



**Vermont Health Care Innovation Project
DLTSS Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Thursday, April 7, 2016, 10:00am-12:30pm, Oak Conference Room Waterbury State Office Complex

Agenda Item	Discussion	Next Steps
1. Welcome, Approval of Minutes	Deborah Lisi-Baker called the meeting to order at 10:10am. A roll call attendance was taken and a quorum was not present at the start of the meeting. Minutes of the 1/21/16 meeting were not approved.	
2. Project Updates	<p>The update for the Integrated Communities Care Management Learning Collaborative and the Core Competency training programs was tabled for later in the meeting.</p> <p>DLTSS-related HIE/HIT Initiatives Update Georgia Maheras provided an update on DLTSS-related HIE/HIT Initiatives.</p> <p>Update on Health Information Technology (HIT) Strategic Plan Reference Attachment 2b: The State of Vermont HIT Plan was last updated in 2010 and did not address many of the issues discussed as part of the DLTSS Work Group. It now speaks to interoperability, and planning to meet these needs moving forward. The process included a great deal of stakeholder outreach. Georgia highlighted objective numbers 3, 9, and 14 as objectives that are being addressed, in particular. The Plan intends to be a high-level vision to move forward in the area of Health Infrastructure Technology in Vermont.</p> <p>Jackie Majoros asked where leadership and governance lie now. Georgia responded that the GMCB has an approval component, the Legislature has a funding component and there are other agencies that work well on their own but also operate in silos – thus creating a fractured governance structure at this time.</p>	

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	<p>Page 29 of the materials presents the Vermont Health Information Technology Plan initiatives:</p> <p>Statewide HIT/HIE Governance & Policy 01 – Establish (and run) comprehensive statewide HIT/HIE governance. 02 – Strengthen statewide HIT/HIE coordination. 03 – Establish and implement a statewide master data management program (data governance) for health, health care, and human services data. 04 – Develop and implement an approach for handling the identity of persons that can be used in multiple situations. 05 – Oversee and implement the State’s telehealth strategy. 06 – Provide bi-directional cross state border sharing of health care data.</p> <p>Business, Process & Finance 07 – Continue to expand provider Electronic Health Record (HER) and HIE adoption and use. 08 – Simplify State-required quality and value health care related reporting requirements and processes. 09 – Establish and implement a sustainability model for health information sharing.</p> <p>Stakeholder Engagement & Participation 10 – Centralize efforts for stakeholder outreach, education, and dialogue relating to HIT/HIE in Vermont.</p> <p>Privacy & Security 11 – Ensure that statewide health information sharing consent processes are understood and consistently implemented for protected health information – including information covered by 42 CFR Part 2 and other State and federal laws. 12 – Ensure continued compliance with appropriate security and privacy guidelines and regulations for electronic protected health information.</p> <p>Technology 13 – Ensure Vermont Health Information Exchange (VHIE) connectivity and access to health and patient information for all appropriate entities and individuals. 14 – Enhance, expand, and provide access to statewide care coordination tools. 15 – Enhance statewide access to tools (analytics and reports) for the support of population health, outcomes, and value of health care services. 16 – Design and implement statewide consent management technology for sharing health care information. 17 – Provide a central point of access to aggregated health information where consumers can view, comment on, and update their personal health information.</p>	

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	<p>Update on State Innovation Models (SIM)-funded health data infrastructure projects</p> <p>SIM-funded projects: completed</p> <ul style="list-style-type: none"> • Gap Analyses for Accountable Care Organization (ACO) and DLTSS providers completed. <ul style="list-style-type: none"> – Ongoing activity. • 2015 Gap Remediation for ACO member organizations and Designated Mental Health and Specialized Service Agencies. <ul style="list-style-type: none"> – Ongoing activity. • ACO Gateways for OneCare and Community Health Accountable Care (CHAC) completed. • EMRs acquired for five Specialized Services Agencies (SSAs) and for the Dept. of Mental Health/State Psychiatric Hospital. • Health Data Inventory completed. • Telehealth Strategic Plan finalized. <p>SIM-funded projects: Ongoing</p> <ul style="list-style-type: none"> • Terminology Services for the VHIE started. • Data Quality improvement efforts for Designated Agencies. • Vermont Care Network Data Repository work begun. • Event Notification System launch scheduled. • ACO Gateway for Healthfirst started. • Request for proposals for Telehealth Pilots released and vendors selected. • DLTSS Gap Remediation <p>Update on HIT Fund health data infrastructure projects.</p> <ul style="list-style-type: none"> • VITLAccess: <ul style="list-style-type: none"> – Brattleboro Retreat, Northwestern Counseling & Support Services, Howard Center, Bradley House, Cathedral Square, Central Vermont Home Health and Hospice, Addison County Home Health, Lamoille County Mental Health Services, Lamoille Home Health & Hospice, The Manor, Visiting Nurse Association of Chittenden County. • Connections to the VHIE: <ul style="list-style-type: none"> – Three Lab interfaces for Skilled Nursing Facilities. – Five Admission, Discharge, Transfer (ADT) interfaces and One Continuity of Care Document (CCD) interface for Home Health and Visiting Nurse Associations. – Four Lab interfaces for Designated Agencies. <p>On the horizon: new CMS funding</p> <ul style="list-style-type: none"> • Eligibility for 90/10 federally matched funding to the VHIE. 	

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	<p>Sue Aranoff asked about how the comments from the State of Vermont are being collected in relation to the new proposed rule from SAMSHA. Several sets of comments are being submitted; one from ADAP, one from the Department of Health, one from the Health Care Reform team and one from Legal.</p> <p>Molly asked if the Telehealth Pilot contracts have been executed yet; not yet.</p> <p>Jackie asked about how to get a status on the Event Notification System – Georgia responded that a status report is available each month on the website for each of the ongoing projects under SIM.</p> <p>Georgia addressed the recent change that will now allow the use of federal funds to support the HIE connections for organizations that previously had not been able to access them: Home health agencies, skilled nursing facilities, and home and community based services in particular. Molly asked if it includes housing yet – not yet. But Georgia indicated that Vermont is currently working on ways to find funding for this area as well.</p>	
<p>3. All Payer Model and Medicaid Pathways</p>	<p>All Payer Model and Medicaid Pathways</p> <p>Michael Costa – Deputy Director of Health Care Reform and Selina Hickman, Director of Operations and Quality at the Agency of Human Services Secretary’s Office presented from the slides on pages 35 to 51 of the materials packet.</p> <p>How do we integrate the system going forward? And Why do we want to?</p> <ul style="list-style-type: none"> • Better quality for Vermonters • Healthier Vermonters • Happier providers • Better stewardship of Vermont \$ <p>Barb Prine and Kirsten Murphy asked about stakeholder engagement.</p> <p>The group agreed that it would be good to schedule time soon to further describe in detail what DVHA is expecting to see from a new ACO arrangement in Vermont. In short, we are willing to pay an ACO differently and pay them up front for the care of all the individuals on their rolls. And now it’s time to put those pieces together to create that ACO and determine the services for which it will be paid. An RFP for this new ACO was posted by DVHA.</p> <p>Julie Tessler asked what spending is outside of the model? The response was Drugs, or Medicare Part D.</p> <p>Julie Wasserman asked if everyone (Commercial, Medicare and Medicaid) is in the model or just Medicaid? When it comes to the RFP it’s only Medicaid because that’s within the purview of the State of Vermont; the APM intends to include everyone.</p>	

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	<p>Barb Prine highlighted the fact that it seems like some state staff are not aware of the background behind the waiver process and it was noted that it is common that people are not always aware of what happens outside of their own departments. Selina noted that it speaks to the readiness of the State of Vermont for this change.</p> <p>Barb Prine, Kirsten Murphy, Dion LaShay, Jackie Majoros and Julie Tessler also noted that they recommend that there be more consumer and stakeholder participation in the Medicaid Pathway development process. Selina noted that she will bring back these recommendations.</p> <p>Julie Tessler also noted that it would be helpful to note that DVHA pays for services that will be outside the ACO model altogether and that is important to note. Slides will be revised.</p> <p>Kirsten and Dion agreed that consumers and people who are disadvantaged are not necessarily being engaged up front to ensure that their needs will be met in terms of what services will be included in the process.</p>	
<p>4. PHPG Update: VT Integrated Care Model and Payment Reform</p>	<p>PHPG Update: VT Integrated Care Model and Payment Reform</p> <p>Scott Whittman and Suzanne Santarcangelo from Pacific Health Policy Group presented from the slides in the packet.</p> <p>Barb Prine asked for clarification around the description of the Vermont Integrated Model of Care and whether it is aspirational or is actually happening. The clarification is that this is a description of a model – not current practices. The chart also describes the elements of the program. The checkmark means there is a requirement, but may not be happening across the board. The checkmark is used when there is evidence that there is a requirement for this element.</p> <p>Jackie noted that the goals and principles of the Medicaid Pathway should be aligned with the elements of the Model of Care. Georgia commented that the goals and principles are meant to be more broad. As well, Jackie noted that the notation of “Special Health Needs” under the bullet of access to care seems to be too limiting.</p> <p>Barb Prine asked about the use of the term ‘investment’ and Scott clarified that where we have two systems of health care payment (traditional and community based) where one system can provide savings and/or benefits for the other. The investment is meant to describe the notion that the benefits would prove that more could be allotted for the second system.</p> <p>Barb Prine noted that in some cases the consumer is unaware that a denial of services or benefits has occurred – for example, when a provider prescribes 40 hours of day supports but the approval is only for 20 hours, the consumer is likely to never know that happened. Jackie noted people ‘don’t know what they don’t know.’ And that patient education programs may not address those gaps.</p>	

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	<p>As well, this process intends to put a more concerted effort into ensuring that best practices are being applied in a uniform way and to monitor for that fidelity across those measures.</p> <p>Dion expressed a concern that there should be a buffer built in to help mitigate the risk (of not providing necessary services) and that is why we need to be sure that the mitigation strategies are strong and clearly stated.</p>	
5. Public Comment/Next Steps	Next Meeting: Thursday, July 7, 2016 10:00 am – 12:30 pm Waterbury State Office Complex, Ash Conference Room	

VHCIP DLTSS Work Group Member List

7-Apr-16

Member		Member Alternate		Minutes	
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓				AHS - DAIL
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		OneCare Vermont
Peter	Cobb	Joy	Chilton ✓		Home Health and Hospice
Dale	Hackett ✓				Consumer Representative
Mike	Hall	Angela	Smith-Dieng		Champlain Valley Area Agency on Aging
Jeanne	Hutchins				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
Madeleine	Mongan				Vermont Medical Society
Kirsten	Murphy ✓				Developmental Disabilities Council
Nick	Nichols ✓				AHS - DMH

Ed	Paquin				Disability Rights Vermont
Leura	Pelesi				Vermont Health Care Association
Eileen	Peltier				Central Vermont Community Land Trust
Paul	Reiss	Amy	Cooper		Accountable Care Coalition of the Green Mountains
Jenney	Samuelson	Craig	Jones		AHS - DVHA
Rachel	Seelig	Trinka	Kerr		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
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1314 Q ✓

	Meeting Name:	VHCIP DLTSS Work Group Meeting	
	Date of Meeting:	April 7, 2016	
	First Name	Last Name	
1	Susan	Aranoff	here
2	Ena	Backus	
3	Susan	Barrett	
4	Bob	Bick	
5	Denise	Carpenter	
6	Alysia	Chapman	
7	Joy	Chilton	
8	Peter	Cobb	
9	Amy	Coonradt	
10	Amy	Cooper	
11	Alicia	Cooper	
12	Molly	Dugan	here
13	Gabe	Epstein	here
14	Patrick	Flood	
15	Erin	Flynn	none
16	Mary	Fredette	
17	Joyce	Gallimore	
18	Lucie	Garand	
19	Christine	Geiler	
20	Martita	Giard	
21	Dale	Hackett	here
22	Mike	Hall	
23	Carolynn	Hatin	
24	Selina	Hickman	here

Michael Costa - AOA
 Scott Whittman - PH PG

25	Bard	Hill	here
26	Jeanne	Hutchins	
27	Craig	Jones	
28	Pat	Jones	phone
29	Margaret	Joyal	
30	Joelle	Judge	here
31	Trinka	Kerr	
32	Sarah	Kinsler	
33	Tony	Kramer	
34	Andrew	Laing	
35	Kelly	Lange	
36	Dion	LaShay	phone
37	Deborah	Lisi-Baker	here
38	Sam	Liss	here
39	Carole	Magoffin	
40	Georgia	Maheras	here
41	Jackie	Majoros	here
42	Lisa	Maynes	
43	Madeleine	Mongan	
44	Mary	Moulton	
45	Kirsten	Murphy	phone
46	Nick	Nichols	here
47	Miki	Olszewski	
48	Jessica	Oski	
49	Ed	Paquin	
50	Annie	Paumgarten	
51	Laura	Pelesi	

52	Eileen	Peltier	
53	John	Pierce	
54	Luann	Poirer	
55	Barbara	Prine	here
56	Paul	Reiss	
57	Virginia	Renfrew	
58	Jenney	Samuelson	
59	Suzanne	Santarcangelo	here
60	Rachel	Seelig	
61	Susan	Shane	
62	Julia	Shaw	
63	Richard	Slusky	
64	Angela	Smith-Dieng	
65	Holly	Stone	here
66	Beth	Tanzman	
67	Julie	Tessler	here
68	Bob	Thorn	
69	Beth	Waldman	
70	Marlys	Waller	phone
71	Nancy	Warner	
72	Julie	Wasserman	here
73	Kendall	West	
74	James	Westrich	
75	Bradley	Wilhelm	
76	Jason	Williams	
77	David	Yacovone	here
78	Marie	Zura	

Debbie Austin - DCHA