Steering Committee Meeting

Agenda 5-27-15

Vermont Health Care Innovation Project
Steering Committee Meeting Agenda

May 27, 2015, 1:00pm-3:00 pm
4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed?
1	1:00-1:10pm	Welcome and Introductions	Al Gobeille & Steven Costantino		
2	1:10-1:40pm	Work Group Policy Recommendations • Year 2 ACO Shared Savings Program Measures *Public comment*	Catherine Fulton & Laura Pelosi (Pat Jones)	Attachment 1a: Proposed Changes to Year 2 ACO Shared Savings Program Measures Attachment 1b: Priority Changes and Options for ACO Measures	Approval of Changes to Year 2 Measures
3	1:40-1:55pm	Core Team Update *Public comment*	Lawrence Miller		
4	1:55-2:00	Minutes Approval	Al Gobeille & Steven Costantino	Attachment 2: Draft April 29 Meeting Minutes	Approval of Minutes
5	2:00-2:30pm	Work Group Funding Recommendations • Shared Care Plan/Universal Transfer Protocol (SCÜP) Project Funding Request *Public comment*	Georgia Maheras • Simone Rueschemeyer	Attachment 3a: Steering Committee Financial Proposals, May 27, 2015 Attachment 3b: SCÜP Resource Request	Approval of SCÜP Resource Request
6	2:30-2:50pm	Updates: • DLTSS-Specific Core Competency Curriculum Development and Training *Public comment*	Deborah Lisi-Baker	Attachment 4: DLTSS-Specific Core Competency Curriculum Development and Training	
7	2:50-3:00pm	Next Steps, Wrap-Up and Future Meeting Schedule	Al Gobeille & Steven Costantino	Next Meeting: July 1, 2015, 1:00-3:00pm, Williston	

Attachment 1a

Proposed Changes to Year 2 ACO Shared Savings Program Measures

Proposed Changes to Year 2 ACO Shared Savings Program Measures

VHCIP Steering Committee

May 27, 2015

Background

- Quality measures can and do change as the evidence base changes.
- The QPM Work Group's consultant, Bailit Health Purchasing, provided a summary of national changes to measures in Vermont's Year 2 SSP measure sets.
- There have been recent national changes to two measures in the payment/reporting measure sets:
  - Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening), a claims-based payment measure
  - Optimal Diabetes Care Composite ("D5"), a clinical data-based reporting measure

Proposed Year 2 Measure Changes

- At its May 18 meeting, the QPM Work Group voted unanimously to recommend replacement measures for these two measures.
- This recommendation would be effective for Year 2 (2015) of the Medicaid and Commercial Shared Savings Programs.
- The Work Group will consider this recommendation when completing its review of measures for Year 3 (2016) of the Medicaid and Commercial Shared Savings Programs during the next couple of months.

Recommendation: Replace LDL Screening with Controlling High Blood Pressure

Current Measure	Recommended Measure
Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening) (Payment Measure)	Hypertension: Controlling High Blood Pressure (Payment Measure)

- LDL screening is no longer considered best practice; as a result, this measure has been dropped by the Medicare Shared Savings Program (MSSP) and NCQA HEDIS.
- Newly proposed HEDIS cholesterol measure (Statin Therapy for Patients with Cardiovascular Disease) has not yet been adopted, and will lack benchmarks when it is.
- QPM Work Group recommendation is to replace LDL Screening with a nationally-endorsed MSSP measure:
  - Hypertension: Controlling High Blood Pressure

Recommendation: Replace Optimal Diabetes Care Composite with MSSP Diabetes Composite

Current Measure	Recommended Measure
Optimal Diabetes Care Composite ("D5," includes LDL Screening, hemoglobin A1c control, blood pressure control, tobacco non-use, and aspirin use) (Reporting Measure)	MSSP Diabetes Composite ("D2," includes hemoglobin A1c poor control and eye exam) (Reporting Measure)

- CMS has retired this measure from the MSSP measure set, most likely because one of the 5 sub-measures is the LDL Screening measure.
- QPM Work Group recommendation is to replace "D5" with the new MSSP Diabetes Composite Measure ("D2").
- Two of the remaining three sub-measure topics in "D5" would be addressed for the broader population by the current "Tobacco Use: Screening and Cessation" reporting measure, and the proposed "Hypertension: Controlling High Blood Pressure" payment measure.

SUMMARY – Year 2 Recommended Measure Changes Commercial and Medicaid Programs

Current Measure	Recommended Replacement Measure	Year 2 2015 – Measure Set
Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening)	**Hypertension: Controlling High Blood Pressure (Payment Measure)**	Payment
Optimal Diabetes Care Composite **"D5" includes:** • **LDL Screening** • **hemoglobin A1c control** • **blood pressure control** • **tobacco non-use** • **aspirin use**	**MSSP Diabetes Composite** **"D2," includes:** • **hemoglobin A1c poor control** • **eye exam**	Reporting

For Steering Committee Consideration

- Is the recommendation consistent with the goals and objectives of the grant?
  - This recommendation is consistent with the following goals and objectives of the grant (outlined in the Operational Plan):
    - To increase the level of accountability for cost and quality outcomes among provider organizations;
    - 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.

For Steering Committee Consideration

- Is the recommendation inconsistent with any other policy or funding priority that has been put in place within the VCHIP project?
  - No; modification of ACO SSP measure sets in response to national measure changes was anticipated beyond Year 1.
- Has the recommendation been reviewed by all appropriate workgroups?
  - These recommendations were approved unanimously by the QPM Work Group after discussion at 3 meetings. The Work Group also considered input on the Hypertension measure from the VT Commissioner of Health, Harry Chen, MD; other Department of Health staff; and Virginia Hood, MD, a nephrologist from the UVM Medical Center.

Attachment 1b

Priority Changes and Options for ACO Measures

bailit health PURCHASING

56 Pickering Street Needham, MA 02492 T: (781)453-1166 F: (781)453-1167 www.bailit-health.com

TO: Pat Jones and Alicia Cooper
FROM: Michael Bailit and Michael Joseph
DATE: April 7, 2015
RE: Changes to ACO Measures

In our memo dated 3-10-15 we identified changes in national measure sets that are relevant to the Vermont ACO measure set. Last week you asked that we provide you with options for measures that could replace measures that have been retired, or have been proposed for retirement, from national measure sets. This memo responds to that request.

I. Payment Measures

Measure	Reason	Options for Replacement
Core-3a: Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening Only)	Removed from HEDIS 2015 due to a change in the national guideline	1. Statin Therapy for Patients with Cardiovascular Disease *This is a newly proposed HEDIS 2016 measure, effectively replacing LDL screening. CMS is likely to adopt the measure, but has not yet done so. NCQA will not publish benchmarks for 2016, but is likely to do so for 2017. Final specifications will be released with in July.* 2. (Core-39/ MSSP-28) Hypertension (HTN): Controlling High Blood Pressure, or (Core-40/ MSSP-21) Screening for High Blood Pressure and follow-up plan documented *These currently pending measures assess high blood pressure, a significant population health risk. They align with the MSSP and benchmarks exist, but they require clinical data.*

II. Reporting Measures

Measure	Reason for Retirement	Options for Replacement
Core-16 (MN Community Measurement's Optimal Diabetes Care)	CMS has retired this measure (MSSP-22-25) from the MSSP measure set. This may be because MSSP-23 (Core-16b) is an LDL control measure.	1. The revised MN Community Measurement Optimal Diabetes Care for 2015 *MN Community Measurement has replaced the LDL measure with a statin use measure. Maine has adopted this measure.* 2. The three remaining individual measure components of Core-16 not already in the measure set, i.e., Core-16c: Blood Pressure <140/90, Core-16d: Tobacco Non-Use, and Core-16e: Aspirin Use *All of these are evidence-based measures of effective diabetes management. Benchmarks are available for the blood pressure control measure.* 3. Blood pressure control *This is an important outcome measure for management of diabetes. Benchmarks are available for the diabetes blood pressure control measure.*

III. Monitoring and Evaluation Measures

Measure	Reason for Retirement	Options for Replacement
M&E-1: Appropriate Medications for People with Asthma	NCQA is proposing retiring this measure for 2016 due to consistently high HEDIS performance rates and little variation in plan performance for both commercial and Medicaid plans.	1. Medication Management for People with Asthma *This measure was first introduced in HEDIS 2012. NCQA views it as a more effective way of assessing asthma medication management. National benchmarks are available, and the measure can be calculated with claims.*
M&E-16: ED Utilization for Ambulatory Care-Sensitive Conditions	AHRQ has retired this measure for unidentified reasons.	AHRQ is working on ED-specific PQI measures, and conducted a beta test for the draft ED-PQI SAS software from March – May 2014. The beta test was conducted to test how well the software calculates the measures using data from different users and to see how reliable the program is. The measure has not yet been finalized. In the meantime, the measure set still contains M&E-14: Avoidable ED visits-NYU algorithm. This measure is available only at the end of the year, but captures related content to the retired measure.

IV. Pending Measures

Measure	Reason for Retirement	Options for Replacement
Core-3b: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)	Removed from HEDIS 2015 due to a change in the national guideline	See option 1 for Core-3a on page 1.
Core-38: Coronary Artery Disease (CAD) Composite <100 mg/dL)	CMS has retired this measure (MSSP-32) from the MSSP measure set, in all likelihood because it is an LDL control measure.	See option 1 for Core-3a on page 1.

Attachment 2

April Meeting Minutes

Vermont Health Care Innovation Project
Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, April 29, 2015; 1:00-3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions and Minutes Approval	Al Gobeille called the meeting to order at 1:01 pm. Attendance was taken and a quorum was present. Sue Aranoff moved to approve the minutes from the April 1st Steering meeting. Bob Bick seconded. John Evans proposed the following amendment to the minutes, regarding the ACO Gateway project: "Out of five total gateways, three are complete and two are in progress." A vote in the form of an exception was taken. Rick Barnett abstained and the motion passed.	**The minutes will be updated and posted to the VHCIP website.**
2. Core Team Update ***Public Comment***	Georgia Maheras gave the following update: The Core Team will meet Monday May 4th and will primarily discuss VHCIP contracts and new expenditures in addition to legislative changes that may affect the project. There will be a VHCIP project-wide convening on June 17th and Sub-grant symposium will take place on May 27th. No public comments were offered.	
3. Updates: Year 3 Commercial SSP Update	Cathy an update on the Green Mountain Care Board (GMCB) approval of a measure hiatus for Year 3 of the Commercial Shared Savings Program. The language approved by GMCB reads as follows: 1. To allow ACOs to focus on enhancing data collection capability and improving quality of care and health outcomes, there will be a hiatus on changes to the measure set for Year 3, unless there are changes in the measure specifications or in the evidence that serves as the basis for a particular measure. 2. If a measure specification changes, the change would be incorporated into the measure set	

Agenda Item	Discussion	Next Steps
	specifications, in accordance with "Vermont Commercial ACO Pilot Compilation of Pilot Standards: Section X. Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Program." 3. If a measure is no longer supported by evidence, the measure should be considered for elimination. If a measure is eliminated, the VHCIP Quality and Performance Measures work group could recommend replacing it with a measure that is supported by evidence, in accordance with "Vermont Commercial ACOT Pilot Compilation of Pilot Standards: Section X. Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Program."	
4. ACTT Program Update	Simone Rueschemeyer gave an update on the Advancing Care Through Technology (ACTT) Program (Attachment 2), which is splitting into three distinct projects with separate leadership teams. Staffing on the project and overall structure has changed and is reflected in the slides as well. • Project #1 – DA/SSA Data Quality & Data Repository • Project #2 – DLTSS Data Planning o This is not a measure set but a way of looking at organizations' technological capabilities around electronic medical records, care coordination tools, data exchange, and other issues. Concerns about collecting the right data – this is based within each agency and is being discussed within the QPM Work Group. o Is there coordination among entities and how they are interfacing with data? o The report will be issued soon which discusses the specifics on the different agencies that were interviewed. o Who on the leadership team or advisory team are clinicians? Clinicians are involved at different levels in each project. Next steps are being decided for project 2 but clinicians will be engaged. • Project #3 – Shared Care Plans/Universal Transfer Protocol (UTP) o Discussions are taking place on whether we are looking for an electronic form, but the leadership team is working on refining the types of data that need to be shared first, before considering the format. o The project team will be engaging providers to reach a solution; the first phase of work (completed by IM21) also involved extensive provider engagement. This project is still in the discovery phase. o Learning Collaboratives are focusing on shared care plans (SCP) that will be customized for the patient. The project team has identified significant overlap between shared care plans and UTP elements, and will be working to ensure sufficient coordination and collaboration going forward. o Information that patients do not want data to be shared – how will this be addressed? The project team will assess possible use cases to drive decisions about what information could or	**The UTP Charter and reports will be sent via email to the Steering Committee.**

Agenda Item	Discussion	Next Steps
	could not be included in a paper or technological solution; this is not the same as a patient's entire electronic medical record. Going forward, the Steering Committee will receive updates on these three projects separately.	
Public comment	No public comments were offered.	
5. Sub-grantee Program Update	Georgia Maheras presented an update on the VHCIP Sub-grant program (Attachment 3). • Organizations listed on the slides are the lead organization receiving the sub-grant, but all organizations are collaborating significantly with other organizations around the state. • A half-day sub-grant symposium will take place May 27th. This is the first of two sub-grant symposiums this year; the second will take place in September.	**Georgia will connect John Evans to CVMC regarding the text messaging aspect of their project.**
Public comment	No further comments were offered.	
6. Work Group Funding Recommendation	Erin Flynn presented a funding request on behalf of the Care Models and Care Management Work Group (Attachments 4a&b) to expand the Learning Collaborative initiative. • There will be more population-level outcome measures (such as hospital readmissions, ED utilization) collected in the future, but it's too soon to gather those and assess impact. We do have process data (such as lead care coordinator identified, shared care plan developed, shared care plan shared across the care team). The learning collaborative planning team is also planning to hold focus groups to assess patient and provider experience. • The response to the learning sessions has been very positive and providers are excited to have these opportunities to connect about the issues. • The initiative is more about building the capacity to change care delivery than about measurable patient outcomes at this stage – pilot patient cohorts are too small (25-30 patients) to see statistically valid results. Developing capacity will support expansion and replication within communities and throughout the state. • Camden Cards: A patient needs and priorities assessment tool developed by the Camden Coalition in Camden, New Jersey (faculty for the first in-person learning session). Camden Cards list the 12 domains similar to the social determinants to health – to help start the conversation with a patient on what their most important issues might be. • Regarding costs: the committee does not have enough details to vote on the proposed budget. Al Gobeille clarified that the Steering Committee is not accountable for approving budget details; rather, for steering and helping to identify project direction. • Facility budget of $200,000 includes potential event planning services to assist with the expansion of	

Agenda Item	Discussion	Next Steps
	taking on additional communities. • Georgia noted more financial detail is available to those who would like it. • Nancy Eldridge noted that this initiative is one that truly focuses on those providing care and the patients they serve. • Bea Grause echoed that this is an initiative that she hopes to see sustained over time. • What are the qualitative outcomes that will come from this expansion? Tracking those interventions that are deemed best practices and harvesting lessons learned to share with other communities. • Other communities have expressed interest in participating – the hope is that the learning collaborative can engage all who wish to participate. • Recommendation to evaluate standardized protocols based on what comes out of hosting these at several additional sites. • The Collaborative can bring more resources and structured models to Communities that are trying to organize on their own. Allen Ramsay moved to approve the proposed budget to expand the Learning Collaborative by exception. Dale Hackett seconded. Rick Barnett opposed. Bob Bick abstained and the motion passed. ***Public comment*** No further comments were offered.	
7. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Wednesday, May 27, 2015 1:00 pm – 3:00 pm, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.	

VHCIP Steering Committee Member List

Roll Call: 4/29/2015

Sue Aranoff 1°
Bob Bick 2°
mtn approve minutes by exception carried

Allan Ramsay 1°
mtn Rds 2-4 by exception
Sue Aranoff 2°

Member		Member Alternate		March Minutes	Expansion of Learning Collaborative	
First Name	Last Name	First Name	Last Name			Organization
Susan	Aranoff ✓					AHS - DAIL
Rick	Barnett ✓			A	Oppose A	Vermont Psychological Association
Bob	Bick ✓					DA - HowardCenter for Mental Health
Peter	Cobb ✓					VNAs of Vermont
Steven	Costantino ✓					AHS - DVHA, Commissioner
Elizabeth	Cote					Area Health Education Centers Program
Tracy	Dolan ✓	Heidi	Klein			AHS - VDH
Susan	Donegan	David	Martini			AOA - DFR
Paul	Dupre ✓	Jaskanwar	Batra ✓			AHS - DMH
Nancy	Eldridge ✓					Cathedral Square and SASH Program
John	Evans ✓					Vermont Information Technology Leaders
Catherine	Fulton ✓					Vermont Program for Quality in Health Care
Joyce	Gallimore					Bi-State Primary Care/CHAC
Don	George					Blue Cross Blue Shield of Vermont
Al	Gobeille ✓					GMCB
Bea	Grause ✓					Vermont Association of Hospital and Health Systems
Lynn	Guillett					Dartmouth Hitchcock
Dale	Hackett ✓					None
Mike	Hall ✓					Champlain Valley Area Agency on Aging / COVE
Paul	Harrington					Vermont Medical Society
Debbie	Ingram					Vermont Interfaith Action
Craig	Jones					AHS - DVHA - Blueprint
Trinka	Kerr ✓					VLA/Health Care Advocate Project
Deborah	Lisi-Baker					SOV - Consultant

Jackie	Majoros ✓					VLA/LTC Ombudsman Project
Todd	Moore ✓	Vicki	Loner			OneCare Vermont
Mary Val	Palumbo					University of Vermont
Ed	Paquin ✓					Disability Rights Vermont
Laura	Pelosi					Vermont Health Care Association
Judy	Peterson ✓					Visiting Nurse Assoc. of Chittenden and Grand Isle Counties
Allan	Ramsay ✓					GMCB
Paul	Reiss					Accountable Care Coalition of the Green Mountains
Simone	Rueschemeyer ✓					Vermont Care Network
Howard	Schapiro					University of Vermont Medical Group Practice
Shawn	Skafelstad ✓					AHS - Central Office
Julie	Tessler ✓					DA - Vermont Council of Developmental and MH Services
Sharon	Winn ✓					Bi-State Primary Care
	36		4			

19 Quorum achieved

VHCIP Steering Committee Participant List

Attendance: 4/29/2015

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

First Name	Last Name		Organization	Steering Committee
Susan	Aranoff	here	AHS - DAIL	S/M
Ena	Backus		GMCB	X
Melissa	Bailey	here	Vermont Care Network	X
Heidi	Banks		Vermont Information Technology Leaders	X
Rick	Barnett	here	Vermont Psychological Association	M
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Jaskanwar	Batra	here	AHS - DMH	MA
Susan	Besio		SOV Consultant - Pacific Health Policy Group	S
Bob	Bick	here	DA - HowardCenter for Mental Health	M
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Amanda	Ciecior	here	AHS - DVHA	S
Sarah	Clark		AHS - CO	X
Peter	Cobb	here	VNAs of Vermont	M
Lori	Collins		AHS - DVHA	X
Amy	Coonradt		AHS - DVHA	S

Alicia	Cooper	here	AHS - DVHA	S
Steven	Costantino	here	AHS - DVHA, Commissioner	C
Elizabeth	Cote		Area Health Education Centers Program	M
Diane	Cummings		AHS - Central Office	S
Susan	Devoid		OneCare Vermont	A
Tracy	Dolan	Phone	AHS - VDH	M
Richard	Donahey		AHS - Central Office	X
Susan	Donegan		AOA - DFR	M
Paul	Dupre	here	AHS - DMH	M
Nancy	Eldridge	here	Cathedral Square and SASH Program	M
Gabe	Epstein	here	AHS - DAIL	S
John	Evans	here	Vermont Information Technology Leaders	M
Katie	Fitzpatrick		Bi-State Primary Care	A
Erin	Flynn	here	AHS - DVHA	S
Aaron	French		AHS - DVHA	X
Catherine	Fulton	here	Vermont Program for Quality in Health Care	M
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Don	George		Blue Cross Blue Shield of Vermont	M
Al	Gobeille	here	GMCB	C
Bea	Grause	here	Vermont Association of Hospital and Health Systems	M
Sarah	Gregorek		AHS - DVHA	A
Lynn	Guillett		Dartmouth Hitchcock	M
Dale	Hackett	here	None	M
Mike	Hall	here	Champlain Valley Area Agency on Aging / COVE	M
Janie	Hall		OneCare Vermont	A
Thomas	Hall		Consumer Representative	X
Bryan	Hallett	here	GMCB	S
Paul	Harrington		Vermont Medical Society	M
Carrie	Hathaway		AHS - DVHA	X
Diane	Hawkins		AHS - DVHA	X
Karen	Hein			X
Debbie	Ingram		Vermont Interfaith Action	M

Craig	Jones		AHS - DVHA - Blueprint	M
Kate	Jones		AHS - DVHA	S
Pat	Jones		GMCB	S
Joelle	Judge	here	UMASS	S
Trinka	Kerr	here	VLA/Health Care Advocate Project	M
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S/MA
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Monica	Light		AHS - Central Office	X
Deborah	Lisi-Baker		SOV - Consultant	M
Sam	Liss		Statewide Independent Living Council	X
Vicki	Loner		OneCare Vermont	MA
Robin	Lunge		AOA	X
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Jackie	Majoros	here	VLA/LTC Ombudsman Project	M
Carol	Maloney		AHS	X
Mike	Maslack			X
Alexa	McGrath		Blue Cross Blue Shield of Vermont	A
Darcy	McPherson		AHS - DVHA	X
Marisa	Melamed		AOA	S
Jessica	Mendizabal	here	AHS - DVHA	S
Madeleine	Mongan		Vermont Medical Society	X
Todd	Moore	here	OneCare Vermont	M
Brian	Otley		Green Mountain Power	X
Dawn	O'Toole		AHS - DCF	X
Mary Val	Palumbo		University of Vermont	M
Ed	Paquin	here	Disability Rights Vermont	M
Annie	Paumgarten	here	GMCB	S
Laura	Pelosi		Vermont Health Care Association	M
Judy	Peterson	phone	Visiting Nurse Association of Chittenden and Grand Isle Counties	M
Luann	Poirer		AHS - DVHA	S
Allan	Ramsay	here	GMCB	M
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Simone	Rueschemeyer	here	Vermont Care Network	M

Jenney	Samuelson		AHS - DVHA - Blueprint	X
Larry	Sandage		AHS - DVHA	S
Howard	Schapiro		University of Vermont Medical Group Practice	M
Julia	Shaw		VLA/Health Care Advocate Project	X
Shawn	Skaflestad	(Interim)	AHS - Central Office	M
Mary	Skovira		AHS - VDH	A
Richard	Slusky		GMCB	S
Kara	Suter		AHS - DVHA	S
Beth	Tanzman		AHS - DVHA - Blueprint	X
Julie	Tessler	here	DA - Vermont Council of Developmental and Mental Health Serv	M
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman	here	AHS - Central Office	S
Spenser	Weppler		GMCB	S
Kendall	West		Bi-State Primary Care Association	X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Sharon	Winn	Phone	Bi-State Primary Care	M
Cecelia	Wu		AHS - DVHA	S
				103

Nancy Abernathy - here - CMCM QI facilitator
Bruce Saffran - here - VPQHC QI facilitator

Attachment 3a

Financial Proposals

Financial Proposals

May 27, 2015

Georgia Maheras, JD

Project Director

AGENDA

1. HIE/HIT Work Group: Shared Care Plans and Universal Transfer Protocol (SCÜP) Project

HIE/HIT Work Group: Shared Care Plans and Universal Transfer Protocol (SCÜP) Project

- Request from the Work Group :
  - Project to be proposed and approved in two-month waves.
  - Project timeline: June 1, 2015-October 31, 2015
    - This phase: June 1, 2015-July 21, 2015
  - Project estimated cost: $ 177,700
    - This phase: $ 36,500
  - Project summary: This project will provide a technological solution that supports Vermont's providers and caregivers in successfully navigating transitions between care settings.
  - Budget line item: Type 2, HIE/HIT.
- The HIE/HIT Work Group is responsible for exploring and recommending technology solutions to achieve SIM's desired outcomes.

Intent of Contract/Relationship to VHCIP Goals

- *VHCIP's Operational Plan outlines the following tasks:*

HIE/HIT Work Group

This group will build on the work of the work group to date and:

- Identify the desired characteristics and functions of a high-performing statewide information technology system;
- Explore and recommend technology solutions to achieve VHCIP's desired outcomes;
- Develop criteria for a telehealth pilot program and launch that program;
- Guide investments in the expansion and integration of health information technology, as described in the SIM proposal, including:
  - Support for enhancements to EHRs and other source data systems;
  - Expansion of technology that supports integration of services and enhanced communication, including connectivity and data transmission from source systems such as mental health providers and long-term care providers;
  - Implementation of and/or enhancements to data repositories; and
  - Development of advanced analytics and reporting systems.

Scope of Work

- Hire one Business Analyst and contract with one Subject Matter Expert to support requirements gathering and development of the technology proposal.

Attachment 3b

SCÜP Resource Request

SCÜP Project Plan & Resource Request

**(Shared Care Plans &
Universal Transfer Protocol)**

May 27, 2015

Review: SCÜP Project Overview

VISION:

This project will provide a technological solution that supports Vermont's providers and caregivers in successfully navigating transitions between care settings.

This solution will support:

- Coordinating and managing patient care through transitions from one care setting to another
- Maintaining an up to date person-directed care plan that captures:
  - key elements of a person's clinical and non-clinical goals
  - primary functions of different members of their care team

This project will make every effort to be solution agnostic as it works towards a Technology Proposal, but the project team is committed to identifying existing solutions to support the vision of the project.

2

Review: Project Timeline

1. **Identify SCÜP Project Team & Initial Outreach:** April, 2015 - COMPLETED
   - **Project Plan Development**
   - **Resource Plan Development**

2. **Develop Business Requirements:** May – July, 2015
   - **Project Kickoff**
   - **Extract business req. from UTP final report**
   - **Requirements gathering: 3-4 regions**
   - **Compile/refine requirements for 3-4 regions**
   - **Business requirements draft**
   - **Validate draft w/ appropriate regions**
   - **Business requirements finalized**

3. **Develop Technical Requirements:** May – September, 2015
   - **Conduct National research on SCP & UTP**
   - **Conduct State assessment of tech capabilities**
   - **Build tech reqs from business requirements**
   - **Tech requirements draft**
   - **Validate draft w/ appropriate regions**
   - **Tech requirements finalized**

4. **Technology Proposal:** August – October, 2015
   - **Integrate technology assessment with business & technology requirements**
   - **Technology proposal draft**
   - **Validate draft w/ appropriate regions**
   - **Technology proposal & RFP finalized & submitted**

Project Timeline (Cont.)

The SCÜP Project team will provide a checkpoint update every two months to the HIE/HIT Work Group. The Work Group will review and provide any approvals for on-going funding of the project.

Abbreviated Project Timeline

Project Phase	April	May	June	July	August	September	October
Identify SCÜP Project Team & Initial Outreach							
Develop Business Requirements							
Checkpoint: HIE WG Update (July 22)							
Develop Technical Requirements							
Checkpoint: HIE WG Update (September 23)							
Technology Proposal							
Final Checkpoint: HIE WG Update (October 21)							

SCÜP Resource Request

The majority of the work effort will be completed by current State and State affiliated resources. A professional business analyst and additional subject matter expertise are requested to assist the team with the requirements gathering and development of the technology proposal.

Additional resource requests will be provided to the Work Group at each checkpoint.

Resource Request to July Checkpoint:

Resource	Hours	Rate	Total
Business Analyst	200	$145.00	$29,000.00
Subject Matter Expert	50	$150.00	$7,500.00
Total			**$36,500.00**

For Steering Committee Consideration

- Is the recommendation consistent with the goals and objectives of the grant?
  - This recommendation is consistent with the following goals and objectives of the grant (outlined in the Operational Plan):
    - 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; and
    - To create commitment to change and synergy between public and private culture, policies and behavior.

For Steering Committee Consideration

- Is the recommendation inconsistent with any other policy or funding priority that has been put in place within the VCHIP project?
  - No.
- Has the recommendation been reviewed by all appropriate workgroups?
  - The HIE WG has formally reviewed, discussed, and approved the recommendation. The CMCM WG has reviewed the recommendation and supported the project, though there was no formal request for approval.

Attachment 4

DLTSS-Specific Core Competency Curriculum Development and Training

DLTSS-Specific Core Competency Curriculum Development and Training

April 27, 2015

DRAFT

Overview

The goal of the Integrated Community Care Management Learning Collaborative is to improve integration of care management activities for at-risk people, and provide learning opportunities for best practice care management in Vermont pilot communities. In an effort to improve quality of care and health outcomes for people with disabilities, five "Disability Awareness Briefs" are being developed: Disability Competency for Providers, Disability Competency for Care Managers, Cultural Competency, Accessibility, and Universal Design. These Briefs initially will be utilized to develop curricula for training care management professionals within the Learning Collaborative, but also may be utilized to develop curricula for interested providers and care managers not directly involved in the Care Management Learning Collaborative. (Please see the DLTSS Year 2 Work Plan, items #7 - #9.)

DLTSS-Specific Core Competency Domains

PHPG is developing the "Disability Awareness Briefs" which will provide the foundation for the DLTSS-Specific Core Competency training curriculum for care management professionals as well as future trainings for broader audiences.

Curriculum Development

Bailit Health Purchasing has agreed to develop training curriculum based on the competencies contained in the Disability Awareness Briefs. This work fits within the scope of the existing VHCIP Bailit contract.

Beth Waldman has significant experience in long term care, beginning with her support of the Senior Care Options (SCO) program as Massachusetts Medicaid director. Since joining Bailit, Beth has continued to be involved in issues relating to long term services and supports (LTSS). Most relevantly, Beth worked closely with a Medicaid managed care plan in Rhode Island to develop a managed LTSS model, respond to a state procurement and draft the plan's Medicare Model of Care. Once approved, Beth developed training guides in the core competencies required of both internal plan staff and external stakeholders, including vendors and providers.

Training

DLTSS-Specific Core Competency Curriculum Trainers are needed to conduct trainings to supplement the broader core competency training for care management professionals currently under development by the Care Models and Care Management Work Group. These trainers also could be utilized for the DLTSS Provider Training initiative to support DLTSS-Specific Core Competency training among both medical and DLTSS providers and care managers not participating in the Care Management Learning Collaborative.

Sustainability

This project's curricula and training tools will be utilized after the Learning Collaborative trainings have concluded. Information Technology resources are needed to develop archiving mechanisms (e-Tool kits, webinars, online trainings) to sustain ongoing use of these educational materials.