Vermont Health Care Innovation Project: Work Groups Activities and Accomplishments 2013-2016

VERMONT

Vermont Health Care Innovation Project

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Disability and Long Term Services and Supports: Initiatives and Achievements

Vermont Health Care Innovation Project
Disability and Long Term Services and Supports
Initiatives and Achievements
January 2014 - December 2016

Presentation to the DLTSS Work Group

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Agency of Human Services

December 1, 2016

The Vermont Health Care Innovation Project's Disability and Long Term Services and Supports (DLTSS) Work Group originated from the Dual Eligible Initiative, a planning grant from CMS which allowed the State to identify ways to better serve individuals who are dually eligible for Medicaid and Medicare. These individuals have among the most complex care needs, yet the current system often fails in delivering comprehensive, effective and coordinated person-directed care. As beneficiaries of both Medicare and Medicaid, many dually eligible individuals have chronic illnesses and concurrent disabilities which span primary, acute, mental health, substance abuse, developmental, and long term service and support domains. The goal of the DLTSS Work Group was to incorporate best practices and expertise about person-centered and directed disability services into Vermont's health care reform efforts. Though the State chose not to apply for the Dual Eligible implementation funding, stakeholder involvement, recommendations and analysis from this earlier initiative became the foundation of the VHCIP Disability and Long Term Services and Supports Work Group.

A large and growing share of the population is affected by disability, with disability prevalence increasing considerably as people age. Vermont has the distinction of being one of the "oldest" states in the nation. Statistics from Cornell University's *2014 Disability Status Report* indicate that 15.5% of all Vermonters residing in the community have a disability compared to the nation's 12.6%. For Vermonters 75 years old and older, the rate climbs to 50.3%. Expenditures for Vermont's Specialized Services (which serve people with disability and long term service needs) accounts for approximately 55% of Vermont Medicaid claims.

The DLTSS Work Group has given rise to many significant accomplishments over the course of the Vermont Health Care Innovation Project's 3-year Demonstration Grant period. Highlights are listed below; see Appendix for links to complete reports.

1. *Model of Care for People with Disabilities and Long Term Services and Supports Needs, June 2014*. This 34-page DLTSS Model of Care report provides background, detail, and recommendations for creating a coordinated and integrated model of care for Vermont's service delivery system. It identifies essential "core elements" and identifies mechanisms for incorporating these elements into current practice. The DLTSS Model of Care has been renamed *The Vermont Integrated Model of Care* with the directive that it be embraced by Vermont's ACOs, Act 113 Medicaid Pathways, and the All Payer Model.

2. *Disability & Long Term Services and Supports Medicaid Expenditure Analysis, April 2015*. This PHPG report was produced in response to recurrent questions about the extent of Vermonters with DLTSS needs, the array of services in meeting those needs, and the cost to the State. A significant finding was that services to meet these individuals' specialized needs as well as their traditional medical needs comprise 72% of Vermont Medicaid claims expenditures, yet these individuals comprise only a quarter of all Vermont Medicaid beneficiaries.

3. *Disability Awareness Briefs, June 2015*. Disability Awareness Briefs were developed in an effort to improve quality of care and health outcomes for people with disabilities, including elders. The intent of these Briefs is to create foundational source documents on which to build training curricula, educational materials, and other products for care management practitioners and providers. The Briefs include:
   - Introduction to Disability Awareness
   - Disability Competency for Providers
   - Disability Competency for Care Management Practitioners
   - Cultural Competency
   - Accessibility
   - Universal Design

4. *Informed Consent, Privacy, Confidentiality, and Release Forms to Enable Information Sharing by Integrated Care Teams, April 2016.* This report describes the importance of a) having a legally valid consent form, b) ensuring that the client's choice to share information is informed and voluntary, and c) having a reliable procedure to communicate when the client's consent has been revoked. Important elements include readability, client engagement, disclosure, and the revocation process. Templates addressing these issues were developed for the VHCIP Integrated Community Learning Collaborative Care Management Teams.

5. *Overview of Shared Savings Programs (SSPs) and Accountable Care Organizations (ACOs) in Vermont, July 2014.* This report provides comprehensive and detailed explanations of ACOs, Shared Savings Programs, Shared Savings Program Standards, attribution methodology, provider participation in ACO networks, total cost of care, downside risk, beneficiary protections, ACO governance, beneficiary engagement, and the interface between ACOs and AHS. The report includes a table titled "Details of SSPs and ACOs in Vermont" which enumerates the specific Medicare, Medicaid and

Commercial SSP-ACO agreements operating in Vermont, including the ACOs' provider networks and the estimated percent of attributed lives within each SSP.

6. *ACOs and the DLTSS System, November 2014*. This table poses questions for Vermont's three ACOs − OneCare Vermont, CHAC and Health*first*. The questions were compiled by Vermont Legal Aid and the Vermont Council of Developmental & Mental Health Services. The table contains written responses from each of the ACOs.

7. *DLTSS Performance Measures Reference Document, May 2014.* This report documents the DLTSS Work Group's recommendations on the Medicaid and Commercial Shared Saving Programs Year 1 quality and performance measures for the VHCIP Quality and Performance Measures Work Group. The document provides background on the quality and performance measurement structure and suggests measures that could be promoted to a new status or newly included in the measure set for the Medicaid and Commercial Shared Savings ACO Programs.

8. *Vermont Medicaid Shared Savings Program Quality Measures: Year 1 DLTSS Sub-Analysis, October 2016.* The objective of this sub-analysis was to measure the quality of care of Medicaid beneficiaries who received disability and/or long term services and supports and who were also attributed to an ACO in the Vermont Medicaid Shared Savings Program. One of the most salient findings of this analysis involves avoidable hospitalizations for people with DLTSS needs. For two important measures (see below), DLTSS individuals in an ACO had a much higher likelihood of being unnecessarily hospitalized than people not affiliated with an ACO. Avoidable hospitalizations are of great concern regarding cost, quality and outcomes; this is especially true for individuals who are elderly and/or disabled and at greater risk of losing functional capacity as a result of being hospitalized.
    - Hospitalizations for COPD or Asthma in Older Adults
    - Hospitalizations for Ambulatory Care Sensitive Conditions

9. *DLTSS Information Technology Assessment, November 2015.* This HIS Professionals Study documents the health information technology (HIT) used by Disability and Long Term Services and Supports providers in Vermont. The report provides an initial assessment of DLTSS providers' HIT capacity, and updates prior assessments of Vermont's Long Term and Post-Acute Care providers. It also examines HIT adoption levels and health information

exchange capabilities, and recommends next steps for organizations to exchange health information and engage in analytics for population health management, and enhanced and efficient care coordination.

10. *DLTSS IT Gap Remediation Project, 2015-2016.* The DLTSS Data Gap Analysis and Remediation Project began as part of the VHCIP Accessing Care Through Technology (ACTT) suite of HIE/HIT projects. The goal of the DLTSS Gap Remediation Project is to increase the Health Information Technology capacity of Vermont's Disability and Long Term Services and Supports Providers and other "non-meaningful use providers". Home Health Agencies and possibly Area Agencies on Aging will be able to establish connections to VHIE allowing them to more actively participate in Vermont's health care reform efforts and comply with the Federal IMPACT Act.

11. *Promotion and funding for Core Competency and Disability Competency Trainings, 2015-2016.* The goal of the Core Competency and Disability Competency Trainings was to improve regional integration of health and social service organizations in order to optimize care management activities for at-risk individuals, and to provide learning opportunities for best practice care management in Vermont. These trainings complemented and enhanced the extensive work of the VHCIP Integrated Community Care Management Learning Collaborative initiative.

12. *Payment Models, Value-Based Purchasing, and DLTSS Design Considerations, October 2015.* This PHPG document reviews design elements related to Value Based Purchasing and provides recommendations for payment models that support DLTSS specific outcomes, promote integration of medical services with DLTSS services, and offer financial incentives that reward change but do not compromise access to care.

<u>VHCIP Sub-Grant Pilot Projects</u>

1. *The Caledonia and Essex Dual Eligible Project, 2014-2016.* This project provided flexible funding for health-related goods and services not normally covered by health insurance, enabling an integrated multi-disciplinary community care team to better care for Dually Eligible clients who are at risk for poor outcomes and high costs of medical care. The community care team involved a wide variety of service providers including the hospital, home health, housing, long term care, aging, and community mental health. Achievements include the successful services of a Health Coach, a focus on social determinants of health such as food security and housing needs, and supports for health promotion and disease prevention.

2. *The Inclusive Healthcare Partnership Project: Improving Health Care for Adult Vermonters with Intellectual and Developmental Disabilities, 2015*. The Vermont Developmental Disabilities Council in partnership with Green Mountain Self-Advocates produced a report with findings, recommendations, and opportunities for action to spark further consideration, investment, and innovation in the delivery of quality health care to adult Vermonters with intellectual and other developmental disabilities. This effort focused on transition services from pediatric to adult primary care; medical education and provider training; care models and practice transformation; and supports for health and wellness.

3. *Frail Elders Project, 2015-2016.* The Vermont Medical Society Foundation conducted the Frail Elders Project with the goal of improving the primary care delivery system for older Vermonters at risk of poor health outcomes or a decline in the quality of life. With the needs of older Vermonters as the paramount driver, the Frail Elders Project revealed a mismatch between reimbursable services and the needs of older Vermonters; and underscored the importance of older Vermonters remaining at home, retaining autonomy, being social engaged, and having a sense of purpose. These attributes were equal in importance to one's medical care. The Project advocated for a reform paradigm in which payment innovation for primary care supports practice innovation.

In conclusion, the analysis, collaboration, and products completed by the DLTSS Work Group reflect the opportunities and challenges involved in incorporating disability related issues and concerns in health care reform. Three years of planning have underscored the need for and importance of building a strong partnership between Vermont's community-based disability services and health care providers, while highlighting the value of person-centered and person-directed care.

The project owes a debt of gratitude to all the individuals, organizations, and consultants who have shared their commitment and expertise in shaping the resources summarized in this report. The longstanding members of the DLTSS Work Group infused the concerns and needs of individuals with disabilities (and their families) into the work of the Vermont Health Care Innovation Project. In so doing, they have helped to illuminate how these concerns must shape and inform the State's efforts to achieve the triple aim of enhancing quality of care, reducing unnecessary costs, and improving the health and social outcomes for Vermonters.

APPENDIX

1. Model of Care for People with Disabilities and Long Term Services and Supports Needs, June 2014: http://healthcareinnovation.vermont.gov/content/dltss-model-care-final-june-2014

2. Disability & Long Term Services and Supports Medicaid Expenditure Analysis, April 2015: http://healthcareinnovation.vermont.gov/content/medicaid-expenditure-analysis-final-april-2015

3. Disability Awareness Briefs, June 2015:
   - Introduction to Disability Awareness http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-introduction-disability-awareness-june-2015
   - Disability Competency for Providers http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-disability-competency-providers-june-2015
   - Disability Competency for Care Management Practitioners http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-disability-competency-cm-practitioners-june-2015
   - Cultural Competency http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-cultural-competency-june-2015
   - Accessibility http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-accessibilty-june-2015
   - Universal Design http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-universal-design-june-2015

4. Informed Consent, Privacy, Confidentiality, and Release Forms to Enable Information Sharing by Integrated Care Teams, April 2016: http://healthcareinnovation.vermont.gov/content/informed-consent-privacy-confidentiality-and-release-forms-enable-information-sharing

5. Overview of Shared Savings Programs (SSPs) and Accountable Care Organizations (ACOs) in Vermont, July 2014: http://healthcareinnovation.vermont.gov/content/july-2014-overview-shared-savings-programs-ssps-and-accountable-care-organizations-acos

6. ACOs and the DLTSS System, November 2014: http://healthcareinnovation.vermont.gov/content/acos-and-dltss-system-november-2014

7. DLTSS Performance Measures Reference Document, May 2014: http://healthcareinnovation.vermont.gov/content/dltss-performance-measures-reference-document-may-2014

8. Vermont Medicaid Shared Savings Program Quality Measures: Year 1 DLTSS Sub-Analysis, October 2016: http://healthcareinnovation.vermont.gov/content/vermont-medicaid-shared-savings-program-quality-measures-year-1-dltss-sub-analysis-october

9. DLTSS Information Technology Assessment, November 2015: http://healthcareinnovation.vermont.gov/content/dltss-information-technology-assessment-november-2015

10. DLTSS IT Gap Remediation Project, 2015-2016: http://healthcareinnovation.vermont.gov/content/dltss-it-gap-remediation-project-2015-2016

11. Promotion and funding for Core Competency and Disability Competency Trainings, 2015-2016: http://healthcareinnovation.vermont.gov/areas/practice-transformation/projects/core-competency-training

12. Payment Models, Value-Based Purchasing, and DLTSS Design Considerations, October 2015: http://healthcareinnovation.vermont.gov/content/value-based-purchasing-design-elements-dltss-presentation-october-2015

Sub-Grant Projects

1. The Caledonia and Essex Dual Eligible Project, 2014-2016: http://healthcareinnovation.vermont.gov/content/northeastern-vermont-regional-hospital

2. The Inclusive Healthcare Partnership Project: Improving Health Care for Adult Vermonters with Intellectual and Developmental Disabilities, 2015: http://healthcareinnovation.vermont.gov/content/developmental-disabilities-council

3. Frail Elders Project, 2015-2016: http://www.vmsfoundation.org/elders

Health Data Infrastructure:
Final Reflection and Celebration

Vermont Health Care Innovation Project
HDI Work Group
Final Reflection and Celebration

January 2016

History

- HIE/HIT Work Group formed in 2013.
- Purpose, from Work Group Charter:
  - To identify the desired characteristics and functions of a high-performing state-wide information technology system.
  - To explore and recommend technology solutions to achieve SIM's desired outcomes.
  - To guide investments in the expansion and integration of health information technology, as described in the SIM proposal, including expanded use of electronic health records across providers and development of a health analytics platform to support new care delivery and payment models.
- In 2015, transitioned to HDI Work Group.

That Resulted In Several Major Initiatives:

Gap Analyses

Data Quality

Telehealth

Data Warehousing – Blueprint Clinical Registry

Shared Care Plan

EMR Expansion

Gap Remediation

Event Notification System

Universal Transfer Protocol

Data Warehousing – VCN Data Repository

ACO Gateways

Health Data Inventory

Data Warehousing Strategy

It Was a Group Effort

- Co-Chairs Simone Rueschemeyer and Brian Otley
- Members have included ACOs (OneCare, CHAC/Bi-State, Healthfirst), Hospitals (Northwestern and Brattleboro), Payers (BCBSVT and MVP), Cathedral Square/SASH, AAAs and Home Health Agencies (Champlain Valley Area Agency on Aging, Central Vermont Home Health and Hospice), DAs (Northwest Counseling and Support Services, Howard Center), Vermont Association of Hospitals and Health Systems (VAHHS), Vermont Care Partners/Vermont Care Network, Vermont Information Technology Leaders (VITL), Vermont Medical Society, consumer representatives, Vermont Legal Aid/Health Care Advocate Project, and the State of Vermont (Agency of Human Services and many Departments, GMCB).

2013 & 2014

- **Work Group Charter** established.
- **Gap Analyses** for ACO and DLTSS providers started.
- **ACO Gateway** for OneCare started.
- **Data Quality** initiatives designed for ACO providers and Designated Agencies, Phase I of DLTSS Data Quality work.
- **EMR** procurement for five Specialized Services Agencies (SSAs).
- **Telehealth Strategic Plan and Pilots** conceptualized.
- Phase I of **Universal Transfer Protocol** work launched.
- **Event Notification System** project launched; proof of concept, research, and discovery.
- **Health Data Inventory** work launched.

Providers Impacted by 2014 investments: 399

2015

- **Gap Analyses** for ACO and DLTSS providers completed.
- ACO and Designated Agency/Specialized Service Agency (DA/SSA) **Gap Remediation** begun.
- **ACO Gateways** for OneCare and CHAC completed.
- **Data Quality** improvement efforts launched for ACO providers and Designated Agencies.
- **Telehealth Strategic Plan** finalized; RFP for **Telehealth Pilots** released and bidders selected.
- **EMRs acquired** for five Specialized Services Agencies (SSAs) and for the Dept. of Mental Health/State Psychiatric Hospital.
- **Data Warehousing** – Contract executed for Vermont Care Network Data Repository.
- Business and technical requirements developed for **Universal Transfer Protocol** and **Shared Care Plan** solutions.
- **Event Notification System** contractor selected.
- **Health Data Inventory** completed.

Providers Impacted by 2015 investments: over 400

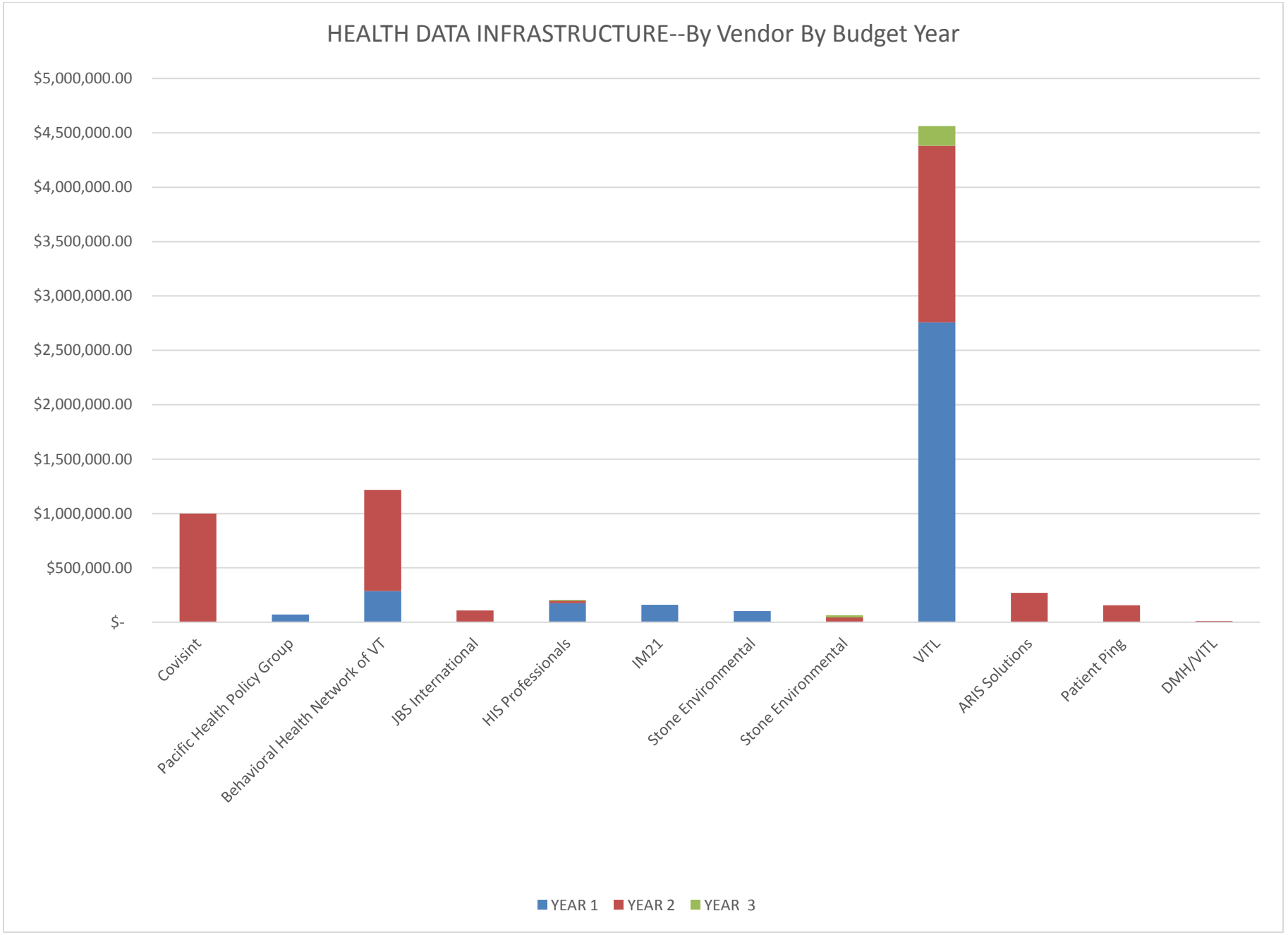
2016

- Phase I ACO **Gap Remediation** work completed; VCP Gap Remediation launched and completed; DLTSS Gap Remediation project to increase connectivity for Home Health Agencies and Area Agencies on Aging launched.
- **ACO Gateway** for Health*first* completed.
- **Data Quality** improvement efforts with VCP completed; Terminology Services work begun and first phase completed.
- **Telehealth Pilots** launched.
- **Data Warehousing** – Phase I of Vermont Care Network Data Repository completed; Blueprint Clinical Registry Migration to VITL infrastructure complete; statewide planning for long-term data warehousing strategy.
- **Universal Transfer Protocol** goals pursued through workflow solutions; **Shared Care Plan** project continued review of consent requirements.
- **Event Notification System** launched.

Providers Impacted by 2016 investments: hundreds

Thank you!

Health Data Infrastructure:
Focus Area Spending by Vendor by Budget Year


HEALTH DATA INFRASTRUCTURE--By Vendor By Budget Year
$5,000,000.00
$4,500,000.00
$4,000,000.00
$3,500,000.00
$3,000,000.00
$2,500,000.00
$2,000,000.00
$1,500,000.00
$1,000,000.00
$500,000.00
$-
Covisint
Pacific Health Policy Group
Behavioral Health Network of VT
JBS International
HIS Professionals
IM21
Stone Environmental
Stone Environmental
VITL
ARIS Solutions
Patient Ping
DMH/VITL
YEAR 1
YEAR 2
YEAR 3

HEALTH DATA INFRASTRUCTURE	YEAR 1	YEAR 2	YEAR 3	TOTAL
Covisint	$ -	$ 1,000,000.00	$ -	**$ 1,000,000.00**
Pacific Health Policy Group	$ 70,532.50	$ -	$ -	**$ 70,532.50**
Behavioral Health Network of VT	$ 287,710.00	$ 928,857.48	$ -	**$ 1,216,567.48**
JBS International	$ -	$ 107,747.60	$ -	**$ 107,747.60**
HIS Professionals	$ 174,828.16	$ 22,413.60	$ 7,965.00	**$ 205,206.76**
IM21	$ 160,000.00	$ -	$ -	**$ 160,000.00**
Stone Environmental	$ 101,539.30	$ -	$ -	**$ 101,539.30**
Stone Environmental	$ -	$ 43,404.70	$ 20,822.05	**$ 64,226.75**
VITL	$ 2,758,476.50	$ 1,622,576.64	$ 181,754.49	**$ 4,562,807.63**
ARIS Solutions	$ -	$ 269,790.00	$ -	**$ 269,790.00**
Patient Ping	$ -	$ 156,302.57	$ -	**$ 156,302.57**
DMH/VITL	$ -	$ 11,087.50	$ -	**$ 11,087.50**
TOTALS	**$ 3,553,086.46**	**$ 4,162,180.09**	**$ 210,541.54**	**$ 7,925,808.09**

Payment Model and Design Implementation: Final Meeting

Payment Model and Design Implementation: Final Meeting
December 19, 2016

The Payment Model Design and Implementation (PMDI) Work Group was formed in October 2015. This group was the successor group to the Payment Models (PM), formed in December 2013, and Quality and Performance Measures (QPM), formed in October 2013. As a combination of the two, with influences from a number of other Vermont Health Care Innovation Project (VHCIP) work groups, the PMDI Work Group focused on design, implementation, and analysis of payment models launched through Vermont's State Innovation Model (SIM) Project. The timeline on page 28 summarizes each of the three work groups' main focus by month and year. For more information on the charges for each of the three work groups, refer to the charters below.

Payment Models Work Group Charter (Retired)

In 2013, the Green Mountain Care Board in conjunction with the Department of Vermont Health Access formed a work group[1] to focus on all of Vermont's payment model efforts that were supported through the SIM Grant. The work group was charged with aligning standards across payers, wherever possible. Participants in this group included commercial payers and Medicaid, providers, Federally Qualified Health Centers, consumer advocates, home health and hospice, and participants representing Health Information Exchange and health care quality activities.

This group:

- Continued to develop and recommend standards for the commercial shared savings Accountable Care Organization (SSP-ACO) model;
- Developed and recommended standards for the Medicaid SSP-ACO model;
- Developed and recommended standards for both commercial and Medicaid episode of care models;
- Developed and recommended standards for Medicaid pay-for-performance models;
- Reviewed the work of the Duals Demonstration[2] work group on payment models for dually eligible Vermonters; and
- Recommended mechanisms for assuring consistency and coordination across all payment models.

Quality and Performance Measures Work Group Charter (Retired)

[1] Please note that the initial group was an ACO Standards focused group and that expanded with Vermont's receipt of the SIM Grant to encompass the full scope of payment models being reviewed.
[2] Vermont did not pursue a Duals Demonstration.

The purpose of the Quality and Performance Measures Work Group was to develop and recommend a standard set of performance measures, including metrics on quality, utilization, and cost to the VHCIP Steering Committee, the VHCIP Core Team, and the Green Mountain Care Board. The performance measures allowed the group to evaluate Vermont's payment reform models relative to public policy goals; to make recommendations regarding the manner in which quality performance will influence payments for payment models that are tested; and to make recommendations about how and when to communicate quality performance relating to payment reform to consumers.

Scope of Work

- Developed criteria and expectations for measure selection.
- Prioritized the use of nationally endorsed measures that can be benchmarked, to the extent possible.
- Developed consolidated and standardized sets of quality and performance measures for alternative payment and delivery system structures that are adopted for testing.
- Understood measurement and reporting barriers and supported issue resolution.
- Reviewed performance measures on at least an annual basis and determined measures to be added, revised, retired, or replaced.
- Learned about, informed, and integrated relevant activities of other VHCIP work groups.
- Collaborated with other VHCIP work groups to achieve broader project goals.

Deliverables

- Reviewed selection criteria used to develop ACO shared savings measures and expanded to episodes of care, pay-for-performance, and other payment models adopted for testing, as appropriate.
- Recommended how measurement should impact payment.
- Reviewed and recommended for approval the "Process for Review and Modification of Measures" standard for ACO shared savings measures.
- Annually reviewed measures for the VHCIP Driver Diagram, and modified or recommended measures as needed.
- Worked in conjunction with the Payment Models work group to develop and recommend measure sets for other payment models that were adopted for testing.
- Reviewed and recommended measures to be added, revised, retired, or replaced as appropriate, on at least an annual basis.
- Reviewed and recommended benchmarks to be used in conjunction with adopted measures for assessing and rewarding performance.

- Provided technical assistance to other multi-payer payment reform projects as requested and as work group resources allowed.

Payment Models and Design Implementation Work Group Charter

Formed in October 2015, the Payment Models and Design Implementation Work Group built on the work and membership of the former Payment Models, Care Models and Care Management, and Quality Performance Measures Work Groups, as well as integrating members of the Population Health and Disability and Long Term Services and Supports Work Groups.

In Performance Periods 2 and 3, the group:

- Expanded the number of people in the Shared Savings Program;
- Designed three Episodes of Care Models for the Medicaid program with a financial component[3];
- Assessed Accountable Communities for Health (ACH) feasibility;
- Monitored activities related to ACH and identified lessons learned based on this work;
- Reported on all payment models launched or under development;
- Developed and recommended standards for the commercial and Medicaid shared savings ACO model;
- Developed and recommended standard for the commercial and Medicaid episode of care models for use in conjunction with the SSP ACO model;
- Reviewed, developed, and recommended standards for Medicaid Value-Based Purchasing models;
- Assisted with All-Payer Model implementation as appropriate;
- Monitored implementation of Pay-for-Performance investments, Health Home (Hub & Spoke) program, and ensured these activities were included in Vermont's SIM Sustainability Plan as appropriate; and
- Discussed mechanisms for assuring consistency and coordination across all payment models, including standardization of quality measures.

[3] These were ultimately not implemented.

Quality & Performance Measures

2013			2014											2015					
10/21	11/5	12/18	1/13	2/10	3/24	4/18	5/29	6/23	7/29	8/25	9/22	10/27	11/24	12/22	2/23	3/16	4/13	5/18	6/22	8/24
Year 1 Commercial & Medicaid ACO SSP Measures: Process and criteria for measure selection; consideration of recommended measures, use of measures, Gate & Ladder methodology development			Year 2 Commercial & Medicaid ACO SSP Measures: Process and criteria for measure selection and/or modification; consideration of recommended measures, use of measures, Gate & Ladder methodology development												Year 3 Commercial & Medicaid ACO SSP Measures: Process and criteria for measure selection and/or modification; consideration of recommended measures, use of measures, Gate & Ladder methodology development					
Reporting measures: Criteria for attaining full payment			Reporting measures: sample size considerations and sample generation processes		Review of Y1 pending measures					Status update on clinical measure gap analysis (VITL-ACO collaboration)			CMS decision on sample size for clinical measures update		Status of Y1 ACO SSP Data Collection	Review reporting templates to be used for Y1 SSP results		VT ACO Experience with Y1 Clinical Data Collection		
Measures for SIM Driver Diagram		Core Team recommendations for Substance Abuse screening measure		VDH Presentation: Measures & Data						Presentation on SBIRT		ACO Improvement efforts related to Medicare & VT Commercial/Medicaid SSP Measures			Blueprint: Incorporation of ACO SSP Measures into practice & HSA Quality profiles		Use of performance measures in Blueprint-ACO UCCs	Summary of report: *Vital Signs: Core Metrics for Health & Health Care Progress*	Presentation on All Payer Model	
Development and Approval of Measure Modification Standard				Process for GMCB review and approval of measures						Review EOC under consideration by PMWG; identify criteria for episode-specific measure selection	Review of data submission & analytics timeline for Y1 SSP Measures					GMCB Year 3 measure change hiatus				
Development and Approval of Work Group Charter & Work Plan											Review and revision of work plan				Review of work plan updates					

Payment Models

2013	2014										2015						
12/10	1/6	2/3	3/3	5/12	6/2	7/7	8/4	9/16	10/6	11/3	12/1	1/16	2/23	3/16	4/20	6/22	8/24	9/21
Episodes of Care: Analytics, program design, case studies, model criteria											EOC analysis & next steps		EOC Subgroup updates and presentations			BPCI Presentation		
								Medicaid SSP Year 2 TCOC Expansion discussion						Medicaid SSP Year 3 TCOC Expansion discussion		Medicaid SSP Year 3 TCOC Expansion discussion		Medicaid SSP Year 3 TCOC Expansion discussion
						Review ACO SSP Quality Measure recommended changes for Y2			Commercial & Medicaid SSP Y2 Gate & Ladder								QPM Recommendations for Y3 Commercial & Medicaid SSP measure changes	Commercial & Medicaid SSP Y1 final calculation update
	ACO SSP Updates					Presentation: *Medical Homes, Community Health Teams & Networks* (Blueprint)						Blueprint presentation: Community Oriented Health Systems	Proposed changes to Blueprint methodology					
Development and Approval of Work Group Charter & Work Plan					Review draft survey: Assessment of Priorities & Opportunities in VT	Review of Payment Models Integration Goals		Frail Elders presentation and planning						Review 2015 work plan	CMS Next Gen ACO Model presentation		APM progress report summary	Discussion: work group merge & project rebasing

Payment Model & Design Implementation

2015			2016								
10/15	11/16	12/14	1/4	2/1	3/21	5/16	6/20	7/18	9/19	10/17	11/21
Y1 SSP Results	Medicaid EOC Proposal	Medicaid Expenditure Analysis	PMDI 2015 year in review: SSPs, EOCs, ACH, Medicaid Pathway	Financing DLTSS in VT	Medicaid Pathway Q&A	Y1 SSP Analyses	VT Collaborative Care presentation	SIM Sustainability planning	Simplifying Clinical Quality Measure Collection	Y2 SSP Results and Discussion	
Removal of Commercial SSP Y3 downside risk	Community Collaboratives presentation		Population Health Financing	Frail Elders Project Update	OneCare REDCap presentation		Frail Elders Project Update				
				APM Update	ACH Peer Learning Lab		ACH Peer Learning Lab		Medicaid Pathway payment model update	Population Health Plan review	Sustainability Plan, 1st draft review & discussion

Practice Transformation:
Final Reflection and Celebration

Vermont Health Care Innovation Project
Practice Transformation Work Group
"Final Reflection and Celebration"

December 6th, 2016

Vermont Health Care Innovation Project

Agenda:

- Review work group history
- Review progress and impact of work group initiatives
- Group reflection, discussion, and celebration

History:

- Former Care Models and Care Management Work Group began meeting in late 2013. Early work group initiatives included efforts to better:
  - understand and document the current care management/care coordination landscape;
  - define common care management and care coordination terms;
  - understand both gaps and areas of duplication of services;
  - and identify what the key goals and priorities of the work group would be.
- Since that time we have come a long way and accomplished much!

Key Priorities

- …to better serve all Vermonters (especially those with complex physical and/or mental health needs), reduce fragmentation with better coordination of care management activities…

- …[to] better integrate social services and health care services in order to more effectively understand and address social determinants of health (e.g., lack of housing, food insecurity, loss of income, trauma) for at-risk Vermonters…

It Was a Group Effort:

- Work group members (and co-chairs) have come and gone, but the hard work and dedication of all never wavered. Credit for the success and impact of work group initiatives is due to a partnership of many organizations including (but not limited to):

- Agency of Human Services (DAIL, DVHA, DMH, DCF, VDH, AHS CO, DOC); ACOs (OneCare, CHAC, HealthFirst); Visiting Nurse Associations and Home Health Agencies; Designated Mental Health Agencies; SASH; Planned Parenthood of Northern New England; Hospitals and Primary Care Practices; Commercial Insurers (BCBSVT, MVP); GMCB; AOA; Vermont Legal Aid and the Long Term Care Ombudsman Project; Consumers; VCIL; VITL; Vermont Medical Society and VAHHS; Vermont Council of Developmental and Mental Health Services; Area Agencies on Aging; Vermont Developmental Disabilities Council; and many more!

That Resulted In Several Major Initiatives:

- "Care Management Inventory Survey" and "Gaps and Duplication Report"
- Integrated Communities Care Management Learning Collaborative
- Core Competency Training Series for front-line care coordinators
- Provider Sub-grant Program
- Regional Collaborations, a.k.a. "Community Collaboratives"

Care Management Inventory and Gaps and Duplications Report:

Care Management Inventory Report:

- In 2014, the Care Models and Care Management (CMCM) Work Group designed and fielded a survey to provide insight into the current landscape of care management activities in Vermont including staffing levels, types of personnel engaged in care management, populations being served, gaps and duplications in services.

- The project was completed in February 2016, the final report can be found at http://healthcareinnovation.vermont.gov/content/care-management-inventory-survey-report-march-2015

Gaps and Duplications Report:

- Draws on information collected from the survey report and work group presentations, can be found at http://healthcareinnovation.vermont.gov/content/care-management-vermont-gaps-and-duplication-august-2015

Special thanks to Pat Jones, Erin Flynn, Bea Grause and Nancy Eldridge with support from Marge Houy and Christine Hughes of Bailit Health Purchasing

Review of Opportunities and Responses:

Opportunities Identified in Care Management Presentations and Inventory Survey Responses	Responses from VHCIP and Others
Increased process standardization, including increased use of **common care management tools**	• Learning Collaborative • Vermont Model of Care • Core Competency Training • Care Management Toolkit
Creation of an organizational mechanism to **coordinate the "family of care coordinators"**	• Learning Collaborative • Vermont Model of Care
Increased development and use of **IT resources to coordinate care management activities**; improved communication and relationships across an integrated care team supported by **health data infrastructure and exchange**; increased use of a **shared data set** to coordinate care and measure effectiveness	• EQHealthworks (State of Vermont) • Patient Ping (event notification) • Care Navigator (OneCare) • Accessing Care Through Technology (ACTT) • ACO Gateways • Telehealth Initiatives
Increased **opportunities for care managers to build their skills** through initiatives to share best practices and learn new skills	• Core Competency Training • Learning Collaborative • Care Management Toolkit
Improved **identification of and outreach** to people with complex needs, **increased engagement of individuals in their care**	• Learning Collaborative • Vermont Model of Care • Core Competency Training
Insufficient funding or lack of reimbursement mechanisms to support care coordination functions, leading to challenges in recruiting and retaining qualified staff	• ACO Shared Savings Programs • Medicaid Pathway • Potential All Payer Model
Overcoming privacy barrier to sharing information across an integrated care team	• DAIL and Designated Agency Templates

Review of Opportunities and Responses cont'd:

Opportunities Identified in Care Management Presentations and Inventory Survey Responses	Responses from VHCIP and Others
Challenges **engaging providers** across the continuum of care **in an integrated care team**	• Learning Collaborative • Selected Provider Sub-grants • Unified Community Collaboratives • Accountable Communities for Health
…improve the rate of implementing CMMI's key care management functions…**educational opportunity to train care managers**…on these key care management functions.	• Core Competency Training
…establish **more formal and structured relationships** to create stronger ties for providing care management services across care settings and community service organizations, and **provide opportunities to develop truly integrated delivery systems** that include organizations traditionally on the periphery of traditional health care delivery.	• Learning Collaborative • Unified Community Collaboratives • Accountable Communities for Health • Potential All Payer Model • Medicaid Pathway
…opportunity to provide **additional training on implementing Team Based Care**.	• Learning Collaborative • Core Competency Training
Ensuring the provision of…[certain care management] **services**, when appropriate, **for people being discharged from skilled nursing facilities** could result in fewer readmissions, which is a very important focus for cost containment	• ACTT UTP Project • Learning Collaborative
Examining the roles that…[certain] disciplines could play in improving care management, and recruiting additional FTEs if warranted, could impact resource allocation.	• Workforce Work Group Demand Modeling

Integrated Communities Care Management Learning Collaborative:

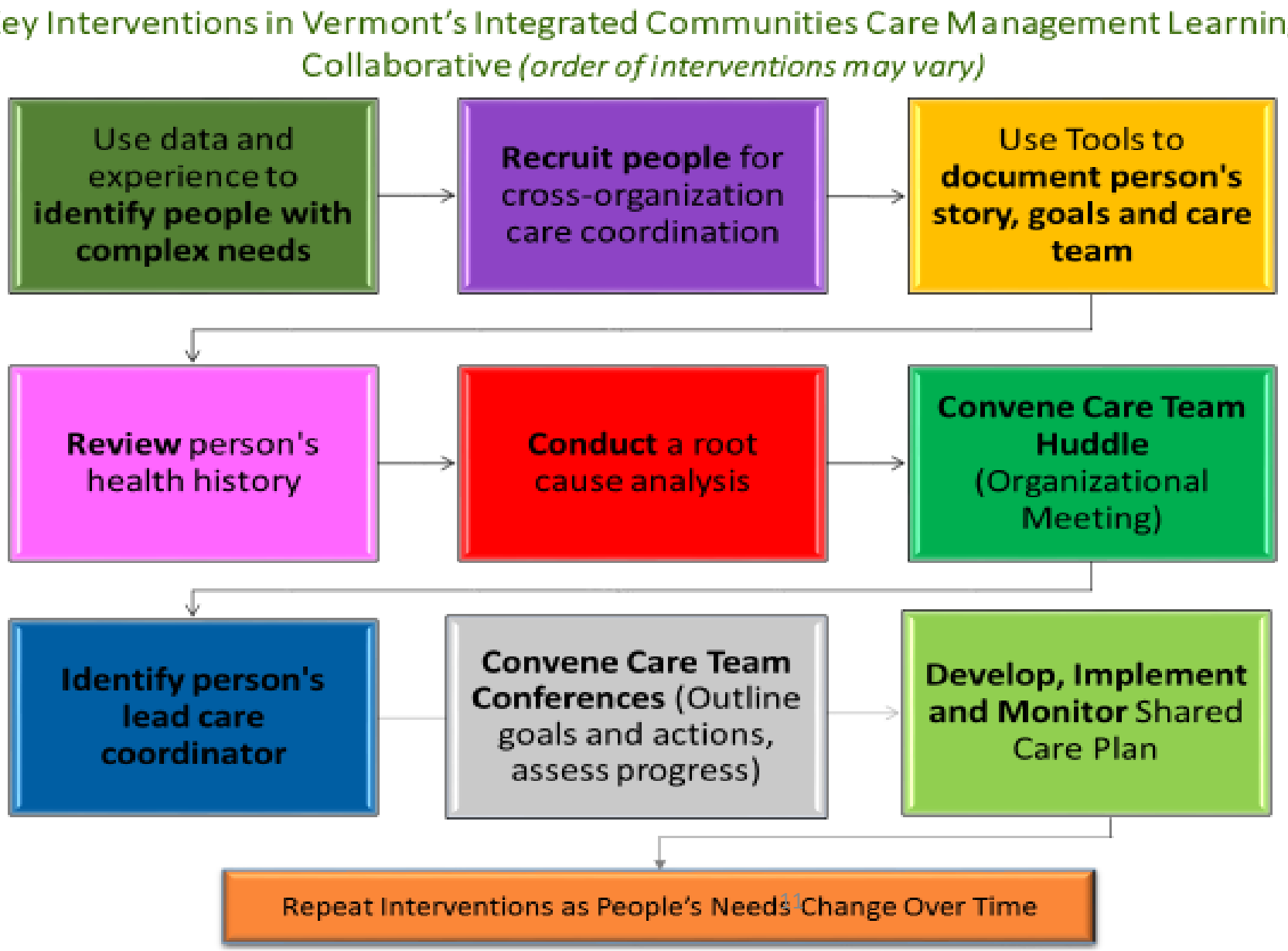
Overview:

- The Integrated Communities Care Management Learning Collaborative is a Health Service Area level rapid cycle quality improvement initiative. It is based on the Plan-Do-Study-Act (PDSA) quality improvement model, and features in-person learning sessions, webinars, and implementation support. The Collaborative has focused on improved cross-organization care management for at-risk populations; however, the ultimate goal is to develop this approach population-wide.

History:

- Began on a pilot basis in three communities in 2015, expanded statewide in 2016, active in 11 Health Service Areas
- Approximately 200 providers engaged and 318 complex individuals enrolled to date; including 303 with a lead care coordinator and 229 with a shared care plan!

Integrated Communities Care Management Learning Collaborative cont'd:



Integrated Communities Care Management Learning Collaborative cont'd:

- In addition to project staff and co-chairs, special thanks are due to many including:
  - Jenney Samuelson, Jennifer Le, and MaryKate Mohlman of the Blueprint for Health, as well as ALL Blueprint field staff
  - Vicki Loner, Miriam Sheehey, Elisa Gagne and Maura Crandall of OneCare Vermont and ALL OneCare field staff
  - Patty Launer of Community Health Accountable Care
  - Eileen Girling and Heather Bollman of Vermont Chronic Care Initiative and ALL VCCI staff
  - Nancy Eldridge and Stefani Hartsfield of SASH and ALL SASH field staff
  - QI facilitators Nancy Abernathey, and Bruce Saffran, and Liz Winterbauer and Cathy Fulton from VPQHC
  - Gabe Epstein of DVHA (formerly of DAIL)
  - Most importantly, ALL LEARNING COLLABORATIVE TEAM MEMBERS representing: VNAs, Home Health Agencies, Designated Agencies, Area Agencies on Aging, ACOs, VCCI, BCBSVT, Agency of Human Services, primary care practices, hospitals, skilled nursing facilities, and many more!

Core Competency Training Series :

The Core Competency Training Series provided skills training to front line staff providing care coordination from a wide range of medical, social, and community service organizations statewide. The curriculum covered competencies related to care coordination and disability awareness, and reinforced and expanded upon the disability awareness briefs and the Integrated Communities Care Management Learning Collaborative curriculum. *In total, 36 separate training opportunities were offered to up to 240 participants state-wide!*

Topics included:

- motivational interviewing
- health coaching
- health literacy
- bias, culture and values
- communication skills
- transitions in care
- domestic and sexual violence
- working with complex cases
- principles of team-based care,
- disability and wellness
- person-centered care
- universal design/accessibility
- facilitating inclusive meetings and trainings
- cultural competence
- transition from pediatric to adult care
- sexuality and reproductive health
- trauma-informed care

Additional training opportunities included advanced care coordination training for individuals facing challenges with mental health, substance use or homelessness, care coordination training for managers and supervisors, and "train the trainer" training.

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Core Competency Training Series cont'd:

- In addition to project staff and co-chairs, special thanks are due to many including:
  - Carole Magoffin, Holly Stone, Amy Coonradt, James Westrich, Chrissy Geiler, Julie Wasserman and many others
  - Contractors including: Vermont Developmental Disabilities Council, Vermont Family Network, Green Mountain Self-Advocates, Vermont Federation of Families for Children's Mental Health, and Primary Care Development Corporation
  - Most importantly ALL of the front line staff, managers, and supervisors who dedicated MANY MANY hours out of their time to attend!

Provider Sub-Grant Program:

Launched in 2014, 14 awards to provider and community-based organizations who are engaged in payment and delivery system transformation. Awards range from small grants to support employer-based wellness programs, to larger grants that support statewide clinical data collection and improvement programs. The overall investment in this program is nearly $5 million.

Sub-grant projects include:

- Supportive Care Program Pilot
- The Caledonia and Essex County Dual Eligible Project
- Patient Self-Confidence Leads to Improved Chronic Disease Management and Less Hospitalization
- Resilient Vermont
- Implementing a Vermont Hospital Medicine Choosing Wisely Program, Including Reducing Unnecessary Laboratory Testing in Low Risk Surgical Candidates
- Capacity Grant for Accountable Care Organization Development (CHAC, Healthfirst)
- Vermont Prevention Model Campaign to Improve the Health of Franklin County Residents
- The Inclusive Health Care Partnership Project
- NSQIP Statewide Surgical Services Collaborative
- Innovative Adaptation of the Transitional Care Model (TCM) in a Rural Setting
- Screening, Brief Intervention and Referral to Treatment (SBIRT) in the Medical Home
- Healthfirst Clinical Performance Improvement
- Behavioral Health Screening and Intervention

Regional Collaborations:

Overview:

- Blueprint for Health and ACO leadership merged work groups in all 14 Health Service Areas to collaborate with stakeholders using a single unified health system initiative. Regional Collaborations include medical and non-medical providers (e.g., long-term services and supports providers and community providers), and a shared governance structure with local leadership. Groups monitor and improve upon the results of core Blueprint and ACO Shared Savings Program quality measures, support the introduction and extension of new service models, provide guidance for medical home and community health team operations, and facilitate community priority-setting.

Examples of key quality improvement initiatives include:

- Integrated Communities Care Management Learning Collaborative
- Accountable Communities for Health Peer Learning Lab
- Transitional care
- Combating opiate addiction
- ED utilization
- Readmissions
- COPD
- Hospice and palliative care utilization
- Obesity
- Adolescent well visits
- Developmental screenings
- Oral health
- Unplanned pregnancy
- chronic pain
- Depression
- CHF
- SBIRT

Group Discussion

Reflect on how far we have come, where we are headed, and most importantly:

To all and THANK YOU for your hard work and contributions over the years!

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Acronyms:

- AHS CO : Agency of Human Services Central Office
- DVHA: Department of Vermont Health Access
- DAIL : Department of Disabilities Aging and Independent Living
- DMH: Department of Mental Health
- DCF: Department of Children and Families
- VDH: Vermont Department of Health
- DOC: Department of Corrections
- VCCI: Vermont Chronic Care Initiative
- ACO: Accountable Care Organization
- CHAC: Community Health Accountable Care
- SASH: Support and Services at Home
- BCBSVT: Blue Cross Blue Shield Vermont
- GMCB: Green Mountain Care Board
- AOA: Agency of Administration
- VCIL: Vermont Center for Independent Living
- VITL: Vermont Information Technology Leaders
- VAHHS: Vermont Association of Hospitals and Health Systems
- CMMI: Center for Medicare and Medicaid Innovation
- ACTT UTP: Advancing Care Through Technology Universal Transfer Protocol Project
- VPQHC: Vermont Program for Quality in Health Care
- VNA: Visiting Nurse Association
- COPD: Chronic Obstructive Pulmonary Disease
- CHF: Congestive Heart Failure
- SBIRT: Screening Brief Intervention and Referral to Treatment

Population Health:
Reflections on our Work Together

Population Health Work Group: Reflections on our Work Together

What have we found to be beneficial in coming together as the PHWG?
What have we accomplished?
What might we want to do together in the future – with or without SIM support?

Notable accomplishments of the group:

- The group always kept in mind the overarching goals to both moderate cost and improve health;
- There was great focus on defining population health and identifying resources;
- The group created a resource packet – the CDC impact pyramid, wellbeing of Vermonters framework, etc.

Three initial priorities:

1) Population Health Measures
2) Financing portfolio, not just payment reform
3) Accountable communities for health
    a) National survey and paper by Prevention Institute
    b) Grant to RiseVT
    c) ACH Peer Learning Lab

The future of 2017 and beyond:

1) Remain involved in SIM sustainability plan signoff and Population Health Plan sign off
2) Follow Health in all policies task force in new administration
3) Culture of Health grant renewal (Robert Wood Johnson) – an 18 month grant which endeavors to:
    a) Take old expenditure analysis lens and expand to include all of the health related expenditures
    b) Expand to other departments such as transportation
    c) And look at wellbeing of Vermonters framework to measure health not health care