

<b>Workgroup Name:</b>	<b>Workgroup Leader:</b>
Vermont Blueprint for Health Workgroup for Program Designs for Community Health Teams for Expansion of Community Health Teams	Julie Parker
<b>Meeting Goals:</b> 1. Welcome back 2. Year 1 Progress 3. Year 2 Plan and Screening Discussion 4. Wrap-up	<b>Mtg. Facilitator:</b> Julie Parker <b>Mtg. Recorder:</b> Averiel Hossley <b>Where:</b> Virtual Meeting
	Conference Room: none
	<b>Date:</b> February 15, 2024 <b>Time:</b> 9:00am-10:00am

Attendees			
Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society	Anje Van Berckelaer	Battenkill Valley Health Center FQHC
Gretchen Pembroke	Designated Agency/ Clara Martin Center	Devon Green	VAHHS
Merideth Drude	Blueprint Program Manager	Samantha Sweet	DMH
Ellen Talbert	Blueprint QI	Andrea Nicoletta	VDH
Sarah McLain	Blueprint QI	Megan Mitchell	VDH
		Teri Closterman	Consumer

Non-Workgroup Members			
<b>Dr. John Saroyan</b>	Executive Director, Blueprint for Health	<b>Mara Donohue</b>	Assistant Director Blueprint for Health
Caleb Denton	Data Analytics and Info Administrator Blueprint for Health	<b>Jenn Herwood</b>	Payment Operations Administrator Blueprint for Health
<b>Averiel Hossley</b>	Administrative Assistant Blueprint for Health	<b>Erin Just</b>	Quality Improvement Facilitator Coordinator

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I	Welcome Back	Julie Parker	<i>Welcome back. We are continuing our invitees from last year, in addition to our BP program managers. Feedback may be provided via email in addition to the following few meetings</i>	
II	Year 1 Progress	Julie Parker	<i>Screenings were suggested for last year's attestation. Left flexible in terms of tool, allowing for a narrative in those domains. This year focusing on specificity for standardization. To aid chart reviews and legislative review.</i>	
III	Year 2 Plan and Screening Discussion	Julie Parker	<p><i>Funding allowed 82 FTE across the state. 39 People hired currently. Focus on HMSU clinicians and CHW. Full breakdown of current statistics available under Action Items</i></p> <p><i>Question: How many positions are new hires vs internal? Is this data accessible?</i>  <i>Yes, it will be added in the notes. It has not been a standard question, but good to keep in mind going forward. It will be reviewed in the Measurement and Evaluation workgroup.</i></p> <p><i>Original age groups were too large, in terms of screenings. Social determinants/drivers of health are the first focus. (Food, transportation, family/community support, employment, etc) We would like to use the CMS tool to standardize these questions for Adult patients. Other tool options are listed in the document listed under Action Items</i></p> <p><i>Comment: A lot of practices have already picked their tools, that align with the selected tools already.</i>  <i>Yes, and most are using the entire list of questions in the tool, which we urge for consistency and compliance with standardization.</i></p> <p><i>A review of the CMS document was given. Listed under Action Items. All of the screening questions are vital to catch any important information that impact a patient's health, some that providers may not think to ask out of habit.</i></p> <p><i>A detailed list of which of the CMS questions are provided in the spreadsheet under Action Items.</i></p> <p><i>Comment: Concern over volume. The screenings already implemented are adding crucial time to workflow.</i></p>	<a href="#"><u>Year 1 Summary and Resources</u></a>

			<p><i>Currently, the burden is quite large already. Cutting down the volume while keeping a focus on Finances, Housing insecurity, Utilities, and domestic violence question. Other questions should be added/excluded intuitively, with consideration on other factors.</i></p> <p><i>Comment: A strength of the Blueprint is the integration with the community. The accountable community for health provides great resources and screening options for local providers. Allowing for flexibility in the domain areas of importance would aid workflows. Identifying priority areas and allow for PCMH to determine specificity.</i>  <i>Yes, however, external agencies, insurers, etc, may require a standardized list of screenings.</i></p> <p><i>Comment: Customization will inevitably lead to complications down the line with reporting to CMS, HRSA, DVHA. Considering if EMR results are reportable, self-administered, etc.</i></p> <p><i>Comment: Where to put this information for underage patients. Info is tied to patient, not caregiver.</i>  <i>Yes, and referrals can be utilized when necessary.</i></p> <p><i>Comment: The human resource of the situation is what matters. In working with DULCE and early child pieces, these CMS questions are utilized in the first six months, in a way that really works with families.</i></p> <p><i>With Bright Futures, these questions have been cross-referenced with our spreadsheet to specify suggested screenings types.</i></p> <p><i>PSC17 is a tool for school-age kids that can be readily built into an EHR.</i></p> <p><i>This is a hugely aspirational goal, and we understand this. We appreciate everyone's collaborative effort in leading Vermonters to this progress in healthcare.</i></p>	
IV	Wrap-Up		<p><i>Thank you all. Next meeting will focus on more screening tools listed in the spreadsheet, with more opportunities for discussion around this work.</i></p> <p><i>Next meeting will be: February 22, 2024 9:00am.</i></p>	