

<p style="text-align: center;">Workgroup Name:</p> <p style="text-align: center;">Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams</p>	<p style="text-align: center;">Workgroup Leader:</p> <p style="text-align: center;">Erin Just & Mara Donohue</p>
	<p>Mtg. Facilitator: Erin Just Mtg. Recorder: Averiel Hossley Where: Virtual Meeting Conference Room: none</p>
	<p>Date: April 19, 2023 Time: 9:00-10:00am</p>

Group Participants			
Name	Affiliation	Name	Affiliation
Ali Johnson	VPQHC	Allison Krompf	DMH
Jessa Barnard	Vermont Medical Society	Haley McGowan	DMH
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
Steven DeVoe	Director of Quality and Accountability, Department of Mental Health	Rick Dooley, PA-C	Physician Assistant, Thomas Chittenden Health Center & Health First Representative
Mary Kate Mohlman	Bi-State PCA	Jeremiah Eckhaus, MD	Central Vermont Medical Center
Lindsey Lozoskie	State Affairs Analyst, NCQA		

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

I.	
II.	

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I	Welcome Back	Erin Just	<i>All documents and slides given during today's meeting will be available under Action Items.</i>	
II		Erin Just	<p><i>Deliverables are going well and what we have covered is progressing well. Discussing the stakeholder matrix at length, getting more granular today.</i></p> <p><i>Looking at reasonable outcomes for this work. (An overview of the document sent out before this meeting is given. Document linked under Action Items.)</i></p> <p><i>A draft document given by the Central Office is reviewed, linked under Action Items</i></p> <p><i>How is this monitored? Erin: We are in the review stage, and that will be determined later once we have had a chance to formulate a plan for that.</i></p> <p><i>How much is still being determined? Timelines for screening? The Program Group discussion will be determining the look of a lot of those aspects, more information from them to follow in the next meeting.</i></p> <p><i>Being mindful of the gap between pediatrics and adolescents.</i></p> <p><i>Erin moves to present the slides. Full presentation linked under Action Items.</i></p> <p><i>What would an evaluation question be that could meet the needs of Vermonters?</i></p> <p><i>A general consensus from the public is personal interest; how can this affect our community directly, what is needed from us and how will it benefit us?</i></p> <p><i>"Looking at ease of access of information regarding the services individuals have access to?"</i></p>	<p>https://blueprintforhealth.vermont.gov/sites/bfh/files/document/EvalMeasurementS3.pdf Full Presentation</p> <p>https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups All Workgroup Minutes and Presentations</p> <p>Supporting Documents:</p> <p>Logic Model: https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/LogicModelEMExpansion_4172023.pdf</p> <p>Questions: https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/ExpansionEvaluationQuestions_4192023%20%28002%29_0.pdf</p>

		<p><i>A map of the aim to the questions, to see if we captured every aspect necessary.</i></p> <p><i>The connection to primary care is crucial, where they get their access to most services.</i></p> <p><i>Looking towards tangible outcomes with reliable data and long-term health outcomes.</i></p> <p><i>Building the capacity for practices, and how we would change from the current state and measure the changes. That measurement is mostly a resource/time issue. There is a want to make these changes, just a lack of resources.</i></p> <p><i>Having teams around us who can connect with patients outside of visits.</i></p> <p><i>Is there a bigger evaluation question about how adding teams would impact day-to-day?</i></p> <p><i>Is there a way to evaluate provider satisfaction as a proxy measure? The best work is done when providers feel supported.</i></p> <p><i>What were some of the unintended outcomes of this project on these care partners? What kind of evaluation questions would we need to administer this in local communities?</i></p> <p><i>“Do CHTs feel supported in this implementation?”</i></p> <p><i>“do we need additional/specific training/expertise for CHT staff?”</i></p> <p><i>Erin Just posts the AIM statement in the chat: “AIM: To provide Vermonters with enhanced screening, care, support, and coordination for circumstances that impact their health and wellbeing, their mental health needs, and substance use concerns throughout their lifespan by formally incorporating services into Patient Centered Medical Homes across the state. Within 1-2 years, the Blueprint for Health will increase the number of health professionals working in Patient Centered Medical Homes who possess the knowledge, skills, and competencies necessary to provide high quality, person-centered, coordinated care for individuals at risk for and currently experiencing mental health concerns, substance use</i></p>	<p>Checklist: https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/Eval%2BAcademy%2B-%2BEvaluation%2BQuestion%2BChecklist.pdf</p> <p>Expansion Proposal Requirements: https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/Expansion%20Program%20Requirements_April_18.pdf</p>
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III				
IV				
Parking Lot <i>any items that I call out in facilitation that need to be addressed by another group or at a later time</i>				
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II				
III				
IV				
V				