

Agency of Human Services



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Blueprint for Health combined Executive Committee Planning & Evaluation Committee

November 18, 2020

11/17/2020



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Blueprint for Health

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Agenda

- Welcome & Updates
- Women's Health Initiative
- COVID-19 Specimen Collection for Asymptomatic Patients in Primary Care

11/17/2020



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Updates

- Self-Management & QI Program transition planning delayed
- Secretary Smith's All Payer Model "Re-Boot Plan"
 - 1. Working with CMMI to modify the Agreement
 - 2. Work within AHS to organize functions & responsibilities to support transition to alternative payments and population health goals
 - 3. How the ACO can improve
 - 4. Improving the regulatory functions that support health reform
- Flu Vaccination
- Annual Report Theme: how Blueprint payment and service delivery reforms support coordinated and integrated care
- Appreciation: Extraordinary Times



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Vermont Blueprint for Health Women's Health Initiative

Presentation to the Blueprint Executive Committee

November 18, 2020

Julie Parker, LCMHC, Assistant Director Laura Wreschnig, Data Analytics and Information Administrator Julie Trottier, Central QI Consultant



MISSION

Since 2017, the Women's Health Initiative has helped ensure that women's health specialty providers, primary care practices, and community partners have the resources they need to help women be well by supporting healthy pregnancies, avoiding unintended pregnancies, and building thriving families.

This is facilitated through **enhanced screenings**, **brief in-office interventions**, **comprehensive family planning counseling and referrals to services** for mental health and substance use disorders, interpersonal violence, food insecurity, housing instability and trauma once identified.

GOAL

According to the latest VT Pregnancy Risk Assessment Monitoring System (PRAMS) data, the pregnancy intention rate has been about the same for about 20 years, at 50%.

Unintended pregnancies are associated with an increased risk of poor health outcomes for mothers and babies and long-term negative consequences for the health and wellbeing of the children and adults those babies become.

The Healthy Vermonters 2020 goal is to increase the pregnancy intention rate to 65%



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WHI PRACTICES

Women's Health Initiative (WHI) practices attest to implementing and maintaining the WHI strategies and receive WHI payments. Eligible medical practices or clinics include:

- Gynecology, maternal-fetal medicine, obstetric, reproductive health, or family planning medical practices, specializing in providing women's health preventive services as defined by the American Congress of Obstetricians and Gynecologists (ACOG);
- **Mixed practices or clinics** that employs at least one board-certified obstetric or gynecology provider whose primary scope of practice is women's preventive services as defined by ACOG; and
- Existing Blueprint for Health Patient-centered Medical Homes

INTENDED OUTCOMES

- Improved access to primary care
- Increased screenings for preventive care
- Increased comprehensive family planning and offer most/moderately effective contraception
- Ability to offer same day LARC insertion (Long-Acting reversible Contraception)
- Increased screening to address key Social Determinants of Health
- **Brief interventions** and **Referrals** to ongoing treatment when indicated
- Healthier women, children and families



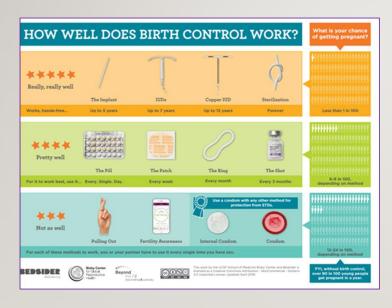
INTEGRATED MENTAL HEALTH CLINICIAN

- New position for WHI women's health specialty clinics, or
- Existing CHT for WHI BP PCMH's
- Screening, Brief Interventions and Navigation to Services, to include:
 - ✓ Intimate Partner Violence
 - ✓ Food Insecurity
 - ✓ Mental Health/Suicide
 - ✓ Housing
 - ✓ Alcohol and other Substance Use





COMPREHENSIVE FAMILY PLANNING COUNSELING



- One Key Question to assess pregnancy intention: "Would you like to become pregnant in the next year?" (Yes, No, Unsure, or OK Either Way)
- Women are then offered follow-up preventive reproductive health services depending on their needs, including
- Access to same day Long-acting Reversible Contraception (LARC) and Most/Moderately Effective Contraception
- LARC training offered to all providers

FORMAL REFERRAL AGREEMENTS

- Between WHI practice and **community organizations** such as CMHC, Parent-Child Centers, Schools, etc.
- WHI specialty practices also have at least one agreement with local PCMH
- WHI practices receive referrals in as well as referring out





Women's Health Initiative Implementation Roadmap Implementation Continuum **Attestation Element** Preliminary Advanced Intermediate Create referral Standardize and fully CHT staffing based on Hire CHT Educate staff and begin Fully embedded into Integrate local CHT protocols and design integrate warm handpatient panel staff warm hand-offs practice workflow workflow offs Screenings Mental Health, Substance Train staff-scoring, Universal Minimally at first Begin screening Standardize Abuse, Inter-Partner Create screening tool, MI, brief intervention, screening & Violence and Social policies & procedures and assess quality screening visit, annually, and & referrals referrals Determinants of Health post-partum Universal family **Family Planning** Create policies & Train staff on pregnancy intention Include One Key Implement pregnancy intention and planning and Counseling Question® procedures script & shared decision-making effective family planning counseling education Train staff--LARC Standardized Stock LARC/ Offer Long Acting Reversible Create policies, procedures Implement same-Monitor & insertion, patient same-day same-day insertion Contraceptive for LARC insertion & ordering day insertion manage supplies education insertion **Develop Referral** Networks for Minimally 3 community-Assess patient needs, Monitor Create procedures & Implement signed Identify additional Women's Health based organizations, 1 community-based orgs & timeliness of formal agreements agreements agreements Services and Primary РСМН **PCMHs** referrals Care **Implement** Practice-based Quality QI readiness Create QI team, meet Create QI framework & Implement QI plan Measure, monitor, **Continuous Quality** Improvement assessment with BP QI facilitator improvement plan with measured data improve Improvement

FUNDING AND PAYMENT

- 1. Recurring per member per month (PMPM*) payments to WHI practices
- 2. Recurring payments to support WHI Community Health Team Clinician at specialty clinics
- 3. A one-time per member payment (PMP*) to support stocking of Long-acting Reversible Contraceptive (LARC) devices to WHI practices
- * 'member' is female Medicaid enrollee ages 15 44



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Participating Practices (Women's Health Specialty in Red)

Barre CVMC Women's Health

Barre *UVMMC Berlin

Bennington SVMC OB Gyn

Bennington Brookside Pediatrics & Adolescent Medicine

Bennington Avery Wood

Brattleboro Brattleboro Ob/gyn

Burlington UVMMC Obstetrics and Midwifery

Burlington Champlain Obstetrics and Gynecology

Burlington Safe Harbor Health Center

Burlington Affiliates in OB/Gyn

• Burlington Riverside Health Center

Burlington Champlain Center for Natural Medicine

· Burlington Winooski Family Health

Burlington South End Health Center

• Burlington *UVMMC Family Medicine - Colchester

Burlington *UVMMC Family Medicine - South Burlington

• Burlington *UVMMC Family Medicine - Hinesburg

• Burlington *UVMMC Family Medicine - Milton

Middlebury

Morrisville

Morrisville

Morrisville

Morrisville Morrisville

Randolph

Randolph

Rutland

Rutland

Springfield

Springfield

Springfield

Springfield

Springfield

St. Albans

Ju. / (IDails

St. Johnsbury

St. Johnsbury

St. Johnsbury

UVM Porter Medical Center

The Women's Center

Morrisville Family Practice

Stowe Family Practice

Tamarack Family Medicine

Hardwick Area Health Center

Gifford Health at Berlin

Gifford Ob/gyn and Midwifery

Rutland Women's Health Care

Associates in Primary Care

Rockingham Health Center

Charlestown Family

Mountain Valley Health

Springfield Community Health Center

Ludlow Health Center

Northwestern OB/GYN

Danville health Center

St. | Family Health Center

Women's Wellness Center

PPNNE - Barre

PPNNE - Bennington

PPNNE - Brattleboro

PPNNE - Burlington

PPNNE - Williston

PPNNE - Middlebury

PPNNE - Hyde Park

PPNNE - Newport

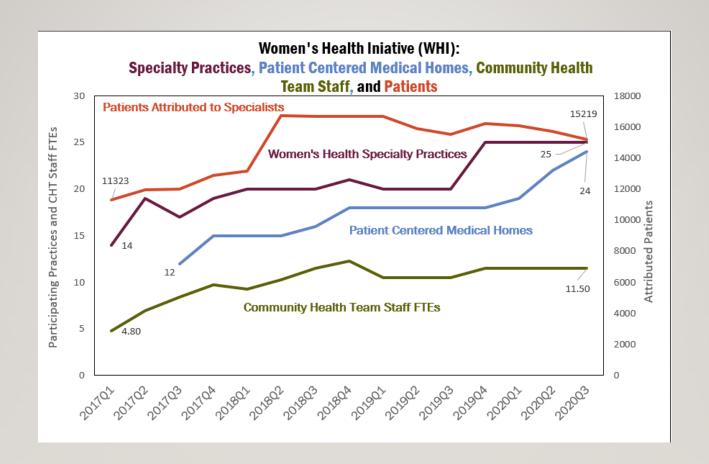
PPNNE - White River Junction

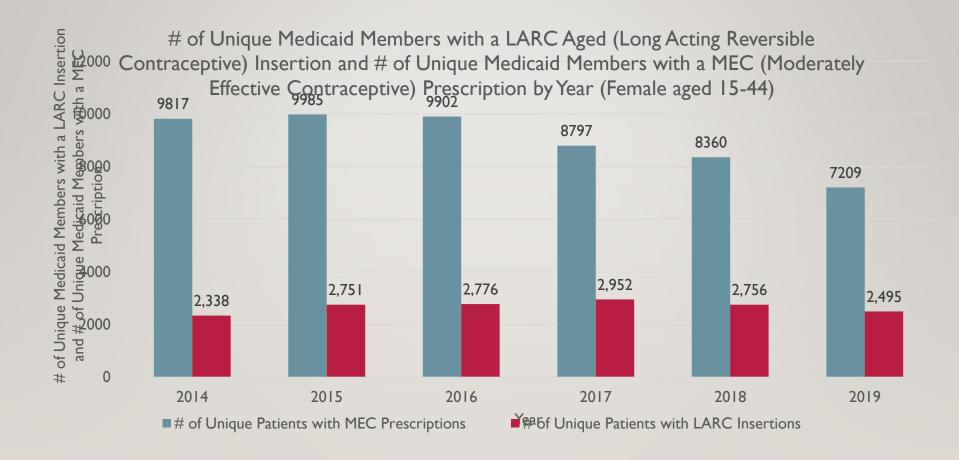
PPNNE - Rutland

PPNNE - St. Albans

PPNNE - St. Johnsbury





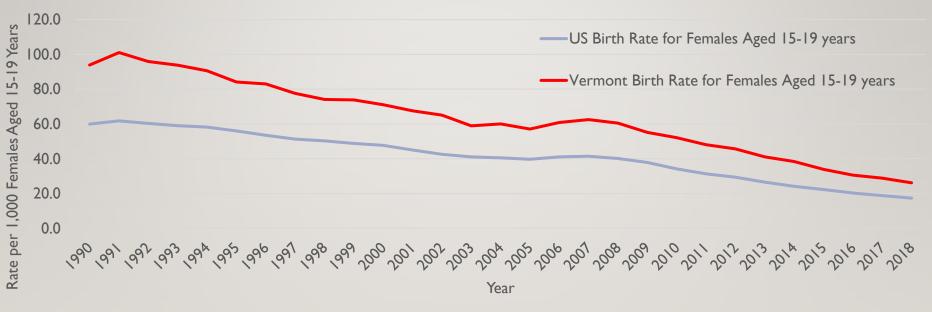


of LARC devices inserted per Unique Female Medicaid Member aged 15-44 (2019)



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Source: https://www.cdc.gov/nchs/data-visualization/teen-births/



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2020 / 2021 ACTIVITY

- Updated Attestation Agreements that are detailed and reflective of WHI goals, strategies and expectations
- Newly-developed WHI Implementation Guide to assist practices in understanding and meeting WHI expectations
- Quarterly meetings with BP HSA staff and practices to track progress on meeting expectations, and develop action plans where needed
- Monthly technical assistance/peer learning events, with
 - BP Program Managers and QI Facilitators (4th Tuesdays)
 - WHI clinical staff (3rd Thursdays)
- Continuous Quality Improvement is supported in practices to help meet WHI goals

Examples of recent TA/ peer learning topics:

- SDOH screening workflows
- Referral agreements, and identifying community-based partners
- Best practices for coordinating referrals in and out
- Collection and analysis of SDOH screening data
- Vermont laws regarding minors and contraception

Questions? Thank you!

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Agenda

- Welcome & Updates
- Women's Health Initiative
- COVID-19 Specimen Collection for Asymptomatic Patients in Primary Care



Specimen Collection for A-Symptomatic Patients in Primary Care

- Policy
- Initial Proposal
- Discussion & Next Steps





- Governor Scott's Administration and the Agency of Human Services is working to increase available testing for coronavirus, including asymptomatic individuals.
- Due to high rates of asymptomatic and pre-symptomatic transmission, asymptomatic testing is critical to identifying and containing the spread of the virus.
- Increasing the availability of testing in the primary care setting is a key element to achieving a comprehensive testing network.
- Some providers have expressed concerns about infection control within their physical location and having the staff available to conduct tests.
- Nasal (Anterior Nares) specimen testing is increasingly being used to detect COVID-19 in patients, in contrast to more invasive nasopharyngeal specimen testing. According to the CDC, nasal sampling offers several advantages for increasing access to COVID testing in a variety of settings.
 - Example: Specimen collection can be observed rather than administered by clinicians.





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Discussion and Next Steps