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
	Conference Room: none
	Date: 6-8-23 **Time:** 9:00-10:00 am

Workgroup Members (Attendees in Black)

Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society	Anje Van Berckelaer MD	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

John Saroyan MD	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

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Averiel Hossley	Administrative Assistant Blueprint for Health	**Erin Just**	Quality Improvement Facilitator Coordinator Blueprint for Health
Addie Armstrong	Data Analytics and Info Administrator Blueprint for Health	**Pat Jones**	AHS

	Agenda Topic	Topic Facilitator	NOTES (*notes are provided in italics and blue*)	Action Items
	Payment Workgroup Overview	Jennifer Herwood	*The Payment workgroup reviewed sample payment models for CHT and other practices and their estimated FTE compensation.*	
	Measurement and Evaluation Workgroup Review	Julie Parker	*Group discussing measures for pilot. Including how we may capture screening data and what may need to shared with central office.*	
	Overview and Discussion	Julie Parker	*Reviewed slide deck from July 2022 shared with Executive Committee of survey on screenings PCMH were completing at that time. Noted that "more screenings are being done" than folks had thought.* *Discussed screenings that may be required in pilot. Correlated these to NCQA Core Elements and electives.* *The current post-natal depression questions are suggested as a part of the Periodic Development requirements for PCMHs as an elective credit.* *Depression screening for all patients is required for 80% of panel for NCQA.* *"Is Vermont Bright Futures a requirement of NCQA?" It's not a requirement, but strongly recommended by the State.* *Discussed Social Determinants of Health questions including inter-partner violence (IPV) questions. "Putting IPV Parent questions in the medical record of the Child is a point of concern in regards to safety. The complexities of whole-family care come with its own barriers and difficulties." This concern was heard and validated with consideration going forward, e.g. If a parent discloses they are "unsafe", that information is accessible in the Child's records and could be used in mandatory information sharing in instances such as custody battles.*	https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/PCMH%20Screening%20Field%20Survey%20Slides_0.pdf

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			Chart review supports the accounting of dollars but our main priority is to support practices and understand quality improvement to continue implementation of SDOH/MH/SUD screenings. *For Data collection: a method to set the landscape for review of progress, not setting a goal to reach.* *NCQA Elective vs Core implementation: There is no current discussion for any elective items to become core, however an updated set of standards and guidelines are presented on July 1.* *The ACO 2023 Quality Measures are listed under Action Items as they relate to mental health and substance use disorder. There is a set of NCQA HEDIS claims-based measures. These include initiation and engagement of substance use disorder treatment, follow-up after emergency department visits for mental health and then separately substance use disorder ER visits, and follow up for hospital visits for Mental Illness at age 6 and older. Many of these are follow up and we want to ensure we want to screen and be proactive about support while also supporting folks after hospitalizations/DX of new health conditions etc..* *We are focusing on year one and then will be looking ahead to year two of the Expansion and implement more screening tools.* *Question "Should we focus on practices that aren't screening as much?"* *No, we want to ensure that the opportunity to expand CHT is open to all practices for additional staffing and to support patients at any level.* *"A guide for practice workflow implementation should be provided with the expansion funds."* *QI will be supporting workflows and implementation. We have funding for 4 new QI positions.*	
Additional Resources				

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