focus Area: Practice Transformation	17
Project: Learning Collaboratives	Error! Bookmark not defined.
Project: Sub-Grant Program – Sub-Grants.....	19
Project: Sub-Grant Program – Technical Assistance.....	20
Project: Regional Collaborations.....	21
Project: Workforce – Care Management Inventory	22
Project: Workforce – Demand Data Collection and Analysis.....	23
Project: Workforce – Supply Data Collection and Analysis.....	24
Focus Area: Health Data Infrastructure	25
Project: Expand Connectivity to HIE – Gap Analyses.....	25
Project: Expand Connectivity to HIE – Gap Remediation	26
Project: Expand Connectivity to HIE – Data Extracts from HIE	27
Project: Improve Quality of Data Flowing into HIE.....	28
Project: Telehealth – Strategic Plan.....	30
Project: Telehealth – Implementation.....	31
Project: EMR Expansion	32
Project: Data Warehousing.....	33
Project: Care Management Tools (Shared Care Plan/Universal Transfer Protocol Project).....	34
Project: Care Management Tools (Event Notification System)	36
Project: General Health Data – Data Inventory	37
Project: General Health Data – HIE Planning.....	38
Project: General Health Data – Expert Support.....	39
Focus Area: Evaluation	40
Projects: Self-Evaluation Plan and Execution; Surveys; Monitoring and Evaluation Activities within Payment Programs	40

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.

Project Timeline and Key Facts:

- January 2014 – Medicaid and commercial SSPs launch.
- July 2014 – ACOs and DVHA start sharing attribution files and claims data.
- August 2014 – ACOs and DVHA begin meeting monthly to collaborate around clinical/quality improvement.
- March 2015 – Performance measures, quality benchmarks, and Gate and Ladder methodology are reviewed and modified for Year 2.
- August 2015 – DVHA elects not to include additional categories of service in TCOC for Year 3.
- September 2015 – Shared savings/quality performance calculations and results available for Performance Year 1 of program.
- October 2015 – Results of the SSP Year 1 were presented to the GMCB and VHCIP stakeholders

Status Update/Progress Toward Milestones and Goals:

- Year 2 contract negotiations between DVHA and Medicaid SSP ACOs are in progress.
- Expansion of Total Cost of Care for Year 3 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.
- The Green Mountain Care Board published the Year 1 (CY2014) quality, cost, and utilization performance results for each of the ACOs in Fall 2015.
- In VHCIP Performance Period 2, the project focus is on continued program implementation and evolution of program standards based on cost and quality results from the first performance period.
- VHCIP Performance Period 3 will target additional beneficiaries and focus on expanding the number of Vermonters served in this alternative payment model.
- The Shared Savings Program will not offer downside risk as originally proposed in Year 3.

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.

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: 176,100 (as of September 2015)
Participating Providers: 947 (as of September 2015)

Key Documents:

- [Shared Savings Program webpage](#)

State of Vermont Lead(s): Cecelia Wu, Richard Slusky

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.

Additional Supporting Information:

Focus Area: Payment Model Design and Implementation

Project: Episodes of Care (EOCs)

Project Summary: Vermont is in the process of developing an episode-based payment model for the Medicaid population. The payment model will include a minimum of three episodes, and will be implemented to best complement other payment models that are presently in operation in the state.

Project Timeline and Key Facts:

- June-December 2014 – HCl3/Brandeis are engaged to conduct preliminary analyses of Episodes of Care in Vermont.
- January 2015 – Public-private stakeholder Episodes of Care sub-group of the VHCIP Payment Models Work Group launches to discuss the potential for development of episode-based payment models and analytics to support delivery system transformation.
- May 2015 – DVHA staff begin Medicaid-specific analysis of potential episodes, taking into consideration service volume, cost, and overall variation.
- August 2015 – Three episodes 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.

Status Update/Progress Toward Milestones and Goals:

- A sub-group of the VHCIP Payment Models Work Group focused on Episodes was established in January 2015.
- Staff conducted a series of one-on-one meetings with stakeholder organizations to understand opportunities and concerns related to this initiative.
- Vendor will begin designing an episode-based payment model for Vermont’s Medicaid program.
- The three pilot episodes were brought before the Payment Model Design and Implementation Work Group in November 2015, and a public comment period is open through the end of the month.

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: 3 EOCs designed for Medicaid – implementation of data reports by 3/1/16.

Implementation of data reports means: episodes selected, outreach plan to providers designed, first run of historic data provided to providers participating in program.

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 (as of November 2015)

Participating Providers: 0 (as of November 2015)

Key Documents:

- [Episodes of Care Sub-Group Webpage](#)

State of Vermont Lead(s): Amanda Ciecior

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

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

Additional Supporting Information:

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 a system of health care for patients, improving the health of the overall population, and improving control over health care cost by promoting health maintenance, prevention, and care coordination and management.

Project Timeline and Key Facts:

- 2008 – Pilot programs in two Vermont communities.
- 2010 – Vermont is 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 is expanded and Community Health Teams implemented across the State.
- 2012 – The Blueprint reports that lower health care expenditures for participants offset the payments that insurers made for medical homes and community health teams.
- 2015 – Legislature approves funding to support Blueprint payment changes.
- October 2015 – The Blueprint reports 126 PCMH qualified practices in Vermont.

Status Update/Progress Toward Milestones and Goals:

- The Blueprint for Health has been engaging with its Executive Committee, DVHA and AHS leadership, and VHCIP stakeholders to discuss potential modifications to both the Community Health Team (CHT) and Patient-Centered Medical Home (PCMH) payment models. Such modifications include shifting payers’ CHT payments to reflect current market share, increasing the base payments to PCMH practices, and adding an incentive payment for regional performance on a composite of select quality measures.
- The legislature appropriated \$2.4 million for Medicaid Blueprint payments (both CHT and PCMH) in State Fiscal Year 2016.
- A number of quality measures have been selected as the basis for the performance incentive payment that will be incorporated in 2016; these measures are aligned with those being used for the Medicaid and commercial SSPs. A stakeholder group with payer, ACO, and provider representation is presently working to establish appropriate performance targets and benchmarks linking practice performance to incentive payment eligibility.
- The Blueprint has approached a saturation point where the program has recruited most of the primary care practices in the state, and the rate of onboarding of new practices has generally plateaued.

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).

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: 307,035(as of September 2015)

Participating Providers: 700 (as of September 2015)

Key Documents:

- [Blueprint for Health Webpage](#)

State of Vermont Lead(s): Craig Jones

Contractors Supporting: Bailit Health Purchasing.

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

Additional Supporting Information:

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.

Project Timeline and Key Facts:

- January 2013 – Implementation across Vermont begins.
- 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.
- Vermont is working with CMS to develop their quality reporting strategy for the 2014 performance year.
- Access to treatment has steadily expanded, from 2,867 Medicaid beneficiaries receiving treatment in January 2013 to 5,165 in September 2015.
- 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.

Metrics:

CORE_Provider Organizations_[VT]_[HH]

CORE_Participating Providers_[VT]_[HH]

CORE_Provider Organizations_[VT]_[HH]

Additional Goals:

Lives Impacted: 5,165 (as of September 2015)

Participating Providers: 72 (as of September 2015)

Key Documents:

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State of Vermont Lead(s): Beth Tanzman

Contractors Supporting: Bailit Health Purchasing; Burns and Associates.

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

Additional Supporting Information:

Focus Area: Payment Model Design and Implementation

Project: Accountable Community for Health

Project Summary: This effort will seek to align programs and strategies related to integrated care and services for individuals and community-wide prevention efforts to improve health outcomes within a geographic community. Some initial exploration has focused on the St. Johnsbury community, where leaders from across the health care continuum have expressed an interest in creating an Accountable Community for Health (ACH).

Project Timeline and Key Facts:

- Fall 2014 – Population Health Work Group expresses interest in establishing an ACH in Vermont.
- December 2014 – Prevention Institute is selected as vendor to begin research.
- June 2015 – Prevention Institute provides their findings to VHCIP.
- July 2015 – Accountable Health Communities working group begins meeting on a monthly basis.
- September 2015 – Recommended next steps are discussed by Population Health Work Group.
- October 2015 – Core Team approved next steps and budget for ACH Phase II

Status Update/Progress Toward Milestones and Goals:

- Contractor selected to engage in national research; contract executed. Findings delivered to VHCIP in June 2015.
- Identifying opportunities to enhance new health delivery system models, such as the Blueprint for Health and Accountable Care Organizations (ACOs), to improve population health by better integration of clinical services, public health programs and community based services at both the practice and the community levels is ongoing.
- Recommendations for next steps, developed to build upon the innovations being tested at the regional level in Vermont, were approved by the Core Team in October 2015.

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.

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](#)
- Proposed Next Steps for Accountable Communities for Health

State of Vermont Lead(s): Heidi Klein

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

Additional Supporting Information:

Focus Area: Payment Model Design and Implementation

Project: Prospective Payment System – Home Health

Project Summary: As a result of stakeholder support in the state, legislation was passed in Vermont 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.

Project Timeline and Key Facts:

- May 2015 – Enabling legislation passed in Vermont’s legislature.
- June 2015 – Planning for Home Health PPS begins.

Status Update/Progress Toward Milestones and Goals:

- As a result of ongoing collaboration between DVHA and Vermont’s home health agencies, there is presently consensus that the PPS will be comprised of episode-based payments (most likely 60 days in length, similar to Medicare) that will be adjusted for case acuity.
- DVHA is in the process of developing Vermont-specific groupings for acuity that will take into account the relatively small size of the program in the state.
- During recent meetings with the Home Health agencies, DVHA presented for discussion purposes several options for a quality-based component of the home health PPS, including metrics produced as part of the Consumer Assessment of Health Plans Survey (CAHPS) and specific measures based on actual claims experience.

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.

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:

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State of Vermont Lead(s): Aaron French

Contractors Supporting: N/A

Additional Supporting Information:

Focus Area: Payment Model Design and Implementation
Project: Medicaid Value-Based Purchasing – Mental Health and Substance Use¹

Project Summary: This new work stream initiates a feasibility assessment of current mental health and substance abuse spending within the Agency of Human Services and focuses primarily on the Designated Agency system of care. Future design considerations will be intended to and must work to support Medicaid alignment with the All-Payer Model.

Project Timeline and Key Facts:

- Fall 2015 – Leverage existing contracts to start feasibility study
- Winter/Spring/Summer2016 – TBD by leadership team
- December 2016 – Implementation plan for presentation and approval by AHS leadership

Status Update/Progress Toward Milestones and Goals:

- Developing a work plan for contractors.
- Parsing mental health and substance abuse funding to support more detailed analyses.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2: N/A

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:

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State of Vermont Lead(s): Georgia Maheras

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

Additional Supporting Information:

¹ This work stream replaces a previous Performance Period 2 milestone in the Payment Model Design and Implementation area: Prospective Payment System – Designated Mental Health Agencies.

Focus Area: Payment Model Design and Implementation

Project: All-Payer Model

Project Summary: Vermont is working towards an All-Payer Model to support and promote a more integrated system of care and a sustainable rate of overall health care cost growth. Consistent, value-based payments that are aligned across all payers will encourage collaboration among providers that results in better health outcomes for Vermonters. Through the legal authority of the Green Mountain Care Board (GMCB), the state can facilitate the alignment of commercial payers, Medicaid, and Medicare through a Medicare Waiver. Over time, a Medicare waiver may also allow the GMCB to govern rates, on an all-payer basis, for those providers who elect not to participate in an ACO. The Next Generation ACO program is the model that the state will build on and apply across all payers. 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 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. Key high level milestones are listed below:

- Current through December 31, 2015 – Align on term sheet with CMMI that contains key elements of the APM, including high level models for rate setting, financial targets, waivers, ACO, and quality and performance measurement.
- November 2015-March 2016 – Further design work on all phases of project, including ACO, rate-setting, and quality measurement methodologies. Begin implementation of functionality required to ensure operational readiness.
- March 15, 2016 – Sign agreement with CMS.
- March 15, 2016-January 1, 2017 – Continue implementation of APM.
- January 1, 2017 – Launch model.

Status Update/Progress Toward Milestones and Goals:

- Negotiations between CMMI and SOV are in process.
- Progress in the negotiation includes Vermont sending CMMI draft language to be considered for inclusion in a term sheet between the State of Vermont and federal government on the following areas: (1) Performance Period and (2) Financial Targets. State staff and CMMI discussed draft term sheet language for (3) quality measures and (4) regulated services. The State of Vermont anticipates sending draft term sheet language to CMMI on these term sheet areas prior to November 30th.
- The project's analytic capacity improved as project contractors completed the next iteration of the financial model, including payer specific PMPMs. This is vital to the analytic capability needed for the project to work and allows for more robust testing of financial scenarios.
- The state continues to work to ensure payer, provider, and stakeholder preparedness for the all-payer model. Specifically, project staff briefed multiple stakeholders on the status of negotiations with CMMI. This included the Green Mountain Care Board's ACO Payment Sub-Committee, the Board's primary stakeholder group for this project, the Vermont Association of Hospitals and Health Systems, and the Legislature's Health Reform Oversight Committee.
- All-Payer Model project staff, SIM staff, and Medicaid agency staff have spent considerable effort evaluating ongoing SIM and agency innovation programs to discuss how to best to align and leverage current payment reform initiatives and program innovations with the All-Payer Model.

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.

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.

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 State is discussing inclusion of all 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 aims for maximum provider participation. Currently, the three Vermont based ACOs are formally discussing merger. 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 approximately 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.

Additional Supporting Information:

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 is in compliance with its Medicaid State Plan and its Global Commitment for Health (1115) waiver, and that newly established programs will be monitored for their impact on Medicaid beneficiaries.

Project Timeline and Key Facts:

- February 2014 – Vermont submits State Plan Amendment to CMS for Year 1 SSP.
- July 2014 – Establish call center for Medicaid beneficiaries with queries or concerns specifically about the SSP.
- July 2014 – Establish 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 receives State Plan Amendment approval from CMS for Year 1 SSP.
- August 2015 – Vermont submits State Plan Amendment to CMS for Year 2 SSP.
- September 2015 – Vermont receives State Plan Amendment approval from CMS for Year 2 SSP.

Status Update/Progress Toward Milestones and Goals:

- Both Year 1 and 2 SSP State Plan Amendments were approved in 2015.
- Beneficiary call-center is operational and will continue through program duration.
- ACO data sharing is ongoing.
- Draft of Year 3 SSP State Plan Amendment in development.
- Draft of Year 1 EOC State Plan Amendment in development.
- Coordinating stakeholders to begin planning for expansion of Integrating Family Services program.

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.

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:

-

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.

Additional Supporting Information:

Focus Area: Practice Transformation

Focus Area: Practice Transformation

Project: Learning Collaboratives

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

Project Timeline and Key Facts:

- November 2014 – Kick-off webinar for first round communities (3 communities total)
- January 2015 – First in-person learning session is held with ~90 people in attendance, featuring national experts from the Camden Coalition of Healthcare Providers
- February-December 2015 – Alternating monthly webinars and in-person learning sessions for first round communities
- April 2015 – Proposed expansion of the Learning Collaborative to additional communities
- July 2015 – Kick-off webinar for second round communities (8 additional communities)
- November 2015 – Second in-person learning session for second round communities
- October 2015-August 2016 – Alternating monthly webinars and in-person learning sessions for second round

Status Update/Progress Toward Milestones and Goals:

- The Learning Collaborative works to engage as many patient-facing care providers within each community as possible, including nurses, care coordinators, social workers, mental health clinicians, physicians, and others, from a broad spectrum of health, community and social service organizations that includes primary care practices, community health teams, home health agencies, mental health agencies, Area Agencies on Aging, housing organizations, social service organizations, and others.
- Participants are convened for at least four in-person learning sessions and multiple webinars, as well as regular local meetings to support work. The fourth in-person learning session for the first cohort took place on September 29th, 2015, where discussion of additional needs and sustainability within communities occurred.
- Two additional cohorts (a total of 8 additional communities) have joined the Learning Collaborative, with the first in-person learning sessions occurring in September 2015.
- An RFP for development of core competency training for front-line care management practitioners was released in September 2015 (a collaboration between VHCHIP Care Models & Care Management and DLTS Work Groups).
- The creation of a Learning Collaborative toolkit is ongoing, anticipated release is the first quarter of 2016. Widespread distribution of this toolkit to program participants will aid in program sustainability.

Milestones:

Performance Period 1:

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

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

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

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

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

Metrics:

CORE_Participating Provider_[VT]_[ACO]_Commercial

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

Additional Goals:

Lives Impacted: 150

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

Key Documents:

- [Learning Collaborative Webpage](#)

State of Vermont Lead(s): Pat Jones

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

Additional Supporting Information: N/A

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

Project Summary: The VHCIP Provider Sub-Grant Program was launched in 2014 and has provided funding to 12² provider and community-based organizations who are engaged in payment and delivery system transformation. Awards range from small grants to support employer-based wellness programs, to larger grants that support state-wide clinical data collection and improvement programs. The overall investment in this program is nearly \$5 million.

Project Timeline and Key Facts:

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

Status Update/Progress Toward Milestones and Goals:

- Sub-grantees continue to report on activities and progress, highlighting lessons learned.
- All sub-grantees convened on October 7, 2015, for the second in a series of symposiums designed to share lessons learned and inform the VHCIP project overall.

Milestones:

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

Performance Period 1 Carryover: Continue sub-grant program:

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

Performance Period 2: Continue sub-grant program:

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

Metrics:

CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
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: 304,276

Participating Providers: 15,334

Key Documents:

- [Sub-grant Program Project Summaries](#)
- 3rd Quarter 2015 Reports will be posted to the [VHCIP Sub-Grant Program website](#)

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

Contractors Supporting: 12 sub-grantees; University of Massachusetts.
To view executed contracts, please visit the [VHCIP Contracts](#) page.

Additional Supporting Information:

² 14 awards were made to 12 organizations.
November 2015

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

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

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 – Contractors provide ongoing technical support for data analytics, policy development, payment model and care model design, quality measurement identification, financial analysis and actuarial services.

Status Update/Progress Toward Milestones and Goals:

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

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Provide technical assistance to sub-grantees as requested by sub-grantees:

1. Remind sub-grantees of availability of technical assistance on a monthly basis.
2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.

Performance Period 2: Provide technical assistance to sub-grantees as requested by sub-grantees:

1. Remind sub-grantees of availability of technical assistance on a monthly basis.
2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.

Metrics:

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: *(this program supports the provider sub-grant program; numbers are as reported above)*

Lives Impacted: 304,276

Participating Providers: 15,334

Key Documents:

- [Contract for Bailit Health Purchasing](#)
- [Contract for Truven/Brandeis](#)
- [Contract for Policy Integrity](#)
- [Contract for Wakely](#)
- [Contract for VPQHC](#)

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

Contractors Supporting: Bailit Health Purchasing; Policy Integrity; Truven Health Analytics; Vermont Program for Quality Health Care; Wakely Actuarial.

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

Additional Supporting Information:

Focus Area: Practice Transformation

Project: Regional Collaborations

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

Project Timeline and Key Facts:

- November 2014 – Vermont ACO and Blueprint leadership begin meeting
- October 2014-August 2015 – Expand existing community teams to begin working with leadership to realign existing teams, put governance documentation in place, and re-evaluate and set new community priorities
- March 2015 – Release plans and implementation documents for Regional Collaboratives
- June 2015 – Launch Basecamp as an opportunity to share learnings and collaborate in two pilot communities
- January 2015 – Establish three pilot communities through the Integrated Communities Care Management Learning Collaborative as workgroups of the Regional Collaborative
- August 2015 – 12 of 14 communities have a Charter in place and their community's focus areas defined; eight more communities join the Integrated Communities Care Management Learning Collaborative

Status Update/Progress Toward Milestones and Goals:

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

Milestones:

Performance Period 1: N/A

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

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

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

Metrics:

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: 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.

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

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

Project Timeline and Key Facts:

- June 2014 - CMCM work group designs and fields care management inventory survey to various stakeholders.
- February 2015 - Results of survey presented to CMCM work group.
- Q4 2015 - Results of survey to be presented to Work Force Work Group, which could use it to predict future supply and demand trends for Vermont's health care work force around care management staffing.

Status Update/Progress Toward Milestones and Goals:

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

Milestones:

Performance Period 1: N/A

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

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

Performance Period 2: N/A

Metrics:

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

Additional Goals:

Lives Impacted: N/A

Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Erin Flynn

Contractors Supporting: Bailit Health Purchasing.

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

Additional Supporting Information:

Focus Area: Practice Transformation

Project: Workforce – Demand Data Collection and Analysis

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

Project Timeline and Key Facts:

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

Status Update/Progress Toward Milestones and Goals:

- DVHA executed a contract with IHS for micro-simulation demand-modeling. Work is expected to begin in November 2015.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

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

Metrics:

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:

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

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

Contractors Supporting: TBD.

Additional Supporting Information:

Focus Area: Practice Transformation

Project: Workforce – Supply Data Collection and Analysis

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

Project Timeline and Key Facts:

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

Status Update/Progress Toward Milestones and Goals:

- The Vermont Department of Health has hired additional staff to develop and administer surveys to accompany provider re-licensure applications, and perform analysis on licensure data and develop provider reports on various health care professions.
- VDH staff to report analysis findings to work group on an ongoing basis, beginning in Q3 2015.

Milestones:

Performance Period 1: N/A

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

Performance Period 2: Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:

1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16.
2. Publish data reports/analyses on website by 12/31/15.
3. Distribute reports/analyses to project stakeholders by 12/31/15.

Metrics:

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

Additional Goals:

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

Key Documents:

State of Vermont Lead(s): Matt Bradstreet (Amy Coonradt)

Contractors Supporting: N/A

Additional Supporting Information:

Focus Area: Health Data Infrastructure

Focus Area: Health Data Infrastructure

Project: Expand Connectivity to HIE – Gap Analyses

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 VCP Gap Analysis is evaluating data quality among the 16 designated and specialized service agencies. Finally, the LTSS Gap Analysis was conducted to review the technical capability of LTSS providers statewide.

Project Timeline and Key Facts:

- January 2014 – VITL and ACO teams launch Gap Analysis of the ACO Program quality measures.
- July 2014 – Gap Analysis of the ACO Program quality measure data completed.
- September 2014 – HIS Professionals begins LTSS Technical Assessment.
- January 2015 – Scope of Work for VCP Gap Analysis finalized.
- February 2015 – Work begins for VCP Gap Analysis with introductory meeting with Designated Agencies.
- February 2015 – HIS Professionals submits draft of LTSS Technical Assessment and recommendations.
- April 2015 – LTSS Technical Assessment work put on hold pending federal approvals of funding.
- July 2015 – A total of 67 data quality meetings held with DAs & SSAs.
- October 2015 – LTSS Technical Assessment Final Report to be completed.

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. VITL will be pursuing additional funding to accommodate this revised scope.
- LTSS Technical Assessment Final Report completed with recommendations on next steps and distributed to stakeholders.

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

Performance Period 2: N/A

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

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

Key Documents:

- ACO Gap Analysis (Fall 2014)
- LTSS Final Report (Fall 2015)

State of Vermont Lead(s): Larry Sandage

Contractors Supporting: VITL; Vermont Care Partners; HIS Professionals; Bailit.

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

Additional Supporting Information: N/A

Focus Area: Health Data Infrastructure
Project: Expand Connectivity to HIE – Gap Remediation

Project Summary: The Gap Remediation project will address gaps in connectivity and clinical data quality of health care organizations to the Health Information Exchange. The ACO Gap Remediation project improves the connectivity and data quality for all Vermont Shared Savings Program measures among ACO member organizations. The Vermont Care Partners (VCP) Gap Remediation will improve the data quality for the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs).

Project Timeline and Key Facts:

- March 2015 – ACO Gap Remediation work begun by VITL and ACO member organizations
- March 2015 – Terminology Services vendor identified by VITL
- May 2015 – SET Team work completed by VITL and Medicity
- July 2015 – Gap Remediation work continuing as 95 ADT, VXU, and CCD interfaces are in progress
- October 2015 –Phase II ACO Gap Remediation proposal
- October 2015 – VCP Gap Remediation proposal
- January 2016 – Phase I ACO Gap Remediation work to be completed and Phase II Gap Remediation to begin
- January 2016 – VCP Gap Remediation work to begin
- December 2016 – VCP Gap Remediation work to be completed
- December 2016 – Phase II ACO Gap Remediation to be completed

Status Update/Progress Toward Milestones and Goals:

- ACO Gap Remediation project includes five projects: Interface and Electronic Health Record Installation, Data Analysis, Data Formatting, Terminology Services, and SE Team.
- Contract with VITL executed. ACO Gap Remediation work has been in progress since March, with significant progress to date.
- VITL and VCP proposed additional gap remediation work in Quarter 4 of 2015 for Performance Period 3.
- The HIE/HIT Work Group is evaluating next steps based on the receipt of the LTSS Technology Assessment.
- The HDI Work Group approved motions to move forward with Gap Remediation for the ACO and VCP projects in the November Work Group meeting.
- The HDI Work Group approved a motion to recommend further investment into connections for the AAAs and HHAs in the November Work Group meeting.

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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted:

Participating Providers:

Key Documents:

-

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

Contractors Supporting: VITL; Vermont Care Partners; HIS Professionals; Pacific Health Policy Group.

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

Additional Supporting Information: N/A

Focus Area: Health Data Infrastructure

Project: Expand Connectivity to HIE – Data Extracts from HIE

Project Summary: This project provides a secure data connection from the VHIE to the ACOs analytics vendors for their attributed beneficiaries. Allows ACOs direct access to timely data feeds for population health analytics.

Project Timeline and Key Facts:

- March 2014 – OneCare (OCV) Gateway build started.
- February 2015 – Community Health Accountable Care (CHAC) Gateway build started.

Status Update/Progress Toward Milestones and Goals:

- OCV Gateway nearly completed. Estimated completion by November 2015.
- CHAC Gateway more than 50% complete. Estimated completion December 2015.

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

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.

Additional Supporting Information:

Focus Area: Health Data Infrastructure
Project: Improve Quality of Data Flowing into HIE

Project Summary: The Data Quality Improvement Project is an analysis performed of ACO members' Electronic Health Record on each of sixteen data elements. Additional data quality work with Designated Agencies (DAs) to improve the quality of data and usability of data for this part of Vermont's health care system. VITL will engage providers and make workflow recommendations to change data entry to ensure the data elements are captured. In addition, VITL will perform comprehensive analyses to ensure that each data element from each Health Care Organization (HCO) is formatted identically. VITL will work with the HCOs to perform some or all of the following: (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.

Project Timeline and Key Facts:

- March 2015 – VITL-ACO Data Quality work begins by deploying VITL's eHealth Specialist teams to member organizations for review of Data Quality input and workflow.
- July 2015 – Significant progress has been 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

Status Update/Progress Toward Milestones and Goals:

- VITL contract in place includes a Terminology Services project to provide services to translate clinical data sets submitted to the HIE into standardized code sets.
- VITL contract in place to work with providers and the ACOs to improve the quality of clinical data in the HIE for use in population health metrics within the Shared Savings Program.
- Data quantity and quality improvements have resulted so far in raising from 17% to 39% of total OCV beneficiaries the capability within the statewide HIE at VITL to produce clinical quality ACO measures. Additional work toward the project goal of 62% will occur in Performance Period 2.
- Contracts with Vermont Care Network and VITL to improve data quality and work flows at Designated Mental Health Agencies (DAs). VITL will work with DAs to implement the desired state in each agency through the development of a toolkit that will provide the necessary documentation, workflows and answers to specific questions needed.
- The HDI Work Group approved motions to move forward with data quality work for the ACO and VCP project in the November Work Group meeting.

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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

- # Lives Impacted: TBD
- # Participating Providers: 977

Key Documents:

- VITL Contract SIM Amendment 2
- SFY 15 Year-End VITL Progress Report
- Gap Remediation Monthly Status Report – 8/31/15

State of Vermont Lead(s): Larry Sandage**Contractors Supporting:** Behavioral Health Network/Vermont Care Network; Bi-State Primary Care Association/Community Health Accountable Care; HIS Professionals; UVM Medical Center/OneCare Vermont; Vermont Information Technology Leaders.To view executed contracts, please visit the [VHCIP Contracts](#) page.**Additional Supporting Information:**

Focus Area: Health Data Infrastructure

Project: Telehealth – Strategic Plan

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 between 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.

Project Timeline and Key Facts:

- February 2015 – Contractor presents project plan to the HIE/HIT Work Group.
- March-July 2015 – Vermont Telehealth Steering Committee convenes in March 2015 to guide Telehealth Strategy development; the Steering Committee continues to meet through July.
- June 2015 – Telehealth Strategy draft submitted to DVHA contract manager.
- June 2015 – Contractor presents 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.

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.

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](#)
- [Vermont Telehealth Pilots RFP](#)

Lead(s): Sarah Kinsler

Contractors Supporting: JBS International.

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

Additional Supporting Information:

Focus Area: Health Data Infrastructure

Project: Telehealth – Implementation

Project Summary: Vermont is seeking pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations over a 12-month time period. This RFP’s 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. Successful proposals must demonstrate how they align with the health reform efforts currently being implemented as part of the SIM Grant process.

Project Timeline and Key Facts:

- August 2015 – Approval of draft RFP scope.
- September 2015 – Edits to draft RFP scope in response to comments; bid review team assembly.
- September 2015 – RFP released.
- November 2015 – Pilot projects to be selected.
- December 2015 – Pilot launch.
- December 2015-November 2016 – Pilot period.
- November 2016-December 2016 – Pilot project 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.
- Bid selection committee has met three times to review bids.

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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

- # Lives Impacted: N/A – Program not yet launched.
- # Participating Providers: N/A – Program not yet launched.

Key Documents:

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

Lead(s): Sarah Kinsler

Contractors Supporting: TBD – to be selected in October 2015.

Additional Supporting Information:

Focus Area: Health Data Infrastructure

Project: EMR Expansion

Project Summary: EMR Expansion focuses on assisting in the procurement of EMR systems for non-Meaningful Use (MU) providers. This would include technical assistance to identify appropriate solutions and exploration of alternative solutions.

Project Timeline and Key Facts:

- January 2015 – EMR acquisition project begun with VITL, VCP, and ARIS for five Specialized Service Agencies (SSAs).
- January-June 2015 – VITL assists Vermont DMH in procuring new EMR solution for State Psychiatric Hospital.
- February 2015 – Draft LTSS Technical Assessment submitted by HIS Professionals to assist in establishing understanding of technical gaps among LTSS providers.
- July 2015 – Vendor selected for SSA EMR acquisition and contract negotiations completed.
- August 2015 – Contract executed for SSA EMR acquisition.
- October 2015 – LTSS Technical Assessment and recommendations to be completed.

Status Update/Progress Toward Milestones and Goals:

- EMR acquisition for five Specialized Service Agencies complete.
- LTSS Technical Assessment to be completed in October 2015 with recommendations for 2016 for further actions.
- VITL contract with 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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: TBD

Participating Providers: TBD

Key Documents:

-

State of Vermont Lead(s): Larry Sandage

Contractors Supporting: VITL, Vermont Care Partners, ARIS.

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

Additional Supporting Information: N/A

Focus Area: Health Data Infrastructure

Project: Data Warehousing

Project Summary: The VCN Data Repository will allow the Designated Mental Health Agencies (DA) and Specialized Service Agencies (SSA) to send specific data to a centralized data repository. Long-term goals of the data repository include accommodating connectivity to the Vermont Health Information Exchange (VHIE), as well as Vermont State Agencies, other stake holders and interested parties. In addition to connectivity, it is expected that this project will provide VCN members with advanced data analytic capabilities to improve the efficiency and effectiveness of their services, and support the Triple Aim of health care reform. This project will also allow the network to show the incredible value it provides to the people of Vermont and participate more fully in health care delivery reform. Additionally it will support the agencies as we transition from a fee for service reimbursement structure, to an outcome based payment methodology.

Project Timeline and Key Facts:

- March 2015 – RFP released for this project.
- May 2015 – Selection Committee selects preferred vendor and begins contract negotiations.
- September 2015 – Vendor contract executed.
- September 2016 – Phase One as defined in contract to be completed.

Status Update/Progress Toward Milestones and Goals:

- Vermont Care Network (VCN/BHN) is working on behalf of Designated Mental Health Agencies (DAs) and Specialized Service Agencies (SSAs) to develop a behavioral health-specific data repository, which will to aggregate, analyze, and improve the quality of the data stored within the repository and to share extracts with appropriate entities.
- VCN/BHN contract has been approved by DVHA.
- VCN/BHN is working on finalizing the contract now that DVHA has approved the contract.
- Data quality work, data dictionary development, training of analytic software, and other supporting tasks are all in progress to support the project once the team is ready for implementation.

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.

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): Larry Sandage

Contractors Supporting: Behavioral Health Network/Vermont Care Network; HIS Professionals; Stone Environmental; Vermont Information Technology Leaders; TBD.

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

Additional Supporting Information:

Focus Area: Health Data Infrastructure

Project: Care Management Tools (Shared Care Plan/Universal Transfer Protocol Project)

Project Summary: The Shared Care Plans/Universal Transfer Protocol (SCÜP) project will provide solutions to specific use cases, such as Shared Care Plans (SCP) and Universal Transfer Protocols (UTP), to Vermont's provider organizations. These projects will ensure that the core components of both a universal transfer protocol and a shared care plan will be captured in a technical solution that allows providers to electronically exchange critical data and information as they work together in a team based, coordinated model of care; particularly when people transition from one care setting to another.

Project Timeline and Key Facts:

- September 2014 – Contractor im21 begins 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 is identified; UTP and SCP projects are aligned under a single project named SCÜP.
- June 2015 – Discovery on aligned SCP/UTP project begins.
- July 2015 – Requirements gathering sessions with multiple communities are performed and initial technical and business requirements are drafted.
- August 2015 – Requirements are validated with target communities.
- October 2015 – Technical Assessments of existing or proposed solutions meeting SCÜP use cases are reviewed for alignment.
- November 2015 – Final technical proposal to be submitted to HDI by SCÜP team.

Status Update/Progress Toward Milestones and Goals:

- Contractor performed discovery and drafted a Universal Transfer Protocol charter in 2014 and early 2015.
- Integrated Care Management Learning Collaborative Cohort 1 communities requested shared care planning tools.
- Universal Transfer Protocol and Shared Care Plan projects have merged. New project, SCÜP, currently in discovery and design phase.
- Final findings reviewed with HDI Work Group. Work Group recommended that more discovery is necessary on budget and alignment on scope.

Milestones:

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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

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

Key Documents:

-

State of Vermont Lead(s): Larry Sandage

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

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

Additional Supporting Information: N/A

Focus Area: Health Data Infrastructure

Project: Care Management Tools (Event Notification System)

Project Summary: The Event Notification System (ENS) project will implement a system to proactively alert participating providers regarding their patient’s medical service encounters. VITL and the Vermont ACOs are performing discovery, design, and piloting of proposed ENS solutions.

Project Timeline and Key Facts:

- July 2014 – VITL begins ENS project.
- August 2014 – Proof of concept begins with 2 selected vendors.
- January 2015 – Research and discovery related to vendor selection.
- September 2015 – Vendor selected.
- October 2015 – VITL, State, and vendor are in contract negotiations.

Status Update/Progress Toward Milestones and Goals:

- State of Vermont is working with VITL to procure Event Notification System. Contractor selected. Anticipated start date of 11/1/15.

Milestones:

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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

- # Lives Impacted:
- # Participating Providers:

Key Documents:

-

Lead(s): Georgia Maheras, Larry Sandage

Contractors Supporting: Vermont Information Technology Leaders.
To view executed contracts, please visit the [VHCIP Contracts](#) page.

Additional Supporting Information:

Focus Area: Health Data Infrastructure
Project: General Health Data – Data Inventory

Project Summary: Vermont has engaged a contractor, Stone Environmental, to complete a statewide health data inventory that will support future health data infrastructure planning. This project will build a comprehensive list of health data sources in Vermont, gather key information about each, and catalogue them in a web-accessible format. The resulting data inventory will be 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.

Project Timeline and Key Facts:

- November 2014: Contract executed.
- December 2014: Project launch.
- January 2015: Project convenes Steering Committee to guide work.
- January-May 2015: Dataset discovery and initial information collection.
- February-May 2015: One-on-one meetings with steering committee members and other key stakeholders.
- April-May 2015: Dataset prioritization.
- May 2015-August 2015: Contract on hold pending CMMI approval of Performance Period 2 budget.
- August 2015: Project re-launched.
- September-November 2015: Data collection on prioritized datasets, recommendations development.
- November 2015: Final web-accessible inventory launched; 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.

Status Update/Progress Toward Milestones and Goals:

- Contractor selected and contract executed; work was on hold May-August 2015 pending federal budget approval.
- Work on data inventory is nearly complete. Initial dataset discovery began in January. Datasets are logged in an online system (linked below).
- Contractor, working with SOV staff and key stakeholders, has identified ~20 high priority datasets for deeper data collection; additional data collection on these prioritized datasets began in May 2015 and relaunched in September.
- Contractor has engaged in research on possible portal framework options, and has tentatively selected a solution.
- Draft report submitted to contract manager and shared with project leadership and HDI Work Group co-chairs in November 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

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

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

Key Documents:

- [Stone Environmental Health Data Inventory Contract](#)
- [Preliminary Inventory](#) (password required)

State of Vermont Lead(s):

Contractors Supporting: Stone Environmental.

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

Additional Supporting Information:

Focus Area: Health Data Infrastructure
Project: General Health Data – HIE Planning

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 will conduct further research in best practices around improving clinical health data quality and connectivity resulting in recommendations to the HIE/HIT Work Group. Additionally, the HIE/HIT Work Group has participated on multiple occasions in the 2015 revision of Vermont Health Information Technology Plan, which is scheduled for release 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 to begin.

Status Update/Progress Toward Milestones and Goals:

- Contractor selected and kickoff meeting with outlined roles and responsibilities conducted.

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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

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

Key Documents:

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State of Vermont Lead(s): Georgia Maheras

Contractors Supporting: Stone Environmental.

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

Additional Supporting Information:

Focus Area: Health Data Infrastructure
Project: General Health Data – Expert Support

Project Summary: This is a companion project to all of the projects within the Health Data Infrastructure focus area. Due to the nature of those projects, we need specific skills to support the State and stakeholders in decision-making and implementation. The specific skills needed are 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 to support the design phase of SCÛP.

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.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: N/A

Participating Providers: N/A

Key Documents:

-

State of Vermont Lead(s):

Contractors Supporting: Stone Environmental; TBD.

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

Additional Supporting Information:

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 ensure the process and outcomes, work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to ensure there are no unintended consequences and enable staff to better expand lessons learned quickly. Below is a list of SIM-supported projects and tasks underway in the Evaluation focus area:

- Development and execution of a Self-Evaluation Plan;
- Surveys to measure patient experience and other key factors, as identified in payment model development; and
- Monitoring and evaluation activities within payment programs.

Project Timeline and Key Facts:

- September 2014 – Self-Evaluation contract executed.
- June 2015 – Self-Evaluation Plan draft submitted to CMMI for review.
- November 2015 – RFP re-released for State-led Study portion of the State-led Evaluation Plan
- November 2017 – State-led Evaluation Report to be finalized.
- Annually – Patient Experience Survey for P4P (PCMH) and Shared Savings Program.
- Annually according to specified project plans – Shared Savings Program monitoring and evaluation activities.

Status Update/Progress Toward Milestones and Goals:

- Draft Self-Evaluation Plan submitted to CMMI for review in June 2015. Revised Self-Evaluation Plan incorporating CMMI feedback resubmitted in November 2015.
- RFP re-released for State-led Study portion of the State-led Evaluation Plan due to significant differences between planned implementation activities and original contract scope; Vermont procurement guidelines required a new competitive bidding process.
- Patient experience surveys for the patient-centered medical home and shared savings program fielded for 2014.
- Anticipate fielding patient experience surveys annually for these programs.
- Ongoing monitoring and evaluation by SOV staff and contractors occurring as needed according to project plan.

Milestones:

Self-Evaluation Plan and Execution

Performance Period 1:

1. Procure contractor: Hire through GCMCB 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
3. Streamline reporting around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.

Surveys

Performance Period 1: N/A

³ Vermont's self-evaluation plan relies on numerous staff and contractors, which are described in the Evaluation Remediation Plan submitted on November 25, 2015.

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.

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.

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

CORE_HCAHPS Patient Rating_[VT]

Additional Goals:

Lives Impacted: All Vermonters impacted by VHCIP.

Participating Providers: All Vermont providers impacted by VHCIP.

Key Documents:

- Self-Evaluation Plan Draft

Lead(s): Annie Paumgarten, Pat Jones

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

Additional Supporting Information: