Time: 9:00-10:00am



Workgroup Name: Vermont Blueprint for Health Workgroup for Measurement and Evaluation for Expansion of Community Health Teams Meeting Overview: 1. Introductions 2. Review remaining questions on Matrix 3. Comments/Questions/Discussion 4. Wrap-Up Workgroup Leader: Erin Just & Addie Armstrong Mtg. Facilitator: Erin Just Mtg. Recorder: Nichole Bachand-Bartlett Where: Virtual Meeting Conference Room: none Date: March 13, 2024

Attendees						
Name Affiliation		Name	Affiliation			
Ally Tippery	Quality Research Manager, Market Decisions Research	Hanna Ancel	Blueprint for Health Program Manager			
Rick Dooley	PA-C, Network Director for HealthFirst	Cecilia Stweart	Market Decisions Research			
Connie Van Eeghen	Associate Professor at the Larner College of Medicine, UVM	Laura Pentenrieder	VDH/FCH			
Ryan Torres	Blueprint for Health, QI Facilitator	Rachel Wallace-Brodeur	VCHIP			
Monique Thompson	Blueprint for Health Specialized QI Facilitator	Kerry Sullivan	Blueprint for Health CHT Lead			
Mary Kate Mohlman	Bi-State PCA	Jeremiah Eckhaus	UVMHN CVMC			
Ali Johnson	VPQHC	Grace Gilbert-Davis	BCBSVT			
Stephanie Winters	VMS, AAPVT, VTAFP					

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			
Caleb Denton	Data Analytics and Information Administrator, Blueprint for Health	Jennifer Harwood	Payment Operations Admin, Blueprint for Health			
Nichole Bachand-Bartlett	Administrative Assistant, Blueprint for Health					



I.	Introduction and Roles			
II.	Workgroup Objectives			
III.	Deliverables			
IV.	Group Input			

		Topic	NOTES	Action Items
	Agenda Topic	Facilitator	(notes are provided in italics and blue)	Action items
ı	Welcome & Introductions	Erin Just	Welcome back, this is the 3 rd and last Measurement & Evaluation Workgroup Meeting. We left off at question #4.	Link to Matrix
П	Workgroup Objectives	Erin Just	2. Review remaining questions on Matrix. 3. Comments/Questions/Discussion	
≡	Deliverables	Erin Just	All comments and discussion are in the "Group Input-Question" section below. Question #4 – Was it implemented as planned? Back to the question of effectiveness and how we are assessing it without adding to workload. • Studying the Chart Review over the past 12 months and refining it to think about how we can better capture was there change measured. Question #5 – What impact did it have on the Administrative Entity? Question #6: What impact did the pilot have on PCMH? Question #7: What impact did the program have on other mental health, SUD, and social service providers. Question #8: What impact did the pilot have on patients, families, caregivers, and their local communities. Regarding what impact the pilot had on patient caregivers or families – will be conducting 40 interviews and this is how we hope to capture some of it: Any unique considerations in these questions we've talked about: • Including questions about acceptability of services • Whether or not patients were informed about the referral • Were they offered at a good time for the patient • Were they a part of the decision-making process • What their experience was or the impact they felt	



		Allison Tipper	Question #9: This is where we use our contract with MedicaSoft. This is where we look at numbers for the indications and calculate rates based on claims. All of the information MedicaSoft will collect is in the Claims Data, on the second tab (in green) in the Matrix spreadsheet. What supports and resources will be needed to sustain the initiative? As the Blueprint Central Office works with Market Decisions Research, if anyone thinks of something over the next week or two, we can take into consideration those thoughts or recommendations. (MDR - Market Decisions Research) Design and development stage for a lot of materials for the project are focus group discussions and interview guides. These meetings help with how they are written and shows that we are moving in the right direction. Working on screening for recruitment and writing a survey. Getting all of the matierals to submit to the Institutional Review Board (IRB).
IV	Group Input – Questions		 Question/comment for Question #4 Is there something we are specifically testing for, in terms of logic model, short-term increasing staff and competencies, shorter screenings providing intervention. Comment/Response for Question #5 What kind of workflows are in place and how have they changed? Add on to above question:



 What would the question look like to Administrative Entity – this is a system impact not a health impact, as some workgroup participants are used to.

Comment/Response:

- Would it be well addressed in this particular framework, logic model, workforce impact, yes it could work or help, sustainability, and cash flow.
- Finance HR functions, curious about operations side, orientation and supervision for the newly hired staff from the expansion.

Answer/Comment:

- When you are expanding the team it's an impact.
 Question included in response: What implications
 has this had on supervision and change of scope
 of supervision and more team members that need
 more structured time?
- It might be interesting to understand if there was any investment outside of the resources provided by the Blueprint Expansion by the administrative entities as a result of this work, and if so, what did that look like?

Questions/Comments for Question #6:

 How did the patient questions affect them, did it have any outcomes for the patients in the short term or long term.

Answer:

 There's two ways this pilot interacts with the stakeholder groups – in most cases there's a connection point outside of PCMH to other health organizations or service providers. With some HSAs the administrative entity or practice may interact with the agency.

Ouestion:

 Are there certain settings we are expanding these questions, like the Emergency Room/Dept., D.A., etc. or anything specific to substance use disorder.

Answer:

- Nothing specific but have been developing materials yet haven't chosen who to use them on.
- In that question are there certain groups around certain questions.

Comment: (AJ) has supported E.R.s for mental health access for patients and her colleague may have some great references for in private settings.

Question:



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			 For the impact determination were there priorities for what areas we wanted to look at like financial or clinical impacts? Were their priorities or do we anticipate focusing on that in the future? Will it impact feral patterns and raters, were some of the earlier questions. Comment to summarize: Were there impact on workforce, staff, and service utilization (stakeholder groups). Question/comment about question #8 (What impact did the pilot have on patients, families, caregivers, and their local communities?): A lot of patients are saying they are answering too many questions. Maybe include questions about the surveys and the questions being a burden to patients and if there was an impact there. Response: (EJ) Adding screening to that as well. Comment: Suggesting open ended questions to find out more from patients. Some patients are glad about the questions and others not so much. Questions can lead to other underlying issues that otherwise may not have come up. Was also thinking about question #8, thinking about access to primary care and maybe ask about appts with CHTs, is there an increased capacity for appointments or having greater access to targeted mental health services. Whether or not they had access to brief or targeted supports when a patient has an acute need instead of a 2-month waiting list. Comment/recommendation: Recommend asking about technology or about space for privacy, like portals, audio/video telehealth visits. May or may not be a helpful tool for patients. 	
			Will provide updates at QI, Field Leadership, and Executive Committee Meetings.	
V	Wrap-Up	Erin Just	MDR will be outreaching to stakeholder groups for surveys, focus groups, and interviews. Detailed outreach for Chart Poview will begin in August	
			Detailed outreach for Chart Review will begin in August.	



	Parking Lot any items that I call out in facilitation that need to be addressed by another group or at a later time				
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