State of Vermont
Agency of Administration
Health Care Reform
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REPORT TO THE VERMONT LEGISLATURE

Vermont Health Care Innovation Project Quarterly Report

Act 54 of 2015, Section 24

Submitted to
House Committees on Health Care and on Ways and Means
Senate Committees on Health and Welfare and on Finance
Health Reform Oversight Committee

Submitted by
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November 7, 2016

This report is submitted to fulfill the requirements of Act 54 of the Acts of 2015, Section 24 regarding the Vermont Health Care Innovation Project. It provides updates on activities performed by this project during April-June 2016. Additional information about the project can be found on our project website: http://healthcareinnovation.vermont.gov.

Project Overview

The Vermont Health Care Innovation Project (VHCIP), is funded through a $45 million State Innovation Models (SIM) Testing grant from the federal Center for Medicare & Medicaid Innovation (CMMI). VHCIP uses SIM funds to strive towards the Triple Aim:

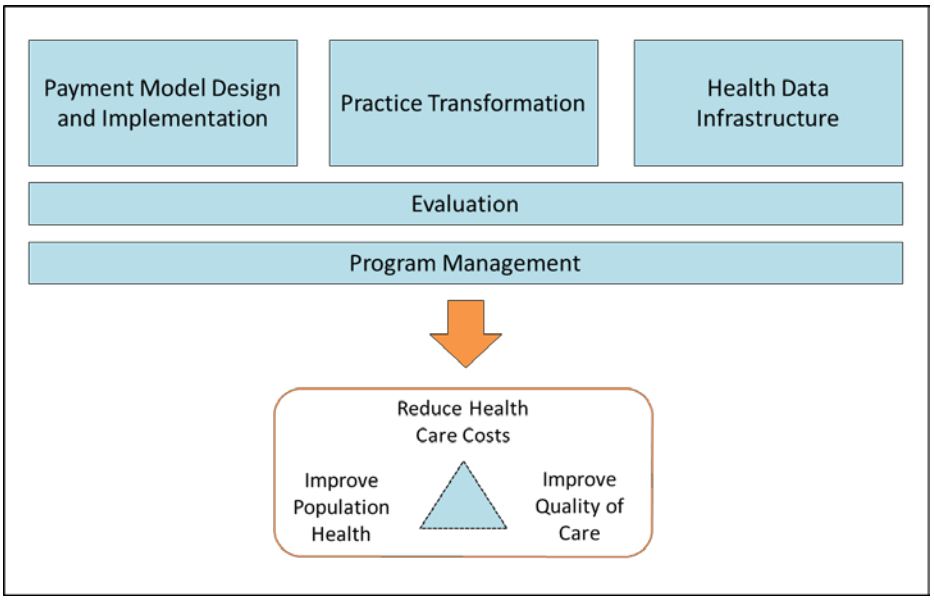
- Better care;
- Better health; and
- Lower costs.

The Triple Aim is advanced through a series of tasks that fall under five major focus areas:

- **Payment Model Design and Implementation**: Supporting creation and implementation of value-based payments for providers in Vermont across all payers.
- **Practice Transformation**: Enabling provider readiness and encouraging practice transformation to support creation of a more integrated system of care management and care coordination for Vermonters.
- **Health Data Infrastructure**: Supporting provider, payer, and State readiness to participate in alternative payment models by building an interoperable system that allows for sharing of health information to support optimal care delivery and population health management.
- **Evaluation:** Assessing whether program goals are being met.
- **Program Management and Reporting:** Ensuring an organized project.

The project's five focus areas are depicted in Figure 1 below.

Figure 1: Vermont's SIM Focus Areas



Progress During July-September 2016

Payment Model Design and Implementation

Between July and September 2016, VHCIP worked to advance implementation and planning activities across a variety of existing and proposed payment models, including: Medicaid and commercial Shared Savings Programs; the All-Payer Model; and the Medicaid Pathway.

Medicaid and Commercial ACO Shared Savings Programs: During the July-September 2016 period, DVHA, GMCB, and contractors began analyzing the quality and financial results for Year 2 of the Medicaid and Commercial ACO Shared Savings Programs (SSPs), after allowing for health care claims runout, which typically takes six months following the end of a performance period. Early results and findings will be presented to stakeholders and made available to the public starting in October 2016.

All-Payer Model: During the July-September 2016 period, the All-Payer Model made progress on federal negotiations, DVHA's preparation to implement a Next Generation ACO program for Medicaid, and stakeholder engagement.

- *Federal Negotiations:* During this quarter, negotiations continued between Vermont and the federal government, culminating in a draft agreement in September 2016 and a signed agreement in October 2016. The agreement was approved by the Green Mountain Care Board in a public meeting on October 26, 2016, and was signed by Gov. Shumlin, the Secretary of Human Services, the Chair of the Green Mountain Care Board, and federal officials.
- *DVHA Preparation:* On April 7, the State's Medicaid agency published an RFP that seeks a contract with a risk-bearing ACO that utilizes a Next Generation payment model in anticipation of the all payer model. The State received two bids and on July 5, selected OneCare Vermont as the successful bidder; negotiations are underway. The current timeline calls for a contract to be signed in October, a readiness review in November to ensure the ACO can meet its responsibilities, and a contract to begin 1/1/17.
- *Stakeholder Engagement:* State staff have presented to a wide variety of stakeholder groups on the All-Payer Model since early 2016, both independently and jointly with the Medicaid Pathway (see below). This has included presentations to various SIM workgroups, the Blueprint for Health monthly meetings, and advocates. Stakeholders also provided feedback on the terms of the verbal APM agreement: GMCB and the Administration distributed the draft agreement and companion documents to a broad group of stakeholders on September 28, and hosted a series of GMCB meetings and joint public forums in October to explain the draft agreement and gather public comment.

Medicaid Pathway: Vermont continues its work on the Medicaid Pathway, a companion project to the All-Payer Model that seeks to support Medicaid alignment with the All-Payer Model by accelerating payment and delivery system reform for providers and services not initially subject to the proposed financial caps of the All-Payer Model, such as LTSS, mental health, substance abuse services and others. In September, the State released a Medicaid Pathway Information Gathering Process (IGP) request for feedback. The request outlines the first phase of proposed delivery system and payment reform under the Medicaid Pathway, which is focused on mental health, substance abuse, and developmental disabilities services provided by Designated and Specialized Service Agencies (DAs and SSAs). The IGP seeks feedback from interested stakeholders on the proposed payment model and model phasing, focusing on providers who would participate in this phase of reforms. It also gauges provider and organizational readiness to implement these and future new payment models and delivery system

reform. Responses to the IGP are due in October; the State will review, compile, and track all comments to support refinement of the model.

Practice Transformation

VHCIP continued to support practice transformation for Vermont providers during the July-September 2016 quarter, through activities including: the Integrated Communities Care Management Learning Collaborative; the core competency training project; and regional collaborations.

Integrated Communities Care Management Learning Collaborative: The Integrated Communities Care Management Learning Collaborative is a Health Service Area-level rapid cycle quality improvement initiative seeking to integrate care management across health, community, and social service organizations. It is based on the Plan-Do-Study-Act (PDSA) quality improvement model, and features in-person learning sessions, webinars, implementation support, and testing of key interventions. The Learning Collaborative works to engage as many patient-facing care providers within each community as possible, including nurses, care coordinators, social workers, mental health clinicians, physicians, and others, from a broad spectrum of health, community, and social service organizations that includes primary care practices, community health teams, home health agencies, mental health agencies, Area Agencies on Aging, housing organizations, and other social service organizations. Participants are convened for in-person learning sessions and webinars, as well as regular local meetings.

This quarter, VHCIP continued implementation of the Learning Collaborative, active in eleven communities. Most recently, the Learning Collaborative hosted a September learning sessions ("Keeping the Shared Plan of Care Alive Under Dynamic and Challenging Situations"). Communities worked with tools to identify "high priority" transitions in care, and better understand what information needs to be shared during a transition. In November, communities will reconvene to share their experiences, and learn more from communities who have implemented Care Navigator, OneCare Vermont's electronic shared care plan tool.

In addition, the Learning Collaborative toolkit has been completed is publicly available on the Blueprint for Health website. The toolkit will be reviewed and updated on a quarterly basis through 2016 (and on an ad hoc basis in the future) to ensure incorporation of new tools, improvements to existing tools, and alignment with ACO tools and trainings.

Core Competency Training: Core Competency Training series, which provides care management and disability-specific core competency trainings for front-line health care providers, developed out of the Integrated Communities Care Management Learning Collaborative, launched in March 2016.

The Core Competency training initiative included curricula and training opportunities for front-line staff providing care coordination, advanced care coordination training, training for managers and supervisors. The Core Competency curriculum completed the last of six training sessions in September. This curriculum for front line staff offered comprehensive training for care coordination to a wide range of medical, social, and community service organizations in communities state-wide. The core curriculum covered competencies related to care coordination and disability awareness; during the July-September 2016 quarter, training topics included the transition from pediatric to adult care, trauma informed care and Adverse Childhood Events (ACEs). Additional training opportunities in September-December 2016 will include advanced care coordination training, care coordination training for managers and supervisors, and "train the trainer" training. In total, 34 separate training opportunities are being made

available to up to 240 participants state-wide over the life of this initiative. In order to ensure sustainability of training materials beyond the initial training period, training sessions have been filmed and all materials are being made available in an online format.

Regional Collaborations: VHCIP continues to work with Blueprint for Health staff and stakeholders to support implementation of Regional Collaborations (also known as Community Collaboratives). Within each of Vermont's 14 Health Service Areas (HSAs), Blueprint for Health and ACO leadership have merged their work groups and chosen 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. These groups focus on reviewing and improving the results of core ACO Shared Savings Program quality measures, supporting the introduction and extension of new service models, providing guidance for medical home and community health team operations, and community priority-setting. As of September 2016, all 14 communities had a charter in place and had identified one or more key focus areas. Many communities are beginning to analyze and understand the results of their interventions. Examples of key focus areas include: partnering with local corrections and education officials to reduce opioid abuse in adolescent populations, and partnering with local primary care practices and hospitals to monitor opioid prescribing habits. State leadership will continue to support local leadership teams as they continue to mature in structure and decision-making process to ensure readiness for upcoming reforms. Work to set common population health indicators, measures, targets, and drivers remains a key focus of Regional Collaboration leadership.

Health Data Infrastructure

During the April-June 2016 period, VHCIP continued to plan for and make investments in health information technology (HIT) and health information exchange (HIE), including: launch of two telehealth pilot projects in the state; and increased HIE connectivity to Home Health Agencies.

Telehealth Pilots Project Launch: In July 2016, Vermont executed contracts for telehealth pilot projects with two organizations, the Howard Center and VNAs of Chittenden and Grand Isle Counties.

- The Howard Center is developing an opiate treatment pilot that uses novel technology to facilitate and monitor home-based opiate treatment for some clients. To date, the Howard Center has selected their secure video software and training staff and identifying clients to use the system.
- VNAs of Chittenden and Grand Isle Counties is developing its telehealth infrastructure by building connections among providers and enabling the timely sharing of clinical information. This pilot seeks to link information gathered by visiting nurses with the Electronic Medical Records of physical practices and hospitals (through the Vermont Health Information Exchange, known as the VHIE) in order to more effectively care for people with chronic conditions. To date, the vendor has installed interfaces for data exchange at several sites which are currently undergoing rounds of testing.

Increased HIE Connectivity with Home Health Agencies (HHAs): This project, launched in January 2016 based on the results of a DLTSS Information Technology Assessment performed in 2014-2015, seeks to connect Vermont's 12 Home Health Agencies with the VHIE. The project includes both access to the VHIE's provider portal application, known as VITLAccess, which will allow HHAs to view patient care information for consenting clients, as well as through developing interfaces from HHA's electronic medical record (EMR) systems to the VHIE, which will allow HHAs to submit patient information to the

VHIE. So far, the project has completed a first phase of VITLAccess connections (4 HHAs); with 4 additional HHAs in progress. The State has also worked with HHAs and EMR vendors to assess ability to implement VHIE interfaces and is working with HHAs to move forward with connections before the end of 2016.

Evaluation

All SIM efforts are evaluated to ensure the processes, as well as the outcomes, work for Vermont, its residents, payers, and providers. The evaluations occur by program, by population, and by region to identify successes, ensure that we are not inadvertently causing negative consequences, and disseminate lessons learned quickly.

State-Led Evaluation Plan Implementation: VHCIP's State-Led Evaluation Plan, a required element of the SIM grant, was approved by CMMI in early 2016. The plan was developed in collaboration with VHCIP stakeholders.

This plan includes three categories of activity:

1. Activities performed by the self-evaluation contractor.
2. Monitoring and evaluation activities performed by SIM staff and key analytic contractors.
3. Patient experience surveys performed by Datastat.

Through the Self-Evaluation Plan, VHCIP proposes to answer research questions in three topical areas, all key to Vermont's progress towards achieving an integrated delivery system that rewards value-based care: Care Integration and Coordination; Use of Clinical and Economic Data to Promote Value-Based Care; and Payment Reform and Incentive Structures. The Self-Evaluation Plan combines a review of information on various reporting cycles to assist in programmatic decisions within the SIM Testing period, as well as inform VHCIP sustainability planning.

During the July-September 2016 period, Vermont's State-Led Evaluation contractor submitted a final Environmental Scan report which synthesizes information from stakeholder interviews, a review of Vermont's SIM documents, and national literature in the three main focus areas: care integration, use of clinical and economic data for performance improvement, and payment reform provider incentives. The contractor also submitted a completed Stakeholder Communication Matrix; conducted site visits; began provider survey development (expected to be fielded in late 2016), which is designed to reach advance practice professionals as well as care integration and other health care professionals; and conducted three presentations to internal and external stakeholders sharing preliminary findings compiled from key informant interviews and site visits.

Also during this period, Vermont's patient experience survey vendor (DataStat) provided survey results for Year 2 of the Medicaid and Commercial ACO Shared Savings Programs to each participating practice and to the analytics contractors for the Blueprint for Health and the ACO Shared Savings Programs. The results are being used to evaluate patient experience at the practice, ACO, health service area, and statewide levels.

For more detailed information, please refer to the attached VHCIP Project Status Reports for September 2016, which include project summaries, timelines, and other key information about each project area. These monthly Status Reports and other project documents can also be found on the project website: www.healthcareinnovation.vermont.gov.