

Department of Vermont Health Access



Building Health Systems

Blueprint Annual Conference

April 17, 2015



Department of Vermont Health Access

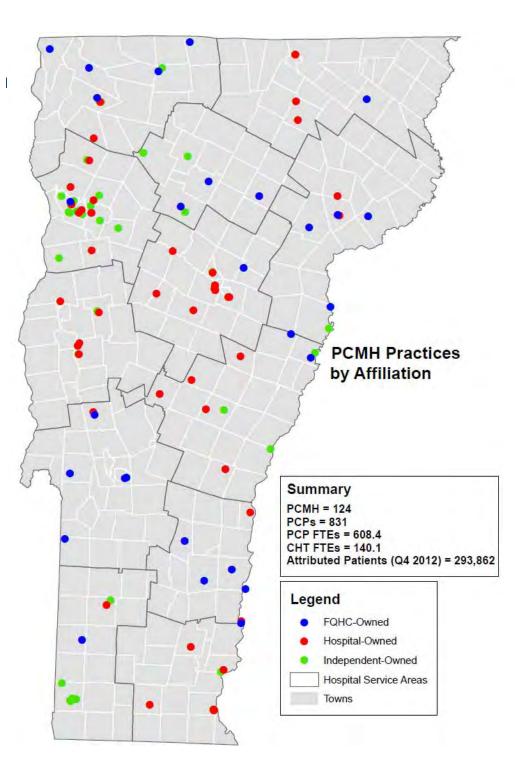


Guest Speakers

- Jack Cochran MD Permanente Federation
- **Graham Watt MD** University of Glasgow, Scotland
- Cmdr. Sunny Ramchandani MD, MPH US Navy
- Nick Macchione MS, MPH San Diego County
- Paul Burgess PhD, MPH Northern Territory, Australia



Health Access





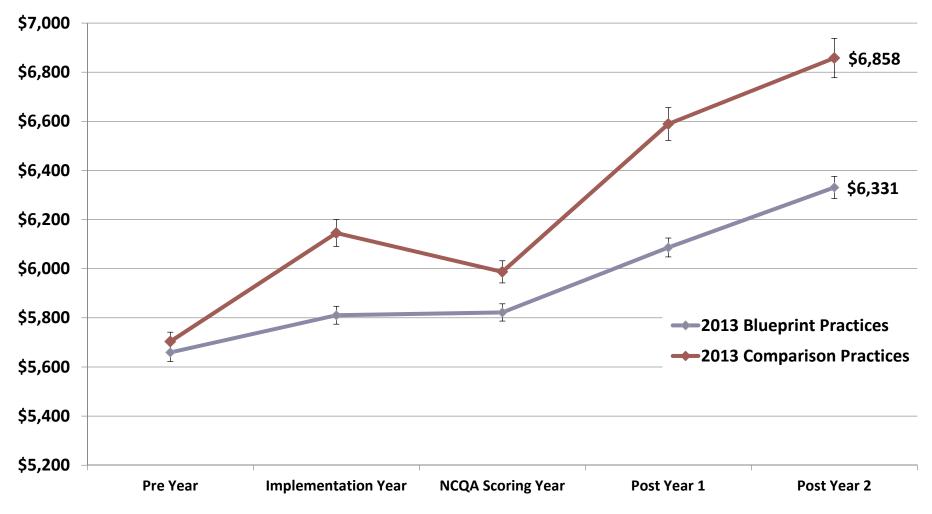
Smart choices. Powerful tools.



Health Access



Total Expenditures per Capita 2008 - 2013 All Insurers Ages 1 Year and Older







Budget Neutrality Analysis MAPCP Demonstration (thru Q12)

	РСМН		Non-PCMH	
	Cumulative		Cumulative	
	D-in-D	90% confidence	D-in-D	90% confidence
State	estimate	interval	estimate	interval
Rhode Island	-\$13,560,765	[-\$42,028,360;	\$3,723,749	[-\$9,159,188;
		\$14,906,831]		\$16,606,685]
Vermont	<mark>-\$66,775,682*</mark>	<mark>[-\$122,664,766; -</mark>	<mark>-\$61,524,178*</mark>	<mark>[-\$95,503,075; -</mark>
		<mark>\$10,886,598]</mark>		\$27,545,281]
New York	-\$6,595,248	[-\$30,175,136;	-\$12,417,991	[-\$29,841,080;
		\$16,984,639]		\$5,005,098]
North Carolina	\$3,510,054	[-\$36,834,571;	\$7,649,261	[-\$19,859,631;
		\$43,854,679]		\$35,158,153]
Minnesota	_	_	\$34,110,525	[-\$19,557,326;
				\$87,778,376]
Michigan	-\$394,860,403*	[-\$690,046,697; -	-\$25,030,098	[-\$155,300,909;
		\$99,674,109]		\$105,240,712]
Maine	\$30,172,234	[-\$21,175,952;	\$22,145,639	[-\$24,191,824;
		\$81,520,419]		\$68,483,101]
Pennsylvania	-\$15,993,054	[-\$36,447,431;	-\$16,410,193	[-\$45,605,297;
		\$4,461,323]		\$12,784,910]





Design Principles for Next Phase

- Community Oriented Learning Health Systems
- Focus on improving the health of the population
- Central coordinating role for primary care
- Coordinated services (medical, social, mental health, home based)
- Data guided quality & coordination initiatives
- Local leadership, innovation, and organization





Strategy for Building Community Health Systems

- Unified Community Collaboratives (quality, coordination)
- Balanced Leadership Team (ACOs, DAs, VNAs, AAAs, Housers, Peds)
- Unified Performance Reporting & Data Utility
- Increase support for medical homes and community health teams
- Novel medical home payment model (Base Payment + Performance)



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