Workgroup Name: Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams	Workgroup Leader: Erin Just & Mara Donohue
Meeting Goals: 1. Program Assumptions Input 2. Short and Medium Outcomes Input	**Mtg. Facilitator:** Erin Just **Mtg. Recorder:** Averiel Hossley **Where:** Virtual Meeting Conference Room: none **Date:** April 4, 2023 **Time:** 9:00-10:00am

Attendees

Name	Affiliation	Name	Affiliation
Catherine Fulton	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
Mary Kate Mohlman	Bi-State PCA		

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.	Program Assumptions Input
II.	Short and Medium Outcomes Input

Agency of Human Services
Department of Vermont Health Access
280 State Drive| Waterbury, Vermont 05671| 802.241.9006

	Agenda Topic	Topic Facilitator	NOTES (*notes are provided in italics and blue*)	Action Items
I	Welcome Back	Erin Just	*Introduction of new member, Ali Johnson, VPQHC*	
II	Review and Next Steps	Erin Just	*A copy of today's presentation and logic model were emailed in advance (and copies will be made available on the website).* *This meeting will ask for input on the logic model, specifically the program assumptions and short/medium term outcomes.* *We are publicly posting all minutes and materials on the Blueprint for Health Website, linked here.* *A summary of the previous meeting is given.* *An overview of the logic model process and currently known information was given.* *(Slide 9) "As we go through these Assumptions, I want you to respond to 'Do these assumptions resonate, is this true for me/my experiences in the work I do?'"* *Erin Just opens the floor for feedback.* *Connie Van Eeghen: The issue of applying care exists for those already in the healthcare system, and we should be including 'people who don't show up', those who don't have access to the healthcare system currently.* *Thomasena Coates: This reflects our previous conversation, and I appreciate that addition and how it was framed.* *Erin Just: This relates to our discussion of customizing care for all ages. Adjusting our care.* *Connie: We need to be considering migrant populations, formerly incarcerated, Native Americans; there are a lot of different lenses, and we are set up to do it in a certain way, and we need to look at those who aren't showing up for care for a multitude of reasons.* *Rick Dooley: How would we determine different care needs for different CHTs in their local areas.* *Carrie Sullivan: Burlington definitely looks different, and it's a discussion within specific practices to determine*	https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/EvalMeasurementS2.pdf Full Presentation https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups All Workgroup Minutes and Presentations

			funding for specific roles. These are discussions we have every year with funding, we have to know the outcomes, measures, needs, all collaborative opportunities. *Rick Dooley: Anecdotally, other parts of the state are not as cohesive as Burlington, so how can we ensure the effective distribution of care.* *Erin: That is a topic for discussion the Program Design group to discuss in detail; more Equity across the state.*	
III	Planned Activities		*(Slide 10) Moving onto the planned activities of the program. The details of the planned work are broken down.* *(Slide 11) Other groups are going into details simultaneously, and here are the anticipated outcomes.* *(Slide 12) Evidence supported for the best practices for these outcomes.* *(Slide 13) Evidence supported for mental health care.* *(Slide 14) Evidence supported for best practices for Substance Use Disorder.* *(Slide 15) The intended results of these practices.* *(Slide 16) Outcomes, and how to identify and record them. Our pilot will be 2 years, and within 6 months we have to report outcomes, and one year, then two.* *(Slide 17) What types of outcomes might we realistically see for our providers, practices and patients.* *(Slide 18) The long-term goal is to decrease morbidity, improving quality of life.* *A pause for Questions.* *Ali Johnson: It would be easier to look at the outputs if we put it with outcomes.* *Erin: Presenting the one-page logic model (Linked under Action Items). Breaking down the steps clearly. We are trying to find that bridge in the middle that says if we hire staff and provide training for everyone, in six months*	RE-AIM: https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Glasgow%20RE-AIM%20Review%202019.pdf

Agency of Human Services
Department of Vermont Health Access
280 State Drive| Waterbury, Vermont 05671| 802.241.9006

			what are the outcomes we might see? *Connie: What might belong under outcomes? That would be a conversation focus.* *Have you considered the REAIM model for organizing short term outcomes? It was created in order to support implementation science. "Reach" "Effectiveness" (Patient focused) "Adoption" "Implementation" "Maintenance" (Organization Unit focused) Substantial support from the literature. REAIM.org* *Thomasena Coates: Are we looking at 2 years, or do we need to be designing for 1 year, as that is up in the air right now.* *John Saroyan: The planning prepares us for both outcomes.* *Oana: Thinking on the outcome, if you have a one year proposal, you will focus more on process measures; increasing staff for depression screening, implementing suicide screenings, short CSSRs. That is a measurable achievement for one year. For two years, if the process works, you may be able to affect suicide rate. A focus on education to close the referral gap between practices and designated agencies. Two years sounds like a reasonable time frame.* *Ali Johnson: One concern I have over using suicide rate as a measurement is that It's more of an impact. It will take a while to staff up and serve, unsure if it will influence the rates. And if it did change, could we say it was because of the work we're doing?* *Will there be follow-up measures?* *Erin: Yes, and for the common audience they prefer to see short-term results for patients and Community Health Teams and providers. There could be a measure associated around medical management.* *Ali: I would suggest a measure of quality; patients had success or not, follow-up or not.* *Rick Dooley: adjusting prescribing practices is not that challenging if you can show there is a reason to do it. There is a time issue over implementation. Resources that are easy to get through are the best way to implement those habits.*	

Agency of Human Services
Department of Vermont Health Access
280 State Drive| Waterbury, Vermont 05671| 802.241.9006

			Thomasena Coates: Seeing measures that already have a baseline, looking for evidence of implementation. There are run-outs and delays; what info would be available to the legislature for comparison to the work we will do. Self-reported metrics. *Erin Just: We don't want to limit our outcomes we achieve based on the data we have. We want to make sure we are taking a realistic look at what could potentially change. Having the conversation about how we would get that data. The timeframe it takes from a claim being generated and getting that back.* *There needs to be a longer discussion on outcomes and that framework. In the next session, Erin will bring examples of outcomes for comparison.* *Program Design work will be working on the actual activities, which would help us think on the outcomes.* *Julie Parker: There are several people in my group that have experience in Measuring with valuable information to apply to this work.* *Connie Van Eeghan to send resources on the RE-AIM model. (Listed under Action Items)* *See https://www.evalacademy.com/articles/how-to-write-good-evaluation-questions in preparation for the next meeting*	
IV				
	Parking Lot *any items that I call out in facilitation that need to be addressed by another group or at a later time*			
I		Rick Dooley	*How would we determine different care for different CHTs in their local areas?*	
II				

Agency of Human Services
Department of Vermont Health Access
280 State Drive| Waterbury, Vermont 05671| 802.241.9006

III				
IV				
V				

Agency of Human Services
Department of Vermont Health Access
280 State Drive| Waterbury, Vermont 05671| 802.241.9006