

<p>Committee Name: Blueprint Executive Committee</p>	<p>Committee Chair: Dr. John Saroyan</p>
<p>Agenda:</p> <ol style="list-style-type: none"> 1. Welcome and well wishes <ol style="list-style-type: none"> a. Anthony Knox b. Averiel Hossley 2. Legislative Updates <ol style="list-style-type: none"> a. Senate Health and Welfare 2/1 b. House Committee on Health Care 3/14 <ol style="list-style-type: none"> i. Slide Deck ii. Additional details iii. Statutory Technical Fixes and Updates 3. CHT Expansion Pilot Update <ol style="list-style-type: none"> a. Staffing Status b. Workgroups <ol style="list-style-type: none"> i. Program Design ii. Measurement & Evaluation c. Year Two Attestation <ol style="list-style-type: none"> i. Screening and office hours drop-in; 4/4 @noon, 4/5 @ 8am d. QI Facilitation & Care Transformation Collaborative of Rhode Island e. Pediatric Model & DULCE update f. Education & Training Request for Proposals g. Quality Improvement Facilitator Request for Proposals 4. Data Team <ol style="list-style-type: none"> a. Spoke Policy Budget and Reimbursement Process (PBR) changes and updates on PII PBR changes b. Performance measures modeling 5. Future Meetings for 2024: <ol style="list-style-type: none"> a. May 16th in-person at Waterbury State Office Complex b. July 17th via Teams 	<p>Mtg. Facilitator: Dr. John Saroyan Mtg. Recorder: Nichole Bachand Where: Virtual Meeting</p> <p>Conference Room: none</p> <p>Date: March 21, 2024 Time: 9:00 AM – 10:00 PM</p> <p>Teams Meeting Information: 291 506 492 969</p>

Executive Committee Members (Present in Black)			
Kelly Dougherty , Vermont Department of Health	Lori Vadkin DMH	Thom Walsh GMCB	Angela Comeau , Department of Vermont Health Access
Rep. Lori Houghton , House Health Care Committee	Jessa Barnard Vermont Medical Society	Michelle Wade VNPA	Catherine Fulton , VPQHC
Devon Green , Vermont Association of Hospitals & Health Systems	Devon Green , Vermont Association of Hospitals & Health Systems	Grace Gilbert-Davis , BCBSVT	Kristen Navarette , MVP
Teri Closterman King Arthur Baking, Consumer Representative	Dr. Emma Wilder, ND Naturopath	Anje Van Berckelaer Battenkill Health Center	Deana Chase Center for Health and Learning
Gretchen Pembroke Clara Martin Center	Nicole Moran , VNA & Hospice of the Southwest Region	Laura Hubbell , Bayada	Clarke Collins Benefits and Wellness State of Vermont

Non-Committee Members Present			
Kerry Sullivan CHT Lead Burlington HSA	Katherine Cummings RN CHT Lead at BMH Brattleboro	Tom Dougherty Springfield Health	Rachael McLaughlin Blueprint QI Facilitator Burlington HSA
Mandy Chapman North Country Hospital	Denise Smith St. Albans Program Manager	Michelle Martelle QI Facilitator Barre HSA	Courtney O'Brien Quality Improvement Facilitator
Diana Gibbs Blueprint Program Manager, St. Johnsbury	Aimil Parmelee QI Facilitator Randolph HSA	Sierra Bishop QI Facilitator for St. Johnsbury and Newport HSAs	Julianne Krulewitz Vermont Child Health Improvement Program, UVM
Ellen Talbert Blueprint QI Facilitator, Burlington HSA	Stuart May CEO Lamoille Health Partners	Melanie Sheehan Mt. Ascutney Hospital and Health Center	Hannah Ancel Program Manager Morrisville HSA
Todd Salvesvold BP Program Manager Bennington HSA	Oana Louviere QI Facilitator Morrisville HSA	Kirsten Kolar Bennington CHT Leader	Emelia Wollenburg Program Manager, Middlebury HSA
Kim Fitzgerald Support and Services at Home	Kathleen Boyd Rutland Regional Medical Center	Susan Ridzon HealthFirst	Sarah McLain QI Facilitator Bennington
Lisa Antonik QI Facilitator	Michelle Farnsworth Blueprint Program Manager Burlington HSA	Amy Kinner OnPoint Health Data	Alex Ma OnPoint Health Data

Constance Gavin Blueprint Program Manager, Barre HSA	Nicole Hamlet Director of Health Systems VDH	Breana W. Holmes Professor of Pediatrics, Middlebury	Kevin Ciechon Contract Manager, CIGNA
Laural Ruggles Health Consultant, VPHI	Lisa Delegato Gifford Health Care Randolph, HSA	Ilisa Stalberg Maternal Child Health, VDH	Anne Petrow DVHA Oversight and Monitoring
Thomasena Coates Blueprint QI Practice Facilitator, Brattleboro, Springfield & Windsor	Carol Stone DVHA Oversight and Monitoring	Derek Raynes OneCare Vermont	Kate Davis OnPoint Health Data
Pamela Biron BlueCross BlueShield of VT	Matthew Miller State Auditor's Office	Lindsey Lozoskie National Committee for Quality Assurance	Vickie Heller State Auditor's Office
Anthony Knox Blueprint Program Manager, Randolph HSA			

Blueprint Central Office Staff			
John Saroyan Executive Director, Blueprint for Health	Julie Parker Assistant Director Blueprint for Health	Mara Donohue Assistant Director Blueprint for Health	Jenn Herwood Payment Operations Admin. Blueprint for Health
Caleb Denton Data Analytics and Information Administrator Blueprint for Health	Addie Armstrong Data Analytics and Information Administrator Blueprint for Health	Erin Just Quality Improvement Coordinator, Blueprint for Health	Meredith Milligan Physician Clinical Consultant Blueprint for Health
Nichole Bachand Administrative Assistant Blueprint for Health	Monique Thompson Specialty Quality Improvement Facilitator Blueprint for Health	Averiel Hossley Project Administrator, Blueprint for Health	

	Agenda Topic	Topic Facilitator	NOTES	Action Items
1	Welcome	John Saroyan	<ul style="list-style-type: none"> Welcome to Anthony Knox, new Program Manager for Randolph Health Service Area Best wishes to Averiel Hossley 	
	Legislative Updates	John Saroyan	<ul style="list-style-type: none"> Blueprint presented to the Senate Health and Welfare Committee on February 1, 2024 Blueprint presented to the House Committee on Health Care on March 14, 2024 	Blueprint Legislative Proposal Slide Deck Additional details Statutory Technical Fixes and Updates
	CHT Expansion Pilot Update	Addie Armstrong	<p>a. Staffing Status</p> <ul style="list-style-type: none"> All participating practices are in the Portal. Data Team can pull data reports in real time as things change. Current funding has allowed for: <ul style="list-style-type: none"> Eighty-two full-time employees (FTE) Fifty-five currently hired representing 36.2 positions Supporting 55 practices <p>Tracking highlights of graph shows:</p> <ul style="list-style-type: none"> Who we are hiring <ul style="list-style-type: none"> Social Workers increased by half Licensed clinicians up to twenty Quadrupled the number of Community Health Workers <p>Number of visits, largest increase in Q4 of 2023, HSAs are still reporting on this</p>	Slides Blueprint Expansion Pilot Update

		<p>Julie Parker</p>	<p>CHT has made a significant impact which shows there was a gap that is being filled with these additional positions.</p> <p>b. Workgroups</p> <p>i. Program Design Workgroup</p> <p>The program design workgroup met last spring for Y1 and reunited for Y2 while merging some members of Developmental Understanding and Legal Collaboration for Everyone (DULCE) into Y2, they were separate in Y1.</p> <p>The PD workgroup discussed the Attestation for Y2. Y1 was flexible around social determinants of health (domain areas). For Y2 will be more specific around the tools people should be using.</p> <p>We did not have representation at both meetings from enough providers. Dr. Saroyan, Julie and Blueprint workgroup staff met with additional providers for feedback on attestation and screenings.</p> <p>Blueprint is asking practices to return the screening tools spreadsheet to us so we can see what tools they are using, and which are working for them.</p> <p>The feedback has been positive and confirms a lot of screenings are being completed with patients. Some are working to add to their Electronic Health Record (EHR) workflow.</p> <p>One request was to break up the age ranges more. The team acknowledged the screenings that were done for young children and babies.</p> <p>Additionally, Blueprint has joined meetings hosted by OneCare and with partners such as UVM Medical Center (UVMCC), Primary Care Partners, and other partners. There were three meetings to discuss as a</p>	<p>BP_CHT_PD_Workgroup_Feb22_2024.pdf (vermont.gov)</p>
--	--	---------------------	--	---

			state how we become more aligned in the same vision of screening tools. It's been successful, other practices have been there as well, and feedback from others to have comparison of apples to apples is important. We can start comparing the information.	
	Erin Just	<p>ii. Measurement & Evaluation</p> <p>M&E workgroup re-convened from last year and met three times in the beginning of 2024. Continuing the work from Y1, the group met to review the ten Evaluation Framework Questions that were selected for the pilot in Y1 and to answer:</p> <p>If we reached the target population Effectiveness or efficacy of the program Adoption of the pilot by target staff, settings, systems, and communities What is needed for maintenance/sustainment of intervention effects in individuals and settings over time.</p> <p>There are three major approaches to collecting data for this evaluation: Internal Evaluation Activities – data collected in portal and through practice chart review External Evaluation – MedicaSoft – Claims Based Analysis External Evaluation - Market Decisions Research – Focus groups, surveys, interviews</p> <p>Measurement & Evaluation workgroup incorporated learnings from last year, Program Design changes, and assisted to identify any gaps in data collection and identify important indicators, audiences, and data collection considerations for the evaluation.</p>	<p>BP_MeasurementEvaluation_Minutes_3.13.24Final.pdf (vermont.gov)</p>	
	Julie Parker	<p>c. Year 2 Attestation</p> <p>Office hours drop-in April 4th at 12:00 PM and April 5th at 8:00 AM</p>	<p>BPCHT Expansion Attestation Year2 FINAL31924 2.pdf (vermont.gov)</p>	

		<p>Julie Parker</p>	<p>iii. Screening</p> <p>Reporting requirements are outlined in the attestation form like in Y1 with practices participating in the five Chart Reviews to show the impact it's had.</p> <p>Reporting Requirements:</p> <ul style="list-style-type: none"> • Participation in Chart Review • Requests to participate in surveys, focus groups, and/or assist with patient/family/caregiver recruitment for the following audiences: <ul style="list-style-type: none"> • Administrative Entities • Community Health Teams • PCMHs • Mental Health, SUD, and Social Service Providers • Patients and Families 	<p>BlueprintCHTExpansionPilotScreeningToolSpreadsheet_0.xlsx (live.com)</p>
		<p>Erin Just</p>	<p>QI Updates:</p> <p>QI Facilitators have been working on training with the Care Transformation Collaborative of Rhode Island to receive facilitator training for implementation of integrated mental health and substance use services in primary care.</p> <p>QI Crosswalk is a collaborative project of Healthcentric Advisors, Bi-State Primary Care Association, OneCare Vermont, BCBS of VT, and Blueprint for Health. The QI Crosswalk is available on the Blueprint for Health Website.</p> <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data has been sent back to the Patient-Centered Medical Homes (PCMH) and QI Facilitators and can be reviewed with the data and look at the opportunities for improvement. Can reach out to Jennifer Herwood if practice level information is</p>	<p>2024 Primary Care Quality Measure Crosswalk Blueprint for Health (vermont.gov)</p>

		<p>Ilisa Stalberg</p>	<p>needed and QI Facilitators are there to help practices use that data in continuous QI work.</p> <p>National Committee for Quality Assurance (NCQA) PCMH – Challenges that Vermont Practices are experiencing with implementation of eCQMs, and submission of Standardized Quality Measures required for PCMH recognition.</p> <ul style="list-style-type: none"> • The first Vermont practice has been randomly selected this year for auditing. • Work with QI Facilitator in preparing for your annual reporting, overall review of the core criteria for PCMHCTC-RI - training <p>Updates on Developmental Understanding and Legal Collaboration for Everyone (DULCE) and Pediatrics:</p> <ul style="list-style-type: none"> • Since the last report DULCE is continuing to implement the DULCE approach in Vermont. DULCE has six sites that are funded under The Blueprint for Health Expansion funding. • Five are online and active. • One is working out the details but will be moving forward in a few weeks. <p>The Health Department has a federal Health Resources and Services Administration (HRSA) grant that helps to fund additional DULCE sites, and they are starting to see a statewide use of DULCE, at the same time they have been working closely with Blueprint for Health and the Program Design team to infuse DULCE with pediatrics statewide even with practices that don't have DULCE right now.</p> <p>DULCE started providing trainings that they would offer for all Blueprint teams and how to build connections in early childhood and early childhood and early childhood patient child centers with Blueprint Team at local levels to build those relationships and</p>	
--	--	-----------------------	---	--

			<p>the needs for MH/SUD services for families, we can help them get connected quickly and close the loop for the healthcare system. They started in early childhood space as it's clearly designed and once that is finalized, we will move on to school age children. We receive feedback about children and the enthusiasm to include them.</p>	
		Caleb Denton	<p>Data Team Updates: Spoke Policy, Budget, and Reimbursement Process (PBR) and Pregnancy Intention Initiative (PII) PBR Changes.</p> <p>Presented a Spoke funding proposal where the Spoke funding cycle switches from quarterly to annual funding periods. Additional changes involved a simplified Spoke staffing model and an increase in the Spoke per member per month (PMPM) from \$163.75 to \$168.75. These changes have not been implemented and are still subject to change based on internal AHS feedback and public feedback.</p>	<p>Blueprint Spoke Funding Proposed Changes .pdf (vermont.gov)</p> <p>Implementation Manual Revisions - Spoke Revisions.pdf (vermont.gov)</p>
		Caleb Denton	<p>Verbal Update: PII PBR</p> <p>Additionally, the Blueprint is providing some updates to the PII through a PBR. These updates to the PII are meant to formalize facets of the PII that are already in place, they do not change anything about how the PII functions.</p> <ul style="list-style-type: none"> • Update clarifying that the PII program may serve anyone in need regardless of insurance status and payer. • Breakout of percentage of PII population that is covered by Medicaid and Non-Medicaid payers. • Clarifying update on the PMPM practice payments. <ul style="list-style-type: none"> ▪ When it was first started the PII program went through a PBR process in 2017 where it was 	

		<p>Jenn Herwood</p>	<p>stated that the program would transition from a \$1.25 PMPM practice payment to a \$1.00 PMPM practice payment with a \$0.0 - \$0.50 performance payment. However, due to implementation challenges, this was never put in place. The Blueprint is providing an update through the new PBR that states the correct practice payment.</p> <ul style="list-style-type: none"> ▪ Updated annualized costs. <p>Spoke PBR - Similar updates are being made for the Spoke program as well. This includes:</p> <ul style="list-style-type: none"> • An update clarifying that the Spoke program may serve anyone in need regardless of insurance status and payer. • a breakout of the percentage of the Spoke population covered by Medicaid and non-Medicaid payers. • Formalizing the waiver process for Spoke staffing. <p>Blueprint is exploring making changes to future practice performance measures regarding the process of administering them and trying to make the process easier, after speaking to payers. Changes could include <i>adding</i> new measures and removing current measures. The Blueprint asked the analytic vendor to do some analysis on new measures and will report more in the coming months.</p>	
<p>Questions & Comments</p>			<p>Question: Regarding CHT Expansion – Are these new hires or is funding being used for existing staff?</p> <p>Answer:</p> <ul style="list-style-type: none"> • Some practices may have had part-time staff that with the expansion funding could become full-time. • 36.2 FTE that didn't exist before the expansion. 	

			<p>Question:</p> <p><i>Have Caleb's updates been shared with the Spokes, and have they had a chance to review? If there is a significant increase in patients mid-year, how would that work?</i></p> <p>Answer:</p> <p>Per Caleb and Julie- While we have not formally reached out to Spoke practices, Spoke leadership knows we have been talking about this. We will be presenting this to Spoke field staff leadership next week on 03/26 and the payment implementation workgroup on 04/03. We're looking to implement the changes in July, so there will be ample time for feedback.</p> <p>Per Caleb - Payments can be updated during the annual cycle, so changes can be made mid-year as needed. Field staff can communicate with Blueprint central office about increasing the payments as needed.</p>	
		Wrap-up	<p>Announcement:</p> <p>Re-sending invitations for the in-person only (no virtual option) Executive Committee meeting on May 16th at the Waterbury State Office Complex. Please RSVP.</p> <p>We are in the process of developing the agenda. If there are topics you would like to be considered, please send them to john.m.saroyan@vermont.gov</p>	
		Next Meeting	May 16 th , 2024, IN-PERSON, 10:00 AM	280 State Dr. Waterbury Village Historic District