Blueprint for Health
June 2020 Executive Committee Meeting

Transition of Self-Management Programs to OneCare Vermont

As Vermont health reforms continue to progress, the Blueprint for Health continues to look for opportunities to further align with OneCare Vermont in support of the All Payer Model. The Blueprint Executive Committee has previously provided positive feedback about a plan to transition the Self-Management Programs to OneCare Vermont. Today we are providing more detail about that plan and progress to date.

Background & Current Programs

Since 2008, the Blueprint for Health has offered workshops that help people learn skills to better manage chronic conditions. Topics have included healthy living with diabetes, diabetes prevention, tobacco cessation, mental health and emotional well-being, and living with chronic pain. Many participants have gained a better understanding of their health condition, explored their motivations, identified their strengths, and developed plans for achieving their health goals, all with the help and support of coaches and peers. Workshops run from four weeks to 12 months and were all held in person until Covid-19 forced rapid adoption of online offerings. The Blueprint grant agreements with the Health Service Areas (HSAs) include funding for a Regional Coordinator (approximately .5 FTE) and program costs (to cover leader stipends, materials, etc.). The Blueprint also contracts with the Community Health Improvement Division of UVMMC to act as a statewide administrator of the programs. The Vermont Department of Health provides further resources to support the programs through marketing, evaluation, and other efforts.

The current way of administering these programs and some of the offerings themselves is no longer achieving the same results as when the programs were introduced in 2008. While there have been many successful workshops, the number of participants has been declining over time. It is often difficult to find and maintain workshop leaders, and providers are reluctant to refer to workshops that may be waiting for an adequate number of participants before being scheduled. Furthermore, the Blueprint has received feedback that many individuals are more interested in individual offerings and one-on-one coaching approaches to improving health. Transportation, childcare, and work schedules were often barriers to in-person participation.

The current budget for the Self-Management programs is $861,300. The budget detail includes

- $210,750 Self-Management Workshop costs
- $ 24,500 Master Trainers
- $199,000 Statewide Contract
- $427,050 Regional Coordinators

Self-Management Transition Objectives

The transition of the self-management programs to OneCare Vermont offers some significant advantages for this programming and the people it serves. These advantages include:

- Advanced analytics tools that can be used to identify people who may benefit from the programs based on diagnoses and other risk factors and to assess the impact of engagement
- A close provider network with well-established and well-attended provider education offerings that can be utilized to build awareness and promote referrals
- A social marketing function that can help directly connect Vermonters with programs
- The opportunity to develop a seamless continuum of offerings from primary prevention through chronic disease self-management
- More latitude to offer incentives, should they be determined to be effective in promoting meaningful engagement with the programs and return on investment

New Program Focus

The Blueprint recommends narrowing the focus of the self-management resources to the early intervention in and management of hypertension and diabetes and the health risk factors and behaviors associated with these conditions.

The Blueprint also recommends continuing support for active tobacco cessation programming in some areas of the state, through the Vermont Department of Health – see below for more information.

Work to Date

Collaborative Research, Exploration, and Planning

The Blueprint and OneCare are using the transition as an opportunity to reimagine program objectives and investigate new opportunities for supporting self-management. The Vermont Department of Health has also contributed significantly to this work. Should OneCare assume responsibility for the programs, they will have the additional opportunity of designing new approaches based on the identified objectives and opportunities. The teams met regularly throughout the spring to share research, debrief, and develop ideas. A summary of this research is available on the Blueprint website. Specific areas of work have included:

- The Vermont Department of Health conducted two literature reviews aimed at identifying effective and scalable self-management or community-based programs to address underlying health behaviors related to prediabetes and diabetes and hypertension. (full diabetes literature review | full hypertension literature review)
- OneCare conducted a literature review on three topics: patient activation, use of technology in self-management of diabetes or hypertension, and use of incentives in supporting self-management of diabetes or hypertension. (presentation of patient activation, technology, and incentives literature review)
- The Blueprint for Health conducted key informant interviews including primary care providers and local health system leaders and staff involved with delivery of self-management, prevention, and lifestyle medicine offerings. (report on key informant interviews)

- The teams are learning from pilots conducted in each Health Service Area to test new self-management program approaches and offerings.
- Planned patient focus groups were postponed due to Covid-19 but will be conducted later when it is safe to do so.
- Planned Subject Matter Expert Advisory Group meetings were also postponed due to Covid-19 but will be conducted later when it is safe to do so.

OneCare Vermont's Partnership and Commitment

The Blueprint has appreciated OneCare's partnership in this work-to-date. One of the important ways that OneCare has demonstrated their commitment is by adding a staff member to the prevention team who is devoted full-time to developing the future self-management projects.

Request for VDH Leadership of Continued Group Tobacco Cessation Programming in Some HSAs

During this period, the Blueprint consulted with Blueprint Program Managers through the key informant interviews and in other forums to understand the impact of concentrating support on diabetes and hypertension and stopping funding for other self-management programs. A few Program Managers asked that support continue for Fresh Start group tobacco cessation classes. (Individual tobacco cessation counseling is now covered by most payers.) The Blueprint has proposed to the Vermont Department of Health that they assume leadership for these classes, adding them to the other tobacco use prevention and cessation activities in their portfolio. The proposal seeks to continue Fresh Start classes only in areas that offer 10 or more classes per year, estimates that this will cost $50,000 annually, and suggests that VDH could repurpose the $35,000 it transfers to the Blueprint each year to train Fresh Start class leaders for running classes and also suggests that VDH and the Blueprint work together to find the additional $15,000 required to maintain active programs.

Next Steps – Developing the Contract

At the same time that the Blueprint and OneCare Vermont are working together to explore opportunities for the future of the self-management program, we are also negotiating the expectations for transfer of the resources supporting the current Self-Management programs in January 2021 or sooner. This will be set out in an amendment to the Medicaid Next Generation Risk Program Contract. The Blueprint's priorities for this negotiation include the following:

- Availability of all self-management offerings to the whole population, regardless of attribution or ability to pay
- Systematic identification of and outreach to Vermonters who could benefit from programming addressing early intervention in and/or effective management of pre-diabetes, diabetes, pre-hypertension, and hypertension
- New offerings that are more accessible and effective than the current suite of self-management workshops. These will likely need to include remote and asynchronous options.
- Continued offering of CDC's Diabetes Prevention Program and Diabetes Self-Management Program for at least one year – this requirement may be met through online offerings utilizing the Vermont Health Learn platform
- Program evaluation including ongoing feedback from users and continuous quality improvement cycle

OneCare has indicated a willingness to do all the above in the first year of the arrangement. They have indicated that their new offering(s) will likely include an evidence-based lifestyle management tool delivered through mobile technology. A draft by OneCare of areas for program development is provided below and more detail about their plans and commitments for year one is expected shortly.

Draft of OneCare's Areas for Program Development in Year One

Areas of development for year one include identifying the target population, developing program offerings, creating an evaluation plan, identifying appropriate technology, aligning the local workforce, and a developing a data management system.

1. Target population: identify Vermonters likely to engage in self-management programing. This will be accomplished by:
    a. Systematically identifying the Vermonters that are in the four focus areas: pre-diabetes, diabetes, pre-hypertension or hypertension risk and hypertension. Initial population identification will be done by identifying the OneCare attributed lives in the four focus areas. The population will be expanded to include all Vermonters in the four focus areas through grassroots outreach and marketing.
    b. Increasing awareness amongst Vermonters regarding their eligibility for self-management programming.
2. Program offerings: Develop programing to best meet the needs of the target population within the scope of the budget. This will be accomplished by:
    a. Collaborating with an identified subject matter expert group and with input from the Center for Research and Public Policy focus groups as well as surveys conducted by Blueprint to identify programing to best meet the needs of the population.
    b. Offering an evidence-based lifestyle management program through mobile technology. (See technology section below for additional detail).
    c. Offering online education using the Vermont Health Learn System that will continue to meet the requirements of the current CDC model DPP and DSMP as well as include additional offerings regarding Hypertension.
    d. Working with the OneCare clinical education team and other state partners to offer educational opportunities with the goal of promoting and supporting self-management programing within the provider network. An example educational opportunity might be a provider-focused lunch and learn on increasing comfort in approaching difficult conversations with patients who are diagnosed with or at risk for diabetes and/or hypertension.
3. Evaluation Plan: program evaluation and continuous quality improvement cycles will be developed and implemented.
4. Technology: an evidence-based lifestyle management program offered through mobile technology will be identified as well as development of an online platform for diabetes/HTN using Vermont Health Learn (VTHL).
5. Work Force Alignment: assess the current work force and align local efforts.
6. Data Management System: build and operationalize a system to support data collection and specialized outreach to the target population. The data management system will:
    a. House the records of the target population

b. Track the engagement of Vermonters who fall into the four focus areas: pre-diabetes, diabetes, pre-hypertension or hypertension risk and hypertension with Self-Management programing.
c. Have capability to outreach to Vermonters