
Health Care Oversight Committee

Georgia Maheras, Project Director, SIM

June 12, 2014

Agenda

- State Innovation Model (SIM)
Background
- SIM Sub-Grant Awards
- SIM Preview

State Innovation Models: Background



What are we trying to accomplish through the Vermont Health Care Innovation Project?

- Align policy, investments and payment to support a “high performing health system” in Vermont
- The aims of the VHCIP are to improve care, improve health and reduce costs
- How?
 - Enable and reward care integration and coordination;
 - Develop a health information system that supports improved care and measurement of value; and
 - Align financial incentives with the three aims.
- The whole thing is a public/private partnership involving payers, providers, advocates and individuals.

VHCIP: what would constitute success?

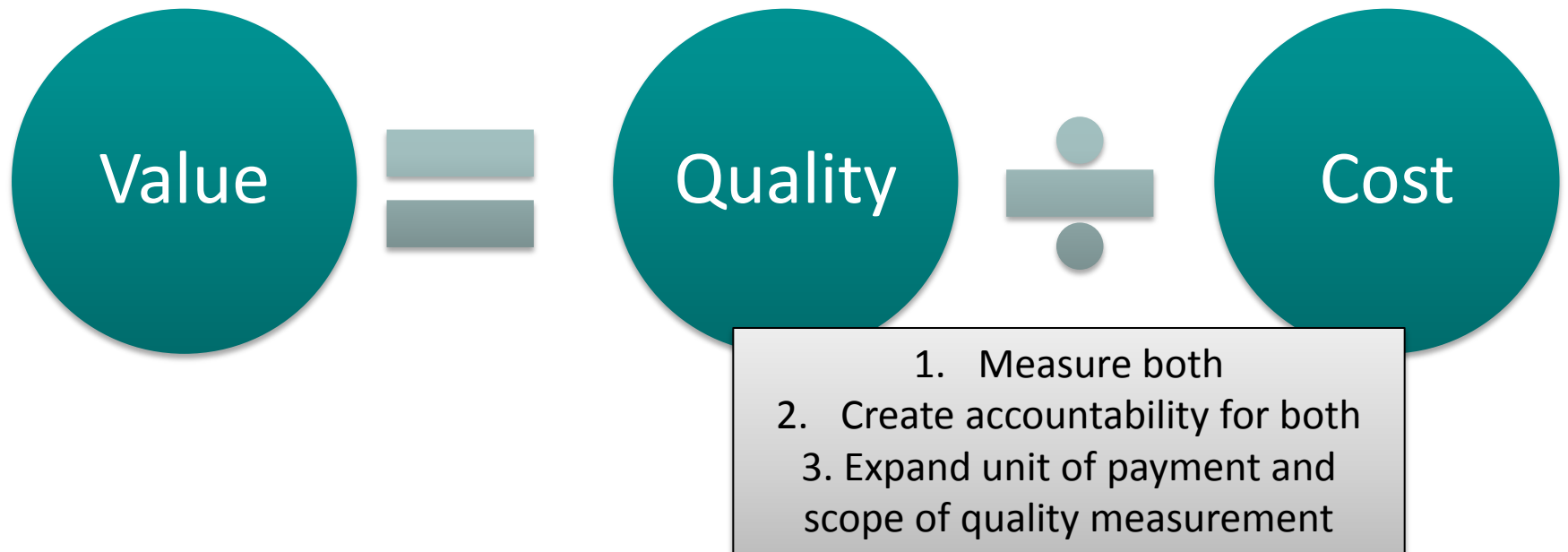
A health information technology and health information exchange system that works, that providers use, and that produces analytics to support the best care management possible.

A predominance of payment models that reward better value.

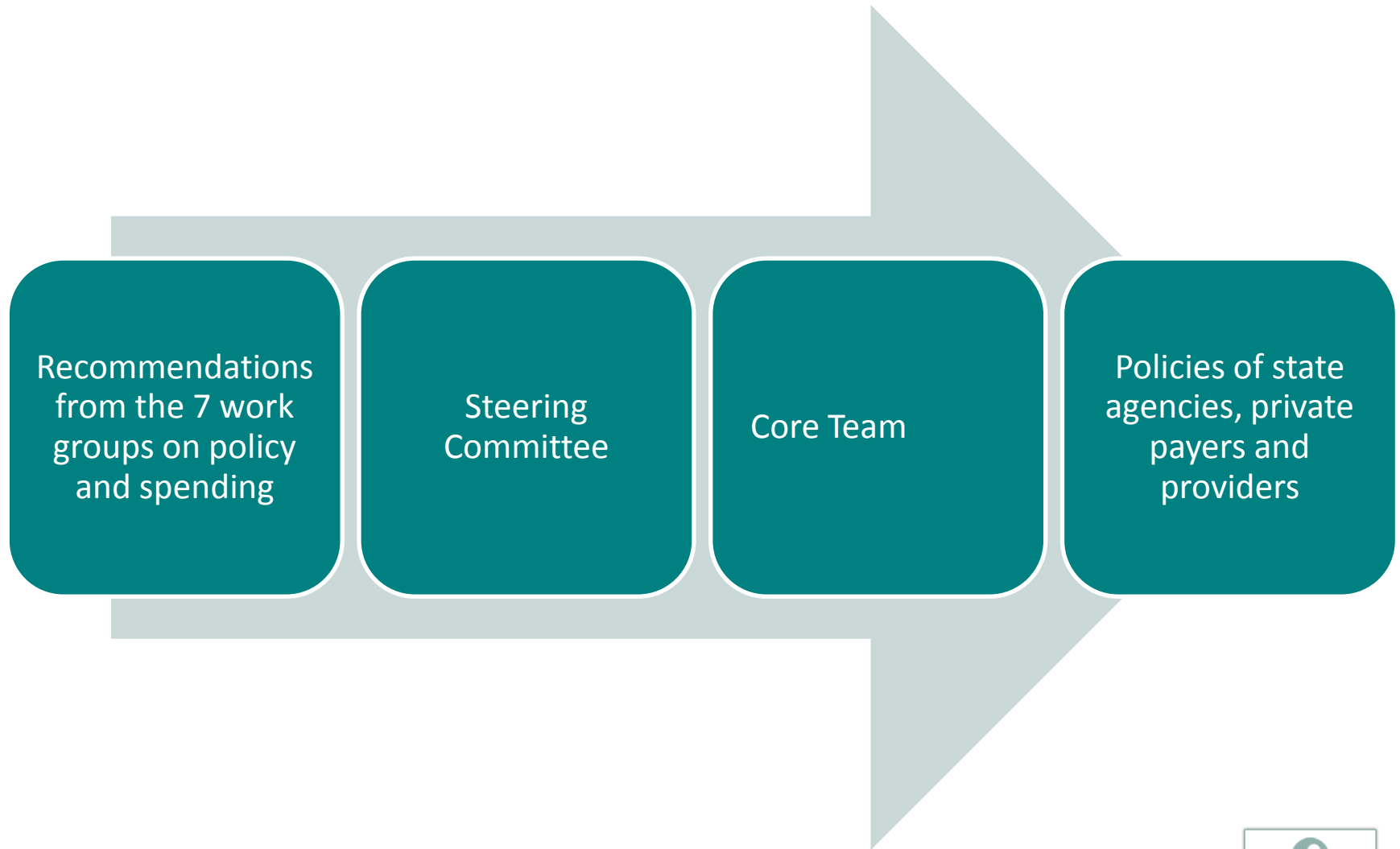
A system of care management that is agreed to by all payers and providers that:

- utilizes Blueprint and Community Health Team infrastructure to the greatest extent possible
- fills gaps the Blueprint or other care models do not address
- eliminates duplication of effort
- creates clear protocols for providers
- reduces confusion and improves the care experience for patients
- follows best practices

Trying to affect the “value equation”



How does the project work?



Focus of work group recommendations

- Coordinated policy
 - Payment
 - Care management
 - Health information system
- Targeted funding
 - Modeling and testing payment reforms
 - Expanding and improving our health information system
 - Supporting providers to change their business models

Payment models we are testing

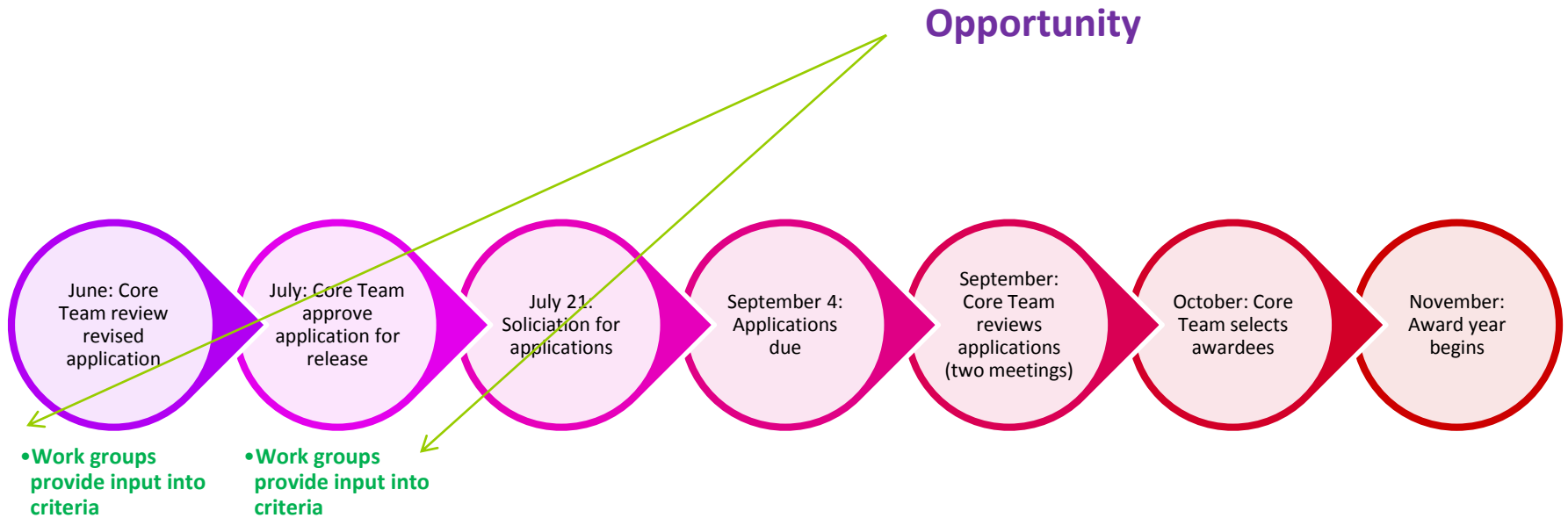
- Shared savings arrangements with accountable care organizations
 - If ACO beats the target for expected costs AND meets quality requirements, ACO shares in savings
- Episode-based payments to provider groups
 - Providers share savings for total costs of an “episode of care”
- Pay-for-performance
 - Payment for meeting or exceeding quality thresholds

Progress to date

- Shared savings ACO programs for commercial and Medicaid launched in February
 - Quality measures established for same
- Approved major investments in Health Information Exchange and connectivity for both acute and long-term service providers
- Inventory of duplication and gaps in Vermont's care management system

Sub-Grant Awards

Timeline



Grant Program Goals

- Grant Program is intended to foster health care innovation throughout Vermont.
- To maximize the impact of non-governmental entity involvement in this health care reform effort.

Grant Program Criteria

- Activities that directly enhance provider capacity to test one or more of the three alternative payment models approved in Vermont's SIM grant application.
- Infrastructure development that is consistent with development of a statewide high-performing health care system, including:
 - Development and implementation of innovative technology that supports advances in sharing clinical or other critical service information across different types of provider organizations;
 - Development and implementation of innovative systems for sharing clinical or other core services across different types of provider organizations;
 - Development of management systems to track costs and/or quality across different types of providers in innovative ways.

Preference for:

- Support from and equitable involvement of multiple provider organization types that can demonstrate the grant will enhance integration across the organizations;
- A scope of impact that spans multiple sectors of the continuum of health care service delivery (for example, prevention, primary care, specialty care, mental health and long term services and supports);
- Innovation, as shown by evidence that the intervention proposed represents best practices in the field;
- An intent to leverage and/or adapt technology, tools, or models tested in other States to meet the needs of Vermont's health system;
- Consistency with the Green Mountain Care Board's specifications for Payment and Delivery System Reform pilots.

Awardee Summaries:

Grantee
Rutland Area Visiting Nurse Association & Hospice in Collaboration with Rutland Regional Medical Center, Community Health Centers of the Rutland Region and the Rutland Community Health Team
Project Description
This project will support design and implementation of a supportive care program for seriously ill patients with congestive heart failure and /or chronic lung disease. The program will improve communication between the multiple providers and organizations involved in the care of these patients and advance a patient-centered model for care planning and shared decision-making. The project is expected to reduce use of hospital and emergency department care, improve patient quality of life and save money.

Grantee
Northeastern Vermont Regional Hospital in Collaboration with Northern Counties Health Care, Rural Edge Affordable Housing, the Support and Services at Home (SASH) Program, the Northeastern Vermont Area Agency on Aging and Northeast Kingdom Community Services
Project Description
This project will provide flexible funding for goods and services not normally covered by insurance, enabling an integrated multi-disciplinary community care team to better care for clients who are at risk for poor outcomes and high costs of medical care.



Awardee Summaries:

Grantee
White River Family Practice in Collaboration with the Geisel School of Medicine at Dartmouth College
Project Description
This project will continue work at one of the most innovative primary care practices in the state to manage patient care using data systems, team-based care protocols and tools shown to improve patient self-management of their health. The focus will be on patients with chronic conditions who often have high emergency room use and high rates of hospital readmission.

Grantee
InvestEAP in Collaboration with the Burlington Community Health Center and Northern Counties Health Care
Project Description
InvestEAP, Vermont's public/private employee assistance program, and two federally-qualified health centers, will partner to demonstrate the impact of integrating an innovative stress prevention and early intervention program with traditional primary care delivery. The project embodies the core belief that early intervention aimed at the social determinants of health and the root causes of stress will improve health outcomes and reduce medical expenditures.

Awardee Summaries:

Grantee

The Vermont Medical Society Education and Research Foundation in Collaboration with Vermont's "Hospitalist" Physicians and the Fletcher Allen Health Care Department of Pathology and Laboratory Medicine

Project Description

This project will support an effort to decrease waste and potential harm in the hospital setting based on evidence behind the national "Choosing Wisely" campaign that estimates 30 percent of U.S. health care spending is avoidable and potentially harmful. Physicians from Vermont hospitals and Dartmouth-Hitchcock Medical Center will work together to reduce unnecessary lab testing, and in doing so will create a statewide provider network to lead additional waste reduction and care improvement efforts.

Grantee

Bi-State Primary Care in Collaboration with all Participating Providers and Affiliates of Community Health Accountable Care

Project Description

Seven Federally Qualified Health Centers and Bi-State have formed a primary care centric Accountable Care Organization, Community Health Accountable Care (CHAC), to participate in Shared Savings Programs with all payers. This capacity grant will allow CHAC to further develop their ACO infrastructure to manage patient care. Their specific focus will be to integrate with other community providers, including Behavioral Health Network of VT, the VT Assembly of Home Health and Hospice, Area Agencies on Aging and the Support and Services at Home program.

Awardee Summaries:

Grantee
HealthFirst in Collaboration with all Participating Providers and Affiliates of their ACOs: Accountable Care Coalition of the Green Mountains and Vermont Collaborative Physicians
Project Description
HealthFirst is an Independent Practice Association that includes 120 physicians in 58 independent practices in Vermont. HealthFirst has formed ACOs to participate in both the Medicare and commercial shared savings programs. This capacity grant will allow HealthFirst to further develop their ACO infrastructure to manage patient care. Their specific focus will be increasing coordination between physical and mental health providers and increasing communication between primary care and specialty physicians.

Grantee
The Vermont Program for Quality in Health Care in Collaboration with the Vermont Association of Hospitals and Health Systems, all Vermont hospitals and the Vermont chapter of the American College of Surgeons
Project Description
This grant will provide partial funding for a statewide surgical quality improvement program. The program will gather clinical data to feed into a national database maintained by the American College of Surgeons, allowing Vermont surgeons to benchmark their practices and outcomes against peers nationally and target improvement efforts. The program is expected to improve surgical outcomes, enhance patient safety and reduce costs from surgical complications.



Six-month preview



Work Groups

- Payment Models:
 - Episodes of Care: criteria development and data analyses
 - Pay-for-performance: criteria development and data analyses
- Care Models:
 - Care model inventory
 - Shared Savings ACO Program Care Management Criteria
 - Learning Collaboratives
- HIE/HIT:
 - Telehealth/telemonitoring criteria
 - Vermont Health Information Strategic Plan discussion

Work Groups

- DLTSS:
 - Quality measure recommendations
 - Provider training
- Workforce:
 - Data analyses: supply and demand
 - Workforce Strategic Plan review
- Population Health:
 - Landscape review of population health activities
 - Quality measure recommendations

Work Groups

- Quality and Performance Measures:
 - Shared Savings ACO Program year two measures
 - EOC Program year one measures
 - P4P Program year one measures

Evaluation and Monitoring

- Patient Experience Survey (fielded in Summer and Fall)
- Self-Evaluation Plan- under development
- Federal evaluator
 - Getting data
 - Interviews
 - Focus groups