



**Vermont Health Care Innovation Project
Practice Transformation Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Tuesday, November 8, 2016, 10:00am-12:00pm, Oak Conference Room, Waterbury State Office Complex

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approve Meeting Minutes	Laural Ruggles called the meeting to order at 10:01am. A roll call attendance was taken and a quorum was not achieved.	
2. Sustainability Plan Update Georgia Maheras	<p>Sustainability Plan Update: Georgia J. Maheras, Esq., Deputy Director of Health Care Reform for Payment and Delivery System Reform and Director, Vermont Health Care Innovation Project</p> <p>The VHCIP sub-group has been working throughout the month of October to discuss SIM sustainability. A draft document will go out for review and public comment early next week, along with the monthly project status reports. There will be “roadshows” for all of the VHCIP work groups in November, although Practice Transformation will review the document during its December meeting.</p> <p>The Sustainability contractor, Meyers & Stauffer, is working on the draft document and inputs to the document include a sustainability survey that was part of a recent All-Participant email, key informant interviews, focus groups and meetings of the Sustainability sub-group. Georgia noted that many of the projects within the Practice Transformation focus area have been highlighted as some of the most well-received projects across the SIM program; several of these initiatives have been identified as ones that stakeholders would like to continue.</p> <p>There will be a webinar on 11/17 during which the plan will be reviewed. Comments are welcome!</p> <p>Dion LaShay asked for clarification of what it was meant to do. Georgia responded that the process and document is meant to identify activities that have been part of the SIM project that stakeholders feel have been valuable enough</p>	

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	<p>to continue after the project ends. The process includes identifying lead organizations that be able to support and help keep those particular activities going in the future.</p> <p>Sue Aranoff asked about the 20% sustainability set aside, as CMMI had advised Vermont that approximately 20% of Performance Period 3 spending should target sustainability initiatives. Georgia responded the \$1.2 M set aside for work related to the All-Payer Waiver at the October 31st Core Team meeting is part of sustainability as the Waiver is a key part of Vermont’s sustainability plan.</p> <p>Deborah Lisi-Baker asked about ongoing sustainability and engagement. Georgia responded that transition planning is occurring for the change in administration, so there will be proposals going forward, but there is so much uncertainty around who will be in various positions it’s hard to nail down a particular structure. She indicated that it would be a good idea to poll the work groups throughout November to ascertain if there are particular suggestions that should be included in the transition planning.</p> <p>Dion LaShay asked about the process to get newly elected people up to speed about the project SIM thus far. Georgia responded that all of the various departments have been tasked with creating transition materials for the incoming administration. These documents contain short and long term decisions that need to be made; highlight reports and other information. The hope is to onboard new decision makers quickly and utilize some of the SIM work and summary materials for their review. These are fairly standard processes and there are selected staff who are available to help with this process.</p>	
<p>3. Vermont Aging and Disability Resource Center: Care Transitions and “No Wrong Door” System Nicole Distasio, Sandy Conrad, Audrey Winograd</p>	<p>Vermont Aging and Disability Resource Center: Care Transitions and “No Wrong Door” System</p> <ul style="list-style-type: none"> • Nicole Distasio, State of Vermont lead for ADRC Grant and No Wrong Door Initiative • Sandy Conrad, Executive Director and ADRC Leadership Team Liaison, Southwestern Vermont Council on Aging • Audrey Winograd, Special Projects Coordinator at the Brain Injury Association of Vermont <p>The group heard a presentation from Attachment 3 of the materials packet:</p> <p>Audrey Winograd began the presentation with an overview of the program. The project based at Southwestern Vermont Medical Center is meant to identify individuals who are at high risk for readmission and to create a huddle around that person. It is very frustrating for providers to find out that their patients have been hospitalized and they haven’t been informed, for whatever reasons. The idea for this project is to make sure that there are connections that can be made around the person.</p> <p>Nicole Distasio presented from the slides in the materials: Aging and Disability Resource Connection –</p> <ul style="list-style-type: none"> • Funding identified 2003-2005; started in earnest in 2005 	

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	<ul style="list-style-type: none"> • First grant in 2005 to develop a model (1 of 8 states in the model) for No Wrong Door – information referral and options counseling <p>The No Wrong Model intends to address the following challenges in the health care system:</p> <ul style="list-style-type: none"> • Increase in demand for services • Reduced service budgets • Fragmented systems • Difficult for consumers to access • Confusing to navigate (for both consumers and service professionals) • Lack of focus on the consumer • Institutional bias <p>In response to these challenges, the Aging and Disability Resource Centers are meant to:</p> <ul style="list-style-type: none"> • serve every community in the nation • are highly visible and trusted by people of all incomes and ages • provide information on the full range of long term support options • act as a single point of entry for streamlined access to services <p>4 key components to the No Wrong Door System:</p> <ul style="list-style-type: none"> • State Governance • Outreach and Coordination • Person-Centered Options Counseling • Streamlined Access <p>Sandy Conrad added that key to the work has been public outreach and coordination of referrals – most people do not think about long term services and supports until there is a crisis and services are needed immediately. This often results in a person choosing the fastest or most immediate option and is often very costly.</p> <p>By providing awareness of services in advance – people will often choose the most cost effective services when they know about the services before they are needed.</p> <p>Dale Hackett asked how do we figure out what kind of services a person really needs? The response was that the most effective way to do that is to include someone who is unbiased and not a part of the care coordination that will happen afterwards; Have a conversation about what’s important to the person; Becoming involved in the system early in the process; try to set up social work appointments to ask individuals questions about what’s going on in the individual’s life. This is to avoid the request happening during a time of crisis. At the Area Agency on Aging,</p>	

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	<p>sometimes a call comes in through a Senior Help Line and the options counselling session can happen at the home of the individual soon after, including a family member or care giver. The current project has staff in the hospital during a hospitalization so that transitions of care are thought about ahead of time.</p> <p>Audrey Winograd noted that follow on work and the lead organization in the area of care coordination is meant to be individualized based on the situation – warm transfers are a key part of the transition to ensure there truly is No Wrong Door. The ADRC model is meant to get people to where they need to go.</p> <p>Sometimes there’s a balance of what you want, versus what can be given. Round the clock nursing may not be available but even if the individual comes to the appointment with a selection already made, it’s still important to have the conversation about available services to ensure they are aware of the options available, timing issues, etc.</p> <p>Part of the options counseling is a follow up survey to check in on the status of the plan and whether the individual has achieved goals and are getting services according to their plan.</p> <p>Kirsten Murphy asked about those with disabilities who may not qualify for services under the standard definition of “developmental disability;” shifting from school based services to adult services. The response is that lack of funding does indeed impact the available types of services, particularly for this population. There are some services out there for this population of youth in transition in some areas – who can fill these gaps? Questions remain about how we can get more people trained to provide options counseling for this population.</p> <p>The best way to do this is to follow the individual on a longer term basis – this helps through the transitions. Very person centered – what’s important to you? Set no more than 3 goals and follow on according to the individuals pace and desires. There is also follow up on eligibility requirements – does the person understand the eligibility criteria? What happens if the person no longer qualifies for supports and how should follow up work be structured.</p> <p>Dion LaShay asked how do people with IDD get proper services they need. He pointed out that the Priority System of Care in Vermont limits services to those who are not in crisis. People fall through the gaps if they don’t meet certain criteria. It is hoped that sustained funding will be found to continue this work.</p> <p>Kirsten Murphy elaborated that in some service categories such as home and community based, respite and employment based services, the Vermont System of Care sets up a series of gates that establish priority levels, but these are narrow in scope and often keep individuals from qualifying to receive services if they do not fall within a certain level.</p> <p>Nicole Distasio responded that Ideally, expansion of these kinds of programs would not have any criteria at all and would only focus on the individual’s preferences and choices.</p>	

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	<p>The group then discussed the Bennington Care Transitions Project:</p> <p>In Bennington, a group of providers developed a process and identified characteristics that would trigger referrals to particular organizations or groups for additional specific supports, as well as referrals to options counseling.</p> <p>The Results - Readmission rate and financial savings:</p> <ul style="list-style-type: none"> • The readmission rate in Bennington dropped from 41.1% to 15.5% • The monthly median cost of \$88,000 per month dropped to \$24,000 per month resulting in a savings of about \$64,000. The average cost is around \$51,000. <p>This is what makes a difference in someone’s life.</p> <p>Jessa Barnard asked about the connection to the Community Health Team (CHT)? In Bennington, a nurse care manager (usually a Transitional Care Nurse) will follow the person and work in tandem with the options team to create and help implement the transition plan. The links are made with the member of the CHT who may be part of the primary care practice and can help the individual follow the plan.</p> <p>Deborah Lisi-Baker asked about identifying the core elements of training we would want for those who are part of options counseling, to bring in social determinants of health and to promote counselors who are not connected directly to a particular part of the system. This would help to build common expectations about skills and behaviors for these independent options counselors. This could be part of sustainability to enable options counseling in an ongoing way.</p> <p>Dale Hackett asked about inclusion of epigenetics (environmental or otherwise). At this time there are none as part of this program, however UVM may have more information about this topic.</p> <p>Dale also asked about savings to the hospital – are these tracked and would they show up in the hospital budget? Can it be part of the sustainability of these services? The response is that discussions are being had about redirecting the savings back out to the ADRC participant organizations to help sustain some of these counselors from different organizations to keep providing those services.</p> <p>Erin Flynn asked about data collection efforts. Nicole Distasio responded that they are currently piloting a tool to see what the current need of the population is; how many individuals are being serviced, how many are eligible, etc. There are eight pilot states for this tool and Vermont just reported first round of data.</p>	

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	<p>Erin also asked about the former Uniform Transfer Protocol project in Bennington. Sandy Conrad responded that they are currently trying to get connected in Southwestern Vermont to the Care Navigator tool being rolled out by OneCare Vermont. There has not been any additional work done on the Uniform Transfer Protocol project.</p> <p>Sue Aranoff asked if enough data was gathered to know any statistics about how many people were represented in the savings report? Nicole responded that the average savings across the program was about \$8 per person.</p> <p>Feel free to reach out to Nicole for more information. Nicole DiStasio, MA Aging and Disability Resource Connection, Vermont State Lead DAIL-ASD, Quality Improvement Coordinator Office: 802-241-0292 Cellular: 802-760-9770 Email: Nicole.distasio@vermont.gov</p>	
4. Wrap-Up and Next Steps; Plans for Next Meeting	<p>Next Meeting: Tuesday, December 6, 2016 10:00 am – 12:00 pm</p> <p>AHS - WSOC Oak Conference Room 280 State Drive, Waterbury Call-In Number: 1-877-273-4202 Conference ID: 2252454</p>	

VHCIP Practice Transformation Work Group Member List

Member		Member Alternate		Minutes	Organization
First Name	Last Name	First Name	Last Name		
Susan	Aranoff ✓	Bard	Hill		AHS - DAIL
		Clare	McFadden		AHS - DAIL
Abe	Berman	Sara	Barry		OneCare Vermont
		Emily	Bartling		OneCare Vermont
		Maura	Crandall		OneCare Vermont
		Miriam	Sheehey		OneCare Vermont
Beverly	Boget ✓	Michael	Counter		VNAs of Vermont
Kathy	Brown	Stephen	Broer		DA - Northwest Counseling and Support Services
Barbara	Cimaglio				AHS - VDH
Molly	Dugan ✓	Stefani	Hartsfield		Cathedral Square and SASH Program
		Kim	Fitzgerald		Cathedral Square and SASH Program
Eileen	Girling	Heather	Bollman		AHS - DVHA
		Jenney	Samuelson		AHS - DVHA - Blueprint
Maura	Graff ✓				Planned Parenthood of Northern New England
Dale	Hackett ✓				Consumer Representative
Sarah	Jemley	Jane	Catton		Northwestern Medical Center
		Candace	Collins		Northwestern Medical Center
Linda	Johnson	Debra	Repice		MVP Health Care
Pat	Jones	Kate	O'Neill ✓		GMCB
Nancy	Breiden ✓				VLA/Health Care Advocate Project
Dion	LaShay ✓				Consumer Representative
Patricia	Launer ✓	Kendall	West		Bi-State Primary Care
Sam	Liss				Statewide Independent Living Council
Deborah	Lisi-Baker ✓				Consumer Representative

8-Nov-16

VHCIP Practice Transformation Work Group Member List

Member		Member Alternate		Minutes	8-Nov-16
First Name	Last Name	First Name	Last Name		Organization
Barbara	Prine	Nancy	Breiden		VLA/LTC Ombudsman Project
Kate	McIntosh	Judith	Franz		Vermont Information Technology Leaders
Bonnie	McKellar	Mark	Burke		Brattleboro Memorial Hospital
Jessa	Barnard ✓	Stephanie	Winters		Vermont Medical Society
Mary	Moulton				VCP - Washington County Mental Health Services Inc.
Sarah	Narkewicz ✓				Rutland Regional Medical Center
Mike	DelTrecco ✓				Vermont Association of Hospital and Health Systems
Laural	Ruggles ✓				Northeastern Vermont Regional Hospital
Catherine	Simonson				VCP - HowardCenter for Mental Health
Patricia	Singer ✓	Jaskanwar	Batra		AHS - DMH
		Mourning	Fox		AHS - DMH
		Kathleen	Hentcy		AHS - DMH
Shawn	Skafelstad ✓	Julie	Wasserman ✓		AHS - Central Office
Mike	Hall	Meg	Burmeister		Area Agency on Aging (V4A)
Audrey-Ann	Spence				Blue Cross Blue Shield of Vermont
JoEllen	Tarallo-Falk				Center for Health and Learning
Julie	Tessler ✓				VCP - Vermont Council of Developmental and Mental Health Services
Ben	Watts				AHS - DOC
	33		26		

1/8
1/9 15

NO Q.

VHCIP Practice Transformation Work Group

Attendance Sheet

Tuesday, November 08, 2016

	First Name	Last Name		Organization
1	Nancy	Abernathy		Learning Collaborative Facilitator
2	Peter	Albert		Blue Cross Blue Shield of Vermont
3	Susan	Aranoff	here	AHS - DAIL
4	Debbie	Austin		AHS - DVHA
5	Ena	Backus		GMCB
6	Melissa	Bailey		AHS - DMH
7	Michael	Bailit		SOV Consultant - Bailit-Health Purchasing
8	Jessa	Barnard	here	Vermont Medical Society
9	Susan	Barrett		GMCB
10	Emily	Bartling		OneCare Vermont
11	Jaskanwar	Batra		AHS - DMH
12	Todd	Bauman		DA - Northwest Counseling and Support Services
13	Bob	Bick		DA - HowardCenter for Mental Health
14	Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DMH
15	Beverly	Boget	None	VNAs of Vermont
16	Heather	Bollman		AHS - DVHA
17	Mary Lou	Bolt		Rutland Regional Medical Center
18	Nancy	Breiden	here	VLA/Disability Law Project
19	Stephen	Broer		VCP - Northwest Counseling and Support Services
20	Kathy	Brown		DA - Northwest Counseling and Support Services
21	Martha	Buck		Vermont Association of Hospital and Health Systems
22	Mark	Burke		Brattleboro Memorial Hospital
23	Anne	Burmeister		Planned Parenthood of Northern New England
24	Meg	Burmeister		CV Area Agency on Aging
25	Dr. Dee	Burroughs-Biron		AHS - DOC
26	Denise	Carpenter		Specialized Community Care
27	Jane	Catton		Northwestern Medical Center
28	Alysia	Chapman		DA - HowardCenter for Mental Health
29	Joy	Chilton		Home Health and Hospice
30	Barbara	Cimaglio		AHS - VDH

31	Candace	Collins		Northwestern Medical Center
32	Amy	Coonradt		AHS - DVHA
33	Alicia	Cooper		AHS - DVHA
34	Amy	Cooper		HealthFirst/Accountable Care Coalition of the Green Mountains
35	Julie	Corwin		AHS - DVHA
36	Michael	Counter		VNA & Hospice of VT & NH
37	Maura	Crandall		OneCare Vermont
38	Claire	Crisman		Planned Parenthood of Northern New England
39	Diane	Cummings		AHS - Central Office
40	Dana	Demartino		Central Vermont Medical Center
41	Steve	Dickens		AHS - DAIL
42	Molly	Dugan	here	Cathedral Square and SASH Program
43	Trudee	Ettlinger		AHS - DOC
44	Kim	Fitzgerald		Cathedral Square and SASH Program
45	Erin	Flynn	here	AHS - DVHA
46	Mourning	Fox		AHS - DMH
47	Judith	Franz		Vermont Information Technology Leaders
48	Mary	Fredette		The Gathering Place
49	Aaron	French		AHS - DVHA
50	Meagan	Gallagher		Planned Parenthood of Northern New England
51	Lucie	Garand		Downs Rachlin Martin PLLC
52	Christine	Geiler	here	GMCB
53	Eileen	Girling		AHS - DVHA
54	Steve	Gordon		Brattleboro Memorial Hospital
55	Maura	Graff	here	Planned Parenthood of Northern New England
56	Dale	Hackett	here PWVE	Consumer Representative
57	Samantha	Haley		AHS - DVHA
58	Mike	Hall		Champlain Valley Area Agency on Aging / COVE
59	Stefani	Hartsfield		Cathedral Square
60	Kathleen	Hentcy		AHS - DMH
61	Selina	Hickman		AHS - DVHA
62	Bard	Hill		AHS - DAIL
63	Breena	Holmes		AHS - Central Office - IFS
64	Christine	Hughes		SOV Consultant - Bailit-Health Purchasing
65	Jay	Hughes		Medicity
66	Jeanne	Hutchins		UVM Center on Aging
67	Sarah	Jemley		Northwestern Medical Center
68	Linda	Johnson		MVP Health Care

69	Craig	Jones		AHS - DVHA - Blueprint
70	Pat	Jones		GMCB
71	Margaret	Joyal		Washington County Mental Health Services Inc.
72	Joelle	Judge	here	UMASS
73	Sarah	Kinsler	here	AHS - DVHA
74	Tony	Kramer		AHS - DVHA
75	Sara	Lane		AHS - DAIL
76	Dion	LaShay	phone	Consumer Representative
77	Patricia	Launer	here	Bi-State Primary Care
78	Deborah	Lisi-Baker	here	SOV - Consultant
79	Sam	Liss		Statewide Independent Living Council
80	Vicki	Loner		OneCare Vermont
81	Carole	Magoffin	here	AHS - DVHA
82	Georgia	Maheras	here	AOA
83	David	Martini		AOA - DFR
84	James	Mauro		Blue Cross Blue Shield of Vermont
85	Lisa	Maynes		Vermont Family Network
86	Clare	McFadden		AHS - DAIL
87	Kate	McIntosh		Vermont Information Technology Leaders
88	Bonnie	McKellar		Brattleboro Memorial Hospital
89	Elise	McKenna		AHS - DVHA - Blueprint
90	Jeanne	McLaughlin		VNAs of Vermont
91	Darcy	McPherson		AHS - DVHA
92	Monika	Morse		
93	Judy	Morton	phone	Mountain View Center
94	Mary	Moulton		VCP - Washington County Mental Health Services Inc.
95	Kirsten	Murphy	here	AHS - Central Office - DDC
96	Reeva	Murphy		AHS - Central Office - IFS
97	Sarah	Narkewicz		Rutland Regional Medical Center
98	Floyd	Nease		AHS - Central Office
99	Nick	Nichols		AHS - DMH
100	Monica	Ogelby		AHS - VDH
101	Miki	Olszewski		AHS - DVHA - Blueprint
102	Kate	O'Neill	here	GMCB
103	Jessica	Oski		Vermont Chiropractic Association
104	Ed	Paquin		Disability Rights Vermont
105	Eileen	Peltier		Central Vermont Community Land Trust
106	John	Pierce		

107	Luann	Poirer		AHS - DVHA
108	Rebecca	Porter		AHS - VDH
109	Barbara	Prine		VLA/Disability Law Project
110	Betty	Rambur		GMCB
111	Allan	Ramsay		GMCB
112	Paul	Reiss		HealthFirst/Accountable Care Coalition of the Green Mountains
113	Virginia	Renfrew		Zatz & Renfrew Consulting
114	Debra	Repice		MVP Health Care
115	Julie	Riffon		North Country Hospital
116	Laural	Ruggles	here	Northeastern Vermont Regional Hospital
117	Bruce	Saffran		VPQHC - Learning Collaborative Facilitator
118	Jenney	Samuelson		AHS - DVHA - Blueprint
119	Jessica	Sattler		Accountable Care Transitions, Inc.
120	Rachel	Seelig		VLA/Senior Citizens Law Project
121	Susan	Shane		OneCare Vermont
122	Maureen	Shattuck		Springfield Medical Care Systems
123	Julia	Shaw		VLA/Health Care Advocate Project
124	Miriam	Sheehey		OneCare Vermont
125	Catherine	Simonson	phone	VCP - HowardCenter for Mental Health
126	Patricia	Singer	phone	AHS - DMH
127	Shawn	Skaflestad	phone	AHS - Central Office
128	Pam	Smart		Northern Vermont Regional Hospital
129	Lily	Sojourner		AHS - Central Office
130	Audrey-Ann	Spence		Blue Cross Blue Shield of Vermont
131	Holly	Stone		UMASS
132	Beth	Tanzman		AHS - DVHA - Blueprint
133	JoEllen	Tarallo-Falk		Center for Health and Learning
134	Julie	Tessler	phone	VCP - Vermont Council of Developmental and Mental Health Services
135	Bob	Thorn		DA - Counseling Services of Addison County
136	Win	Turner		
137	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing
138	Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Services
139	Nancy	Warner		COVE
140	Julie	Wasserman		AHS - Central Office
141	Ben	Watts		AHS - DOC
142	Kendall	West		Bi-State Primary Care/CHAC
143	James	Westrich		AHS - DVHA
144	Robert	Wheeler		Blue Cross Blue Shield of Vermont

145	Jason	Williams		UVM Medical Center
146	Stephanie	Winters		Vermont Medical Society
147	Jason	Wolstenholme		Vermont Chiropractic Association
148	Mark	Young		
149	Marie	Zura		DA - Howard Center for Mental Health
149				

Audrey Winograd - TBI
Sandy Conrad - AAA, Bennington
Nicole DiStasio - State of Vermont
Deb Gaylord - Acworth Vermont