

Workgroup Name: Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams	Workgroup Leaders: Erin Just & Mara Donohue
	Mtg. Facilitator: Erin Just Mtg. Recorder: Averiel Hossley Where: Virtual Meeting Conference Room: none
	Date: May 31 st , 2023 Time: 9:00-10:00am

Group Participants			
Name	Affiliation	Name	Affiliation
Ali Johnson	VPQHC	Allison Krompf	DMH
Jessa Barnard	Vermont Medical Society	Haley McGowan, MD	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

	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>	
	Expansion Update	John Saroyan	<i>The Legislature is returning for a special veto session on June 20th.</i>	
	Program Design	Julie Parker	<i>A large view of statewide screening for determining ideal screenings for this project as well as attestations. More to come in future meetings.</i>	
	Payment	Jennifer Herwood	<i>Examined sample payment models and eligible staff for estimated models and how they would be distributed.</i>	
II	Overview and Discussion	Erin Just	<p><i>The full version of this presentation is available under Action Items.</i></p> <p><i>In terms of the current scope of the project, we are about a third of the way in. The plan for the next few meetings will be 1) reviewing qualitative data elements for evaluation, which mostly pertain to reach and effectiveness, 2) reviewing proposed method for collecting evaluation information regarding patient and family experience 3) reviewing proposed evaluation requirements and methods for collecting information from administrative entities, PCMHs, and partners about the adoption, implementation, and impact of this pilot. All meetings will cover timeframes, accountability, and collection plans.</i></p> <p><i>A review of the document "EMQualitativeMay312023" is presented (linked under Action Items.)</i></p> <p><i>We are creating a payment model that supports a minimum of 0.5 FTE embedded in each practice; with a focus on the practices that meet a floor number of Medicaid beneficiaries served. More information on this topic is available upon request.</i></p> <p><i>A potential list of Depression screening options for the primary care practices include: PHQ2 GAD7 and CSSR.</i></p> <p><i>There is concern over additional administrative workload with the implementation of these screenings. Blueprint Central Office is looking to implement these screenings at least once a year, and for it to build upon the work currently being done by practices.</i></p>	<p>https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/EvalMeasurementS5.pdf Full Presentation</p> <p>https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups All Workgroup Minutes and Presentations</p> <p>Supporting Documents:</p> <p>https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/ExpansionEvaluationMeasures5312023.xlsx</p> <p>https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/E%26MQ</p>

			<p><i>There are concerns over the adequacy of resources for tracking the results of this screening.</i></p> <p><i>Part of these meetings are to discuss resource allocation and these concerns. The intention of this expansion is to provide the people (in the form of CHT personnel and QI facilitators) so that practices feel the benefits of the expansion not additional administrative burden</i></p> <p><i>Measuring the frequency screenings will be one annual quantitative measurement of the implementation of this proposal in both Years 1 and 2. It will likely be a responsibility of the QI Facilitators.</i></p> <p><i>Utilization of the additional Community Health Teams personnel in each practice will also be beneficial.</i></p> <p><i>Our goal is to develop consensus on these topics.</i></p> <p><i>Next steps will include resolving any issues of burden vs. benefit in further discussions over screenings and moving on to other aspects of the pilot.</i></p>	antitativeMay312023.docx
	Closing Remarks	Erin Just	<p><i>The next meeting will be on June 14th 2023</i></p> <p><i>Additional meetings will be discussed as necessary.</i></p>	
<p>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></p>				
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