

Department of Vermont Health Access  
Division of Health Care Reform  
312 Hurricane Lane, Suite 201  
Williston, VT 05495  
[hcr.vermont.gov](http://hcr.vermont.gov)  
[phone] 802-879-5988

**Combined Meeting of  
Blueprint Executive Committee Meeting and  
Blueprint Expansion, Design and Evaluation Committee  
Minutes of  
March 19, 2014  
8:30 – 10:00**

Attendees: J. Andersson-Swayze, D. Andrews, P. Cobb, N. Eldridge, J. Evans, P. Farnham, S. Fine, L. Rancis, A. French, S. Frey, K. Fulton, E. Girling, B. Grause, K. Hein, P. Jackson, C. Jones, J. Krulewitz, M. Larson, P. Launer, M. Lavallee, C. MacLean, S. Maier, M. Mcadoo, M. McCaffrey, L. McLaren, T. Moore, S. Narkewicz, D. Noble, C. O'Hara, E. Medved, K. Novak, C. Oliver, M. Olszewski, J. Peterson, T. Peterson, P. Reiss, K. Suter, B. Tanzman, R. Wheeler, M. Young

Guests: N. McCall

The meeting opened at 8:35 a.m.

**I. MAPCP Demonstration Evaluation**

CMS and RTI are conducting the MAPCP Demonstration Evaluation.

Nancy McCall from RTI attended via phone to present their results for the Medicare beneficiaries.

Dr. Jones announced that the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration initiative is scheduled to end on July 1, 2014. We are currently working with Washington to propose that the initiative continue. OMB will make the ultimate decision. Our goal is to keep the model extended long enough to get a full look at results. Results do vary across the 8 participating states.

Nancy McCall, lead at RTI, is running the Multipayer Evaluation for CMS. Nancy is on the phone today to present a high level overview of the evaluation results and will then turn to the quantitative results. It has been a challenge evaluating the 8 different programs. The results are from rapid cycle analysis and therefore we do not have the luxury of time to drive down and determine what factors are driving changes. Bottom line – the Blueprint for Health is saving money.

General Overview and Highlights of the Evaluation:

- A quarter of a million people are participating in the Blueprint program.
- The fewer people you have, the greater effect you must have.
- Approximately 15 practices were asked to participate in the interview. Participants included PC physicians, Pediatricians, Office Managers, etc. The interview team heard a great deal of consistency from participating interviewees.

- There has been maturation of the Blueprint, most notably in relationships between CHT, SASH teams, etc.
- Significant transformation is now happening in the practices. Greater effort has been made to make care more patient centered. Greater emphasis on team care and greater follow-up efforts are evident.
- Positive maturation of information through VHIE but there continue to be concerns regarding getting through VHIE into DocSite.
- Participants asked many questions about the utility of the DocSite system.
- Cultural changes are also being noted.
- Some duplication of efforts still exists and those need to be addressed.
- The NCQA process was considered to be onerous and time consuming but in the end most agreed that it was well worth the effort.
- The Consent Policy has caused great concern among the different practices. It was reported that at the Green Mountain Care Board has adopted a global opt-in consent policy. This recent decision should help to alleviate current concerns.
- Concerns were voiced that program supports available to patients, such as Healthier Living Workshops, were offered only in the daytime not in the evening.
- A narrow perspective of the Hub & Spoke practices was offered. A number of practices reported that for the few patients they had with these issues, it was not worth joining. Some clinicians felt it would be impossible to work these specific patients into their regular work day schedule. No “Hubs” were interviewed. It is not going to be an easy process to integrate these patients into every day practices.
- Concerns were raised about Medicare pulling out of the initiative. There were also concerns about ACO’s and SIM and how things will play out among all the initiatives.

Nancy McCall then reviewed the quantitative results with the Committee.

- Nancy presented a beneficiary level analysis; it was not a practice level analysis. Eight demonstration quarters were included in the Evaluation. Trend in growth and expenditures were reviewed. The Evaluation included the time period between 2006 – 2008. All Blueprint practices were compared to the comparison groups.
- We are currently unable to determine what factors are driving results. Trend lines are going down. There is a nice trend in acute payments but we are not seeing decline in acute hospital rates/hospitalizations.

- CMS will be using these results and they have done a special analysis for the SASH Program. CMS is beginning to see the benefits to the SASH program. OMB is also very interested in the results of the Evaluation.
- Nancy is willing to provide the methodology used to the Executive Committee.
- Bottom line: A 7.9 million vs. 44 million savings on investment was seen.

Comments:

- Dr. McLean requested that the Blueprint work closely with the ACO's. We need to move in the same direction to eliminate duplication of efforts.
- Todd Moore stated that there needs to be a fixed pot of money. Coordination is needed among all the groups. We need to look at the current forums and determine if more are needed. Is it worthwhile to set up a targeted outcomes work group across the ACO's/ SIM groups or should we use the existing committees?

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