

Program Design

6/22/23

Blueprint for Health Central Office

**JOHN M.
SAROYAN, MD**
Executive Director

**MARA
KRAUSE
DONOHUE**
Assistant Director

**JULIE
PARKER**
Assistant Director

**CALEB
DENTON**
Data Analytics and Info
Administrator

ERIN JUST
Quality Improvement
Facilitator Coordinator

**ADDIE
ARMSTRONG,
PhD**
Data Analytics and Info
Administrator

**JENNIFER
HERWOOD**
Payment Operations
Administrator

FEEDBACK FROM WORKGROUPS

We hear you:

- We have had numerous stakeholder meetings between work group sessions to hear input and concerns from stakeholders; we have to the best of our ability incorporated that feedback to try to support the success of practices lifting this program while remaining accountable to Vermonters, our Legislators, Agency of Human Services Strategic Priorities, and to build sufficient evidence to encourage program continuation/expansion past the pilot stage as warranted

Evaluation requirements are NOT pay for performance requirements:

- Our focus is on collecting information to evaluate the reach and impact of increasing CHT resources to practices and supporting educational and QI needs to provide MH, SUD, and SDOH services in the primary care setting. Funding is not tied to performance; focus is on the continuous quality improvement process, transparency/accountability, and becoming a learning health system.

ATTESTATION

By accepting funds under the Blueprint Expansion Pilot, the Practice agrees to:

- **Incorporate the Community Health Team member into the patient's care team** in support of expansion goals and strategies' members will be embedded and integrated in the practice to the greatest extent possible for screening, assessment, intervention, and management of care interventions related to mental health, substance use, and social need. CHT members are not able to bill for these services.

Screenings

Birth to 11

Social Determinants of Health factors of the family system are reviewed via screening tool or other means and are recorded in the electronic health record narrative.

Standardized tool for periodic **developmental screening** for newborns through 30 months

Bright Futures Periodicity Scale is followed and documented including a maternal depression:

Edinburgh Postnatal Depression Scale (EPDS) is administered at 1, 2, 4, and 6 months and as indicated for mothers and/or caregivers and their partners

(discussion)

Screenings

11-17 Year

Social Determinants of Health factors of the family system are reviewed via screening tool or other means and are recorded in the electronic health record narrative.

Substance Use Screener CRAFFT (Car, Relax, Alone, Forget, Family/Friends/Trouble) is administered according to evidence-based guidelines. If you choose to use other evidence-based tools in the first year of pilot implementation, the tool(s) must be indicated

Tobacco Screening is administered per evidence-based guidelines.

Mental Health Screening using the Patient Health Questionnaire Modified for Adolescents (PHQ-9A) is conducted per evidence-based guidelines.

Screenings

18 years and up

Social Determinants of Health factors of the family system are reviewed via screening tool or other means and are recorded in the electronic health record narrative.

Substance Use Screeners Alcohol Use Disorder Test (AUDIT) and Drug Abuse Screening Test (DAST 10) are administered according to evidence-based guidelines. If you choose to use other tools to screen for alcohol and substance, use in year 1, the tools must be indicated

Tobacco Screening is administered per evidence-based guidelines.

Mental Health screening is administered using the PHQ 2 according to evidence-based guideline

The Blueprint strongly suggests the PHQ 9 OR Columbia Suicide Severity Rating Scale (CSSR) screening to address suicide risk.

STAFFING

- A ratio of Medicaid patients to additional staffing will determine how much FTE support the Patient-Centered Medical Home may receive.
- The funding will be used to hire a licensed or unlicensed Psychologist, Social worker, Community Health Worker or Counselor(s) as a member of the primary care team embedded in the practice.

EXPANDED COMMUNITY HEALTH TEAM PAYMENTS

Per member per month (PMPM) payments (**amount yet to be determined**) to administrative entities for hiring of expanded Community Health Teams staff as describe above. Administrative entities may establish memorandum of understandings with independent practices to receive pass through dollars to allow practices to hire for staff.

0-249	Medicaid Patients	Centralized resource
250-999	Medicaid Patients	0.5 Embedded staff
1,000-2,499	Medicaid Patients	1.0 Embedded staff
2,500+	Medicaid Patients	1.5 Embedded staff

FINAL RATIO TO BE DETERMINED

QUALITY IMPROVEMENT

- The Practice will engage with Quality Improvement Facilitator to
 - implement the pilot goals and strategies
 - conduct continuous quality improvement activities
 - and evaluate pilot processes and outcomes
- **The practice will meet no less than once a month with their assigned quality improvement facilitator in order to support implementation activities.**
- The practice agrees to execute a memorandum of understanding (MOU) or a business associate agreement (BAA) with the quality improvement facilitator for sharing protected health information as part of the evaluation process.

YEAR ONE EVALUATION

By December 15th, 2023 we aim to evaluate and report:

- # FTEs and staffing types hired with expansion funding
- # Unique Patients Served by CHT
- Descriptive Episodes of CHT Care (chart review x5 per practice)
- Status of practice adoption and implementation
- Status of contracting for QI Facilitators, Trainers, and Evaluators
- Trainings offered/attendance #s
- Practice Engagement in Quality Improvement Process

BLUEPRINT CENTRAL STAFF WILL SUPPORT PRACTICES WITH THE FOLLOWING:

- Training and learning events to support program implementation
- Payments to Administrative Entities consistent with Medicaid attributed members
- Assistance in supporting staff in each participating practice.
- Support with technical assistance needs of the practices.
- Quality Improvement Staffing and support
- Technical assistance calls

Next steps for Program Design-

Would folks like a CHW presentation? Add one more workgroup in schedule?

Reinstate group for year 2 program design in a few months

Other- Parking lot items

Timeline

~~Session 1 - March 30, 2023 - Group formation, Stakeholders, Evaluation Principles~~

~~Session 2 - April 13, 2023 – Understanding current structure of CHT, Goals for Expansion,
Target Populations~~

~~Session 3 - April 27, 2023 – Screening/Workflows~~

~~Session 4 - May 11, 2023 – Screenings/Workflows~~

~~Session 5 - May 25, 2023 - Cancelled~~

~~Session 6 - May 31, 2023 – Screenings~~

~~Session 7 – June 8, 2023 – Screenings~~

Session 8 – June 22, 2023 – Attestation- future meetings ?