

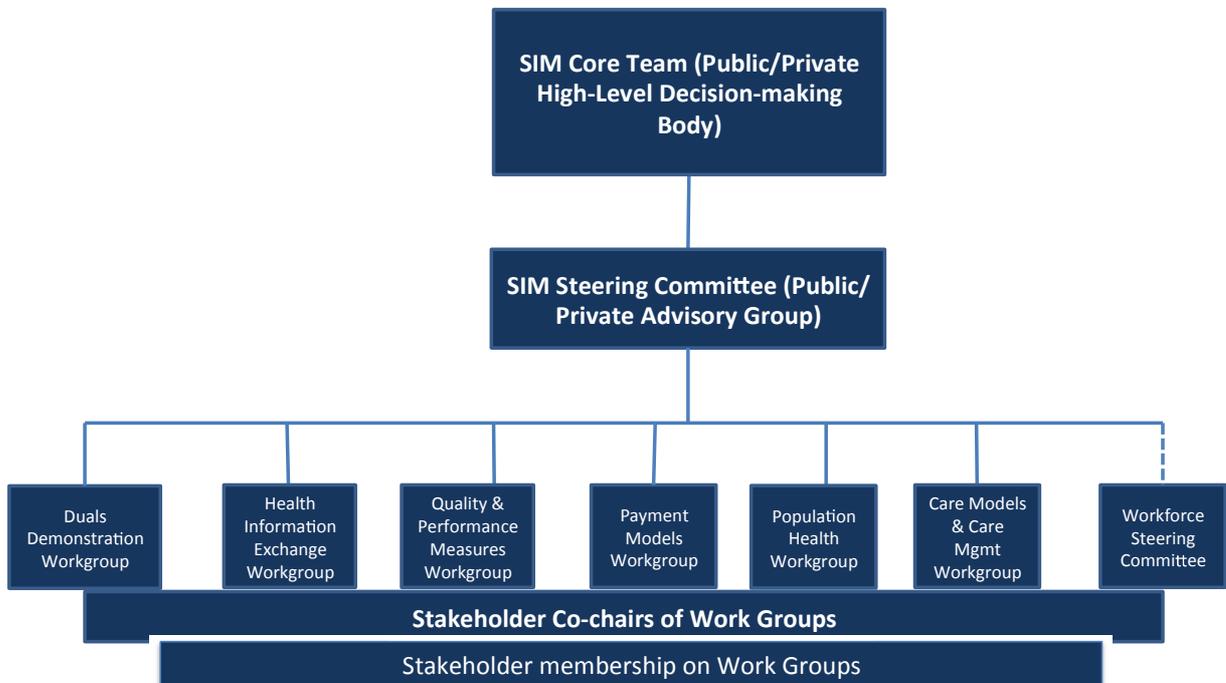
## Vermont SIM Project Governance

The SIM project will be governed through a structure that integrates public and private oversight and consideration of the dually-eligible population at three levels:

- The Core Team
- The Steering Committee
- Six Work Groups

This structure is illustrated in the organizational chart below. The purpose and composition of each of these levels of governance also is described below.

### State Innovation Model Project Governance



### *The Core Team*

This group will provide overall direction to the State Innovation Model project, synthesize and act on guidance from the Steering Committee, set project priorities and help resolve any conflicts within the project initiatives.

### *The Steering Committee*

The Steering Committee will inform, educate and guide the Core Team in all of the work planned under the SIM grant. In particular, the group will guide the Core Team's decisions about investment of project funds, necessary changes in state policy and how best to influence desired innovation in the private sector. See below for a list of Steering Committee members.

The membership of the Steering Committee brings a broad array of perspectives from multiple agencies within state government, and multiple groups and organizations from outside state government. The Steering Committee will include at least one of the co-chairs of Work Groups (described below), who will be expected to report on the recommendations of those work groups in specific subject areas defined in their charters.

### *Work Groups*

Six work groups will be established as part of the SIM/Duals Project. They are:

- Payment Models Work Group
- Care Models and Care Management Work Group
- Duals Demonstration Work Group
- Health Information Exchange Work Group
- Quality and Performance Measures Work Group
- Population Health Work Group

In addition, the Agency of Administration is establishing a Health Care Workforce Work Group through Executive Order that will lead workforce-related efforts under the grant.

Work groups will have specific charters related to their scope of work and expected deliverables. Deliverables will take the form of recommendations to the Steering

Committee and Core Team. The general scope of each of the work groups is described below. Members of all Work Groups will be expected to be active, respectful participants in meetings; to consult between meetings with constituents, clients, partners and stakeholders, as appropriate, to gather input on specific questions and issues; and to alert SIM leadership about any actual or perceived conflicts of interests that could impede their ability to carry out their responsibilities. Work groups will be responsible not only for their own scope of work but, to a significant degree, for coordinating with other work groups to develop joint recommendations to the Steering Committee on cross-cutting issues related to care models, payment models and quality measures.

Two of these groups, the Payment Models Work Group and the Quality and Performance Measures Work Group, are reconstituted from groups that have been working to date with DVHA and the GMCB to develop standards and quality measures for the commercial and Medicaid ACO models.

The membership of the Core Team and Steering Committee and co-chairs of the Work Groups are listed below.

### *State Innovation Model Project Leadership*

#### **Core team**

Anya Rader Wallack, Ph.D., Chair

Paul Bengtson, CEO, Northeastern Vermont Regional Hospital

Al Gobeille, incoming Chair of the Green Mountain Care Board

Mark Larson, Commissioner of the Department of Vermont Health Access

Robin Lunge, Director of Health Care Reform

Doug Racine, Secretary of Human Services

Lisa Ventriss, President, Vermont Business Roundtable (to be replaced by Steve Voigt in October)

Susan Wehry, M.D., Commissioner of the Department of Disabilities, Aging, and Independent Living

## Steering Committee

John Barbour, Executive Director, Champlain Valley Area Agency on Aging

Susan Barrett, Director of Vermont Public Policy, Bi-State Primary Care

Stephanie Beck, Director of Health Care Operations, Compliance, and Improvement, Agency of Human Services

Bob Bick, Director of Mental Health and Substance Abuse Services, Howard Center for Mental Health

Peter Cobb, Director, Vermont Assembly of Home Health and Hospice Agencies

Elizabeth Cote, Area Health Education Centers Program

Elizabeth Davis, R.N., MPH, Consultant on Long Term Services and Supports

Tracy Dolan, Deputy Commissioner, Department of Health

Susan Donegan, Commissioner of the Department of Financial Regulation

Paul Dupre, Commissioner of the Department of Mental Health

Nancy Eldridge, Cathedral Square and SASH Program

John Evans, President and CEO, Vermont Information Technology Leaders

Catherine Fulton, Executive Director, Vermont Program for Quality in Health Care

Don George, President and CEO, Blue Cross Blue Shield of Vermont

Bea Grause, President, Vermont Association of Hospital and Health Systems

Dale Hackett, Consumer Advocate

Paul Harrington, President, Vermont Medical Society

Debbie Ingram, Vermont Interfaith Action

Craig Jones, M.D., Director of the Vermont Blueprint for Health

Trinka Kerr, Health Care Ombudsman

Deborah Lisi-Baker, Disability Policy Expert

Bill Little, Vice President, MVP Health Care

Jackie Majoros, Long-term Care Ombudsman

Todd Moore, CEO, OneCare Vermont

Ed Paquin, Disability Rights Vermont

Laura Pelosi, Vermont Health Care Association

Judy Peterson, Visiting Nurse Association of Chittenden and Grand Isle Counties

Allan Ramsay, M.D., Member of the Green Mountain Care Board

Paul Reiss, M.D., Executive Director, Accountable Care Coalition of the Green Mountains

Simone Rueschemeyer, Director, Behavioral Health Network of Vermont

Howard Schapiro, M.D., Interim President of the University of Vermont Medical Group Practice

Julie Tessler, Executive Director, Vermont Council of Developmental and Mental Health Services

Barbara Walters, M.D., Senior Medical Director, Dartmouth-Hitchcock Medical Center

Dave Yacavone, Commissioner of the Department for Children and Families

## **Work Group Chairs**

### *Payment Models*

Don George, President and CEO, BCBSVT

Stephen Rauh, Health Policy Consultant and Member of GMCB Advisory Board

### *Care Models and Care Management*

Bea Grause, President, Vermont Association of Hospitals and Health Systems

Susan Barrett, Director of Vermont Public Policy, Bi-state Primary Care

### *Health Information Exchange*

Simone Ruschemeyer, Behavioral Health Network

Brian Otley, Chief Operating Officer, Green Mountain Power

### *Dual Eligibles*

Deborah Lisi-Baker, Disability Policy Expert

Judy Peterson, Visiting Nurse Association of Chittenden and Grand Isle Counties

### *Quality and Performance Measures*

Catherine Fulton, Executive Director, Vermont Program for Quality in Health Care

Laura Pelosi, Vermont Health Care Association (Invited)

### *Population Health Management*

Tracy Dolan, Deputy Commissioner, Department of Health

Karen Hein, M.D., Member of the Green Mountain Care Board

The charge to each of the Work Groups is described below.

### **Payment Models Work Group**

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

- Continue to develop and recommend standards for the commercial shared savings ACO (SSP-ACO) model
- Develop and recommend standards for the Medicaid SSP-ACO model
- Develop and recommend standards for both commercial and Medicaid episode of care models
- Develop and recommend standards for Medicaid pay-for-performance models
- Review the work of the duals demonstration work group on payment models for dual eligibles

- Recommend mechanisms for assuring consistency and coordination across all payment models

### **Care Models and Care Management Work Group**

This group will examine current or planned care management programs and care delivery models including:

- The Blueprint for Health Advanced Primary Care Medical Home, including Community Health Teams
- The Support and Services at Home (SASH) program
- Care management programs of the commercial payers
- Care management programs of Medicaid
- Care models or care management implemented or contemplated by Medicare ACOs
- Care models or care management contemplated as part of the duals demonstration
- Large-scale population-based care or health improvement models that might complement or integrate with the above

The group will recommend mechanisms for assuring greater consistency and/or coordination across these programs and models in terms of service delivery, financial incentives, quality measurement or other key model or program components. The goal will be to maximize effectiveness of the programs and models in improving Vermonters' experience of care, reducing unnecessary costs and improving health, and minimizing duplication of effort or inconsistencies between the models.

### **Duals Demonstration Work Group**

This group will build on the extensive work of the duals demonstration steering committee. The group continue to develop recommendations for the design of the state's financial alignment demonstration regarding:

- A care model or models for dually-eligible Vermonters that improves beneficiary service and outcomes
- Provider payment models that encourage quality and efficiency among the array of primary care, acute and long-term services and support providers who serve dually-eligible populations

- Quality measures to be used to evaluate provider and overall project performance
- A financial model that allows for an assessment of the potential costs, benefits and risks of the project for the state, providers and beneficiaries
- Management structures necessary to administer the project at both the state and provider levels

The group also will recommend mechanisms for assuring alignment of the duals demonstration with other payment reform initiatives, including any flexibility from the federal government that is necessary to achieve such alignment. These recommendations will support the state's assessment of whether to pursue the demonstration as details of the federal terms and conditions are identified.

### Health Information Exchange Work Group

This group will:

- Identify the desired characteristics and functions of a high-performing statewide information technology system.
- Explore and recommend technology solutions to achieve SIM's desired outcomes.
- 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
  - implementation of and/or enhancements to data integration platform(s)
  - development of advanced analytics and reporting systems

The group also will advise the development of the state's health information technology plan with regard to the above activities and expenditures.

The SIM HIE work group will be responsible for the following deliverables:

- Recommendations to the Steering Committee regarding the HIE work plan.

- Recommendations on expenditure of SIM funds to support HIT investments.
- Recommendations on coordination of HIT/HIE related efforts across various agencies and organizations.
- Recommendations on prioritization of new initiatives such as EHR installations, interfaces, and other investments.

### **Quality and Performance Measures Work Group**

This group will build on the work of the ACO Quality and Performance Measures Work Group, and will recommend standardized measures that will be used to:

- Evaluate the performance of Vermont's payment reform models relative to state objectives;
- Qualify and modify shared savings, episodes of care, pay for performance, and health home payments; and
- Communicate performance to consumers through public reporting.

The overarching goal of quality and performance measurement is to focus health care reform and quality improvement efforts to control growth in health care costs, improve health care, and improve the health of Vermont's population.

The work group's deliverables will include recommendations on consolidated and standardized sets of all-payer quality and performance measures to be used to indicate improvements in performance, monitor adherence to quality standards, and qualify and modify payments to providers or provider organizations. When possible, the focus will be on nationally accepted measures that can be benchmarked. As needed, the work group will make recommendations regarding data resources for proposed measures, troubleshooting measurement barriers, and supporting measurement issue resolution. Performance measures will be reviewed on at least an annual basis, and will be revised, retired or replaced as appropriate.

### **Population Health Work Group**

This group will examine current population health improvement efforts administered through the Department of Health, the Blueprint for Health, local governments, employers, hospitals, accountable care organizations, FQHCs and other provider and payer entities. The group will examine these initiatives and SIM initiatives for their potential impact on the health of Vermonters and recommend ways in which the

project could better coordinate health improvement activities and more directly impact population health, including:

- Enhancement of State initiatives administered through the Department of Health
- Support for or enhancement of local or regional initiatives led by governmental or non-governmental organizations, including employer-based efforts
- Expansion of the scope of delivery models within the scope of SIM or pre-existing state initiatives to include population health