

## Vermont Health Care Innovation Project Steering Committee Meeting Minutes

### Pending Committee Approval

**Date of meeting:** Wednesday, May 25, 2016, 1:00pm-2:30pm, 4<sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions; Minutes Approval</b>	<p>Steven Costantino called the meeting to order at 1:03pm. A quorum was not present. A quorum was present after the second agenda item.</p> <p><i>Minutes Approval:</i> Dale Hackett moved to approve the March 30, 2016, meeting minutes by exception. Jaskanwar Batra seconded. The minutes were approved with no abstentions.</p>	
<b>2. Core Team Update</b>	<p>Sarah Kinsler provided a Core Team update.</p> <ul style="list-style-type: none"> <li>• <i>Year 3 Operational Plan:</i> The VHCIP Year 3 Operational Plan was submitted on April 28. The full plan is available on the VHCIP website. We have received positive comments from federal partners and are responding to a relatively light Request for Additional Information at this time.</li> <li>• <i>CMMI Site Visit:</i> CMMI came to Vermont for a site visit on May 2-3. Key topics were practice transformation activities and successes, planned Year 3 activities, sustainability, and the All-Payer Model.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Performance Period 3 runs from July 1, 2016-June 30, 2017. We expect a few months of extension in summer/fall 2017 to wrap up evaluation and grant activities.</li> <li>• When Performance Period 2 was extended (original dates: January 1, 2015-December 31, 2015; new dates: January 1, 2015-June 20, 2016), the timeline for most project activities did not change; most SIM activities will still wrap up in December 2016, with a handful continuing into the first half of 2017.</li> <li>• Sustainability planning is a significant focus of Performance Period 3. High-level sustainability planning is already underway internally; starting in July, VHCIP will engage a broader group of stakeholders and partners in planning for sustainability with the support of a contractor (bidder selected and negotiations completed; contract execution expected in June).</li> </ul>	

Agenda Item	Discussion	Next Steps
<b>3. Performance Period 2 Budget Update</b>	<p>Sarah Kinsler provided an update on the Performance Period 1 and 2 budgets (Attachment 3):</p> <ul style="list-style-type: none"> <li>• Performance Period 1 budget has been fully wrapped up.</li> <li>• Performance Period 2 budget: Spending is low, especially in funds that are allocated but not yet expended. <ul style="list-style-type: none"> <li>○ Two causes of low spending: <ol style="list-style-type: none"> <li>1. Slow federal approval, especially approval of Performance Period 2 contracts and contract amendments, has led to delays in spending. We’re expecting a block of federal approvals shortly, so allocated but Significant underspending contractual obligations not paid (under spending, contractors underspending, back log of Federal approvals) Expecting these pending approvals to happen within the next few days and weeks, which will allow us to spend the majority of these pending funds.</li> <li>2. Underspending due to vacancy savings and lower than budgeted contractual spending. This is consistent with previous budget periods.</li> </ol> </li> <li>○ This will lead to a carryover request following the end of Performance Period 2. We anticipate a request of \$3-5 million. At the Core Team’s request are planning for Year 3 as if this request will not be approved in order to be fiscally prudent.</li> </ul> </li> </ul>	
<b>4. Performance Period 3 Budget and Activities</b>	<p>Sarah Kinsler provided an overview of Performance Period 3 budget and activities (Attachments 4a and 4b).</p> <ul style="list-style-type: none"> <li>• Project Management and Evaluation: <ul style="list-style-type: none"> <li>○ Project management is UMass contract, which includes general project support and significant project management in a few areas, including core competency training, the all-payer model, and HDI projects.</li> <li>○ State-led evaluation is a significant area of work this year.</li> </ul> </li> <li>• Practice Transformation: <ul style="list-style-type: none"> <li>○ J Batra asked for more information on the Accountable Communities for Health Peer Learning Lab. The Peer Learning Lab will have first in-person meeting in June; 10 regions will participate.</li> <li>○ Judy Peterson asked what contracts with CHAC and OneCare support for Regional Collaborations. Regional Collaborations funds support a learning activities and support for UCCs, including some support for CHAC/OneCare personnel. Sarah will share additional information with Judy Peterson.</li> <li>○ Budget information included in Attachment 4a reflects the July 2016-June 2017 performance period, though some contracts do not last the full twelve months.</li> <li>○ Paul Harrington asked how will Regional Collaborations/UCCs be maintained after SIM? These regional structures will likely be supported by a combination of support at the community level, support from ACOs, and support from other areas of State government (e.g., the Blueprint).</li> </ul> </li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>○ Sarah noted that generally, SIM planned activities to be sustainable; this has been a known issue since the start of the grant. SIM made a number of investments in one-time activities, as well as activities that we expect will be taken over by the private sector (ACOs/providers/communities) or in some cases, other areas of State government. This will be an ongoing conversation with stakeholder engagement in Performance Period 3. For more information on the current state of planning, see Sustainability section of Year 3 Operational Plan, available here: <a href="http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/April%202016%20-%20Vermont%20Year%203%20Operational%20Plan%20with%20attachments.pdf">http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/April%202016%20-%20Vermont%20Year%203%20Operational%20Plan%20with%20attachments.pdf</a></li> <li>○ Selina Hickman noted that Medicaid Pathway builds on the UCC structure in particular.</li> <li>○ Judy Peterson commented that participating organizations invest a lot of staff time into the collaborative efforts and requested the group consider how to compensate organizations for this in-kind support.</li> <li>○ Dale Hackett asked how the NextGeneration ACO model relates to this, and how we'll transition these activities to NextGeneration? Sarah replied that this question is about the transition between payment models; practice transformation supports are building a foundation to help providers be successful under new models. CMMI will not provide more funding under a SIM-like model, but we're working to figure out how to support providers in a post-SIM world.</li> <li>● We're likely to receive a response from CMMI on our carryforward request in August or September; we'll submit the request in July. Mike Hall asked how much of our Performance Period 3 budget is still uncommitted, and requested an accounting of the projects competing for remaining resources and the decision-making process for selecting projects to receive remaining funds; this ties back to a discussion at the January Steering Committee meeting. Diane Cummings noted that carryover funds will support specific programs and obligations, if approved. Sarah clarified that the Performance Period 3 budget reflects the budget developed and approved by the Core Team in March and April; we will follow up with more detail before the June meeting. Mike expressed concern that the Steering Committee had insufficient input into the Performance Period 3 budget. Would like to have this before June meeting. Sarah noted that contracts and projects included in this presentation are projects that were already approved by the Core Team.</li> <li>● Health Data Infrastructure: <ul style="list-style-type: none"> <li>○ Home Health: This is one of the items approved by the Core Team in January. There is still an unresolved issue with the AAAs.</li> <li>○ HIS Professionals provides project management and subject matter expertise to the VCN Behavioral Health Data Repository project.</li> <li>○ Maximus (consumer help line for questions related to the SSP) is a very low amount (\$200) because we are paying for a very small subset of work.</li> </ul> </li> <li>● Payment Model Design and Implementation:</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>○ Mike Hall asked whether this budget reflects implementation costs if an SSP track is extended through the All-Payer Model. Michael Costa clarified that this possibility is a very recent development. Sarah Kinsler noted that the SIM budget was developed and submitted in March and April; newer developments are not included.</li> <li>○ Mike Hall requested a breakdown of contractual dollars supporting payment model design vs. payment model implementation.</li> <li>● Sustainability &amp; Population Health <ul style="list-style-type: none"> <li>○ Dale Hackett asked why actuals are lower than approved amounts for the Population Health Plan contract and others. Sarah replied that in this case, the Core Team approved an amount but RFP bids and contract negotiations resulted in a lower contract amount.</li> </ul> </li> </ul>	
<b>5. Medicaid Pathway</b>	<p>Selina Hickman provided an update on the Medicaid Pathway project (Attachment 5).</p> <ul style="list-style-type: none"> <li>● Medicaid Pathway seeks to promote Vermont Model of Care.</li> <li>● State is currently working internally and with provider partners to review organized delivery system options with various levels of organizational/financial integration and link to the All-Payer Model.</li> <li>● Broader stakeholder engagement to come in this summer.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>● Person-centered care is a challenge under current siloed funding streams. The Medicaid Pathway seeks to support person-centered care by providing more flexible funding streams that allow providers to tailor care to the needs of each individual. Learning opportunities like the Integrated Communities Care Management Learning Collaborative also support person-centered care.</li> <li>● Some functions of an organized delivery system are currently performed within State government. There is a parallel effort to examine State activities and identify transformation opportunities across AHS (including AHS-CO, DVHA, DAIL, DMH) where currently siloed funding streams could be integrated. DVHA’s role as an MCO and a payer shapes these conversations, as do 1115 waiver discussions currently underway. DVHA is also reassessing its role with respect to ACO(s). The DA/SSA master grants are an existing example of a pass-through of managed care responsibilities; how much to delegate and what risk accompanies that choice is an ongoing discussion.</li> <li>● There is ongoing discussion of which organizational structure could best support the Vermont Model of Care, as well as payment models that could support necessary functions. “Provider-led reform should be provider-led” – the State is working not to be too prescriptive regarding structure to allow room for provider-led reform and innovation.</li> <li>● How and when does this model move to full integration with the All-Payer Model? There is some language in the DVHA RFP that speaks to this, and opportunities over time to reevaluate the full array of services, organization in communities, and progress in the provider-led arena. The State has stepped back from indicating one answer to this question</li> </ul>	

Agenda Item	Discussion	Next Steps
<b>6. Public Comment, Next Steps, Wrap Up and Future Meeting Schedule</b>	There was no additional public comment.  <b>Next Meeting:</b> Wednesday, June 29, 1:00-3:00pm, Montpelier.	