

An aerial photograph of a serene landscape. In the foreground, a large, white, multi-story house with a prominent chimney sits on a grassy hill, surrounded by lush green trees. A stone wall runs along the edge of the property. Beyond the house, a calm body of water, likely a lake or a wide river, stretches across the middle ground. The water is a deep blue-grey color. In the background, rolling hills and mountains are visible under a clear sky. The overall scene is peaceful and scenic.

BLUEPRINT FOR HEALTH

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AGENCY OF HUMAN SERVICES

*The AHS Central Office, or
“The Secretary’s Office”
Office of Health Care Reform*

Lead by Jenney Samuelson, Secretary of the
Agency of Human Services

Responsible for establishing and supporting the
administration of policy, practice, fiscal, and
operations across the Departments and District Offices
Ensures holistic, consistent, and reliable service
delivery to Vermonters.

Departments: DAIL DCF DOC DMH DVHA VDH



BLUEPRINT FOR HEALTH CENTRAL OFFICE STAFF

WATERBURY, VERMONT

DR. JOHN SAROYAN
Executive Director

JULIE PARKER
Assistant Director

**MARA KRAUSE
DONOHUE**
Assistant Director

AVERIEL HOSSLEY
Project Administrator

ERIN JUST
Quality Improvement
Coordinator

**DR. ADDIE
ARMSTRONG**
Data Analytics and Info
Administrator

CALEB DENTON
Data Analytics and Info
Administrator

JENNIFER HERWOOD
Payment Operations
Administrator

NICHOLE BACHAND
Administrative Assistant

**DR. MONIQUE
THOMPSON**
Specialty QI Facilitator

**DR. MEREDITH
MILLIGAN**
Physician Clinical
Consultant

2006

Blueprint for Health codified into Vermont statute

2007

ACT 71 establishes Medical Home and Community Health Teams

2008

First pilot site: St. Johnsbury HSA

2010

Act 128 shifts the Blueprint from a pilot to a statewide program

2011

Vermont is one of the eight states selected for CMS' MultiPayer Advanced Primary Care Practice Demonstration

2013

Hub and Spoke program for Opioid Treatment and Office Based Opioid Treatment

2017

Pregnancy Intention Initiative (PII), formerly Women's Health Initiative (WHI)

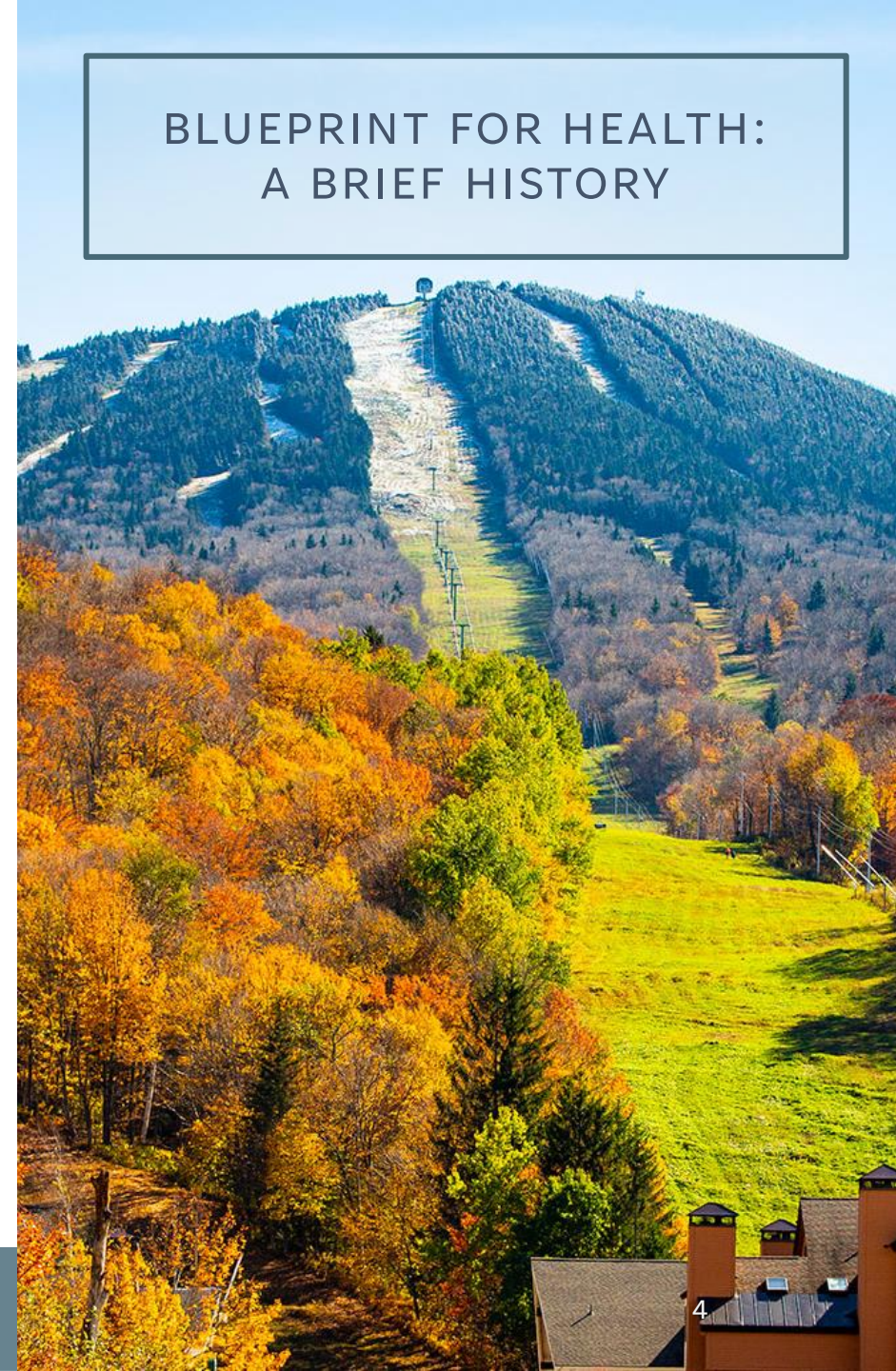
2022

Act 167 Requires recommendation on the amount to increase commercial insurer and Medicaid Contributions to Community Health Teams and Quality Improvement Facilitation

2023

Legislature approved the budget to include funding for the Blueprint for Health Community Health Team Expansion Pilot Program

BLUEPRINT FOR HEALTH: A BRIEF HISTORY



ACT 128

“integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.”

All Payers: Cigna, BCBS, MVP Medicaid, Medicare

2010 Vermont Statutory Framework
Act 128 Mission of Blueprint For Health





THE BLUEPRINT MODEL

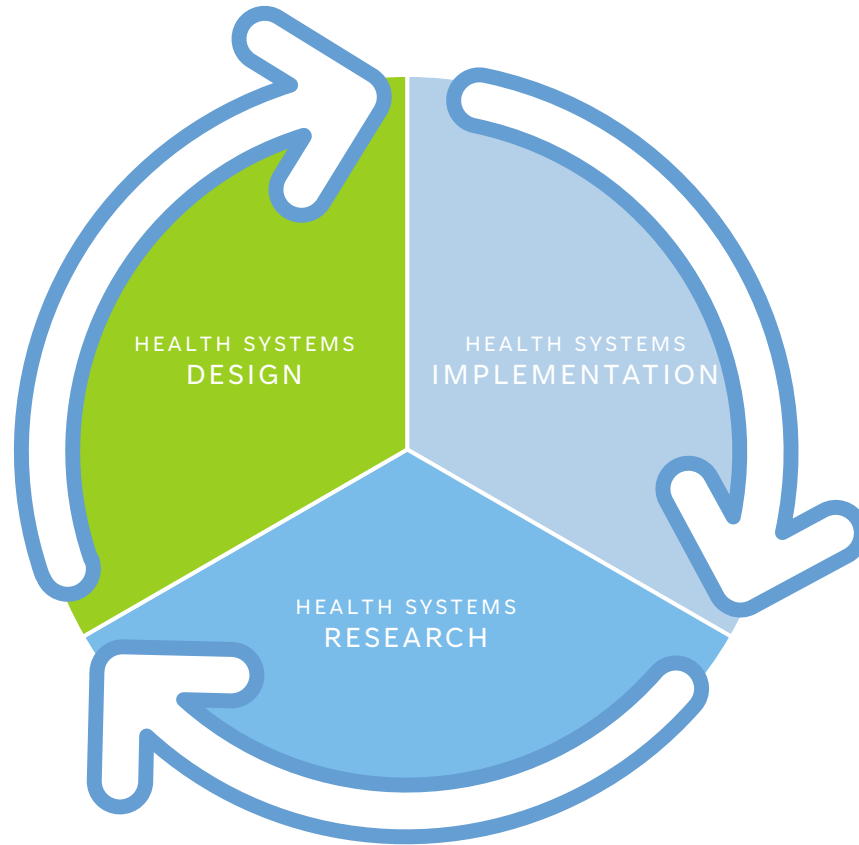
IMPROVE POPULATION HEALTH

- Screening for Social Determinants of Health
- Support patient to manage Chronic Health Conditions
- Team Based Care
- Care coordination and care management

ENHANCE PATIENT EXPERIENCE

- Improve quality of care
- Improve access to care
- Reduce cost
- Improving health of VT

BLUEPRINT FOUNDATION



DESIGN

Incorporate the innovation cycle - *design, implementation, and research* - into all initiatives and services

IMPLEMENTATION

Establish & sustain a network that can systematically test and implement innovative community-led strategies for improving health and well-being

RESEARCH

Rapidly respond to Vermont's health and social service priorities through statewide implementation of new initiatives and service models

BLUEPRINT EXECUTIVE COMMITTEE



PROVIDE

high-level multi-stakeholder guidance on complex issues



ADVISE

the Blueprint Director on strategic planning and implementation of health services with an emphasis on prevention



REPRESENT

a broad range of stakeholders

(health services, insurers, professional organizations, community & nonprofit groups, consumers, businesses, and state & local government)



COMMITTEE MAKEUP

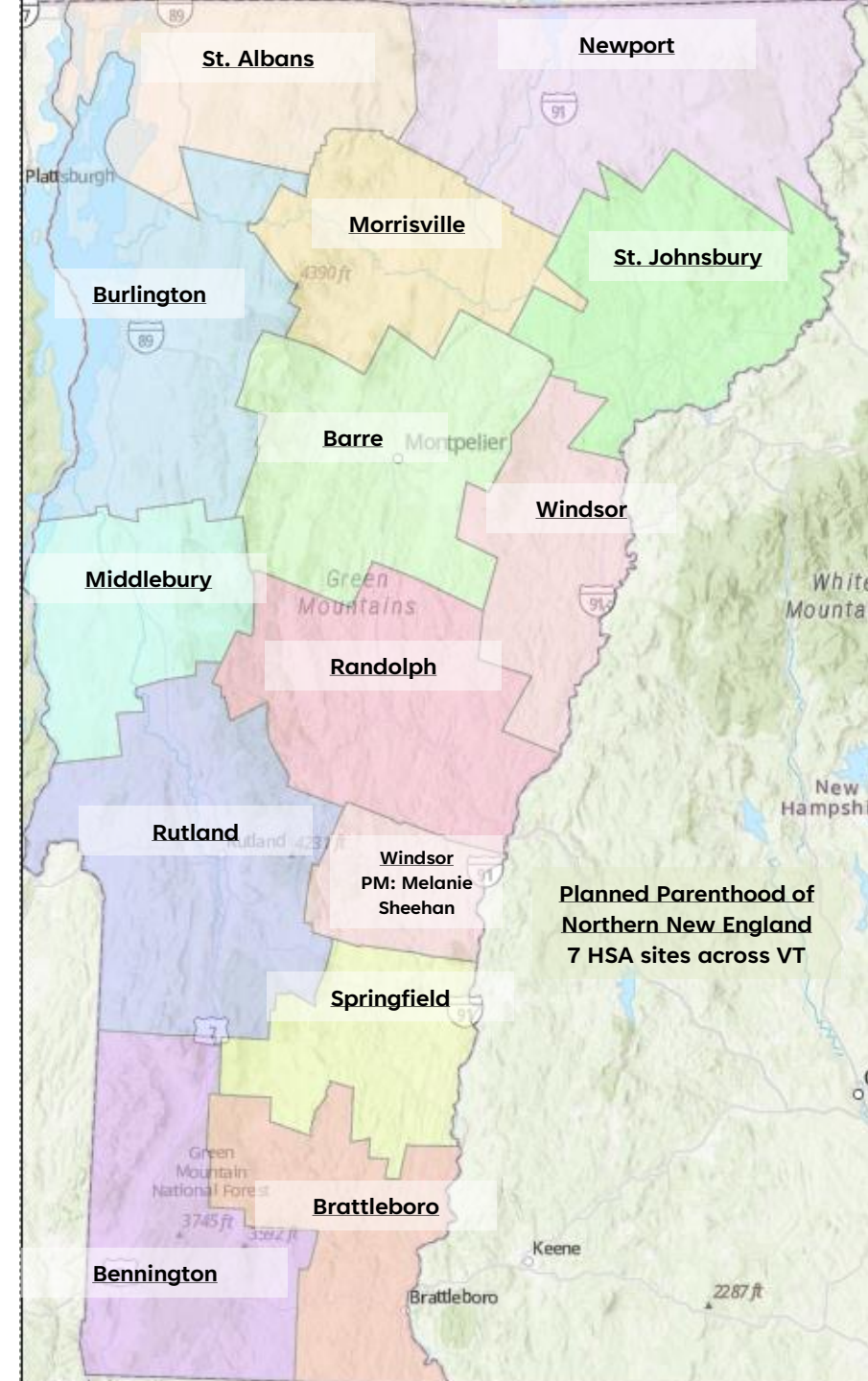
AHS Members,
Commissioner of MH,
Private Health
Insurers,
Home Health,
Self-Insured
Employers, etc...

Full list available in
Blueprint Manual

HEALTH SERVICE AREAS

EACH ADMINISTRATIVE ENTITY HAS A PROGRAM MANGER

- is accountable for leading implementation and ongoing operations of the All-Payer Model (APM) and the Blueprint program in their HSA
- will receive multi-insurer payments to support hiring of Community Health Teams
- must be Centers for Medicare and Medicaid Services (CMS) eligible providers
- 13 Program Managers
 - CHT Leads
 - Quality Improvement Facilitators



PROGRAM MANAGERS



FUNDED BY

annual grant signed
for salary of a
Quality Improvement
Facilitator (in some
HSAs)



REPORTS

primarily responsible
for data collection,
entry and completion



OVERSIGHT

administers CHT
funds/staffing



COMMUNITY

collaborates and
assists staff of
PCMHs within the
Health Service Area

Monthly invoices per contract sent to:
AHS.DVHAInvoices@vermont.gov



BLUEPRINT PROGRAMS

- Patient-Centered Medical Homes
 - Community Health Teams
 - Pregnancy Intention Initiative
 - Hub & Spoke system of Opioid Use Disorder Treatment
 - Self Management Programs
-
- Population data & analytics for policy makers and communities

PATIENT CENTERED MEDICAL HOMES (PCMH)

ACTIVE
ENGAGEMENT

Practices/Organizations
annually pay a fee and register
in a system called Q-PASS

NATIONAL
STANDARDS

Must achieve and sustain
recognition as a PCMH from the
National Committee on Quality
Assurance (NCQA)

Copy of Standards: <http://www.ncqa.org>

“KM”

Knowing and
Managing
Patients

“AC”

Patient
Centered
Access &
Community

“CM”

Care
Management
and Support

“CC”

Care
Coordination
and Care
Transition

“QI”

Quality
Improvement
&
Performance
Management



PATIENT-CENTERED MEDICAL HOMES

- 131/ 165 Practices/Organizations
- Must achieve and sustain recognition as a PCMH from the National Committee on Quality Assurance (NCQA)

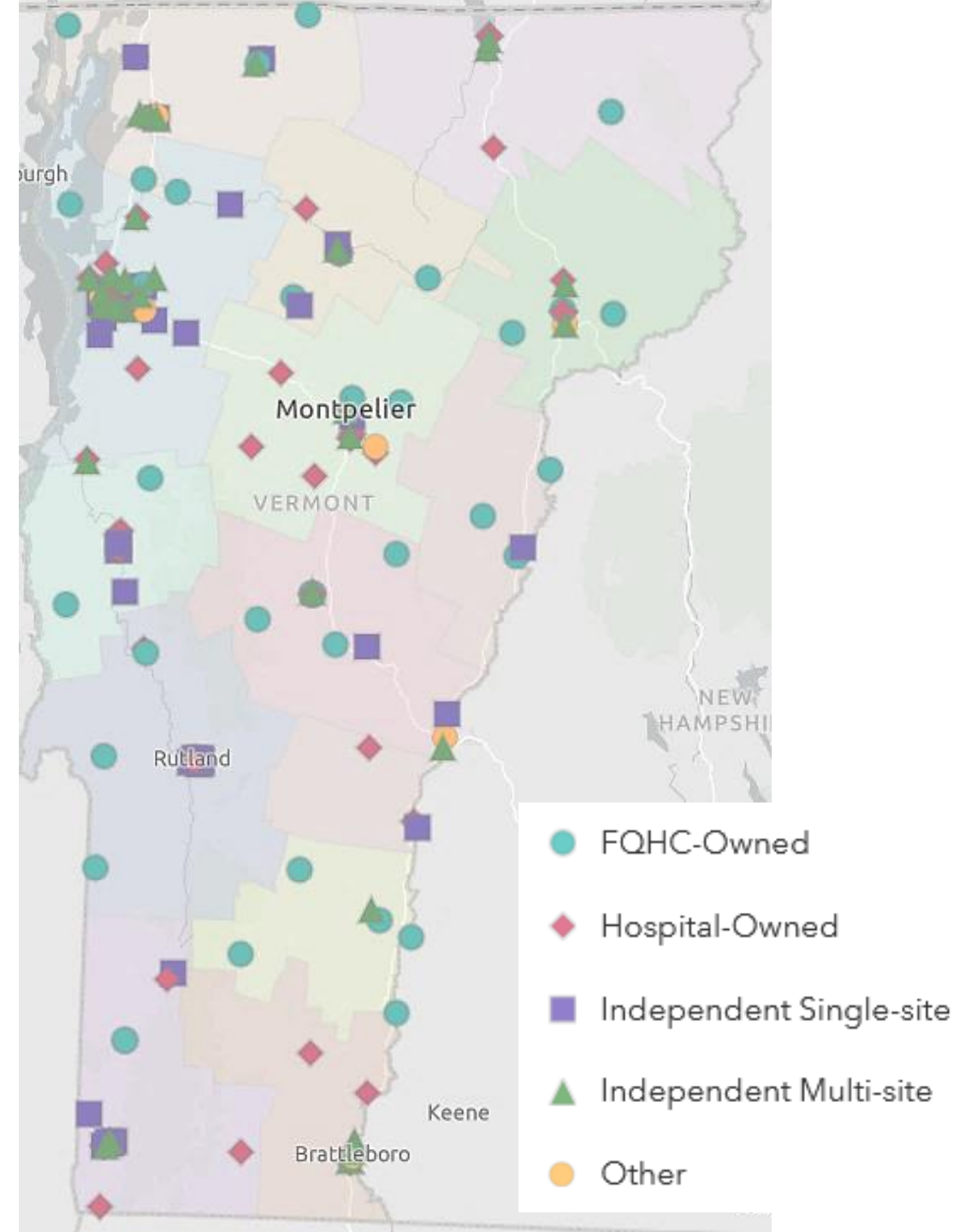
QUALITY IMPROVEMENT FACILITATORS

Improve:

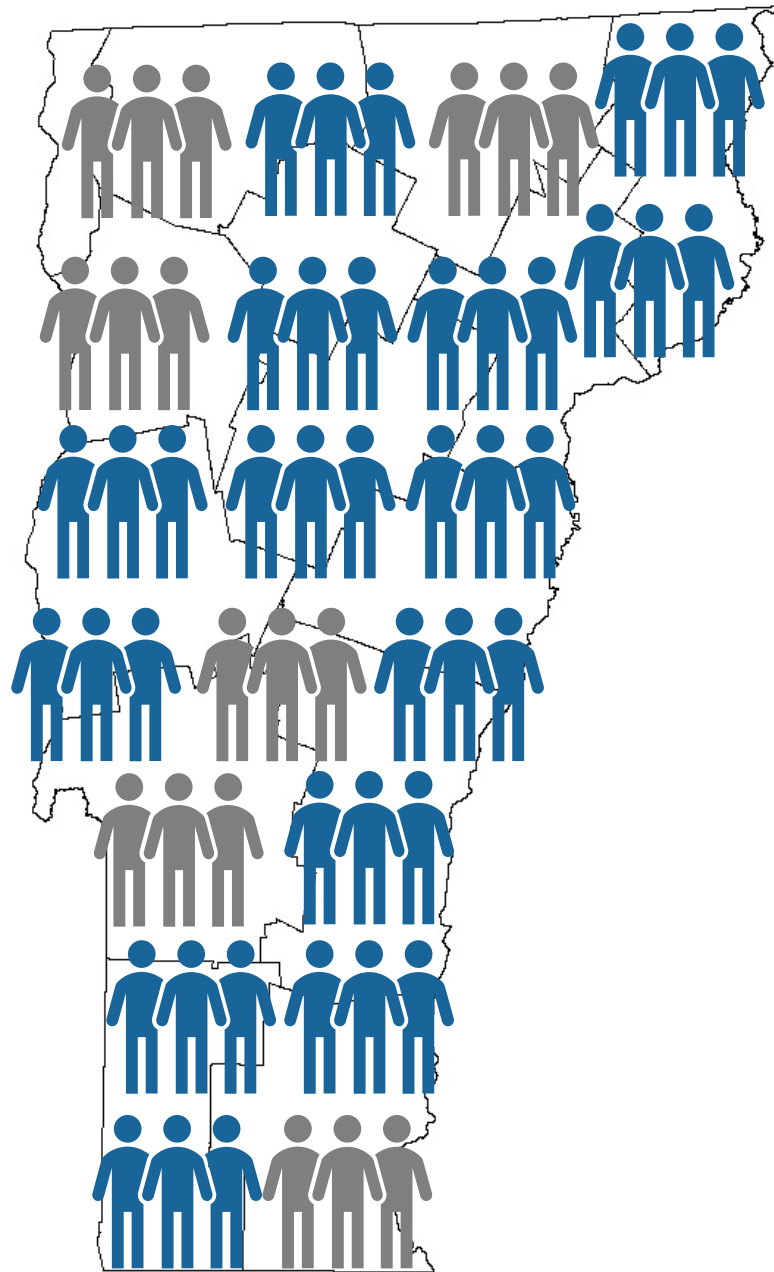
- practice transformation as a PCMH
- population health quality and payment reform efforts
- clinical, cost, or patient experience priorities identified by the practice

Promote:

- Team-based care

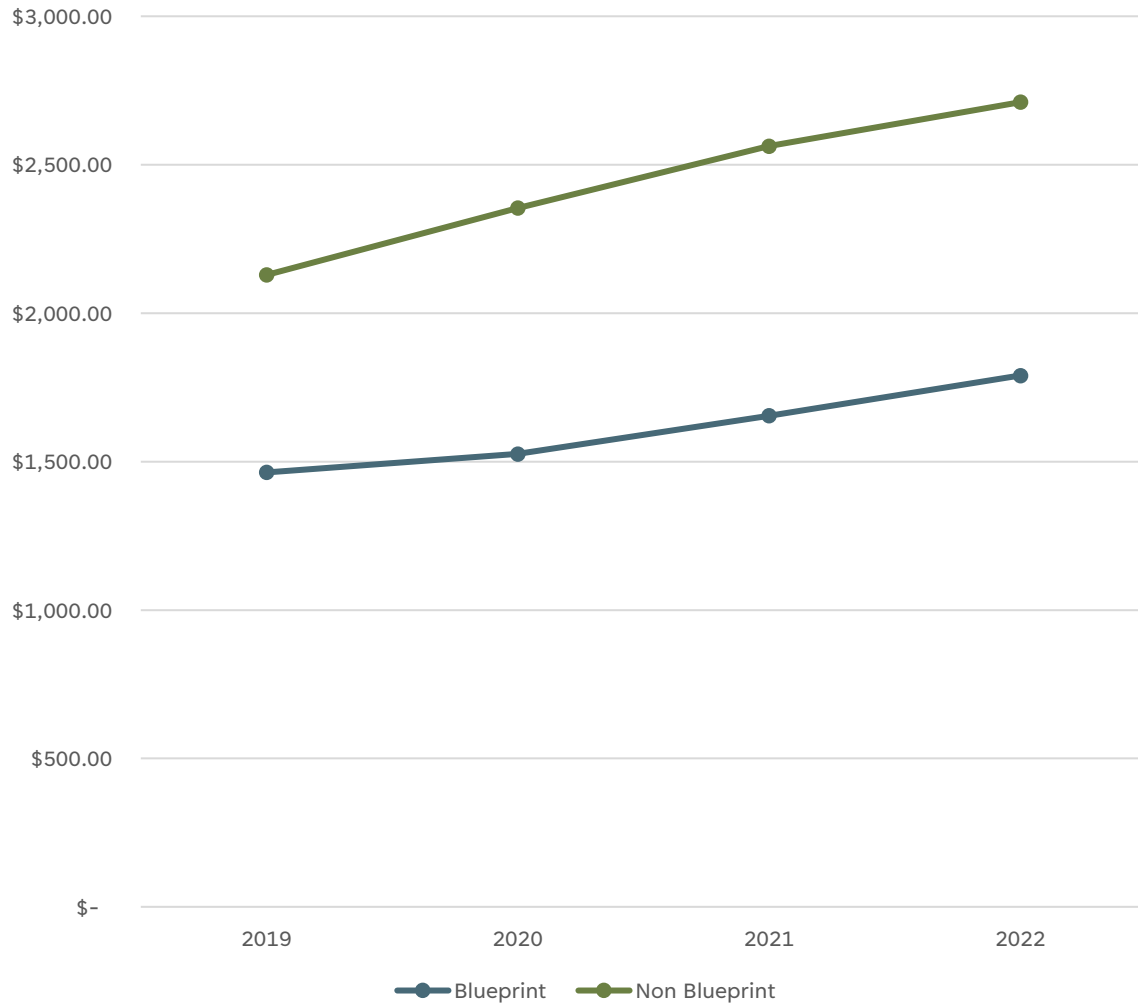


BLUEPRINT
PRACTICE
PATIENTS

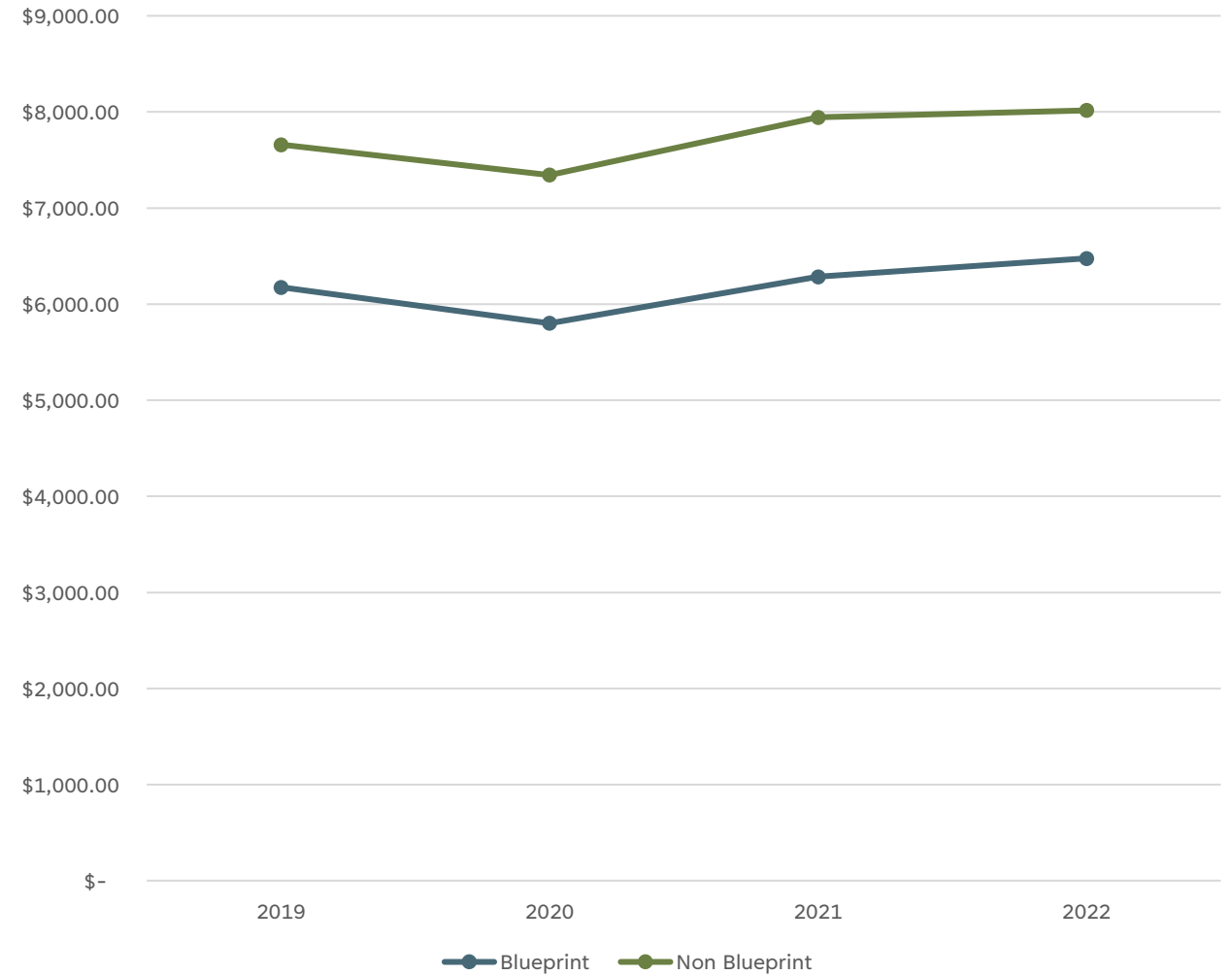


More than **70%** of Vermonters
are seen in a Blueprint-supported
Patient-Centered Medical Home.

Pharmacy Claims Per Member



Medical Claims Per Member



Dataset represents claims filed during these fiscal years that were reported to the VHCURES all payer claims database.

PAID BY COMMERCIAL AND MEDICAID

BASE PAYMENT

\$3.00

Commercial

\$4.65

Medicaid

\$2.15

Medicare

PCMH PAYMENTS
PER MEMBER PER MONTH
(PMPM)

COMMUNITY HEALTH TEAM



SUPPORT PRIMARY CARE PROVIDERS

- identifying root causes of health problems
- Whole Person Health- physical/mental/SUD
- Screening for social determinants of health
- Lead Care coordinator/Care mgt
- Team Based care

CONNECT PATIENTS

- effective interventions
- support to manage chronic conditions
- provide additional opportunities to support improved well-being by engaging in team care



FUNDED
COMMUNITY HEALTH TEAM



NURSES



MENTAL
HEALTH
CLINICIANS



CASE
MANAGERS



CARE
COORDINATORS



PANEL
MANAGERS



DIETICIANS



COMMUNITY
HEALTH
WORKERS

COMMUNITY IS A WHOLE HEALTH TEAM



HOME
HEALTH



PEERS



FOOD
SHELF



AND MANY
MORE...



DESIGNATED
MENTAL
HEALTH
AGENCIES



HOUSING



VERMONT
CHRONIC
CARE
INITIATIVE



HEALTH SERVICE AREAS RECEIVE FUNDS FROM INSURERS FOR STAFFING A

COMMUNITY HEALTH TEAM

CHT Capacity Investment aids Vermonters

- greater access
- multi-disciplinary
- medical and social services

PER MEMBER PER MONTH

\$2.77	Commercial WHI: \$0.00 MOUD: \$0.00
\$2.77	Medicaid
\$2.68	Medicare

CHT STAFFING MODELS

- Money for hiring staff sent directly to practices through Administrative Entity
- OR
- or contract with another entity such as local Designated Agency

CHT PAYMENTS:



SUPPORTING PREGNANCY INTENTION AND HEALTHY FAMILIES



COMPREHENSIVE FAMILY PLANNING COUNSELING

- Increased access to preconception counseling has been shown to improve maternal and infant outcomes. *One Key Question*
- Increased access to contraceptive counseling has been shown to be an effective intervention for reducing the rate of unintended pregnancies
- Same day access to long-acting reversible contraceptives (LARC) and/or moderate to most effective contraception



PSYCHOSOCIAL SCREENING, INTERVENTION, AND NAVIGATION TO SERVICES

- Enhanced screening that includes Social Determinants of Health
- Brief intervention and referral/navigation to treatment and services
- Care coordination agreements with Primary Care/Community Partners

**Healthy Vermonters 2020 goal is 65%
Intended (35% unintended). Currently 57.1%**

Pregnancy Risk Assessment Monitoring

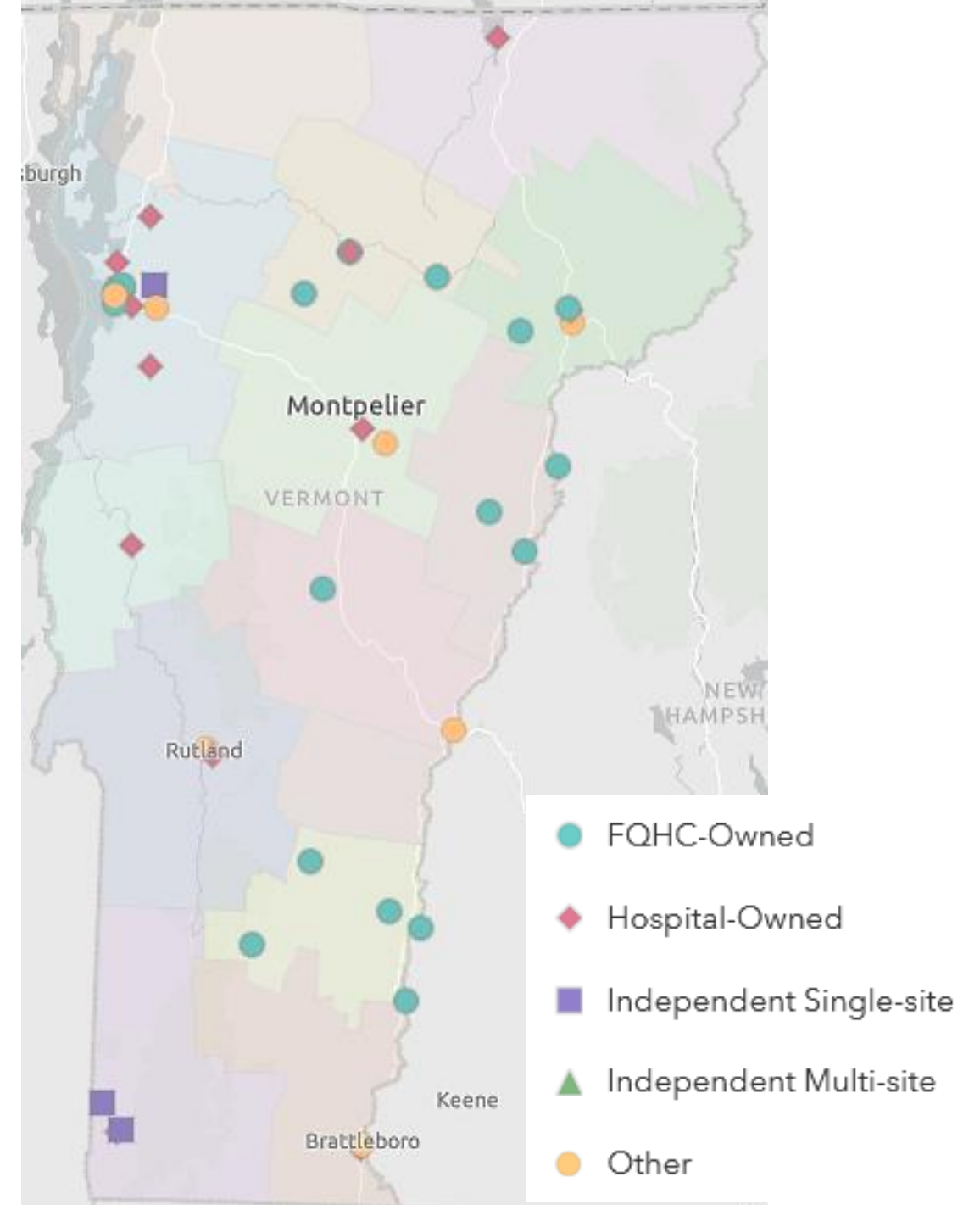
PREGNANCY INTENTION INITIATIVE SITES

(PREVIOUSLY WOMEN'S HEALTH INITIATIVE)

PCMH OR specialty practices who agree to support building healthy families through discussion of Pregnancy Intention, Screening of Social Determinants of Health (SDOH) and same day access to contraceptive care if possible.

PAYMENT:

- Based on number of Medicaid patients ages 15-44 who had a qualifying claim
- Funding to support hiring a licensed counselor
- PMPM \$1.25 to support administering the program to Specialty Practices



An aerial photograph of a city street, likely in Burlington, Vermont, showing a mix of historic and modern buildings, trees, and a train passing in the foreground. A green rectangular box with a white border is positioned in the upper left corner, containing the text 'HUB AND SPOKE' in white, uppercase letters.

HUB AND SPOKE

MEDICATION FOR OPIOID USE DISORDER (MOUD)

- supporting people in recovery from opioid use disorder
- **very effective treatment** for most people

Two settings for MOUD designated by Federal Regulations

- Opioid Treatment Programs (OTPs)
- Office Based Opioid Treatment (OBOT)

HUB AND SPOKE PROGRAM

EST. 2013

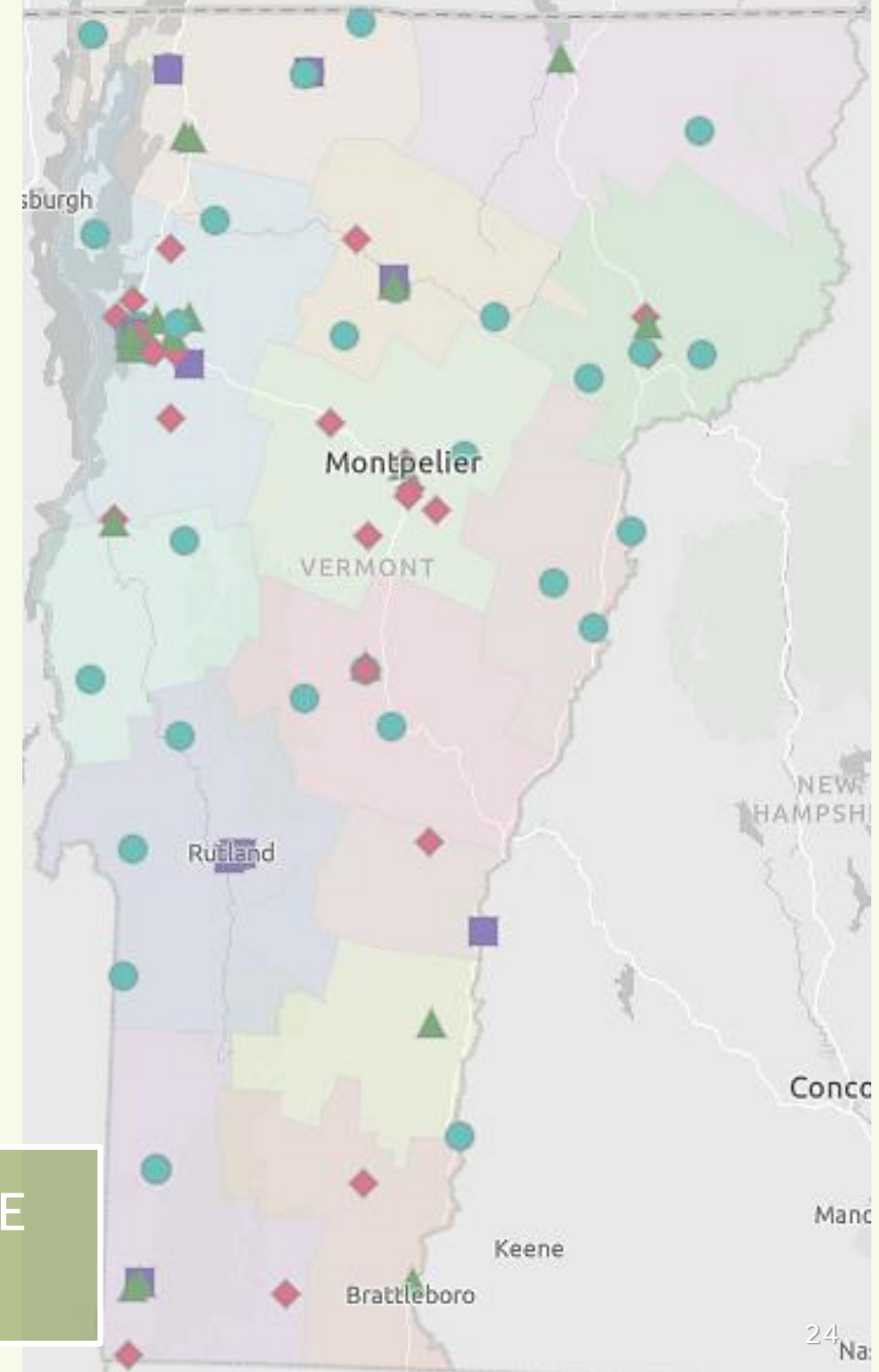
HUBS -VDH

9 PROGRAM SITES

- Enhanced OTPs (Opioid Treatment Programs)
- Dispense Buprenorphine & Vivitrol addition to Methadone
- Augment staffing for health home services (care managers, counselors, nurses, and psychiatry)
- Monthly bundled rate

Patients move between Hubs and Spokes based on their clinical needs

- Hubs and Spokes provide mutual support in conjunction with PCP
- RAM (Rapid Access to Medication)



HUB AND SPOKE
CONTINUED

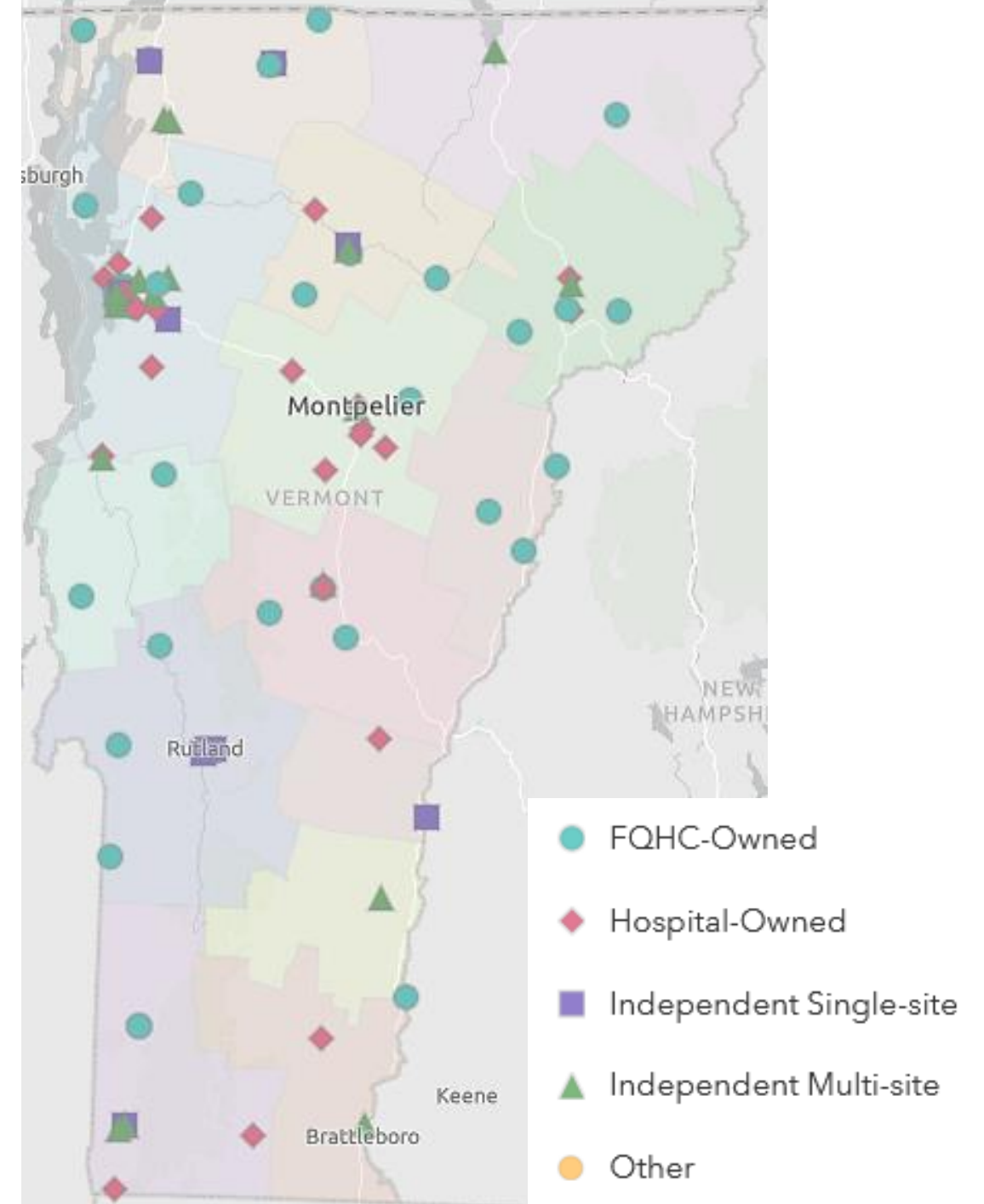
SPOKE SITES

The Blueprint is responsible for Spokes Payment for Enhanced OBOTs (91 Office Based Opioid Treatment) to include health home services such as screening for depression, tobacco screening, and care management for Medicaid patients

Hired and deployed as part of Blueprint CHT though the administrative entity

PAYMENT:

- 1 FTE RN & 1 FTE Licensed Addiction/Mental Health Counselor for 100 Medicaid Members provide health home services. (Claims based on Buprenorphine/Vivitrol Prescriptions)



MEDICATION FOR OPIOID USE DISORDER IN VERMONT SPOKES

Spoke Medicaid Patients Served



Spoke MOUD Prescribers



Spoke MOUD FTE Hired



SELF-MANAGEMENT

SUPPORT ACROSS THE STATE

- provided by grant agreements between the Department of Health and administrative entities
- takes advantage of the additional funding and content expertise that exists within Health Promotion and Disease Prevention
- pairs it with the Blueprint's influence at the local level



MYHEALTHYVT.ORG

FREE WORKSHOPS

- Blood Pressure Management
- Chronic Disease Management
- Chronic Pain Management
- Diabetes Self-Management Program
- Diabetes Prevention Program
- Quit Smoking

Find the free workshop that's right for you

Want to be healthier and feel better? We can help. Our local coordinators can connect you with workshops right in your community led by trained facilitators who understand your needs because many have faced similar health challenges. From building healthy habits, quitting smoking to managing pain and other long-term health problems, Vermonters who complete our workshops see big improvements in their health—and their overall well-being.



CHRONIC DISEASE MANAGEMENT



PITCH DECK
DIABETES PREVENTION



CHRONIC PAIN MANAGEMENT

ACT 167

*“On or before January 15, 2023, the Director of Health Care Reform in the Agency of Human Services shall recommend ... the amounts by which health insurers and Vermont Medicaid should **increase the amount of the per-person, per month payments** they make toward the shared costs of operating the **Blueprint for Health community health teams** ... in furtherance of the goal of providing additional resources necessary... to **sustain access** to primary care services in Vermont.*

*The Agency shall also provide an **estimate of the State funding** that would be needed to support the increase for Medicaid, both with and without federal financial participation.”*

S 285, 2021 - 2022

“...for a two-year pilot to expand the Blueprint for Health... program. Funds shall be used to expand the substances covered by the program, include mental health and pediatric screenings, and make strategic investments with community partners;”

Act No. 78, 2023

NEED FOR COMMUNITY HEALTH TEAM (CHT) EXPANSION

- Increase the number of Community Health Workers, counselors, and social workers
- Balance existing workload with more support for mental health and substance use concerns
- Create consistent funding for evidence-based program, DULCE (Developmental and legal collaboration for everyone)

1 IN 5 Americans experience mental illness

Each Year:

- **1 IN 20** Americans experience serious mental illness
- **5% TO 15%** of adolescents and adults experience a substance use disorder

Vermont has the highest rate of suicide death in New England, and the 18th in the nation as of 2020

[National Action Alliance for Suicide Prevention](#)

[Statistics from National Alliance on Mental Illness \(NAMI\)*](#)

EXPANSION WORKGROUP DEVELOPMENT

PROGRAM DESIGN

Screening
Referral workflow

- Social Determinants of Health
- Childhood developmental screening
- Substance Use
- Depression
- Housing
- Inter-partner violence

MEASUREMENT & EVALUATION

Outcome measures
Data collection processes

- Year 1 practice survey and chart review
- Year 2 Qualitative and Quantitative analyses

PAYMENT

Review of current funding mechanisms
Evolution of new payment methods

- Payments to enhance staffing
- Staffing recommendation guide
- Medicaid investment only but staff serves all

RESOURCES

Blueprint for Health Manual and Implementation

<https://blueprintforhealth.vermont.gov/implementation-materials>

Blueprint Website

<https://blueprintforhealth.vermont.gov/>

Expansion Attestation

https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/BPCHT_Expansion_Attestation_Fillable%20-%20Julie%20and%20Mara.pdf

Expansion Proposal Report and Workgroups

<https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups>

RESEARCH AND EVALUATION

Community Profiles

<https://blueprintforhealth.vermont.gov/community-health-profiles>

PII Evaluation

<https://blueprintforhealth.vermont.gov/womens-health-initiative-profiles>

H&S/MAT Evaluation/Profiles

<https://blueprintforhealth.vermont.gov/hub-and-spoke-profiles> ;

<https://blueprintforhealth.vermont.gov/reports-and-articles/journal-articles>

Annual Report

<https://blueprintforhealth.vermont.gov/annual-reports>

THANK YOU

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