

State of Vermont
Department of Vermont Health Access
Vermont Blueprint for Health
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Agency of Human Services

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**Combined Meeting of the
Blueprint Executive Committee Meeting
And
Blueprint Planning and Evaluation Committee
January 16, 2018
8:30 – 10:00 am**

**Waterbury State Office Complex
Ash Conference Room (2nd Floor)
280 State Drive
Waterbury, VT**

**Dial In: (802) 552-8456
Access Code: 28305078#**

AGENDA

1. Welcome
2. Self-Management Programs in 2019
3. Highlights from the Blueprint for Health Annual Report

Blueprint for Health
combined
Executive Committee
Planning & Evaluation
Committee

January 16, 2019

Agenda

- Welcome
- Self-Management Programs
- Annual Report Evaluation Findings

Intro to the Statewide Self-Management Programs

Helping Yourself to Health is a one-stop resource for Vermont’s self-management programs run by the Vermont Blueprint for Health, in collaboration with the Vermont Health Department and the University of Vermont Medical Center.

<p>Diabetes Prevention</p> <p>Learn ways to help you get more active, lose weight, and decrease your risk of getting diabetes.</p> <p>LEARN MORE</p>	<p>Diabetes Management</p> <p>Get the support you need to eat better and exercise to lower your risk of serious health problems related to diabetes.</p> <p>LEARN MORE</p>	<p>Quitting Smoking</p> <p>Get the support you need to quit tobacco in a small group of other people trying to quit too.</p> <p>LEARN MORE</p>
<p>Emotional Wellness</p> <p>Get support, tips, and advice from people who are also working toward emotional well-being.</p> <p>LEARN MORE</p>	<p>Chronic Disease Management</p> <p>Learn how to make choices to live healthier with chronic disease and lower your risk of related health problems.</p> <p>LEARN MORE</p>	<p>Chronic Pain Management</p> <p>Learn ways to reduce pain, deal with related issues like having trouble sleeping, and more.</p> <p>LEARN MORE</p>

'17-'18 Grant Cycle in Numbers

Self-Management Program Workshops

October 1, 2017 – September 30, 2018

Workshop Type	Workshops	Registrants	Participants*	Graduates**
Diabetes Prevention	27	289	261	184
Vermont Quit Partners / Freshstart Tobacco Cessation	148	565	512	397
Chronic Disease Self-Management	19	277	199	126
Diabetes Self-Management	17	213	194	129
Chronic Pain Self-Management	18	179	153	110
Wellness Recovery Action Planning (WRAP)	10	112	83	65
Total	239	1635	1402	1011

* Participated in one or more session(s)

** Completed most of the sessions

- 106 NEW Workshop Leaders
- 128 Workshops done in partnership with community organizations

Evolving the Self-Management Program Offerings

- Gather stakeholder and participant feedback
 - Leverage care coordination platforms
 - More education and outreach to providers
 - Use multiple modalities
- Align the program offerings with the needs and population health trends in VT
 - Increase use of e-cigarettes, Juuling, and vaping products among youth
 - VT aging trends
 - Chronic disease prevalence
 - Health trends and patterns for those living with a disability

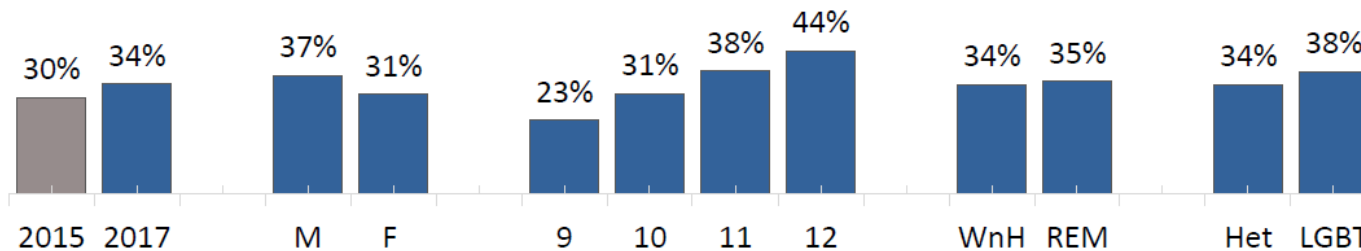
Lifetime Use of Electronic Vapor Products

Electronic vapor products (EVP) were described to include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens such as blu, NJOY, MarkTen, Logic, Vapin Plus, eGo, Halo, or Vuse.

In 2017, a third of students (34%) ever tried an electronic vapor product (EVP).

The percent of students who have ever tried an electronic vapor product has significantly increased since first asked in 2015.

Lifetime Use of Electronic Vapor Products



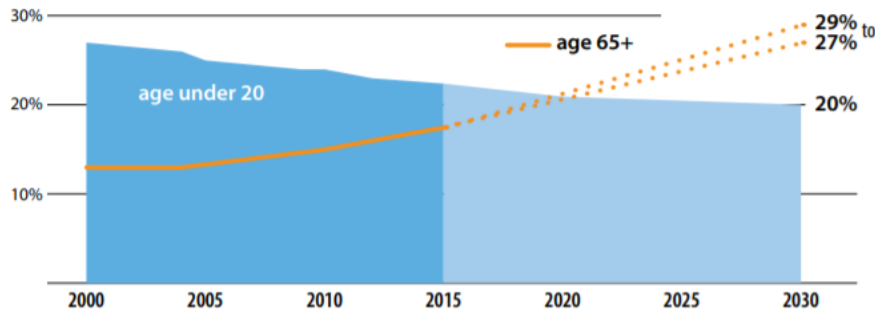
Source: VT YRBS, 2017

Aging Population

Projected Aging Trends

U.S. Census / Intercensal Population Estimates • 2000–2015
 Vermont Agency of Commerce & Community Development • 2013

Projected decline of the younger age groups and growth of the older age groups in the Vermont population



2016 Vermont Hospital Discharge Dataset

- 65% of hospitalizations caused by a fall also had diabetes, hypertension or heart disease comorbidities.
- This is 1075 hospitalizations.

Top 5 Causes of Injury Death, by Age

Vermont Vital Statistics • 2010–2014

	Age 0–14	Age 15–24	Age 25–44	Age 45–64	Age 65+
1	Suffocation	Motor Vehicles	Poisoning	Suicide Firearms	Falls
2	Motor Vehicles	Suicide Firearms	Motor Vehicles	Poisoning	Suicide Firearms
3	Drowning	Suicide Suffocation	Suicide Firearms	Motor Vehicles	Motor Vehicles
4		Poisoning	Suicide Suffocation	Falls	Suffocation
5		Drowning	Suicide Poisoning	Suicide Poisoning	Poisoning

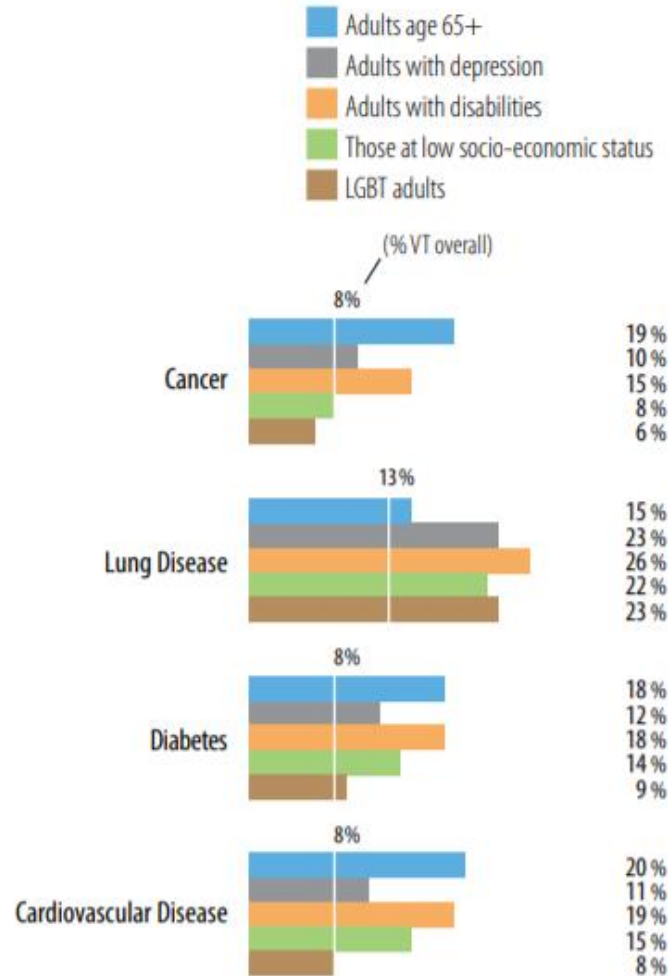
2016 Vermont Vital Statistics

- 50% of deaths with the underlying cause of a fall also had diabetes, hypertension or heart disease comorbidities.

Chronic Diseases, by Population

Vermont Behavioral Risk Factor Surveillance System • 2016

% of adults who have chronic diseases among –

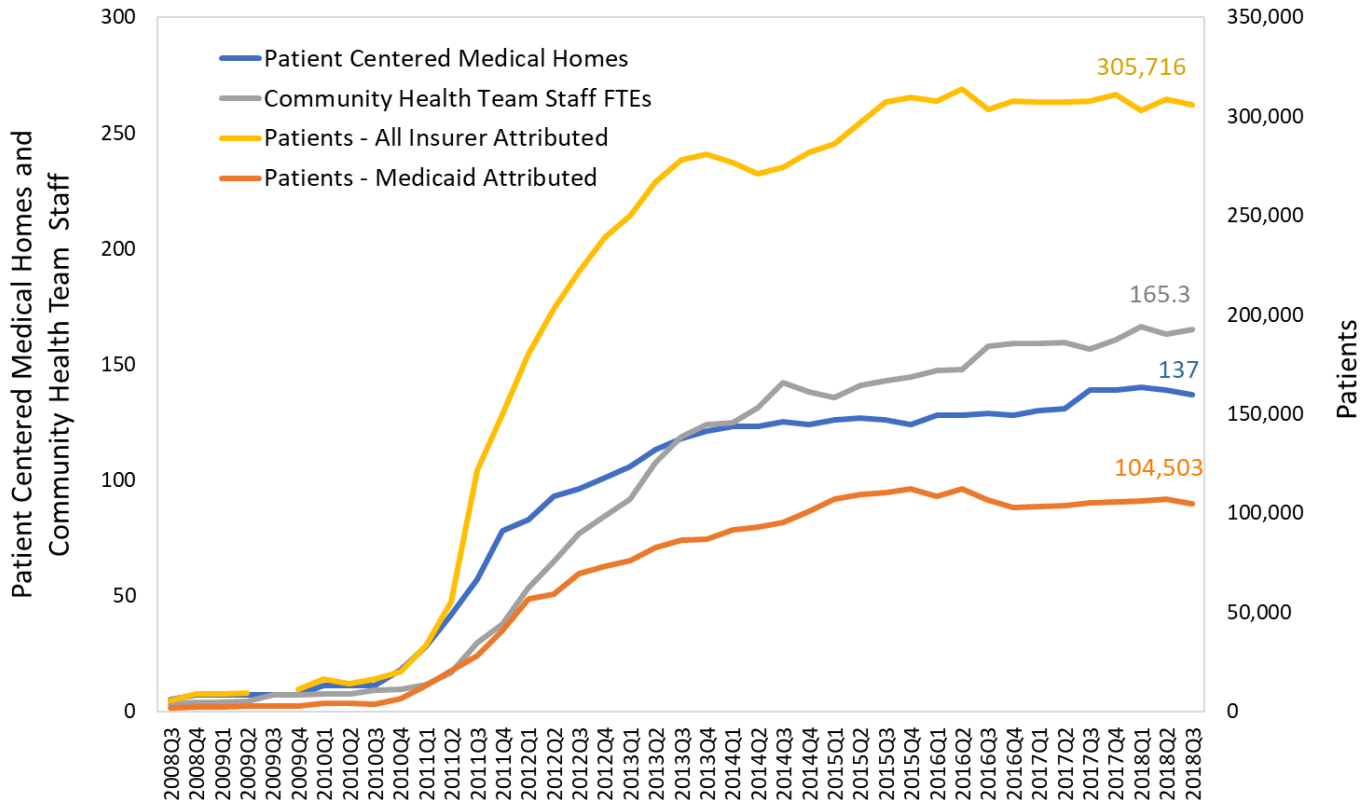


NEW Self-Management Program Offerings starting in 2019

- Diabetes Prevention
 - Online offering of Diabetes Prevention Program
- Quitting Smoking → Tobacco Cessation
 - Youth tobacco cessation program: Not on Tobacco
 - One-on-one Freshstart Support
- Emotional Wellness
 - Youth Wellness Recovery Action Planning
- Chronic Disease Management
 - Workplace Chronic Disease Self-Management Program
- New programs we are considering for the '19-'20 grant cycle:
 - Matter of Balance

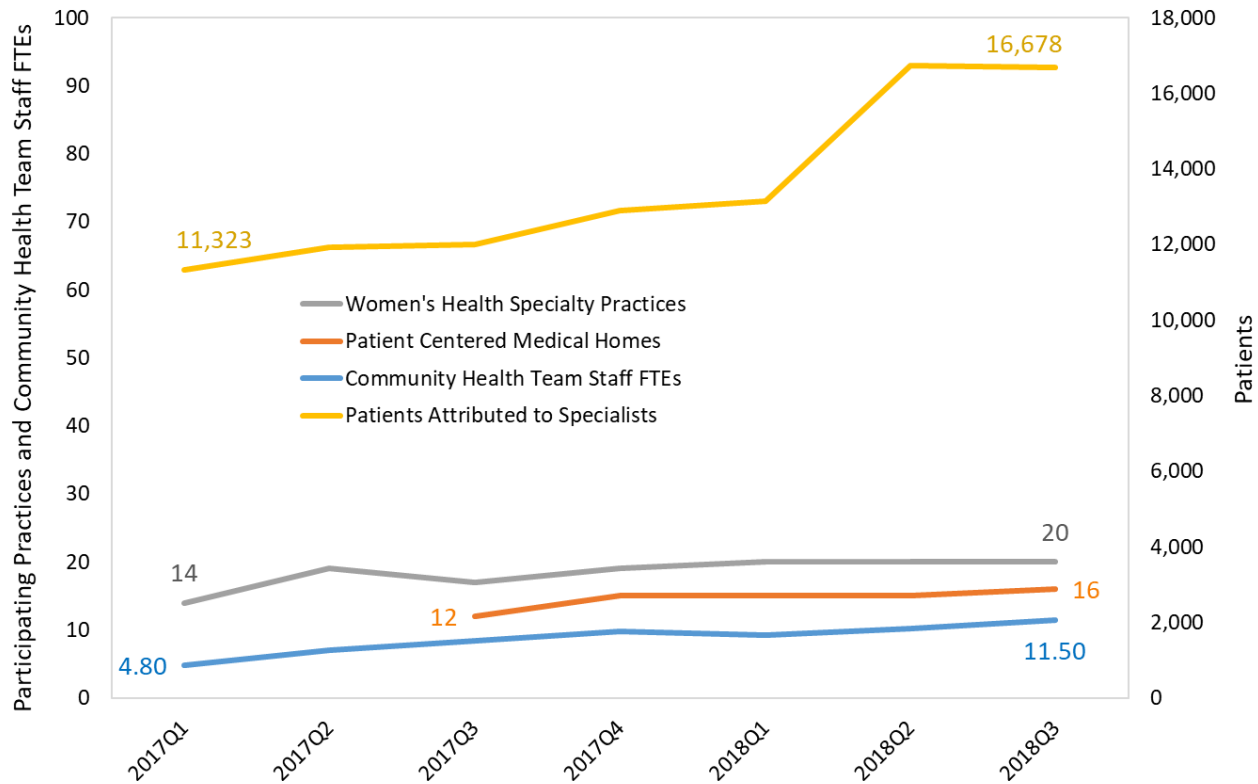
Status of PCMH & CHT Program 2008-2018

Blueprint for Health
Patient Centered Medical Homes, Community Health Team Staff, and Patients



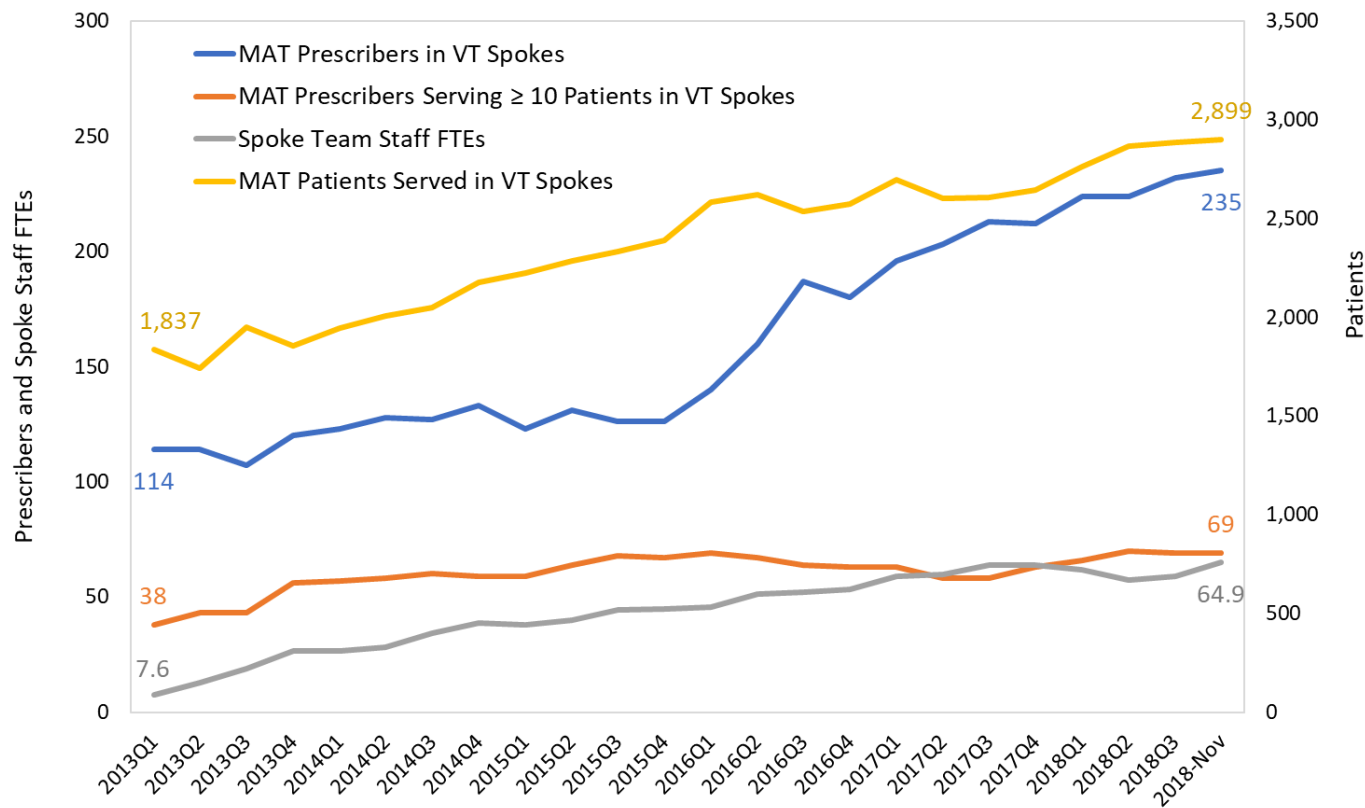
Women's Health Initiative

Women's Health Initiative (WHI)
 Specialty Practices, Patient Centered Medical Homes,
 Community Health Team Staff, and Patients



Spoke Providers, Staff, & Medicaid Members

Medication Assisted Treatment (MAT) in Vermont Spokes
Prescribers, Spoke Team Staff, and Patients



Hub Census and Waitlist: September 2018

Region	# Clients	# Buprenorphine	# Methadone	# Vivitrol	# Receiving Treatment but Not Yet Dosed	# Waiting
Chittenden, Addison	994	283	711	0	0	0
Franklin, Grand Isle	350	144	205	1	0	0
Washington, Lamoille, Orange	487	168	319	0	0	0
Windsor, Windham	648	142	505	0	1	0
Rutland, Bennington	405	100	293	0	12	0
Essex, Orleans, Caledonia	773	218	555	0	0	0
Total	3657	1055	2588	1	13	0

Note: The Franklin/Grand Isle location opened in July 2017. Some clients are transferring from the Chittenden/Addison hub to the FGI hub.

Health Status Primary Care Groups

	Full Pop	BP PCMH	Other PC	No PC	Women 15-44
2011 % Healthy	39.5%	31.8%	37.2%	79.4%	45.3%
2017 % Healthy	37.2%	31.8%	35.2%	79.3%	42.8%
% Difference	(2.4%)	0.1%	(2.0%)	(0.1%)	(2.5%)
2011 % Acute or Minor Chronic	15.0%	15.9%	15.9%	7.9%	21.3%
2017 % Acute or Minor Chronic	14.8%	15.8%	14.8%	7.5%	20.9%
% Difference	(0.3%)	(0.1%)	(1.1%)	(0.5%)	(0.4%)
2011 % Moderate Chronic	21.3%	23.9%	21.9%	8.7%	20.5%
2017 % Moderate Chronic	22.5%	24.3%	22.5%	9.5%	22.8%
% Difference	1.2%	0.5%	0.6%	0.7%	2.3%
2011 % Significant Chronic	22.5%	26.8%	23.0%	3.6%	12.4%
2017 % Significant Chronic	23.7%	26.2%	24.9%	3.4%	13.0%
% Difference	1.2%	(0.7%)	1.8%	(0.2%)	0.6%
2011 % Cancer or Catastrophic	1.7%	1.7%	2.0%	0.4%	0.6%
2017 % Cancer or Catastrophic	1.9%	1.9%	2.6%	0.4%	0.6%
% Difference	0.3%	0.2%	0.7%	0.0%	0.1%

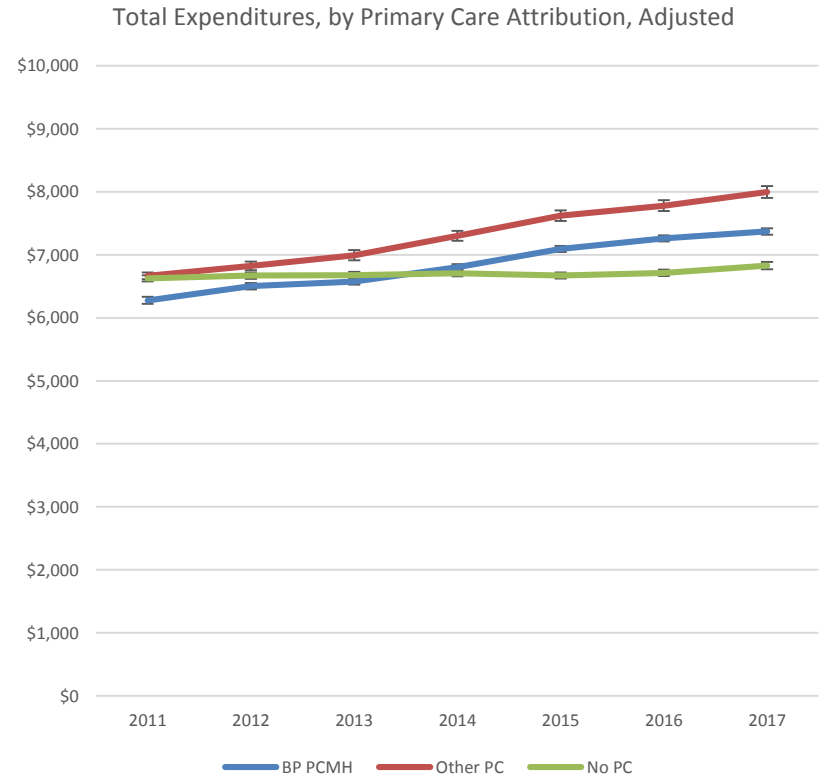
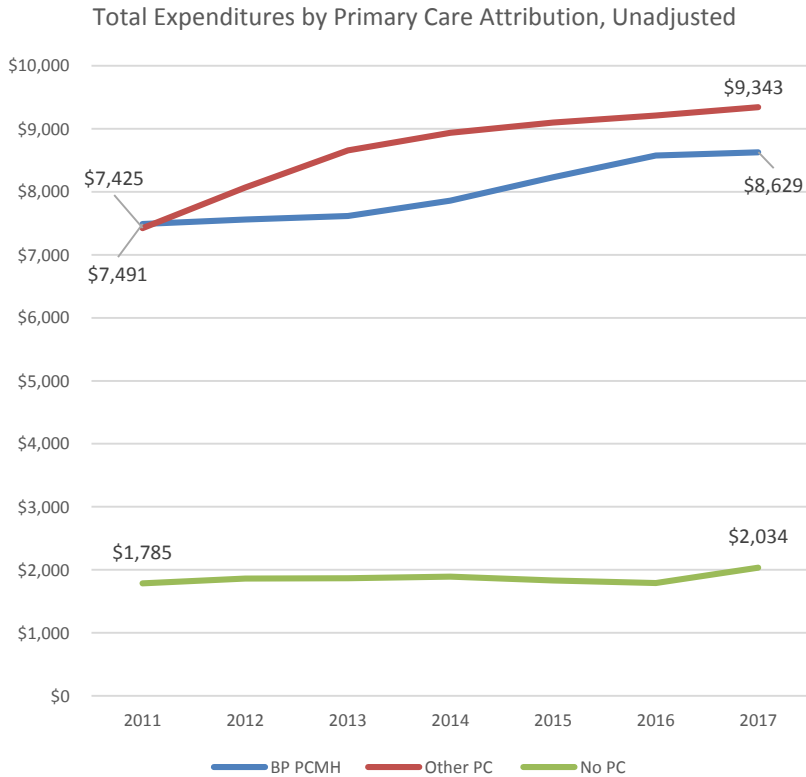
Prevalence of COPD, Diabetes, & Hypertension

	COPD			Diabetes			Hypertension		
	2011 Prev.	2017 Prev.	Annual Growth	2011 Prev.	2017 Prev.	Annual Growth	2011 Prev.	2017 Prev.	Annual Growth
Full Population	3.3%	3.7%	2.0%	7.0%	7.8%	1.8%	18.1%	20.0%	1.7%
BP PCMH	4.0%	4.2%	0.9%	8.6%	8.7%	0.3%	22.5%	22.8%	0.3%
Other Primary Care	3.5%	3.9%	1.7%	7.3%	8.3%	2.2%	18.7%	20.4%	1.4%
No Primary Care	0.4%	0.4%	2.1%*	1.1%	1.2%	2.4%	1.7%	1.6%	(0.2%)
H&S MAT	3.7%	4.6%	3.9%	3.9%	4.1%	1.0%	9.8%	11.0%	1.9%
Other OUD Tx	5.7%	6.2%	1.3%	4.0%	6.0%	5.3%	11.9%	14.3%	1.6%
Women 15-44	0.5%	0.4%	(4.1%)	2.1%	2.1%	0.2%*	3.1%	3.1%	(0.2%)*

Control of Chronic Conditions: Linked Claims & Clinical Data

	Hypertension (HTN): Blood Pressure in Control			Diabetes: HbA1c Poor Control (>9%)		
	2017 N Linked	2017% HTN Control	% Change from 2011	2017 N Linked	2017% poor diabetes control	% Change from 2011
Full Population	46,272	65%	(4.4%)	24,421	61%	(10.3%)
Blueprint PCMH	39,927	64%	(7.2%)	18,395	55%	1.9%
Other Primary Care	6,237	65%	0.0%	5,631	78%	(7.1%)
No Primary Care	107	61%	0.0%	395	85%	(1.2%)
ODU MAT	464	59%	(13.2%)	268	71%	2.9%
Other OUD Tx	77	68%	9.7%	45	62%	(22.5%)
Women 15-44	1,455	66%	(10.8%)	1,453	69%	(9.2%)

Total Expenditures by Primary Care Attribution

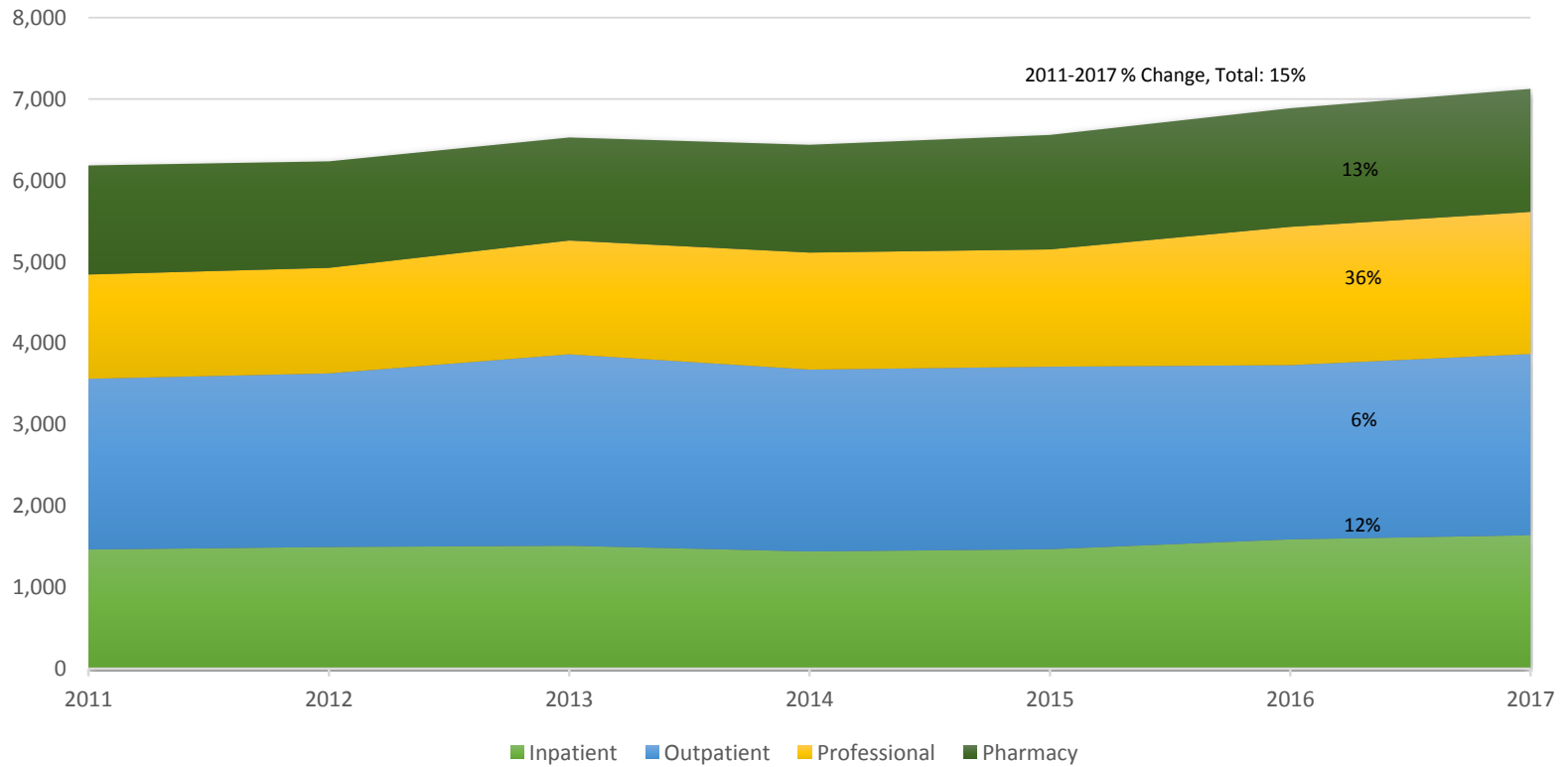


Primary Care Access & Utilization

	PCP Visits/ 1,000 Member Years			% with Primary Care		
	2011	2017	% Change	2011	2017	% Change
Full Population	2,961	3,044	2.8%	68.6%	71.3%	4.0%
Blueprint PCMH	3,230	3,404	5.4%	78.2%	80.4%	2.9%
Other Primary Care	3,402	3,215	(5.5%)	78.5%	77.1%	(1.7%)
OU D MAT	10,646	6,801	(36.1%)	83.7%	82.8%	(1.1%)
Other OU D Tx	5,235	5,255	0.4%	77.2%	79.5%	3.0%
Women 15-44	2,955	2,988	1.1%	68.0%	69.5%	2.2%

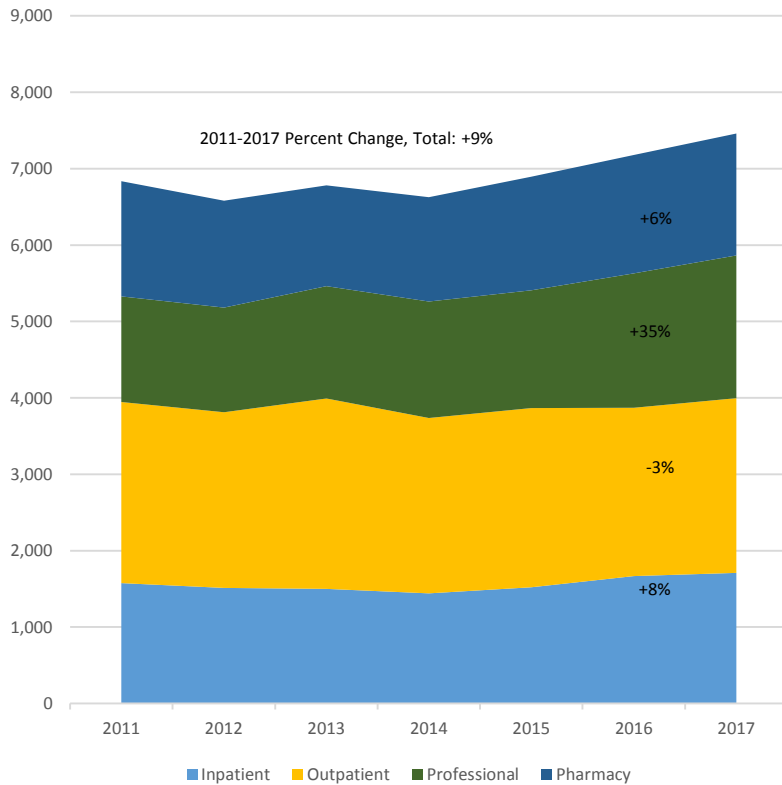
Total Resource Use

Full Population, unadjusted



Total Resource Use by PC Groups

Total Resource Use, BP PCMH Group



Total Resource Use, Other PC Group

