# VHCIP Project Status Reports
# Practice Transformation Focus Area
# October 2016

# Focus Area: Practice Transformation

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

**Project Timeline and Key Facts:**
- November 2014 – Kick-off webinar for Round 1 communities (3 communities total).
- January 2015 – First in-person learning session held with ~90 people in attendance, featuring national experts from the Camden Coalition of Healthcare Providers.
- February-December 2015 – Alternating monthly webinars and in-person learning sessions for Round 1 communities.
- April 2015 – Proposed expansion of the Learning Collaborative to additional communities.
- July 2015 – Kick-off webinar for Round 2 communities (8 additional communities).
- November 2015 – Second in-person learning session for Round 2 communities.
- October 2015-September 2016 – Alternating monthly webinars and in-person learning sessions for Round 2.
- September 2016 – Round 1 and Round 2 communities merged for a joint session with a focus on "Keeping the Shared Plan of Care Alive Under Dynamic and Challenging Situations."
- October-December 2016 – Transition collaborative to post-SIM structure with embedded leadership at the community level. Identifying opportunities for state-wide peer support, sharing and learning to continue.

**Status Update/Progress Toward Milestones and Goals:**
- The Learning Collaborative has worked to engage as many patient-facing care providers within each community as possible, including nurses, care coordinators, social workers, mental health clinicians, physicians, and others, from a broad spectrum of health, community and social service organizations that includes primary care practices, community health teams, home health agencies, mental health agencies, Area Agencies on Aging, housing organizations, Agency of Human Services, social service organizations, and others.
- Participants have been convened for at least four in-person learning sessions and multiple webinars, as well as regular local meetings to support work. The fourth in-person learning session for the first cohort took place on September 29, 2015, where discussion of additional needs and sustainability within communities occurred.
- An additional cohort of 8 communities joined the Learning Collaborative in November 2015. The most recent learning session was held on September 6 and 7 with a focus on "Keeping the Shared Plan of Care Alive Under Dynamic and Challenging Situations." Communities worked with tools to identify "high priority" transitions in care, and better understand what information needs to be shared during a transition. In November, communities will reconvene to share their experiences, and learn more from communities who have implemented Care Navigator, OneCare Vermont's electronic shared care plan tool.
- The Learning Collaborative toolkit has been completed and is publicly posted to the Blueprint for Health website, and will be posted to the VHCIP website as well. The toolkit will be reviewed and updated on a quarterly basis through 2016 (and on an ad hoc basis in the future) to ensure incorporation of new tools, improvements to existing tools, and alignment with ACO tools and trainings.
- Communities will gather at two locations in December, convened jointly by the Blueprint and the ACOs, to continue sharing learning and peer-to-peer support. Learning opportunities will focus around community report outs, a patient/provider experience panel, and continued discussion of Care Navigator implementation.

**Milestones:**
*Performance Period 1*:
    1. Provide quality improvement and care transformation support to a variety of stakeholders.
    2. Procure learning collaborative and provider technical assistance contractor.
*Performance Period 1 Carryover*: Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15:
    1. Convene communities in-person and via webinar alternating format each month for 12 months.

2. Assess impact of Learning Collaborative monthly.

3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.

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

1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.

2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.

*Performance Period 3*:

1. Target: 400 Vermont providers have participated in Learning Collaborative activities (including Integrated Communities Care Management Learning Collaborative or Core Competency Trainings) by 12/31/16. (*Baseline as of December 2015:* 200)

2. Report on program effectiveness to Steering Committee and Core Team by 12/31/16.

3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 6/30/17.

**Metrics:**

CORE_Participating Provider_[VT]_[ACO]_Commercial

CORE_Participating Provider_[VT]_[ACO]_Medicaid

CORE_Participating Provider_[VT]_[ACO]_Medicare

CORE_Provider Organizations_[VT]_[ACO]_Commercial

CORE_Provider Organizations_[VT]_[ACO]_Medicaid

CORE_Provider Organizations_[VT]_[ACO]_Medicare

CORE_Participating Providers_[VT]_[EOC]

CORE_Provider Organizations_[VT]_[EOC]

CORE_Participating Providers_[VT]_[APMH]

CORE_Provider Organizations_[VT]_[APMH]

**Additional Goals:**

*# Lives Impacted:* 215

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

**Key Documents:**

- Learning Collaborative Webpage
- Integrated Communities Care Management Learning Collaborative Toolkit

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

**Contractors Supporting:** Nancy Abernathey; Bailit Health Purchasing; Deborah Lisi-Baker; Pacific Health Policy Group; Vermont Program for Quality Health Care. Apparent Awardees for Core Competency Training: Vermont Developmental Disabilities Council; Primary Care Development Corporation.

To view executed contracts, please visit the **VHCIP Contracts** page.

**Anticipated Risks and Mitigation Strategy:**

- There is risk of disruption to communities' momentum and progress as the end of the SIM grant approaches.
  - Project leadership is developing a transition plan to ensure that an infrastructure exists to support the communities in their work to provide integrated care management to complex individuals. This will include continued opportunities for peer-to-peer support, sharing of best practices on a statewide basis, and learning from each other's challenges and successes.
- Community participants have identified a potential need to increase understanding of integrated care management amongst certain provider types such as highly specialized physicians.
  - Project leadership is currently exploring tools to increase physician knowledge of and engagement in the Integrated Communities Care Management Learning Collaborative model of care.
- Participants are reporting reform fatigue as they work to implement the interventions of the collaborative, and ultimately move towards an integrated model of care, under the time and resource constraints of the current fee for service billing structure.
  - Key project staff and contractors are working with State and private sector leaders engaged in related initiatives, including the ACH Peer Learning Lab and the Regional Collaborations, to ensure initiatives dovetail and reduce confusion among participating communities.

| Focus Area: Practice Transformation |
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| Project: Core Competency Trainings |

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

**Project Timeline and Key Facts:**
- March 2016 – Day 1 of six-day core training series.
- April 2016 – Day 2 of six-day core training series.
- May 2016 – Day 3 of six-day core training series.
- June 2016 – Day 4 of six-day core training series; Webinar 1.
- July 2016 – Day 5 of six-day core training series; webinar 2.
- August 2016 – Burlington Section 2 training, Webinars 3 & 4.
- September 2016 – Day 6 of six-day core training series; Advanced Care Coordination Training Workshop.
- October 2016 – Care Coordination for Managers and Supervisors; Webinar 5.
- November 2016 – Train-the-Trainer Training; Webinar 6.
- December 2016 – Webinar 7.

**Status Update/Progress Toward Milestones and Goals:**
- After a competitive bid review process, two training organizations were selected and contracts executed. Between January and March 2016, Vermont engaged in pre-planning with trainers, curriculum finalization, and planning for training logistics in preparation for the initial March events.
- Between March and September 2016, monthly trainings of the six-day core training series were held. Day 6 of the six-day core training series was held in three locations (North, Central, South) in September with a focus on the transition from pediatric to adult care, trauma informed care and Adverse Childhood Events (ACEs). An additional section of training for the Burlington training site was held on three consecutive days in August.
- A two-day Advance Care Coordination Workshop was held in September 2016 with a focus on skills, tools and strategies with working with complex cases involving mental health disorders, substance use, or homelessness. Planning is currently underway for a one-day workshop for managers and supervisors to offer skills, tools and strategies for supporting care coordination and disability awareness skills in organizations and staff members.
- A one-day Training for Managers and Supervisors was held in October 2016 with a focus on how to provide effective management and leadership. Specific topics included different care management care delivery models, team based care delivery including inter-disciplinary case conference meetings, working collaboratively with physicians, and providing high quality supervision to prevent staff burnout.
- Approximately 240 participants from approximately 90 different organizations across the state have been represented at the core competency trainings.
- One webinar was held in July with a focus on domestic and sexual violence, and two were held in August focusing on sexuality and reproductive health of people with disabilities and strategies for working with complex individuals. Three more webinars will be held between September and December, the first focusing on

facilitating inclusive meetings and trainings, the second focused on delivering culturally sensitive care to LGBTQ Vermonters, and the third focused on trauma informed care. All participant-facing materials from the six-day core training series will be made available on the newly launched VHCIP website.

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

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

*Performance Period 1 Carryover*: Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15:
1. Convene communities in-person and via webinar alternating format each month for 12 months.
2. Assess impact of Learning Collaborative monthly.
3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.

*Performance Period 2*: Offer at least two cohorts of Learning Collaboratives to 3-6 communities:
1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15.
2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.

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

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

**Additional Goals:**
*# Participating Providers:* ~240

**Key Documents:**
- Core Competency Training Materials

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

**Contractors Supporting:** Vermont Developmental Disabilities Council, Primary Care Development Corporation.
To view executed contracts, please visit the **VHCIP Contracts** page.

**Anticipated Risks and Mitigation Strategy:**
- Project staff are working to ensure that trained trainers are embedded throughout the state in order to support continued availability of training content and curriculum in the future.
- Staff have observed some participant attrition over the life of this training series, likely due to training fatigue and limited time. Staff are working to keep participants engaged through the end of the training series.

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

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

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

**Status Update/Progress Toward Milestones and Goals:**
- Sub-grantees continue to report on activities and progress, highlighting lessons learned.
- Five of the sub-grant project have concluded; final reports are available here.
- Sub-grantees submitted Q3 2016 Quarterly Reports during the month of October, available here.
- As the program winds down, project staff have engaged the evaluation team and the self-evaluation contractor to develop a robust plan for the dissemination of lessons learned.

**Milestones:**
*Performance Period 1*: Develop technical assistance program for providers implementing payment reforms.
*Performance Period 1 Carryover*: Continue sub-grant program:
    1. Convene sub-grantees at least once by 6/30/15.
    2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.
*Performance Period 2*: Continue sub-grant program:
    1. Convene sub-grantees at least once by 6/30/16.
    2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.
*Performance Period 3*:
    1. Provide SIM funds to support sub-grantees through 12/31/16.
    2. Convene sub-grantees at least twice by 12/31/16.
    3. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.
    4. Final report on the sub-grant program developed by Vermont's self-evaluation contractor by 6/30/17.

**Metrics:**
CORE_Participating Provider_[VT]_[ACO]_Commercial
CORE_Participating Provider_[VT]_[ACO]_Medicaid
CORE_Participating Provider_[VT]_[ACO]_Medicare
CORE_Provider Organizations_[VT]_[ACO]_Commercial
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:* 339,648
  *# Participating Providers:* 14,078

**Key Documents:**
- Q3 2016 Sub-Grant Program Project Quarterly Reports

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

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

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

To view executed contracts, please visit the **VHCIP Contracts** page.

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

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

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

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

**Status Update/Progress Toward Milestones and Goals:**
- Sub-grantee technical assistance contracts are executed; contractors are available for technical assistance as requested by sub-grantees and approved by project leadership.

**Milestones:**
*Performance Period 1*: N/A
*Performance Period 1 Carryover*: Provide technical assistance to sub-grantees as requested by sub-grantees:
  1. Remind sub-grantees of availability of technical assistance on a monthly basis.
  2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.
*Performance Period 2*: Provide technical assistance to sub-grantees as requested by sub-grantees:
  1. Remind sub-grantees of availability of technical assistance on a monthly basis.
  2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.
*Performance Period 3*: Provide technical assistance to sub-grantees as requested by sub-grantees through 12/31/16:
  1. Remind sub-grantees of availability of technical assistance on a monthly basis.
  2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees**.**
  3. Final report on the sub-grant program developed by Vermont's self-evaluation contractor by 6/30/17.

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

**Additional Goals:**
  *# Lives Impacted:* 339,648
  *# Participating Providers:* 14,078

**Key Documents:** See VHCIP Contracts page for TA contracts, noted below.

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

**Contractors Supporting:** Bailit Health Purchasing; Policy Integrity; Wakely Actuarial.
To view executed contracts, please visit the **VHCIP Contracts** page.

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

| Focus Area: **Practice Transformation** |
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| Project: Regional Collaborations |

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

**Project Timeline and Key Facts:**
- November 2014 – Vermont ACO and Blueprint leadership began meeting.
- October 2014-August 2015 – Expanded existing community teams began working with leadership to realign existing teams, put governance documentation in place, and re-evaluate and set new community priorities.
- March 2015 – Released plans and implementation documents for Regional Collaboratives.
- June 2015 – Launched Basecamp as an opportunity to share learnings and collaborate in two pilot communities.
- August 2015 – 12 of 14 communities had a Charter in place and community focus areas defined; 8 additional communities joined the Integrated Communities Care Management Learning Collaborative.
- March 2016 – 13 of 14 communities had a charter in place; 14 of 14 had defined one or more focus areas.
- August 2016 – All 14 communities have a charter in place and have identified one or more key focus areas. Many communities are beginning to analyze and understand the results of their interventions. Examples of key focus areas include: the Integrated Communities Care Management Learning Collaborative and the Accountable Communities for Health Peer Learning Lab, transitional care, combating opiate addiction, ED utilization, 30 days all cause readmissions, CHF, COPD, SBIRT, hospice and palliative care utilization, obesity, adolescent well visits, developmental screenings, oral health, unplanned pregnancies, chronic pain and depression. Promising data has emerged in long standing projects such as CHF reduction and developmental screening rates, and existing projects such as decreasing ED utilization continue to challenge communities.

**Status Update/Progress Toward Milestones and Goals:**
- Regional Collaborations begun in each of the State's 14 Health Service Areas.
- Weekly stakeholder meetings to discuss further development and direction of these Regional Collaborations.
- Regular presentations to VHCIP work groups on progress in each region highlighting specific case studies from communities seeing positive early results.
- Communities have made great progress in their efforts to establish a shared community-wide governance structure and in working together to define the needs, priorities, and overarching vision for their community.
- Collaborative teams are working to add engaged consumer representation.
- Teams have established protocols for the regular sharing of data profiles from sources such as ACOs and the Blueprint for Health in order to ensure that all quality improvement efforts are data-driven and evidence-based.
- State leadership will continue to support local leadership teams as they continue to mature in structure and decision-making process to ensure readiness for upcoming reforms.
- Work to set common population health indicators, measures, targets, and drivers remains a key focus of Regional Collaboration leadership.

**Milestones:**
*Performance Period 1*: N/A
*Performance Period 1 Carryover*: Establish regional collaborations in health services areas by beginning to develop a Charter, governing body, and decision-making process:
    1. Develop Charter, decision-making process, and participants for 6 HSAs by 11/30/15.
    2. Require monthly updates from ACOs/Blueprint for Health.
*Performance Period 2*: Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body, and decision-making process.
*Performance Period 3*:
    1. Support regional collaborations in 14 HSAs by providing sub-grants to ACOs and other technical assistance resources.
    2. Develop a transition plan by 4/30/17 to shift all HSAs to non-SIM resources.

| 3. Incorporate into Sustainability Plan by 6/30/17. |
|---|
| **Metrics:**<br>CORE_Participating Provider_[VT]_[ACO]_Commercial<br>CORE_Participating Provider_[VT]_[ACO]_Medicaid<br>CORE_Participating Provider_[VT]_[ACO]_Medicare<br>CORE_Provider Organizations_[VT]_[ACO]_Commercial<br>CORE_Provider Organizations_[VT]_[ACO]_Medicaid<br>CORE_Provider Organizations_[VT]_[ACO]_Medicare<br>CORE_Participating Providers_[VT]_[EOC]<br>CORE_Provider Organizations_[VT]_[EOC]<br>CORE_Participating Providers_[VT]_[APMH]<br>CORE_Provider Organizations_[VT]_[APMH] |
| **Additional Goals:**<br>*# Lives Impacted: TBD*<br>*# 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.<br>To view executed contracts, please visit the **VHCIP Contracts** page. |
| **Anticipated Risks and Mitigation Strategy:**<br>• Despite progress made to date, more work is needed to formalize the authority of the Regional Collaboration leadership teams in order to drive priority setting and decision making at a local and regional level. The Blueprint for Health and ACO leadership teams continue to collaborate to offer support to Regional Collaborations as they work to achieve this goal. |

| Focus Area: Practice Transformation |
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| Project: Workforce – Care Management Inventory (Project Complete) |

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

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

**Status Update/Progress Toward Milestones and Goals:**
- Care Management Inventory Survey was administered in 2014.
- Results were presented to the Care Models & Care Management Work Group in February 2015.
- Results were presented to the Workforce Work Group in February 2016.

**Milestones:**
*Performance Period 1*: N/A
*Performance Period 1 Carryover*: Obtain snapshot of current care management activities, staffing, people served, and challenges:
    1. Obtain Draft Report by 3/31/15.
    2. Present to 2 work groups by 5/31/15.
    3. Final Report due by 9/30/15.
*Performance Period 2*: N/A
*Performance Period 3*: N/A

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

**Additional Goals:**
  *# Lives Impacted:* N/A
  *# Participating Providers:* N/A

**Key Documents:**
- Care Management Survey Report

**State of Vermont Lead(s):** Erin Flynn

**Contractors Supporting:** Bailit Health Purchasing.
To view executed contracts, please visit the **VHCIP Contracts** page.

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

| Focus Area: Practice Transformation |
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| Project: Workforce – Demand Data Collection and Analysis |

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

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

**Status Update/Progress Toward Milestones and Goals:**
- Vermont stakeholders began holding monthly meetings with IHS in June 2016 and continue to provide quantitative and qualitative data to vendor for further model refinement.
- IHS ran preliminary demand projections for RN, MD, APRN, and PA professions by different subspecialties and HSAs in June-July 2016. IHS will continue to refine projections for these and additional professions.
- IHS and Vermont, with input from key stakeholders from the public and private sectors, began drafting a prioritized list of demand modeling scenarios to be run through the model in late summer.

**Milestones:**
*Performance Period 1*: N/A
*Performance Period 1 Carryover*: N/A
*Performance Period 2*:
    1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval).
    2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.
*Performance Period 3*: Submit Final Demand Projections Report and present findings to Workforce Work Group by 12/31/16.

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

**Additional Goals:**
  *# Lives Impacted:* N/A
  *# Participating Providers:* N/A

**Key Documents:**
- Health Care Workforce Work Group Webpage

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

**Contractors Supporting:** IHS Global. To view executed contracts, please visit the **VHCIP Contracts** page.

**Anticipated Risks and Mitigation Strategy:**
- Delays in vendor obtaining VHCURES data have delayed some of work on this project but has not impacted receipt of contract deliverables. IHS and state will execute no-cost extension to ensure work is completed.

| Focus Area: Practice Transformation |
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| Project: Workforce – Supply Data Collection and Analysis |

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

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

**Status Update/Progress Toward Milestones and Goals:**
- The Vermont Department of Health has hired additional staff to develop and administer surveys to accompany provider re-licensure applications, and perform analysis on licensure data and develop provider reports on various health care professions.
- VDH staff report analytic findings to the work group on an ongoing basis.

**Milestones:**
*Performance Period 1*: N/A
*Performance Period 1 Carryover*: Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan.
*Performance Period 2*: Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:
  1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16.
  2. Publish data reports/analyses on website by 12/31/15.
  3. Distribute reports/analyses to project stakeholders by 12/31/15.
*Performance Period 3*: Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:
  1. Present data to Workforce Work Group at least 3 times by 12/31/16.
  2. Publish data reports/analyses on website by 6/30/17.
  3. Distribute reports/analyses to project stakeholders by 6/30/17.
  4. Incorporate into Sustainability Plan by 6/30/17.

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

| CORE_Provider Organizations_[VT]_[APMH] |
|---|
| **Additional Goals:** |
|    *# Lives Impacted:* N/A |
|    *# Participating Providers:* N/A |
| **Key Documents:** |
| **State of Vermont Lead(s):** Amy Coonradt |
| **Contractors Supporting:** N/A |
| **Anticipated Risks and Mitigation Strategy:** None at this time. |