

<b>Workgroup Name:</b> Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams	<b>Workgroup Leaders:</b> Erin Just & Mara Donohue
	<b>Mtg. Facilitator:</b> Erin Just <b>Mtg. Recorder:</b> Averiel Hossley <b>Where:</b> Virtual Meeting Conference Room: none
	<b>Date:</b> May 17 <sup>th</sup> , 2023 <b>Time:</b> 9:00-10:00am

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>The budget for the pilot has been approved by the legislature for two years. Blueprint expects everything will go ahead as planned.</i></p> <p><i>Jennifer Herwood gives a quick update on the Payment meeting held last month, discussing the overall look of distributing funds. There will be another meeting next week.</i></p> <p><i>Julie Parker describes the state of the Program Design Workgroup. They have been reviewing the state of current screenings in pediatrics and others, specifically around substance use and social determinants of health. Looking towards standardization in universal screenings for all practices.</i></p> <p><i>There are limitations in most datasets, and going forward that is a consideration to keep in mind.</i></p> <p><i>DULCE data collection is maintained by the Family Specialist.</i></p> <p><i>Going forward with the expansion, how will data be collected, and what kinds of data will need to be sorted to measure the effectiveness of the expansion itself.</i></p> <p><i>When discussing reach, measuring in terms of a denominator. Screenings by type, the rate of patients receiving screenings compared to those we believe should have received screenings.</i></p> <p><i>Baseline rates of screening and assessment, how we may address that.</i></p> <p><i>Erin reviews the spreadsheet linked under Action Items.</i></p> <p><i>How to determine who was screened and received Community Health Team interventions – this will depend on integrating screening in Primary Care workflow.</i></p> <p><i>There are some irregularities around collecting data</i></p>	<p><a href="https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/EvalMeasurementS4.pdf">https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/EvalMeasurementS4.pdf</a>            Full Presentation</p> <p><a href="https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups">https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups</a> All Workgroup Minutes and Presentations</p> <p>Supporting Documents:</p> <p>Evaluation Measures:  <a href="https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Copy%20of%20ExpansionEvaluationMeasures.xlsx">https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Copy%20of%20ExpansionEvaluationMeasures.xlsx</a></p> <p>Evaluation Questions:  <a href="https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Expansio">https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Expansio</a></p>

			<p>around gender and sexuality; it is required as of next year by NCQA.                  Smaller practices have limited resources for pulling this kind of data.                  This point will be aided by the results of the Program Design workgroup and what they determine for those solutions.</p> <p>“Consider creating a ‘pilot’ group of measures that can be trialed with some sites already set up to report. So, not promised but still attempted” – using this to determine best evaluation practices.</p> <p>The delineation between “who” was reached, isn’t a pressing piece of information for providers, however for payers, there would be value in understanding the diagnoses, not so much age or other filters.</p> <p>The aim is to address mental health and substance use disorder treatment to better manage care in the practice setting.</p> <p>AIMS model integrated behavioral health in UVM, as well as other mental health treatment approaches.</p> <p>Finding a minimum standard and ranking system for Measures, finding the best measure.                  Considering long-term evaluations vs just measuring the pilot progress.</p> <p>(More notes available under “Data Comments” in the excel spreadsheet linked under Action Items)</p>	<p><a href="#">nEvaluationQuestions_5102023%20%28002%29.pdf</a></p> <p>Audio-Only Telemedicine Visits: Flaws In The Underlying Data Make It Hard To Assess Their Use And Impact Health Affairs  <a href="https://www.healthaffairs.org/content/forefront/audio-only-telemedicine-visits-flaws-underlying-data-make-hard-assess-their-use-and">https://www.healthaffairs.org/content/forefront/audio-only-telemedicine-visits-flaws-underlying-data-make-hard-assess-their-use-and</a></p>
III			The next meeting will be on May 31 <sup>st</sup> .	
IV				
<p><b>Parking Lot</b>  <i>any items that I call out in facilitation that need to be addressed by another group or at a later time</i></p>				
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