

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

**Combined Meeting of
Blueprint Executive Committee Meeting and
Blueprint Expansion, Design and Evaluation Committee
Minutes of
May 21, 2014
8:30 – 10:00**

Attendees: J. Andersson-Swayze, D. Andrews, P. Barry, Batra, P. Biron, P. Cobb, P. Dupre, N. Eldridge, E. Emard, J. Evans, P. Farnham, A. French, K. Fulton, A. Garland, B. Grause, C. O’Hara, K. Hein, C. Jones, J. Krulewitz, P. Launer, N. Lovejoy, C. MacLean, L. McLaren, E. Medved, T. Moore, S. Narkewicz, D. Noble, M. Olszewski, A. Ramsay, J. Samuelson, C. Shultz, K. Sutter, B. Tanzman, G. Peters, J. Peterson, T. Peterson, L. Ruggles, B. Warnock, S. Wehry, M. Young

The meeting opened at 8:35 a.m.

1. Program Impact on Expenditures and Utilization – Craig Jones, MD

- There are approximately 120 medical homes around the state. Vermont is plagued with low volumes but we now have a large enough population to look at a state-wide set of trends.
- Julie Krulewitz from the University of Vermont will share the NCQA scoring distributions with Committee members.
- A PowerPoint presentation was reviewed. (Attachment A)

Highlights include:

- Commercial and Medicaid groups are comparable.
- Medical homes tended to have higher rates of chronic care conditions
- Medical home expenses were lower with a divergence occurring between 10/11 and 11/12.
- One interesting note is that all expenditures are coming down.

- We are seeing similar trends from the RTI / Medicare evaluation results.
- Major differences are being seen in utilization and expenditures NOT quality.

2. Variation & Comparative Reporting

- We are now distributing practice profiles. The profiles show practices how they compare to statewide averages and how they compare to their peers. The current lag time for the report continues to be an issue. We believe we can reduce the lag time to 6 months in the future. Slide 11 “Annual Total Expenditures per Capita vs. Resource Use Index (RUI) may be the most important slide for learning purposes.
- Total utilization vs. actual expenditures: About 80% of variation of expenditures is due to pure utilization. There is opportunity to influence expenditures by influencing utilization.
- Understanding what is actually driving the variation is very powerful.
- The combination of the Health Service Area Profiles and the Practice Population profiles are giving communities real opportunities for improvement.

3. Composite Payment Model

- Our payment model has not kept up with the delivery system. We hear consistently across the state that payments are insufficient. Staffing payments have not been revisited since 2008.
- The small payments have still stimulated substantial transformation such as improved healthcare patterns, linkage to services and lower expenditures.
- Proposed payment modifications are needed to maintain participation and stimulate continued improvement.
- NCQA standards will be even more difficult/onerous in the future. There is a point going from pilot to production where payment will need to change. Our goal is to stimulate continued improvement. Good, solid primary care and supported social services are important to a valued base structure.
- Accepting more accountability than ever before, our primary care providers are at a breaking point. These are complex reform efforts and the primary care providers have excelled. Where does the Blueprint fit into the future health care reform picture? Approximately 70% of primary care providers have signed up for the Blueprint program.
- The Blueprint is a nonprescriptive program and does not have control over practices. There is a call for a coherent approach to blend the Blueprint / ACO's and FQHC's.

- Allan Ramsay (GMCB) has called for a change to the payment model now. Suggested that we should look to SIM to fund that bridge.
- Patterns need to be scrutinized and system wide reduction of duplication is necessary.

With no further business, the meeting adjourned at 10:05 a.m.