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**Division of Health Care Reform**  
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**Combined Meeting of  
The Blueprint Executive Committee and Blueprint Expansion, Design and Evaluation  
Committee  
December 11, 2014**

**Attendance:** D. Anderson; S. Cartwright; P. Cobb; A. Cooper; E. Emard; P. Farnham,; E. Girling; M. Hazard; P. Jackson; C. Jones, J. Krulewitz,; M. McAdoo; L. McLaren; E. Medved; S. Maier; T. Moore; S. Narkowitz; G. Peters; A. Ramsay; P. Reiss; C. Schutz; J. Shaw; R. Slusky; B. Tanzman; R. Terricciano; T. Tremblay; S. Wehry; B. Wheeler; S. Winn; L. Winterbaur; M. Young

The meeting opened promptly at 8:00 a.m.

*I. Opening Remarks and Context – Dr. Craig Jones*

- a. Today's agenda and PowerPoint slide deck, "Community Oriented Health Systems" were distributed prior to this meeting. (Attachment #1)
- b. The Blueprint Program is currently entering an evolution phase. This phase represents a shift on how to work together. We need guidance from this committee regarding statewide governance and a more structured design. Proposals are steadily emerging as we work with the three relatively new provider ACO networks.
- c. Opportunities exist to unify work, strengthen community health system structure, and line up medical home payments with unified collaborative goals.

*II. Unified Community Collaboratives – Structure & Governance*

- a. How can we blend together ACO activities and local communities to work toward a real unified community health structure?
- b. Initial Proposal - Structure & Activity:
  - i. We are proposing a leadership team made up of:
    1. One local clinical lead from each ACO (2-3)
    2. 1 local representative from each of the following provider types that serves the HSA –
      - VNA/Home Health;
      - Designated Agency;
      - Designated Regional Housing Authority;
      - Area Agency on Aging; Pediatric Provider.
      - Additional representatives selected by local leadership teams. (Up to a total of 11 members)

3. The premise is that this governance team should be small enough to lead effectively. Our focus is to balance the leadership of the executive/governance team.
  4. Appointments would be driven by consensus of leadership team and/or vote process as needed. We would convene workgroups to drive planning and implementation. Formed workgroups will meet as needed. (e.g. bi-weekly, monthly).
- ii. We propose that a charter be developed and that local priorities and agendas be set. Some communities have already begun blending structures/meetings.
  - iii. Funding: This is a pilot concept and we are not proposing to fund the Leadership team. The Blueprint is willing to shift its emphasis of our community grant structure to help support these changes. The SIMM Grant will also be used to help organize these groups. Blueprint project managers would have a new role to coordinate and move things to a different level. We will be shifting our organization from one set of standards to outcome measures.
- c. Action Steps:
- i. Unified Community Health System Collaboratives
  - ii. Unified Performance Reporting & Data Utility
  - iii. Administrative simplification and efficiencies
  - iv. Implement new service models (e.g. ACE, ECHO)
  - v. Payment Modifications

Amy Cooper stated that the “Blueprint is viewed as a neutral party”. Regarding communication and clarity about what is going on in all of the different HSAs, it seems that the Blueprint could serve that communication role best right now.

Bob Wheeler would like to see the separation between Blueprint reforms from other healthcare reform initiatives reduced.

### III. Payment Modifications

- a. Payments have been stagnant since 2008.
- b. We need to transition to a new payment structure for primary care.
- c. Lou McLaren, MVP – MVP is willing to double current PCMH payments as well as discuss increasing CHT payments by 15% - 20% effective 1/1/15 with the caveat that insurer share adjusted to portion of CHT costs reflecting market share. (Adjust insurer portion of CHT costs to reflect market share - % of money each insurer will pay)
- d. Lou is willing to share New York reward levels with this committee if requested.
- e. Payment modification options were discussed. Committee was asked to forward any ideas around payment models directly to Craig Jones.

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

