

# **Vermont State Innovation Model**



## **Sustainability Plan**

**Prepared by the State of Vermont  
For the Centers for Medicare & Medicaid Services  
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## Executive Summary

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

This is the Sustainability Plan for Vermont's State Innovation Model (SIM) grant. This Plan describes recommendations for sustaining the projects implemented under SIM following the end of the grant in June 2017. In-depth recommendations can be found in the *Sustainability Recommendations by Focus Area* section; a high-level summary can be located in Appendix A.

The State, in partnership with a contractor, Myers and Stauffer LC (MSLC), has developed these sustainability recommendations in partnership with VHCIP stakeholders. The State sought stakeholder feedback through a variety of means, including: an electronic survey on sustainability that was sent to over 300 SIM participants; 12 key informant interviews; and a Sustainability Sub-Group of private-sector partners representing all VHCIP Work Groups and other key stakeholders. A detailed description on these activities can be found in the *Research and Methods* section of the Plan.

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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 goal, Vermont has worked to design value-based payment models for all payers, support provider readiness for increased accountability, and improve health data infrastructure to enable timely information for clinical decision-making, evaluation, and policy-making. A hallmark of VHCIP activities is collaboration between the public and private sectors, which has created commitment to change and synergy between public and private cultures, policies, and behaviors.

SIM work has occurred in five focus areas **Payment Model Design and Implementation, Practice Transformation, Health Data Infrastructure, Evaluation, and Project Management.**



### **Payment Model Design and Implementation**

*Supporting creation and implementation of value-based payments for providers in Vermont across all payers.*

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

Building off of the successful launch of Vermont's patient-centered medical home (PCMH) efforts (the Blueprint for Health program), Vermont launched Medicaid and commercial Accountable Care Organization (ACO) Shared Savings Programs (SSPs) in 2014. Nearly 60% of Vermonters are attributed to these two programs, which align with the Medicare ACO Shared Savings Program. The three ACOs in Vermont are comprised of the majority of our health care providers, including many long-term services and supports and mental health service providers.

VHCIP has also supported the design and testing of various other value-based payment models intended to promote better sustainability of health care costs and higher quality, including prospective payment systems, bundled payments, 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. The payment models are also designed to ensure operational and evaluation feasibility. By establishing a path for all providers, Vermont has sought to phase in reforms broadly, but responsibly.

In October 2016, Vermont reached agreement with CMS on an All-Payer Model. The Vermont All-Payer ACO Model is an agreement between the state and the federal government on a sustainable rate of growth for health care spending in that state; it includes strict quality and performance measurement and is intentionally aligned with Vermont's Global Commitment for Health 1115 waiver renewal.



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

VHCIP's care delivery transformation activities are designed to enable provider readiness to participate in alternative payment models and accept higher levels of financial risk and accountability. This area of work has included monitoring Vermont's existing workforce, as well as, designing transformation activities that support provider readiness. Two areas of early success are the Provider Sub-Grant Program and the Integrated Communities Care Management Learning Collaborative.

The Sub-Grant Program has supported over thousands of Vermont providers in practice transformation and impacts over 300,000 Vermonters from all over the state. The program acts as a testing ground for provider-led change, with most projects driven by provider collaborations.

The Integrated Communities Care Management Learning Collaborative, launched in late 2014, has sought to improve care and reduce fragmentation for at-risk Vermonters and their families by enhancing integrated care management across multi-organizational teams of health and human services providers. The first cohort of the Learning Collaborative included three communities and 90 providers, and the initiative has expanded to two new cohorts with teams of health care and service providers from eight additional communities in the state. The Learning Collaborative utilizes a Plan-Do-Study-Act (PDSA) quality improvement model punctuated with periodic in-person and virtual learning sessions. The program also evaluates 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 have supported the development of clinical, claims, and survey data systems to support alternative payment models. VHCIP has made 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 has 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 (EMRs) into the Vermont Health Information Exchange (VHIE). We have also identified data gaps for non-Meaningful Use providers to support strategic planning around data use for all providers across the continuum.



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

All of our efforts are evaluated to ensure that the change process and care outcomes work for Vermont, its residents, payers, and providers. Evaluations occur by program, by population, and by region to ensure that VHCIP has not inadvertently caused negative unintended consequences, and to support dissemination of lessons learned and best practices.



**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. Since the launch of the SIM grant, Vermont has actively engaged hundreds of stakeholders and members of the public as participants in the various SIM work groups, as well as through existing work groups and additional forums. We engage stakeholders through email communications, our website, in-person meetings, and webinars. Of note, the project's meetings are open to the public and public comment is solicited at each meeting.

### ***Project Impact: Performance Periods 1 and 2***

By June 2016, VHCIP had already demonstrated a significant impact on hundreds of providers and hundreds of thousands of beneficiaries in Vermont.

- Through Vermont's ACO Shared Savings Programs (SSPs), the Blueprint for Health patient-centered medical home program (pay-for-performance model), and Medicaid Health Home program (Hub & Spoke), a collective 442,643 Vermonters – more than two-thirds of the state's population – have received the benefit of new payment models.
- Through initiatives aimed to improve health care delivery, Vermont's SIM grant engaged 420 providers in a Learning Collaborative focused on care delivery and practice transformation, and impacted 692 providers and 281,808 Vermonters through the Sub-Grant Program.
- Improvements to health data infrastructure have impacted over 400 providers. This work includes larger projects that continue the expansion of electronic health records (EHR) to small and rural providers, as well as more targeted efforts that provide technical assistance to improve provider workflows for data entry.

### ***Project Impact: Performance Period 3 through December 31, 2016<sup>1</sup>***

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<sup>1</sup> Performance Period 3 will end on June 30, 2017.

During Performance Period 3, Vermont continued activities to support innovative payment model design and implementation, practice transformation, health data infrastructure investments, evaluation, and project management.

Below is an abbreviated list of progress during Performance Period 3:

- Continued expansion of a *Pay-for-Performance* program, implemented through the Blueprint for Health. 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 slowed. It is anticipated that six new practices will join by the end of 2016, and that the currently enrolled practices will maintain participation.
- Continued expansion of the *Medicaid Health Home* program, also known as the Hub & Spoke program. As of September 2016, the Hub & Spoke program was impacting 5,800 Vermonters through 160 participating providers.
- Design and analysis to support decision-making related to the *All-Payer Model* and *Medicaid Pathway* activities.
- *Learning Collaboratives* to support improved and integrated care management in Vermont communities, including a Core Competency Training Series for front-line care management staff.
- Continued implementation of the *Sub-Grant Program* for Vermont providers. Sub-grantees continue to report on activities and progress, highlighting lessons learned.
- Activities to expand provider connectivity to the VHIE, in particular, *Gap Remediation* work that builds on gap analyses conducted during Performance Periods 1 and 2.
- Work to improve the *Quality of Data Flowing into the VHIE*. In June 2016, the Terminology Services hardware and software implementation was complete.
- *Execution of the VHCIP State-Led Evaluation Plan*. Vermont's State-Led Evaluation contractor completed and submitted three deliverables in June 2016: 1) Environmental Scan Findings and Site Visit Plan; 2) initial draft of Learning Dissemination Plan; and 3) list of secondary data sources that will be incorporated into VHCIP evaluation reporting.

### ***SIM Sustainability Definitions***

The State views SIM investments in three categories with respect to sustainability:

- **One-time investments** to develop infrastructure or capacity, with limited ongoing costs;
- **New or ongoing activities** which will be supported by the State after the end of the Model Testing period; and
- **New or ongoing activities** which will be supported by private sector partners after the end of the Model Testing period.

One-time investments have been an intentional focus of much of Vermont's SIM work. This has included many of Vermont's health data infrastructure investments, as well as work to launch new payment models. Most project management activities are also included in this category.

This Plan assigns responsibility for sustaining previously SIM-funded efforts to two groups:

- **Lead Entities** – The organization recommended to assume ownership of a project once the SIM funding opportunity has ended; and
- **Key Partners** – A more comprehensive network of State partners, payers, providers, consumers, and other private-sector partners who will be critical partners in sustaining previously SIM-funded efforts.

A **Lead Entity** may be a public or private sector organization from the Vermont health care community. These entities may not have complete governance over a project, but they do have a significant leadership role and responsibility. This includes the responsibility to convene the Key Partners. Lead Entities are likely to include, but are not limited to:

- State Agencies, Departments, programs, and regulatory bodies, including the Agency of Administration (AOA); the Agency for Human Services (AHS) and its Departments; the Blueprint for Health program; and the Green Mountain Care Board (GMCB); and
- The Vermont Care Organization (VCO).

**Key Partners** may be public or private sector entities within or outside of the Vermont health care community. These entities represent the broader community and overlapping concerns inherent in a project's mission and objectives. Depending on the project, Key Partners may include those listed above as Lead Entities. Key Partners also are likely to include:

- Additional State Agencies and Departments, including the Vermont Department of Health (VDH), the Department of Labor (DOL), and the Department of Information and Innovation (DII);
- Payers, including Blue Cross and Blue Shield of Vermont (BCBSVT), the Centers for Medicare & Medicaid Services (CMS)/Medicare, and the Department of Vermont Health Access/Medicaid;
- Providers and provider organizations;
- The Community Collaboratives active in each region of Vermont;
- Key statewide organizations and programs like the Vermont Program for Quality in Health Care, Inc. (VPQHC), Support and Services at Homes (SASH), and Vermont Information Technology Leaders (VITL); and
- Federal partners: CMS, the Center for Medicare & Medicaid Innovation (CMMI), and the Office of the National Coordinator for Health Information Technology (ONC).

As in any innovative testing opportunity, some areas of SIM investment have had mixed or limited success. These activities were identified through Vermont's sustainability planning process, ensuring lessons learned are harvested and incorporated into future planning. For example, we have supported provider sub-grants to foster innovation in the provider community. Not all of the funded efforts were successful in meeting the stated goal of the intervention, but even so they furthered the learning of the State and the provider community.



While the work of SIM occurs in different areas, and is often performed by different stakeholders, there is a concerted effort to ensure communication across activities, projects, and participants. As evidenced by the success of the VHCIP governance structure, this communication network has allowed Vermont to minimize duplication of effort and resource waste.

In October 2016, Vermont reached agreement with CMS on an All-Payer Model. The All-Payer Model will build on existing all-payer payment alternatives to better support and promote a more integrated system of care and a sustainable rate of overall health care cost growth. Value-based payments that shift risk on to health care providers and that are aligned across all payers encourages collaboration across the care continuum and can result in better health outcomes for Vermonters. Through the legal authority of the GMCB, the State can facilitate the alignment of commercial payers, Medicaid, and Medicare. 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. To move away from fee-for-service (FFS), the State will apply the Next Generation ACO payment model 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.

DRAFT

## Introduction

The State Innovation Models (SIM) Initiative is a grant program for states, administered by the Center for Medicare and Medicaid Innovation (CMMI). CMMI is providing financial and technical support to states for the development and testing of State-led, multi-payer health care payment and service delivery models. The purpose of the SIM program is to improve health system performance, foster quality of care, and decrease costs for all citizens including Medicare, Medicaid, and Children's Health Insurance Program (CHIP) recipients.

CMMI is analyzing states' ability to use policy and regulatory levers, engage a comprehensive range of stakeholders, and build on existing efforts to lead system transformation. The SIM initiative capitalizes on the role of states as purchasers and regulators to facilitate health care transformation. Noting states' tradition of leading health care innovation, CMS hopes to avoid obstacles of previous reform models by aligning public and private efforts.

In the first round of SIM Initiative funding, which began April 1, 2013, CMMI awarded Model Testing cooperative agreements to six states—Arkansas, Maine, Massachusetts, Minnesota, Oregon, and Vermont. These Round 1 test states have designed and implemented statewide health care innovation plans to accelerate transformation, including testing innovative, multi-payer health care delivery system and payment models. The State of Vermont (SOV) was awarded a \$45 million SIM grant, which began on April 1, 2013.

Vermont's SIM Testing Grant began with the overarching goal of meeting the Triple Aim. This would be met through three primary drivers:

- Improving payment models by aligning financial incentives with the three aims.
- Improving care delivery models by enabling and rewarding integration and coordination,
- Improving the exchange and use of health information by developing a health information system that supports improved care and measurement of value, and

During that first Performance Period, the State launched the Medicaid and commercial Shared Savings ACO Programs, continued expansion of the Blueprint for Health pay-for-performance patient-centered medical home program, and began evaluating episodes of care. In conjunction with these payment model design and implementation efforts, Vermont embarked on a process to create a unified regional practice transformation structure that would be codified as Community Collaboratives in Performance Period 2. Performance Period 1 also included significant investments in health information technology to support payment and delivery system reforms.

During the latter part of Performance Period 1 and first half of Performance Period 2, Vermont engaged in significant project analyses, including a mid-project risk assessment, to ensure that all activities were meeting project goals and enabling the State to progress further towards meeting the Triple Aim.

Performance Period 2 also focused on supporting key practice transformation initiatives, which included an expansion of the Learning Collaboratives, Sub-Grant Program, and Community Collaborative work. During this time, Vermont analyzed its health data infrastructure and launched new data warehouses and provider point-of-service tools to support value-based purchasing. Vermont also began conversations with CMMI regarding an All-Payer Model that would follow the SIM Test period.

In addition to the yearly operational and evaluation requirements of SIM, the State of Vermont is required to produce a Sustainability Plan for submission to CMMI by June 30, 2017. The plan must address all areas of Vermont's SIM work including governance; communications; projects launched within each of the three main VHCIP focus areas: Payment Model and Design Implementation, Practice Transformation, and Health Data Infrastructure; and Evaluation and Project Management. Vermont contracted with Myers and Stauffer LC (MSLC) to assist the State in developing the Sustainability Plan.

The purpose of this Plan is to identify and document the process for sustainability for Vermont's SIM-funded activities to support the statewide goals of better care, better health, and lower costs. In addition, this Plan will consider lessons learned from the various SIM investments and how they might contribute to program sustainability.

This Sustainability Plan is organized into five sections:

- Background and Overview;
- SIM Governance;
- Research and Methods;
- Sustainability Recommendations by Focus Area; and
- Conclusion.

It also includes five appendices:

- Appendix A summarizes recommendations by focus area;
- Appendix B includes the result of an online survey to assess stakeholder sustainability priorities;
- Appendix C describes themes from key informant interviews;
- Appendix D lists members of the private-sector Sustainability Sub-Group; and
- Appendix E describes projects funded under the provider Sub-Grant Program.

## **Background and Overview**

Sustainability is defined as an organization's ability to maintain a project over a defined period of time.<sup>2</sup> Long-term sustainability depends upon an organization's ability to move a project from a demonstration phase to a program phase – transitioning the project to a standard, resourced operation in support of the organization's mission.

The elements of sustainability are the organizational and contextual supports, or resources, needed to maintain a project over time. They include:

- Leadership support;
- Financial support;
- Legislative/regulatory/policy support;
- Provider-partner support;
- Stakeholder (community and advocacy) support;
- Health information technology (HIT) and health information exchange (HIE) system support;
- Data support;
- Project growth and change support;
- Administrative support; and
- Project management support.

Over the course of the three SIM Performance Periods, the State has tested and implemented a variety of projects, while strategically planning and building the infrastructure to sustain the most promising efforts into the future. The governance structure is key to ensuring continued leadership, provider-partner, stakeholder, project growth and change, administrative, and project management supports. The State has partnered with CMMI to develop and agree on an All-Payer Model framework that will build on the gains achieved under SIM. Additionally, the State's health data infrastructure strategic plan has been strengthened by SIM investment and SIM stakeholder involvement, which has allowed the State to make significant gains faster than would otherwise have been possible.

More detailed information on the work accomplished by Vermont's SIM initiative can be found at <http://healthcareinnovation.vermont.gov/>.

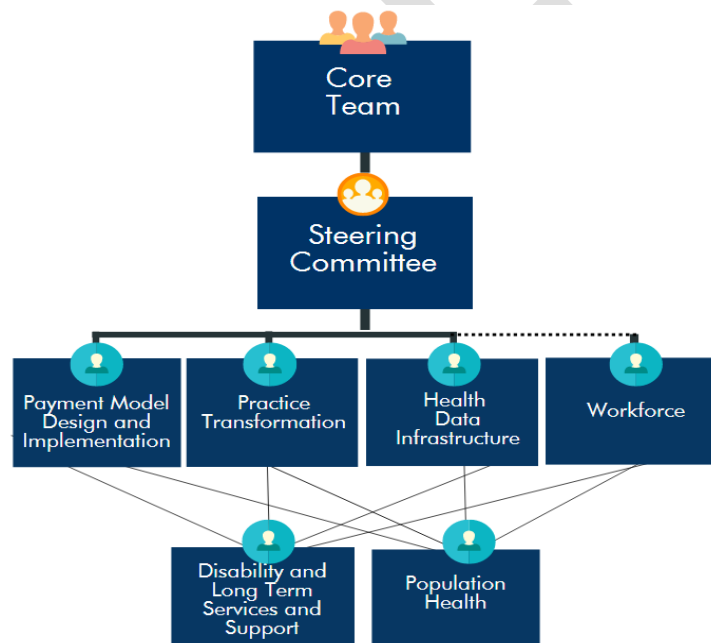
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<sup>2</sup> (Program Sustainability Assessment Tool, <https://sustaintool.org/understand>, 2016).

## SIM Governance

Vermont's SIM efforts are guided by a Core Team, a Steering Committee, and six Work Groups. The Core Team meets monthly to provide overall direction to Vermont's SIM project; synthesizes and acts on guidance from the Steering Committee; makes funding decisions; sets project priorities; and helps resolve any conflicts within the project initiatives. The Steering Committee also meets on a monthly basis to inform, educate, and guide the Core Team in all of the work planned and conducted under the SIM grant. In particular, the group guides the Core Team's decisions about investment of project funds; necessary changes in State policy; and how to best influence desired innovation in the private sector. VHCIP's Work Groups are made up of representatives from an array of organizations affected by reform in health care policy and practice, as well as individual consumer participants. *Figure 1* below depicts the SIM work group governance structure. The work groups include: Payment Model and Design Implementation; Practice Transformation; Health Data Infrastructure; Health Care Workforce; Disability and Long-Term Services and Supports (DLTSS); and Population Health.

*Figure 1: Vermont SIM Governance Structure*



SIM allowed for a very distinct governance structure that worked across models, programs, and payers to make decisions about SIM-funded projects within the state. Stakeholders have reported that the governance structure, particularly the Work Groups, are the cornerstone of Vermont's SIM experience and have served to bring about unprecedented collaboration, shared learning, and cross-program innovation.

This report recommends that the functions of SIM governance should be sustained, even if the SIM-specific governance structure is not continued, to ensure that this work continues to move forward.

More information, including lists of Work Group participants can be found here. <http://healthcareinnovation.vermont.gov/stakeholders/work-groups>.

## **Research and Methods**

MSLC used a variety of sustainability resources from notable health care and non-health care entities to develop a sustainability framework for this project. MSLC utilized information gathered from document reviews, key informant interviews, sustainability sub-group meetings, and other research to further refine the sustainability framework for this project.

### ***Vermont SIM Research***

MSLC performed a thorough document review of SIM information from CMS and other sources concerning innovation projects occurring throughout the states. In addition, SIM-related documents developed by the State were obtained and reviewed. The team also researched media sources related to the Vermont SIM project, including statewide and regional information. Research on Vermont's Medicaid program, legislature, government structure, geography, relevant legislation, policy, and political environment was also conducted. Additionally, MSLC met with Jon Snow, Inc., the SIM State-Led Evaluation contractor, and reviewed available evaluation materials.

### ***Electronic Stakeholder Survey***

A survey was deployed in August 2016 to seek input from over 300 SIM participants on sustainability priorities, based on a review of projects within each SIM focus area. The anonymous survey consisted of eight questions. Participants were provided a list of concrete examples to rate as "Highly Important", "Somewhat Important", "Neutral", "Less Important", "Not Important", or "I don't know". Forty-seven SIM participants completed the survey during August-September 2016.

The three top projects determined by respondents to be important within each focus area are as follows:

#### ***Payment Model Design and Implementation***

- Activities related to quality and performance measurement, including efforts to reach consensus on quality measure sets and to simplify measurement and provider accountability for new and existing payment models;
- Readiness activities and development of payment reforms to support integration of community-wide prevention and public health efforts with integrated care efforts (*Accountable Communities for Health*); and
- Payment reforms to support integration of physical health and substance abuse services (*Health Home/Hub & Spoke Program*).

#### ***Practice Transformation***

- Activities to engage Vermont regions in quality improvement initiatives to develop cross-organizational relationships and teams to support integrated care (*Integrated Communities Care Management Learning Collaborative*);

- Activities to support development of regional unified health systems, including governance and quality improvement infrastructure, across ACOs, Blueprint for Health, and other initiatives (*Regional Collaborations/Community Collaboratives*); and
- Funding to providers and/or community-based organizations engaged in payment and delivery system transformation to transform practice and test promising models (*Sub-Grant Program*).

### **Health Data Infrastructure**

- Support for development of shared care management tools (*Shared Care Plan Project; Universal Transfer Protocol Project; Event Notification System*);
- Activities to evaluate non-VHIE-connected providers' HIT/EHR capabilities to assess gaps in ability to connect to the VHIE, especially for DLSS providers (*Gap Analyses*); and
- Activities to remediate identified gaps in HIT and HIE capabilities for providers not already connected to the VHIE, especially for DLSS providers (*Gap Remediation*).

A copy of this survey, including results, can be found in Appendix B.

### **Key Informant Interviews**

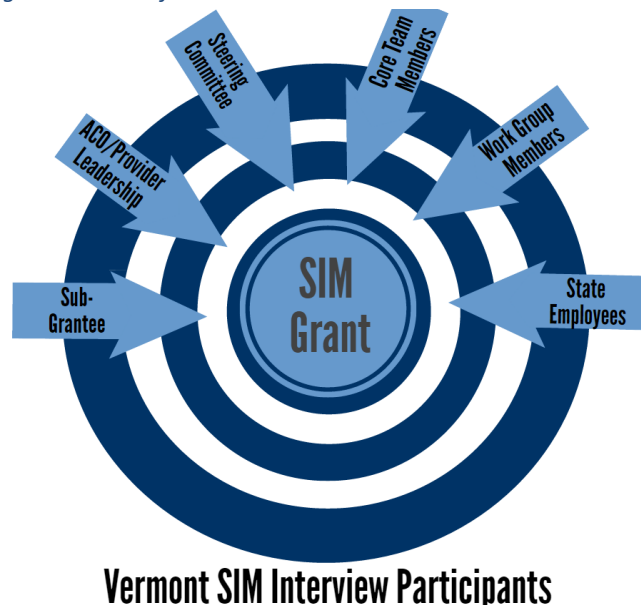
Also, during the months of August and September 2016, MSLC interviewed 12 individuals from the private and public sector. These individuals were selected in collaboration with State personnel. Interviews were performed either in-person or on the phone to identify areas of successful SIM investment that should be sustained and barriers to the sustainability. All interviewee responses were kept anonymous with only the contractor knowing which responses came from which individuals. *Figure 2* lists the collective various roles of the 12 individuals who were interviewed by MSLC.

Interviewees were asked about sustainability; in particular, what SIM projects or aspects of SIM should be sustained at the end of the grant. Interviewees were also asked to state what barriers they saw in sustaining these projects. The following results are listed by focus area. A more comprehensive summary of the key informant interviews can be found in Appendix C.

### **Payment Model Design and Implementation (PMDI)**

Several interviewees cited the uncertainty regarding the All-Payer Model as a potential barrier. Stakeholders expressed concern about the governance and structure of the model.

*Figure 2: Roles of Persons to be Interviewed Related to SIM*



Programs or efforts that interviewees spoke highly of were:

- *Blueprint for Health.*
- *Shared Savings Programs (SSPs).*

### ***Practice Transformation (PT)***

Interviewees stated they supported the continuation of the *Learning Collaboratives*, *Core Competency Trainings*, and *Regional Collaboratives/Community Collaboratives*. Interviewees noted the SIM dollars allowed for support of the Learning Collaboratives on a statewide level which has hosted national experts speaking on clinical topics and provided for in-person training sessions.

### ***Health Data Infrastructure (HDI)***

Interviewees agreed that HDI investments must continue for future health care reform efforts to succeed; many noted that current HDI efforts are a work in progress.

Projects under the HDI focus area that interviewees believe should continue to be sustained are as follows:

- *Improve Quality of Data Flowing into HIE.*
- *Care Management Tools: Shared Care Plan, Universal Transfer Protocol (UTP), Event Notification System.*

### ***Sustainability Sub-Group***

In September 2016, the State convened a group of private sector stakeholders who have participated in a wide spectrum of our SIM activities to inform Sustainability Plan development in concert with State-side planning and priority-setting. This group, called the Sustainability Sub-Group, met five times during September and October 2016 to provide input on which projects to sustain within each focus area and for the project overall.

This document contains recommendations from this Sub-Group. These recommendations will go to SIM Work Groups, the Steering Committee, and the Core Team will review and comment on these recommendations in November and December 2016. A revised plan based on these comments will be presented to the Core Team again in Spring 2017 for review and final approval, followed by submission to CMMI in June 2017. [Note: this paragraph will be edited to reflect the process as appropriate]



## Sustainability Recommendations by Focus Area

Vermont's payment and delivery system reforms are designed to help Vermont achieve the Triple Aim of better care, better health, and lower costs. The State has adopted a multi-faceted approach to health care innovation by designing value-based payment models for all payers, supporting provider readiness for increased accountability, and improving health data infrastructure. In addition, the State has made great efforts to ensure collaboration across payers, providers, and stakeholder groups. The State is working to create a culture of change and synergy between public and private stakeholders, policies, and behaviors.

Sustained work streams/projects cross all three main focus areas, Payment Model Design and Implementation, Practice Transformation, and Health Data Infrastructure, as well as Evaluation going forward.

This section will provide a description of work streams by focus area, including current status, and recommendations for sustaining the project beyond the SIM funding opportunity. Sustainability recommendations fall into three categories:

- **One-time investments** to develop infrastructure or capacity, with limited ongoing costs.
- **New or ongoing activities** which will be supported by the State after the end of the Model Testing period; and
- **New or ongoing activities** which will be supported by private sector partners after the end of the Model Testing period.

One-time investments have been an intentional focus of much of Vermont's SIM work. This has included many of Vermont's health data infrastructure investments, as well as some work to launch new payment models. Most project management activities are also included in this category.

This Plan assigns responsibility for sustaining previously SIM-funded efforts to two groups:

- **Lead Entities** – The organization recommended to assume ownership of a project once the SIM funding opportunity has ended; and
- **Key Partners** – A more comprehensive network of State partners, payers, providers, consumers, and other private-sector partners who will be critical partners in sustaining previously SIM-funded efforts.

A **Lead Entity** may be a public or private sector organization from the Vermont health care community. These entities may not have complete governance over a project, but they do have a significant leadership role and responsibility. This includes the responsibility to convene the Key Partners. Lead Entities are likely to include, but are not limited to:

- State Agencies, Departments, programs, and regulatory bodies, including the Agency of Administration (AOA); the Agency for Human Services (AHS) and its Departments; the Blueprint for Health program; and the Green Mountain Care Board (GMCB); and

- The Vermont Care Organization (VCO).

**Key Partners** may be public or private sector entities within or outside of the Vermont health care community. These entities represent the broader community and overlapping concerns inherent in a project's mission and objectives. Depending on the project, Key Partners may include those listed above as Lead Entities. Key Partners also are likely to include:

- Additional State Agencies and Departments, including the Vermont Department of Health (VDH), the Department of Labor (DOL), and the Department of Information and Innovation (DII);
- Payers, including Blue Cross and Blue Shield of Vermont (BCBSVT), the Centers for Medicare & Medicaid Services (CMS)/Medicare, and the Department of Vermont Health Access/Medicaid;
- Providers and provider organizations;
- The Community Collaboratives active in each region of Vermont;
- Key statewide organizations and programs like the Vermont Program for Quality in Health Care, Inc. (VPQHC), Support and Services at Homes (SASH), and Vermont Information Technology Leaders (VITL); and
- Federal partners: CMS, the Center for Medicare & Medicaid Innovation (CMMI), and the Office of the National Coordinator for Health Information Technology (ONC).

Some projects remain ongoing at the time of the delivery of this initial draft report. In these cases, we have indicated sustainability status is pending the project's completion.

Additional work will be required to provide recommendations on the future ownership of the project, including future roles and responsibilities. A template providing this information at a high-level can be found in Appendix A. This template, like this Plan, is a draft only and subject to change based on feedback received.



## **Focus Area: Payment Model Design and Implementation**

The PDMI focus area supports the creation and implementation of value-based payments for providers in Vermont across all payers. VHCIP's payment model design activities are performed on a multi-payer basis as much as possible.

### ***ACO Shared Savings Programs (SSPs)***

Vermont's SSPs were designed to align with Track 1 of the Medicare SSP. In Medicare SSP Track 1, ACOs can earn Medicare shared savings without experiencing downside risk, as long as financial quality targets are met. Vermont launched this alternative payment model for commercial and Medicaid beneficiaries in 2014 as three-year programs.

There are three ACOs in Vermont: Community Health Accountable Care (CHAC), Accountable Care Coalition of the Green Mountains/Vermont Collaborative Physicians (ACCGM/VCP – also known as

Healthfirst) and OneCare Vermont (OCV). Collectively, these ACOs include all of the State's hospitals, plus Dartmouth-Hitchcock, most of the State's physicians, all of the State's federally-qualified health centers, and many of the State's home health and mental health providers. All Vermont ACOs have participated in shared savings programs with Medicare and Vermont commercial payers. Two are participating in a Vermont Medicaid shared savings program. ACCGM/VCP withdrew from the Medicare SSP in 2016.

Vermont's SSPs will end after a transitional period. The State will implement a Medicare Next Generation ACO concept through the All-Payer Model framework that will give providers the opportunity to achieve greater shared savings, while transitioning to increased down-side risks. Vermont will include key SSP operational staff in All-Payer Model planning conversations to preserve program knowledge and ensure alignment across related initiatives.



**Sustainability  
Recommendation**

**Ongoing activities and investments.** Recommended Lead Entity: GMCB  
Recommended Key Partners: DVHA, BCBSVT, CMS, ACOs, VCO

### ***Blueprint for Health (Pay for Performance)***

The Blueprint for Health program provides performance payments to advanced primary care practices recognized as 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 statewide data systems, and activities focused on continuous improvement.

The Blueprint is a successful program that has fueled much of the innovation within Vermont. However, it has limited opportunity for continued growth, having reached most eligible practices in Vermont. The State and private sector partners are working to reimagine the Blueprint and its role as a partner to ACOs as the health care landscape changes. Since 2015, the Blueprint has been working on a model for integrating efforts with the ACOs (*see Regional Collaborations*).



**Sustainability  
Recommendation**

**Ongoing activities and investments.** Recommended Lead Entity: VCO  
Recommended Key Partners: AHS, DVHA, Blueprint, and GMCB

### ***Health Home/Hub and Spoke***

The Hub and Spoke initiative is a Medicaid Health Home initiative created under Section 2703 of the Affordable Care Act which serves Vermont Medicaid beneficiaries with opioid addiction. The Hub & Spoke model integrates addictions care into general medical settings (spokes) and links these settings to specialty addictions treatment programs (hubs) in a unifying clinical framework.

The Hub & Spoke program is operated under an amendment to Vermont's Medicaid State Plan. Program implementation and reporting are ongoing, and will continue until there are changes to the Medicaid State Plan.



**Sustainability  
Recommendation**

**Ongoing activities and investments.** Recommended Lead Entity: AHS  
Recommended Key Partners: DVHA, Blueprint

### ***Accountable Communities for Health***

The Accountable Communities for Health initiative supports integration of community-wide prevention and public health efforts with integrated care efforts through a Peer Learning Laboratory.

Peer learning activities and local facilitation to support communities in developing ACH competencies began in June 2016 and will continue through the conclusion of the Peer Learning Laboratory in January 2017.



**Sustainability  
Recommendation**

**Ongoing activities and investments.** Recommended Lead Entity: Blueprint/VCO  
Recommended Key Partners: VDH, AOA

### ***Medicaid Pathway***

The Vermont Medicaid Pathway is a process designed to advance payment and delivery system reform for services not included in the initial implementation of Vermont's All-Payer Model. The ultimate goal of this multi-year planning effort is the alignment of payment and delivery system principles through both the All-Payer Model and Medicaid Pathway to support a more integrated system of care for all Vermonters, including integrated physical health, long-term services and supports, mental health, substance abuse treatment, developmental disabilities services, and children's service providers. The Medicaid Pathway is designed to address specific needs and barriers to innovation for providers who receive a large proportion of funding from Medicaid.

The Medicaid Pathway is facilitated by the Vermont Agency for Human Services in partnership with the Agency of Administration. These planning efforts are designed to systematically review payment models and delivery system expectations across AHS and the Medicaid program, and to refine State and local operations to support new payment and delivery system models. As part of this process, AHS has convened a two stakeholder groups: one focused on mental health, substance use, and developmental services; and a second focused on long-term services and supports.

Vermont will build on existing Medicaid payment structures and SIM gains to develop and sustain the Vermont Medicaid Pathway into the future.



**Sustainability  
Recommendation**

**New activities and investments.** Recommended Lead entity: AHS  
Recommended Key Partners: Provider Partners

### ***The Vermont All-Payer ACO Model***

In October 2016, Vermont reached final agreement with CMS and CMMI on an All-Payer ACO Model, and the agreement document was signed on October 27. The All-Payer Model grants the State authority and flexibility to continue work toward its health care reform goals. The All-Payer Model says: Through the Vermont All-Payer ACO Model, CMS' purpose is to test whether the health of, and care delivery for, Vermont residents improve and health care expenditures for beneficiaries across payers (including Medicare FFS, Vermont Medicaid, Vermont Commercial Plans, and Vermont Self-insured Plans) decrease if a) these payers offer Vermont ACOs (ACOs operating primarily in Vermont) aligned risk-based arrangements tied to health outcomes and health care expenditures; b) the majority of Vermont

providers and suppliers participate under such risk-based arrangements; and c) the majority of Vermont residents across payers are aligned to an ACO bound by such arrangements. As part of the Model, the Vermont ACO will participate in a modified version of the Next Generation ACO Model for Performance Year 1 of the model and then in the Vermont Medicare ACO Initiative for Performance Years 2 through 5. The Vermont Medicare ACO Initiative shall be initiated under a Vermont Medicare ACO Initiative Participation Agreement between CMS and the ACO(s) to be effective starting in Performance Year 2.



**New activities and investments.** Recommended Lead Entity: GMCB  
Recommended Key Partners: AOA, AHS, ACOs, CMMI, payers (DVHA, BCBSVT, CMS), providers

### ***State Activities to Support Model Design and Implementation for Medicaid***

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

The State will continue to administer its Medicaid program, ensuring applicable regulations including authority, finance, beneficiary access, and provider payment are met.



### **Focus Area: Practice Transformation**

The Practice Transformation (PT) focus area enables provider readiness and encourages practice transformation to support creation of a more integrated system of care management and care coordination for Vermonters. Activities are designed to enable provider readiness to participate in alternative payment models and accept higher levels of financial risk and accountability, as well as to monitor Vermont's workforce and identify areas of current and future need. These activities impact a broad array of Vermont's providers and are undertaken as precursors to, or in concert with, alternative payment models. They are intended to ensure that providers impacted by alternative financial models are supported in making the accompanying practice changes necessary for success, as well as to improve the health of individuals and the population through an integrated system of care management and care coordination.

### ***Learning Collaboratives and Core Competency Training***

The Integrated Communities Care Management Learning Collaborative is a health service area-level rapid cycle quality improvement initiative. It is based on the 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 State's ultimate goal is to develop this approach population-wide.

The Core Competency Training series provides 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. Core curriculum covers competencies related to care coordination and disability awareness.

Both the Learning Collaborative and Core Competency Training use a train-the-trainer model and have developed online toolkits to support dissemination and sustainability.

80% of the SIM sustainability survey respondents rated the Learning Collaboratives as either “Highly Important” or “Somewhat Important.” This work stream/project connects stakeholders through shared knowledge and has created valuable opportunities for participants to learn from experts within and outside of the Vermont community.

To maximize the long-term value of the Learning Collaborative, as well as the Core Competency trainings, it will be necessary to focus on specific models or providers. In addition, continued, consistent, and widespread efforts should be made to structure a learning cycle that is efficient in disseminating experience, results, best practices, and obstacles. The infrastructure for maintaining the Learning Collaboratives and Core Competency has been built; the challenge is in continuing investments to update existing and develop new information over time. Responsibility for sustaining this effort will span both public and private sector stakeholders with the administrative support falling to a branch of State government, and some portions of the financial and operational support to the private sector.



**Sustainability  
Recommendation**

**On-going activities and investments.** Recommended Lead Entity: Blueprint/VCO  
Recommended Key Partners: Community Collaboratives, VPQHC, SASH

### ***Sub-Grant Program***

The VHCIP Provider Sub-Grant Program, launched in 2014, has provided 14 awards to 12 provider and community-based organizations who are engaged in payment and delivery system transformation. Awards ranged from small grants to support employer-based wellness programs, to larger grants that support statewide clinical data collection and improvement programs. The overall investment in this program is nearly \$5 million. Sub-grantees performed a self-evaluation and some have engaged in sustainability planning.

Detail about the sub-grants is provided in Appendix E.

Many of the sub-grant projects have proven valuable to the SIM experience and, either through anecdotal evidence or evaluation, have begun to demonstrate meaningful progress. At least two of the projects related to ACO infrastructure will be sustained under the All-Payer Model through the VCO. Additionally, this Sustainability Plan recommends the development a new sub-grant program with three-year cycles to foster continued innovation. Some current sub-grant projects will not be sustained based on a number of factors including SIM experience, the structure of the program, or general stakeholder agreement on the limitations of the project. Of note, two specific programs, Lab Collaborative and RiseVT, were identified in key informant interviews as projects that should be sustained.



**Sustainability  
Recommendation**

through the VCO. Additionally, this Sustainability Plan recommends the development a new sub-grant program with three-year cycles to foster continued innovation. Some current sub-grant projects will not be sustained based on a

number of factors including SIM experience, the structure of the program, or general stakeholder agreement on the limitations of the project. Of note, two specific programs, Lab Collaborative and RiseVT, were identified in key informant interviews as projects that should be sustained.



**Status is pending project's completion. Ongoing evaluations of individual sub-grant projects continue.**

Recommended Lead Entity: AHS. Recommended Key Partner: AOA

***Sub-Grant Technical Assistance***

The Sub-Grant Technical Assistance program was designed to support the awardees of Sub-Grantees 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 infrastructure and perform specialized tasks (e.g., actuarial analyses).

Direct technical assistance to sub-grant awardees has been valuable to the SIM experience, but will prove costly if sustained over a considerable period of time. Additionally, it will become less necessary as awardees get farther along in their projects. In order to maintain awardee access to sub-grant technical assistance, the State of Vermont will develop a contractor skills matrix as a resource for future awardees. Awardees would be responsible for selecting and securing contractor resources for technical assistance.



**Sustainability  
Recommendation**

**One-time investment.**

***Regional Collaborations***

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

Consistent with other collaborative groups operating under the Vermont SIM project, Regional Collaborations have served to bridge the gap between stakeholders across communities and industry sectors. The infrastructure to support regional collaborations exists, but varies by region based on resource availability, stakeholder engagement, and basic logistics. Stakeholders have expressed the need for consistency in structure and other aspects of the collaborations. In addition, concerns have been raised about having a representative group of stakeholders. Still other Regional Collaborations have decided to restructure into Accountable Communities for Health, developing Peer Learning Labs and shifting the focus of their work more broadly toward population health.

This effort will continue to be coordinated on a statewide level by the Blueprint for Health and VCO.



**Sustainability  
Recommendation**

**On-going activities and investments.** Recommended Lead Entity: Blueprint/VCO  
Recommended Key Partners: AHS, VDH

## **Workforce**

Separate from SIM, the Workforce Work Group was established by Executive Order to coordinate activities at both state and local levels in partnership with various State Agencies and Departments as well as private sector members representing the medical, long-term services and supports, dental provider communities, and medical education.

Building on the work of the Workforce Work Group, VCHIP initiated three workforce activities: a care management inventory; workforce demand data collection and analysis; and workforce supply data collection analysis. Each of these activities is designed to help the State assess current and future workforce needs.

### *Care Management Inventory*

In 2014, VCHIP 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, in addition to the populations being served. The project was completed as of February 2016.



**Sustainability Recommendation**

**One-time investment.**

### *Demand Data Collection and Analysis*

A “micro-simulation” demand model uses Vermont-specific data to identify future workforce needs by inputting 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. The vendor will prepare and submit a final report of demand projections, with input from Vermont stakeholders including the Workforce Work Group in early 2017.



**Sustainability Recommendation**

**Status is pending project’s completion.** Recommended Lead Entity: AOA.  
Recommended Key Partners: DOL, VDH, GMCB, provider education, private sector.

### *Supply Data Collection and Analysis*

The Vermont Office of Professional Regulation (OPR) 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 re-licensure data and the administration of surveys to providers during the licensure/re-licensure 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.

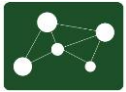
Ongoing analyses of this data will continue. These data are widely used by State agencies and stakeholders for decision-making. Infrastructure to support the continued use of these data exist, and it will continue to be supported by the State.



**Sustainability Recommendation**

**Ongoing activities and investments.** Recommended Lead Entity: AOA  
Recommended Key Partners: DOL, VDH, GMCB, provider education, private sector.





## **Focus Area: Health Data Infrastructure**

The HDI focus area supports provider, payer, and State readiness to participate in alternative payment models by building an interoperable system that allows for sharing of health information to support optimal care delivery and population health management. Work in this focus area builds on the State's existing statewide HIT Strategic plan developed prior to SIM implementation.

The HIT plan outlines three objectives:

- Overall increased transparency, understanding, and participation of/in HIT/Health Information Exchange (HIE) efforts.
- There is a well-known, well-coordinated, common approach used for outreach to, education of, and input from stakeholders.
- A broad base of stakeholders are actively participating in on-going communication and dialogue for relevant HIT/HIE projects and activities.

These objectives are equally relevant to continuing SIM related projects in a manner that fosters cohesion. Also, the HIT plan suggests approaching communication efforts by leveraging existing communication networks, and tapping into “current communication and education programs such as AHS provider communication project, VITL communications, VHITP stakeholder list, VHITP Steering Committee, and VHCIP project communications.”

Vermont SIM's health data infrastructure activities support the development of clinical, claims, and survey data systems to support alternative payment models. The State is making investments in clinical data systems to allow for passive data collection to support quality measurement – reducing provider burden while ensuring accountability for health care quality – and to support real-time decision-making for clinicians through improved information sharing.

These investments have yielded significant improvements in the quality and quantity of data flowing from providers' electronic medical records into Vermont's HIE. The State has also identified data gaps for non-meaningful use-eligible providers to support strategic planning around data use for all providers across the care continuum.

The activities in this focus area will, for the most part, transition to the existing HIT Strategic Planning efforts and funding sources.

One survey participant had the following to state about the Expand Connectivity to HIE – Gap Remediation and Gap Analyses projects: “While data quality is very important, gap analysis and remediation is equally important to bring all providers to a place where they can be part of the VHIE and exchange data.”

### ***Expand Connectivity to HIE – Gap Analyses***

There are three gap analyses and they were point in time evaluations of the EHR system capability of health care organizations, interface ability of the EHR system, and the data transmitted within those interfaces. Conducting the ACO Gap Analysis created a baseline determination of the ability of health care organizations to produce Year 1 Medicare, Medicaid, and commercial Shared Savings ACO Program quality measure data. The Vermont Care Partners (VCP) Gap Analysis evaluated data quality among the 16 designated and specialized service agencies. Finally, the DLSS Gap Analysis was conducted to review the technical capability of DLSS providers statewide.



**Sustainability  
Recommendation**

**One-time investment.**

### ***Expand Connectivity to HIE – Gap Remediation***

The Gap Remediation project addresses gaps in connectivity and clinical data quality of health care organizations to the Health Information Exchange. The ACO Gap Remediation component improves the connectivity for all Vermont Shared Savings Program measures among ACO member organizations. The Vermont Care Partners (VCP) Gap Remediation improves the data quality for the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs). In addition, a DLSS Gap Remediation effort to increase connectivity for Home Health Agencies. Gap Remediation efforts for ACO member organizations and Vermont Care Partners dovetail with the data quality improvement efforts described under the “Improve Quality of Data Flowing into HIE” work stream.



**Sustainability  
Recommendation**

**Ongoing activities and investments.** Recommended Lead Entity: AOA\*  
Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

### ***Expand Connectivity to HIE – Data Extracts from HIE***

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.



**Sustainability  
Recommendation**

**One-time investment.**

### ***Improve Quality of Data Flowing into HIE***

The Data Quality Improvement Project is an analysis performed of ACO members’ EHRs on each of 16 data elements. Additional data quality work with Designated Agencies to improve the quality of data and usability of data for this part of Vermont’s health care system. VITL<sup>3</sup> engages providers and makes

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<sup>3</sup> Vermont Information Technology Leaders, Inc. (VITL) is a nonprofit organization that advances health care reform efforts in Vermont through the use of health information technology, and is the legislatively designated operator of the VHIE. VITL collects and manages patient data such as demographics, laboratory results, discharge summaries, radiology reports, and medication histories from multiple sources including hospitals, primary and specialty care, FQHCs, home health, long-term

workflow recommendations to change data entry to ensure the data elements are captured. In addition, VITL performs comprehensive analyses to ensure that each data element from each health care organization (HCO) is formatted identically. VITL works with the HCOs to perform some or all of the following activities: (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.

Data infrastructure and support are important to sustain health care innovation. Moving forward, the State will use the existing infrastructure and resources to continue gap remediation efforts for all providers, including acute, non-acute, and community providers. This work will include improvements to data quality at the source, and enabling data extracts from the HIE. In addition, VITL will continue to assess and provide workflow improvements for providers connected to the HIE.



**Ongoing activities and investments.** Recommended Lead Entity: AOA\*  
Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

### **Telehealth** *Strategic Plan*

Vermont developed a statewide telehealth strategy to guide future investments in this area. The strategy, developed in collaboration with the State of Vermont and private sector stakeholders, includes four core elements: a coordinating body to support telehealth activities; alignment of State policies relevant to telehealth; telehealth technology investments that are secure, accessible, interoperable, cloud-based, and aligned with Vermont's HIT infrastructure; and clinician engagement. The strategy also includes a roadmap based on Vermont's transition from volume-based to value-based reimbursement methodologies to guide prioritization of telehealth projects and their alignment with new clinical processes adopted as payment reform evolves.



**One-time investment.**

### *Implementation*

Vermont is funding two pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations. The primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout Vermont.

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care, designated agencies and commercial labs. With patient consent, the information in the VHIE network is available to authorized, treating providers, to help them make more informed clinical decisions at the point of care.



**Ongoing activities and investments in the area of telehealth; not necessarily these two pilots.** Recommended Lead Entity: AOA\*

Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

**Electronic Medical Record Expansion**

Electronic medical record (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. The effort to expand resources in this area are essential to creating change and innovation across the spectrum of Vermont providers who do not have systems.



**Ongoing activities and investments.** Recommended Lead Entity: AOA\*

Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

**Data Warehousing**

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

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

To support quality health care and innovation, the DA/SSA data warehousing solution will be sustained. However, additional financial supports will be identified, and financial responsibility will be transitioned over time.



**Ongoing activities and investments.** Recommended Lead Entity: AOA\*

Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

**Care Management Tools**

Generally, the care management tools tested during SIM were indicated as important efforts to sustain on the sustainability survey and in conversations with key informants.

### *Shared Care Plan Project*

The Shared Care Plan (SCP) project is a planning activity. This project seeks to ensure that the components of a shared care plan are captured in a technical solution that allows providers across the care continuum to electronically exchange critical data and information as they work together in a team based, coordinated model of care.

As a next step to the SCP project, the State is reviewing VHIE consent policy and architecture to better support shared care planning.



**Ongoing activities and investments.** Recommended Lead Entity: AOA\*  
Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

### *Universal Transfer Protocol*

The Universal Transfer Protocol (UTP) project sought to provide a Universal Transfer Protocol to Vermont's provider organizations. Final findings were reviewed with the HDI Work Group. Project staff recommended that the UTP project work with the Integrated Communities Care Management Learning Collaboratives to provide support services to transform practice workflows to support the UTP use case. SIM will continue to support workflow improvements at provider practices through existing contracts through December 31, 2015.



**One-time investment.**

### *Event Notification System*

The event notification system (ENS) project has implemented a system to proactively alert participating providers regarding their patient's medical service encounters. VITL and the Vermont ACOs worked with the State to perform discovery and design of proposed ENS solutions. The selected ENS solution provides admission, discharge, and transfer data to participating providers. Key informants saw value in this tool. The tool will continue to be available after the end of SIM, but providers will be responsible for ongoing costs.



**Ongoing activities and investments.** Recommended Lead Entity: AOA\*  
Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

### *General Health Data*

#### *Data Inventory*

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

need to be occasional updates to the inventory and possibly the infrastructure. The State and its partners will engage in a data inventory once every two years. Resources will be identified and secured for planning activities related to HDI as part of the HIT Strategic Plan funding.



**Sustainability  
Recommendation**

**Ongoing activities and investments.** Recommended Lead Entity: AOA\*  
Recommended Key Partners: VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).

### *HIE Planning*

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. PI



**Sustainability  
Recommendation**

**One-time investment.**



### **Focus Area: Evaluation**

The Evaluation focus area assesses whether program goals are being met. SIM project evaluations are conducted by program, by population, and by region. Evaluations are ongoing throughout the grant period, to anticipate unintended consequences and to help staff take action quickly on lessons that have been learned. The evaluation focus area applies to all projects in the other three Areas of Focus: HDI, PMDI, and PT.

### *Self-Evaluation Plan and Execution*

The State works with an independent contractor to perform a State-Led Evaluation of Vermont's SIM effort.



**Sustainability  
Recommendation**

**One-time investment.**

### *Surveys*

As part of broader payment model design and implementation and evaluation efforts, the State conducts annual patient experience surveys and other surveys as identified in payment model development. There are numerous patient experience surveys that are deployed annually, in addition to the one used as part of the SSP. This work is ongoing.





**Ongoing activities and investments.** Recommended Lead Entity: VCO  
Recommended Key Partners: Providers, AHS, Consumers, Office of the Health Care Advocate, GMCB.

*Monitoring and Evaluation Activities within Payment Programs*

The state conducts analyses as necessary to monitor and evaluate specific payment models. Monitoring occurs by payer and by program to support program modifications. Ongoing monitoring and evaluation by State of Vermont staff and contractors occurs as needed.



**Ongoing activities and investments.** Recommended Lead Entity: AHS/GMCB  
Recommended Key Partners: Payers, VCO, Office of the Health Care Advocate, AOA.



**Focus Area: Project Management**

Vermont SIM is managed through a combination of State personnel and outside vendors with project management expertise. The entire management structure is overseen by the VHCIP Project Director, who reports directly to the VHCIP Core Team. The Project Director has responsibility for coordinating all aspects of project management. The Project Director oversees a team from within five State departments and agencies (the GMCB; the Agency of Human Services; Department of Vermont Health Access; the Department of Disabilities, Aging and Independent Living; and the Department of Mental Health), augmented by the project management vendor who are assigned to provide support to the work groups.

The project management function under SIM is twofold. It considers both the program and administration functions of government such as soliciting public comment, ensuring appropriations, and managing resources; as well as managing the various projects, groups, and relationships that SIM initiated. The SIM project management function is imperative to maintaining the gains achieved under SIM.

As SIM projects transition from the demonstration phase to the program phase, project management functions will transition to program staff in Medicaid, or other partners.



**Ongoing activities and investments.**

## Conclusion

The State of Vermont's health care community has been engaged in innovative reform for decades. The State continues to build on existing success and modify programs for sustainability. Not every project that launched or was proposed under SIM has been successful; however, the State is well-positioned to identify successful programs to continue, and Vermont's stakeholder community is knowledgeable and aware of the challenges facing the State's push for change and innovation.

There are obstacles unique to Vermont like its geography, rural make-up, IT infrastructure, and certain social determinants of health that make changing population health more difficult. Providers report innovation fatigue. And, they continue to be overwhelmed by the plethora of quality and performance metrics that accompany the new health care system. Still, the State continues to build the infrastructure to support a health care system poised to achieve better health, better care, and lower costs.

DRAFT



## Appendix A: Vermont Sustainability

### Vermont Sustainability: At a Glance

The following presents an overview of all the SIM investments in the focus areas of Practice Transformation, Payment Model Design and Implementation, and Health Data Infrastructure. Additionally, it provides recommendations regarding sustaining these projects.



**One-time Investments**  
Develops infrastructure or capacity with limited ongoing costs.



**Public Sector Partner**  
An agency or organization funded by and run by the state of Vermont.



**Private Sector Partner**  
Group or organization run by private individual(s) that is not owned by the state. Examples of potential private sector partners: Vermont's ACOs, hospitals, etc.



**New/On-going Investments: State Supported**  
Activities which will be supported by the state after the end of the Model Testing period.



**New/On-going Investments: Private Sector Supported**  
Activities which will be supported by private sectors after the end of the Model Testing period.



**New/On-going Investments: Public/Private Sector Supported**  
Some on-going investments will have both state and private sector support. They will work in partnership with roles and responsibilities delineated before the onset of the project.



**Lead Entity**  
Group recommended to assume primary ownership of the project after the SIM grant opportunity ends.



**Key Partners**  
Organization of a comprehensive network of consumers, physicians, hospitals, insurers, regulators, not-for-profit groups and other stakeholders to participate in various aspects of the project.



**Evaluation**  
Assessment of whether program goals are being met.

Vermont's SIM efforts have relied on active participation and input from a diverse group of stakeholders. Consumer and consumer advocate engagement and input have been critical in accomplishing the goals and objectives of the SIM initiative. The State of Vermont, in continuing to champion transparency in health care reform, is committed to working with consumers and advocates to ensure they have a visible role and are collaborative partners in future activities.

## Recommendations: Payment Model Design and Implementation

Investment Category			
SIM Focus Areas and Work Streams	One-Time Investment	Ongoing Investments <i>State-Supported</i>	Ongoing Investment <i>Private Sector</i>
<b>Payment Model Design and Implementation</b>			
ACO Shared Savings Programs (SSPs)		●	●
Pay-for-Performance (Blueprint for Health)		●	●
Health Home (Hub & Spoke)		●	●
Accountable Communities for Health		●	●
Prospective Payment System – Home Health		●	●
Medicaid Pathway		●	●
All-Payer Model		●	●

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	Lead Entity <i>(Primary Owner)</i>	Key Partners	Special Notes
ACO Shared Savings Programs (SSPs)	GMCB	Payers (DVHA, BCBSVT, CMS), ACOs, VCO	Activity continued through transitional period.
Pay-for-Performance (Blueprint for Health)	VCO	AHS (DVHA-Blueprint) and GMCB	Note that both VCO and AHS will be engaged in subsequent P4P activities.
Health Home (Hub & Spoke)	AHS	DVHA-Blueprint	Anticipating additional Health Home initiatives for different services. Leverage Blueprint experience.
Accountable Communities for Health	Blueprint/VCO	VDH, AOA	Aligned with Regional Collaborations/CCs. (See Practice Transformation.) Additional information can be found in Vermont's <a href="#">Population Health Plan</a> .
Prospective Payment System – Home Health	AHS/DAIL	VNAs of Vermont and New Hampshire, HHAs	Anticipate additional PPS for different services.
Medicaid Pathway	AHS	Provider Partners	A comprehensive list of key partners can be found <a href="#">here</a> .
All-Payer Model	GMCB	AOA, AHS, ACOs, CMMI, Payers (DVHA, BCBSVT, CMS), providers	

## Recommendations: Practice Transformation

Investment Category			
SIM Focus Areas and Work Streams	One-Time Investment	Ongoing Investments <i>State-Supported</i>	Ongoing Investment <i>Private Sector</i>
<b>Practice Transformation</b>			
Learning Collaboratives		●	●
Sub-Grant Program		●	●
Regional Collaborations		●	●
Workforce – Care Management Inventory	●		
Workforce – Demand Data Collection and Analysis		<i>Project Delayed</i>	
Workforce – Supply Data Collection and Analysis		●	

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	Lead Entity <i>(Primary Owner)</i>	Key Partners	Special Notes
Learning Collaboratives	Blueprint/VCO	Community Collaboratives, VPQHC, SASH	his work stream also includes the Core Competency Training. Aligned with Regional Collaborations/CCs. Note there are contract obligations related to this in the DVHA-ACO program for 2017.
Sub-Grant Program	AHS	AOA	
Regional Collaborations	Blueprint/VCO	AHS, VDH	Aligned with Learning Collaboratives, Accountable Communities for Health.
Workforce – Care Management Inventory	<b>One-time Investment</b>		
Workforce – Demand Data Collection and Analysis	AOA	DOL, VDH, GMCB, provider education, private sector.	AOA to coordinate across DOL, VDH, provider education, private sector.
Workforce – Supply Data Collection and Analysis	AOA		

## Recommendations: Health Data Infrastructure

Investment Category			
SIM Focus Areas and Work Streams	One-Time Investment	Ongoing Investments <i>State-Supported</i>	Ongoing Investment <i>Private Sector</i>
<b>Health Data Infrastructure</b>			
Expand Connectivity to HIT – Gap Analysis	●		
Expand Connectivity to HIT – Gap Remediation		●	●
Expand Connectivity to HIT – Data Extracts from HIE	●		
Improve Quality of Data Flowing into HIE		●	●
Telehealth – Strategic Plan	●		
Telehealth - Implementation		●	●
Electronic Medical Record Expansion		●	●
Data Warehousing		●	●
Care Management Tools –Event Notification System			●
Care Management Tools – Shared Care Plan		●	●
Care Management Tools –Universal Transfer Protocol	●		
General Health Data – Data Inventory		●	
General Health Data – HIE Planning	●		
General Health Data – Expert Support	●		

## Recommendations: Health Data Infrastructure (cont'd)

<b>On-Going Sustainability: Task Owner</b>			
SIM Focus Areas and Work Streams	Lead Entity <i>(Primary Owner)</i>	Key Partners	Special Notes
<b>Expand Connectivity to HIT – Gap Analysis</b>		<b>One-Time Investment</b>	
<b>Expand Connectivity to HIT – Gap Remediation</b>	AOA*	ITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>Expand Connectivity to HIT – Data Extracts from HIE</b>		<b>One-Time Investment</b>	
<b>Improve Quality of Data Flowing into HIE</b>	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>Telehealth – Strategic Plan</b>		<b>One-Time Investment</b>	
<b>Telehealth - Implementation</b>	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>Electronic Medical Record Expansion</b>	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>Data Warehousing</b>	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>Care Management Tools –Event Notification System</b>	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>Care Management Tools – Shared Care Plan</b>	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>Care Management Tools –Universal Transfer Protocol</b>		<b>One-Time Investment</b>	
<b>General Health Data – Data Inventory</b>	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
<b>General Health Data – HIE Planning</b>		<b>One-Time Investment</b>	
<b>General Health Data – Expert Support</b>		<b>One-Time Investment</b>	

\* AOA is the recommended lead entity, pending establishment of a coordinating entity as recommended in the HIT Plan.

## Recommendations: Evaluation

Investment Category			
SIM Focus Areas and Work Streams	One-Time Investment	Ongoing Investments <i>State-Supported</i>	Ongoing Investment <i>Private Sector</i>
<b>Evaluation</b>			
Self-Evaluation Plan and Execution	One-Time Investment		
Surveys		●	●
Monitoring and Evaluation Activities within Payment Programs		●	●

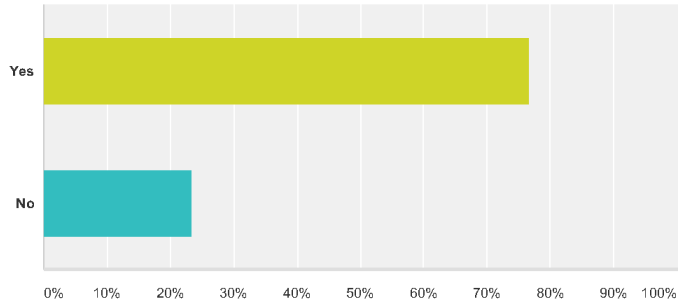
On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	Lead Entity <i>(Primary Owner)</i>	Key Partners	Special Notes
Self-Evaluation Plan and Execution	One-Time Investment		
Surveys	VCO	Providers, AHS, Consumers, Office of the Health Care Advocate, GMCB	Patient experience surveys. Note that there are numerous patient experience surveys that are deployed annually in addition to the one used as part of the SSP.
Monitoring and Evaluation Activities within Payment Programs	AHS/GMCB	Payers, VCO, Office of the Health Care Advocate, AOA	Payers, State regulators, and VCO/providers will monitor and evaluate payment models. There are specific evaluation requirements for the GMCB and AHS as a result of the 1115 waiver and APM. Patient experience surveys are a tool for monitoring and evaluation.

## Appendix B: Vermont SIM Sustainability On-Line Survey Results

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

### Q1 Are you or have you been, a voting member on a VHCIP Work Group?

Answered: 47 Skipped: 0

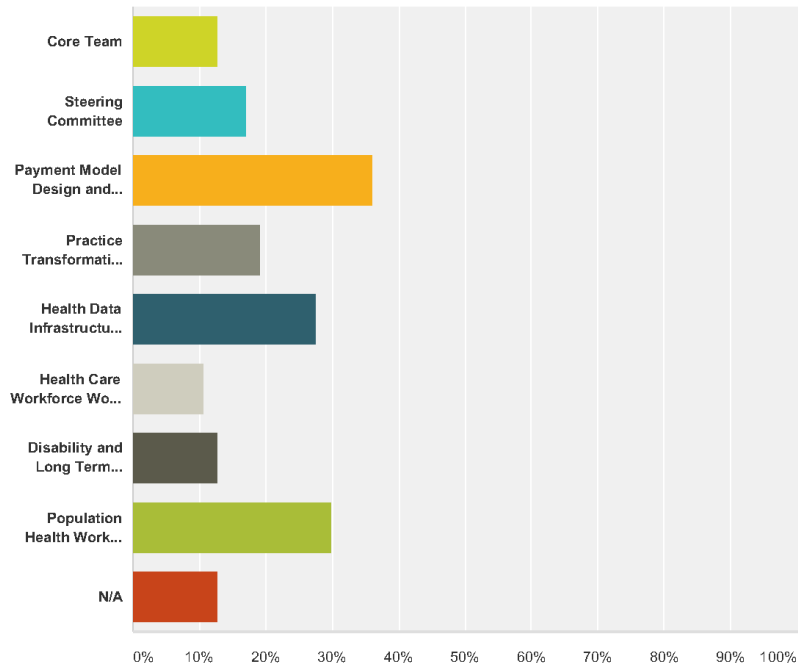


Answer Choices	Responses	
Yes	76.60%	36
No	23.40%	11
<b>Total</b>		<b>47</b>

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

**Q2 Of which Work Group(s) were / are you a member or non-voting participant? (select all that apply)**

Answered: 47 Skipped: 0



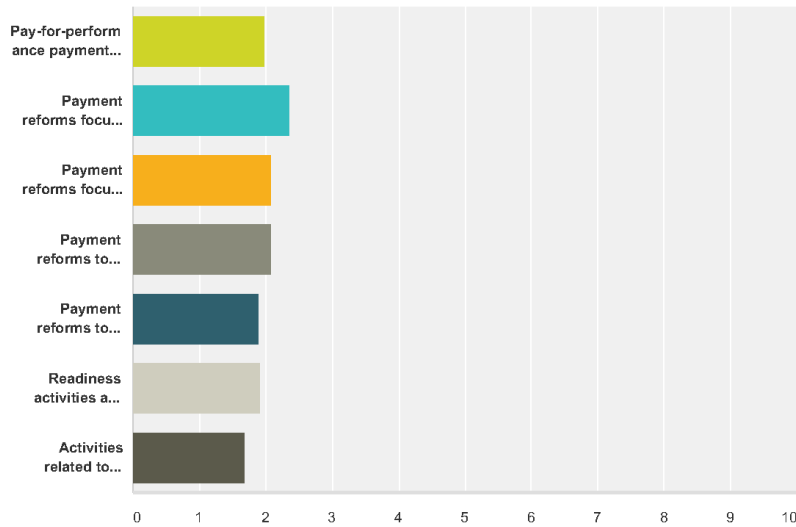
Answer Choices	Responses
Core Team	12.77% 6
Steering Committee	17.02% 8
Payment Model Design and Implementation Work Group	36.17% 17
Practice Transformation Work Group	19.15% 9
Health Data Infrastructure Work Group	27.66% 13
Health Care Workforce Work Group	10.64% 5
Disability and Long Term Services and Supports Work Group	12.77% 6
Population Health Work Group	29.79% 14
N/A	12.77% 6
<b>Total Respondents: 47</b>	



Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

**Q3 Payment Model Design and Implementation Focus Area: Supports the creation and implementation of value based payments for providers in Vermont across all payers. Please reflect on the following efforts and rate which are most important to sustain after the end of VHCIP/the SIM grant. Concrete project examples are in parentheses.**

Answered: 46 Skipped: 1



	Highly Important	Somewhat Important	Neutral	Less Important	Not Important	I don't know	Total	Weighted Average
Pay-for-performance payment reforms focused on hospital and/or ambulatory care services (Blueprint for Health)	43.90% 18	26.83% 11	14.63% 6	9.76% 4	2.44% 1	2.44% 1	41	1.98
Payment reforms focused on hospital and/or ambulatory care services which incorporate shared savings (Medicaid and Commercial ACO Shared Savings Programs)	23.68% 9	31.58% 12	26.32% 10	7.89% 3	5.26% 2	5.26% 2	38	2.36
Payment reforms focused on hospital and/or ambulatory care services which incorporate shared risk (All-Payer Model)	38.46% 15	28.21% 11	15.38% 6	7.69% 3	5.13% 2	5.13% 2	39	2.08
Payment reforms to support integration of and simplify payment to providers of mental health, substance abuse, developmental services, and long-term services and supports (Medicaid Pathway)	34.15% 14	36.59% 15	17.07% 7	4.88% 2	4.88% 2	2.44% 1	41	2.08

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

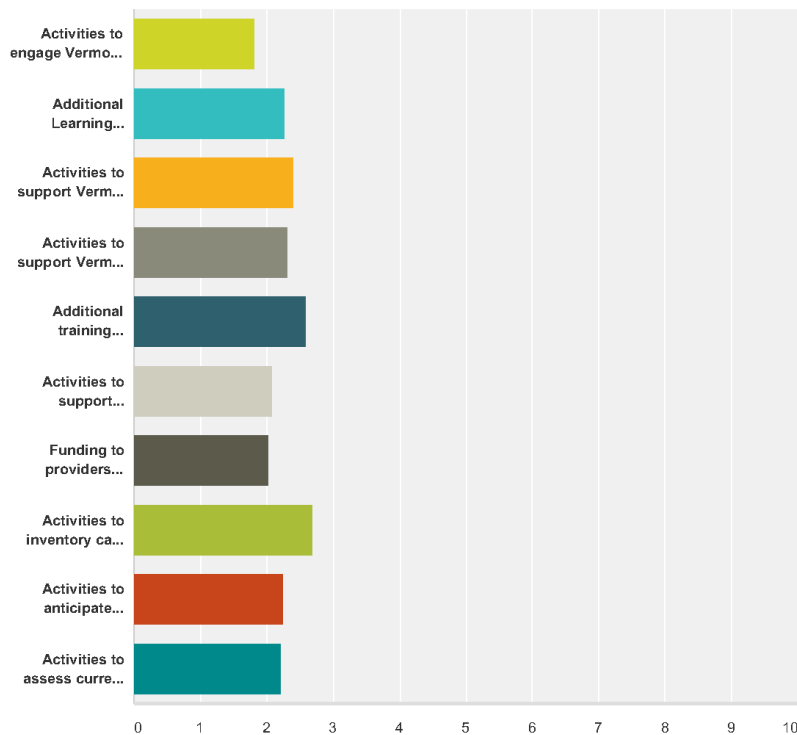
Payment reforms to support integration of physical health and substance abuse services (Health Home/Hub & Spoke Program)	<b>42.50%</b> 17	<b>37.50%</b> 15	<b>12.50%</b> 5	<b>2.50%</b> 1	<b>5.00%</b> 2	<b>0.00%</b> 0	40	1.90
Readiness activities and development of payment reforms to support integration of community-wide prevention and public health efforts with integrated care efforts (Accountable Communities for Health)	<b>40.00%</b> 18	<b>28.89%</b> 13	<b>24.44%</b> 11	<b>4.44%</b> 2	<b>0.00%</b> 0	<b>2.22%</b> 1	45	1.93
Activities related to quality and performance measurement, including efforts to reach consensus on quality measure sets and to simplify measurement and provider accountability for new and existing payment models	<b>44.19%</b> 19	<b>41.86%</b> 18	<b>9.30%</b> 4	<b>2.33%</b> 1	<b>0.00%</b> 0	<b>2.33%</b> 1	43	1.69

#	Other (please specify)	Date
1	State funding to support existing PM/PM models with proven cost reduction models through community clinical linkages = SASH and Blueprint.	8/19/2016 3:38 PM
2	"Consensus on quality measure sets"??? The federal government and readily-available national programs have ALREADY identified these. HEDIS, PCMH Levels, CPC+, etc. Fixed budgets and focus on population health outcomes need to be the goals: focus on the person, not on the costly hospital services - improve the health of the population and there will be less hospitalizations.	8/19/2016 7:59 AM
3	ROI or die	8/18/2016 2:57 PM
4	with goals of lowering costs and reducing redundancy, those services originally via Blue print may best be incorporated elsewhere: data and quality reporting from EHRs and ACOs, embedded SW, dietician, Care coordinator, etc supported through alternate funding (up front with APM, via savings etc.). however-those wrap around services remain vital and best embedded in PCMH	8/18/2016 12:33 PM
5	Activities to reduce the cost of health care to real people - to improve access and outcomes to real people and improve the experience and quality for people - and not improve everything to the benefit of the profit making hospitals and hospital lead ACOs	8/18/2016 9:01 AM
6	Need to focus on payment reforms that address integration of clinical and community services that begin to address social determinants of health and interventions that are further upstream that reducing ED visits and improve quality in disease management settings.	8/17/2016 3:02 PM
7	Shared savings programs sound good, but for several years BCBSVT has reported that, "unfortunately," despite the work done at the practice site, there are no savings to be shared. Shared risk programs are not tenable to small practices - at least until there is substantial up-front investment in the staffing and programmatic changes required to reliably produce quality. Otherwise, the practice is at substantial risk before it has understood and developed that which is required to avoid downside experiences.	8/17/2016 12:42 PM
8	since payment reforms will be mandated and managed at the federal level, ACH can be a local priority to ensure alignment of medical treatment with social services to improve health and lower cost. Quality measures are the distinguishing characteristic from the HMO models of the 1980s and 90's that ensures the accountability for performance relative to financial incentives.	8/5/2016 3:12 PM

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

**Q4 Practice Transformation Focus Area:  
 Enables provider readiness and encourages  
 practice transformation. Please reflect on  
 the following and rate which are most  
 important to sustain after the end of  
 VHCIP/the SIM grant. Concrete project  
 examples are in parentheses.**

Answered: 46 Skipped: 1



	Highly Important	Somewhat Important	Neutral	Less Important	Not Important	I don't know	Total	Weighted Average
Activities to engage Vermont regions in quality improvement initiatives to develop cross-organizational relationships and teams to support integrated care (Integrated Communities Care Management Learning Collaborative)	45.00% 18	35.00% 14	10.00% 4	5.00% 2	2.50% 1	2.50% 1	40	1.82
Additional Learning Collaborative-style activities to engage Vermont regions in quality improvement initiatives to achieve other identified care transformation goals	27.03% 10	27.03% 10	35.14% 13	5.41% 2	2.70% 1	2.70% 1	37	2.28

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

Activities to support Vermont providers in developing care management competencies (Core Competency Trainings)	<b>21.05%</b> 8	<b>34.21%</b> 13	<b>26.32%</b> 10	<b>13.16%</b> 5	<b>2.63%</b> 1	<b>2.63%</b> 1	38	2.41
Activities to support Vermont providers in increasing disability awareness and improving disability competent care (Core Competency Trainings)	<b>22.22%</b> 8	<b>36.11%</b> 13	<b>30.56%</b> 11	<b>2.78%</b> 1	<b>5.56%</b> 2	<b>2.78%</b> 1	36	2.31
Additional training activities to support Vermont providers in developing other competencies of interest	<b>13.51%</b> 5	<b>40.54%</b> 15	<b>29.73%</b> 11	<b>5.41%</b> 2	<b>10.81%</b> 4	<b>0.00%</b> 0	37	2.59
Activities to support development of regional unified health systems, including governance and quality improvement infrastructure, across ACOs, Blueprint for Health, and other initiatives (Regional Collaborations/Community Collaboratives)	<b>37.50%</b> 15	<b>32.50%</b> 13	<b>20.00%</b> 8	<b>5.00%</b> 2	<b>5.00%</b> 2	<b>0.00%</b> 0	40	2.08
Funding to providers and/or community-based organizations engaged in payment and delivery system transformation to transform practice and test promising models (Sub-Grant Program)	<b>33.33%</b> 14	<b>35.71%</b> 15	<b>21.43%</b> 9	<b>7.14%</b> 3	<b>0.00%</b> 0	<b>2.38%</b> 1	42	2.02
Activities to inventory care models in place around the state (Care Management Inventory)	<b>12.20%</b> 5	<b>29.27%</b> 12	<b>34.15%</b> 14	<b>14.63%</b> 6	<b>4.88%</b> 2	<b>4.88%</b> 2	41	2.69
Activities to anticipate future health care workforce demand across various provider types and professions (Workforce – Demand Data Collection and Analysis)	<b>27.03%</b> 10	<b>35.14%</b> 13	<b>18.92%</b> 7	<b>8.11%</b> 3	<b>5.41%</b> 2	<b>5.41%</b> 2	37	2.26
Activities to assess current and future health care workforce supply across various provider types and professions (Workforce – Supply Data Collection and Analysis)	<b>30.00%</b> 12	<b>27.50%</b> 11	<b>27.50%</b> 11	<b>7.50%</b> 3	<b>2.50%</b> 1	<b>5.00%</b> 2	40	2.21

#	Other (please specify)	Date
1	The focus needs to be on increasing the health of the population and quality care rendered to members, not creating more levels of bureaucracy and "development of systems". Put the efforts and the money to work directly for the Vermonters.	8/19/2016 7:59 AM
2	incubators/pilots must be setup with key providers that will exhibit ROI for those providers, then a viral adoption will occur.	8/18/2016 2:57 PM
3	I wonder if workforce demand data is already being collected (AHEC)? It is unclear what is meant by 'provider' - a very diluted term these days. Physicians and APP should not be the focus of care management (or care coordination) training as this will likely fall to RNs. I believe regional unified health systems are under development in the state via blueprint and ACO efforts. it would only be fair to have a core competency training that includes ALL areas requiring increased awareness: disabilities, language fluency, homelessness, new Americans, different ethnicities and religions, etc	8/18/2016 12:33 PM
4	We need a competent work force - paid living and sustainable wages to provide home and community services to individuals and communities so that people can actually make the changes they need to make- e.g. smoking cessation, diabetes management, etc. And of extreme importance in an aging state - a workforce to support the needs of Vermonters who wish to age in place and never go to a nursing home	8/18/2016 9:01 AM
5	Help with assessing behavioral health workforce is especially important and not traditionally as included in system development efforts.	8/17/2016 5:39 PM
6	Inventory of care modes and who is doing care management and not duplicating efforts is very necessary	8/17/2016 2:46 PM
7	A tremendous amount of good work has been done through the Learning Collaboratives and Core Competencies. It is not always aligned/integrated with other forms of case and care management. There are some aspects that are unique and some aspect that could be leveraged. This could be an area for exploration so the work does not remain isolated (and it should be done thoughtfully so it is not forced into arenas where it doesn't make sense).	8/17/2016 2:27 PM
8	as part of any ssp the providers should have basic core competencies with all populations served, especially DS or MH, at least knowing the resources to refer them to and how best to intervene with current state wide resources. I am not convinced that the Blueprint or regional collabs are the way to go at this. Standardized quality measurements and documentation should be an easy target by Vital, but has not proved so.	8/17/2016 12:56 PM
9	(Perhaps this is intended, but checking some circles voids previous responses in other circles....)	8/17/2016 12:42 PM

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

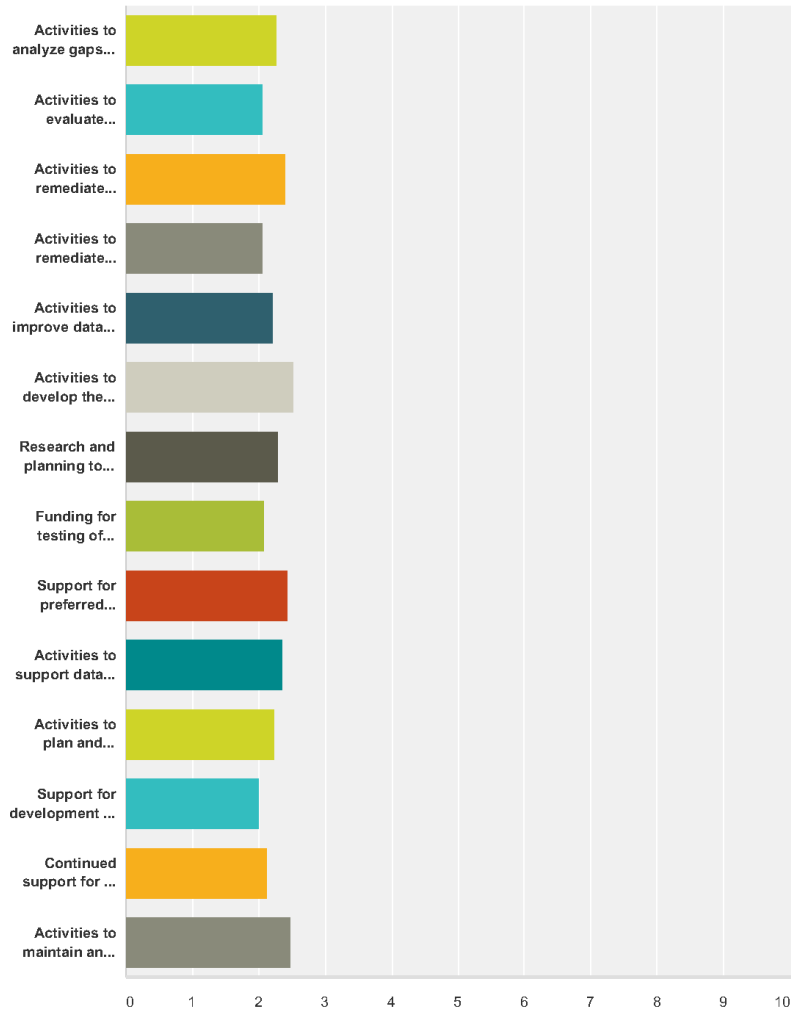
10	Very difficult to choose in this category because all of the activities listed are interdependent and necessary for success to support continuing practice transformation efforts.	8/5/2016 3:12 PM
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Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

**Q5 Health Data Infrastructure Focus Area:  
Supports provider, payer, and State  
readiness to participate in alternative  
payment models through implementation of  
health information technology (HIT) and by  
improving health information exchange  
(HIE). Please reflect on the following and  
rate which are most important to sustain  
after the end of VHCIP/the SIM grant.  
Concrete project examples are in  
parentheses.**

Answered: 46 Skipped: 1

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey



	Highly Important	Somewhat Important	Neutral	Less Important	Not Important	I don't know	Total	Weighted Average
Activities to analyze gaps in measurement capabilities/data quality for providers already connected Vermont Health Information Exchange (VHIE) (Gap Analyses – ACO and Vermont Care Network)	23.68% 9	36.84% 14	10.53% 4	2.63% 1	10.53% 4	15.79% 6	38	2.28
Activities to evaluate non-VHIE-connected providers' HIT/electronic health record (EHR) capabilities to assess gaps in ability to connect to the VHIE, especially for DLSS providers (Gap Analyses – DLSS)	32.43% 12	32.43% 12	8.11% 3	2.70% 1	8.11% 3	16.22% 6	37	2.06
Activities to remediate identified data gaps in measurement capabilities for providers already connected to the VHIE (Gap Remediation Activities – ACO)	22.22% 8	33.33% 12	11.11% 4	5.56% 2	11.11% 4	16.67% 6	36	2.40



Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

Activities to remediate identified gaps in HIT and EHR capabilities for providers not already connected to the VHIE (Gap Remediation Activities – DLTSS; for example, Home Health Agency VHIE interface development and VITLAccess implementation)	32.50% 13	32.50% 13	10.00% 4	2.50% 1	7.50% 3	15.00% 6	40	2.06
Activities to improve data quality and usability of data prior to entry into the VHIE through provider workflow improvements (Data Quality Improvement – Vermont Care Partners)	20.00% 8	50.00% 20	12.50% 5	2.50% 1	7.50% 3	7.50% 3	40	2.22
Activities to develop the analytic capacity of the VHIE and/or to connect the VHIE to external analytic vendors (Data Extracts from the VHIE/ACO Gateways)	21.62% 8	29.73% 11	21.62% 8	2.70% 1	13.51% 5	10.81% 4	37	2.52
Research and planning to support strategic and coordinated investment in new technologies (Telehealth Strategic Plan)	28.21% 11	33.33% 13	12.82% 5	5.13% 2	10.26% 4	10.26% 4	39	2.29
Funding for testing of innovative technologies to support patient care through pilots (Telehealth Pilots)	29.27% 12	39.02% 16	17.07% 7	2.44% 1	4.88% 2	7.32% 3	41	2.08
Support for preferred providers in procuring electronic health records (EHR) systems or other HIT (EMR expansion to SSAs and State Hospital)	27.78% 10	22.22% 8	19.44% 7	2.78% 1	13.89% 5	13.89% 5	36	2.45
Activities to support data collection and warehousing for providers subject to 42 CFR Part 2 (VCN Data Warehousing project)	21.05% 8	28.95% 11	21.05% 8	2.63% 1	7.89% 3	18.42% 7	38	2.35
Activities to plan and implement a cohesive data warehousing strategy for Vermont (Data Warehousing Strategy Development project)	23.68% 9	28.95% 11	15.79% 6	5.26% 2	5.26% 2	21.05% 8	38	2.23
Support for development of shared care management tools (Shared Care Plan Project; Universal Transfer Protocol Project)	43.59% 17	20.51% 8	12.82% 5	7.69% 3	5.13% 2	10.26% 4	39	2.00
Continued support for an event notification system to notify providers of hospital admissions, discharges, or transfers (ENS Project/PatientPing)	29.27% 12	41.46% 17	9.76% 4	4.88% 2	7.32% 3	7.32% 3	41	2.13
Activities to maintain an inventory of health data sources in the state to support future planning and coordination (Health Data Inventory Project)	18.42% 7	31.58% 12	13.16% 5	10.53% 4	7.89% 3	18.42% 7	38	2.48

#	Other (please specify)	Date
1	Telehealth is technology that's been around for years now - is not innovative whatsoever. Need to have an overarching strategy statement, such as: "Improving the ability to accumulate and measure advances in the health of Vermonters". The state should oversee that data collection, report out on standard HEDIS quality measures and reward the providers that comply extra funding/quality bonuses (i.e. CMS' PCMH Levels). Don't comply and there is no extra money for the provider. Don't submit data and don't improve the health of Vermonters, then that provider is paid less. That carrot/stick approach will do more to implement connectivity among all providers (all of whom have computers) for compliance toward realization of the "Improving the ability to accumulate and measure advances in the health of Vermonters" strategic goal.	8/19/2016 7:59 AM
2	We should be past the Research/Planning/Design phase, and there is enough research that exists to support implementations that reach the patient. If it doesn't actually touch or reach the patient it should rely on existing knowledge base.	8/18/2016 2:57 PM
3	the health information industry is huge, growing and lucrative. I am overwhelmed by the costs of systems and the repeated findings that they cannot perform promised functions. one of the most important things Vermont could do is pass legislation stating any EMR sold here must be able to 'talk to' another system. otherwise we are just creating 21st century silos of care. there should be capacity for notifications within an EMR and therefore Patient Ping is not needed. let's be sure the state is coordinating/collaborating with others around the state regarding new tools to allow improved communication, reduced redundancy and hopefully reduced cost	8/18/2016 12:33 PM

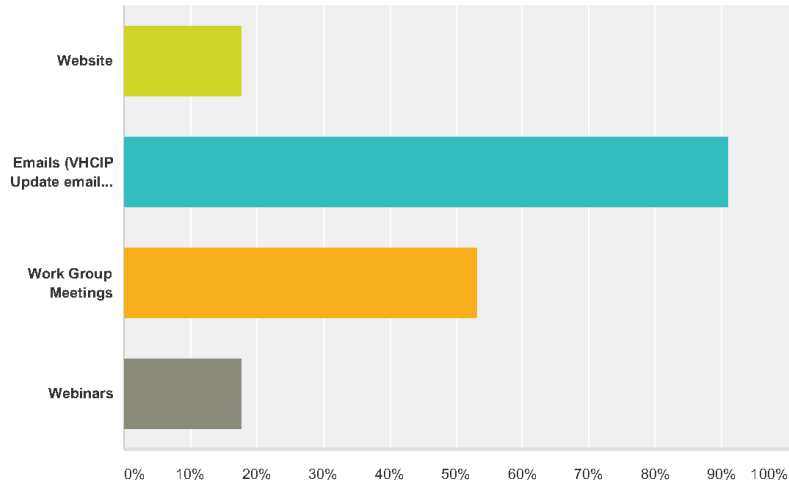
Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

4	Establishment of consent structure- policies and culture that supports individuals to know what their rights are and be able to exercise their rights without any additional burdens or loss of services - including the service of care coordination	8/18/2016 9:01 AM
5	We have already spent too much on these issue with not enough to show for it. My neutrality on these issues is a reflection of frustration that we still have a long way to go in this area.	8/17/2016 5:52 PM
6	Population level health extracts from health data to inform public health priorities, efforts and monitor results of interventions	8/17/2016 4:11 PM
7	It is a sad state that much of this has not been accomplished as of yet. If VITL cannot do the job, it is time to move on. We have spend millions and accomplished minimal in terms of using data to make clinical decision, determine program need, intervention at the right time with the right patient is lacking due to a not so robust IT infrastructure state wide.	8/17/2016 2:46 PM
8	The part 2 barrier is a huge issue and until we can figure it out, I believe we are only seeing have the picture.	8/17/2016 2:38 PM
9	There should be a larger strategic plan that links any of these priorities to efforts within AHS and with providers. There are too many gaps and too many redundancies, there should be a thoughtful inventory and plan.	8/17/2016 2:27 PM
10	shared usage of the state purchased care management system, mandating usage of this system for Medicaid population at the very least, otherwise the state has misspent \$9 Million! The system is robust, has data analytics, risk stratification!	8/17/2016 12:56 PM

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

**Q6 Which mode of communication have you found to be the most informative and effective for transparency and communication among SIM project participants? (select all that apply)**

Answered: 45 Skipped: 2



Answer Choices	Responses
Website	17.78% 8
Emails (VHCIP Update emails, meeting reminders, meeting materials)	91.11% 41
Work Group Meetings	53.33% 24
Webinars	17.78% 8
<b>Total Respondents: 45</b>	

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

**Q7 Are there any thoughts or ideas you would like to share regarding priorities for SIM sustainability?**

Answered: 11 Skipped: 36

#	Responses	Date
1	too many workgroups with duplication of reporting. Same leaders at the meetings. We need more coming together of priorities, project development and funding allocation. People are still splitting. We need a strong leadership voice in the state to determine a clear path.	8/19/2016 3:38 PM
2	Need to link it to a strategy with specific quality outcomes (measures), not just add more administrative costs and red tape. There should be a goal to improve the health of Vermonters, not to create more state rules, regulations and increase the number of state employees.	8/19/2016 7:59 AM
3	Continued convening of stakeholders is essential to ensure that decisions are informed by the many sectors and partners needed to meet the Triple Aim. A real bonus of the project has been this cross-sector discussion and deliberation.	8/18/2016 5:27 PM
4	How many working models with positive ROI are there currently?	8/18/2016 2:57 PM
5	Wish I did ... but no.	8/18/2016 9:49 AM
6	SIM should complete its work before using funds to sustain the work it completed for those who have ample funding and excess profits to support their own HIT improvements	8/18/2016 9:01 AM
7	state needs to buy into investments. proof of effectiveness is a must, this includes understanding of cost of not making investments.	8/17/2016 7:36 PM
8	While data quality is very important, gap analysis and remediation is equally important to bring all providers to a place where they can be part of the VHIE and exchange data.	8/17/2016 3:25 PM
9	42 cfr should be focus. Smaller bites of the cookie. Focus on fewer indicatives and do it well then expand. Don't boil the ocean. We need better accountability, preferably State oversight and ownership of the VHIE, the contracts with medcity and ownership of the data. Those contracts should be State contracts owned by the people, with oversight and management by the people. The current black hole of who owns the data and single point of failure(VITL) is a huge risk long term.	8/17/2016 2:38 PM
10	I would like to see a brief status report of what VHCIP initiatives have gone well and been hardwired into current operations, and which have some significant way to go to reach our initial goals.	8/10/2016 4:21 PM
11	Leveraging technology to electronically capture key data elements that will support robust performance reporting without additional effort/burden on providers.	8/5/2016 3:12 PM

Vermont Health Care Innovation Project – Stakeholder Sustainability Survey

**Q8 (Optional) If we have questions regarding your answers, may we contact you? If yes, please leave your name and telephone number or email address below:**

Answered: 5 Skipped: 42

#	Responses	Date
1	mdcraig@criticalc.com	8/18/2016 2:57 PM
2	Brian Isham 585-5233 Brian.Isham@Vermont.gov	8/17/2016 2:38 PM
3	Definitely! p.bengison@nrh.org Thanks!	8/10/2016 4:21 PM
4	Cathy Fulton catherinef@vpqhc.org 802-229-2449	8/5/2016 3:12 PM
5	Not sure the survey instrument was working properly via my iPhone because when I clicked certain options on one question it wouldn't let me use the same category for the next question. Karen Hein karen.hein10@gmail.	8/1/2016 2:42 PM

## Appendix C: Key Informant Interview Results

### **Vermont State Innovation Model (SIM) Sustainability Plan Stakeholder Engagement Process Key Informant Interview Results Prepared by Myers and Stauffer LC**

As the sustainability plan contractor for the State of Vermont (SOV), Myers and Stauffer LC (MSLC) collaborated with the State to identify individuals for key informant interviews. These interviews were performed to identify areas of successful SIM investment that should be sustained and barriers to the sustainability. A total of 12 key informant interviews were conducted, either in-person or via telephone between August 2, 2016 and September 15, 2016. Additionally, MSLC met with Jon Snow Inc. (JSI), the Evaluation contractor for the State, to gain an understanding of their role as the SIM Evaluator and benefit from their insight on the project in an effort to avoid duplication of efforts.

It is noted that some interviewees sat on multiple SIM Stakeholder Groups. Membership and/or chair for the following SIM Work Groups are represented:

- Population Health
- Practice Transformation
- Payment Model Design and Implementation
- Disability and Long-term Services and Supports
- Health Data Infrastructure
- Steering Committee

ACO leadership interviewees were from Community Health Accountable Care (CHAC) and OneCare respectively.

#### **Interview Results**<sup>4</sup>

Interviewees were asked about sustainability; in particular, what SIM projects or aspects of SIM should be sustained at the end of the grant. Interviewees were also asked to state what barriers they saw in sustaining these projects. The following results are listed by focus area.

#### ***Payment Model Design and Implementation (PMDI)***

The PMDI focus area supports the creation and implementation of value based payments for providers in Vermont across all payers. Programs/work interviewees spoke highly of were:

- Blueprint for Health. One interviewee thought that the infrastructure of the Blueprint for Health will be the responsibility of the ACOs in the future.
- Support and Services at Home (SASH) program.
- Two interviewees spoke positively of the Shared Savings Programs (SSP); however, it was noted by one interviewee that the SSP model has a limited life span.

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<sup>4</sup> As the SIM Sustainability on-line survey responses could be submitted anonymously, there is a chance of duplication of results when comparing survey results and interview results.

- One interviewee would like to see more done with the St. Johnsbury pilot as they believe “there is flexibility there. We need to look at that pilot and not just at costs.”
- Bailit Consulting group. This contractor assisted with measure selections and as a national resource on measure specifications. One interviewee states this contractor is needed to support continuing work in this area.

Several interviewees cited the current imprecision regarding the All-Payer Model was a potential barrier for sustainability in the area of payment model design and implementation. Additionally, uncertainty surrounding the governance and structure of the Vermont Care Organization was expressed. Comments/Concerns voiced:

- ACOs will need to be a leader in transparency.
- Two ACOs working together under one financial model will allow them to reallocate resources.
- Concern voiced that once the All-Payer Model is developed, the disability community will be shut out by the ACO.
- One interviewee felt that the State had responsibility to govern the work operations of the ACOs.

Discussions around developing payment models led to the topic of staffing. Two interviewees believed the State would need to sustain some of the newly hired SIM staff to continue to work on payment model innovation.

#### *Practice Transformation (PT)*

The PT focus area enables provider readiness and encourages practice transformation. Interviewees stated they supported the continuation of the Learning Collaboratives (LC), Core Competency Trainings (Care coordination, “Train the Trainer” model) and Regional Collaboratives. Interviewees noted the SIM dollars allowed for support of the LC on a greater State-wide level which has hosted national experts speaking on clinical topics and provided for in-person training sessions. There was concern expressed that after the SIM grant ended the LC would not have the funding to continue to operate at the same level.

Specific sub-grants discussed during interviews as needing to be sustained are RiseVT and the Lab Collaborative. Comments relating to both programs are as follows:

- RiseVT was mentioned as a worthwhile program because it engages kids. One interviewee noted that what SIM is lacking is a focus on children.
- The Lab Collaborative was successful in reaching its goal to reduce unnecessary laboratory testing in hospitalized adults. Barriers noted to sustaining this program are funding and ownership. Interviewee believes the Lab Collaborative owner needs to be a neutral conveyor. Interviewee noted that hospitals can add monies to their budget to continue this work if they choose to.

One interviewee felt that Workforce- Demand Data Collection and Analysis project may be considered to be sustained depending on the outcome, noting the State may want to use that type of model in the future if it is determined to be useful. This would not likely be done yearly, but more on a periodic basis.

### *Health Data Infrastructure (HDI)*

Vermont's SIM HDI focus area aids provider, payer, and State readiness to participate in alternative payment models through implementation of health information technology (HIT) and by improving health information exchange (HIE).

Interviewees who spoke about the HDI focus area agreed that in terms of sustainability, HIT will continue. Many interviewees noted that continued investment is needed to bring HIT to complete fruition. One interviewee noted that this is not really SIM sustainability, but sustainability of effort.

Comments heard about HIE/HIT:

- HIE feels “like a bottomless hole now” and expectations are high.
- Not getting good data from HIE; fairly recently HIE has capacity for data translation and data mapping.
- There has been a decrease in provider burden due to electronic advancements made.
- Lack of interoperability is a concern; provider burden in having to use up to 10 different portals.
- Limited ability of some providers to access HIE.
- 40% of interface work is related to remediation as provider gets new EHR or some EHR change.

Projects under the HDI focus area that interviewees believe should continue to be sustained are as follows:

- Continued investment in quality of data. The terminology services tool, which is part of the “Improve Quality of Data Flowing into HIE” project, was noted as assisting in the progress made in data quality.
- Care Management Tools: Shared Care Plan, Universal Transfer Protocol (UTP), Event Notification System
  - An Event Notification System called PatientPing which alerts providers to real-time admissions and discharge notifications should be sustained. One interviewee noted that the cost for PatientPing should shift to providers and not be a State funded effort.
- Original electronic transfer tool started as simple tool (face sheet; demographics). An interviewee would like the earlier version back as the tool has become too complicated.
- Investments in telehealth need to continue as it is linked to triple aim and improving health of entire population. One interviewee recommended a review of the financial return on telehealth should be performed.

### ***Common Themes***

This section lists common themes identified after review of the collective interview notes.

#### **Potential barriers to sustainability:**

- Funding for ongoing resources
- Delay with decision on the All-Payer Model
- Uncertainty with administration change

**Stakeholder engagement** –Several interviewees strongly stated that stakeholder engagement is the most important or one of the most important results from the SIM grant. This occurred on multiple levels. Interviewees noted the following:



- SIM brought stakeholders together that fostered creative thinking in decision-making.
- Communication between various communities has been a key take away from the SIM work.
- Sustainability is about having the right parties at the table.
- The SIM communication network across providers created cohesion.
- Work Groups created new leadership and central repository of skills.
- “Connections, it’s all about connections.”

**Reform fatigue-** The majority of interviewees referenced fatigue with the process. This is stated to be occurring on different levels including at the Work Group level and provider level. One particular concern described was the number of measures required to be collected by providers.

### ***Other Comments***

Other pertinent comments documented during the course of the interviews are listed below.

- Hospitals and designated agencies are in survival mode, the same with home health.
- Social determinants of health /population health always a top talking point. For example: one clinical measure was measure in A1C level that only looks at process. In Population health, what contributes to the A1C level is: noncompliance with meds, affordability, transportation, live in food desert, what is nutritious food, ability to prepare food, and exercise. We must look at social determinants.
- Care Navigator (shared care management software) being piloted by OneCare should continue.
- Physician leadership falls into 2 camps. One camp appreciates measures and the opportunities for improving. The other camp resents having to do it (old school), especially in primary care in underserved area.
- “You can’t manage what you cannot measure.”
- Population health wasn’t built into VT SIM grant.
- We have very dedicated skilled and well-meaning people, but we need to have a wider view. Money is not being allocated in ways that will accomplish our goals. We are focused on health care, not health.
- Rural areas will continue experience disconnection if infrastructure support isn’t in place to support uniform collaboration.
- Population health is morphing into accountable communities for health. There are communities in Vermont that would be natural for picking up that activity, but not statewide.

## Appendix D: Sustainability Sub-Group Membership List



*SIM Sustainability Sub-Group Membership List*

First Name	Last Name	Organization/SIM affiliation
Lawrence	Miller	Sub-Group Chair; Core Team Chair
Paul	Bengtson	Core Team Member
Steve	Voigt	Core Team Member
Cathy	Fulton	Payment Model Design and Implementation Work Group Co-Chair
Laural	Ruggles	Practice Transformation Work Group Co-Chair
Simone	Rueschemeyer	Health Data Infrastructure Work Group Co-Chair
Deborah	Lisi-Baker	DLTSS Work Group Co-Chair
Karen	Hein	Population Health Work Group Co-Chair
Mary-Val	Palumbo	Health Care Workforce Work Group Co-Chair
Andrew	Garland	Blue Cross Blue Shield of Vermont
Lila	Richardson	Office of the Health Care Advocate
Vicki	Loner	OneCare
Kate	Simmons	CHAC
Holly	Lane	Healthfirst
Paul	Harrington	Vermont Medical Society
Dale	Hackett	consumer; member of PMDI, PT, HDI, DLTSS, and Population Health Work Groups
Stefani	Hartsfield	Cathedral Square; HDI Work Group member
Kim	Fitzgerald	Cathedral Square; member of Steering Committee and PMDI Work Group
Georgia	Maheras	State of Vermont
Sarah	Kinsler	State of Vermont



## Appendix E: Provider Sub-Grant Program Projects

### *Accountable Care Organization Infrastructure Support Projects*

- Healthfirst in collaboration with all participating providers and affiliates of their ACOs: Accountable Care Coalition of the Green Mountains and Vermont Collaborative Physicians.
  - **Status:** This grant has helped transform Healthfirst over the past two years by enabling them to hire personnel, establish an office, create an identity with a new logo and website, and expand their outreach and support to their members.
  - **Sustainability Planning:** Their board's finance committee has been meeting regularly to examine possible options and revenue streams, including a member dues increase and participation in the All-Payer ACO Model, a process in which Healthfirst has been highly engaged for the past 18 months.
- Bi-State Primary Care Association in Collaboration with all Participating Providers and Affiliates of Community Health Accountable Care (CHAC):
  - **Status:** The goal of this project has been to grow and strengthen CHAC, which has participated in all three SSPs, and to increase provider collaboration across the continuum of care in local communities.
  - **Sustainability Planning:** CHAC has been collaborating with OneCare Vermont to work towards a unified organization, known as the Vermont Care Organization (VCO). This joint effort has been a significant part of CHAC's recent work and will continue to be a primary focus moving forward.

### *Community-Wide Public Health Approaches*

- RISEVT Coalition: Northwestern Medical Center in collaboration with all of Franklin County.
  - **Status:** RiseVT is community coalition with a goal to increase the overall health of the population by decreasing the percentage of overweight and obese individuals. They continue to engage businesses schools and municipalities with a strong presence at local events and initiatives. Project leaders are actively participating in infrastructure meetings, sidewalk committees, and recreation committees.
  - **Sustainability Planning:** RiseVT is working with a non-profit planning organization to develop plans for sustainability and identify how best to align best practice approaches.

### *Models that Target High-Utilizers Projects*

- Developmental Disabilities Council with Green Mountain Self-Advocates.

- **Status:** The Institute for Health Policy and Practice worked to identify and recommend best practices in the delivery of health services to adults with intellectual and developmental disabilities (I/DD) in Vermont.
- **Sustainability Planning:** Project is completed. A [final report](#) was issued in March 2016.
- Northeastern Vermont Regional Hospital, in collaboration with Northern Counties Health Care, Rural Edge Affordable Housing, the Support and Services at Home (SASH) Program, the Northeastern Vermont Area Agency on Aging, and Northeast Kingdom Community Services.
  - **Status:** The Caledonia and Essex Dual Eligibles Project aims to reduce overall health care costs, make more efficient use of Medicaid special services, and improve the well-being of clients in their region who are eligible for both Medicare and Medicaid. Accomplishments noted are the health coach has served 80 clients during this grant period and flexible funds have been distributed to 110 individuals.
  - **Sustainability Planning:** Many of the tools and processes learned from this project have already been hardwired into care coordination work.
- Rutland Area Visiting Nurse Association & Hospice in collaboration with Rutland Regional Medical Center, Community Health Centers of the Rutland Region, and the Rutland Community Health Team.
  - **Status:** Project to design and implement a supportive care program for seriously ill patients with congestive heart failure and/or chronic lung disease. Rutland Area Visiting Nurse Association & Hospice collaborated with the new Transitional Care Nurses from both Rutland Regional Medical Center (RRMC) and the Community Health Centers of Rutland Region (CHCRR). Five referrals received and seven patients admitted to the program.
  - **Sustainability Planning:** While this program has demonstrated significant outcomes in a self-evaluation, it was determined there is not a feasible way to continue the program currently. Rutland Area Visiting Nurse Association & Hospice continues to work together with community partners to provide patients in their community with a collaborative approach to health care.
- Southwestern Vermont Hospital.
  - **Status:** Project aims to design and share plans of care and identify gaps in the delivery of integrated health care in the Bennington Service Area. INTERACT, the long-term care program for early identification of condition changes and prompt implementation of clinical interventions (implemented at SVMC's Center for

Living and Rehabilitation), has further expanded to include five Bennington area long-term care facilities.

- **Sustainability Planning:** SVMC has contracted with Polaris to do a financial analysis of the Transitional Care Nursing Program. Preliminary information is positive to support the continuation of this program within the SVMC Operational Budget.
- White River Family Practice, in collaboration with the Geisel School of Medicine at Dartmouth College.
  - **Status:** The purpose of this project is to measure and reduce emergency room use and hospital readmission by intervening to increase patients' level of self-confidence with respect to their health. Recent noted accomplishments include: acceptance of paper to Family Practice Management with information learned to date regarding the project; ongoing development of patient interviewing strategy and focus group with support the Dartmouth Co-op; reallocation of care coordination work to new nurse within the practice; continued monitoring of health confidence with patients; and continued monitoring of utilization of patients at DHMC.
  - **Sustainability Planning:** Grantee stated they have had multiple conversation with third party payers regarding the clinical and cost advantages of continued support for this project. To date, they have not received any commitments. They are also considering a new grant opportunity.

#### *Screening and Interventions Projects*

- InvestEAP with King Arthur Flour.
  - **Status:** This project evaluates the usefulness of screening and evidence-based, short-term treatment for improving the behavioral health of employees at a private workplace.
  - **Sustainability Planning:** Grantee is speaking with two large insurance companies interested in paying for these services after the SIM grant ends.
- InvestEAP in collaboration with the Burlington Community Health Center and Northern Counties Health Care.
  - **Status:** The Resilient Vermont project evaluates whether providing Employee Assistance Program (EAP) prevention and early intervention services to FQHC patients can mitigate life stressors that would otherwise lead to chronic disease. Recent accomplishments include: Increased participant enrollment for project by 66% and continued follow-up intervention services to employees.
  - **Sustainability Planning:** Grantee is speaking with two large insurance companies interested in paying for these services after the SIM grant ends.

- The University of Vermont Health Network – Central Vermont Medical Center.
  - **Status:** The project aims to intervene in tobacco, alcohol, and drug misuse by establishing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the PCMHs at Central Vermont Medical Center (CVMC). Accomplishments to date: Integration of the SBIRT model into five medical homes, Granite City Primary Care, and Women’s Health Clinic here at UVMHN-CVMC.
  - **Sustainability Planning:** Discussing the option of having SBIRT team absorbed by their Community Health Team.

#### *Surgical Variation and Lab Ordering Projects*

- The Vermont Medical Society Education and Research Foundation in collaboration with Vermont’s Hospitalist Physicians and the University of Vermont Medical Center Department of Pathology and Laboratory Medicine.
  - **Status:** This project was designed to reduce wasteful and unnecessary laboratory tests for low-risk surgical candidates in the region.
  - **Sustainability Planning:** The [final report](#) for this project states: “The Faculty and interested hospital team leaders have put together a proposal that has been circulated to all hospital teams with the hope that clinical leaders at these institutions will begin discussions with hospital budget decision makers.”
- Vermont Program for Quality in Health Care, in collaboration with Vermont Association of Hospitals and Health Systems, Vermont College of American College of Surgeons, all Vermont hospitals, and Dartmouth Hitchcock Medical Center.
  - **Status:** Project goal is to collect and submit surgical clinical data to the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) database for the purpose of improving surgical outcomes and performance through data analysis and comparative performance monitoring. Currently, facilitating meetings of collaborative members and surgical clinical reviewers (SCRs); reviewing and trending data entered into National Surgical Quality Improvement Program (NSQIP) workstation; coordinating face-to-face collaborative meetings; providing clinical and technical support to hospitals, Quality Directors, and surgical clinical reviewers (SCRs’) for clinical abstraction; and communicating NSQIP to hospital leadership.
  - **Sustainability Planning:** Project leaders are speaking with insurers about the program and continue to seek opportunities to find additional funding.

DRAFT