VHCIP Sub-grant Program Summary
Round One Grantees

- Healthfirst – ACO Management
- Rutland Area VNA and Associates – Supportive Care for Seriously Ill Patients
- NVRH – Flexible Funding for Community Care Program
- WRFP – Innovative Care Management
- InvestEAP – Resilient Vermont (Stress Reduction)
- VMS Foundation – Pursuing High Value Care (Pre-Operative Testing, Inpatient Lab testing)
- Bi-State – Community Health ACO
The overall goal of the grant is to increase coordination in medical homes between primary care and other clinical practitioners and increasing communication between primary care and specialty physicians.

A significant challenge has been facilitating VCP subcommittees, with weather twice thwarting quarterly ACO Management Committee meetings; the next meeting is in March. To alleviate the difficulty of coordinating the diverse participants, a conference bridge and GoToMeeting account are now available.
Healthfirst – Activities

Recent Accomplishments

Hf has been collaborating with OneCare and CHAC to develop a pan-ACO quality reporting tool in Excel, which is now being finalized; including a joint training webinar to provide an overview of the quality data measurements and collection process practices will be expected to use.

Long-term Activities

- Planning continues for a website redesign and plans are to solicit bids for this project over the summer of 2015.

- Work continues on the exploration of high value alternatives for after-hours care, testing and procedures.
The overall goal of the project is to integrate supportive care and improve quality of life for patients with complex conditions and needs and their caregivers.

The project is encountering difficulty in convincing referrals who are currently stable to utilize services.
New Activities

- Collaborating with local nursing homes to integrate services for CHF/COPD patients to help transition to home after rehabilitating.

Long-Term Activities

- Enroll 10 patients to the supportive care programs by the end of February 2015.
Northeastern Vermont Regional Hospital (NVRH) – Flexible Funding for Integrated Care

- This project will provide flexible funding for goods and services not normally covered by insurance, enabling an integrated multi-disciplinary community care team to better care for clients who are at risk for poor outcomes and high costs of medical care.

- The project is been challenged by the number of services and types of equipment that are ‘uncovered’ by Medicare. There are a surprising number of clients who are ineligible for any other existing case management services and many more who are not ready to make changes in their care.
NVRH – Activities and Accomplishments

- Obtained glasses for patient with diabetes who could not previously read her glucometer or insulin syringe. Her A1c is now in control.
- Filed an appeal with Medicare for a new wheelchair for young disabled mother of 2.
- Connected a 32 year old quadriplegic returning to VT with Voc Rehab and primary care.
- Health Coach has 6 clients receiving regular home visits with a total case load of 34, with 4 patients receiving flexible funds.
- Health Coach partnering with other CHT members, healthcare providers, and community agencies e.g Elks Club program to distribute “recycled” durable medical equipment.
The goal of the project is to measure and reduce emergency room utilization and hospital readmission among patients; use patient confidence metrics to achieve improved disease outcomes and reduced utilization; and to deploy team based care protocols targeting patients with chronic disease.

The project continues to be challenged by data acquisition; BCBSVT data should be delivered soon. Obtaining Medicare data from CMS remains a significant hurdle.
WRFP – Accomplishments and Opportunities

- Developed Motivational Interviewing Curriculum
  - Completed contract with MI specialist
  - Developed schedule to train entire WRFP staff (Kick off 1/13/15)

- eCW CCMR Analytics Implementation
  - Ongoing CCMR tool configuration and work to incorporate DHMC ER/input utilization data into tool

- Health Confidence
  - Ongoing collection of health confidence
  - Have expanded health confidence collection to all patients at WRFP with DM, asthma, ER follow-up, hospital follow-up and CHF.
Project goals are to demonstrate and evaluate impact of behavioral health screening and early intervention on health outcomes and expenditures; introduce broad Employee Assistance Program-like services to FQHC patients to reduce stress; and employ short-term evidence-based treatment protocols to positively impact depression, drug and alcohol use, nutrition, exercise, and smoking behavior.

Early on, not all FQHC clinical staff were fully aware of project and its implications. This necessitated bringing in medical school faculty to explain approach to gain more complete buy-in.
Invest EAP / VTHealthEngage - Activities

- **Ongoing Activities**
  - Continued training of clinical staff in evidence-based behavioral treatment protocols
  - Preparing fidelity/reporting/database software for Health Educator

- **New Activities**
  - 5-day training in treatment protocols
  - 2-day training in software
  - Intensify service delivery

- **Long-Term Activities**
  - Coordination of evaluation plan with project evaluator.
The goal of this project is to reduce the rate of unnecessary laboratory testing in two groups of patients:
- Stabile medical and surgical inpatients
- Low-risk preoperative candidates

Hospital engagement exceeds initial expectations. Both tertiary centers, 4 community hospitals and 2 CAHs participating now. Difficult to justify expense for low inpatient volumes. Second year collaborative will have expanded clinical focus and more appeal to CAHs. Current participation representation in excess of 90% of inpatient beds.
VMS Foundation and UVM - Activities

- **Ongoing Activities**
  - Weekly faculty and management meetings
  - Onsite visits to hospitals for QI, data extraction, and analytic support
  - Monthly billing and clinical data uploads to NORC’s Data Enclave
  - Regional Learning Sessions Feb 12th, April 2nd and June 4th 2015
  - Project website - [http://www.vmsfoundation.org/simgrant](http://www.vmsfoundation.org/simgrant)

- **New opportunities for programmatic support**
  - Interest in seeking long term AHRQ/NIH support – unique database
  - New 2 year $150,000 grant to support leadership aspects of project

- **Long-Term Activities**
  - June 2015 through June 2016 - 2nd collaborative with expanded clinical focus
  - Goal - include 5 CAHs not now contributing data to financial/clinical data base
The goal of the project is to grow and strengthen the Accountable Care Organization (ACO), CHAC, to participate in shared savings programs and to improve quality and reduce the cost of care, particularly for high risk patients.

CHAC continues to be challenged to meet the Medicare requirement that 75% of the Governing Board be made up of organizations that attribute their Medicare lives to the ACO. CHAC’s Board has broad representation and many provider participants already attributed their Medicare lives to the other ACOs (OneCare and ACCGM). A Governing Board Exception Request has been filed with CMS.
CHAC – Activities

- Bi-State will be contracting with VNAs of VT for triage care coordination services complementary with a telemonitoring project. This will allow for the care to remain localized.
- Bi-State received funding from other VHCIP dollars to support data extraction for CHAC’s ACO quality reporting
- CHAC has contracted with a telemonitoring entity to conduct a telemonitoring clinical intervention focusing on Medicare beneficiaries with complex conditions.
- Roll out and implementation of new clinical guidelines in participating health centers will be an ongoing activity