

<b>Committee Name:</b> Vermont Blueprint for Health Executive Committee	<b>Committee Chair:</b> Dr. John Saroyan
<b>Meeting Goals:</b> 1. Welcome and Introductions 2. CEO/CFO Meetings 3. Proposal Update and Progress a. Working Groups: - Program Design - Measurement and Evaluation - Payment 4. Update on Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2022 5. Discussion and Questions	<b>Mtg. Facilitator:</b> Dr. John Saroyan <b>Mtg. Recorder:</b> Averiel Hossley <b>Where:</b> Virtual Meeting
	Conference Room: none  <b>Date:</b> March 16th, 2023 <b>Time:</b> 9:00-10:00am
<b>Teams Meeting Information:</b> 252 439 354 028	

Attendees (*denotes Executive Committee member)			
Name	Title	Name	Title
Hannah Ancel	Lamoille Health Partners	Tom Dougherty	Springfield Health
*Teri Closterman	Consumer	*Cathy Fulton	Vermont Program for Quality in Health Care
Pam Farnham	Evergreen Health	Grace Gilbert-Davis	Blue Cross Blue Shield of Vermont
Vacant	Vermont Department of Health Access (DVHA)	Julianne Krulewitz	Vermont Child Health Improvement Program (VCHIP)
Stuart May	Lamoille Health Partners	*Gretchen Pembroke	Clara Martin Center
*Julie Zack	Blue Cross Blue Shield	Ellen Talbert	VCHIP
*Jennifer Pelletier	Gifford Health Care	Melanie Sheehan	Mt. Ascutney Hospital and Health Center
Susan Rizdon	HealthFirst	Michelle Gilmour	CVMC
Kerry Sullivan	UVM Health	Lori Clarke	

Katja Evans	Gifford Health Care	Rachel McLaughlin	VCHIP
Michelle Farnsworth	UVMHC	Thomasena Coates	Blueprint QI
Miriam Sheehey	UVMHC	Josiah Mueller	OneCare Vermont
Oana Louviere	Lamoille Health Partners	Kirsten Kolar	Southwestern Vermont Medical Center
Lisa Delegato	Gifford Health Care	Mandy Chapman	NVRH
Mary Kate Mohlman	Bi-State Primary Care Association	*Jessa Barnard	Vermont Medical Society
Becky Burns	Brattleboro Memorial Hospital	Tom Dougherty	Springfield Health
*Kelly Dougherty	Vermont Department of Health	Katherine Cummings	
Pam Farnham	Evergreen Health	*Nicole Moran	VNA & Hospice of the Southwest Region
Kim Fitzgerald	Cathedral Square	Kate Davis	OnPoint
Dr. Erica Gotow	Dartmouth-Hitchcock Medical Center	Sierra Bishop	
*Kathleen Hentcy	Department of Mental Health	Constance Van Eeghen	Lerner College of Medicine
Laura Wreschnig	Health Care Reform	*Laura Hubbell	Bayada Hospice
*Dr. Kristen Navarette	MVP	Charles MacLean	Lerner College of Medicine
Todd Salvesvold	Southwestern Medical Center	Meredith Milligan	Dartmouth Public Health Resident
Lindsey Lozoskie	NCQA		
Wendy Tafton	Health Care Reform		
Courtney O'Brien	Quality Improvement Facilitator		
Ryan Torres	Quality Improvement Facilitator		

Non-Committee Members present			
Name	Title	Name	Title

<b>Dr. John Saroyan</b>	Executive Director, Blueprint for Health	<b>Mara Donohue</b>	Assistant Director Blueprint for Health
<b>Caleb Denton</b>	Data Analytics and Information Administrator Blueprint for Health	<b>Jenn Herwood</b>	Payment Operations Administrator Blueprint for Health
<b>Averiel Hossley</b>	Administrative Assistant Blueprint for Health	<b>Julie Parker</b>	Assistant Director Blueprint for Health
<b>Erin Just</b>	Quality Improvement Coordinator		

Agenda Item	
I.	Welcome and Updates
II.	CEO/CFO Meetings
III.	Proposal Updates and Progress a. Working Groups - Program Design - Measurement and Evaluation - Payment
IV.	Update on Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2022
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>Welcome: Dr. Kristen Navarette to the Executive Committee and Pat Jones as the Interim Director of Healthcare Reform</i>	
II.	Proposal Updates and Progress	Dr. John Saroyan	<i>The CEO/CFO meetings to review Blueprint funding streams have begun. Last week was Windsor and Lamoille, the rest to finish up in the first half of the year.</i>	
III.			<i>Proposal review for Community Health Team expansion, rolling into program design and evaluation.</i>  <i>An abridged version of Dr. Saroyan's presentation to the HHC is given. The full presentation given to the House Health Care is linked under Action Items.</i>  <i>Melanie Sheehan: Insights – It's great to see the expansion. What makes Blueprint successful is the close collaboration between the Blueprint and the system and the clinical</i>	<a href="https://legislature.vermont.gov/committee/document/2024/15/Date/2-15-2023#documents-section">https://legislature.vermont.gov/committee/document/2024/15/Date/2-15-2023#documents-section</a> House Health Care website related to this proposal.

*practices. The workforce capacity issue is a concern. Could there be cross-cutting measures? Practices are struggling with siloed workflows. Even with our vision to expand, we can't increase the practice's capacity.,*  
*John Saroyan: This topic is a shared concern and will be addressed in the following section of that presentation.*  
*Pat Jones: There has been a lot of work on measure alignment in the past few years. These are included in our All-Payer model with CMS, our measures with the ACO, and most of the payers. All of them are included and current measure sets that are claims-based.*

*Michelle Gilmour: If we expand our CHT workforce, including people who are providing the services, we run the risk of not being able to bill for those services.*

**Executive Committee Oversight and Workgroups.**

*Added to this presentation is new content surrounding the introduction of the Blueprint for Health's Proposal Expansion Workgroups. These teams aim to work collaboratively, meeting frequently through June 2023 to discuss implementation, measurements, and payments of each branch of the approved proposal.*

**Executive Committee Oversight of Workgroup Objectives (Meeting monthly through June 2023)**

- a. Program Design: CHT
- b. Program Design: DULCE
- c. Measurement and Evaluation
- d. Payment

**PROGRESS REVIEW AND FINAL APPROVAL OF DELIVERABLES FROM THE WORKGROUPS**

**CHT Program Design Objectives**

*Articulate Program Goals and Objectives*

- a. Define integration model(s)
- b. Identify target populations.
- c. Refine CHT Plan Guidance

*Identify CHT staffing Requirements*

- a. Scope of work
- b. Identify education, licensing, clinical supervision requirements

*Define Standardized Practices*

- a. Screening/risk identification
- b. Assessment and intervention

<https://www.youtube.com/watch?v=RXEnx7MSl0w>

Full Presentation given to HHC on February 15, 2023

[Blueprint Supporting More Access to Mental Health and Substance Use](#)

			<p><i>c. Referrals workflows and care coordination</i> <i>Define Implementation support inputs</i></p> <ul style="list-style-type: none"> <li><i>a. Training needs</i></li> <li><i>b. Tools and report access</i></li> <li><i>c. Continuous quality improvement support</i></li> </ul> <p><i>Deliverables:</i></p> <p><b>MODEL DESCRIPTION</b> <i>WHICH WILL INCLUDE:</i></p> <ul style="list-style-type: none"> <li><i>o Program objectives and goals</i></li> <li><i>o Staffing criteria</i></li> <li><i>o Screening and assessment criteria</i></li> <li><i>o Integration best practices</i></li> <li><i>o Care coordination and referral pathway requirements</i></li> </ul> <p><b>IMPLEMENTATION SUPPORT DOCUMENTATION</b> <i>WHICH WILL INCLUDE:</i></p> <ul style="list-style-type: none"> <li><i>o Required tools and forms</i></li> <li><i>o Standardized job descriptions</i></li> <li><i>o Training criteria</i></li> <li><i>o Continuous quality improvement requirements</i></li> </ul> <p><b>CHT EXPANSION PLANNING GUIDANCE DOCUMENT</b> <i>WHICH WILL INCLUDE:</i></p> <ul style="list-style-type: none"> <li><i>o Defined processes and steps for each HSA Administrative Entity to provide a written plan pertaining to:</i> <ul style="list-style-type: none"> <li><i>➤ Staffing plans</i></li> <li><i>➤ Hiring entities</i></li> <li><i>➤ Clinical supervision plans</i></li> <li><i>➤ Practice integration strategy</i></li> </ul> </li> </ul> <p><i>An outline of the desired members and affiliations is listed, and we are awaiting confirmation from those participants. Group will be led by Julie Parker.</i></p> <p><b>Measurement and Evaluation Workgroup Objectives:</b> <i>Understanding Patient and Provider Experience of Care, Clinical Outcomes, and Cost/Value of Care</i></p> <ul style="list-style-type: none"> <li><i>a. Define evaluation principles in alignment with program goals and objectives</i></li> <li><i>b. Identify indicators for monitoring and measurement</i> <ul style="list-style-type: none"> <li><i>• Structural measures</i></li> <li><i>• Process measures</i></li> <li><i>• Outcome measures</i></li> </ul> </li> <li><i>c. Outline evaluation methods and data collection processes</i></li> </ul>	
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*d. Document Evaluation Plan*

*Deliverables to Executive Committee:*

**PILOT EVALUATION PLAN**

*WHICH WILL INCLUDE:*

- *Background/Evaluation Purpose/Scope*
- *Logic Model or Theory of Change*
- *Program Goals and Objectives*
- *Assumptions*
- *Evaluation Questions*
- *Data Collection Plan*  
*(Sources, Methods, Timing, Responsibility)*
- *Stakeholder Matrix*
- *Data Sources/Evaluation Question Matrix*
- *Ethical Considerations*
- *Reporting Products*
- *Communication Plan*
- *Timelines*

*Group will be led by Erin Just and Mara Donohue.*

**Payment Workgroup Objectives: (Led by Jennifer Herwood)**

*Supplementation of Existing CHT Funding Mechanisms,*

*Evolution of Administration of New CHT Payments*

- a. Determine Payment methodology*
  - *Attributions*
- b. Define Reporting and accountability criteria*
  - *Program requirements*
  - *Hiring/staffing*
  - *Vacancy management*
- c. Establish systems for tracking and accounting*
  - *Pilot CHT fund use tracking*
  - *Overall CHT fund use tracking*
- d. Update Payment administration protocols*
  - *Pilot CHT fund use tracking*
  - *Timelines*
  - *Documentation & manual revisions*

*Deliverables:*

**PILOT PAYMENT DOCUMENTATION**

*WHICH WILL INCLUDE:*

- *Payment Calculation Methodology Summary*
  - *Attribution*
  - *Payment amounts*
- *Payment Procedures*
  - *Criteria for initiation of payment*
  - *Timelines*

			<ul style="list-style-type: none"> <li>○ Procedures for lapses in meeting program requirements</li> <li>○ Discontinuation of payments</li> <li>○ Blueprint Portal Requirements Group will be led by Jennifer Herwood.</li> </ul>	
IV.	Update on Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2022		<p><i>Presentation by Laura Wreschnig on an update for CAHPS.</i></p> <p><b>Methodology and Notes</b></p> <ul style="list-style-type: none"> <li>● <i>The Blueprint for Health reports annually the patient experience of care as required by Vermont Statute. Since 2011, this task has been fulfilled through the administration of the CAHPS Clinician and Group Survey with Patient-Centered Medical Home (PCMH) questions included. The outcomes for this survey provide the broadest statewide look at patient experience of primary care in Vermont.</i></li> <li>● <i>Staff from the Blueprint for Health central office work with DataStat, field staff such as Program Managers and Quality Improvement Facilitators, and ACO staff to recruit practices to participate in the survey.</i></li> <li>● <i>Once a practice has agreed to participate, that practice works directly with DataStat to identify lists of patients seen in the previous 6 months who will be surveyed.</i></li> <li>● <i>The number of practices that participated in the 2022 survey was 128, which is an increase from 123 practices in 2021 and an increase from 120 practices in 2020.</i></li> <li>● <i>The number of surveys that were fielded were 57,384 with 10,577 adults and 1,632 pediatric patients responding.</i></li> <li>● <i>The combined response rate was 21.3% which is up from 17.6% in 2021. The following graphs show the combined adult and pediatric responses for the composite measures and the new questions on access to mental health.</i></li> </ul> <p><i>Access to Care Composite Statewide Results. Decline of 5% Composite Questions</i></p> <ul style="list-style-type: none"> <li>● <i>In the last 6 months when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</i></li> <li>● <i>In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how</i></li> </ul>	

			<p><i>often did you get an appointment as soon as you needed?</i></p> <ul style="list-style-type: none"> <li><i>In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical questions that same day?</i></li> <li><i>Figure shows % responding ‘Always’ to all questions.</i></li> <li><i>Only 2021 within confidence interval of 2022</i></li> </ul> <p><i>Specialty Care Composite. Similar story of Decline, the levels are smaller, less than 2%, statistically significant.</i></p> <p><i>Composite Questions</i></p> <ul style="list-style-type: none"> <li><i>In the last 6 months, how often was it easy to get appointments with specialists?</i></li> <li><i>In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?</i></li> <li><i>Figure shows % responding ‘Always’ to all questions.</i></li> <li><i>Only 2021 within confidence interval of 2022.</i></li> </ul> <p><i>Email <a href="mailto:Laura.Wreschnig@vermont.gov">Laura.Wreschnig@vermont.gov</a> for presentation and report on graphs.</i></p> <p><i>A final set of results will be posted in April 2023 on the Blueprint Website.</i></p> <p><i>Erin Just: All practices should have received their practice results. Reach out to <a href="mailto:Jennifer.Herwood@vermont.gov">Jennifer.Herwood@vermont.gov</a> for those numbers.</i></p> <p><i>Jessa Barnard: Impressive to have such strong numbers after the pandemic.</i></p> <p><i>Mara Donohue: The results capture the experience of those who are already being seen by Primary Care.</i></p>	
V.	Discussion & Questions		<i>Thank you to the Quality Improvement Facilitators.</i>	
VI.	Wrap-Up	Dr. John Saroyan	<p><i>Thank you to everyone’s hard work and quick action in the past few months.</i></p> <p><i>There is a request for Blueprint to make a report around some of the Medicare Advantage and others that are not compelled to contribute to the Blueprint.</i></p> <p><i>Next executive committee meeting is scheduled for Thursday,</i></p>	



			<i>April 20, 2023 9:00 AM-10:00 AM</i>	