

Blueprint Executive Committee Meeting Minutes of December 15, 2011

Attendees: S. Besio, G. Bjornson, D. George, B. Grause, P. Harrington, C. Jones, J. Leddy, W. Little, C. MacLean, D. Curry, B. Warnock, C. Hindes, L. Dulsky-Watkins

The meeting opened at 8:35 a.m.

1. MAPCP Demo

- CMS has begun the very detailed planning efforts with the 8 states selected to participate in the Multi-Payer Advanced Primary Care Practice Demonstration. (MAPCP)
- CMS's goal is to start payments by the middle of next year. (June/July 2011)
- CMS is currently focusing on developing a definition of attribution and the mechanics for making payments.
- CMS has requested that the New England states accept the same attribution definition. That definition is similar to what Vermont is using now.
- CMS is working on providing us with claims data in a timelier manner. We have suggested a 12 month look back. Medicare is suggesting an 18 – 24 month look back. CMS is looking at actual visits.
- CMS is currently looking at all of the states evaluation sources. We will be contributing data to their overarching data.
- We are looking forward to a robust interactive evaluation system with CMS.
- We are in the process of developing a core analytic team to work with CMS.
- Medicare is trying to keep core principles as “common” as possible.
- Continued planning (weekly work) is ongoing. IT “connectivity” work is still one of our heaviest lifts. Scoring, implementation of payment and evaluation will be our big milestones.
- This is a 36 month demonstration; however CMS is viewing this as the beginning of HCR transformation. The mission for CMS is to identify truly effective models, validate, then disseminate. Intent is to develop a true ‘learning Health System’ as defined by the Institutes of Medicine. We should be constantly refining what we are doing with no determined end date.
- We have been working with Nancy Eldridge regarding a new level of coordination for high risk seniors (the SASH program). Ms. Eldridge is determining how to disseminate and roll out state wide. The mapping process is underway.

2. Expansion Timeline (NCQA Recognition Queue, Insurer Implementation, HIT Progress)

- We are pushing the expansion timeline to get the best footprint up early. Financially we will not see true gains of this model until we have a larger footprint.
- We are limited by the NCQA scoring (preparation as well as the scoring itself)

- We need to meet several priorities and statute requirements as to which practices are ready to be scored.
 - The timeline is now through July, 2011.
 - Currently we are unable to meet the demand of those who want to expand.
 - VCHIP is trying to ramp up the scoring capacity by balancing conflicting interests. VCHIP hopes to hire additional staff to conduct the NCQA scoring.
 - Central Vermont has a financial advantage based upon the previous purchase of the “corporate survey” option if they get all their practices scored by April 15th.
 - MVP expressed that they will encounter budgeting concerns if the expansion is rapid.
 - As of November, BCBS of VT has begun transitioning their Chronic Care/Disease Management Program to a new model. There should be less overlap of the community care team.
 - MVP, to some degree, will also be able to transition away from their chronic disease program. Timing will be the main issue for doing this.
 - CIGNA has no plans to move from their current disease management plan.
 - In response to the increased activity of the next few months, the Provider Payment Implementation workgroup will increase the frequency which they meet.
 - Primary Care Workforce Issues: Susan Besio is pushing her team to dig into what the issues really are. Dr. Jones stated that in the end, he believes that the workforce solution will be market based. Environment and payment reforms may contribute. A comprehensive report is due to the Legislature in March.
3. Upcoming Legislative Session and Gubernatorial Transition.
- Hunt Blair will give a legislative update at our January meeting.
4. Communication Work Group Update – Bea Grause
- The work group has been meeting with and interviewing the teams in Bennington, Burlington and Central Vermont.
 - Kevin Veller and Christine Werneke will combine all comments and work with a communications firm to develop a core message to reach out to various audiences.
5. Coordination with Federal Agencies (e.g. CMS, AHRQ, ONC, IOM)
- By being a participant in the MAPCP Demonstration, we have tied ourselves well to CMS.
 - Agency for Healthcare Research and Quality (AHRQ) - AHRQ is the lead Federal Agency charged with improving the quality, safety, efficiency and effectiveness of health care for all Americans. The nature of our relationship with AHRQ is less well-defined. As we build out our system, we have built a data dictionary from AHRQ recommendations. We are using AHRQ’s guidelines to build our electronic infrastructure. This will drive the developing Learning Health System.
 - Office of the National Coordinator (ONC) – The ONC is at the forefront of the Administration’s health IT efforts. The ONC has invested a lot of money in our IT structure. Because of this, we are able to build a more comprehensive system. Hunt Blair is working very closely with the ONC.
 - Institute of Medicine (IOM) – The Institute of Medicine provides information and advice concerning health & science policy. We are taking all the resources that the Institute of Medicine can offer to build our health system. The Institute has recently established a Consensus Committee on a Learning Health System in American. The Committee has been formed to consider the priority policy initiatives for transforming the current delivery system into one of continuous learning and improvement for both the effectiveness and efficiency of health care. Dr. Jones currently sits on the IOM Roundtable as well as the Consensus Committee on a Learning Health System in America.

- We need to have support for our work at the state level as well as the national level.
- We consider our working groups to be our ambassadors.

With no further business the meeting adjourned at 10:00 a.m.

The next meeting of the Blueprint Executive Committee will be on:

Wednesday, February 16
8:30 – 10:00 a.m.
DVHA, Large Conference Room
312 Hurricane Lane
Williston

