

<b>Workgroup Name:</b>	<b>Workgroup Leaders:</b>
Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams	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> June 14 <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, 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 minutes for all workgroup meetings are publicly available under action items.</i>	<a href="https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups">https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups</a>
	Expansion Update	John Saroyan	<i>Awaiting solid confirmation from the Governor and legislature on the Blueprint portion of the budget.</i>	
	Program Design Workgroup Update	Julie Parker	<i>Feedback from Screenings in addition to separate meetings with providers and pediatricians to establish screening questions for year 1 of the expansion. Working on an attestation. Assessing screenings already being done to ease the transition into the new implementations.</i>	
	Payment Workgroup Update	Jennifer Herwood	<i>An assessment of CHT staffing levels and estimated payment models were reviewed in previous</i>	
II	Overview and Discussion	Erin Just	<p><i>The full version of this presentation is available under Action Items.</i></p> <p><i>The timeline revision has been made with consideration to input provided by all discussions in all current workgroups.</i></p> <p><i>“Will count of patients served and descriptive episodes of care include all CHT staff (including existing) or just new? I'm concerned many new CHT staff won't even be hired yet.”</i></p> <ul style="list-style-type: none"> <li><i>Yes, it would include all CHT staff, not just those hired as part of the expansion pilot. We are able to monitor trends over time, and we will correlate FTE additions to CHTs and total unique patient counts</i></li> </ul> <p><i>Are proportions considered, data in relation to a denominator?</i></p> <ul style="list-style-type: none"> <li><i>That would be a target for year 2. This initial phase will be for getting the money out and hiring staff to implement initial processes. Another attestation will be released during the second year to measure those results. To focus on that immediately was a concern for most practice</i></li> </ul>	<p><a href="https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/EvalMeasurementS6%20%28002%29.pdf">https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/EvalMeasurementS6%20%28002%29.pdf</a></p> <p>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 Resources:</p> <p><a href="https://blueprintforhealth.vermont.gov/patient-experience-assessments">https://blueprintforhealth.vermont.gov/patient-experience-assessments</a></p>

			<p><i>representatives, and we are taking that into consideration when developing these first year processes.</i></p> <p><i>“Is “Unique patients served by CHT” the same measure that has been being reported by PCMHs through the Blueprint Portal since last year?”</i></p> <ul style="list-style-type: none"> <li><i>- Yes, this data is already extent and will be utilized.</i></li> </ul> <p><i>“Will we be able to differentiate new patients served by expansion dollars?”</i></p> <ul style="list-style-type: none"> <li><i>- No, we will not track that specificity, just focus on an upward trend.</i></li> </ul> <p><i>“In the interest of promoting transparency and engagement it might be helpful to communicate year 2 measures and beyond up front if possible.”</i></p> <ul style="list-style-type: none"> <li><i>- Agreed. It will be a part of introducing this expansion to practices, being clear about program goals and meeting practices where their administrative systems are at currently.</i></li> </ul> <p><i>Holding random records in participating practices for bolstering year one chart reviews. In other instances, 5% of charts are pulled for random review.</i></p> <p><i>We will send out a one-time survey around October to practices to assess implementation for Patient and Family experience of care.</i></p> <p><i>“Would the CAHPS result be stratified by payer?”</i></p> <ul style="list-style-type: none"> <li><i>- That would be an option, as we already do that for OneCare. More data for Blueprint patient experience is linked under Action Items.</i></li> </ul> <p><i>“Thank you to the Blueprint team for listening to all of the feedback and developing this streamlined plan.”</i></p>	
	Closing Remarks	Erin Just	<i>A final meeting will be held on June 28<sup>th</sup>. More meetings to be announced as necessary.</i>	
<p><b>Parking Lot</b></p> <p><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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