

Workgroup Name:	Workgroup Leader:
Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams	Erin Just & Addie Armstrong
Meeting Overview: <ol style="list-style-type: none"> 1. Workgroup Objective 2. Program Design Updates 3. 2024 Chart Review Updates 4. Evaluation Gaps/Recommendations 	Mtg. Facilitator: Erin Just Mtg. Recorder: Nichole Bachand-Bartlett Where: Virtual Meeting
	Conference Room: none
	Date: March 6, 2024 Time: 9:00-10:00am

Attendees			
Name	Affiliation	Name	Affiliation
Ally Tippery	Market Decisions Research	Hanna Ancel	Blueprint for Health Program Manager
Jessa Barnard	Vermont Medical Society	Kerry Sullivan	Blueprint for Health CHT Lead
Thomasena Coates	Blueprint for Health Quality Improvement Facilitator	Ryan Torres	Blueprint for Health QI Facilitator
Monique Thompson	Blueprint for Health Specialized QI Facilitator	Ali Johnson	VPQHC
Grace Gilbert-Davis	BCBSVT	Rachel Wallace-Brodeur	VCHIP Quality Improvement Coach
Constance Van Eeghen	University of Vermont	Ilisa Stalberg	Vermont VDH/Family & Child Health

Non-Workgroup Members			
John Saroyan	Executive Director, Blueprint for Health	Mara Donohue	Assistant Director, Blueprint for Health
Erin Just	QI Coordinator, Blueprint for Health	Julie Parker	Assistant Director, Blueprint for Health
Addie Armstrong	Data Analytics and Information Administrator, Blueprint for Health	Averiel Hossley	Project Administrator, Blueprint for Health
Nichole Bachand-Bartlett	Administrative Assistant, Blueprint for Health	Caleb Denton	Data Analytics and Information Administrator, Blueprint for Health

I.	Workgroup objective
II.	Program Design Updates
III.	2024 Chart Review Updates
IV.	Evaluation gaps/recommendations

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I	Welcome & Introductions	Erin Just	<p><i>Welcome back, and introductions from those who didn't attend the first meeting on Feb 21, 2024.</i></p> <p><i>Presentation and Evaluation Matrix Spreadsheet were emailed to all attendees prior to this meeting. Available in action items.</i></p>	<p>Measurement & Evaluation Y2 Presentation</p> <p>CHT Expansion Evaluation Matrix</p>
II	Workgroup Objectives	Erin Just	<ul style="list-style-type: none"> <i>Review plans in place to answer 10 Evaluation Framework Questions</i> <i>Consider Programmatic and other developments</i> <i>Help identify any major gaps and make recommendations for evaluation.</i> 	
III	Deliverables	Erin Just	<p><i>Not reinventing the framework from Year One regarding 10 Evaluation Questions but are using those 10 Eval. Questions as a focus to make sure that the plans and activities currently in place are answering the questions that are already posed for this pilot.</i></p> <p><i>With that, a lot of things have also changed in terms of what recommendations are coming out of the program design group for Y2 and other developments that are part of the larger context of working in primary care in Vermont that need consideration.</i></p> <ul style="list-style-type: none"> <i>Ultimately the purpose of this group is to help identify any major gaps and make recommendations for evaluations.</i> <p><i>The (3) AIMS developed from logic model:</i></p> <ol style="list-style-type: none"> <i>Provide Vermonters with enhanced screening care, support, and coordination specific to mental health, substance use, and social determinates of health needs.</i> <i>Enhance the number of health professionals that can support patients with these needs in the PCMH context. Increasing the number, the knowledge, competencies, and skills.</i> 	<p><i>See pg. 5 to reference the 10 Questions.</i></p>

		<p>Julie Parker</p>	<p>3. <i>Integrate the services offered within the PCMH into the continuum of mental health, substance use, and social services within Vermont.</i></p> <p><i>Review of Evaluation Activities from last meeting. Reviewed the (3) groups in detail.</i></p> <ul style="list-style-type: none"> <i>Internal Blueprint central office responsible for initiating, capturing, and tracking all of the info with support from field staff, the PMs, QI Facilitators, and CHTs.</i> <i>External evaluation is where we have contracted through RFP process with other organizations outside of the state of Vermont to assist us with completing a claims analysis, surveys, focus groups, work, and interviews.</i> <i>DULCE Evaluation which has an existing criterion from their national organization.</i> <p><i>Review of the (2) Program Design Meetings that were held.</i></p> <ul style="list-style-type: none"> <i>Reviewed last year’s attestation in terms of domain areas and what we hope was being screened and allowing more narrative than tools.</i> <i>For Y2 asking for more specific tools. There’s a document available on the BP website that shares what tools are recommended based on work with family and child health.</i> <p><i>Feedback received:</i></p> <p>1) <i>The document was too broad in terms of screening.</i></p> <ul style="list-style-type: none"> <i>The document was broken down into smaller age groups.</i> <p><i>Part of the work BP is asking for from practices is to reference the spreadsheet that includes age groups, domain areas, what BP is asking for and what BP recommends.</i></p> <p><i>Asking Practices to return the spreadsheet with what they are already doing, in those screening domain areas. Acceptable to not use some of the questions or to add different tools to the domain areas.</i></p> <p><i>BP can then review and support practices in areas where they’d like to make improvements or add a screening or other work that the Practice Manager, or QI, can assist with.</i></p> 	<p><i>See pg. 6 to reference the details of each group for Evaluation Activities</i></p>
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		<p>Julie Parker</p>	<p>2) <i>Recommendations for family practices, pediatric practices for caregiver screening.</i></p> <ul style="list-style-type: none"> <i>Ideally have caregivers screened in (4) key areas. Highlighted in GOLD and explained on the spreadsheet, located on BP website.</i> <p>3) <i>Appreciate the feedback about there not being enough Providers in our program design group. Dr. Saroyan and JP have (3) upcoming meetings with the pediatric practice, an independent practice, and FQHC. Ensuring we receive some additional feedback before we finalize that recommendation.</i></p> <p><i>Other items discussed in previous E&M and PD meetings.</i></p> <ul style="list-style-type: none"> <i>Reference what Y2 Attestation timelines and requirements.</i> <ul style="list-style-type: none"> <i>Attestation submission date: April 15th, 2024.</i> <i>Timeline allows payment team to really assess what level of participation we have and how the funds can be distributed.</i> <p><i>It's aspirational, no expectations for the date things are in place, simply a commitment to continue striving to perform these screenings of patients.</i></p> <p><i>Commitment to integrate or embed a centralized resource that we can use to support our work with these patients.</i></p> <p><i>It's helpful as attestations are submitted both for evaluation and quality improvement work. Allows assessment of the goals practices are aiming for and gives us a broad picture of the comprehensiveness of screenings and the types of screenings being done across the state for participating practices.</i></p>	
		<p>Erin Just</p>	<p><i>Chart Review:</i></p> <p><i>Important internal evaluation activity that is one comprehensive source of information about what is happening for the CHT interventions in the practice. As a program BP is funding these positions using Medicaid waiver dollars, the contingency around that is CHTs are not able to submit claims for the services they provide. The common way to evaluate healthcare services is through looking at claim's measures.</i></p>	
		<p>Erin Just</p>	<p><i>With BP CHTs we don't necessarily have that ability.</i></p>	

		<p>Erin Just</p>	<p><i>The Chart Review was intended for:</i></p> <ul style="list-style-type: none"> • <i>Getting a better understanding of how patients are being identified for CHT services.</i> • <i>What types of CHT interventions are being provided.</i> • <i>How are CHTs supporting patients to connect with organizations outside of the PCMH.</i> <p><i>In October 2023, BP QI Facilitators engaged with all the participating practices to complete at least (5) chart reviews per practice. Practices used the CHT unique patient list and randomly selected (5) charts to review. It held approximately (25) questions, it's anticipated 2024 will essentially be the same.</i></p> <ul style="list-style-type: none"> • <i>October 2024 is the tentative date for this activity to recur.</i> • <i>Process will remain the same with (5) charts per participating practice and selection is going to be from CHT unique patient list for patients that were seen by CHT between July through September 2024.</i> <p><i>What will be different in Y2:</i></p> <ul style="list-style-type: none"> • <i>Option for practices to complete their own chart reviews. The QI facilitators are there and can be used to help practices through this. Training required.</i> <ul style="list-style-type: none"> • <i>Most organizations created a business associate agreement with the QI facilitators to have access to the system and records. Most still have those agreements in place.</i> • <i>Improve clarity and interrater reliability of questions.</i> • <i>Greater focus on standardized tool use for screening rather than narrative.</i> • <i>Increase survey branching for different age groups.</i> • <i>Potential to add questions based on gaps identified in evaluation.</i> <ul style="list-style-type: none"> • <i>Example: An observation that depending on the language used in the home there were significant differences in the screening follow-up intervention. May consider adding that demographic question into the chart review.</i> 	
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			<p><i>Gaps and Recommendations:</i></p> <p><i>Is there anything critical that’s been missed or needs consideration to be able to effectively answer the 10 evaluation framework questions?</i></p> <p><i>Reference CHT Expansion Matrix spreadsheet, link in action items. This matrix maps out:</i></p> <ul style="list-style-type: none"> • <i>What the question was.</i> • <i>How we’re evaluating it.</i> • <i>Allows for talk about gaps and recommendations from this workgroup.</i> <p><i>Matrix Question Review:</i></p> <ol style="list-style-type: none"> 1. <i>First Question ‘who was reached by the pilot?’</i> <ul style="list-style-type: none"> • <i>Evaluated through Y1 and Y2 attestations.</i> • <i>CHT chart review gives information about age and insurance types.</i> • <i>Not for all patients seen, only for a subset we evaluate then the DULCE evaluation has some additional demographic information about who they served.</i> 2. <i>Second Question ‘How effective was the expansion pilot?’</i> <ul style="list-style-type: none"> • <i>Relate effectiveness back to AIMS</i> • <i>How effective was providing enhanced screening care supports and coordination, increasing the number of health professionals working in PCMHs who have the skills, knowledge, and competencies for providing mental health, substance use, and social determinants of health care and integrating PCMH services into the continuum of care.</i> <ul style="list-style-type: none"> ○ <i>Existing evaluation activities that are trying to answer that question are the attestation spreadsheets, chart review process in BP portal, tracking the number of CHT staff hired as part of the expansion.</i> 	
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		<p>Erin Just</p>	<p><i>Recommendation/request from PD workgroup was when reporting to differentiate between how many of those staff were newly hired vs. how many were existing CHT staff members and just had an increase in the amount of time that they were funded for.</i></p> <p><i>Note: Another way of gathering information about the CHTs is going to be through the focus groups and the surveys that are being conducted.</i></p> <p><i>See below in comments and questions for conversation around this item.</i></p> <p><i>3. Third Question ‘How was the expansion pilot adopted?’.</i></p> <ul style="list-style-type: none"> <i>• This is a process measure: <ul style="list-style-type: none"> <i>○ Attestation tracking</i> <i>○ Surveys and focus groups to be conducted by Market Decisions</i> <i>○ Research with administrative entities who are responsible for administering the BP programs and CHTs across HSAs</i> <i>○ Also focus groups and surveys that are going directly to PCMHs</i> </i> <i>• ‘If it was adopted, was it implemented as planned?’.</i> <ul style="list-style-type: none"> <i>○ Funding tracking mechanisms</i> <i>○ Staffing tracking mechanisms</i> <i>○ Survey and focus groups, with administrative entities and with CHTs which specifies in the work plan around trying to assess fidelity, dose, reach exposure, and context</i> <p><i>Are we missing any kind of stakeholder groups or activities?</i></p>	
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IV	Group Input – Questions	Erin Just	<p>Question:</p> <ul style="list-style-type: none"> • What does the “X” represent on the spreadsheet. <p>Answer:</p> <ul style="list-style-type: none"> • (JP) Reference the GOLD area, highlighted for food, caregiver support, mental health, and substance use. Those are the areas that caregivers should be screened on, and we note in the spreadsheet where there is potential overlap. • In the survey for wellbeing for young children there are some questions that could overlap, there may be no need to use a separate question. • The “X” indicates DULCE uses this tool and that it’s a suggested domain for which areas to screen which age group in. <ul style="list-style-type: none"> • Example: For a caregiver of someone who has a child who is under (1) year old, we want to at a minimum be screened for food, family, community support, mental health, and substance use. These (4) critical screening questions can often lead to further assessment if positive. <p>Comment: As discussed in the PD workgroup it would be useful to have links on the spreadsheet to click and go directly to the resource/question.</p> <p>Reply: (JP) YES, we are absolutely implementing that.</p> <p>Question:</p> <ul style="list-style-type: none"> • Is the chart review used to answer the questions in the spreadsheet? <p>Answer:</p> <ul style="list-style-type: none"> • The questions help answer the evaluation framer question, the (10) evaluation framer questions. <p>Question:</p> <ul style="list-style-type: none"> • Are there questions on the attestation spreadsheet or somewhere in this analysis that would collect information about which goals, types of screenings, care, coordination, and referrals the newly hired staff assisting with? 	
		Erin Just	<p>Answer:</p> <ul style="list-style-type: none"> • (EJ & JP) No. We hope to change the way staff are entered and attached to their position. Recently sent out to PMs a suggested change so that we may be able to identify the role further. 	

		<p>Erin Just</p>	<ul style="list-style-type: none"> (AA) When someone is entered into the portal, they are entered with who they are, where they work and what their intended job role will be. The role identifies their role in care coordination, patient education, community health work, mental health support, and the like. That is where we can capture that information. <p>Continued Question: Would that get at the question of who is providing the screenings? Comment included: I've always been interested in where this expansion is giving practices more support staff, but also asking practices to do the screening and it's not always clear if that is going to be the same people doing that.</p> <p>Question:</p> <ul style="list-style-type: none"> Will there be a way to separate that out? <p>Answer:</p> <ul style="list-style-type: none"> (EJ) We don't have the specific question as of now but are trying to capture in the chart review...example: looking back on the last (12) months, what screenings happened for this patient in terms of these domains and how did they occur. Were they administered using a standard tool. <p>That could be a potential question that we ask to try to answer who administered the screening to patient. Many variations to how and where questions are asked – self-administered, through the portal, in the waiting room, by an individual whether it's CHT or physician this question could be added in the chart review to give some insight.</p> <p>Continued Comment:</p> <ul style="list-style-type: none"> Or could be added to the job. Possible check boxes for job description of what CHT staff are doing, possible opportunity to add that as part of their job description that they assist with screenings or not. (JP) Comment/Reply: The portal won't allow for that we'd have to define that further, which we can do, I don't think it's going to fully capture that. Because it's done differently. Is it done by a nurse, is it done at check-in or by the portal. Gives a lot of food for thought and something to discuss further as a team. <p>Comment:</p> <ul style="list-style-type: none"> Outcomes are more about learning from talking 	
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			<p><i>with patients, which is excellent and important. Many well-established clinical outcomes that are very accessible from chart review like lab values, A1C's for example, or values for blood pressure or changes in medication.</i></p> <p><i>You can see so much in a chart in terms of process measures and intermediate clinical measures, even if the patient believes they are doing better, which might come the interview, you can learn a lot from the clinical data chart. Is this the appropriate place to think about this and is it worthy of additional effort knowing it's not a small task.</i></p> <ul style="list-style-type: none"> <i>(EJ) Response: Appreciate the perspective being brought up in this meeting and something to give more thought to and to hear more of the group's perspective on this. When we did a chart review on this there was a question 'were their goals recorded on the patient's record anywhere that related to mental health, substance use, or social determinates of health?'. And then asked, 'were there outcome measures reported for these patients, and if there was, were there an improvement, did things remain the same or was there a decline?'. Which determined to be a very broad and challenging exercise for the chart reviewers in terms of having a very long list of potential outcome measures that a practice may or may not be using. Then try to capture and document them. It would be helpful to hear from people who directly work with the CHTs about what kind of possibilities might exist in terms of how the CHT is documenting those clinical outcomes and what we might be looking at.</i> <p><i>(EJ) Question to CHT Leads or PMs:</i></p> <ul style="list-style-type: none"> <i>What are your thoughts or perspectives on the clinical effectiveness of the chart reviews?</i> <p><i>Response from (AH):</i></p> <ul style="list-style-type: none"> <i>We added essentially a template that we document at the bottom of the screening in progress, note that clearly summarizes and identifies any positive screens and the follow-up actions taken and by whom. That's done at the time of screening and then the effectiveness and treatment would be over the course of many months. That would be followed up with many different progress notes, in theory we could add a structured data element that you could pull a</i> 	
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			<p><i>report from. However, It wasn't always a reliable way of reporting that, being one more step in addition to the written note.</i></p> <p><i>'Essentially it's multiple progress notes that those follow-up actions would be documented in'.</i></p> <p><i>(JS) Response: Excellent suggestion and very astute to increase the rigor of this evaluation process but may cross the border over what we're set up to do well at this stage, but something to absolutely discuss and enhance our discussion with our vendors as much as possible, the practical and resource aspects of it though, would be a stretch.</i></p> <p><i>Question:</i></p> <ul style="list-style-type: none"> <i>How are we defining integration and measuring effectiveness.</i> <p><i>Response:</i></p> <ul style="list-style-type: none"> <i>There is definitely some further work we can be doing there.</i> <p><i>Comment/suggestion: If you have someone who did adopt but drops out, you will probably want to know why.</i></p> <p><i>Question/Comment:</i></p> <ul style="list-style-type: none"> <i>What does fidelity really mean. How broad or specific? May want to set an internal expectation to measure adaptation. What is good enough to accomplish the goals in AIMs.</i> <p><i>(EJ) Response:</i></p> <ul style="list-style-type: none"> <i>Great perspective and will be some great discussion that we'll have with the Central Office and Market Decisions research to kind of define that in how they ask the questions and analyze their responses.</i> <p><i>Question:</i></p> <ul style="list-style-type: none"> <i>Is there any information about interviews or outreach to practices that did not adopt the pilot and why? Could that help answer 'are there challenges' or 'how could we make sure it is adopted more broadly?'. What were the reasons they found it not possible to adopt it so they could be addressed in future designs.</i> 	
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			<p><i>Response:</i></p> <ul style="list-style-type: none"> <i>We have some data from Y1 from the Practice and Provider Survey about the reasons why they did not adopt the expansion. Can discuss how to potentially capture that and how if practices decline in Y2 what we could do to outreach to them.</i> 	
	Wrap-Up		<p>Next Meeting March 13th, 2024 9:00 AM – 10:00 AM</p>	
<p>Parking Lot <i>any items that I call out in facilitation that need to be addressed by another group or at a later time</i></p>				
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