State of Vermont *Agency of Human Services*
Department of Vermont Health Access
Vermont Blueprint for Health [Phone] 802-241-0231
NOB 1 South, 280 State Dr. [Fax] 802-241-0269
Waterbury VT 05671-1010
blueprintforhealth.vermont.gov

Combined Meeting of the Blueprint Executive Committee Meeting And Blueprint Planning and Evaluation Committee

November 14, 2018
8:30 – 10:00 am

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

Dial In: (802) 552-8456
Access Code: 83335113

AGENDA

1. Welcome
2. Update on Quality Improvement Facilitation Program:
    a. PCMH Transformation (NCQA)
    b. Continuous Quality Improvement
3. 2018 in Review and Looking Forward to 2019
4. Updates to Implementation Manual and Payments

Blueprint for Health

combined

Executive Committee

Planning & Evaluation Committee

November 14, 2018

Agenda

- Welcome
- Update on Quality Improvement Facilitation Program:
  - PCMH Transformation (NCQA)
  - Continuous Quality Improvement
- 2018 in Review and Looking Forward to 2019
- Updates to Payments

Expansion and Quality Improvement Program (EQuIP) Update

November 2018

EQuIP Team

- 13 FTE (with one vacancy)
- 6 facilitators hired and trained in 2018
- Up to 3 additional FTE to be added for SBINS

- Rachael McLaughlin (Brattleboro/Burlington)
- Thomasena Coates (Springfield/Windsor)
- Greg Dana (Randolph/Upper Valley)
- Heidi Baker (St. Johnsbury/Newport)
- Elise McKenna/Lori Dupuis (Morrisville)
- Jaclyn Holden (Barre)
- Jill Davis (St. Albans)
- Ellen Talbert (Burlington)
- Ryan Torres (Middlebury/Rutland)
- Victoria Webber (Bennington)
- Artie Seelig (WHI)
- Maurine Gilbert (Community Facilitator)

EQuIP Practice Engagement

- 20% Highly Engaged – Regular QI meetings with Multidisciplinary Team
- 50% Engaged – Regular QI meetings with 1-2 Practice Representatives
- 20% - Partially Engaged – Using support for NCQA recognition and/or learning collaboratives
- 10% - Rarely or not Engaged

EQuIP Focus Areas – Primary and Specialty Practices

Learning Health Systems	QI Facilitation	Training	Program Implementation	Quality Assurance
Learning Collaboratives (HTN, Diabetes, Hub/Spoke)	Practice Level	Patient Centered Medical Home Model	WHI	NCQA Recognition Preparation
	Organization Level	QI in Practice	SBINS	Clinical Attestation Support (ACO or BP)
	Community Level	Motivational Interviewing	CHT / Behavioral Health Integration	

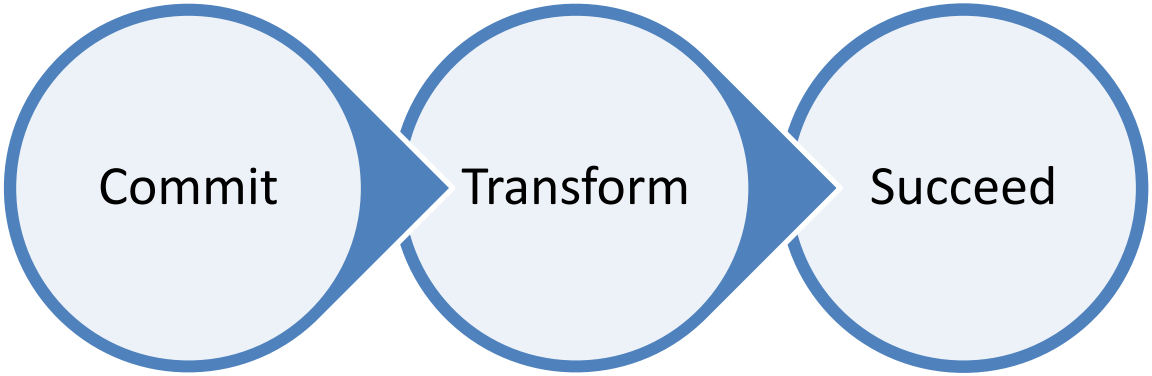
Ongoing Practice Transformation (NCQA PCMH)

Quality and Payment Reform Efforts

Continuous Quality Improvement

Blueprint NCQA Recognition

- Newly Engaging Practices – 2
- Accelerated Renewal Practices (Level 1 or 2) - 28
- Sustaining Practices (Level 3) - 107



Key NCQA Process Changes in 2017

- 1 Year recognition period with annual check-ins
- No "levels" of recognition
- Q-Pass system replaces the application and survey systems
- More interaction with NCQA/Assignment of NCQA representative throughout the process; up to 3 check-ins

NCQA 2017 Patient Centered Medical Home Standard Concept Areas

1. Team-Based Care and Practice Organization (TC)
2. Knowing and Managing Your Patients (KM)
3. Patient-Centered Access and Continuity (AC)
4. Care Management and Support (CM)
5. Care Coordination and Care Transitions (CC)
6. Performance Measurement and Quality Improvement (QI)

Key (Core) PCMH Content Changes in 2017

- Comprehensive Assessment to include Social Functioning and Social Determinants of Health
- Use of information on the population served by the practice to prioritize needed community resources
- Behavioral Health Measurement and QI
- Assessment of the access needs and preferences of the patient population

Impact of 2017 PCMH Process and Standard Changes

- Considerable learning with some process delays (for NCQA and Vermont Practices)
- Less focus on documentation, more on demonstrating
- Ease of attestation for sustaining practices
- Audit (TBD)

Practice Experience of Quality Improvement Supports Survey

Objective: Understand the experience of primary care practices with quality improvement facilitation in order to better align quality improvement support resources

Survey Distribution:

List of practice contacts from Facilitators + Blueprint portal

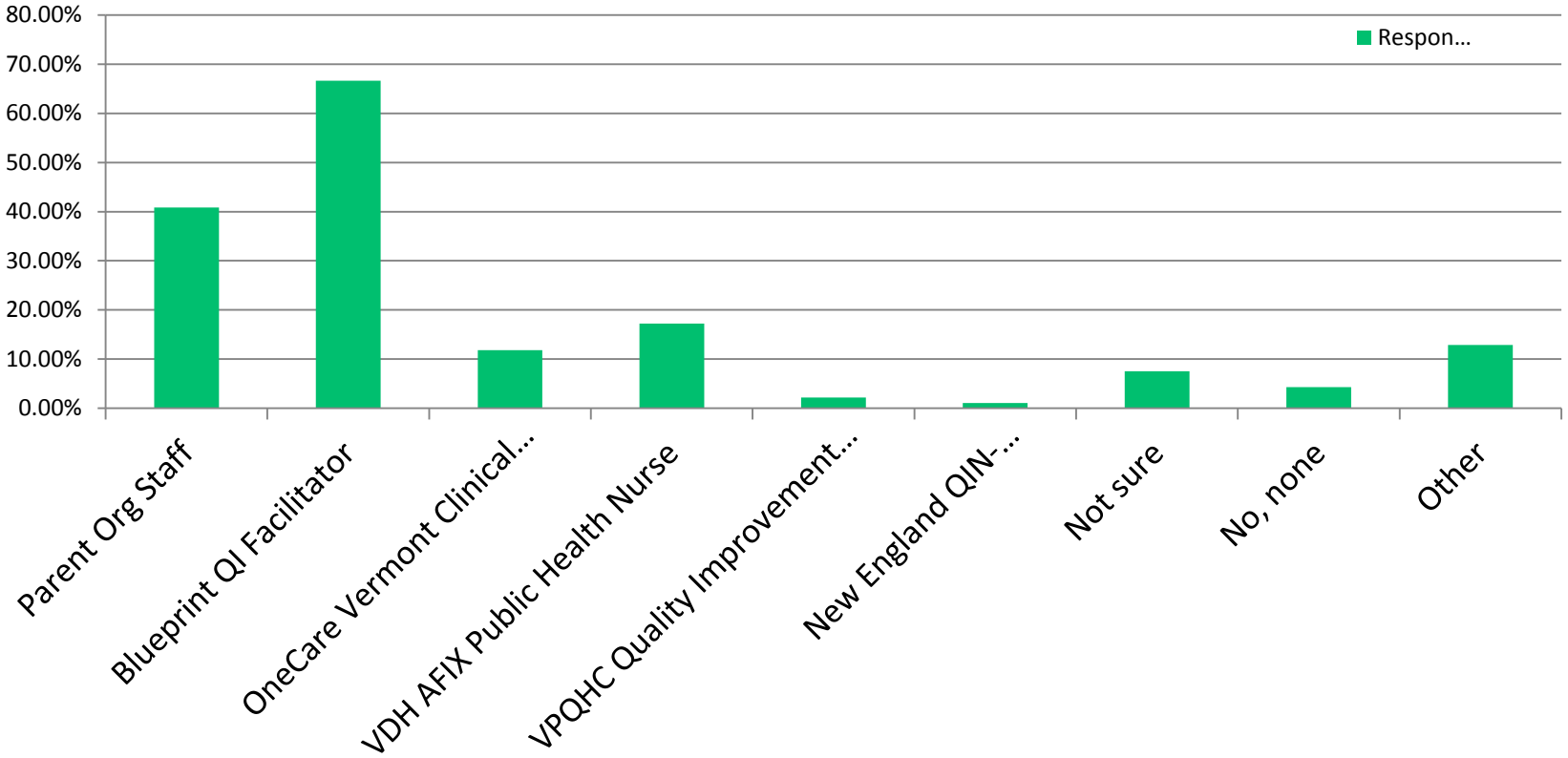
200 email addresses

Distributed in September/October 2018

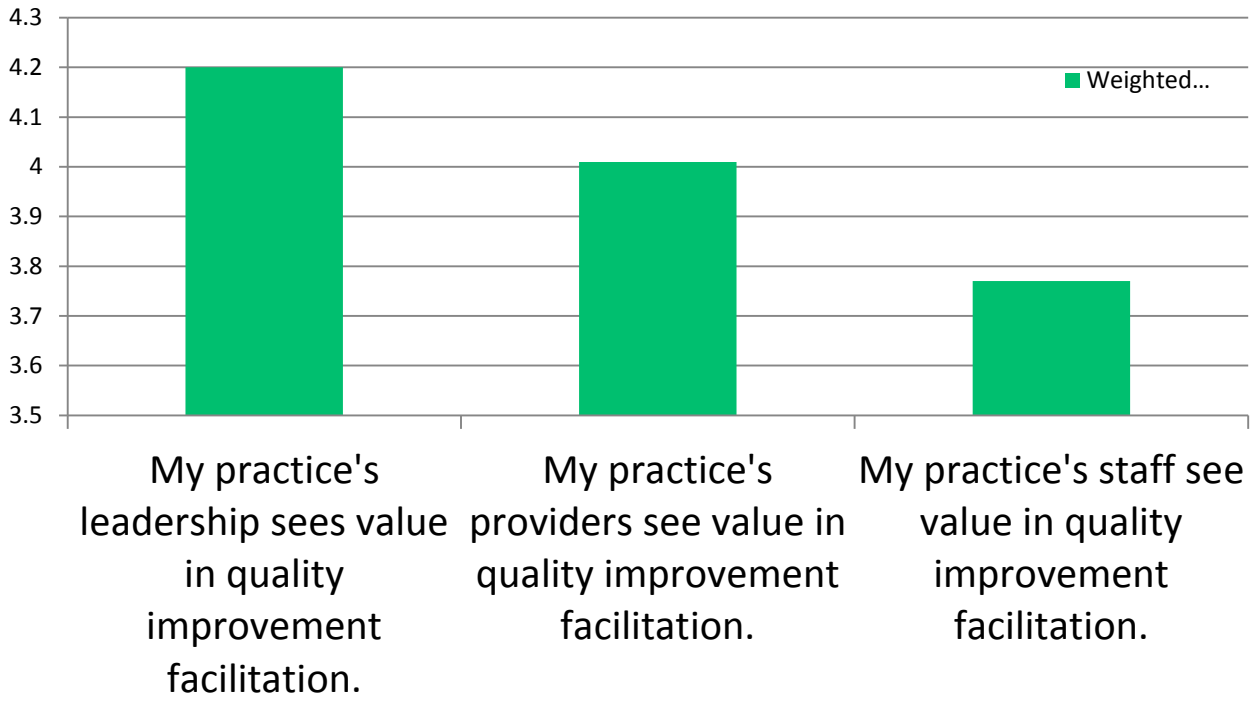
106 responses, about 83 completed surveys

Respondents

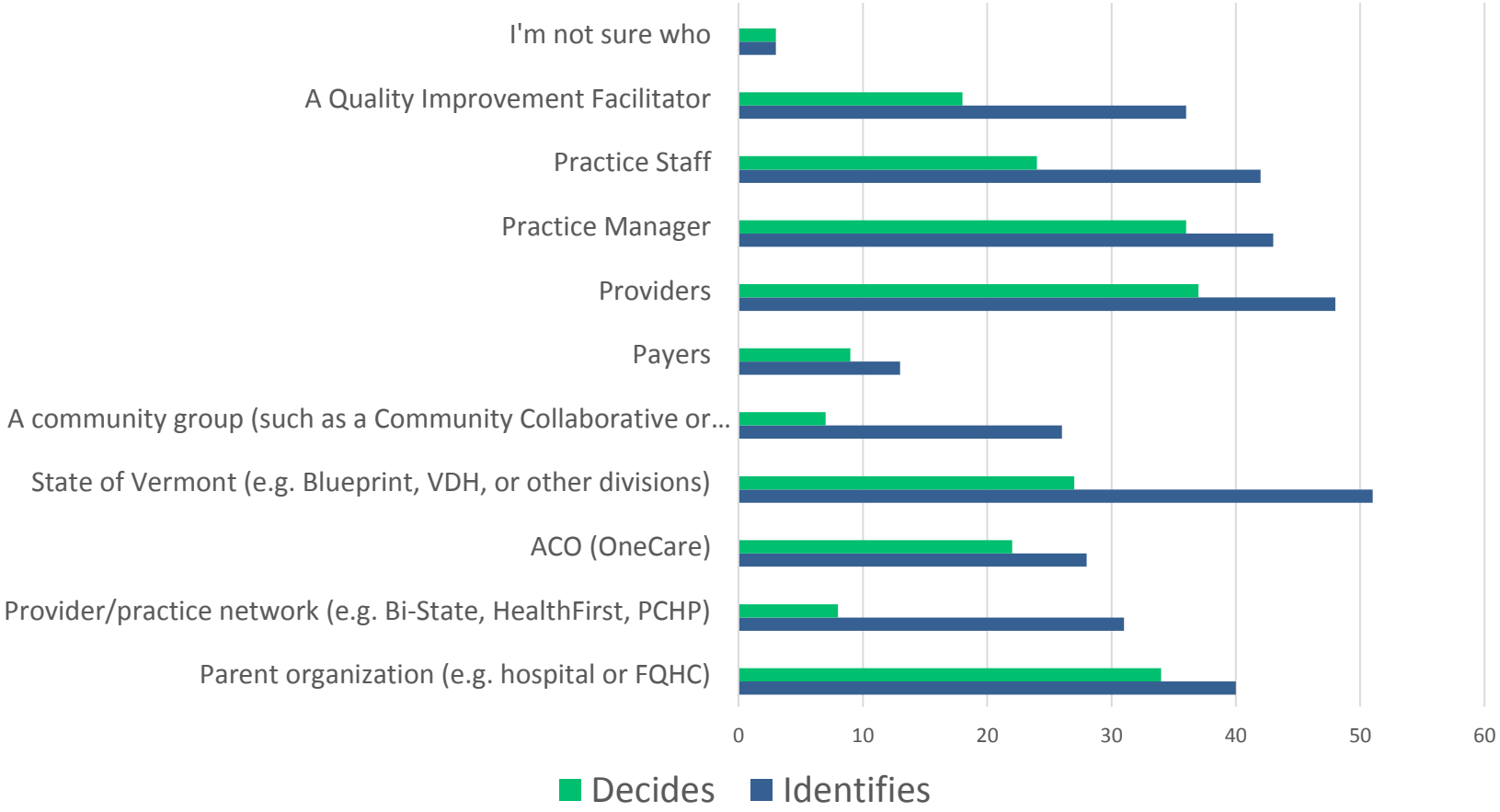
Who provides quality improvement facilitation in your practice? Select all that apply.



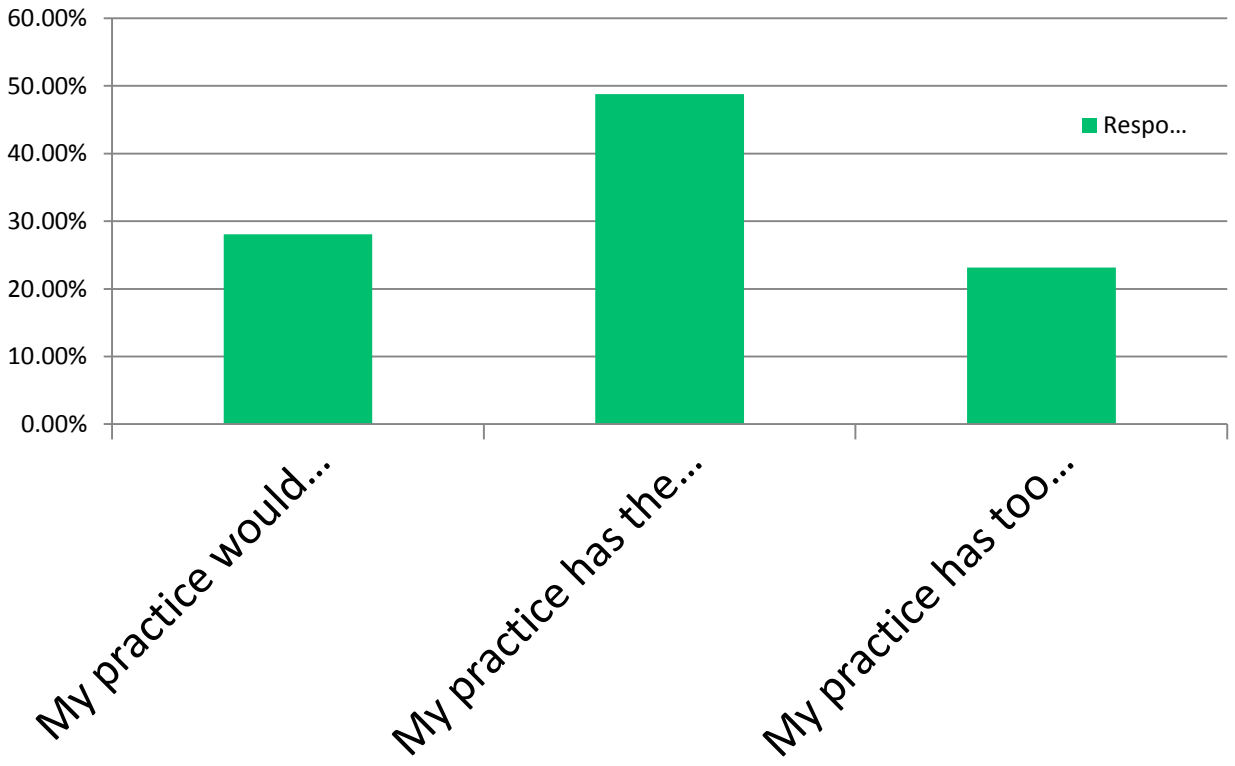
Please rate your level of agreement with the following statements



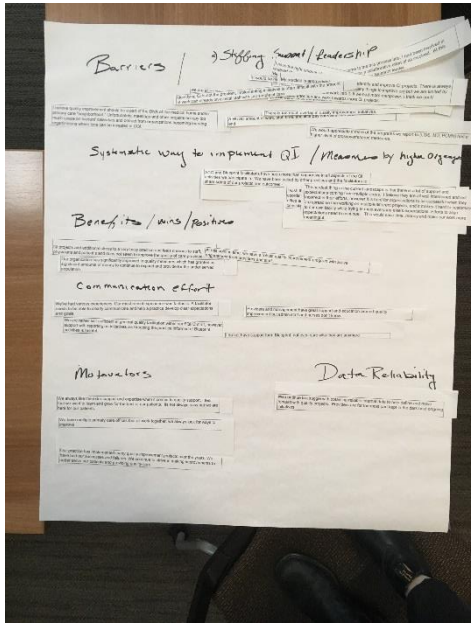
In your practice, who identifies opportunities for quality improvement and who decides on quality improvement projects to pursue? Check each box that applies.



Please review the following statements and select the one that best applies to your practice. Select one



Qualitative Themes



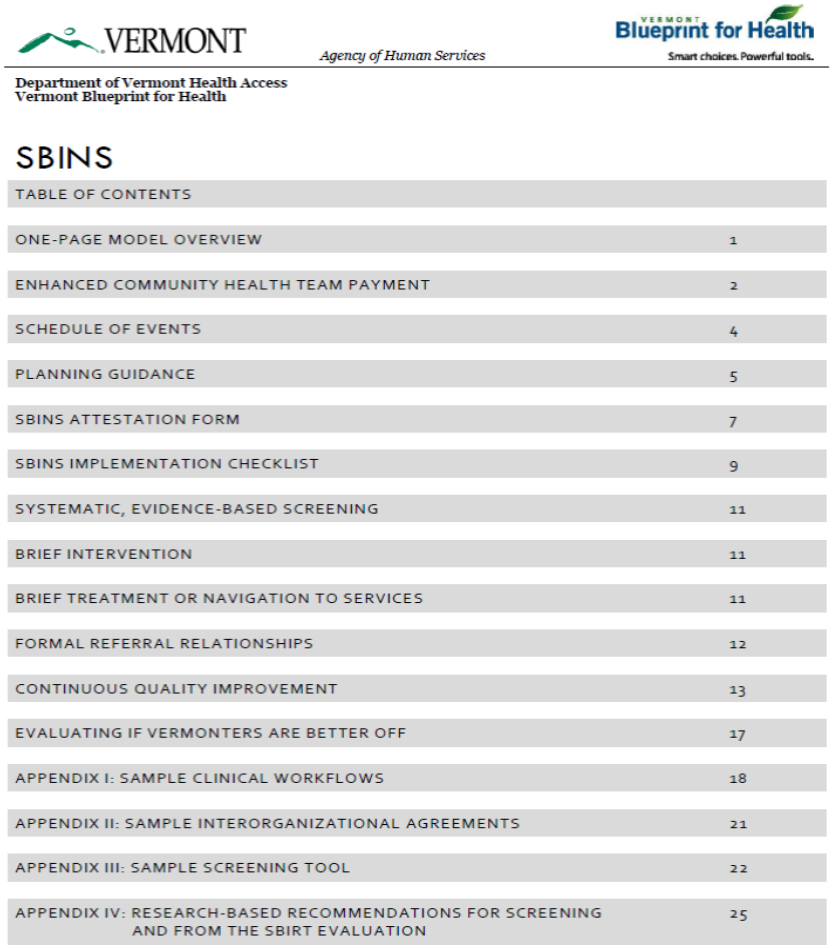
"I feel like we want to learn and grow for our patients."

Barrier is provider/staff time and focus
Information Technology/Data

Facilitation helps

Requirements pulling practices in too many directions

SBINS Planning Guidance Issued



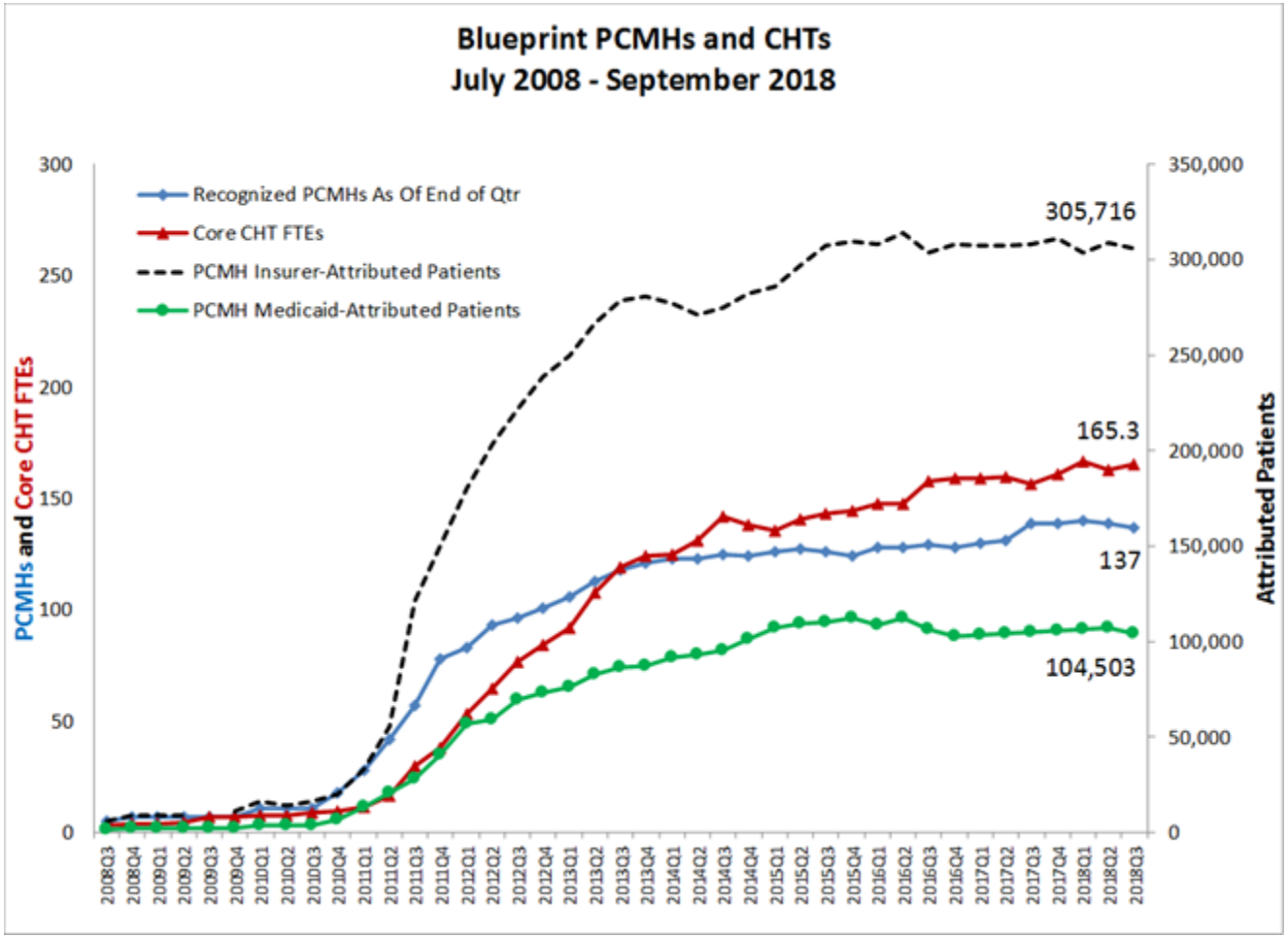
VERMONT Agency of Human Services
Blueprint for Health — Smart choices. Powerful tools.

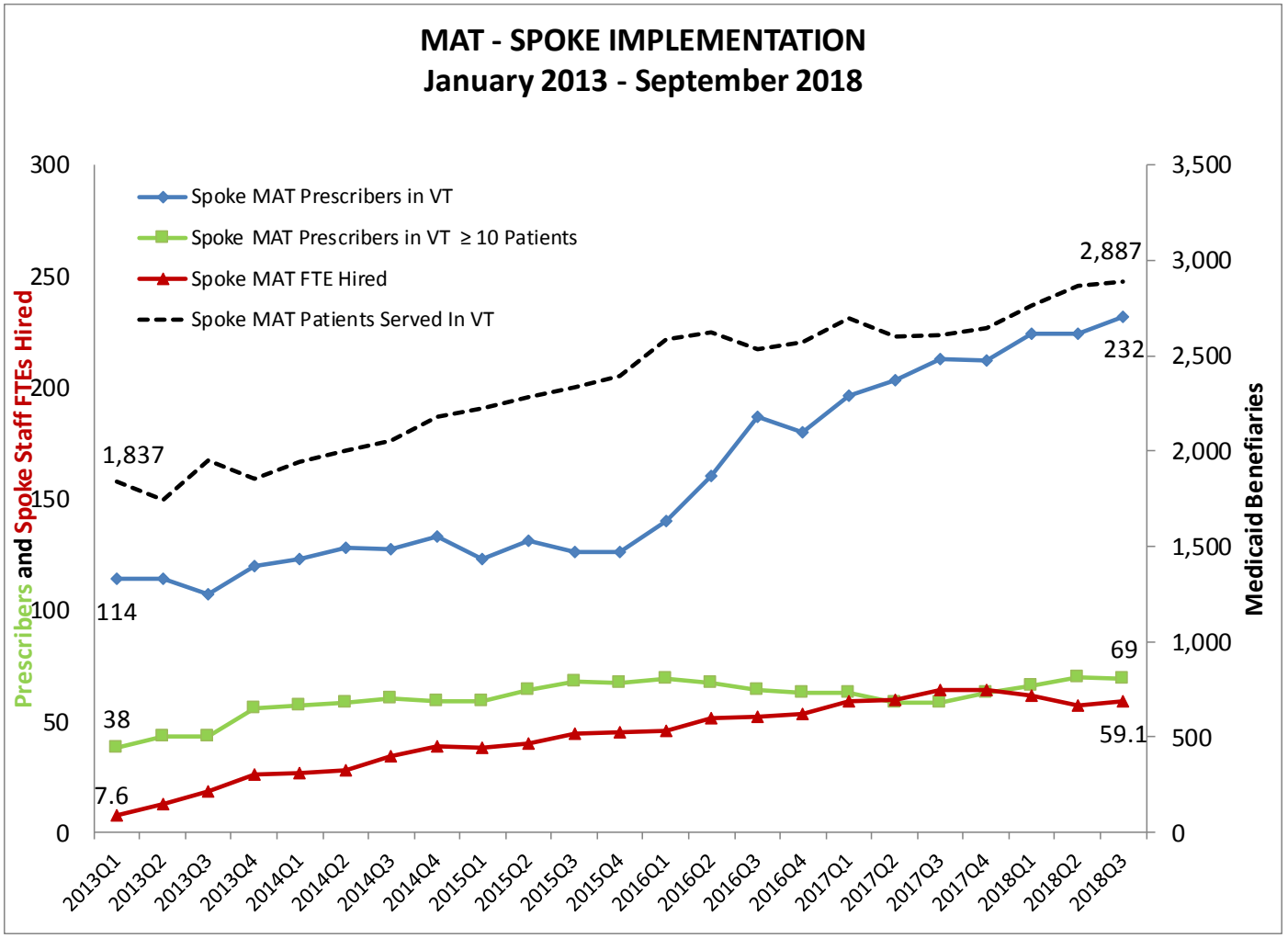
Department of Vermont Health Access
Vermont Blueprint for Health

SBINS

TABLE OF CONTENTS

ONE-PAGE MODEL OVERVIEW	1
ENHANCED COMMUNITY HEALTH TEAM PAYMENT	2
SCHEDULE OF EVENTS	4
PLANNING GUIDANCE	5
SBINS ATTESTATION FORM	7
SBINS IMPLEMENTATION CHECKLIST	9
SYSTEMATIC, EVIDENCE-BASED SCREENING	11
BRIEF INTERVENTION	11
BRIEF TREATMENT OR NAVIGATION TO SERVICES	11
FORMAL REFERRAL RELATIONSHIPS	12
CONTINUOUS QUALITY IMPROVEMENT	13
EVALUATING IF VERMONTERS ARE BETTER OFF	17
APPENDIX I: SAMPLE CLINICAL WORKFLOWS	18
APPENDIX II: SAMPLE INTERORGANIZATIONAL AGREEMENTS	21
APPENDIX III: SAMPLE SCREENING TOOL	22
APPENDIX IV: RESEARCH-BASED RECOMMENDATIONS FOR SCREENING AND FROM THE SBIRT EVALUATION	25


Blueprint PCMHs and CHTs
July 2008 - September 2018
Recognized PCMHs As Of End of Qtr
Core CHT FTEs
PCMH Insurer-Attributed Patients
PCMH Medicaid-Attributed Patients
PCMHs and Core CHT FTEs
Attributed Patients
305,716
165.3
137
104,503
0
50
100
150
200
250
300
50,000
100,000
150,000
200,000
250,000
300,000
350,000
2008Q3
2008Q4
2009Q1
2009Q2
2009Q3
2009Q4
2010Q1
2010Q2
2010Q3
2010Q4
2011Q1
2011Q2
2011Q3
2011Q4
2012Q1
2012Q2
2012Q3
2012Q4
2013Q1
2013Q2
2013Q3
2013Q4
2014Q1
2014Q2
2014Q3
2014Q4
2015Q1
2015Q2
2015Q3
2015Q4
2016Q1
2016Q2
2016Q3
2016Q4
2017Q1
2017Q2
2017Q3
2017Q4
2018Q1
2018Q2
2018Q3


MAT - SPOKE IMPLEMENTATION
January 2013 - September 2018
Spoke MAT Prescribers in VT
Spoke MAT Prescribers in VT ≥ 10 Patients
Spoke MAT FTE Hired
Spoke MAT Patients Served In VT
Prescribers and Spoke Staff FTEs Hired
Medicaid Beneficiaries
300
250
200
150
100
50
0
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,887
232
1,837
114
69
38
59.1
7.6
2013Q1
2013Q2
2013Q3
2013Q4
2014Q1
2014Q2
2014Q3
2014Q4
2015Q1
2015Q2
2015Q3
2015Q4
2016Q1
2016Q2
2016Q3
2016Q4
2017Q1
2017Q2
2017Q3
2017Q4
2018Q1
2018Q2
2018Q3

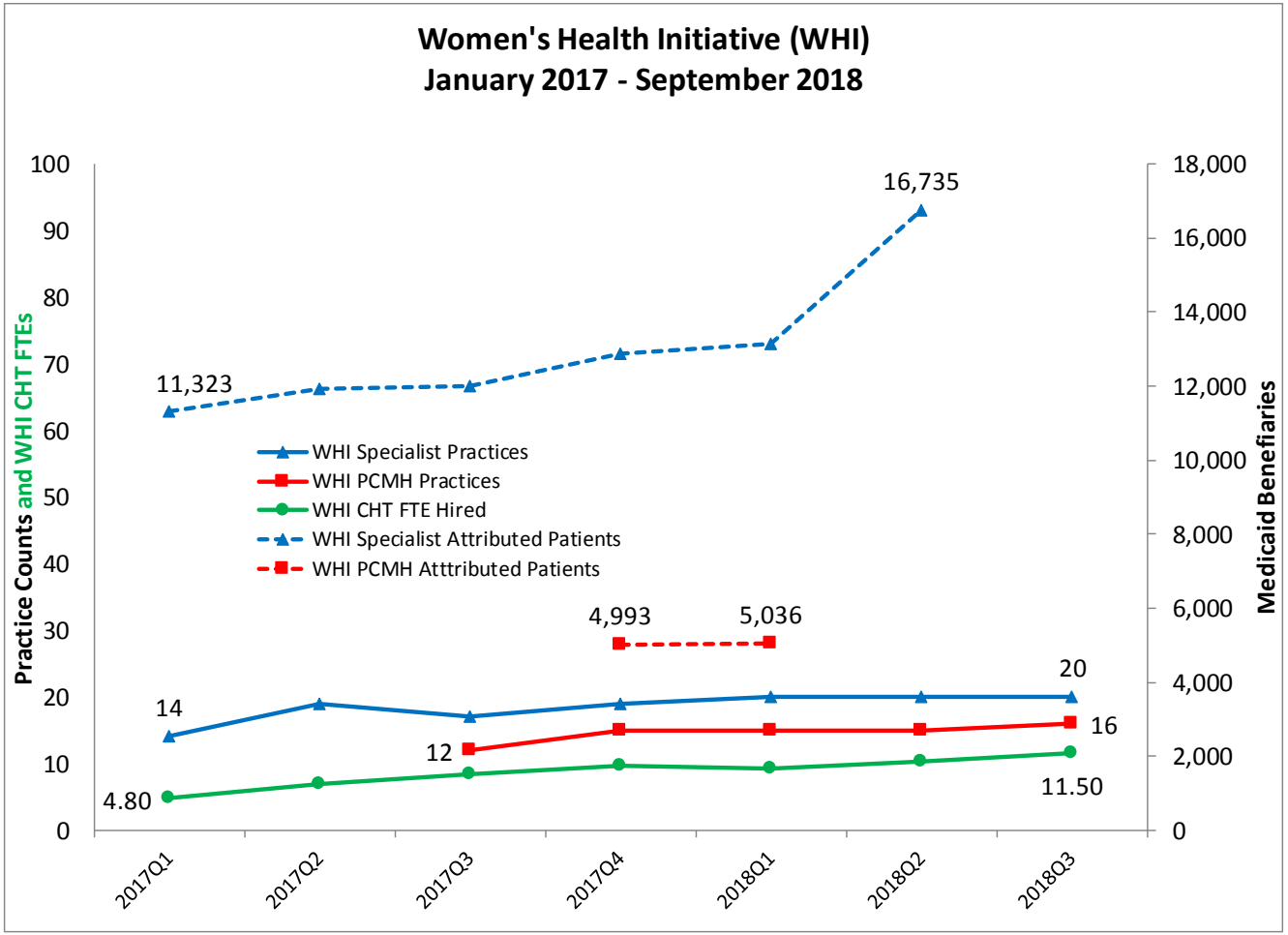
VERMONT
VT Department of Health

VERMONT
Department of VT Health Access

Hub Census and Waitlist: August 2018

Region	# Clients	# Buprenorphine	# Methadone	# Vivitrol	# Receiving Treatment but Not Yet Dosed	# Waiting
Chittenden, Addison	979	282	697	0	0	0
Franklin, Grand Isle	352	144	207	1	0	0
Washington, Lamoille, Orange	483	161	322	0	0	0
Windsor, Windham	634	130	503	0	1	0
Rutland, Bennington	422	99	301	0	22	0
Essex, Orleans, Caledonia	767	208	558	0	1	0
Total	3637	1024	2588	1	24	0

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


Women's Health Initiative (WHI)
January 2017 - September 2018
Practice Counts and WHI CHT FTEs
Medicaid Benefiaries
100
90
80
70
60
50
40
30
20
10
0
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
16,735
11,323
WHI Specialist Practices
WHI PCMH Practices
WHI CHT FTE Hired
WHI Specialist Attributed Patients
WHI PCMH Atttributed Patients
4,993
5,036
20
14
16
12
4.80
11.50
2017Q1
2017Q2
2017Q3
2017Q4
2018Q1
2018Q2
2018Q3

Payment Updates: PCCM

Sec. E.307 Primary Care Funding (pg. 93)

(a) Of the funds appropriated in Sec. B. 307 of this act $2,166,000 shall be used to increase the amount of the per-member-per-month payment through the Blueprint for Health to each patient-centered medical home in fiscal year 2019

H 924 Committee of Conference Report

Plan

- Estimate $1.65 PMPM added to Blueprint PCMH Payments Beginning January 2019

Medicare Payments 2019 & OneCare Risk Contract

Policy Goals

- Medicare payments are part of OneCare VT "shared savings" requires actual savings & board approval to allocate
- Refresh Medicare patient attribution (currently at 2016 levels) & include new Blueprint Practices
- Maintain Continuity of Services & Programs

Plan

- PCMH Per Member Per Month remains stable pending available funds
- CHT & SASH payments reflect trend increase pending available funds

Payment Updates: Performance Payments

Issue

- Evolution of VHCURES Data
  - Higher proportion of Medicare & Medicaid Members (Gobeille decision)
  - New Medicare data set post MAPCP Demonstration Program

Plan

- Adjust “improvement” component for 2019 payment calculation

- Move to annual calculation of performance payment (from twice yearly)