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Division of Health Care Reform
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**Combined Meeting of
Blueprint Executive Committee Meeting and
Blueprint Expansion, Design and Evaluation Committee
Minutes of
July 17, 2013
8:30 – 10:00**

Present: J. Batra, P. Berry, P. Biron, K. Brown, P. Cobb, P. Dupree, J. Evans, S. Frey, E. Girling, P. Jackson, C. Jones, J. Krulewitz, S. Maier, M. Olszewski, P. Reiss, J. Samuelson, K. Suter, B. Tanzman, L. Watkins

VIA Phone: T. Bequette, S. Fine, C. Fulton, C. Goodwin, B. Grause, P. Harrington, M. Hartman, K. Hein, J. Hester, P. Jones, D. Kahn, M. McCaffrey, L. McLaren, S. Narkewicz, D. Noble, A. Otis, J. Peterson, D. Prail, L. Ruggles, R. Stout, T. Voci, B. Warnock, J. Flynn-Weiss, B. Wheeler, S. Winn, M. Young

The meeting opened at 8:30 a.m.

I. General Update:

- CMS has provided us with a draft of the *First Annual Report of the CMS MAPCP Demonstration*. The report has been shared with the Blueprint Executive Committee. The leadership at CMMI has requested that this draft not be distributed beyond our key stakeholders. We appreciate your cooperation in respecting CMMI's request.
- As you know, Pat Jones has accepted a job with the Green Mountain Care Board. Miki Olszewski has been hired to fill the vacant Associate Director's position and began working with us on July 1. Miki can be reached via e-mail at Miki.Olszewski@state.vt.us.
- 116 Practices have been scored in Vermont with a projected total of 130 by the end of December. Nick Lovejoy will look into the number of practices who have declined to be scored and therefore are not participating in the Blueprint.
- The number of patients, core community health team staff and CHT extenders are growing. The Hub and Spoke program is growing and we are beginning to see the early benefits of this program.
- Julie Krulewitz was asked to compile a table of the number of practices scored on first run and how many failed.

- A breakdown of practices in each service area was also requested as well as a list of the affiliation and ownership of each practice. Diving down even deeper, the number of providers per site would also be great to have at some future date.

II. Variation Analysis

- VCHIP has been asked to conduct a network analysis. The survey went out to approximately 1,000 people. We consider this to be a good starting point to understand the more complex interdependencies. We expect to share the results this fall. Penrose Jackson voiced concern that the analysis was difficult to complete because there were no gradient answers, only “yes” or “no” choices.

III. Practice Profile Mock-up:

- The practice profile mock-up is the first run of 2011 dashboard generated data from Onpoint. The results include Medicaid and commercially insured patients. Medicare was not included in the results. Onpoint has provided a “methods document” for this data. Approximately 80 practices were included in the first set of reports. Those practices received details of their own practice, via their project manager. The report results will not be distributed to others. The results are adjusted and as much as possible they are apple to apple comparisons. The total cost of care index was developed by Health Partners in Minnesota. It looks at activities and then standardizes costs. Contractual agreements are not considered. We hope to determine why expenditures vary even when care patterns are similar. This will be our first attempt to help practices with their ongoing quality improvements. No payment is attached to the results of these measures.
- Health plans are required to hold practices accountable for quality improvement. A general discussion ensued and the several layers to this will need to be explored.
- Dr. Reiss was concerned about how old the data being presented is. Dr. Jones stated that we should be receiving 2012 data in the fall of 2013.
- Improving our data sources is an ongoing process.
- Lou McLaren would like to see how each HSA compares to state results.
- Dr. Reiss suggested that we get our facilitators into our best practices to determine what is being done differently in those practices.

IV. CMS Multipayer Advanced Primary Care Practice Demonstration

- Dr. Jones asked the Executive Committee if they had any feedback to the CMS report.
- John Evans felt that the write up had a number of misleading statements about both VITL and Covisint DocSite. He was concerned that two of the quotes were very subjective. Paul Harrington echoed John’s concerns.
- The feedback will need to go back to RTI. The report was done by an independent group and we had no influence over the results.
- Early trends do look favorable.

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