Julie Parker LCMHC, CCM

Assistant Director Blueprint for Health

Julie.Parker@vermont.gov

AGENCY OF HUMAN SERVICES

The AHS Central Office, or
"The Secretary's Office"

Lead by Jenney Samuelson, Secretary of the Agency of Human Services

Responsible for establishing and supporting the administration of policy, practice, fiscal, and operations across the Departments and District Offices

Ensures holistic, consistent, and reliable service delivery to Vermonters.

BLUEPRINT FOR HEALTH CENTRAL OFFICE STAFF

WATERBURY, VERMONT

DR. JOHN SAROYAN
Executive Director

JULIE PARKER
Assistant Director

MARA KRAUSE DONOHUE
Assistant Director

VACANT
Project Administrator

ERIN JUST
Health Services Researcher

TIM TREMBLAY
Data Analytics and Info Administrator

CALEB DENTON
Data Analytics and Info Administrator

JENNIFER HERWOOD
Payment Operations Administrator

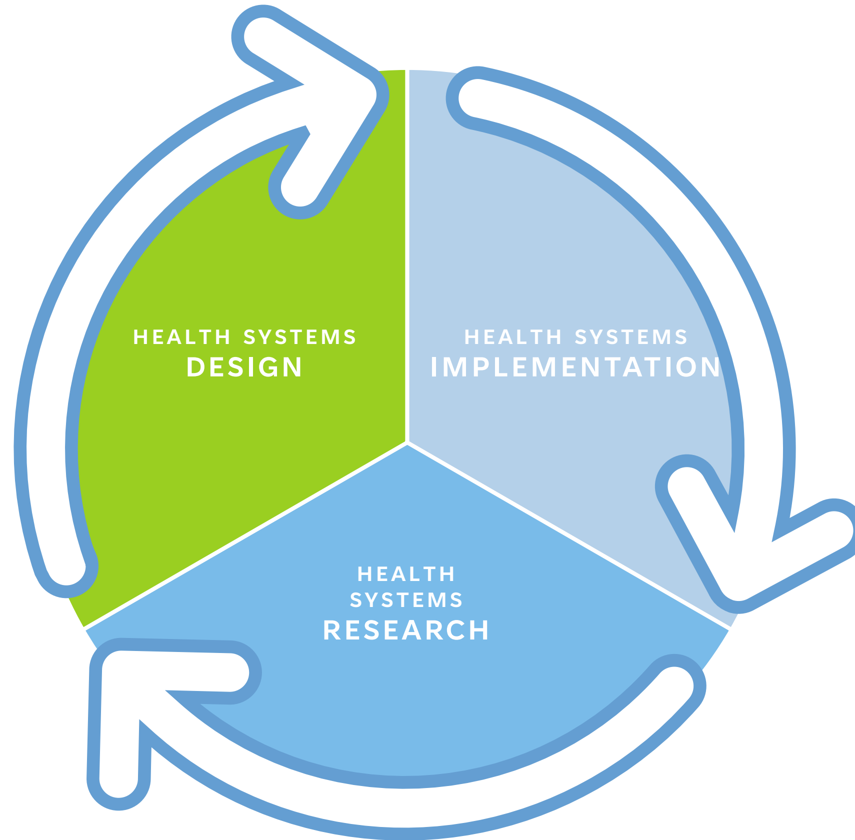
AVERIEL HOSSLEY
Administrative Assistant

ACT 128

"integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management."

2010 Vermont Statutory Framework
Act 128 Mission of Blueprint For Health

BLUEPRINT FOUNDATION



DESIGN

Incorporate the innovation cycle - *design, implementation, and research* - into all initiatives and services

IMPLEMENTATION

Establish & sustain a network that can systematically test and implement innovative community-led strategies for improving health and well-being

RESEARCH

Rapidly respond to Vermont's health and social service priorities through statewide implementation of new initiatives and service models

THE BLUEPRINT MODEL

IMPROVE POPULATION HEALTH

- Screening for Social Determinants of Health
- Support patient to manage Chronic Health Conditions

ENHANCE PATIENT EXPERIENCE

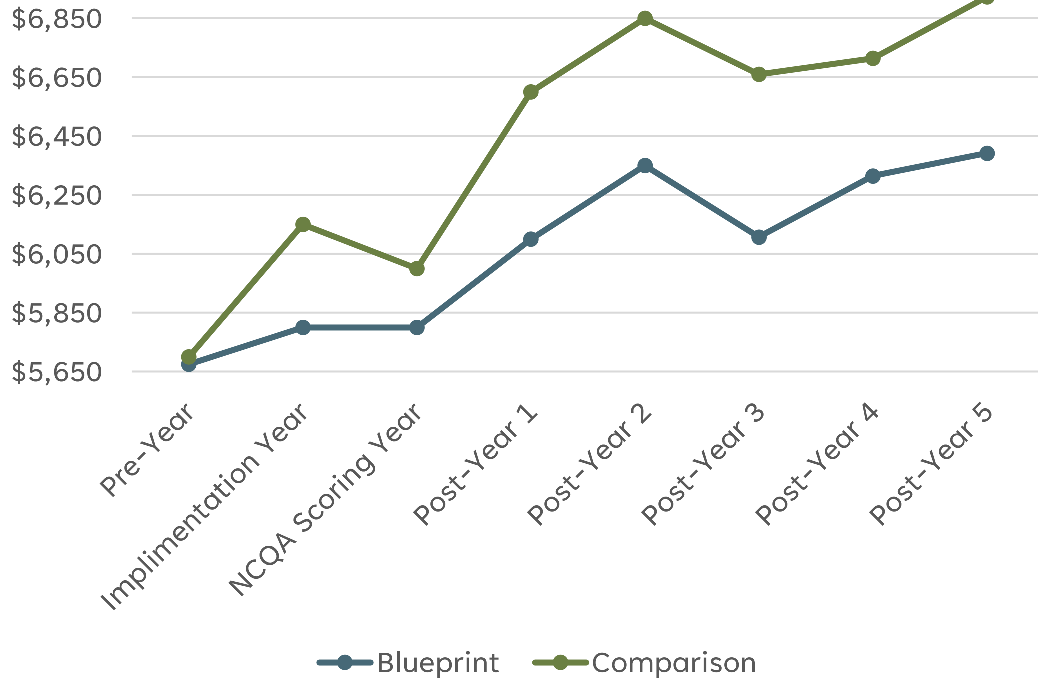
- Improve quality of care
- Ease access
- Reduce cost

BLUEPRINT-ASSOCIATED COST-SAVINGS

The 2017 Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration report revealed significant cost savings from Blueprint for Health programming (patient-centered medical homes, community health teams, and support and services at home) across 14 quarters

Data published by Jones et al in 2016 identified significant cost savings associated with Blueprint participation over a 6-year period

A



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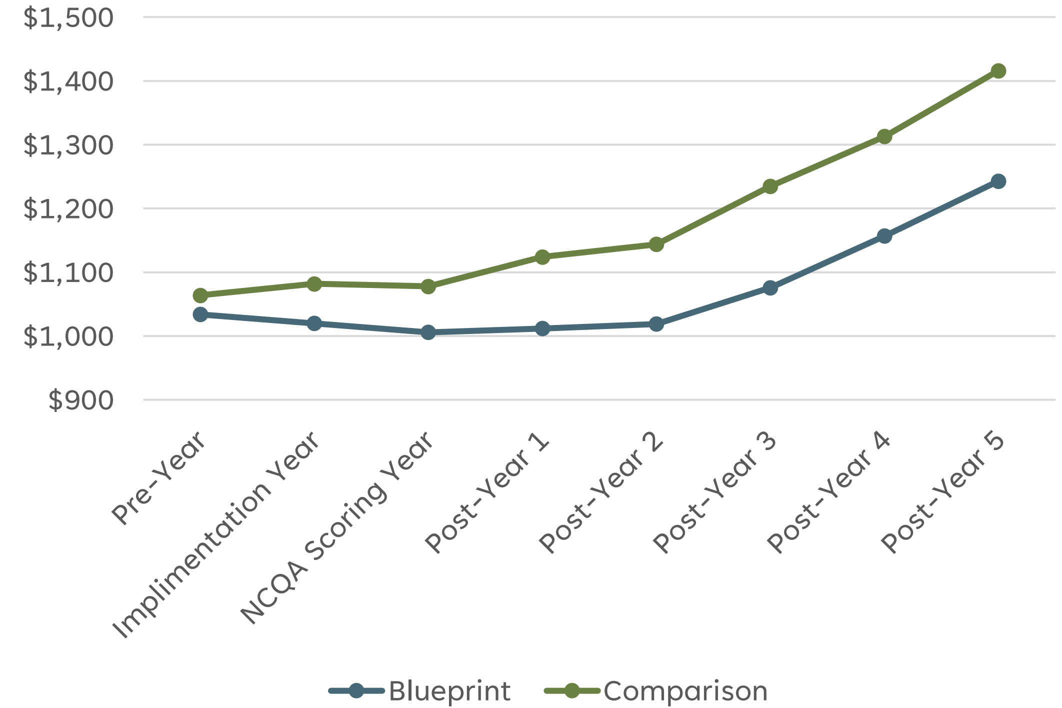


- $64 million in Medicare savings relative to non-participating practices
- Improvements in continuity of care
- Decreased medical specialty visits among Medicare beneficiaries

BLUEPRINT-ASSOCIATED OUTCOME IMPROVEMENTS

In a 2014 mixed methods evaluation by the Centers for Disease Control and Prevention (CDC), the community health team (CHT) model in St. Johnsbury, Vermont was associated with:

- Increased efficiency within primary care
- Improved patient wellbeing
- Increased patient adherence to treatment and attention to health

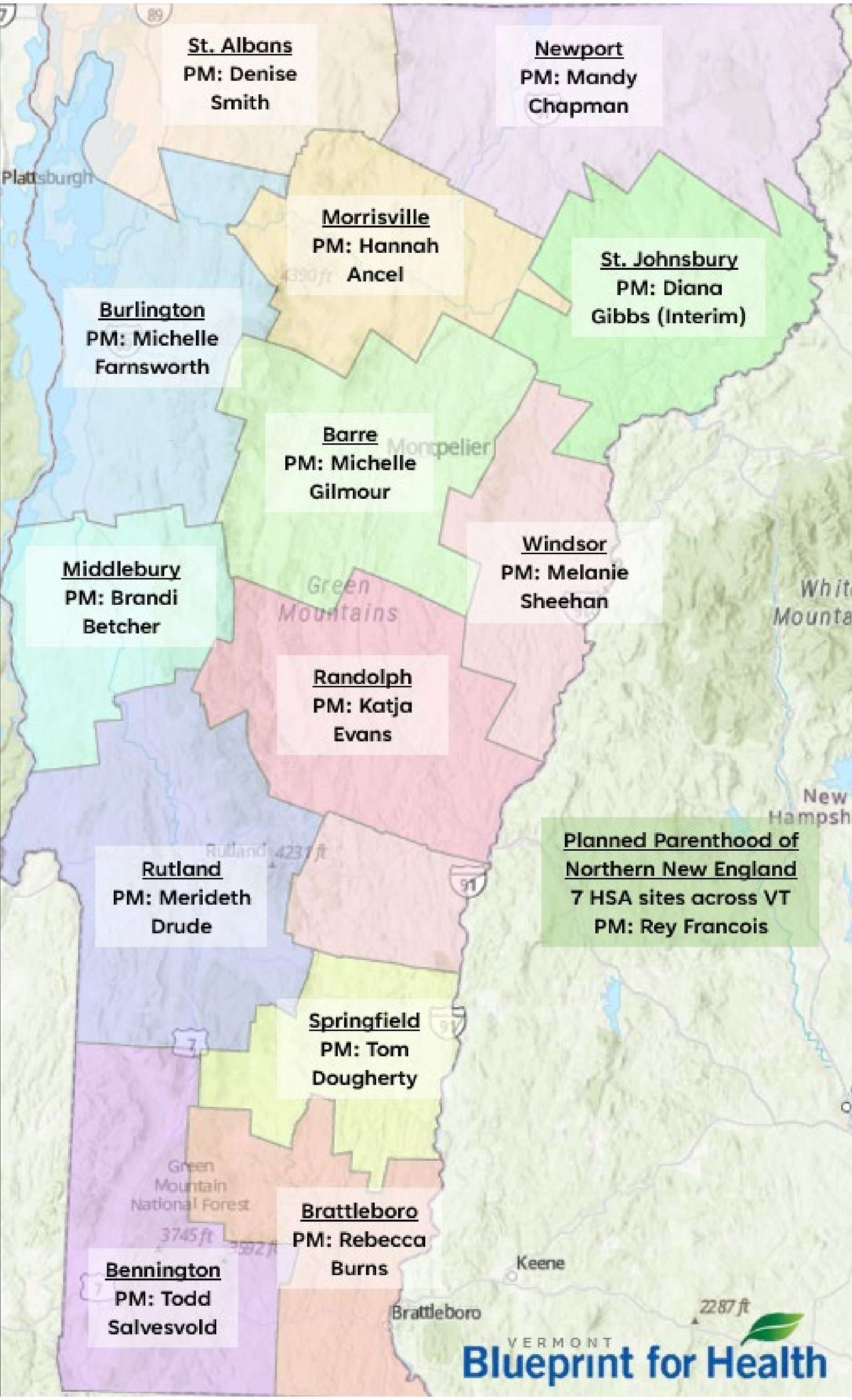
HEALTH SERVICE AREAS

EACH ADMINISTRATIVE ENTITY…

- is accountable for leading implementation and ongoing operations of the All-Payer Model (APM) and the Blueprint program in their HSA
- will receive multi-insurer payments to support hiring of Community Health Teams
- must be Centers for Medicare and Medicaid Services (CMS) eligible providers

COMMUNITY HEALTH TEAM LEADS

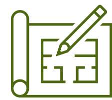
- 13 Program Managers
- Quality Improvement Facilitators



BLUEPRINT EXECUTIVE COMMITTEE

PROVIDE

high-level multi-stakeholder guidance on complex issues



ADVISE

the Blueprint Director on strategic planning and implementation of health services with an emphasis on prevention

REPRESENT

a broad range of stakeholders

(health services, insurers, professional organizations, community & nonprofit groups, consumers, businesses, and state & local government)

COMMITTEE MAKEUP

AHS Members, Commissioner of MH, Private Health Insurers, Home Health, Self-Insured Employers, etc...

Full list available in Blueprint Manual

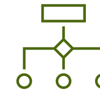
HEALTH SERVICE AREA PROGRAM MANAGER

FUNDED BY

annual grant signed for salary of a Quality Improvement Facilitator (in some HSAs)

REPORTS

primarily responsible for data collection, entry and completion



OVERSIGHT

administers CHT funds/staffing

COMMUNITY

collaborates and assists staff of PCMHs within the Health Service Area

Monthly invoices per contract sent to:
AHS.DVHAInvoices@vermont.gov

BLUEPRINT PROGRAMS

- Patient-Centered Medical Homes
- Community Health Teams
- Hub & Spoke system of Opioid Use Disorder Treatment
- Pregnancy Intention Initiative

- Population data & analytics for policy makers and communities

PATIENT CENTERED MEDICAL HOMES (PCMH)

ACTIVE ENGAGEMENT

Practices/Organizations annually pay a fee and register in a system called Q-PASS

NATIONAL STANDARDS

Must achieve and sustain recognition as a PCMH from the National Committee on Quality Assurance (NCQA)

Copy of Standards: http://www.ncqa.org

"KM"	"AC"	"CM"	"CC"	"QI"
Knowing and Managing Patients	Patient Centered Access & Community	Care Management and Support	Care Coordination and Care Transition	Quality Improvement & Performance Management

IMPROVE

- practice transformation as a Patient Centered Medical Home
- population health quality and payment reform efforts
- clinical, cost, or patient experience priorities identified by the practice

PROMOTE

Team Based Care

BASE PAYMENT

$3.00	Commercial
$4.65	Medicaid
$2.05	Medicare

PAID BY COMMERCIAL AND MEDICAID

PATIENT HEALTH CARE UTILIZATION – PRACTICE

PERFORMANCE PAYMENT

UP TO $0.25

Captures the number of services and their relative weight based on resources using their Resource Use Index (RUI) score, without price variation

PAID BY COMMERCIAL AND MEDICAID

QUALITY MEASURE OUTCOMES – COMMUNITY & HSA

PERFORMANCE PAYMENT

UP TO $0.25

Measures affected by community, social, and environmental factors

- % of adolescents with an annual well-care visit (HEDIS AWC);
- % of children up to 3 years of age who have had a developmental screening (NQF 1448);
- % of individuals with hypertension in control (NQF 0018);
- % of individuals with diabetes in poor control (HgA1c > 9) (NQF 0059).

PCMH PAYMENTS

PER MEMBER PER MONTH (PMPM)

PCMH AFFILIATION TYPE

AFFILIATION TYPE	BP PRACTICE COUNT
FQHC-Owned	47
Hospital-Owned	42
Independent Multi-Site	15
Independent Single-Site	30
Grand Total	**134**

CASE STUDY

BLUEPRINT PATIENT CENTERED MEDICAL HOME MONTHLY PAYMENTS PAID TO THE PRACTICE

PAYER	ATTRIBUTED PATIENT POPULATION PROVIDED BY PAYERS	PCMH PRACTICE BASE PAYMENT RATE (PER PATIENT PER MONTH)	PCMH PRACTICE PERFORMANCE PAYMENT RATE (PER PATIENT PER MONTH)	TOTAL PAID TO PRACTICE
Commercial Insurers CIGNA	20	$3.00	$0.32	$66.40
Commercial Insurers BCBS	400	$3.00	$0.32	$1,328.00
Commercial Insurers MVP	60	$3.00	$0.32	$199.20
Medicaid	800	$4.65	$0.32	$3,976.00
Medicare	1020	$2.05	$0.00	$2,091.00
Monthly Total	**2300**			**$7,660.60**

COMMUNITY HEALTH TEAM

SUPPORT PRIMARY CARE PROVIDERS

- identifying root causes of health problems
- including mental health
- screening for social determinants of health

CONNECT PATIENTS

- effective interventions
- support to manage chronic conditions
- provide additional opportunities to support improved well-being by engaging in team care

FUNDED COMMUNITY HEALTH TEAM

MENTAL HEALTH CLINICIANS

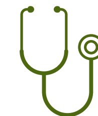
NURSES

CASE MANAGERS

PANEL MANAGERS

CARE COORDINATORS

DIETICIANS

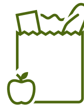


COMMUNITY HEALTH WORKERS

COMMUNITY IS A WHOLE HEALTH TEAM

PEERS

HOME HEALTH



FOOD SHELF

AND MANY MORE...

DESIGNATED AGENCIES

HOUSING

CHRONIC CARE

HEALTH SERVICE AREAS RECEIVE FUNDS FROM INSURERS FOR STAFFING A

COMMUNITY HEALTH TEAM

CHT Capacity Investment aids Vermonters

- greater access
- multi-disciplinary
- medical and social services

PER MEMBER PER MONTH

$2.77	Commercial
$2.77	Medicaid
$2.51	Medicare

CHT

STAFFING MODELS

- Money for hiring staff sent directly to practices through Administrative Entity

OR

- or contract with another entity such as local Designated Agency

CHT PAYMENTS:

PRIMARY CHT STAFF

MOUD CHT STAFF

WHI CHT STAFF

CHT PAYMENT STRUCTURE

CASE STUDY

BLUEPRINT CORE COMMUNITY HEALTH TEAM QUARTERLY PAYMENTS MADE TO THE ADMINISTRATIVE ENTITY

PAYER	ATTRIBUTED PATIENT POPULATION PROVIDED BY PAYERS	COMMUNITY HEALTH TEAM STAFFING PAYMENT RATE (PER PATIENT PER MONTH)	TOTAL PAID TO ADMIN ENTITY
Commercial Insurers CIGNA	65	$2.77	$544.00
Commercial Insurers BCBS	4064	$2.77	$33,774.92
Commercial Insurers MVP	689	$2.77	$5,725.74
Medicaid	4,340	$2.77	$36,066.36
Medicare	3,708	$2.53 (+$0.25 to risk-bearing providers in the Medicare ACO)	$30,954.00
Monthly Total	**12,866**		**$107,065.02**

MEDICATION FOR OPIOID USE DISORDER (MOUD)

- supporting people in recovery from opioid use disorder
- **very effective treatment** for most people

Two settings for MOUD designated by Federal Regulations

- Opioid Treatment Programs (OTPs)
- Office Based Opioid Treatment (OBOT)

HUB AND SPOKE PROGRAM

EST. 2013

HUBS

9 PROGRAM SITES

- Enhanced OTPs (Opioid Treatment Programs)
- Dispense Buprenorphine & Vivitrol addition to Methadone
- Augment staffing for health home services (care managers, counselors, nurses, and psychiatry)
- Monthly bundled rate

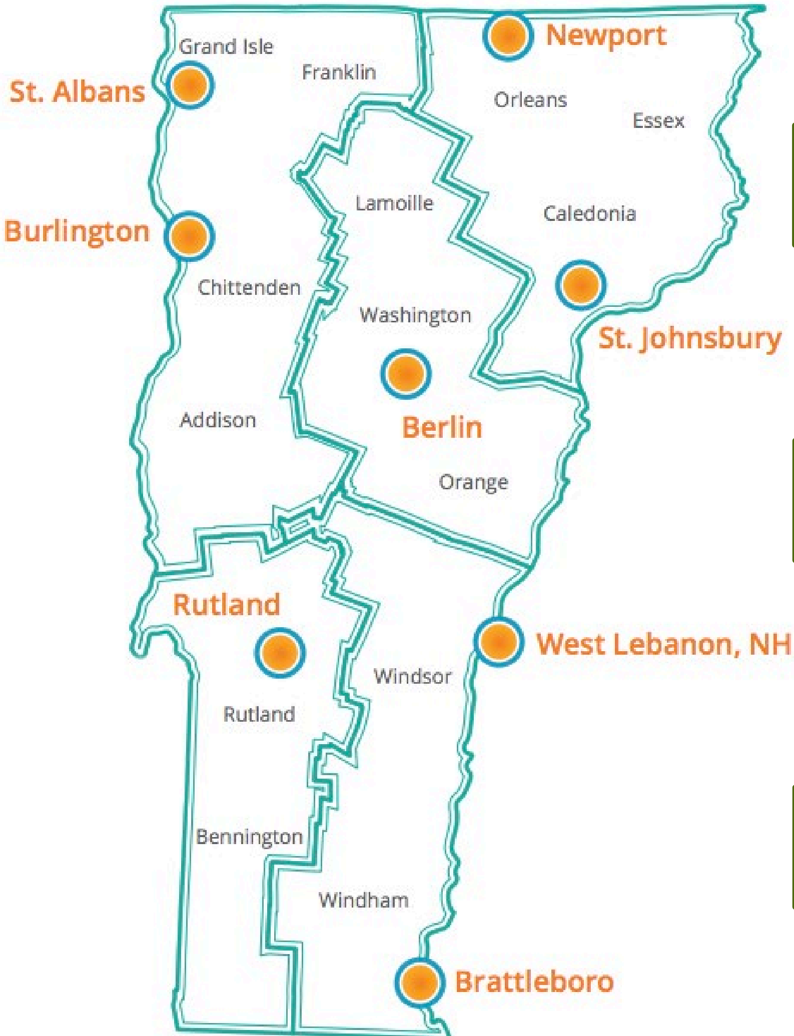
SPOKES

113 PROGRAM SITES

- Enhanced OBOTs (Office Based Opioid Treatment)
- 1 FTE RN & 1 FTE Licensed Addictions/Mental Health Counselor for 100 Medicaid Members provide health home services. (Claims based on Buprenorphine/Vivitrol)
- Hired and deployed as part of Blueprint CHT though the administrative entity

- Patients move between Hubs and Spokes based on their clinical needs
- Hubs and Spokes provide mutual support in conjunction with PCP
- RAM (Rapid Access to Medication)

MEDICATION FOR OPIOID USE DISORDER
IN VERMONT SPOKES



Spoke Medicaid Patients Served

Spoke MOUD Prescribers

Spoke MOUD FTE Hired

BLUEPRINT FOR HEALTH: A BRIEF HISTORY

2006 — Blueprint for Health codified into Vermont statute

2007 — ACT 71 establishes Medical Home and Community Health Teams

2008 — First pilot site: St. Johnsbury HSA

2010 — Act 128 shifts the Blueprint from a pilot to a statewide program

2011 — Vermont is one of the eight states selected for CMS' MultiPayer Advanced Primary Care Practice Demonstration

2013 — Hub and Spoke program for Opioid Treatment and Office Based Opioid Treatment

2017 — Pregnancy Intention Initiative/Women's Health Initiative/WHI

2022 — Act 167 Requires recommendation on the amount to increase commercial insurer and Medicaid Contributions to Community Health Teams and Quality Improvement Facilitation

PARTICIPATING PRACTICES (WOMEN'S HEALTH SPECIALTY IN BLUE)

PREGNANCY INTENTION

Location	Practices
Barre	- CVMC Women's Health - PPNNE - UVMMC Berlin
Bennington	- SVMC OB/GYN - Brookside Pediatrics & Adolescent Medicine - Avery Wood
Brattleboro	- Four Seasons OB/Gyn Midwifery - PPNNE
Burlington	- UVMMC Obstetrics and Midwifery - Champlain Obstetrics and Gynecology - PPNNE - CHCB (4 sites) - UVMMC Family Med (4 sites) - Champlain Center for Natural Medicine
Middlebury	- UVM Porter Medical Center
Morrisville	- The Women's Center - Hardwick Health Center - Lamoille Health Family Medicine (2 sites – Morrisville & Stowe)

Location	Practices
Newport	- North Country OB/GYN
Randolph	- Gifford Health at Berlin - Gifford OB/GYN and Midwifery
Rutland	- Rutland Women's Health Care - PPNNE
Springfield	- Rockingham Health Center - Charlestown Family - Springfield Community Health Center - Ludlow Health Center - Mountain Valley
St. Johnsbury	- Danville Health Center - St. J Family Health Center - Women's Wellness Center - PPNNE
Windsor	- Little Rivers
White River Junction	- PPNNE
Williston	- PPNNE

RESOURCES

Blueprint for Health Manual and Implementation

https://blueprintforhealth.vermont.gov/implementation-materials

Blueprint Website

https://blueprintforhealth.vermont.gov/

Pregnancy Intention

https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/WHIGuidedraft_4.21.21_0.pdf

Hub and Spoke Manual

https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/SpokeGuide5172021.pdf

RESEARCH AND EVALUATION

Community Profiles

https://blueprintforhealth.vermont.gov/community-health-profiles

Practice-Level Analyses

WHI Evaluation

https://blueprintforhealth.vermont.gov/womens-health-initiative-profiles

H&S/MAT Evaluation/Profiles

https://blueprintforhealth.vermont.gov/hub-and-spoke-profiles ;
https://blueprintforhealth.vermont.gov/reports-and-articles/journal-articles

Annual Report

https://blueprintforhealth.vermont.gov/annual-reports

THANK YOU

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