Community Health Team Expansion Pilot Year One Preliminary Evaluation Results

The included slides are a summary of some preliminary results for Year One of the Blueprint for Health Community Health Team (CHT) Expansion Pilot. The Evaluation Framework was guided by a multi-stakeholder workgroup held between March – July 2023.

The Chart Review looked at all patients seen by the Community Health Team in participating Patient-Centered Medical Homes between July – September 2023, five (5) records per practice were randomly selected from this sample. The intent of the chart review was to establish baseline understanding of screening practices, how patients are identified for CHT services, what types of CHT interventions are being provided, and how CHT supports navigation to other services.

The Provider and Practice Survey was distributed to all Patient-Centered Medical Homes to better understand the feasibility of implementation of this pilot, provider satisfaction levels with the Community Health Teams, and indicators of how acceptable Community Health Teams may be to the patients they serve.

With the chart review and survey window closed, results are currently being compiled and analyzed; data will be going back to the participating practices and communities to assist them with identifying further implementation needs and quality improvement goals for this pilot.

Full results will be published in the Blueprint for Health Annual Report.

Key Preliminary Findings:

Screening for Mental Health, Substance Use, and Social Determinants of Health is already occurring in Patient-Centered Medical Homes, though there is a large amount of variability in what is being screened for, how the screening is occurring, and how the results of those screenings get documented. A statewide average of 28% of screens were found to have positive results (representing mental health, substance use, and/or social determinant of health needs). 84% of Vermonters in this sample had at least one positive screening result in the last 12 months.

Vermonters are most frequently being identified for Community Health Team involvement because of clinical judgement that results in a hand-off or referral from a Primary Care Provider.

The main reasons that patients were seen by Community Health Teams was for assistance with managing their chronic conditions, medical and social complexity, and for assistance with accessing health care services (55%). The next most common reasons for patients to be seen by Community Health Teams was due to an existing mental health concern (28%) and financial concerns (21%).

The average number of times a patient was seen by the Community Health Team during the three-month period was 2.9.

Almost half (47%) of patients seen by the Community Health Team were assisted to access additional services outside of the Patient Centered Medical Home.