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Combined Meeting of The Blueprint Executive Committee and Blueprint Expansion, Design and Evaluation Committee

May 18, 2016

Attendees: B. Bick; S. Costantino; R. Dooley; K. Fitzgerald; A. French; C. Fulton; M. Gilbert; M. Hazard; P. Jackson; C. Jones; J. Krulewitz; J. Le; E. McKenna; T. Moore; M. Mohlman; C. Perpall; A. Ramsay; P. Reiss; J. Samuelson; B. Tanzman; T. Tremblay; J. Wallace; R. Wheeler; M. Young; J. Zirena

By phone: P. Biron; E. Emard; J. Evans; P. Jones; J. Lord; H. Moreau; S. Narkewicz; C. Renders; L. Ruggles

The meeting opened at 8:30 a.m.

I. Opening Remarks and Context: Craig Jones, MD.

- Today's agenda and PowerPoint slide deck were distributed prior to this meeting.
- C. Jones stated a lot has been moving in the health care landscape and will update the committee on these advancements. Also, the negotiations with the ACOs will be discussed today.

II. Program Updates

- New Payment Model
  - T. Tremblay reported that concerns raised by insurers on the market share adjustment based on attributed patient counts for CHT payments have been addressed and resolved. Restoration of full funding to CHTs has been allowed.
  - The next phase of payment changes for the Blueprint program began on January 1, 2016. T. Tremblay reminded the committee members that the old system for PCMH PMPM payments was based on NCQA scores. PCMH payments now have a $3 baseline. In addition to the baseline, practices have the potential to earn up to $.25 PMPM for performance payments based on their hospital service area results. In addition, practices also have the opportunity to earn up to $.25 PMPM for

utilization scoring based on practice outcomes. The calculations were distributed to insurers at the end of December 2015.

- Payment Implementation materials are posted on the Blueprint website (http://blueprintforhealth.vermont.gov/implementation_materials).
- C. Jones stated that this new payment model is a product of a legislative appropriation and is a step to help maintain operations and support as we transition to alternate payment models in the evolving healthcare environment., C. Jones acknowledged Tim Tremblay, Mary Kate Mohlman, and the rest of the team who helped with the design and implementation of the payment model changes.

- Women's Health

  - C. Jones reported that a new initiative around women's health is being planned. The Blueprint was approached by Agency of Human Services Secretary, Hal Cohen, and the Dept. of Vermont Health Access Commissioner, Steven Costantino. The goal of the initiative is to reduce the number of unintended pregnancies in Vermont, which has remained at 50% for the last 10 years. J. Samuelson mentioned the initiative involves working with OB/GYN, midwifery and Planned Parenthood providers.
  - J. Samuelson identified four (4) interventions, which include:
    1. Support for screening for risk factors, including substance abuse, adverse childhood experiences (ACEs) and intimate partner violence, depression, anxiety, and social determinants of health (tobacco use, food and housing insecurity, etc.), and providing comprehensive family planning counseling
    2. Similar to the Hub & Spoke model, provide practices with supplemental support staff (social workers) for those who screen positive and need brief interventions
    3. Offer PMPM incentive payments to practices for providing screening and comprehensive family planning services
    4. Provide community-based supports to assist practices with making workflow changes and establishing referral pathways (practice facilitation and learning collaboratives)
  - J. Samuelson mentioned supporting a one-time order of long-acting reversible contraceptive (LARC) devices (IUDs and hormonal implants) to remove cost and access barriers and to enable practices to provide same-day insertion services for women who elect LARC methods.
  - A kick-off meeting for the Women's Health Initiative Design & Planning stakeholder committee is scheduled for June 14th. Both the AHS Secretary and DVHA Commissioner will be attending. Please contact Beth Tanzman (beth.tanzman@vermont.gov) or Jenney Samuelson (jenney.samuelson@vermont.gov) if interested in participating.
  - R. Dooley questioned where the funding is coming from. J. Samuelson responded that funding is coming from Medicaid as a reinvestment of savings due to reduced rates of unintended pregnancies.
  - S. Costantino cautioned that the model not double count savings, since Medicaid is also looking at LARC in hospital settings post-delivery. He called this a great effort and gave credit to the team who worked on it, as there was lots of research involved. S. Costantino stated that we all like cost avoidance, and it is nice to be able to take real amounts off the budget due to effective initiatives like this one.

- P. Jackson questioned if Family Medicine providers are included. J. Samuelson responded that Family Medicine practices already have CHT and PMPM payments; we would invite them participate in certain elements, such as the learning collaboratives.
- R. Wheeler mentioned that looking to use funds for those who are not on Medicaid or uninsured could help pregnancy prevention, since pregnancy is an eligibility criteria for Medicaid. C. Jones responded that Medicaid funding is intended to go to Medicaid beneficiaries. The broader look to go upstream is a different scope of funding.

- Hub & Spoke Program

  - C. Jones stated that there is tremendous advancement in patient outcomes due to the Hub & Spoke program. The results are beginning to play out.
  - B. Tanzman reported that Vermont has doubled the number of people in MAT treatment. There are five (5) Hub programs operating in eight (8) different sites, one (1) new Hub proposal under consideration, and over 50 FTE clinicians/nurses staffed in 79 different settings; "Spokes".
  - B. Tanzman stated that the Blueprint's first published article, focusing on a comparison of MAT versus care as usual for people with opioid addiction is in press with the Journal of Substance Abuse Treatment. B. Tanzman acknowledged Mary Kate Mohlman, who is the first author on this publication.
  - C. Jones mentioned that our hope is to expand the services to Medicare beneficiaries, if the All Payer Model waiver goes through.

- Data Infrastructure, Profiles, and Measurement

  - C. Jones reviewed *slide #4,* Data Use for a Learning Health System. C. Jones reported that we have begun to move a number of data sets into an environment where analysis can be made through linking to the all payer claims database data set. Our clinical registry (formerly DocSite, for which the State purchased a perpetual source code license and which has been migrated to VITL's hosting environment) is becoming a very rich clinical data source.
  - C. Jones stated that the clinical data populating the Blueprint Registry is growing in scale and scope. The availability of rich data sources sets up an opportunity for modeling that is unique.
  - The next round of practice profiles will include CAHPS survey, claims, and clinical data.
  - C. Jones emphasized that we now have access to Department of Corrections (DOC) data, which is being linked to claims data. We are hoping to work with the Dept. of Labor and their data to see if employment is changing in response to MAT treatment.
  - C. Jones stated that this is a systematic data utility that will fuel and stimulate stronger social service relationships. Vermont is in a good place.
  - C. Jones mentioned a peer review paper with Onpoint on technical strategies. The paper is about to be submitted.

III. ACO Negotiations and Alternative Payment Models

- C. Jones reviewed *slide #6*, APM Framework, and reported four (4) levels of alternative payment models. Vermont is sitting in a relatively positive position: waiver negotiations and ACOs working together to move to level 4.
- T. Moore presented his presentation slides on ACO negotiations and had a discussion with the Committee.
- L. Ruggles requested a crosswalk or summary of how what we have now relates to the term sheet.
- J. Zirena questioned if Blueprint will end on January 1, 2017. C. Jones responded the Medicare MAPCP demonstration does come to an end on December 31, 2016 and is not privy to the APM negotiation nor aware of an alternative if the APM waiver is not approved by CMS and agreed to by the state. The payments for the Blueprint are included in the terms sheet for the APM.

With no further time, the meeting adjourned at 10:15am.

Executive Committee
Planning & Evaluation Committee

May 18, 2016

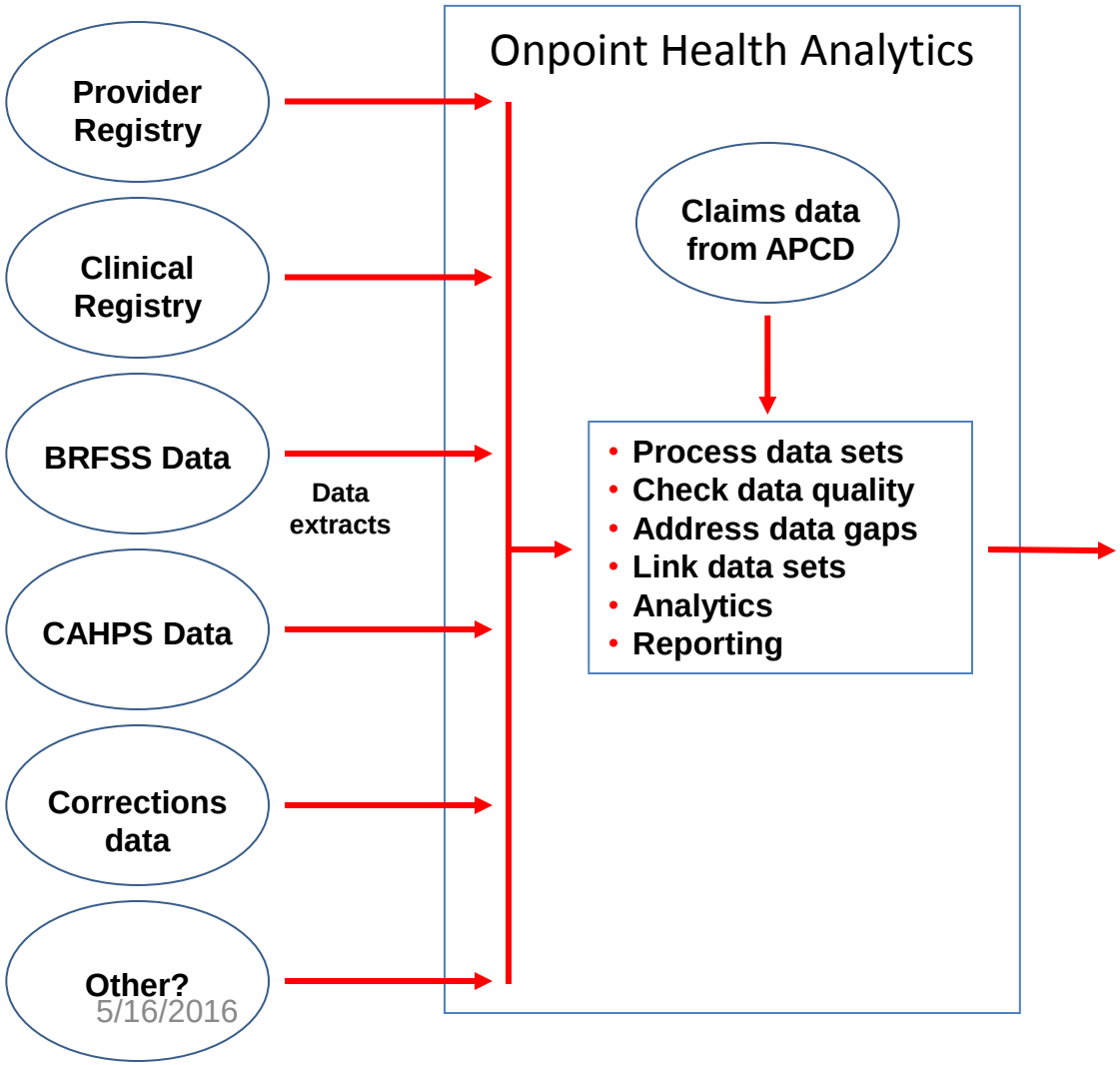
Agenda

1. Program Updates – Blueprint Team
    a. New Payment Model
    b. Women's Health
    c. Data Infrastructure, Profiles, Measurement
2. ACO Negotiations and Alternative Payment Models – Todd Moore

Current State of Play in Vermont

- Statewide foundation of primary care medical homes
- Community Health Teams providing supportive services
- Statewide transformation and learning network
- Local innovation through community collaboratives
- Statewide self-management programs
- Maturing Data Infrastructure, Measurement, Reporting, and Data Use
- Potential for a unified accountable health system and all payer model

Data Use for a Learning Health System



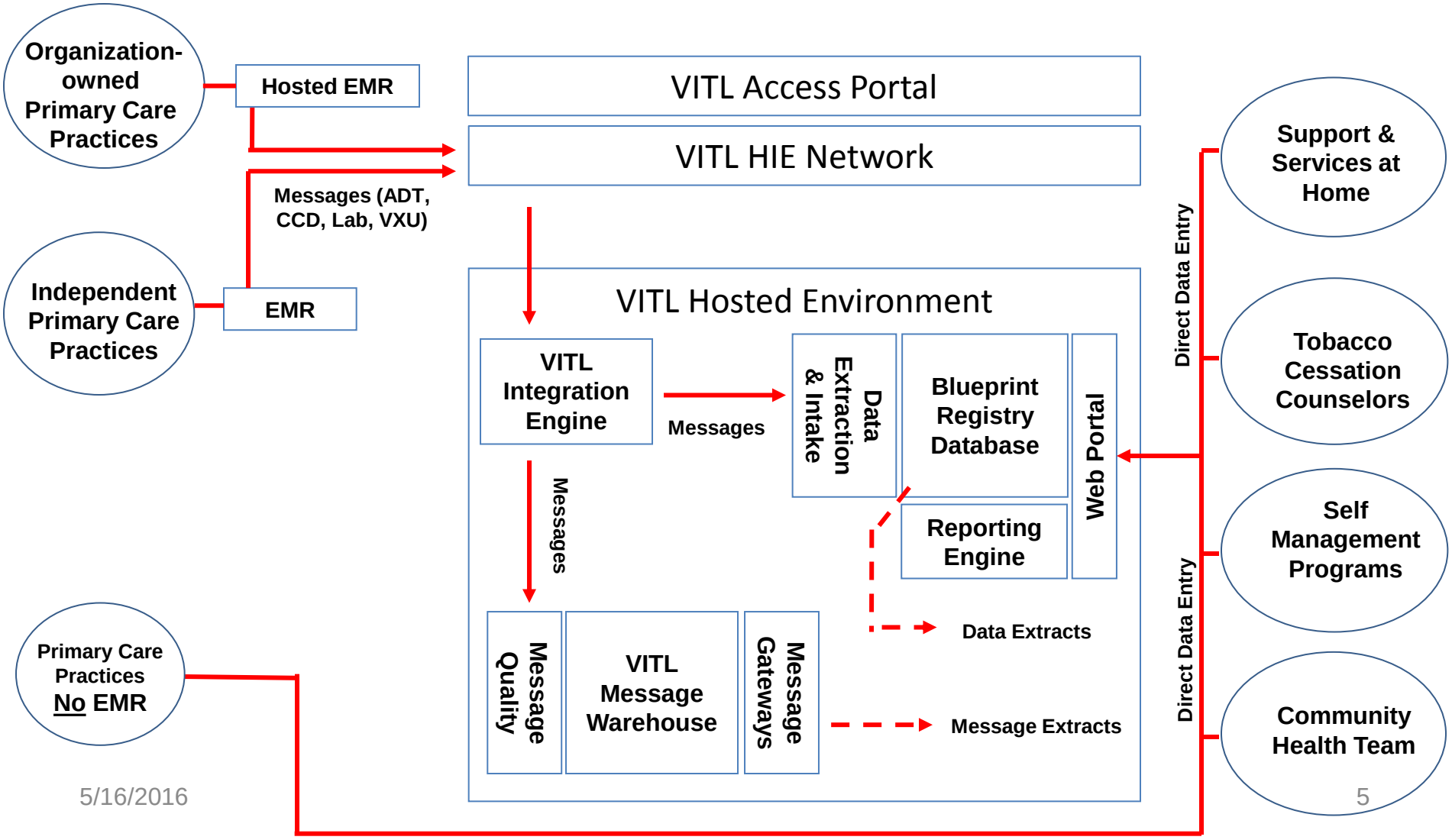
Measurement

- Utilization
- Expenditures
- Unit Costs
- Quality
- Patient Experience
- Social, Economic, Behavioral
- Variation & Associations

Products

- Practice Profiles
- HSA Profiles
- Learning System Support
- Performance Payments
- Program Impact & Publications
  - PCMH + CHT
  - Opioid Program
- Predictive Models

Clinical Data Infrastructure



APM FRAMEWORK

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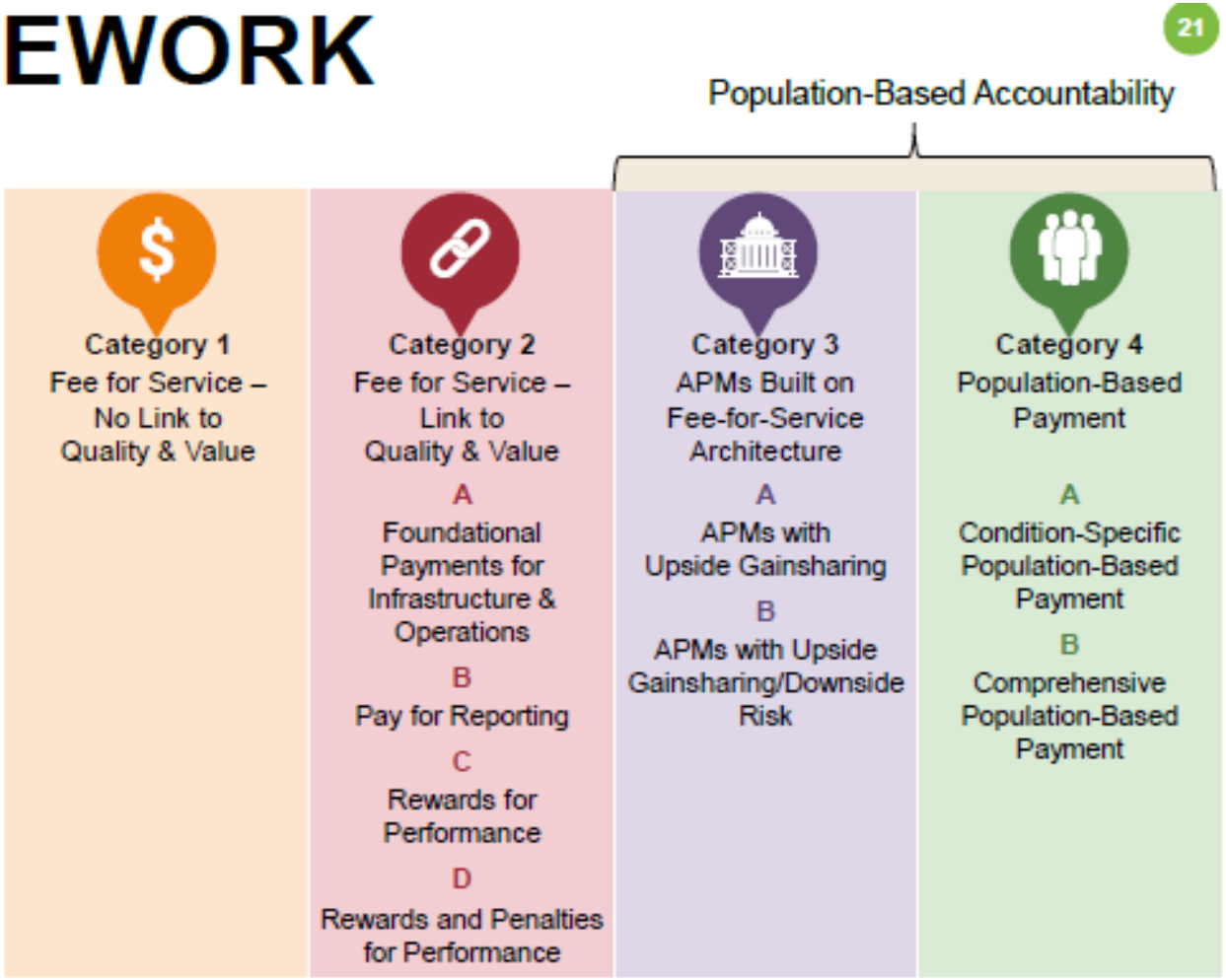
At-a-Glance

The Framework is a critical first step toward the goal of better care, smarter spending, and healthier people.

- Serves as the foundation for generating evidence about what works and lessons learned
- Provides a road map for payment reform capable of supporting the delivery of person-centered care
- Acts as a "gauge" for measuring progress toward adoption of alternative payment models
- Establishes a common nomenclature and a set of conventions that will facilitate discussions within and across stakeholder communities



The framework situates existing and potential APMs into a series of categories.

HCP LAN
Health Care Payment Learning & Action Network

Questions & Discussion