

Workgroup Name: Vermont Blueprint for Health Workgroup for Program Designs for Community Health Teams for Expansion of Community Health Teams	Workgroup Leader: Julie Parker
	Mtg. Facilitator: Julie Parker Mtg. Recorder: Averiel Hossley Where: Virtual Meeting <hr/> Conference Room: none <hr/> Date: 4-27-23 Time: 9:00-10:00 am

Attendees			
Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society	Anje Van Berckelaer	Battenkill Valley Health Center FQHC
Gretchen Pembroke	Designated Agency/ Clara Martin Center	Devon Green	VAHHS
Merideth Drude	Blueprint Program Manager	Samantha Sweet	DMH
Ellen Talbert	Blueprint QI	Andrea Nicoletta	VDH- CHW Lead
Sarah McLain	Blueprint QI	Megan Mitchell	VDH- DSUP
Bryan Leroux	Dartmouth	Teri Closterman	Consumer
Carey Yeaton	CHT Lead Lamoille	Kathleen Hentcy	Dept of Mental Health
Katja Evans	Program Manager for Blueprint for Health	Lindsey Lozoskie	NCQA
Laura Pentenrieder	DULCE	Ilisa Stalberg	DULCE

Non-Workgroup Members			
Dr. John Saroyan	Executive Director, Blueprint for Health	Mara Donohue	Assistant Director Blueprint for Health
Caleb Denton	Data Analytics and Info Administrator Blueprint for Health	Jenn Herwood	Payment Operations Administrator Blueprint for Health

Averiel Hossley	Administrative Assistant Blueprint for Health	Erin Just	Quality Improvement Facilitator Coordinator
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Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
Overview and Discussion	Julie Parker	<p><i>A presentation on the current state of discussion for the program design workgroup is given, full presentation available under Action Items.</i></p> <p><i>Screening questions provided by the group are put together on a spreadsheet, available for view under Action Items.</i></p> <p><i>Discussion of Adult screenings</i></p> <p><i>How often and what should we screen-ongoing discussion?</i></p> <p><i>A discussion around the questions related to reproductive health and their inclusion for all genders and all abilities – perhaps rewording the question “Would you like to become pregnant this year”</i></p> <p><i>Using general questions to narrow down to more specific screening questions. Primarily once a year for every attending adult. Sometimes the specificity in questions around alcohol dependency provide complications in using the AUDIT In some cases, other substance use screening questions are less formal depending on some practices.</i></p> <p><i>PHQ9 – Suicide prevention screening questions, utilizing the full range provides more clarity. However, asking all range questions would prove challenging for individual providers and would be more useful to start with PHQ2, then moving to the PHQ9 when the first two are positive. QR code on a flyer in the waiting rooms/exam rooms for patient access, which provides those questions directly to the practice within the same day.</i></p> <p><i>CSSR- Suicide Screening</i> <i>State zero Suicide group recommending this and rolling out state wide</i></p> <p><i>Anxiety screenings – used mostly by therapists, and diagnostically when requested, though there is a push for</i></p>	<p>https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Program%20Design%20Workgroup%203.pdf Presentation given by Julie Parker.</p> <p>https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Screenings.xlsx Spreadsheet of screening questions</p> <p>Other resources discussed: https://innovation.cms.gov/files/worksh eets/ahcm-screeningtool.pdf The Accountable Health Communities Health-Related Social Needs Screening Tool</p> <p>Audit/DAST https://sbirt.care/pdfs/tools/DAST.PDF https://sbirt.care/pdfs/tools/AUDIT.PDF Dept of Mental Health CANS/ANSA</p>

		<p><i>more implementation.</i></p> <p><i>Some practices in Rutland are applying the first few questions on the CSSR.</i></p> <p><i>Some FQHCs use PRAPARE, and possibly moving to AAFP social needs screening tools.</i></p> <p><i>The CANS/ANSA is a required tool by DMH for the designated agencies.</i></p> <p><i>Some complex and open-ended questions should be used as a subset of screening to optimize resources. Asking every question to every patient could lead to survey fatigue. Looking at a dialogue-tree method of conversation (“If yes, then this question...”.)</i></p> <p><i>Setting expectations for patients on available resources for the results of screening through referral partners and other help. Being thoughtful of language to set patients up for success.</i></p>	<p>https://ifs.vermont.gov/sites/ifs/files/VERMONT%20CANS_CORE%20FINAL.PDF</p> <p>https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/ANSA_VT_Core_DRAFT_02142020.pdf</p>
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