

Committee Name: Vermont Blueprint for Health Executive Committee	Committee Chair: Dr. John Saroyan
Meeting Goals: 1. Welcome 2. Staff Announcements 3. Discussion of Blueprint Data from the Annual Report <ul style="list-style-type: none"> • Quality Measures • CAHPS 4. Plan for CEO/CFO Meetings with Administrative Entities 5. Discussion and Questions	Mtg. Facilitator: Dr. John Saroyan Mtg. Recorder: Averiel Hossley Where: Virtual Meeting
	Conference Room: none
	Date: January 19, 2023 Time: 9:00-10:00am
<input type="checkbox"/> May contain Confidential/Exempt information	Teams Meeting Information:

Attendees (*denotes Executive Committee member)			
Name	Title	Name	Title
Hannah Ancel	Lamoille Health Partners	*Jessa Barnard	Vermont Medical Society
*Dr. Anje Van Berckelaer	Battenkill Valley Health Center	*Clarke Collins	Department of Human Resources, State of VT
Becky Burns	Brattleboro Memorial Hospital	Merideth Drude	Rutland Regional Medical Center (RRMC)
*Teri Closterman	Consumer	Tom Dougherty	Springfield Health
*Kelly Dougherty	Vermont Department of Health	*Cathy Fulton	Vermont Program for Quality in Health Care
Pam Farnham	Evergreen Health	Diana Gibbs	Northern Valley Regional Hospital
Kim Fitzgerald	Cathedral Square	Grace Gilbert-Davis	Blue Cross Blue Shield of Vermont
Dr. Erica Gotow	Dartmouth-Hitchcock Medical Center	Julianne Krulewitz	Vermont Child Health Improvement Program (VCHIP)
*Kathleen Hentcy	Department of Mental Health	Jill Olson	VNAs of Vermont
*Pat Jones	Vermont Department of Health Access (DVHA)	*Gretchen Pembroke	Clara Martin Center
Stuart May	Lamoille Health Partners	Denise Smith	Northwestern Medical Center

Dr. Meredith Mulligan	Dartmouth-Hitchcock Medical Center	Caitlin Tilley	Southwestern Vermont Medical Center
*Julie Zack	Blue Cross Blue Shield	Courtney Berry	North Country Hospital
*Jennifer Pelletier	Gifford Health Care	Derek Raynes	OneCare VT
Susan Ridzon	HealthFirst	Ellen Talbert	VCHIP
Kerry Sullivan	UVM Health	Melanie Sheehan	Mt. Ascutney Hospital and Health Center
Katja Evans	Gifford Health Care	Michelle Gilmour	CVMC
Michelle Farnsworth	UVMC		
Miriam Sheehey	UVMC	Rachel McLaughlin	VCHIP
Oana Louviere	Lamoille Health Partners	Sarah McLain	Southwestern Vermont Medical Center
Johanna Polsenberg	CVMC	Thomasena Coates	Blueprint QI
Lindsay Morse	UVMC	Josiah Mueller	OneCare Vermont
Deborah Locke-Rousseau	NVRH	Kirsten Kolar	Southwestern Vermont Medical Center
Lisa Delegato	Gifford Health Care	Mandy Chapman	NVRH
Mary Kate Mohlman	Bi-State Primary Care Association	*Michelle Wade	VNPA
Hannah Ancel	Lamoille Health Partners	*Jessa Barnard	Vermont Medical Society
*Dr. Anje Van Berckelaer	Battenkill Valley Health Center	*Clarke Collins	Department of Human Resources, State of VT
Becky Burns	Brattleboro Memorial Hospital	Merideth Drude	Rutland Regional Medical Center (RRMC)
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*Kathleen Hentcy	Department of Mental Health	Jill Olson	VNAs of Vermont
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Non-Committee Members present			
Name	Title	Name	Title
Dr. John Saroyan	Executive Director, Blueprint for Health	Mara Donohue	Assistant Director Blueprint for Health
Tim Tremblay	Data Analytics & Info Admin 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 Item
I.	Welcome and Updates
II.	Staff Announcements
III.	Discussion of Blueprint Data from the Annual Report
IV.	Plan for CEO/CFO Meetings with Administrative Entities
V.	Discussion & Questions
VI.	Wrap-Up

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I.	Welcome & Introductions	Dr. John Saroyan	<i>Ready for snow! Dr. Saroyan is preparing for his House Healthcare Presentation – The VT legislature site posted in chat (and under Action Items). General Overview presentation.</i>	https://legislature.vermont.gov/committee/detail/2024/27 https://legislature.vermont.gov/committee/detail/2024/15
II.	Staff Announcements	Dr. John Saroyan	<i>First Blueprint Executive Committee Meeting of 2023! Thank you and farewells to Ena Backus – Moving to assisting Sen. Peter Welch. She has been very helpful with healthcare reform as well as Dr. Saroyan’s recruitment and mentorship. She will be missed!</i> <i>And wishing Tim Tremblay a fond farewell. Moving to work with HIE team. Tremendous help and public servant to all of</i>	

			<p><i>Vermont. "Encyclopedia Tim" – An expert for almost everything. Tremendous wit, candor and moral fiber. Very proud and excited for his future success.</i></p>	
<p>III.</p>	<p>Discussion of Blueprint Data from the Annual Report</p>	<p>Tim Tremblay</p>	<p><i>Not yet discussing ACT 167 – waiting for the budget discussion with the governor.</i></p> <p><i>"Best" part of the report: Looking at 2020 data.</i></p> <p><i>Tim Tremblay: Preview of population healthcare measurement data. Linked measures take a bit longer to collect. 2020: a remarkable year for data. Will not be a comparable year going forward.</i></p> <p><i>Rough numbers: Pop. In all-payers set. Some practice closures, some leaving the BP program, will affect the numbers.</i></p> <p><i>VCURES – 75%-25% breakdown between adults and pediatrics, respectively. Medicaid/care similar breakdown.</i></p> <p><i>ACG – Clinical risk groups. Various levels of chronic health conditions. Pattern between these and the general populations, statistics available here.</i></p> <p><i>Moving from looking at BP population to all VCURES population. Moving to the ACO with spillover effects. Broke down by hospital service area, (VDH website with list of hospital service areas.)</i></p> <p><i>Total VCURES population, small bump of members for 2020. Depends on how many payers and insurers are contributing data.</i></p> <p><i>Expenditures, PMPY, risk adjusted by HSA. Significant drop in expenditures. First half of 2020 affected by lockdowns, drop in utilization.</i></p> <p><i>Medicaid primary population, drop in special Medicaid services due them being elective services generally avoided by patients to avoid going to the doctor.</i></p> <p><i>PCMH primary care population. (Numbers used for BP performance payments.) Newport being somewhat lower than other HSAs – opportunity for further development work.</i></p>	

Adolescent WellCare visits; a drop in statewide rate.

Hypertension with blood pressure control – dependent on clinical data. Substantial issues with the numbers – huge drops, concerns about the validity of the data. Not used for payment purposes.

Fewer issues with total VCUREs population.

Diabetes A1C, increase in not-in-control status. Dependent on providers being able to get measurements when patients come into their office. The patient is not coming into the office, ergo the providers are unable to collect that data. Affected by the 2020 pandemic.

Jessa Barnard – Question: “If there is not a measurement, that patient still counts in the denominator. Is there a way to only look at the patients who HAVE had a visit?”

Tim response: “Because of data availability source and the pandemic, we are deviating from the specifications, limiting the denominator to just those cases of seeing any valid blood pressure results coming through the HIE.”

Pat Jones – “Are some locations doing well, or are others more challenged in that arena?”

Tim Response: “These are all issues we are going to investigate – Data collection and data entry, translations, as well as accessibility and connecting the BP practices with the HIE.”

Asthma medication ratio – increases to that, might be because they were filling their prescriptions for their conditions in preparation for lockdowns and the oncoming pandemic.

*COD and Asthma conditions – drop.
People putting off care for a variety of healthcare issues for 2020.*

Cancer screening – drops across the board.

Chlamydia screening – larger drops.

All data available on the BP website, as well as on the annual

			<p><i>report.</i></p> <p><i>Thomasena: "Can you please speak to hospital service area vs health service areas?"</i></p> <p><i>Tim: "Data is based on Hospital service areas defined by VDH. The borders are somewhat modified, however those changes will not be shown in BP's current data as we account for that. Health service areas are used for payment and other purposes."</i></p> <p><i>Jessa Barnard – "How is this data used?"</i></p> <p><i>Tim: "The intent is that this data is to be used for Quality Improvement Facilitators across the practices, local and otherwise."</i></p> <p><i>General Summary from Tim: "What are the trends in health and health care utilization that you can summarize from the data reports available to the BP since we met last year? Since we met last year, the Blueprint has obtained all-payer, population-level healthcare measurement data for Calendar Year (CY) 2020 (we currently have more than a year time lag in our measurement data). CY 2020 was the pandemic lockdown year in which many people avoided or delayed seeking in-person healthcare services, and we see patterns in our outcomes data consistent with those events. Due to the CY 2020 COVID-19 pandemic lockdowns' effects on healthcare utilization, Blueprint patient-attribution and healthcare measurement data for CY 2020 is unprecedented and not comparable to data for other years. Blueprint population-health evaluation measure results for calendar year (CY) 2020, as compared to CY 2019, show widespread and, in some cases, dramatic decreases in healthcare expenditures, utilization, monitoring, preventative services, and/or desirable outcomes. These shifts in measurement results coincide with a time period in which patients were reluctant or unable to access in-person care, and in which the healthcare system in Vermont was overwhelmed, struggling to maintain adequate staffing, and struggling to make a rapid transition to telemedicine and other remote services."</i></p>	
IV.	Plan for CEO/CFO Meetings with		<p><i>John Saroyan – One point from last year's HSA visits – Many new CEOs and CFOs in VT, planning to reach out to those leaders to look at payment mechanisms that exist for the BP</i></p>	Dr. Saroyan will work with Blueprint Program Managers to set up meetings,

	Administrative Entities		<p><i>for opportunities to look at what those leaders can expect for their CHTs.</i></p> <p><i>Planned for next few quarters of the year.</i></p>	<p>which will likely occur after the legislative session ends.</p>
V.	Discussion & Questions		<p><i>Josiah Mueller: “Early caveats or observations from the pandemic through 2021?”</i></p> <p><i>Tim: “Expecting to get the 2021 measurement data in the next two months. Three years of comparison data set, 2019-2021. Looking at the quality measures and how the pandemic affected the healthcare system.”</i></p> <p><i>Oana Louviere – “CAHPS survey, denominators being low in large practices, concerns over data irregularities due to this. Brainstorming over how to increase the response rate. Concerns for collecting QI data through various and somewhat inconsistent ways.”</i></p> <p><i>John – “First topic discussed over the CAHPS surveys. Met with federal guidelines with what the denominator can be. Agreed that there needs to be improvements.”</i></p>	
VI.	Wrap-Up	Dr. John Saroyan	<p><i>The next Executive Committee meeting is March 16th, 2023, at 9am.</i></p>	<p>Links to House Healthcare and Senate Healthcare:</p> <p>https://legislature.vermont.gov/committee/detail/2024/27</p> <p>https://legislature.vermont.gov/committee/detail/2024/15</p>