

GREEN MOUNTAIN CARE BOARD (GMCB)  
GMCB Board Meeting Minutes  
Wednesday, August 7, 2019  
1:00 pm

**Attendance**

Kevin J. Mullin, Chair  
Susan J. Barrett, JD, Executive Director – *not present*  
Lynn Combs, Staff Attorney  
Robin Lunge, JD, MHCDS  
Maureen Usifer  
Jessica Holmes, PhD  
Tom Pelham

**Executive Director's Report**

Kevin Mullin called the meeting to order at approximately 1:00 pm. Lynn Combs announced the Board meeting on Wednesday, August 14, 2019 has been canceled. Hospital Budget Hearings will begin on Monday, August 19, 2019 at Castleton University. To see the Hospital Budget Hearings schedule on the GMCB website click [here](#). The decisions on the 2020 Vermont Health Connect Rates will be posted later this week, and will be available on the rate review website [here](#) for BCBSVT and [here](#) for MVP.

**Minutes**

The Board voted (5-0) to approve the minutes from July 31, 2019.

**Vermont Information Technology Leaders (VITL) Quarterly Update**

Mike Smith, Interim President & CEO, VITL  
Robert Turnau, CFO, VITL  
Christopher Shenk, Director of Technology, VITL  
Andrea De La Bruere, Director of Client Services, VITL

Mike Smith introduced the presenters from VITL and gave a summary of what VITL has done to reduce technology spending and increase funding and revenue. He discussed where VITL is in the process of finding a new CEO, with a start date of on or before January 1, 2020. Robert Turnau reviewed the preliminary FY 2019 financials. VITL's revenue is on budget within a tenth of a percent, and expenses are below budget due to vacancies with administration and technology positions, reduced consulting costs, and Health Catalysts' reduced expenses for interface work. The balance sheet items are stable, including cash on hand of 180 days. Board Member Maureen Usifer asked questions regarding the financials, which Robert Turnau answered.

Christopher Shenk gave an update on the Collaborative Services Project. The first step is the Universal Master Patient Index (MPI), which is being led by VITL and shared with Capitol Health Associates (CHA) and OneCare Vermont (OCV). The contract with Verato Universal

MPI was signed in June 2019 and implementation began in July 2019. The second step is Terminology Services and is being led by CHA, and the third step is Interfacing which is being led by VITL. They are currently contracting with HealthInfoNet (Maine's statewide health information exchange) for both terminology and interfacing services. A new data platform was added to the project as a second phase. VITL is leading and partnering with CHA to begin the request for proposal (RFP) process. The data platform will be a shared health care repository for the Vermont Health Information Exchange (VHIE), the Vermont Clinical Registry (VCR), and OCV, and will be available to additional partners in the future. Christopher Shenk then discussed technology security enhancements for the past six months at VITL.

Andrea De La Bruere gave the Quarterly Report. VITL has dedicated almost 600 hours to meaningful use and security risk assessment consultations, to improve the data quality entered into electronic health records as well as assisting providers and health care organizations qualify for the electronic health records incentives. The goal of 42% of Vermont patients providing consent was accomplished at the end of May 2019. Regarding connectivity criteria, the target is to complete 89 work plans by the end of calendar year 2019, 59 work plans have been completed, and 63 work plans are currently in progress. There are currently ten locations meeting Tier 2 connectivity criteria. Andrea De La Bruere then reviewed the improvement in utilization. The Board asked questions and had a discussion with the VITL presenters. The presentation can be seen [here](#) on the GMCB website.

### **Public Comment**

Dale Hackett  
Susan Aranoff

### **Department of Vermont Health Access (DVHA) Health Information Exchange (HIE) Consent Policy Update**

Jenney Samuelson, Deputy Commissioner, DVHA  
Terry Bequette, Contractor, Lantana Group  
Maurine Gilbert, Community Quality Improvement Facilitator, Vermont Blueprint for Health  
Andrea De La Bruere, Director of Client Services, VITL

Jenney Samuelson introduced the presenters. Terry Bequette reviewed DVHA's responsibilities per Act 53, 2019 regarding the Vermont Health Information Exchange (VHIE) opt-out consent policy, and the three work streams DVHA has identified: stakeholder engagement, technical mechanisms for implementing the opt-out consent policy, and evaluation. Act 53 requires DVHA to report on progress regularly to Legislative committees and the GMCB, and to complete a final report by January 15, 2020. The policy will be implemented on March 1, 2020.

Maurine Gilbert presented the requirements of stakeholder engagement per Act 53, 2019, as well as DVHA's timeline and process for stakeholder engagement activities. Chair Kevin Mullin asked how DVHA interpreted Act 53's requirement to notify "each Vermonter" of the consent policy change, and Jenney Samuelson discussed DVHA's plan to that test if Vermonters received

and understood the information from DVHA. Board Member Robin Lunge asked about funding for this project, and Jenney Samuelson discussed DVHA's ability to leverage federal Implementation Advanced Planning Document (IAPD) funding if state match dollars are made available. Maurine Gilbert discussed the three-fold communications strategy to reach as many Vermonters as they can: advocacy groups to work with their constituencies, providers and provider organizations delivering information in their office, and broader public outreach. Chair Kevin Mullin asked about the possibility of a mailing to Vermont addresses. Maurine Gilbert and Jenney Samuelson discussed whether mailing will be a strategy, and that there will be a multi-pronged approach to public outreach.

Maurine Gilbert reviewed the stakeholders that DVHA has identified and if they have been engaged. Jenney Samuelson discussed the approach to geographic challenges. Kevin Mullin asked about how they are engaging the general public, and Maurine Gilbert explained they are working with the Vermont Office of the Health Care Advocate and the American Civil Liberties Union (ACLU) as advocates for all Vermonters, as well as working with the Blueprint Community for Health teams. Jenney Samuelson also mentioned that there will be public forums held around the State as part of the second phase. Board Member Jessica Holmes asked about adding additional stakeholder groups to be engaged, and Jenney Samuelson discussed how the list is dynamic. Board Member Maureen Usifer asked about how DVHA is learning from other States that have done this, and Jenney Samuelson discussed how this is part of the process to reach out to other States and using information from in-State organizations who have done State-wide outreach. Board Member Robin Lunge suggested other state-wide organizations. Maurine Gilbert discussed what they have learned so far from speaking to the public. Board Member Jessica Holmes asked about ensuring that the information they collect is correct, and Jenney Samuelson answered.

Andrea De La Bruere discussed VITL's work to expand opportunities for patient consent collection and provide mechanisms for Vermonters to easily opt out of having their health information shared through the VHIE. The VITL team has been meeting weekly and developed a comprehensive project plan. Currently the only way patients can opt out is visiting a participating health care provider, and they are working towards expanding that to visiting engaged stakeholders by March 1, 2020. Board Member Robin Lunge asked about the electronic consent collection and Andrea De La Bruere clarified that it is part of this work.

Terry Bequette presented the methodology that DVHA identified (per Act 53), for evaluating the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes. The four core evaluation questions are: have they reached people, is the message clear/understood, are the opt-out options easy, and which providers are offering opt-out? The methods identified to date include the Statewide Patient Experience Survey. The full evaluation plan will be incorporated into the Health Information Exchange Strategic plan update, due to the GMCB on November 1, 2019. Chair Kevin Mullin asked about the evaluation committee that will be meeting in September, and Jenney Samuelson explained that stakeholders will be engaged for the committee. The Board asked questions and had a discussion with the presenters about the patient experience survey, additional evaluation mechanisms, and the multi-pronged approach. Board Member Robin Lunge asked questions and had discussion with the presenters about the Report to the Vermont Legislature regarding the meaningful consent standards,

alternative communication approaches, the timing of engagement with health care organizations and providers, and if there has been any pushback from providers. The presentation can be seen [here](#) on the GMCB website.

### **Public Comment**

Dale Hackett  
Susan Aranoff

### **All-Payer Model (APM) Update – Q3 Total Cost of Care, Scale, Preliminary 2019**

Sarah Lindberg, Health Services Researcher, GMCB  
Michele Degree, Health Policy Advisor, GMCB

Michele Degree reviewed the statewide health outcomes and quality of care targets. Vermont is responsible for meeting targets on 20 measures under the All-Payer Accountable Care Organization (ACO) Model. Process milestones and health care delivery system quality targets support achievement of ambitious population health goals. The goals selected based on Vermont's priorities are; improve access to primary care, reduce deaths due to suicide and drug overdose, and reduce prevalence and morbidity of chronic disease. Michele Degree presented the results to date with the measures, including the survey measures, vital statistic measures, Vermont uniform hospital discharge data system, Vermont prescription monitoring system (VPMS), Vermont hub and spoke, and ACO-aligned beneficiaries. The GMCB is currently working with partners at the Center for Medicare & Medicaid Innovation (CMMI) on three key areas in the quality framework of the All-Payer ACO Model Agreement.

Sarah Lindberg reviewed the results to date with the financial performance. There is a lag in results due to claims data run-out. In the agreement, the Total Cost of Care (TCOC) growth is limited to 3.5% or less between 2017 and 2022 for Vermonters in the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) system. There is a corrective action trigger when growth exceeds 4.3%. Sarah Lindberg reviewed the quarterly estimates over time by payer group for the All-Payer TCOC, as well as the Medicare TCOC. She then discussed the scale and alignment results to date including the provider network, payer participation, and PY1 and PY2 preliminary scale performance. Michele Degree presented the APM reporting and analytics timeline. The Board asked questions and had a discussion with the presenters. The presentation can be seen [here](#) on the GMCB website.

### **Public Comment**

Dale Hackett  
Walter Carpenter  
Susan Aranoff

**Old Business**

None

**New Business**

None

**Adjourn**

The Board voted (5-0) to adjourn at approximately 3:20 pm.