

# VHCIP Core Team Agenda

2-02-15

## **VT Health Care Innovation Project Core Team Meeting Agenda**

February 2, 2015 1:00 pm-3:00pm  
DVHA – Large Conference Room, 312 Hurricane Lane, Williston  
*Call-In Number: 1-877-273-4202; Passcode: 8155970*

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:05	Welcome and Chair's Report a. CMMI transition b. Medicaid SSP update	Lawrence Miller	
<b>Core Team Processes and Procedures</b>				
2	1:05-1:10	Approval of meeting minutes	Lawrence Miller	Attachment 2: January 5, 2014 meeting minutes. <i>Decision needed.</i>
3	1:10-1:30	Project Update: 2014 Carryover Request, Financial Update, and Q6 Quarterly Report	Georgia Maheras	Attachment 3: Project Update (ppt)(to be distributed later)
<b>Policy Update</b>				
4	1:30-2:25	1. Steering Committee Proposal 2. Learning Collaborative Update 3. Sub-grantees progress to date	4.1 Al Gobeille and Mark Larson 4.2 Pat	Attachment 4.1: Steering Committee Memo Attachment 4.3: Sub-grantees

		<i>Public Comment</i>	Jones/Erin Flynn 4.3 Georgia Maheras	
<b>Financial Update:</b>				
5	2:25-2:45	VCN Data Repository: Next Steps <i>Public Comment</i>	Georgia Maheras	Attachment 5: VCN Data Repository Overview
6	2:45-2:55	<i>Public Comment</i>	Lawrence Miller	
7	2:55-3:00	Next Steps, Wrap-Up and Future Meeting Schedule: 3/2: 1-3p, Pavilion Building, Montpelier	Lawrence Miller	



Attachment 2 - Core Team  
Minutes  
1-05-15

**VT Health Care Innovation Project  
Core Team Meeting Minutes**

**Date of meeting:** January 5, 2015 **Location:** 4<sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier VT

**Members:** Anya Rader Wallack, Chair; Robin Lunge, AOA; Paul Bengtson, NVRH; Al Gobeille (arr. 1:10), GMCB; Harry Chen, AHS; Mark Larson, DVHA; Susan Wehry, DAIL; Steve Voigt, ReThink Health.

Agenda Item	Discussion	Next Steps
<p><b>1. Welcome and Chair's report</b></p>	<p>Anya Rader Wallack called the meeting to order at 1:00 pm.</p> <p>The Chairs report included three updates:</p> <ol style="list-style-type: none"> <li>1. Anya indicated this was the last meeting she was Chairing and that Lawrence Miller would take on this role in the future. She is transitioning to a new position in Rhode Island as the head of the Rhode Island Exchange.</li> <li>2. Anya asked Georgia Maheras to provide two updates:               <ol style="list-style-type: none"> <li>a. DLTSS Work Group Letter to the Governor: The work group approved a letter, with the State participants either abstaining or opposing, be sent to the Steering Committee. The letter focuses primarily on the FY16 budget and funding within AHS. The letter also makes a request to pursue alternate payment methods for DLTSS providers. This letter will go to the Steering Committee in February for discussion.</li> <li>b. Medicaid Shared Savings Program Update: Each of the ACOs was afforded the opportunity to expand the services in 2015. OneCare will not be adding these services in 2015 and CHAC is still evaluating. CHAC will let DVHA know in late January.</li> </ol> </li> </ol>	
<p><b>2. Minutes approval</b></p>	<p>Paul Bengtson moved to approve the minutes as amended. Steve Voigt seconded. All approved, with al Gobeille and Harry Chen abstaining. Robin Lunge was not present for this vote.</p>	
<p><b>3. Project Update: Meeting project goals</b></p>	<p>Georgia provided a project update to the Core Team. The Core Team requested that Georgia follow up on the challenges and opportunities at a future Core Team meeting.</p>	

Agenda Item	Discussion	Next Steps
<b>4. Policy Update</b>	<p>1. Learning Collaboratives:</p> <p>Pat Jones provided an update on the Learning Collaboratives. The first in-person meeting will be on January 13<sup>th</sup>. Pat provided background on the structure of the Learning Collaboratives, the participants and the agenda for the first meeting. The first meeting includes a local provider and family and individuals from Camden, NJ providing lessons on their ‘hotspotting’.</p> <p>2. ACTT Projects Update:</p> <p>Brad Wilhelm provided an update on the three projects within ACTT. He first highlighted that there were some contractor changes for these projects. The DA/SSA data quality and repository project is going well and Vermont Care Network is making significant progress on data quality. The Uniform Transfer Protocol is also on track, with a draft Charter due in February. The DLTSS measures project was impacted by the contractor changes noted above and is behind the original schedule. The latter two projects will result in proposals for subsequent activity to the HIE/HIT Work Group.</p> <p>3. Workforce Symposium Debrief:</p> <p>Amy Coonradt provided a debrief of the Workforce Symposium. This debrief was informed by discussion at the Workforce Work Group in December. The Symposium was a success and several key next steps were identified. The work group will take up these next steps in the coming months.</p>	
<b>5. Staffing Update</b>	<p>Georgia provided a staffing update. There were two corrections to the memo distributed to the Core Team: Sue Aranoff, SIM staff at DAIL, was inadvertently omitted from the list; and there were no requested changes in staffing despite the first sentence of the memo. There are still some vacancies and Georgia will provide an update and recommendation to the Core Team about these vacancies in March.</p>	
<b>6. Public Comment</b>	N/A	
<b>7. Next Steps, Wrap up</b>	<b>Next meeting: 2/5: 1:00pm-3:00pm, Large Conference Room, 312 Hurricane Lane, Williston</b>	

# VHCIP Core Team

Roll Call: 1/5/2015

Member		Minutes		
First Name	Last Name			Organization
Paul	Bengston ✓			Northeastern Vermont Regional Hospital
Harry	Chen ✓			AHS - VDH
Al	✓ Gobeille <i>am e</i>	<i>1<sup>st</sup></i>		GMCB
Mark	Larson ✓			AHS - DVHA
Robin	Lunge			AOA
Steve	Voigt ✓			
Anya	Wallack ✓			SIM Core Team Chair
Susan	Wehry ✓			AHS - DAIL

*1<sup>st</sup> Paul  
2<sup>nd</sup> Steve  
all appr'd  
Harry, Al  
abstain*



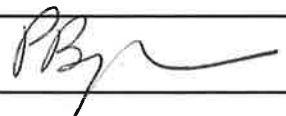



# VHCIP Core Team Participant List

Attendance:

1/5/2015

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

First Name	Last Name		Organization	Core Team
Susan	Aranoff		AHS-DAIL	X
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Paul	Bengston		Northeastern Vermont Regional Hospital	M
Beverly	Boget		VNAs of Vermont	X
Harry	Chen		AHS - VDH	M
Amanda	Ciecior		AHS - DVHA	X

Amy	Coonradt	<i>Amy Coonradt</i>	AHS - DVHA	X
Alicia	Cooper		AHS - DVHA	X
Mark	Craig			X
Diane	Cummings	<i>None</i>	AHS - Central Office	X
Paul	Dupre		AHS - DMH	X
Erin	Flynn		AHS - DVHA	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille	<i>None</i>	GMCB	M
Sarah	Gregorek		AHS - DVHA	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett		GMCB	X
Carrie	Hathaway		AHS - DVHA	X
Kate	Jones		AHS - DVHA	S
Pat	Jones	<i>None</i>	GMCB	X
Joelle	Judge	<i>None</i>	UMASS	S

Heidi	Klein		AHS - VDH	X
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Mark	Larson	<i>Mark</i>	AHS - DVHA	M
Monica	Light		AHS - Central Office	X
Robin	Lunge	<i>Robin</i>	AOA	M
Georgia	Maheras	<i>Georgia</i>	AOA	S
Steven	Maier		AHS - DVHA	X
Mike	Maslack			X
Marisa	Melamed		AOA	A
Lawrence	Miller	<i>JWM</i>	<i>EXE</i>	X
Meg	O'Donnell		Fletcher Allen Health Care	X
Lisa	Parro		AHS - DAIL	A
Annie	Paumgarten		GMCB	X
Luann	Poirer		AHS - DVHA	X
Lila	Richardson	<i>Lila Richardson</i>	VLA/Health Care Advocate Project	X
Julia	Shaw	<i>Julia</i>	VLA/Health Care Advocate Project	X
Richard	Slusky		GMCB	X

Kara	Suter	here	AHS - DVHA	X
Carey	Underwood		King Arthur Flour	A
Steve	Voigt	SAV		M
Anya	Wallack	here	SIM Core Team Chair	C
Julie	Wasserman	JW	AHS - Central Office	X
Susan	Wehry	SW	AHS - DAIL	M
Spenser	Weppler		GMCB	X
Kendall	West			X
Katie	Whitney			A
Bradley	Wilhelm	BW	AHS - DVHA	X
Jason	Williams		Fletcher Allen Health Care	X
Sharon	Winn		Bi-State Primary Care	X
Cecelia	Wu		AHS - DVHA	X
				55

Sarah Kinsler ck  
 Jessica Mendelsohn jm DVHA  
 PAUL HARRINGTON ml  
 Maria DAVIES DVHA Business Office vly

# Attachment 4.1 - Steering Committee Memo

To: Mark Larson and Al Gobeille, Co-Chairs, VHCIP Steering Cmte  
Fr: Georgia Maheras, Project Director and Sarah Kinsler, Health Policy Analyst  
Date: January 27, 2015  
Re: Steering Committee Agendas and Role Clarity

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This memo is in response to a request made at the December 3, 2014 Core Team meeting. At that meeting, the Core Team requested that Georgia Maheras work with the Steering Committee Co-Chairs to develop a proposal that would provide clarity about the Steering Committee's agendas and its role within VHCIP.

According to the 2015 Operational Plan, "the Steering Committee informs, educates and guides the Core Team in all of the work planned under the SIM grant. In particular, the group guides the Core Team's decisions about investment of project funds, necessary changes in state policy and how best to influence desired innovation in the private sector."

In order to ensure the Steering Committee has the information necessary to guide the Core Team, we recommend the following:

1. At the February Steering Committee meeting, provide a comprehensive update on activities that occurred in 2014 and a preview of what is to come in 2015. Additionally, the Steering Committee will participate in a process identifying criteria with which the group will review policy and funding proposals in 2015. A key aspect of this is to ensure the Steering Committee understands its role in terms of guiding policy and funding decisions and that the Steering Committee is not a place to re-litigate the decisions made by a work group.
  - a. The comprehensive update will focus on the big picture with an emphasis on the three core areas of VHCIP activity: Payment Models, HIE/HIT infrastructure and Care Management and Care Models. The update will, at a minimum, cover:
    - i. Financial update
    - ii. Project evaluation update
    - iii. Provider participation
    - iv. Beneficiary participation
  - b. Potential criteria the Steering Committee could use include:
    - i. Is it consistent with the goals<sup>1</sup> and objectives of the grant?

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<sup>1</sup> The goals as described in the Operational Plan are:

- To increase the level of accountability for cost and quality outcomes among provider organizations;
- To create a health information network that supports the best possible care management and assessment of cost and quality outcomes, and informs opportunities to improve care;
- To establish payment methodologies across all payers that encourage the best cost and quality outcomes;
- To ensure accountability for outcomes from both the public and private sectors; and
- To create commitment to change and synergy between public and private culture, policies and behavior.

- ii. Is it inconsistent with any other policy or funding priority that has been put in place<sup>2</sup> within the VCHIP project?
    - iii. Has a recommendation been reviewed by all appropriate workgroups?
- 2. The Steering Committee will then be provided updates throughout the year on the following:
  - a. A minimum of three updates per year for each work group and the sub-grantee program.
- 3. In addition to these periodic updates, the Steering Committee will continue to receive requests for approval of policy and funding recommendations on an as-needed basis.

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<sup>2</sup> The Steering Committee will be provided with a summary of these activities at their meetings.





# Attachment 4.3 - Sub-grantees progress to date

# VHCIP Sub-grant Program Summary

## Round One Grantees

- Healthfirst – ACO Management
- Rutland Area VNA and Associates – Supportive Care for Seriously Ill Patients
- NVRH – Flexible Funding for Community Care Program
- WRFPP – Innovative Care Management
- InvestEAP – Resilient Vermont (Stress Reduction)
- VMS Foundation – Pursuing High Value Care (Pre-Operative Testing, Inpatient Lab testing)
- Bi-State – Community Health ACO

# Healthfirst – ACO Management

- The overall goal of the grant is to increase coordination in medical homes between primary care and other clinical practitioners and increasing communication between primary care and specialty physicians
- A significant challenge has been facilitating VCP subcommittees, with weather twice thwarting quarterly ACO Management Committee meetings; the next meeting is in March. To alleviate the difficulty of coordinating the diverse participants, a conference bridge and GoToMeeting account are now available.

# Healthfirst – Activities

## Recent Accomplishments

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

## Long-term Activities

- Planning continues for a website redesign and plans are to solicit bids for this project over the summer of 2015.
- Work continues on the exploration of high value alternatives for after-hours care, testing and procedures.

# RRVNA & RRMIC – Care Coordination for Seriously Ill Patients

- The overall goal of the project is to integrate supportive care and improve quality of life for patients with complex conditions and needs and their caregivers.
- The project is encountering difficulty in convincing referrals who are currently stable to utilize services.

# RRVNA & RRMC – Activities

- New Activities
  - Collaborating with local nursing homes to integrate services for CHF/COPD patients to help transition to home after rehabilitating.
- Long-Term Activities
  - Enroll 10 patients to the supportive care programs by the end of February 2015.

# Northeastern Vermont Regional Hospital (NVRH) – Flexible Funding for Integrated Care

- This project will provide flexible funding for goods and services not normally covered by insurance, enabling an integrated multi-disciplinary community care team to better care for clients who are at risk for poor outcomes and high costs of medical care.
- The project is being challenged by the number of services and types of equipment that are ‘uncovered’ by Medicare. There are a surprising number of clients who are ineligible for any other existing case management services and many more who are not ready to make changes in their care.

# NVRH – Activities and Accomplishments

- Obtained glasses for patient with diabetes who could not previously read her glucometer or insulin syringe. Her A1c is now in control.
- Filed an appeal with Medicare for a new wheelchair for young disabled mother of 2.
- Connected a 32 year old quadriplegic returning to VT with Voc Rehab and primary care.
- Health Coach has 6 clients receiving regular home visits with a total case load of 34, with 4 patients receiving flexible funds.
- Health Coach partnering with other CHT members, healthcare providers, and community agencies e.g Elks Club program to distribute “recycled” durable medical equipment.



# White River Family Practice (WRFP) – Innovative Management of Chronic Conditions

- The goal of the project is to measure and reduce emergency room utilization and hospital readmission among patients; use patient confidence metrics to achieve improved disease outcomes and reduced utilization; and to deploy team based care protocols targeting patients with chronic disease.
- The project continues to be challenged by data acquisition; BCBSVT data should be delivered soon. Obtaining Medicare data from CMS remains a significant hurdle.

# WRFP – Accomplishments and Opportunities

- Developed Motivational Interviewing Curriculum
  - Completed contract with MI specialist
  - Developed schedule to train entire WRFP staff (Kick off 1/13/15)
- eCW CCMR Analytics Implementation
  - Ongoing CCMR tool configuration and work to incorporate DHMC ER/input utilization data into tool
- Health Confidence
  - Ongoing collection of health confidence
  - Have expanded health confidence collection to all patients at WRFP with DM, asthma, ER follow-up, hospital follow-up and CHF.

# Invest EAP / VTHealthEngage – Early Intervention & Prevention

- Project goals are to demonstrate and evaluate impact of behavioral health screening and early intervention on health outcomes and expenditures; introduce broad Employee Assistance Program-like services to FQHC patients to reduce stress; and employ short-term evidence-based treatment protocols to positively impact depression, drug and alcohol use, nutrition, exercise, and smoking behavior.
- Early on, not all FQHC clinical staff were fully aware of project and its implications. This necessitated bringing in medical school faculty to explain approach to gain more complete buy-in.

# Invest EAP / VTHealthEngage - Activities

- Ongoing Activities
  - Continued training of clinical staff in evidence-based behavioral treatment protocols
  - Preparing fidelity/reporting/database software for Health Educator
- New Activities
  - 5-day training in treatment protocols
  - 2- day training in software
  - Intensify service delivery
- Long-Term Activities
  - Coordination of evaluation plan with project evaluator.

# VMS Foundation and UVM – Pursuing High Value Care for Vermonters

- The goal of this project is to reduce the rate of unnecessary laboratory testing in two groups of patients:
  - Stable medical and surgical inpatients
  - Low-risk preoperative candidates
- The project is currently challenged with obtaining engagement from all CAHs. Five hospitals not participating in first year collaborative. Difficult to justify expense for low inpatient volumes. Second year collaborative will have expanded clinical focus and more appeal to CAHs. Both tertiary centers, 4 community hospitals and 2 CAHs participating now.

# VMS Foundation and UVM - Activities

## ■ Ongoing Activities

- Weekly faculty and management meetings
- Onsite visits to hospitals for QI, data extraction, and analytic support
- Evaluation and analytics plan developed to assess the current rate of routine preoperative testing in patients undergoing elective surgery
- Monthly billing and clinical data uploads to NORC's Data Enclave
- Regional Learning Sessions Feb 12<sup>th</sup>, April 2<sup>nd</sup> and June 4<sup>th</sup> 2015
- Project website - <http://www.vmsfoundation.org/simgrant>

## ■ New opportunities for programmatic support

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

## ■ Long-Term Activities

- June 2015 through June 2016 - 2<sup>nd</sup> collaborative with expanded clinical focus
- Goal - include 5 CAHs not now contributing data to financial/clinical data base

# Bi-State Primary Care – Community Health Accountable Care (CHAC) Shared Savings

- The goal of the project is to grow and strengthen the Accountable Care Organization (ACO), CHAC, to participate in shared savings programs and to improve quality and reduce the cost of care, particularly for high risk patients.
- CHAC continues to be challenged to meet the Medicare requirement that 75% of the Governing Board be made up of organizations that attribute their Medicare lives to the ACO. CHAC's Board has broad representation and many provider participants already attributed their Medicare lives to the other ACOs (OneCare and ACCGM). A Governing Board Exception Request has been filed with CMS.

# CHAC – Activities

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



# Attachment 5 - VCN Data Repository Overview

# Vermont Care Partners Data Repository

Phase II: Implementation

## Data Repository Background

The data repository for the DA/SSA system of care was approved by the HIE Workgroup, Steering Committee and Core Team in April 2014.

VCP was asked to come back to the Core Team for release of the funds after meeting with stakeholders and working on repository design.

Amount Approved: Up to \$692,278

## Overarching Goal

In order to move toward a system of excellence we need to be efficient, cost-effective, integrated, compliant and focused on continuous quality improvement.

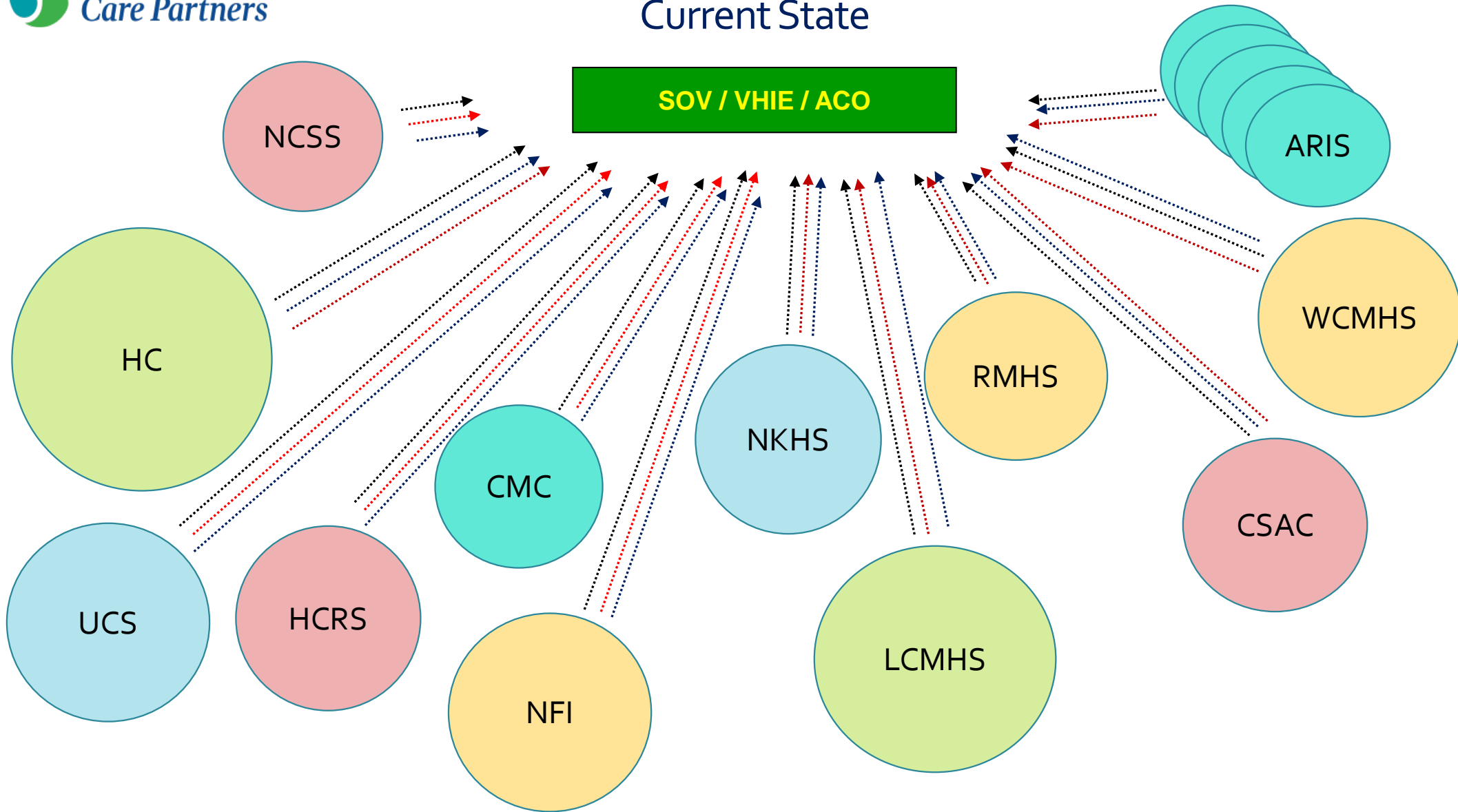
## Data Repository Goals

- Create a single location for aggregated data.
- Decrease the number of interfaces required to interact with SOV, VHIE and other partners.
- Provide system-wide analytics for:
  - service quality improvement
  - population health management
- Allow for 42 CFR Part 2 compliant data collection.

# High Level Data Repository Work Plan Phase I :

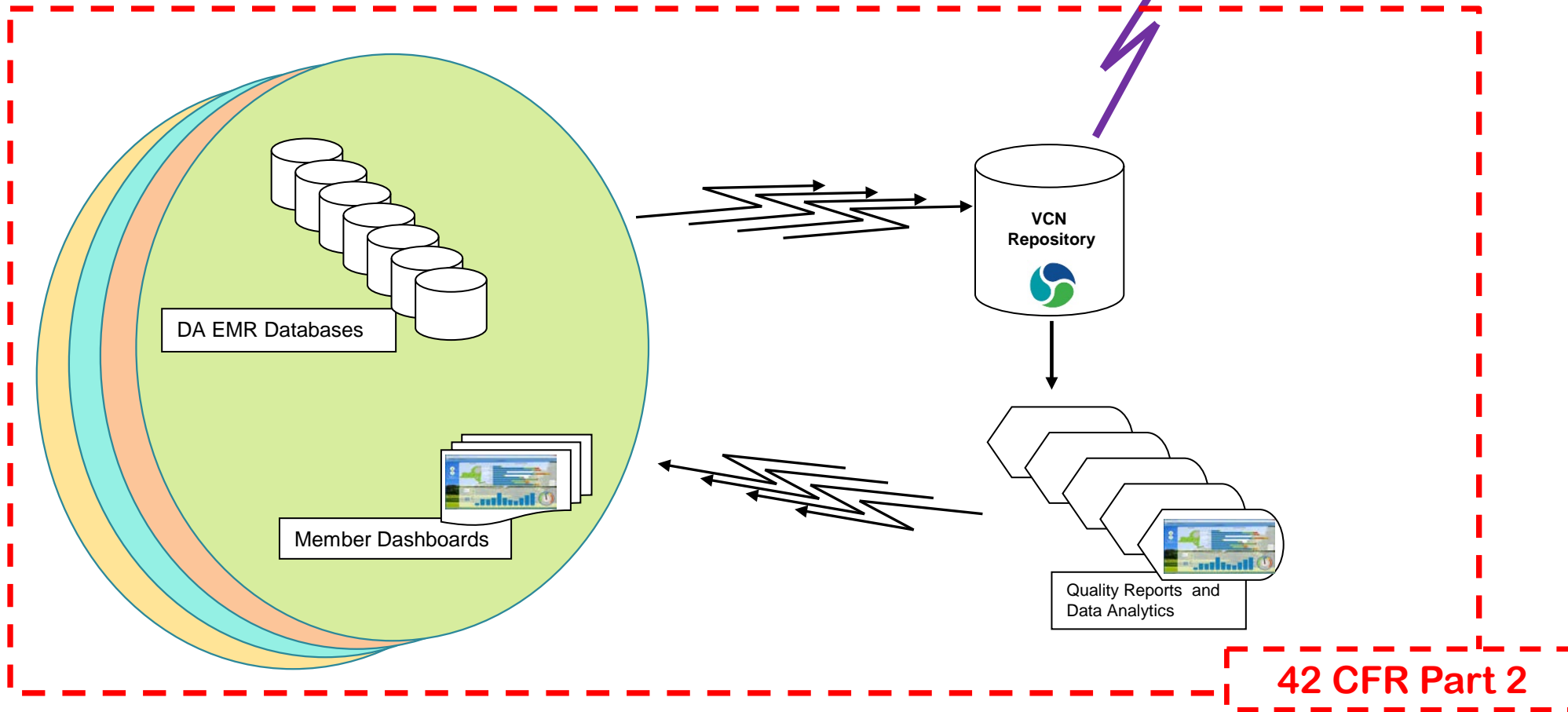
- Established SME advisory group
- Hired staff (HIT Director) and engaged with SME through HIS Professionals
- Met with stakeholders including VITL, DMH, AHS
- Conducted needs assessment
- Developed criteria for desired solution in conjunction with VITL and SME
- Developed draft RFP
- Present Phase II to Core Team
  - Review and select vendor(s)
  - Review and select analytics software

# Current State



# Repository Sketch

SOV / VHIE / ACO





## Essential Elements for Data Repository and any vendor

The Data Repository will be:

- Interoperable
- Portable
- 42 CFR Part 2 Compliant
- HIPAA Compliant
- Sustainable

Any vendor selected will need to meet these key requirements.

## Timeline

February 23 2015: Post RFP

March 3 2015: Bidders conference call

March 3 – 12 2015: Open period for written questions

March 19 2015: deadline for VCN answering questions to bidders

March 24 2015: Close bidding period

March 25 2015: Begin evaluation period; demonstrations or presentations as requested by the selection committee

April 15 2015: Target date for making a selection and getting started!