

Workgroup Name:	Workgroup Leader:
Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams	Erin Just & Mara Donohue
Meeting Goals: 1. Introductions and Roles 2. Review of Workgroup Objectives <ul style="list-style-type: none"> a. Scope b. Work Plan 3. Review of Deliverables and Timelines <ul style="list-style-type: none"> a. Deliverable b. Timelines and Milestones 4. Group Input <ul style="list-style-type: none"> a. Stakeholders and Audience b. Evaluation Principles c. Logic Model 	Mtg. Facilitator: Erin Just Mtg. Recorder: Averiel Hossley Where: Virtual Meeting Conference Room: none
	Date: March 22, 2023 Time: 9:00-10:00am

Membership (session attendance highlighted)

Name	Affiliation	Name	Affiliation
Ali Johnson	VPQHC	Allison Krompf	DMH
Jessa Barnard	Vermont Medical Society	Jennifer Hicks	VDH
Thomasena Coates	Blueprint Quality Improvement Facilitator	Laura Wreschnig	AHS Health Care Reform
Oana Louviere	Blueprint Quality Improvement Facilitator	Connie van Eeghen	University of Vermont
Becky Burns	Blueprint Program Manager	Kerry Sullivan	Blueprint CHT Lead
Rick Dooley	Health First	Jeremiah Eckhaus	CVMC
Mary Kate Mohlman	Bi-State PCA	Grace Gilbert-Davis	BCBS VT

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	Julie Parker	Assistant Director Blueprint for Health
Pat Jones	Director Health Reform		

I.	Introduction and Roles
II.	Workgroup Objectives
III.	Deliverables
IV.	Group Input

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I	Welcome & Introductions	Erin Just	<p><i>Erin Just: Thank you all for coming, wonderful to have such a diverse group represented. This is an open planning group, open to adding members that would help us achieve our goals.</i></p> <p><i>Members introduced themselves and briefly spoke to their interest in evaluation and measurement of this pilot.</i></p>	
II	Workgroup Objectives		<p><i>Overall goal: Understanding how the patients, providers, and health systems experience the changes that we are planning to implement. Reflecting the clinical, experience, and cost/value outcomes the pilot might be able to influence.</i></p> <p><i>How are we going to identify our indicators? We will be reviewing program goals and objectives that we are trying to achieve and making sure that we're aligning evaluation questions and methods to capture process, outcome, and structural measures. For example, measures may range from how many screenings and assessments are completed to changes in PHQ scores to mental health provider wait times. After we select our ideal measures, we will review data collection processes, and document all these decisions within our evaluation plan (deliverable)</i></p> <p><i>What is in scope vs. out of scope?</i> <i>In Scope – CHT Expansion for Substance Use and Mental Health</i> <i>Out of Scope – larger CHT</i> <i>TBD – DULCE and HUB evaluation</i></p> <p><i>Our work is going to be dependent on the decisions of the</i></p>	

			<p><i>programmatic (Community Health Teams) work group.</i></p> <p><i>Certain things are required to be included in the evaluation plan, either because we have stated them explicitly in the original proposal or because the legislature is requesting them. For example, 30-day follow-up after discharge from the emergency department for mental health or substance use disorder (2 measures) must be included.</i></p> <p><i>Timeline: eight sessions over the next few months. See slides for what we plan to cover in these sessions. Next session we'll go deeper into the Logic Model. From there, moving into determining evaluation questions, matching them with measures, and with those measures, how would we collect the data. All will come together in a final evaluation plan, which will be our deliverable. There is a bit of flex room for going over into other meetings, so 7/8 meetings are planned out with a set agenda and goal.</i></p>	
III	Deliverables		<p><i>Our plan is going to include the following elements: reiterating our program goals/objectives, what our measures are, how we collect them, and ultimately how this info will be fed back to the stakeholders that are interested in understanding the results of the pilot.</i></p> <p><i>Pause for questions:</i> <i>Connie Van Eeghen: This group is working in the context of the CHT design workgroup decisions, I am wondering on the scope of dependencies. How do we stay connected with their work?</i></p> <p><i>Erin Just: Julie Parker is leading the design workgroup, and the BP central office is the common attendee group through all these meetings. I am intending that we are all working from a shared logic model.</i></p> <p><i>We know, in a general sense, some of the inputs and activities that will be occurring. The design committee will recommend the specific screenings to be used, frequencies, etc.</i></p> <p><i>Thomasena Coates: I'm thinking about a shared definition of a community health team. Should we be relying on what's in the bill? Or is there a more succinct version that's available that both the design team and this team</i></p>	<p>https://humanservices.vermont.gov/sites/ahsnew/files/document%284%29.pdf Medicaid 8103 Covered Service Rules</p>

			<p>would use?</p> <p><i>Julie Parker: We can send out the formal definition listed in Medicaid 8103 (linked in action items.) The design team will be reviewing the definition in more detail.</i></p> <p><i>Mara Donohue: A reminder that BP was asked by the legislature to review CHT expansion, specifically to focus on mental health and substance use disorder needs, and using that as our guiding principles.</i></p> <p><i>Erin continues the presentation.</i></p> <p><i>Milestones: No firm timelines attached to them. We will be asked to report back to Executive Committee on our progress and deliverables in April/May, then they review the final report in late June.</i></p> <p><i>Budget approval process: Working on the assumption that the pilot will be approved and the funds will become available.</i></p> <p><i>Pat Jones: We should know by mid-May whether it is included in the budget or not.</i></p> <p><i>Mara Donohue: Because this is not a huge statutory change, we are just watching the budget process to see if the funding for this project is included.</i></p> <p><i>Erin Just: The tentative start point we are aiming for is July 1st.</i></p> <p><i>Depending on committee conversations, we believe that the formal evaluation report would be due January 2024, and January 2025 for a two-year pilot.</i></p> <p><i>Logic Model: presented a high-level representation of inputs (CHT funding, Education Training, QI Facilitation funding, and data and analytics investments), outputs (screening, assessment, intervention, and care coordination), and outcomes.</i></p> <p><i>The current investment is for Medicaid dollars, and the intent is to serve any patient within PCMH regardless of their insurance status.</i></p>	
IV	Group Input		<p><i>What other stakeholders do we believe are invested audiences in this evaluation?</i></p> <p><i>-Legislature</i></p> <p><i>-Payers</i></p>	

			<p>-patients, families, communities, -health care teams, PCPs -hospitals, health systems</p> <p><i>Erin Just: What kind of information would most help provider organizations and clinicians?</i></p> <p><i>Rick Dooley: Providers don't have a good understanding of the outcomes. Need for a big-picture view.</i></p> <p>-CHT leadership/supervisors: need for framework of expectations of CHT roles and outcomes. CHT staff retention it's valuable and need for evaluation of job satisfaction and why they're staying with their teams.</p> <p>-other agency partners, how we can leverage evaluations for stakeholders, using our information to assess gaps, for VDH, DMH, DSU and others.</p> <p>-Designated Agencies and other SUD and MH providers: Monitoring prescribing, med administration, etc.</p> <p><i>Mary Kate Mohlman: Nuance - different stakeholders/audiences will have different interpretations of the data presented. Focusing on tracking funding and the metric of success.</i></p> <p><i>Erin Just: We will try and find common threads for what we're evaluating that addresses all these needs.</i></p>	
Parking Lot <i>any items that need to be addressed by another group or at a later time</i>				
I			<p>*Can we provide any data that can support payers who are not currently funding the pilot to better understand CHT outcomes and advocate for greater investment in these interventions in the future?</p> <p><i>Grace Gilbert-Davis: It would be helpful to know which members of the CHT teams would it be supporting, and how our dollars are contributing to the Blueprint.</i></p> <p><i>John Saroyan: Unfortunately, that evaluation was under design earlier this year, but is no longer feasible given BCBS withdrawal from the ACO.</i></p>	