

VT Health Care Innovation Project - Payment Model Design and Implementation Work Group Meeting Agenda
Monday, November 16, 2015 1:00 PM – 3:00 PM.
EXE - 4th Floor Conf Room, Pavilion Building 109 State Street, Montpelier
Call in option: 1-877-273-4202 Conference Room: 2252454

Item #	Time Frame	Topic	Presenter	Decision Needed?	Relevant Attachments
1	1:00 – 1:15	Welcome and Introductions Approve meeting minutes	Cathy Fulton Andrew Garland	Y – Approve minutes	Attachment 1: October Meeting Minutes
2	1:15- 1:45	ACO Update <ul style="list-style-type: none"> • Next Gen Model • Sharing of savings within the ACO 	Abe Berman, Joyce Gallimore	N	
3	1:45- 2:10	UCC Update	Miriam Sheehey	N	Attachment 3: UCC Report
4	2:10- 2:50	EOC Update and proposal	Alicia Cooper	N	Attachment 4: Medicaid EOC proposal
5	2:50- 2:55	Public Comment		N	
6	2:55- 3:00	Next Steps and Action Items		N	Next Meeting: Monday, December 14 th , 2015 1-3PM EXE - 4th Floor Conf Room, Pavilion Building 109 State Street, Montpelier

Attachment 1: October Meeting Minutes

VT Health Care Innovation Project - Payment Model Design and Implementation Work Group Meeting Agenda
Monday, October 19, 2015 1:00 PM – 3:00 PM.
DVHA Large Conference Room, 312 Hurricane Lane, Williston
Call in option: 1-877-273-4202 Conference Room: 2252454

Pending Work Group Approval

Topic	Notes	Next Steps
Welcome and Introductions Approve meeting minutes	Cathy Fulton called the meeting to order at 1:03pm. A roll call with brief introductions occurred.	
Removal of Year 3 Downside Risk for Commercial Shared Savings Program	<p>Georgia Maheras called into the meeting to discuss the removal of downside risk in the commercial SSP for Yr 3. Points of discussion included:</p> <ul style="list-style-type: none"> • Potential conflict with APM in 2017 • Same rational as with no expansion of TCOC • Welcome feedback or thoughts to share with SC and CT before it goes to GMCB <p>The following were questions for comments:</p> <ul style="list-style-type: none"> • Larry Goetschius asked if the APM doesn't go through for 2017, will we then adopt risk or still decide against it. Georgia said there will be a lot of items that needed modified if the APM does not get approved, but does not anticipate this happening. Things are on track with the APM, will address this issue if it comes to fruition. • Dale asked why the downside risk and APM are related. Georgia said that this is a matter of alignment – currently in negotiations with the Federal government so there is a lot of give and take occurring. We want to make sure that our current system can flow seamlessly into the future system of 2017 and maximize our flexibility. 	
Presentation on SSP Year 1 Results	<p>Pat Jones, Alicia Cooper and Richard Slusky presented on attachment 3. Major points reviewed were:</p> <ul style="list-style-type: none"> • Financials <ul style="list-style-type: none"> ○ Reviewed the participants of each SSP in Vermont ○ Actual spend was less the expected for Medicaid SSP in 2014 – so 	

there was savings for the Medicaid ACO programs

- Actual spend was more than expected in the Commercial SSP in 2014 – so there was not savings for the Commercial ACO programs
- Quality
 - No data on commercial SSP members prior to enrollment on the exchange – so there was not an accurate denominator in Yr 1, this is not the case on the Medicaid side
 - ACOs worked together on collection of measures for some of the clinical measures and chart review
 - ACOs had a different start date and different populations
 - In the case of payment measures, there were benchmarks – often times those measures that were not promoted to payment because they lacked benchmarks
- Takeaways
 - More complex than expected
 - Opportunities for improvement in years 2 and 3
 - Collaboration amongst the ACOs was key
 - Promising quality results on claims and clinical measures
 - ACO efforts underway to improve on Yr 1 results

The following were questions or comments on the presentation:

- Will savings go to hospital? No, the savings goes to the ACOs
- Paul Harrington commented on the number of quality measures that did not have a benchmark. Wondered why there were so many that were selected, despite not having benchmarks for some of the measures and why this info wasn't made available during the selection process?
- Comment on the wide distribution of quality performance for the ACOs. Pat said she could not speak to the variation, but noted there are different levels of maturity among the ACOs.
- Dale commented on the trend line and it dissuading Medicare ACOs from continuing in the SSP. Richard responded that those who were more likely to struggle with achieving a savings through this program were likely to drop out.
- Paul Harrington asked about the correlation between shared savings and the PMPM. Richard responded that the experiences of each ACO

	<p>played a lot into this, based on how each individual ACO managed the care of their patients.</p> <ul style="list-style-type: none"> • Larry Goetschius asked about the savings for Medicaid –how that was achieved and where the greatest savings was. DVHA is currently working on discovering some of these intricacies • Richard commented that the CAHPS surveys are valuable in helping to educate the staff taking care of patients on the areas they can improve on, often times it isn't the act itself but the way some duties are being done • Robin asked through what lens is the survey being released, and what the timing is like. Pat responded that the survey is sent out through a vendor to patients that were at a practice anywhere during the past year, results are also compiled by the vendor • A question on overall sample size – widely varied across practices • Maura Graff asked if there is information available on what the plan is for the savings. The money is at the discretion of the ACOs, expected to be redistributed to those providers that performed well. 10% to ACO itself 45% to primary care and 45% to hospitals and specialist • Dale asked how pharmacy is tied in. Richard responded that the only pharmacy costs are those received in the hospital. • Question on commercial PMPM results – and the fact that providers don't have the negotiating capabilities of the large systems, could that be a factor. Richard responded that it is worth looking into. • Sue Aranoff expressed interest in knowing more about the future analysis and what that would entail. 	
<p>Population Health Workgroup Overview</p>	<p>Heidi presented on attachment 2. The following were key points highlighted in her presentation</p> <ul style="list-style-type: none"> • The Population Health Plan was a mandated component to the SIM testing grant. This came after the original grant was made, and is now a large part of the VHCIP. • The plan outline is completed, and will be worked and finalized over the final year of this project. • Plan highlights the areas of biggest concern and potential impact – leverages much of what was outlined in the State Health Improvement Plan • Starting to look at Totally Accountable Communities for Health and 	

	<p>how we can integrate this into Vermont – using the Accountable Community for Health as a more plausible and sustainable pilot</p> <ul style="list-style-type: none"> • Introduced the proposal that was sent to the Core Team for funding and approved, includes the following: <ul style="list-style-type: none"> • Establish a statewide framework for population health improvement; • Produce guidance to Regions on goals, indicators and evidence based strategies for population health improvement; • Build capacity and learning among integrators and team leads from established Regions – UCC and/or Community Wide Health/Prevention Structure; and • Explore long term financing opportunities. <p>The following were questions or comments</p> <ul style="list-style-type: none"> • A request to distinguish the AHC from Regional Collaboratives. The two serve as building blocks for each other and both focus on improving care for high risk individuals. The AHC takes this idea, and incorporates the preventive portion of patient care. • Requests to continue to explore the interplay between population health and payment models. 	
Public Comment	There was no public comment	
Next Steps and Action Items	Request for an update from the ACOs and Next Gen ACO model	<p>Next Meeting: November 16th EXE - 4th Floor Conf Room, Pavilion Building 109 State Street, Montpelier</p>

VHCIP Payment Model Design and Implementation Work Group

Member List

10/19/2015

Member		Member Alternate		9-21-15 Minutes	Organization
First Name	Last Name	First Name	Last Name		
Susan	Aranoff ✓	Gabe	Epstein		AHS - DAIL
Jill Berry	Bowen	Stephanie	Breault		Northwestern Medical Center
		Jane	Catton		Northwestern Medical Center
		Diane	Leach		Northwestern Medical Center
		Don	Shook ✓		Northwestern Medical Center
		Ted	Sirotta		Northwestern Medical Center
Michael	Counter				VNA & Hospice of VT & NH
Diane	Cummings ✓	Shawn	Skafelstad		AHS - Central Office
Mike	DelTrecco ✓	Bea	Grause		Vermont Association of Hospital and Health Systems
Tracy	Dolan	Heidi	Klein ✓		AHS - VDH
		Cindy	Thomas		AHS - VDH
		Julie	Arel		AHS - VDH
Rick	Dooley	Susan	Ridzon		HealthFirst
Klm	Fitzgerald	Stefani	Hartsfield		Cathedral Square and SASH Program
		Molly	Dugan		Cathedral Square and SASH Program
Aaron	French	Erin	Carmichael ✓		AHS - DVHA

Catherine	Fulton ✓				Vermont Program for Quality in Health Care
Andrew	Garland				MVP Health Care
Larry	Goetschius ✓				Home Health and Hospice (for VNAs)
Steve	Gordon ✓	Mark	Burke		Brattleboro Memorial Hospital
Maura	Graff ✓	Heather	Bushey		Planned Parenthood of Northern New England
Dale	Hackett ✓				Consumer Representative
Mike	Hall				Champlain Valley Area Agency on Aging / COVE
Paul	Harrington ✓				Vermont Medical Society
Karen	Hein				University of Vermont
Bard	Hill ✓	Patricia	Cummings		AHS - DAIL
Nancy	Hogue	Jennifer	Egelhof		AHS - DVHA
		Megan	Mitchell ✓		AHS - DVHA
Jeanne	Hutchins ✓				UVM Center on Aging
Ted	Mable	Kim	McClellan		DA - Northwest Counseling and Support Services
		Amy	Putnam ✓		DA - Northwest Counseling and Support Services
David	Martini ✓				AOA - DFR
Sandy	McGuire ✓				VCP - HowardCenter for Mental Health
Lou	McLaren				MVP Health Care

MaryKate	Mohlman	Jenney	Samuelson		AHS - DVHA - Blueprint
Ed	Paquin ✓				Disability Rights Vermont
Lila	Richardson	Kaili	Kuiper		VLA/Health Care Advocate Project
Greg	Robinson ✓	Miriam	Sheehey		OneCare Vermont
		Abe	Berman		OneCare Vermont
		Vicki	Loner		OneCare Vermont
Laural	Ruggles				Northeastern Vermont Regional Hospital
Julia	Shaw ✓	Rachel	Seelig		VLA/Health Care Advocate Project
Kate	Simmons	Kendall	West ✓		Bi-State Primary Care/CHAC
		Patricia	Launer		Bi-State Primary Care
		Melissa	Miles		Bi-State Primary Care
		Heather	Skeels		Bi-State Primary Care
Richard	Slusky ✓	Pat	Jones ✓		GMCB
		Spenser	Weppler		GMCB
Julie	Tessler ✓				VCP - Vermont Council of Developmental and Mental He
Shannon	Thompson	Jaskanwar	Batra		AHS - DMH
		Kathleen	Hentcy		AHS - DMH
		Frank	Reed		AHS - DMH
		Nick	Nichols ✓		
Teresa	Voci ✓				Blue Cross Blue Shield of Vermont
????	????	Sandy	Conrad		V4A
MIKE	Hall (see above)	Angela	Smith-Dieng		V4A
????	????	Beverly	Boget ✓		VNAs of Vermont
????	????	Paul	Reiss		HealthFirst/Accountable Care Coalition of the Green Mo

37 = ~~37~~ Total Members 25 ✓ Quorum
19 = Q

VHCIP Payment Model Design and Implementation Work Group

Attendance Sheet

10/19/2015

	First Name	Last Name	Organization	Payment Model Design and Implementation
1	Peter	Albert	Blue Cross Blue Shield of Vermont	X
2	Susan	Aranoff ✓	AHS - DAIL	M
3	Julie	Arel	AHS - VDH	MA
4	Bill	Ashe	Upper Valley Services	X
5	Lori	Augustyniak	Center for Health and Learning	X
6	Debbie	Austin	AHS - DVHA	X
7	Ena	Backus	GMCB	X
8	Melissa	Bailey	Vermont Care Partners	X
9	Michael	Bailit ✓	SOV Consultant - Bailit-Health Purchasing	X
10	Susan	Barrett	GMCB	X
11	Jaskanwar	Batra ✓	AHS - DMH	MA
12	Abe	Berman ✓	OneCare Vermont	MA
13	Bob	Bick	DA - HowardCenter for Mental Health	X
14	Mary Alice	Bisbee	Consumer Representative	X
15	Charlie	Biss	AHS - Central Office - IFS / Rep for AHS - DMH	X
16	Beverly	Boget ✓	VNAs of Vermont	MA
17	Mary Lou	Bolt	Rutland Regional Medical Center	X
18	Jill Berry	Bowen	Northwestern Medical Center	M
19	Stephanie	Breault	Northwestern Medical Center	MA
20	Martha	Buck	Vermont Association of Hospital and Health Systems	A
21	Mark	Burke ✓	Brattleboro Memorial Hospital	MA
22	Donna	Burkett	Planned Parenthood of Northern New England	X
23	Catherine	Burns	DA - HowardCenter for Mental Health	X
24	Heather	Bushey	Planned Parenthood of Northern New England	MA
25	Gisele	Carbonneau	HealthFirst	A

Michael Bailit - Bailit Health Purchasing

26	Erin	Carmichael	AHS - DVHA	MA
27	Jan	Carney	University of Vermont	X
28	Denise	Carpenter	Specialized Community Care	X
29	Jane	Cattón	Northwestern Medical Center	MA
30	Alysia	Chapman	DA - HowardCenter for Mental Health	X
31	Joshua	Cheney	VITL	A
32	Joy	Chilton	Home Health and Hospice	X
33	Amanda	Ciecior ✓	AHS - DVHA	S
34	Barbara	Cimaglio	AHS - VDH	X
35	Daljit	Clark	AHS - DVHA	X
36	Sarah	Clark	AHS - CO	X
37	Peter	Cobb	VNAs of Vermont	X
38	Judy	Cohen	University of Vermont	X
39	Lori	Collins	AHS - DVHA	X
40	Connie	Colman	Central Vermont Home Health and Hospice	X
41	Sandy	Conrad	V4A	MA
42	Amy	Coonradt ✓	AHS - DVHA	S
43	Alicia	Cooper ✓	AHS - DVHA	S
44	Janet	Corrigan	Dartmouth-Hitchcock	X
45	Brian	Costello		X
46	Michael	Counter	VNA & Hospice of VT & NH	M
47	Mark	Craig		X
48	Diane	Cummings ✓	AHS - Central Office	M
49	Patricia	Cummings ✓	AHS - DAIL	MA
50	Michael	Curtis	Washington County Mental Health Services Inc.	X
51	Jude	Daye	Blue Cross Blue Shield of Vermont	A
52	Jesse	de la Rosa	Consumer Representative	X
53	Danielle	DeLong	AHS - DVHA	X
54	Mike	DeiTrecco ✓	Vermont Association of Hospital and Health Systems	M
55	Yvonne	DePalma	Planned Parenthood of Northern New England	X
56	Trey	Dobson	Dartmouth-Hitchcock	X
57	Tracy	Dolan	AHS - VDH	M
58	Michael	Donofrio	GMCB	X
59	Kevin	Donovan	Mt. Ascutney Hospital and Health Center	X

Jennifer Loyd - CMS Innovation - Evaluation Lead

60	Rick	Dooley	HealthFirst	M
61	Molly	Dugan	Cathedral Square and SASH Program	MA
62	Lisa	Dulsky Watkins		X
63	Robin	Edelman ✓	AHS - VDH	X
64	Jennifer	Egelhof	AHS - DVHA	MA
65	Suratha	Elango	RWJF - Clinical Scholar	X
66	Gabe	Epstein	AHS - DAIL	S/MA
67	Jamie	Fisher	GMCB	A
68	Klm	Fitzgerald	Cathedral Square and SASH Program	M
69	Katie	Fitzpatrick	Bi-State Primary Care	A
70	Patrick	Flood	CHAC	X
71	Erin	Flynn	AHS - DVHA	S
72	LaRae	Francis	Blue Cross Blue Shield of Vermont	X
73	Judith	Franz	VITL	X
74	Mary	Fredette	The Gathering Place	X
75	Aaron	French	AHS - DVHA	M
76	Catherine	Fulton ✓	Vermont Program for Quality in Health Care	C
77	Joyce	Gallimore	Bi-State Primary Care/CHAC	X
78	Lucie	Garand	Downs Rachlin Martin PLLC	X
79	Andrew	Garland	MVP Health Care	M
80	Christine	Geiler	GMCB	S
81	Carrie	Germaine	AHS - DVHA	X
82	Al	Gobeille	GMCB	X
83	Larry	Goetschius ✓	Home Health and Hospice	M
84	Steve	Gordon ✓	Brattleboro Memorial Hospital	M
85	Don	Grabowski	The Health Center	X
86	Maura	Graff ✓	Planned Parenthood of Northern New England	M
87	Wendy	Grant	Blue Cross Blue Shield of Vermont	A
88	Bea	Grause	Vermont Association of Hospital and Health Systems	MA
89	Lynn	Guillett	Dartmouth Hitchcock	X
90	Dale	Hackett ✓	Consumer Representative	M
91	Mike	Hall	Champlain Valley Area Agency on Aging / COVE	M
92	Thomas	Hall	Consumer Representative	X
93	Catherine	Hamilton	Blue Cross Blue Shield of Vermont	X

Saurathu Halby

94	Paul	Harrington ✓	Vermont Medical Society	M
95	Stefani	Hartsfield	Cathedral Square	MA
96	Carrie	Hathaway	AHS - DVHA	X
97	Carolynn	Hatin	AHS - Central Office - IFS	S
98	Karen	Hein	University of Vermont	M
99	Kathleen	Hentcy	AHS - DMH	MA
100	Jim	Hester	SOV Consultant	S
101	Selina	Hickman	AHS - DVHA	X
102	Bard	Hill ✓	AHS - DAIL	M
103	Con	Hogan	GMCB	X
104	Nancy	Hogue	AHS - DVHA	M
105	Jeanne	Hutchins ✓	UVM Center on Aging	M
106	Penrose	Jackson	UVM Medical Center	X
107	Craig	Jones	AHS - DVHA - Blueprint	X
108	Pat	Jones ✓	GMCB	MA
109	Margaret	Joyal	Washington County Mental Health Services Inc.	X
110	Joelle	Judge ✓	UMASS	S
111	Kevin	Kelley	CHSLV	X
112	Melissa	Kelly	MVP Health Care	X
113	Trinka	Kerr	VLA/Health Care Advocate Project	X
114	Sarah	King	Rutland Area Visiting Nurse Association & Hospice	X
115	Sarah	Kinsler	AHS - DVHA	S
116	Heidi	Klein	AHS - VDH	MA
117	Tony	Kramer	AHS - DVHA	X
118	Peter	Kriff	PDI Creative	X
119	Kaili	Kuiper	VLA/Health Care Advocate Project	MA
120	Norma	LaBounty	OneCare Vermont	A
121	Kelly	Lange ✓	Blue Cross Blue Shield of Vermont	X
122	Dion	LaShay	Consumer Representative	X
123	Patricia	Launer	Bi-State Primary Care	MA
124	Diane	Leach	Northwestern Medical Center	MA
125	Mark	Levine	University of Vermont	X
126	Lyne	Limoges	Orleans/Essex VNA and Hospice, Inc.	X
127	Deborah	Lisi-Baker	SOV - Consultant	X

Sarah Freeman - RTI








128	Sam	Liss	Statewide Independent Living Council	X
129	Vicki	Loner	OneCare Vermont	MA
130	Nicole	Lukas ✓	AHS - VDH	X
131	Ted	Mable ✓	DA - Northwest Counseling and Support Services	M
132	Carole	Magoffin ✓	AHS - DVHA	S
133	Georgia	Maheras ✓	AOA	S
134	Jackie	Majoros	VLA/LTC Ombudsman Project	X
135	Carol	Maloney	AHS	X
136	Carol	Maroni	Community Health Services of Lamoille Valley	X
137	David	Martini ✓	AOA - DFR	M
138	Mike	Maslack		X
139	John	Matulis		X
140	James	Mauro	Blue Cross Blue Shield of Vermont	X
141	Lisa	Maynes	Vermont Family Network	X
142	Kim	McClellan	DA - Northwest Counseling and Support Services	MA
143	Sandy	McGuire ✓	VCP - HowardCenter for Mental Health	M
144	Jill	McKenzie		X
145	Lou	McLaren	MVP Health Care	M
146	Darcy	McPherson	AHS - DVHA	X
147	Jessica	Mendizabal	AHS - DVHA	S
148	Anneke	Merritt	Northwestern Medical Center	X
149	Melissa	Miles	Bi-State Primary Care	MA
150	Robin	Miller	AHS - VDH	X
151	Megan	Mitchell ✓	AHS - DVHA	MA
152	MaryKate	Mohlman	AHS - DVHA - Blueprint	M
153	Madeleine	Mongan	Vermont Medical Society	X
154	Kirsten	Murphy	AHS - Central Office - DDC	X
155	Chuck	Myers ✓	Northeast Family Institute	X
156	Floyd	Nease	AHS - Central Office	X
157	Nick	Nichols ✓	AHS - DMH	X
158	Mike	Nix ✓	Jeffords Institute for Quality, FAHC	X
159	Miki	Olszewski	AHS - DVHA - Blueprint	X
160	Jessica	Oski ✓	Vermont Chiropractic Association	X
161	Ed	Paquin ✓	Disability Rights Vermont	M

162	Annie	Paumgarten ✓	GMCB	S
163	Laura	Pelosi	Vermont Health Care Association	X
164	Eileen	Peltier	Central Vermont Community Land Trust	X
165	John	Pierce		X
166	Tom	Pitts	Northern Counties Health Care	X
167	Luann	Poirer	AHS - DVHA	S
168	Sherry	Pontbriand	NMC	X
169	Alex	Potter	Center for Health and Learning	X
170	Amy	Putnam ✓	DA - Northwest Counseling and Support Services	MA
171	Betty	Rambur	GMCB	X
172	Allan	Ramsay	GMCB	X
173	Frank	Reed	AHS - DMH	MA
174	Paul	Reiss	HealthFirst/Accountable Care Coalition of the Green Mountains	MA
175	Virginia	Renfrew	Zatz & Renfrew Consulting	X
176	Lila	Richardson	VLA/Health Care Advocate Project	M
177	Susan	Ridzon	HealthFirst	MA
178	Carley	Riley		X
179	Laurie	Riley-Hayes	OneCare Vermont	A
180	Greg	Robinson ✓	OneCare Vermont	M
181	Brita	Roy		X
182	Laural	Ruggles	Northeastern Vermont Regional Hospital	M
183	Jenney	Samuelson	AHS - DVHA - Blueprint	MA
184	Howard	Schapiro	University of Vermont Medical Group Practice	X
185	seashre@msn.com	seashre@msn.com	House Health Committee	X
186	Rachel	Seelig	VLA/Senior Citizens Law Project	MA
187	Susan	Shane	OneCare Vermont	X
188	Julia	Shaw ✓	VLA/Health Care Advocate Project	M
189	Melanie	Sheehan ✓	Mt. Ascutney Hospital and Health Center	X
190	Miriam	Sheehey	OneCare Vermont	MA
191	Don	Shook ✓	Northwestern Medical Center	MA
192	Kate	Simmons	Bi-State Primary Care/CHAC	M
193	Tom	Simpatico	AHS - DVHA	X
194	Colleen	Sinon	Northeastern Vermont Regional Hospital	X
195	Ted	Sirota	Northwestern Medical Center	MA






196	Shawn	Skafelstad ✓	AHS - Central Office	MA
197	Heather	Skeels	Bi-State Primary Care	MA
198	Richard	Slusky ✓	GMCB	M
199	Chris	Smith	MVP Health Care	X
200	Angela	Smith-Dieng	V4A	MA
201	Jeremy	Ste. Marie	Vermont Chiropractic Association	X
202	Jennifer	Stratton	Lamoille County Mental Health Services	X
203	Beth	Tanzman	AHS - DVHA - Blueprint	X
204	JoEllen	Tarallo-Falk	Center for Health and Learning	X
205	Julie	Tessler ✓	VCP - Vermont Council of Developmental and Mental Health Services	M
206	Cindy	Thomas	AHS - VDH	MA
207	Shannon	Thompson	AHS - DMH	M
208	Bob	Thorn	DA - Counseling Services of Addison County	X
209	Win	Turner		X
210	Karen	Vastine	AHS-DCF	X
211	Teresa	Voci ✓	Blue Cross Blue Shield of Vermont	M
212	Nathaniel	Waite	VDH	X
213	Beth	Waldman	SOV Consultant - Bailit-Health Purchasing	X
214	Marlys	Waller ✓	DA - Vermont Council of Developmental and Mental Health Services	X
215	Nancy	Warner	COVE	X
216	Julie	Wasserman	AHS - Central Office	S
217	Monica	Weeber	AHS - DOC	X
218	Spenser	Weppler ✓	GMCB	MA
219	Kendall	West ✓	Bi-State Primary Care/CHAC	MA
220	James	Westrich ✓	AHS - DVHA	S
221	Robert	Wheeler	Blue Cross Blue Shield of Vermont	X
222	Bradley	Wilhelm	AHS - DVHA	S
223	Jason	Williams	UVM Medical Center	X
224	Sharon	Winn	Bi-State Primary Care	X
225	Stephanie	Winters	Vermont Medical Society	X
226	Mary	Woodruff		X
227	Cecelia	Wu ✓	AHS - DVHA	S
228	Erin	Zink	MVP Health Care	X
229	Marie	Zura	DA - HowardCenter for Mental Health	X

Attachment 3: UCC Report







Regional Committees/Areas of Quality Improvement Work 10/2015

Health Service Area	Regional Meeting Name	Charter	Consumer	Priority Areas of Focus	Measure of Focus	Project(s)	Other Attendees
Bennington Contact: Jennifer Fels Jennifer.fels@svhealthcare.org	Bennington Regional Clinical Performance Committee			<ul style="list-style-type: none"> Medication reconciliation ED Utilization 30 day all cause readmissions CHF COPD ADRC 			BP, OCV, SNF, HHA, DA, private practices, SVMC CHAC (if Battenkill involved), HF & OCV, SASH, Council on Aging, VDH, AHS
Central Vermont Contact: Mark Young mark.young@cvmc.org	Community Alliance for HealthExcellence (CAHE)			Use of decision matrix tool to arrive at: <ul style="list-style-type: none"> Care Coordination CHF Hospice utilization Adverse Childhood Events 		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 wconwell@bmhvt.org	ACO Steering Committee oversees RCPC			<ul style="list-style-type: none"> Reduce emergency room use and improve quality of life for people who experience symptom of a mental health or substance abuse condition Hospice utilization and improve quality of life for hospice patients 	<ul style="list-style-type: none"> Emergency room utilization Hospice utilization 	IC Care Coordination Learning Collaborative	BMH, BP, HHA, SNF, DA, OCV, substance abuse treatment, PCPs, VDH, CHT, ED, SASH, housing/SASH, HCRS, senior solutions
Burlington Contact: Dr. Claudia Berger Claudia.berger@uvmhealth.org	Chittenden County Regional Clinical Performance		Under discussion	<ul style="list-style-type: none"> 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,


Regional Committees/Areas of Quality Improvement Work 10/2015

	Committee						pediatrician, CVAA, CHAC, HF & OCV
Middlebury Contact: Susan Bruce sbruce@portermedical.org	Community Health Action Team (CHAT)			<ul style="list-style-type: none"> Improving care coordination for high risk patients Opioid use management? Hospice? 		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			<ul style="list-style-type: none"> 30 day all-cause readmissions/medication reconciliation Care coordination for people who have high levels of risk ED utilization Developmental screening 		IC Care Coordination Learning Collaborative	Copley, BP, DA, SNF, Health First, Private practices, Home Health CHAC & OCV
Newport Contact: Julie Riffon jriffon@nchsi.org	UCC/RCPC			<ul style="list-style-type: none"> ED utilization Obesity Increased hospice utilization 		IC Care Coordination Learning Collaborative	North Country Hospital, BP, HHA, VCCI, DA CHAC & OCV
Randolph Contact: Jennifer Wallace jwallace@GiffordMed.org	Randolph Executive Community Council			<ul style="list-style-type: none"> Enhancing care coordination and shared care planning 		IC Care Coordination Learning Collaborative	OCV, CHAC, VNA, Home Health, DA, SASH/Housing, transportation, SNF, Food bank, BP, AAA

Regional Committees/Areas of Quality Improvement Work 10/2015

Rutland Contacts: Darren Childs, Rick Hildebrandt dchilds@rrmc.org rhildebrandt@rrmc.org	RCPC			<ul style="list-style-type: none"> • COPD- ways to rank /stratify • CHF • Transition of care • CM Learning Collaborative • Hospice utilization – terminal care 		IC Care Coordination Learning Collaborative	RRMC,BP, SNF, pharmacy, CHCRR, homeless prevention enter, MVHW, HHA, DA CHAC, HF and OCV
Springfield Contact: Maureen Shattuck mshattuck@springfieldmed.org Trevor Hanbridge thanbridge@springfieldme.org	UCC/RCPC			<ul style="list-style-type: none"> • 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 health system, BP, CHAC, OCV, Adult day, housing/SASH, 211, SNF, DCF, VDH, SEVCA,
St. Albans Diane Leach Contact: dleach@nmcinc.org	RCPC		Working on it	<ul style="list-style-type: none"> • CHF admissions • ED utilization • 30 day all-cause readmissions • Hospice utilization 	36 ACO Measures	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	The A Team			<ul style="list-style-type: none"> • Improving care coordination learning collaborative • Reduction in all cause readmissions • Increase hospice utilization • Food insecurity • Housing 		IC Care Coordination Learning Collaborative	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			<ul style="list-style-type: none"> • Decrease ED utilization (looking at those who use > 4x/year) • CHF – use of Brattleboro clinic 			Grace Cottage, BP, SASH, VCCI, VDH, CHAC & OCV

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Windsor Contact: Jill Lord Jill.m.lord@mahhc.org	UCC			<ul style="list-style-type: none"> • Decrease ED utilization- use of survey tool for high utilizers as well as those with COPD who use ED • Opioid use management • COPD 		IC Care Coordination Learning Collaborative	Mt. Ascutney, OCV, BP, HHA, DA
Upper Valley HealthFirst: White river service area BP: White River = Windsor & Bradford meeting CHAC = upper valley (Bradford meeting) OCV: Lebanon and White River = Randolph				<ul style="list-style-type: none"> • Follow-up for patients with ER/hospitalization for a mental health reason 			CHAC, DA, HHA, substance abuse treatment

*Updated 10/14/15

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)

Attachment 4: Medicaid EOC proposal

Medicaid Episodes of Care

November 16, 2015

Payment Model Design and
Implementation Work Group

VHCIP & Episodes of Care

- **2012:** SIM Application
 - Propose bundled payment models based on EOC
- **2013:** Year 1 Operational Plan
 - Pursuing bundled payment models based on EOC
 - Propose developing EOC analytics tools to drive delivery system transformation
- **2014:** Year 2 Operational Plan
 - Bundled payment models not a high priority for stakeholders
- **2015:** Year 3 Operational Plan
 - Convene EOC Sub-Group to discuss Episode analytics
 - Developing 3 Medicaid EOCs

Episodes of Care

- Conceptually, an episode of care consists of all related services for one patient for a specific diagnostic condition from the onset of symptoms until treatment is complete.
- Episodes constitute clinically and economically meaningful units of service, such as all services and total costs associated with treating a particular condition, or providing a particular type of service.
- Episode testing being done in three other SIM States: Arkansas (round 1), Ohio and Tennessee (round 2)

Key Selection Criteria for Medicaid Episodes

- Annual episode volume and number of unique beneficiaries impacted
- Number of providers impacted
- Total annual Medicaid spend on episode
- Pre-existing episode specifications and/or potential for alignment with other payer Episode of Care programs

Episodes Approved for Development

- Perinatal
- Neonatal
- Repeat ED Visits

Illustration - Episode Exclusion Criteria

- Perinatal Episode
 - includes all prenatal, delivery, and postpartum health care services (for the mother) beginning 9 months prior to delivery and concluding two months after delivery
- 2,682 total Medicaid births in 2014
 - 119 excluded for Out of State (not including DHMC)
 - 134 excluded for third party coverage
 - 404 excluded for not having continuous coverage 6 months prior to birth
 - 224 excluded as overall episode cost exceeds outlier threshold (2 standard deviations from mean)
 - 155 excluded because CPT procedures indicating both a vaginal and Cesarean delivery
 - 4 excluded because of conflicting service date
 - 459 excluded for patients with 1 of 29 co-morbidities

Perinatal Illustration cont'd

- Remaining Perinatal Episodes = 1,581
- Total Unique Service Providers (for 1,581 qualifying deliveries) = 159
- Exclusions applied:
 - Provider must have performed delivery
 - Provider must have delivered services to patient 60 days prior to delivery
 - Must have >5 qualifying episodes in the measurement year
- Principally Accountable Providers = **53**
- Final beneficiary count = **582**

Items to be Finalized

- Payment model construction
 - Gain/loss sharing thresholds
- Whether provider participation will be voluntary or mandatory
- Episode report design and information sharing strategy

Timeline

- **December 2015**
 - Present proposed episodes to VHCIP Steering Committee and Core Team
 - Finalize payment model construct
 - Determine provider participation requirements
 - Convene provider/stakeholder workgroup to provide input on clinical episode specifications
- **Jan-March 2016**
 - Finalize key design elements
 - Seek stakeholder input on report design and dissemination
- **April-June 2016**
 - Share reports with participating providers for baseline period (2015)
 - Host introductory report learning sessions and/or webinars for participating providers

Next Steps

- Feedback from Payment Model Design and Implementation Work Group due by November 30th. Please send comments to amanda.ciecior@vermont.gov
- Presentation and feedback to Steering Committee on December 2, 2015
- Presentation and feedback to Core Team on December 9, 2015