

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

July 20, 2016

Attendees: J. Batra; B. Bick; S. Costantino; K. Fitzgerald; C. Fulton; L. Hendry; P. Jackson; C. Jones; J. Krulewicz; K. Lange; J. Le; K. McClellan; M. McAdoo; E. McKenna; T. Moore; C. Perpall; J. Peterson; J. Samuelson; B. Tanzman; T. Tremblay; R. Wheeler; M. Young

By phone: W. Cornwell; T. Dolan; E. Emard; J. Fels; J. Hester; L. Ruggles; T. Voci; J. Zirena

The meeting opened at 8:30 a.m.

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

- Today's document used for discussion was distributed prior to this meeting. The document is intended to help Blueprint plan for an energetic eighteen (18) months between now and 2018.
- C. Jones announced he will be resigning from the Blueprint director role at the end of this month. C. Jones thanked the Blueprint Executive/Expansion, Design and Evaluation Committee for helping shape this program over the years, and for their input and participation. C. Jones also gave thanks to Beth Tanzman, Jenney Samuelson, Mary Kate Mohlman, Miki Hazard, Tim Tremblay and Jennifer Le.
- Commissioner S. Costantino thanked C. Jones for his service to the State and stated the Blueprint program is nationally recognized and that C. Jones' leadership has been outstanding.

II. Discussion of Blueprint Program Planning

- Re: the planning document distributed, C. Jones made clear these are his opinions and not reflective of anybody.
- C. Jones stated we will take comments at any section but would like to focus on the Summary of Blueprint Activities Planned for 2016-2017 section. Recommendations and feedback from the committee include:
 - Re-balance how resources at the insurer and service delivery are deployed.



- Include a regional structure such as the Accountable Health Communities structure.
- Is there a way to better support the organizations doing the ground work?
C. Jones questioned the committee for advisement on modifying the Blueprint grants. Recommendations include:
 - Develop accountability for key outcomes.
 - Increase flexible funds to support community involvement and collaborative work.
 - Start with lead care coordination.
 - Increase hospice utilization
- Continue to use the State Improvement Plan document.

With no further time, the meeting adjourned at 10:00am.