VT Health Care Innovation Project

"Disability and Long Term Services and Supports" Work Group Meeting Agenda

Thursday, January 21, 2016; 10:00 PM to 12:30 PM

4th Floor Conference Room, Pavilion Building

109 State Street, Montpelier

Call-In Number: 1-877-273-4202; Passcode 8155970; Moderator PIN 5124343

Item	Time Frame	Topic	Relevant Attachments	Decision Needed ?
1	10:00 – 10:05	**Welcome; Approval of Minutes** Deborah Lisi-Baker	• Attachment 1a: Meeting Agenda • Attachment 1b: Minutes from December 10, 2015	Yes
2	10:05 – 10:35	**VHCIP 2015 Year in Review** Georgia Maheras	• Attachment 2: VHCIP 2015 Year in Review	
3	10:35 - 11:15	**VHCIP 2016 Draft Work Plans** **a) DLTSS** **b) Payment Models (merged)** **c) Practice Transformation (merged)** **d) Health Data Infrastructure (merged)** Deborah Lisi-Baker, Georgia Maheras, Sarah Kinsler	• Attachment 3a: 2016 DLTSS Work Plan • Attachment 3b: Newly Merged 2016 Payment Models Work Plan • Attachment 3c: Newly Merged 2016 Practice Transformation Work Plan Attachment 3d: Newly Merged 2016 Health Data Infrastructure Work Plan	
4	11:15 – 11:25	**DLTSS Data Gap Remediation Funding Request** Susan Aranoff, DAIL		
5	11:25 – 12:10	**Unified Community Collaboratives and Blueprint for Health Payments** Craig Jones, Jenney Samuelson	• Attachment 5a: Status Update: Unified Community Collaboratives and Blueprint for Health Payments • Attachment 5b: UCC Chart 1-14-16	

6	12:10 – 12:20	**Updates /Next Steps** a) HIPAA Compliant "Releases", Privacy and Confidentiality – David Epstein, DAIL b) Learning Collaborative Core Competency Trainings – Erin Flynn c) DLTSS Payment Reform efforts – Deborah Lisi-Baker		
7	12:20 – 12:30	**Public Comment** Deborah Lisi-Baker	Next Meeting: Thursday, April 7, 2016 10:00 am – 12:30 pm, Pavilion Building, 4th Floor Conference Room, 109 State Street, Montpelier	

Attachment 1b: Minutes from December 10, 2015

Vermont Health Care Innovation Project
DLTSS Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Thursday, December 10, 2015, 10:00am-12:30pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome, Approval of Minutes	Deborah Lisi-Baker called the meeting to order at 10:03am. A roll call attendance was taken and a quorum was not present. A quorum was present after the second agenda item. Ed Paquin moved to approve the September and October minutes by exception. Susan Aranoff seconded. The September minutes were approved unanimously with three abstentions (Martita Giard, Jeanne Hutchins, and Rachel Seelig); the October minutes were approved unanimously with one abstention (Rachel Seelig).	
2. DLTSS Data Gap Remediation Project and Funding Proposal	Susan Aranoff presented on the DLTSS Data Gap Remediation Project, formerly part of the ACTT suite of projects, and discussed proposed next steps. • "Non-Meaningful Use" providers refers to providers who are not eligible for financial incentives and support under the federal Meaningful Use program, which supports HIT adoption among certain provider classes and care settings. One of our goals was to support improved technology infrastructure among providers not eligible for this federal support. • Health Data Infrastructure (HDI) Work Group recommended $800,000 be approved to support improving health information exchange capabilities for Home Health Agencies (HHAs) and Area Agencies on Aging (AAAs), with unanimous support at the work group and the Steering Committee. Conversations with VITL to develop concrete project proposals and budgets are ongoing. Julie Wasserman underscored the Steering Committee's strong support for this proposal, and their recommendation to Core Team to prioritize this proposal and the VITL-VCP proposal. • Georgia provided an update on our SIM budget and No-Cost Extension. Last time this group met, SIM staff were working on a Year 3 Operational Plan. Just before Thanksgiving, CMMI instructed us to submit a No-Cost Extension instead on a very tight timeline. A six month no-cost extension of Year 2 was approved last night; Year 2 will now be an 18-month year and will run through June 2016, with Year 3 starting in July 2017 and ending in June 2017. There will be no changes to current activities that are already in place; however, activities relying on Year 3 funds will not begin until July 2016. The Core Team is eager to review new	

Agenda Item	Discussion	Next Steps
	proposals but needs additional information about our spending to date to do so. Georgia thanked the group for their patience; changes on the federal end create challenges for staff, program managers, and contractors. o It is possible that some of the DLTSS Gap Remediation work could possibly be funded with our Year 2 budget, but we won't know that for a few months. • Barb Prine suggested this group make a recommendation to the Core Team to support this proposal and the VCN Data Quality proposal. Deborah Lisi-Baker commented that there is already strong support from the HDI Work Group and Steering Committee. • Georgia suggested that a presentation to this group in January with additional plans and budgetary information. Julie Wasserman and Deborah Lisi-Baker concurred. • Dale Hackett asked what the Core Team's priorities are. • Joy Chilton commented that she would like additional information before a vote, given the strong support already voiced for this proposal at the HDI Work Group and Steering Committee.	
3. Innovation, Teamwork, and Payment Reform in the Northeast Kingdom	Patrick Flood presented on discussions currently underway in St. Johnsbury (Attachment 3). These discussions have three areas: Choices for Care, mental health, and Integrated Family Services. • St. Johnsbury wants to pilot an Accountable Health Community and a global budget, which he defines as including social services organizations, community organizations, and others beyond clinical care, to improve the health of the community. Each of the work streams above is part of this broader effort. • Choices for Care: Lack of advancement and updates in reimbursement methodology and amounts has been a significant problem for this program, and for participating agencies. St. Johnsbury is proposing: o A bundled rate or case rate for personal care, respite, and companion care provided by the region's HHA. o A team-based case management structure. o Shared savings agreement (details to be determined) to support investment in community services that are currently underfunded, and to support participating organizations' bottom lines. This would require legislative change. The group discussed the following: • Deborah asked about limiting time spent on administrative burden. Patrick suggested setting a common sense limit (10%, for example), and then working to reduce administrative burden to meet it. Julie Tessler noted that the DAs are working together and with the state to identify which measures are critical for internal and external assessment and quality measurement. The DAs do want bundled payments, they are working with IFS, and are working through challenges in shared savings agreements. Julie Tessler also noted that there is a national movement toward Certified Community Behavioral Health Clinics (CCBHCs) and developing cost-based reimbursement similar to how FQHCs are paid. • Bard Hill added that there are financial, political, practical, and outcome elements to this, and suggested we focus on the Triple Aim and improving care for the people we serve. He noted that additional refining is	

Agenda Item	Discussion	Next Steps
	needed as we move into the legislative session to gain support from legislators and others within state government. He noted that Choices for Care was designed in a specific environment and has evolved from there, and would look different if designed from scratch in the current environment. There are also many constituencies involved with competing concerns in some areas. Patrick responded that providers and community organizations in his area are cautiously optimistic. Bard noted that if a solution is going to be budget neutral and some providers receive more money, others will have to receive less. He also commented that we need to ensure no unintended negative outcomes for participants occur. • Sam Liss asked what changes this would cause for individuals. Patrick responded that partnerships with community organizations (for example, transportation providers) are already happening. A more flexible funding structure would support these investments as well as paying for other services that are critical for health. Employment and education could potentially be included; Patrick is open-minded regarding areas for reinvestment. Bard Hill commented that while there are some people of employment age in the Choices for Care program, many are well over retirement age. • Dale Hackett asked how we can change reimbursement and payment to providers to support keeping the system healthy. Patrick commented that there are too many factors to analyze, and called out payment and benefits for personal care attendants as a key issue, as well as efficiency. • Barb Prine asked how, in a time of budget cuts, we ensure that people in need of services keep receiving them. Patrick replied that we should not be making cuts in this area, but rather additional investments. He noted that as a business leader, recapturing savings is an attractive model that would allow him to make investments and generate savings. Patrick also noted that care managers and organizations are already being forced to cut or scale back services to individuals, and there are appeals processes in place. He also noted that there are checks and balances built into a community system. • Rachel Seelig noted that when people apply for and are approved for Choices for Care, they are allocated a set number of hours for services. Patrick suggested that people should be making those decisions with their care managers that are not limited to a few particular types of services, rather than a central decision by the State. • Bard asked how many CFC recipients also receive Medicaid home health services. Patrick responded that the majority receive a combination of services. Bard commented that the current model, focused on 15-minute increments of specific service types, with more flexibility would allow for a combination of service types that would support better outcomes. • Dion LaShay thanked Patrick for his work. He asked whether Patrick or others would present in other areas of the state. Patrick commented that the Bennington and Rutland HHAs are currently merging and are interested in these models. • Nicole LeBlanc asked whether this could allow reinvestment in housing vouchers. Patrick replied that it could. Deborah suggested continuing this conversation in the coming months.	

Agenda Item	Discussion	Next Steps
4. HIPAA Compliant "Releases", Privacy and Confidentiality Issues	Brad Wilhelm and Gabe Epstein presented on HIPAA-compliant releases and privacy and confidentiality issues. • PHI = Protected Health Information – Any information regarding your health that has your name on it or otherwise could be identified as yours. • 42 CFR Part 2 ("Part 2") is a federal law that regulates some providers of mental health and substance abuse services, which strictly restricts a subset of information about services provided by a specific subset of providers/care settings; all Part 2 information is also protected by HIPAA, but not all HIPAA-protected information is covered by Part 2. Release forms for information governed by Part 2 requires a more complex release form. • These discussions came out of releases related to cross-organization shared care plans developed in a number of communities through the Integrated Communities Care Management Learning Collaborative, funded by SIM. • Gabe presented principles for developing a compliant release, and walked through the draft form. o Barb suggested removing the Agency of Human services, which includes DCF, Corrections, and a number of other agencies, and including DAIL instead. Gabe noted it was intended to include AHS field offices. o Ed Paquin commented regarding sharing of PHI and other restricted information within State government and State agencies. Bard noted that there are additional releases involved in applying for State services and programs. Suzanne Santarcangelo noted that there are various rules and regulations that restrict the sharing of PHI and other restricted information within State government. Gabe noted that in most cases, care teams do not include State agencies or State employees (with the exception of VCCI, the Vermont Chronic Care Initiative, which is a DVHA program), and the form notes that providers have their own privacy practices. o Susan Aranoff thanked Legal Aid for the time they have contributed to commenting on and developing this form. o This form will be offered to all of the Learning Collaborative communities. o Barb suggested removing criminal history, children's health and safety assessment, and DCF involvement off the list, and expressed concerns about psychotherapy notes. Gabe commented that there are special HIPAA rules around psychotherapy notes, and that he aimed for over-inclusion in creating this draft form. o Joy Chilton noted that her organization includes psychotherapy notes in their release forms to remind themselves of the additional rules in this area, rather than expecting to use them. o Gabe noted that privacy law is complex and legal opinions are varied. o Erin Flynn commented that the Learning Collaborative pilots are just that, and that in putting this form into use, they will likely identify issues and suggest changes. o Gabe and Erin also noted that a verbal discussion of release forms and confidentiality is important to supplement this form with learning collaborative participants. o Kirsten Murphy suggested that in some situations, children's health information could be highly	

Agenda Item	Discussion	Next Steps
	relevant to this form and suggested it not be entirely removed from the form. o Send further comments to Gabe via email: David.Epstein@vermont.gov.	
5. Updates	*Year 2 No-Cost Extension:* Also discussed during item #2. Work planned for January-June 2016 is still happening, with different federal dollars than initially planned. We will distribute the No-Cost Extension documents later this week – note that it only discusses the January-June 2016 period, and additional information regarding Year 3 (July 2016-June 2017 period) will come later. While this extends the official end date of our project, the timeline of our work is not changing (with a few exceptions) – we had planned to perform some work in 2017 due to claims runout and other issues. *Process for 2016 Work Group Workplans:* The No-Cost Extension process has delayed 2016 workplan development. Workplans will be reviewed by work groups in January, following staff and co-chair review.	
4. Public Comment/Next Steps	**Next Meeting:** Thursday, January 21, 2016, 10:00am-12:30pm • Meetings will be quarterly on first Thursdays going forward (April, July, and October). • Susan Aranoff asked for volunteers or suggestions for people to serve on an advisory team (~10 hours commitment) for the Frail Elders project, and for recommendations for state or national experts in this area. Sue will send an email to the group about this.	

VHCIP DLTSS Work Group Member List

Roll Call: 12/10/2015

Ed Paquin 1 ✓
Sue Aranoff 2 ✓
- by exception
- September 3 abstentions
- October 4 abstentions

Member		Member Alternate		September Minutes	October Minutes	
First Name	Last Name	First Name	Last Name			Organization
Susan	Aranoff ✓					AHS - DAIL
Debbie	Austin	Craig	Jones			AHS - DVHA
~~Mary Alice~~ ✓	~~Bisbee~~	Brenda	Lindemann			Consumer Representative
Molly	Dugan ✓					Cathedral Square and SASH Program
Patrick	Flood ✓					CHAC
Mary	Fredette					The Gathering Place
Joyce	Gallimore					Bi-State Primary Care
Martita	Giard ✓	Susan	Shane ✓	A		OneCare Vermont
Larry	Goetschius	Joy	Chilton ✓			Home Health and Hospice
Dale	Hackett ✓					None
Mike	Hall ✓	Angela	Smith-Dieng ✓			Champlain Valley Area Agency on Aging
Jeanne	Hutchins ✓ ✓			A		UVM Center on Aging
Pat	Jones ✓	Richard	Slusky			GMCB
Dion	LaShay ✓					Consumer Representative
Deborah	Lisi-Baker ✓					SOV - Consultant
Sam	Liss ✓					Statewide Independent Living Council
Jackie	Majoros	Barbara	Prine ✓			VLA/Disability Law Project
Carol	Maroni					Community Health Services of Lamoille Valley
Madeleine	Mongan					Vermont Medical Society
Kirsten	Murphy ✓					Developmental Disabilities Council
Nick	Nichols					AHS - DMH
Ed	Paquin ✓					Disability Rights Vermont
Laura	Pelosi					Vermont Health Care Association
Eileen	Peltier					Central Vermont Community Land Trust
Judy	Peterson					Visiting Nurse Association of Chittenden and Grand Isle Counties
Paul	Reiss ✓	Amy	Cooper			Accountable Care Coalition of the Green Mountains
Rachel	Seelig ✓	Trinka	Kerr	A	A	VLA/Senior Citizens Law Project
Julie	Tessler ✓	Marlys	Waller			DA - Vermont Council of Developmental and Mental Health Services
Nancy	Warner ✓	Mike	Hall			COVE
Julie	Wasserman ✓					AHS - Central Office
Jason	Williams					UVM Medical Center
	~~31~~ 30		11			

#A Q ✓

VHCIP DLTSS Work Group Participant List

Attendance: 12/10/2015

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	VHCIP Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	DLTSS
Susan	Aranoff	here	AHS - DAIL	S/M
Debbie	Austin		AHS - DVHA	M
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Bob	Bick		DA - HowardCenter for Mental Health	X
~~Mary Alice~~	~~Bisbee~~		Consumer Representative	M
Denise	Carpenter		Specialized Community Care	X
Alysia	Chapman		DA - HowardCenter for Mental Health	X
Joy	Chilton	phone	Home Health and Hospice	MA
Amanda	Ciecior	here	AHS - DVHA	S
Peter	Cobb		VNAs of Vermont	X
Amy	Coonradt	here	AHS - DVHA	S
Amy	Cooper		Accountable Care Coalition of the Green Mountains	MA
Alicia	Cooper		AHS - DVHA	S
Molly	Dugan		Cathedral Square and SASH Program	M
Gabe	Epstein	here	AHS - DAIL	S

Patrick	Flood	here	CHAC	M
Erin	Flynn	here	AHS - DVHA	S
Mary	Fredette		The Gathering Place	M
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard	phone	OneCare Vermont	M
Larry	Goetschius		Home Health and Hospice	M
Bea	Grause		Vermont Association of Hospital and Health Systems	X
Dale	Hackett	here	None	M
Mike	Hall		Champlain Valley Area Agency on Aging / COVE	M/MA
Carolynn	Hatin		AHS - Central Office - IFS	S
Selina	Hickman		AHS - DVHA	X
Bard	Hill	here	AHS - DAIL	X
Jeanne	Hutchins	here	UVM Center on Aging	M
Craig	Jones		AHS - DVHA - Blueprint	MA
Pat	Jones	phone	GMCB	S/M
Margaret	Joyal		Washington County Mental Health Services Inc.	X
Joelle	Judge	here	UMASS	S
Trinka	Kerr		VLA/Health Care Advocate Project	MA
Sarah	Kinsler	here		S
Tony	Kramer		AHS - DVHA	X
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Dion	LaShay	phone	Consumer Representative	M
Nicole	LeBlanc	here	Green Mountain Self Advocates	X
Brenda	Lindemann		Consumer Representative	MA
Deborah	Lisi-Baker	here	SOV - Consultant	C/M
Sam	Liss	phone	Statewide Independent Living Council	M
Vicki	Loner		OneCare Vermont	X
Carole	Magoffin	here	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Jackie	Majoros		VLA/LTC Ombudsman Project	M
Carol	Maroni		Community Health Services of Lamoille Valley	M
Mike	Maslack			X

Lisa	Maynes		Vermont Family Network	X
Madeleine	Mongan		Vermont Medical Society	M
Todd	Moore		OneCare Vermont	X
Mary	Moulton		Washington County Mental Health Services Inc.	X
Kirsten	Murphy	here	AHS - Central Office - DDC	M
Floyd	Nease		AHS - Central Office	X
Nick	Nichols		AHS - DMH	M
Miki	Olszewski		AHS - DVHA - Blueprint	X
Jessica	Oski		Vermont Chiropractic Association	X
Ed	Paquin	here	Disability Rights Vermont	M
Annie	Paumgarten	here	GMCB	S
Laura	Pelosi		Vermont Health Care Association	M
Eileen	Peltier		Central Vermont Community Land Trust	M
John	Pierce			X
Luann	Poirer		AHS - DVHA	S
Barbara	Prine	here	VLA/Disability Law Project	MA
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Virginia	Renfrew		Zatz & Renfrew Consulting	X
Suzanne	Santarcangelo	here	PHPG	X
Rachel	Seelig	here	VLA/Senior Citizens Law Project	M
Susan	Shane	here	OneCare Vermont	MA
Julia	Shaw		VLA/Health Care Advocate Project	X
Richard	Slusky		GMCB	S/MA
Angela	Smith-Dieng	here	Area Agency on Aging	MA
Beth	Tanzman		AHS - DVHA - Blueprint	X
Julie	Tessler	here	DA - Vermont Council of Developmental and Mental Health Serv	M
Bob	Thorn		DA - Counseling Services of Addison County	X
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Serv	MA
Nancy	Warner		COVE	M
Julie	Wasserman	here	AHS - Central Office	S/M
Kendall	West			X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	M

Cecelia	Wu	[redacted]	AHS - DVHA	S
Marie	Zura		DA - HowardCenter for Mental Health	X
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Attachment 2: VHCIP 2015 Year in Review

Vermont Health Care Innovation Project 2015: Year in Review

January 2016

Successes: Payment Model Design and Implementation

- Medicaid and Commercial **Shared Savings Programs** (SSPs): Year 2 program implementation; Year 1 savings analyses and distribution; State Plan Amendments approved for Years 1 and 2 of Medicaid SSP; continued provider capacity development.
- Analyses to select and develop **Medicaid Episodes of Care**.
- Continued implementation of Blueprint for Health and Hub & Spoke programs.
- Research to explore and define **Accountable Communities for Health**.
- Collaboration to support development of new payment models for DLTSS providers, including a **Prospective Payment System for Home Health Agencies** and **Medicaid Value-Based Purchasing for Mental Health and Substance Abuse providers**.

Spotlight on PMDI: Counting our Beneficiaries

- Summer 2015 – Stakeholders and CMMI requested we develop unduplicated counts of Vermonters in alternatives to fee-for-service (FFS).
- VHCIP staff worked with payers and other State staff to identify this new number, and to develop a denominator of Vermonters eligible to participate in payment reforms.*
- Total number of Vermonters in an alternative to FFS: 317,922 or 55% of all eligible Vermonters (no duplicates across programs).

* Non-eligible: Medicare Advantage enrollees, Military personnel, uninsured individuals, incarcerated individuals

Successes: Practice Transformation

- **Integrated Communities Care Management Learning Collaborative** continued first cohort and launched second and third cohorts.
- **Disability Awareness Briefs** developed.
- Continued implementation of **Regional Collaboratives**.
- Continued implementation of **Sub-Grant Program**, including two well-attended symposiums.
- **Care Management Inventory** finalized.
- Contractor selected to perform **Workforce Demand Modeling** work.
- **Workforce Supply Data Collection and Analysis** is ongoing.

Spotlight on Practice Transformation: Integrated Communities Care Management Learning Collaborative

- Learning Collaborative is now statewide – expanded to 8 additional communities (11 total).
- Communities are developing processes and tools to better serve at-risk individuals, and engaging in continuous quality improvement.
- Key lessons learned identified:
  - Some of most complex individuals do not have a case manager.
  - Lead case manager may change as individual's needs change.
  - Some individuals have many community partners working with them without realizing this.
- Communities are reporting positive anecdotal results and starting to explore more formal evaluation.

Successes: Health Data Infrastructure

- **Gap Analyses** for ACO and DLTSS providers completed.
- **Gap Remediation** begun for ACO member organizations and Designated Mental Health and Specialized Service Agencies.
- **ACO Gateways** for OneCare and CHAC completed.
- **Data Quality** improvement efforts launched for ACO providers and Designated Agencies.
- **Telehealth Strategic Plan** finalized; RFP for **Telehealth Pilots** released and vendors selected.
- **EMRs acquired** for five Specialized Services Agencies (SSAs) and for the Dept. of Mental Health/State Psychiatric Hospital.
- Contract executed for **Vermont Care Network Data Repository**.
- Business and technical requirements developed for **Universal Transfer Protocol** and **Shared Care Plan** solutions.
- **Event Notification System** contractor selected.
- **Health Data Inventory** completed.

Spotlight on HDI: Shared Care Plans

- Business requirements gathering through the Shared Care Plan/Universal Transfer Protocol project uncovered significant community enthusiasm for a solution:
  - Says one team member: “It not only turned up the pressure on the team to provide a useful tool but really energized us to deliver a high performing solution that would change the way health care was being delivered in those communities.”
- The project completed initial requirement-gathering (both business requirements and technical requirements) and is currently developing a proposal for a solution, to be piloted in 2016.

Successes: Evaluation and Project Management

Evaluation

- **Self-Evaluation Plan** draft submitted to CMMI.
- New **Self-Evaluation Contractor** selected based on revised self-evaluation scope.

Project Management and Reporting

- Launched **Outreach and Engagement** activities, including work toward website redesign.
- Successfully overhauled **Project Governance** structure to support robust stakeholder engagement and expedited decision-making.

Challenges

- Delayed Year 2 budget approval.
- Shift to new governance structure.

Looking Ahead: 2016

- **Payment Model Design and Implementation:**
  - Final year of Shared Savings Programs.
  - Discussion with CMMI regarding launch of 3 Medicaid Episodes of Care.
  - Peer learning opportunity to develop Accountable Communities for Health.
  - Continued work to launch new payment models for Home Health Agencies and mental health/substance abuse providers.

- **Practice Transformation:**
  - Core Competency Trainings focused on general care management skills and DLTSS-specific competencies.
  - Wrap up Integrated Communities Care Management Learning Collaboratives.
  - Wrap up Sub-Grant program.
  - Workforce Demand Modeling, Supply Data Collection and Analysis.

Looking Ahead: 2016 (Continued)

- **Health Data Infrastructure**:
  - Continue Data Quality efforts for DAs.
  - Launch Telehealth pilots.
  - Continue work on DA/SSA Data Warehousing solution, and begin to implement cohesive strategy for developing data systems to support analytics.
  - Launch Shared Care Plan solution pilot, launch Universal Transfer Protocol solution.

- **Evaluation**:
  - Launch of new self-evaluation contract.
  - Implementation of Self-Evaluation Plan.

Looking Ahead: 2016 (Continued)

- Also: **Population Health Plan** development;
- **Sustainability Planning**;
- Launch of final **suite of HDI projects** that could include additional gap remediation (all pending Core Team approval).
- Gathering **lessons learned** from across the project.

Attachment 3a: 2016 DLTSS Work Plan

Vermont Health Care Innovation Project
2016 DLTSS Work Group Workplan

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Quality and Performance						
1	Provide input on quality and performance related to SIM and other relevant activities.	Continue to develop the DLTSS sub-analysis of Medicaid and Commercial ACO SSP quality and performance measures. Presentation of Year 1 and Year 2 results to the DLTSS Work Group.	April 2016 and November 2016			In progress.	Input on quality and performance measures related to SIM payment models provided, as appropriate.
2		Provide input to Payment Models Work Group on performance measures for Episodes of Care initiative.	Q1 2016			Not yet started.	
3		Research and discuss the emerging body of HCBS/LTSS quality and performance measures to provide input for payment and practice reform efforts.					
4		Disseminate information to Practice Transformation and HDI Work Groups and Steering on sample templates/tools on privacy, confidentiality and HIPAA compliant releases for care management. Provide information to support fully accessible tools and processes.					
	DLTSS-Specific Core Competencies						
5	Support continued distribution of Disability Awareness Briefs.	Develop and implement a dissemination plan for the Disability Awareness Briefs.	Ongoing			In progress.	Disability Awareness Briefs distributed widely; lessons learned gathered.
6		Collect lessons learned for incorporation into VHCIP Sustainability Plan.	December 2016			Not yet started.	
7	Support development of Core Competency Training specific to DLTSS core competencies.	Execute contract with vendors to develop both general skills based and DLTSS-specific Core Competency Trainings.	January 2016	Core Competency Training initiatives developed and implemented in collaboration with Practice Transformation Work Group.		In progress.	DLTSS-specific Core Competency Training developed and implemented.
8		Assist in the planning, implementation, and monitoring of Core Competency Trainings both within and beyond the Integrated Communities Care Management Learning Collaborative.	Ongoing			Not yet started.	
9		Presentation to Practice Transformation Work Group on DLTSS-specific Core Competency Training.	Spring 2016			Not yet started.	
10		Ensure sample templates/tools on privacy, confidentiality and HIPAA compliant releases for care management are adequately disseminated for use in SIM sponsored activities.	Ongoing			Not yet started.	

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Payment Models						
11	Review current and planned payment methodologies and, as appropriate, recommend payment methodologies to encourage integration between DLTSS, acute care, and population health.	Develop and propose possible new payment models that reimburse for DLTSS-specific population outcomes. Make recommendations regarding implementation, as appropriate.	April 2016			Not yet started.	Payment models reviewed and recommendations developed to encourage integration between DLTSS, acute care, and population health.
12		Receive presentations on current and possible future use of flexible funds within Medicaid to prevent unnecessary hospitalizations, ER visits, and nursing home admissions, and to promote appropriate use of medications, as well as funding other social safety net services.	April 2016			Not yet started.	
13		Recommend payment methodologies that incentivize providers to bridge the service delivery gap between acute/medical care and long-term services and supports.	July 2016			Not yet started.	
14		Collaborate with Population Health Work Group to develop policy, plans, and strategies to create a viable financial model that supports the development of the Accountable Communities for Heath plan.	September 2016			Not yet started.	
15		Provide input to Population Health Work Group as the group develops recommendations on potential links between prevention financing and payment models.	Q2 and Q3 2016			Not yet started.	
16		Identify barriers and develop strategies to address them in Medicare, Medicaid, and commercial coverage and payment policies for people needing DLTSS services (e.g., DME approval process and coverage; curative and hospice benefits; commercial coverage for attendant care; coverage of medical and mental health services in nursing homes to reduce hospital admissions and improve outcomes). Make recommendations for implementation.	Ongoing			Ongoing.	
	Health Data Infrastructure						
17	Provide recommendations on DLTSS technical and IT needs	Monitor the expansion of health information exchange capabilities for DLTSS and other known “non-meaningful use” providers.	Ongoing			Ongoing.	Recommendations provided as appropriate.
18		As requested, work with the HDI Work Group to support the funding recommendation to provide improved VHIE access for Home Health Agencies and Area Agencies on Aging.	Ongoing			Ongoing.	
19		As requested, work with the HDI Work Group on the procurement and implementation of Uniform Transfer Protocol and Shared Care Plan solutions.	Ongoing			Ongoing.	

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Sub-Grant Program						
20	Receive regular updates on Sub-Grant program activities of interest.	Receive regular updates on sub-grantee activities, progress, and lessons learned, as requested by Work Group members.	Ongoing			Ongoing.	
	Ongoing Updates, Education, and Collaboration						
21	Review 2016 DLTSS Work Group Work Plan.	Review and discuss draft workplan.	January 2016			Not yet started.	Work plan finalized.
22	Coordinate and collaborate with other VHCIP Work Groups, the Steering Committee and Core Team on issues of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups. Projects of interest include: • All-Payer Model • Consolidation of ACOs • Next Generation ACO Model • Medicaid Shared Savings analyses • St. Johnsbury Pilot • Prospective Payment initiatives for Home Health and the DAs • Uniform Transfer Protocol • Shared Care Plans • Event Notification System • Frail Elders project • Workforce Demand Model Recommendations • Workforce Strategic Plan • Population Health Plan	Ongoing	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).		Mechanisms established for monthly co-chair meetings and work group reports to Steering Committee.	Well-coordinated and aligned activities across VHCIP.
23		Provide updates to other work groups on DLTSS Work Group activities.	Ongoing			Not yet started.	
24		Obtain regular updates from other work groups.	Quarterly	Obtain regular updates on work groups' progress as appropriate.		Not yet started.	
25	Provide input into VHCIP Population Health Plan and Sustainability Plan.	Review and comment on VHCIP Population Health Plan Draft.	Late 2016			Not yet started.	Work Group input incorporated into VHCIP Population Health and Sustainability Plans.
26		Review and comment on VHCIP Sustainability Plan Draft.	Late 2016			Not yet started.	
27	Contribute to VHCIP Webinar Series.	Contribute topic, speaker, and moderator suggestions for VHCIP's optional monthly educational webinars for staff and participants.	Monthly			Not yet started.	Twelve webinars conducted on staff- and participant-developed topics.

Attachment 3b: Newly Merged 2016 Payment Models Work Plan

Vermont Health Care Innovation Project
2016 Payment Model Design and Implementation Work Group Workplan

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	ACO Shared Savings Programs (SSPs – Commercial and Medicaid)						
1	Support continued SSP implementation to expand the number of people in the SSPs.	Report on Year 1 Commercial and Medicaid SSP results (including data analyses). If applicable, use sub-analysis to identify driver(s) of savings.	December 2015			In progress.	Stakeholders understand Year 1 results. Stakeholders receive quarterly updates on SSP.
2		Report on Year 2 Commercial and Medicaid SSP results (including data analyses). If applicable, use sub-analysis to identify driver(s) of savings.	October 2016			In progress.	
	Episodes of Care (EOCs)						
3	Support design of 3 EOCs for Medicaid, with implementation of data reports by 3/1/16.	Presentation to work group regarding selected episodes and initial approach.	October 2015			Complete.	Work group votes to approve quality measures; Work Group approves EOC initiative for implementation.
4		Convene clinical sub-group.	February 2016			Not yet started.	
5		Determine proper quality measures for selected episodes.	March 2016		Steering Committee; Core Team	Not yet started.	
6		Develop a strategy for aligning EOC payment model with ACO SSP payment model.	March 2016			Not yet started.	
7		Finalize detailed episode specifications.	April 2016			Not yet started.	
8		Provide progress updates to PMDI Work Group, Steering Committee, and Core Team.	November 2016			Not yet started.	
9	Implement 3 EOCs for Medicaid by 7/1/16.	Create a provider facing reporting template.	June 2016		Steering Committee; Core Team	Not yet started.	Episode reports to providers by end of 2016
10		Receive regular implementation updates.	Ongoing			Not yet started.	
	Accountable Communities for Health (ACH)						
11	Support design and launch ACH peer learning opportunity.	Provide input into design of ACH Peer Learning Opportunity for all interested Health Service Areas.	January 2016	ACH Peer Learning Opportunity activities are in collaboration with the Population Health Work Group.		In progress.	Peer learning system designed and launched; ACHs included in VHCIP Sustainability Plan.
12		Launch ACH peer learning opportunity for all interested Health Service Areas.	February 2016		Steering Committee; Core Team	Not yet started.	
13		Receive regular implementation updates.	Ongoing			Not yet started.	
14		Provide input to support incorporation of ACH activities into VHCIP Sustainability Plan.	December 2016				
15	Research and feasibility study regarding the St. Johnsbury pilot program ongoing	Continue monthly work group meetings. Report on findings and next steps to create an ACH in St Johnsbury	March 2016	St. Johnsbury Pilot Team	Steering Committee; Core Team	Ongoing.	

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Prospective Payment System – Home Health						
16	Support development of Prospective Payment System for Home Health Agencies.	Provide input into design of PPS for HHAs as appropriate.	Ongoing/ Upon Request	DVHA leadership		Ongoing.	PPS design completed for HHAs
	Medicaid Value-Based Purchasing – Mental Health and Substance Abuse						
17	Support development of Medicaid value-based purchasing (VBP) models for mental health and substance abuse services.	Provide input into design Medicaid VBP models for mental health and substance abuse services as appropriate.	Ongoing/ Upon Request		Steering Committee; Core Team		
	All-Payer Model						
18	Receive updates on all payer model feasibility analyses as appropriate.	Monthly updates on all-payer model.	Ongoing/ Upon Request				
	State Activities to Support Model Design and Implementation						
19	Support state activities to support model design and implementation.	Provide input into activities as appropriate, including Integrating Family Services expansion	Ongoing/ Upon Request	IFS leadership team		Ongoing.	New payment model developed for IFS program and expansion.
20		Review and approve proposed IFS quality measures	May 2016		Steering Committee; Core Team		New quality measures in place.
21		Review DLTSS Work Group recommendations on new payment models focused DLTSS populations and providers.		DLTSS Work Group			
22	Receive regular updates as needed and appropriate.	Receive updates on DVHA activities to support model design and implementation, including necessary Medicaid state plan amendments (SPAs), contracting, and program monitoring and compliance plans.	Ongoing/ Upon Request				
23	Receive update on Frail Elders project.	Work group to receive update on Frail Elder project funded by SIM in 2015. Work group to receive two updates in CY 2016	February and June 2016			Ongoing.	Work Group updated.
24	Consider inclusion of population health and prevention activities.	Discuss financing strategies and payment models for inclusion of population health and primary prevention in current and future payment reform activities.	Ongoing			Ongoing.	Robust ongoing discussion; inclusion of population health activities in payment models as appropriate.

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
Ongoing Updates, Education, and Collaboration							
25	Reporting on all SIM milestones in Payment Model Design and Implementation focus area; review DLTSS and Population Health activities and recommendations.	Review one-page monthly status updates for all Payment Model Design and Implementation work streams.	Monthly			Ongoing.	Written and verbal monthly updates on all payment models.
26	Review 2016 Payment Model Design and Implementation Work Group Workplan.	Review and discuss draft workplan, developed with DLTSS and Population Health staff and co-chair input.	January 2016				Workplan finalized.
27	Coordinate and collaborate with other VHCIP Work Groups on other activities of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups.	Ongoing	Coordinate with other work groups to identify activities of interest and establish regular communication.		Mechanisms established for monthly co-chair meetings and work group reports to Steering.	Well-coordinated and aligned activities across VHCIP.
28		Provide updates to other work groups on Payment Model Design and Implementation Work Group activities.	Ongoing			Ongoing.	
29		Obtain regular updates from other work groups.	Monthly	Obtain regular updates as appropriate.		Ongoing.	
30	Provide input into VHCIP Population Health Plan and Sustainability Plan.	Review and comment on VHCIP Population Health Plan Draft.	Late 2016	Plan outline or draft developed by Population Health Work Group.	Population Health Work Group; Steering Committee; Core Team	Not yet started.	Work Group input incorporated into VHCIP Population Health and Sustainability Plans.
31		Review and comment on VHCIP Sustainability Plan Draft.	Late 2016	Plan outline or draft developed by project leadership.	Core Team	Not yet started.	
32	Contribute to VHCIP Webinar Series.	Contribute topic, speaker, and moderator suggestions for VHCIP's optional monthly educational webinars for staff and participants.	Monthly			Not yet started.	Twelve webinars conducted on staff- and participant-developed topics.

Attachment 3c: Newly Merged 2016 Practice Transformation Work Plan

Vermont Health Care Innovation Project
2016 Practice Transformation Work Group Workplan

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
Integrated Communities Care Management Learning Collaborative							
1	Support continued implementation of Integrated Communities Care Management Learning Collaborative, including monitoring and reporting.	Continue implementation of Integrated Communities Care Management Learning Collaborative to all interested communities.	Ongoing			Active implementation in 11 communities state-wide.	Increased uptake of identified process measures, provider and recipient of care satisfaction surveys; and identified program outcome measures.
2		Develop tools, with the assistance of expert faculty and project staff, to support participating communities in implementing the principles of integrated care management. Examples include: shared care plans, eco-maps, root cause analysis, and tools for sharing private client information in a multi-organizational care team.	Ongoing	Receive input from DLTSS Work Group on tools for sharing private client information in a multi-organizational care team.		Comprehensive tool-kit expected by end of first quarter, 2016.	Increased use of key tools across participating communities.
3		Develop measures of program effectiveness to support internal reporting and evaluate impact.	Ongoing			Process measures collected on a bi-monthly basis. Recipient of care satisfaction survey in pilot phase. Provider satisfaction survey and outcome measures in development.	Implementation of all components of evaluation strategy.
4		Compile and share information with participants regarding "conflict-free" case management practices contained in CMS Home and Community-Based Services (HCBS) regulations.	Q1 or Q2 2016	Receive input from DLTSS Work Group and subject matter experts.		Subject matter experts identified, research underway.	Information made available for all participants in the learning collaborative.
5		Provide updates on progress, findings, and lessons learned to Steering Committee, Core Team, and relevant work groups; identify processes and tools to support continued work after SIM (i.e., shared care plan forms, HIPAA-compliant releases to support shared care planning process).	Ongoing			Updates provided on an ad hoc basis.	Updates provided and feedback incorporated into project planning and implementation.
6		Collect Learning Collaborative lessons learned for incorporation into VHCIP Sustainability Plan.	Sept 2016			Lessons learned captured on an ongoing basis as revealed through implementation activities.	Lessons learned incorporated into VHCIP sustainability plan.

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
7	Support the development of Core Competency Trainings for front line care managers and other service providers, focused on general care management skills and DLTSS-specific competencies.	Execute contract with vendor(s) to develop Core Competency Trainings focused on general care management skills and DLTSS-specific competencies.	January 2016	Receive input from and provide updates to DLTSS and Workforce Work Groups, Steering Committee and Core Team.		Vendor selection completed; contracts under development.	Vendor selected and implementation plan and timeline finalized.
8		Support and monitor core competency training development in collaboration with vendor(s).	January -March 2016	Receive input from and provide updates to DLTSS and Workforce Work Groups, Steering Committee and Core Team.		Training development in early stages, pending contract execution.	Development of content for Core Competency Trainings focused on general care management skills and DLTSS-specific competencies.
9		Develop and execute implementation plan for Core Competency Trainings focused on general care management skills and DLTSS-specific competencies on a state-wide basis; including incorporation of a sustainability plan.	April – Dec 2016	Receive input from and provide updates to DLTSS and Workforce Work Groups, Steering Committee and Core Team.		Implementation plan in early states, pending contract execution.	Core competency training provided.
10		Develop and disseminate tool kit for Disability Awareness Briefs developed by DLTSS Work Group.	Ongoing	Provide updates to and receive guidance from DLTSS and Workforce Work Groups.	DLTSS Work Group	Disability awareness briefs developed, tool-kit dissemination plan in early stages.	Disability awareness tool-kit available across the state.
11		Develop measures of program effectiveness to support internal reporting and evaluate impact.	Ongoing			Program monitoring and evaluation plan in early stages pending contract execution.	Monitoring and evaluation plan executed.
	Regional Collaborations						
12	Support continued implementation and expansion of regional collaborations in 14 Health Service Areas.	Continue implementation of regional collaborations in 14 Health Service Areas.	Ongoing	Continued partnership with Blueprint for Health and all Vermont ACOs.		Ongoing.	Regional collaboratives established and implementing quality improvement projects.
13		Provide updates on progress, findings, and lessons learned to Steering Committee, Core Team, and relevant work groups.	Ongoing			Updates occurring on an ad hoc basis.	Updates provided on an ad hoc basis.
	Sub-Grant Program						
14	Continue sub-grant program; convene sub-	Continue to provide quarterly reports on sub-grantee activities and progress to Work Group; provide updates on progress, findings, and	Ongoing			Sub-Grant program underway, updates provided on an ad hoc basis.	Sub-grantees convened at least twice, updates

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	grantees at least twice; use lessons from sub-grantees to inform project decision-making.	lessons learned to Steering Committee, Core Team, and other relevant work groups as requested.					provided to work group and lessons learned carried forward.
15		Sub-grantees present to Work Group.	At least 6 through-out 2016			Sub-grantee presentations planned for upcoming meetings.	
16		Collect sub-grant program lessons learned for incorporation into VHCIP Sustainability Plan.	Sept 2015			Ongoing.	
17	Provide technical assistance to sub-grantees as requested by sub-grantees.	Provide technical assistance to sub-grantees as requested; requests to be reviewed and approved by VHCIP staff according to written process currently in place.	Ongoing			Ongoing.	Technical assistance provided.
	Ongoing Updates, Education, and Collaboration						
18	Reporting on all milestones in the Practice Transformation focus area; review DLTSS and Population Health activities and recommendations.	Review one-page monthly status updates for all Practice Transformation work streams.	Monthly			Ongoing.	Written and verbal monthly updates on all practice transformation activities; lessons learned and scalable interventions identified.
19		Identify lessons learned from Practice Transformation Work Group activities, focusing on scalable interventions, processes, and tools that can be used beyond SIM.	Ongoing			Not yet started.	
20	Review 2016 Practice Transformation Work Group Work Plan.	Review and discuss draft workplan, developed with DLTSS and Population Health staff and co-chair input.	Dec 2015-January 2016			Not yet started.	Work plan finalized.
21	Coordinate and collaborate with other VHCIP Work Groups on other activities of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups.	Ongoing	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).		Mechanisms established for monthly co-chair meetings and work group reports to Steering Committee.	Well-coordinated and aligned activities across VHCIP.
22		Provide updates to other work groups on Practice Transformation Work Group activities.	Ongoing			Not yet started.	
23		Obtain regular updates from other work groups.	Monthly	Obtain regular updates		Not yet started.	

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
		Projects of interest include: • Shared Care Plan and Universal Transfer Protocol • Accountable Communities for Health Peer Learning Lab • Population Health Plan		on work groups' progress as appropriate.			
24	Provide input into VHCIP Population Health Plan and Sustainability Plan.	Review and comment on VHCIP Population Health Plan Draft.	Late 2016	Plan outline or draft developed by Population Health Work Group.	Population Health Work Group; Steering Committee; Core Team	Not yet started.	Work Group input incorporated into VHCIP Population Health and Sustainability Plans.
25		Review and comment on VHCIP Sustainability Plan Draft.	Late 2016	Plan outline or draft developed by project leadership.	Core Team	Not yet started.	
26	Contribute to VHCIP Webinar Series.	Contribute topic, speaker, and moderator suggestions for VHCIP's optional monthly educational webinars for staff and participants.	Monthly			Not yet started.	Monthly webinars conducted on staff- and participant-developed topics.

Attachment 3d: Newly Merged 2016 Health Data Infrastructure Work Plan

Vermont Health Care Innovation Project
2016 Health Data Infrastructure Work Group Workplan

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Expand Connectivity to HIE						
1	*Gap Remediation* Remediate data gaps that support new payment and care models, as well as quality measurement needed to support those models, as identified in gap analyses (ACO and LTSS Gap Analyses).	If funds approved by Steering Committee and Core Team, support continued data connectivity technical support to ACO member organizations; receive regular reports on progress.	Ongoing		Steering Committee; Core Team	In progress, additional work proposed.	Connections of ACO Member Health Care Organizations increased.
2		If funds approved by Core Team, develop data remediation plan for gaps identified in LTSS technical assessment. Launch Data Gap Remediation for non-MU providers, including LTSS providers (dependent on funding approval by Core Team); receive regular reports on progress and provide input to support incorporation of these activities into VHCIP Sustainability Plan.	January 2016/ Ongoing		Core Team	Proposed.	LTSS organization connections to the VHIE improved.
	Improve Quality of Data Flowing into HIE						
3	Engage in work flow improvement activities at provider practices to improve the quality of the data flowing into the VHIE. These will be identified in gap analyses and analytics, including the LTSS gap analysis.	If funds approved by the Steering Committee and Core Team, support continued workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses; receive regular reports on progress.	January-December 2016			In progress.	ACO Member data quality improved. DLTSS provider data quality improved.
4	Continue data quality initiatives with the DAs/SSAs.	If funds approved by Core Team, support continued workflow improvement activities at Designated Mental Health Agencies (DAs) as identified in gap analyses; receive regular reports on progress.	January-December 2016			In progress.	DA/SSA data quality improved.
	Telehealth						
5	*Telehealth Implementation* Launch a fully accessible telehealth program as defined in Telehealth Strategic Plan.	Support implementation of 12-month telehealth pilots; receive regular reports on progress.	January-December 2016	Release of telehealth RFP, select pilot projects, launch pilots.		Ongoing.	Technical assistance provided.
6		Collect telehealth program lessons learned for incorporation into VHCIP Sustainability Plan.	December 2016				

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Data Warehousing						
7	Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions.	*DA/SSA Data Repository:* Support improved integration of the DA/SSA data through the development and implementation of the VCN Data Repository.	Ongoing			In progress.	DA/SSA Data Repository developed and deployed.
8		Support development of a cohesive strategy for warehousing/data analytics systems, selection of solutions, and implementation of solutions.	January-April 2016			In progress.	Project plan developed and initiation of the project begun.
9		*Clinical Registry:* Support migration of the DocSite to the VITL infrastructure.	January 2016			In progress.	DocSite license migrated and implementation beginning.
	Care Management Tools						
10	Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development.	*Shared Care Plan:* As appropriate, support procurement and implementation of an electronic solution to create and maintain shared care plans across community providers.	January-December 2016			In progress.	Shared Care Plan solution identified and potentially deployed depending on the identified outcomes.
11		*Uniform Transfer Protocol:* As appropriate, support procurement and implementation of an electronic solution to share uniform transfer protocols during care transitions.	January-December 2016			In progress.	Universal Transfer protocol solution identified and deployed.
12		*Event Notification System:* As appropriate, support procurement of a system to improve communication in the transition of care process among providers. Provide information on clinical events such as hospitalizations or discharges to providers.	November 2015-December 2016			In progress.	Communications during care transitions improved through ENS.
	General Health Data						
13	*HIE Planning* Identify HIE connectivity targets; provide input into HIT Plan.	Provide comment on HIT Plan.	January-March 2016			In progress.	Comments provided.
14		Discuss connectivity targets for 2016-2019 and make a recommendation to the Steering Committee and Core Team.	January-June 2016			Proposed.	Connectivity targets identified, documented, and recommended.
15		Discuss a) Informed Consent and general confidentiality issues and b) Federal rules contained in 42 CFR Part 2 Confidentiality Protections.	January-December 2016			Not yet started.	Informed Consent and 42 CFR Part 2 discussed.

	VHCIP Objectives	Work Group Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Ongoing Updates, Education, and Collaboration						
16	Reporting on all milestones in the Health Data Infrastructure focus area; review DLTSS and Population Health activities and recommendations.	Review one-page monthly status updates for all Health Data Infrastructure work streams.	Monthly			Ongoing.	Written and verbal monthly updates on all payment models.
17	Review 2016 Health Data Infrastructure Work Group Workplan.	Review and discuss draft workplan, developed with DLTSS and Population Health staff and co-chair input.	January 2016				Workplan finalized.
18	Coordinate and collaborate with other VHCIP Work Groups on other activities of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups.	Ongoing	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).		Mechanisms established for monthly co-chair meetings and work group reports to Steering Committee.	Well-coordinated and aligned activities across VHCIP.
19		Provide updates to other work groups on Health Data Infrastructure Work Group activities.	Ongoing			Ongoing.	
20		Obtain regular updates from other work groups.	Monthly	Obtain regular updates on work groups' progress as appropriate.		Ongoing.	
21	Provide input into VHCIP Population Health Plan and Sustainability Plan.	Review and comment on VHCIP Population Health Plan Draft.	Late 2016	Plan outline or draft developed by Population Health Work Group.	Population Health Work Group; Steering Committee; Core Team	Not yet started.	Work Group input incorporated into VHCIP Population Health and Sustainability Plans.
22		Review and comment on VHCIP Sustainability Plan Draft.	Late 2016	Plan outline or draft developed by project leadership.	Core Team	Not yet started.	
23	Contribute to VHCIP Webinar Series.	Contribute topic, speaker, and moderator suggestions for VHCIP's optional monthly educational webinars for staff and participants.	Ongoing			Not yet started.	Monthly webinars conducted on staff- and participant-developed topics.

Attachment 5a: Status Update: Unified Community Collaboratives and Blueprint for Health Payments

VERMONT

Department of Vermont
Health Access

VERMONT Blueprint for Health

Smart choices. Powerful tools.

Status Update: Unified Community Collaboratives and Blueprint for Health Payments

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2015 Strategy for Building Community Health Systems and Aligning Blueprint and ACO Efforts

Strategies:

- Unified Community Collaboratives (quality, coordination)
- Performance Reporting and Data Utility
- Stabilize funding for community health teams
- Increase per patient per month payments for medical homes and enhanced medical home payment model

Forming the Unified Community Collaboratives (UCC)

- Blueprint and the ACOs had stakeholder workgroups
- Efforts were made to combine these local Blueprint and ACO stakeholder meetings
- The focus of the groups is on improving ACO and population health measures, including quality projects and coordinating health and community based services
- Named different things in different communities (UCC, Regional Clinical Performance Communities (RCPC), Community Health Action Team (CHAT), etc.

Structure of the Unified Community Collaboratives

- Leadership teams were formed to identify priority area based on state priorities
- Recommended Leadership teams includes: clinical leaders from independent and federally qualified health center (FQHC) primary care practices, local hospital, mental health agency, area agency on aging, home health agency, pediatrics, housing organization, plus additional locally selected members (recommended not to exceed 11)
- Involve additional community stakeholders

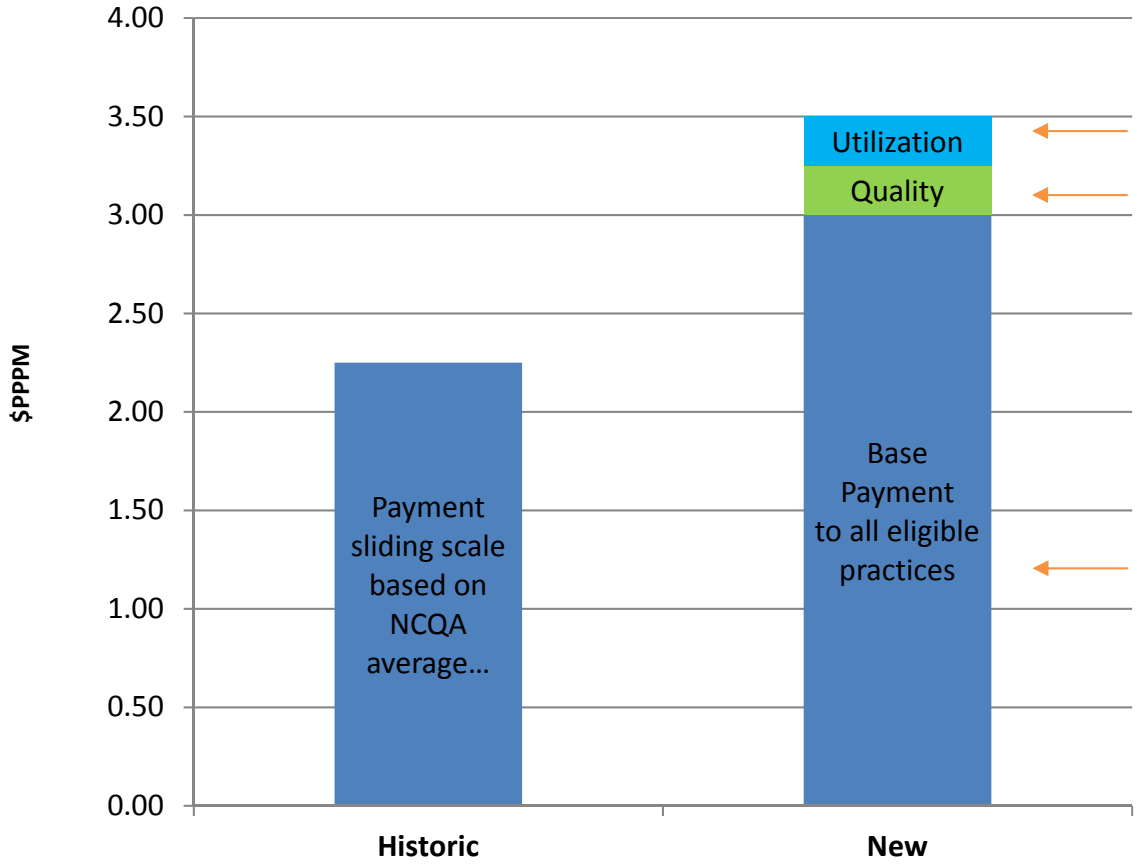
Workgroups of the Unified Community Collaboratives

- Committees or workgroups were created to implement specific quality and coordination projects, for example:
  - Enhancing care coordination across organizations
  - Reducing emergency room use
  - Decreasing hospital admissions
  - Increasing hospice utilization
  - Addressing addiction

Unified Community Collaboratives

- Initiatives are underway to support the workgroups:
  - VHCIP Integrated Communities Care Management Learning Collaborative
  - Care Management Core Competency Training, including a specific core competencies on working with individuals who have a disability or are receiving long them support services
  - OCV Care Management Toolkit

Comparison of current and proposed medical home payments



Payment tied to practice results on Health Partners Total Utilization Index

Payment tied to service area results* based achieving benchmarks or percent change ACO measures:
- Diabetes in control
- Ambulatory care sensitive admissions
- Developmental screening
- Adolescent well child visits

Payment tied to practice activity
- Participation in community initiatives**
- Recognition on NCQA standards***

*Incentive to work with community partners to improve service area results.
**Organize practice and CHT activity as part of at least one community quality initiative per year.
***Payment tied to recognition on NCQA PCMH standards with any qualifying score.

Blueprint Website:

http://blueprintforhealth.vermont.gov/

Questions?

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Attachment 5b: UCC Chart 1-14-16

Regional Committees/Areas of Quality Improvement Work 01/2016

Health Service Area	Regional Meeting Name	Charter	Consumer	Priority Areas of Focus	Project(s)	Other Attendees
Bennington **Contact: Jennifer Fels** Jennifer.fels@svhealthcare.org	Bennington Regional Clinical Performance Committee	☑	☑	• New for 2016: Accountable Community for Health • Medication reconciliation • Transitional Care • ED Utilization • 30 day all cause readmissions • CHF • COPD • ADRC (Aging and Disability Resource Connection, a partnership of Council on Aging, BP, SVMC, VCIL and Brain Injury Association for options counseling and a shared care plan)	• Community Care Team (Community Services/Agencies meet to address the needs of patients with high ED Utilization) • April Retreat of RCPC and Community Partners re: Accountable Community for Health	BP, OCV, SNF, HHA, DA, private practices, SVMC, HF (pending) & OCV, SASH, Council on Aging, VDH, AHS, Bennington Free Clinic
Central Vermont **Contact: Mark Young** mark.young@cvmc.org	Community Alliance for HealthExcellence (CAHE)	☑	☑	Use of decision matrix tool to arrive at: • Care Coordination • CHF • Adverse Childhood Events- maybe in relation to ED visits • SBIRT	IC Care Coordination Learning Collaborative	CVMC, CVHH, WCMH, VDH, SNF, community transport, BP, OCV CHAC, housing, AAA, Substance abuse treatment agency, Family Center
Brattleboro **Contact: Wendy Conwell** **wcornwell@bmhvt.org**	Integrated Communities Care Management Collaborative End of Life Care Project Group	☑	☑	• Reduce emergency room use and improve quality of life for people who experience symptom of a mental health and/or substance abuse disorder • Hospice utilization and improve quality of life for hospice patients • Considering a third RCPC based on	Integrated Communities Care Management Learning Collaborative Hospice RCPC RCPC Leadership Group	BMH, BP, HHA, SNF, DA, OCV, VNAs, Brattleboro Retreat, PCPs, VDH, CHT, ED, SASH, Housing Authority, HCRS, Senior Solutions,

Regional Committees/Areas of Quality Improvement Work 01/2016

	RCPC Leadership Group Note: ACO Steering Committee oversees RCPC			findings of 2015 Community Health Needs Assessment		BMH Care Coordinator, GroundWorks, Turning Point, Brattleboro Hospice, Oncology
Burlington **Contact: Dr. Claudia Berger** **Claudia.berger@uvmhealth.org**	Chittenden County Regional Clinical Performance Committee	☑	Under discussion	• Improving care coordination learning collaborative • Reduction in ED utilization • Increase in hospice utilization	IC Care Coordination Learning Collaborative	UVM MC, CHCB, HHA, DA, housing, DAIL, VDH, QIO, VCCI, SNF, SASH, pediatrician, CVAA, Planned Parenthood, CHAC, HF & OCV
Middlebury **Contact: Susan Bruce** **sbruce@portermedical.org**	Community Health Action Team (CHAT)	☑		• Improving care coordination for high risk patients • Opioid use management? • ED Utilization	IC Care Coordination Learning Collaborative	Porter, BP, HHA, DA, PCPs, VCCI, AAA, transportation, VDH, PPNE, SASH, Elder Services, Turning Point, United Way, FQHC, Parent Child Center CHAC, HF and OCV
Morrisville **Contacts: Corey Perpall** **cperpall@chslv.org** **Adrienne Pahl** apahl@chslv.org	UCC	☑		• 30 day all-cause readmissions/medication reconciliation • Care coordination for people who have high levels of risk • ED utilization	IC Care Coordination Learning Collaborative	Copley, BP, DA, SNF , Health First, Private practices, Home Health CHAC & OCV

Regional Committees/Areas of Quality Improvement Work 01/2016

				• Developmental screening		
Newport **Contact: Julie Riffon** **jriffon@nchsi.org**	UCC/RCPC	✓	✓	• ED utilization • Obesity • Increased hospice utilization and length of stay • CHF/COPD	IC Care Coordination Learning Collaborative	North Country Hospital ,BP, HHA, VCCI, DA CHAC & OCV, VDH, AHS,AAA, Local housing Authority/SASH
Randolph **Contact: Jennifer Wallace** jwallace@GiffordMed.org	Randolph Executive Community Council	✓		• Enhancing care coordination and shared care planning	IC Care Coordination Learning Collaborative	OCV, CHAC, VNA, Home Health, DA, SASH/Housing, transporation, SNF, Food bank, BP, AAA
Rutland **Contacts: Darren Childs, Rick Hildebrandt** dchilds@rrmc.org rhildebrandt@rrmc.org	RCPC	✓		• COPD- ways to rank /stratify • CHF • Transition of care • Palliative care- increase in referrals • EMR Order set • Patient Education	Supportive Services VHCIP grant New transitions of care staff	RRMC (Respiratory, PI, CHT, Heart Center, Cancer Center, Case Management, Hospitalist, pharmacy) SNF, , CHCRR, MVHW, HHA, DA CHAC, HF and OCV
Springfield **Contact: Maureen Shattuck** **mshattuck@springfieldmed.org** **Trevor Hanbridge** **thanbridge@pringfieldme.org**	Springfield Unified Community Collaborative	✓	SMCS Panel Reports created; further extraction ongoing. CMLC participants identifying 5 people served	• Care Management Learning Collaborative: adults with 5+ ED visits/12 months with MH dx and 3+ chronic health conditions	IC Care Coordination Learning Collaborative	HHA, Every practice in the Springfield (SMCS) health system, BP, CHAC, OCV, Adult day, 211, SNF, DCF, VHC, AAA,

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			by each participating organization for participation in CMLC.			housing/SASH, VDH, SEVCA, DA
St. Albans **Diane Leach** **Contact:** dleach@nmcinc.org	RCPC	☑	Working on it	• CHF admissions • ED utilization • 30 day all-cause readmissions • Hospice utilization	IC Care Coordination Learning Collaborative Primary Care Learning Collaborative	NWMC, VDH, Franklin County Rehab, DA, HHA, BP, HF, FQHC, CHAC & OCV
St. Johnsbury **Contact: Laural Ruggles** **L.Ruggles@nvrh.org**	Cal-Essex Accountable Health Community	☑	☑	• Improving care coordination learning collaborative • Reduction in all cause readmissions • Increase hospice utilization • Food insecurity • Housing • Focus on COPD and Vulnerable Families and Children	IC Care Coordination Learning Collaborative Collective Impact	NVRH, NCHC, VDH, community action, DA, AAA, HHA, FQHC, Housing organization, food security organization, BP, CHAC & OCV
Townshend **Contact: Danny Ballantine** **dballantine@gracecottage.org**	RCPC	☑		• Decrease ED utilization (looking at those who use > 4x/year) • CHF – use of Brattleboro clinic		Grace Cottage, BP, SASH, VCCI, VDH, CHAC & OCV
Windsor **Contact: Jill Lord** Jill.m.lord@mahhc.org	Windsor HSA Coordinated Care Committee	☑		• Decrease ED utilization- use of survey tool for high utilizers as well as those with COPD who use ED • Opioid use management • COPD • Shared Care Plan	IC Care Coordination Learning Collaborative	Mt. Ascutney, OCV, BP, HHA, DA, SASH, AAA, SNF, VDH, Homeless, CMS/Qualidigm, Southern VT. Health Education Center, White River Family Practice, VPQHC, VCCI

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Upper Valley **see note below** **Contact: Donna Ransmeier** **dransmeier@littlerivers.org** HealthFirst: White River service area BP: White River = Windsor & Bradford meeting CHAC = Upper Valley (Bradford meeting) OCV: Lebanon and White River = Randolph	UCC/RCPC	☑	☑	• Follow-up for patients with ER/hospitalization for a mental health reason within 7 days of d/c • COPD • CHF • Chronic Pain and Opioid Use Mgmt	VCHIP & CHAMP Collaboratives: • Children With Special Health Needs • Asthma Adolescent Well Care Visits	CHAC, DA, HHA, Pediatric Services, Dartmouth Hitchcock, VNA, BP, substance abuse treatment, VDH

*Updated 01/14/2016

CHAC = Community Health Accountable Care
HF= Health First
OCV = OneCare Vermont
BP= Vermont Blueprint for Health
SNF= Skilled Nursing Facility
HHA= Home Health Agency
DA= Designated Mental Health Agency
VDH = Vermont Department of Health
AAA = Area Agency on Aging

** Note high of projects around palliative care/hospice
*** Potential areas of sharing: Decision Matrix (Berlin)
ACE work (Berlin)
Strategies for sharing of clients
ED surveys (Windsor)

1. This catchment area is not uniform in representation from various organizations. For OCV this area is identified as Lebanon because the DHMC providers have attribution for Medicaid and Commercial programs. CHAC refers to it as the upper valley and is starting a community meeting in Bradford and the BluePrint puts this area into Windsor. We will continue to work on the commonalities of this service area to assure representation and identification of needs.