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
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>Blueprint for Health codified into Vermont statute</td>
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<tr>
<td>2007</td>
<td>ACT 71 establishes Medical Home and Community Health Teams</td>
</tr>
<tr>
<td>2008</td>
<td>First pilot site: St. Johnsbury HSA</td>
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<tr>
<td>2010</td>
<td>Act 128 shifts the Blueprint from a pilot to a statewide program</td>
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<tr>
<td>2011</td>
<td>Vermont is one of the eight states selected for CMS’ MultiPayer Advanced Primary Care Practice Demonstration</td>
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<tr>
<td>2013</td>
<td>Hub and Spoke program for Opioid Treatment and Office Based Opioid Treatment</td>
</tr>
<tr>
<td>2017</td>
<td>Pregnancy Intention Initiative (PII), formerly Women’s Health Initiative (WHI)</td>
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<tr>
<td>2022</td>
<td>Act 167 Requires recommendation on the amount to increase commercial insurer and Medicaid Contributions to Community Health Teams and Quality Improvement Facilitation</td>
</tr>
<tr>
<td>2023</td>
<td>Legislature approved the budget to include funding for the Blueprint for Health Community Health Team Expansion Pilot Program</td>
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</tbody>
</table>
“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
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
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
EACH ADMINISTRATIVE ENTITY HAS A PROGRAM MANAGER

• 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

2023

HEALTH SERVICE AREAS

Burlington
Newport
St. Johnsbury
Morrisville
Windsor
Randolph
Rutland
Springfield
Bennington
Brattleboro
Planned Parenthood of Northern New England
7 HSA sites across VT

PM: Melanie Sheehan
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
• 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](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
2023

More than 70% of Vermonters are seen in a Blueprint-supported Patient-Centered Medical Home.
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
- panel managers
- Dieticians
- Community Health Workers
- Care Coordinators
COMMUNITY IS A WHOLE HEALTH TEAM

HOME HEALTH

DESIGNATED MENTAL HEALTH AGENCIES

PEERS

AND MANY MORE...

FOOD SHELF

VERMONT CHRONIC CARE INITIATIVE

HOUSING
COMMUNITY HEALTH TEAM

CHT Capacity Investment aids Vermonters
- greater access
- multi-disciplinary
- medical and social services

HEALTH SERVICE AREAS RECEIVE FUNDS FROM INSURERS FOR STAFFING A COMMUNITY HEALTH TEAM

CHT PAYMENT STRUCTURE

PER MEMBER PER MONTH

<table>
<thead>
<tr>
<th></th>
<th>COMMERCIAL</th>
<th>MEDICAID</th>
<th>MEDICARE</th>
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<tr>
<td></td>
<td>$2.77</td>
<td>$2.77</td>
<td>$2.68</td>
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</table>

CHT STAFFING MODELS

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

CHT PAYMENTS:

- PRIMARY CHT STAFF
- MOUD CHT STAFF
- WHI CHT STAFF

**COMMERCIAL**: $2.77  (WHI: $0.00  MOUD: $0.00)

**MEDICAID**: $2.77

**MEDICARE**: $2.68
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
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

  o Opioid Treatment Programs (OTPs)
  o 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
  o Hubs and Spokes provide mutual support in conjunction with PCP
  o RAM (Rapid Access to Medication)
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

<table>
<thead>
<tr>
<th>Category</th>
<th>2013 Q1</th>
<th>2023 Q3</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoke Medicaid Patients Served</td>
<td>1,837</td>
<td>3,811</td>
<td>2,004</td>
</tr>
<tr>
<td>Spoke MOUD Prescribers</td>
<td>114</td>
<td>342</td>
<td>228</td>
</tr>
<tr>
<td>Spoke MOUD FTE Hired</td>
<td>7.6</td>
<td>74.3</td>
<td>66.7</td>
</tr>
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</table>

**Spoke MOUD Prescribers**

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<th>Year</th>
<th>2013 Q1</th>
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<td>114</td>
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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.
“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.”

“...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;”
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

MEASUREMENT & EVALUATION
- Outcome measures
- Data collection processes

PAYMENT
- Review of current funding mechanisms
- Evolution of new payment methods

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

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

- 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

Expansion Proposal Report and Workgroups
https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups
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

Julie Parker LCMHC, CCM
Assistant Director Blueprint for Health

Julie.Parker@vermont.gov