

DS Imagine the Future Task Force  
Central Vermont Medical Center  
March 31, 2014

**Members Present:** Anne Bakeman, Max Barrows, Linda Berger, Nancy Brieden, Gail Falk, Camille George, Deborah Lisi-Baker, Lisa Maynes, Ed Paquin, David Peebles, Jackie Rogers, Sr. Janice Ryan, Karen Schwartz, James Smith, Jennifer Stratton, Karen Topper, Marlys Waller, Theresa Wood, Marie Zura

**Members Absent:** Bill Ashe, Susan Buckley, Susan Hardin, Cheryl Phaneuf, Susan Ryan, Tracy Thresher, Susan Wehry

**Guests & Staff:** Rich Atkinson, June Bascom, Gretchen Cherrington, Nicole LeBlanc, Betty Milizia, Kirsten Murphy, Jen Woodard, Susan Yuan

**Meeting Minutes:** Ed Paquin motioned to accept the minutes as written, Anne Bakeman seconded the motion. The minutes were accepted by all.

**I. Accountable Care Organizations:** Discussion led by Nancy Brieden and sub-committee members:

- ACO = partnership of providers
  - Agree to be responsible for providing health care and costs
  - Costs less than what is projected
  - If costs are sound, they get to share some of the savings
  - Responsible for quality 4Responsible for health of general population
- Grant focused on payment reform: Methods:
  - ACO
  - Pay for Performance
  - Episodic (episodes of care)

In VT the different types of ACO's will cover Medicare, Medicaid and Commercial.

First two years: not including costs for disabilities and long-term care.

- Not yet integrating the financing for people who are dually eligible for Medicare and Medicaid (dually eligible)
- It is not clear how this will be handled in the future.
- Move to more "population based" planning for health reform
- ACO's are the structure. The providers provide the services.
- Emphasis on quality, better coordination greater flexibility.
  - Ex: Aging & Disability Resource Connections (ADRC) and care coordination project with Southwestern VT. Medical Ctr.
- DS and other systems are already coordinated – what are the risks to these systems as ACO's come on board?
- How will the relationship between primary care and disability and long-term services and supports work? (DLTSS)
- What should be ACO's performance measures, relative to DS?
  - Employment
  - Holistic view of the person
  - Currently looking at revisiting measures –
  - Work group on DLTSS will be making some recommendations

## II. Principles & Guidelines to Consider for Implementing HealthCare and Payment Reform on Developmental Services

Discussion led by Theresa Wood & sub-committee members:

Correspondence was drafted by the committee. The committee reviewed the document and suggested revisions.

- Send letter as is
- Positive financial incentive area also clear for people with disabilities
- Involve consumers in planning
- Enormous task ahead in next 3 yrs.
- Learn from the past
- Will DS system continue to exist? What will it look like? Changing roles and responsibilities? Impact on people, government, providers?
- Managed care principles in letter are relevant to the ACO discussion
- Attach principles to letter – less in more
- Pick out most critical NCDD principles & highlight them in the letter
  - #5, 10, 15, employment
- Last paragraph – demand an answer – how can we be involved in this process in a meaningful way?
- Send letter to Senator Jeanette White – government operations.
- Add a few highlights of current strengths of VT DDS system.
- Like emphasis on not referring to people as “patient”
- Like emphasis on moving away from institutional bias
- Paragraph 4 – word missing mid-way
- Last paragraph – change to “sometimes” tagged
- Add H. Health Care & S. Health
- Paragraph 3 – Is there any way to provide info about current system
- Second paragraph – inform about community services?
- Last paragraph – state it more positively – try to open more dialogue
- Bridge confidence in NCD – need to have Vermonters involved using that model – work with Vermonters to make outcomes that make sense for Vermonters.
- Add mention of addition of administrative layer for DS – Will have benefits in other areas.
- How does DD Act come into play – DD Services system depends on a very careful rationing system – who will do this?
- Is there a way to craft a move specific “ask”?
- Let the people be heard – any group to send their own letter – NOISE!
- Mention short-term nature of groups who is this going to, who will respond?
- Address to one person and cc to others?
- Need to focus on need to involve consumers and families.
- Address to Commissioner, cc others
- Paragraph 3 whole system is based on flexible, individualized budgets.
- Cc all CORE team members
- Coordination of care and decision making should be made as close to and with the person – DS system is still the logical place for accountability and decision making.
- Terminology – change to LTSS
- Under-appreciating the degree to which they need us. We can help them save money on health care
- Ask Commissioner to review the letter with the CORE team
- List all members of the Task Force
- Who monitors the progress with respect to development of the ACO

Next Steps:

- Theresa re-draft a letter and send on behalf of Task Force
- Next Meeting: April 28
  - Two hours: Eligibility
  - One hour: Task Force next steps

Meeting adjourned: 4:00pm