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| <b>Committee Name:</b> Blueprint Executive Committee  | <b>Committee Chair:</b> John Saroyan  |
| <p><b>Agenda:</b></p> <ol style="list-style-type: none"> <li>1. Welcome and introductions</li> <li>2. Presentations <ol style="list-style-type: none"> <li>a. Pregnancy Intention Initiative and Spoke Policy Budget Reimbursement Review and Update</li> <li>b. Specialty Quality Improvement Facilitation: Scope of Work and Updates</li> <li>c. Vermont Blueprint Palliative Care Measures</li> <li>d. Blue Cross and Blue Shield of Vermont’s Expansion for Coverage of MOUD Services</li> <li>e. DULCE/Pediatric update</li> <li>f. Overview of Vermont Health Care Reform and Federal AHEAD Model</li> </ol> </li> <li>3. Discussion and Wrap Up</li> </ol> | <p><b>Mtg. Facilitator:</b> John Saroyan<br/> <b>Mtg. Recorder:</b> Nichole Bachand<br/> <b>Where:</b> Waterbury State Office Complex<br/> <b>Conference Room:</b> Sally Fox Conference Room (no Virtual Option)</p> <p><b>Date:</b> May 16, 2024<br/> <b>Time:</b> 10:00 AM – 12:00 PM</p> |

***Executive Committee Member Attendees***

Jessa Barnard, Anje Van Berckelaer, Teri Closterman, Kelly Dougherty, Catherine Fulton, Leslie Goldman, Devon Green, Lori Vadakin, Michelle Wade, Emma Wilder.

***Non-Committee Member Attendees***

Hannah Ancel, Sierra Bishop, Kathy Boyd, Mandy Chapman, Thomasena Coates, Kate Davis, Merideth Drude, Michelle Farnsworth, Kim Fitzgerald, Contance Gavin, andria golden, Leslie Goldman, Devon Green, Nicole Hamlet, Laura Harris, Jim Harrison, Herbert Ip, Pat Jones, Amy Kinner, Anthony Knox, Juli Krulewitz, Danielle Lloyd, Oana Louviere, Michelle Martelle, Stuart May, Sarah McLain, Lou McLaren, Meredith Milligan, Hiroko Meserve, Aimil Parmelee, Derek Raynes, Deb Rousseau, Denise Smith, Evan Smith, Todd Salvesvold, Wendy Trafton, Tom Weigel, Emmi Wollenberg.

***Blueprint Central Office Staff Attendees***

Addie Armstrong, Nichole Bachand, Caleb Denton, Mara Donohue, Jennifer Herwood, Erin Just, Julie Parker, John M. Saroya

|   | Agenda Topic   | Topic Facilitator | NOTES  | Action Items |
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| I | <b>Welcome</b> | John Saroyan      | <p>“Welcome everyone! It is wonderful to be together in person this morning as we celebrate the hard work of the past year and look forward to exciting next steps for the future at the Blueprint for Health and in our great state of Vermont.</p> <p>The CHT Expansion Pilot is now in full swing throughout Vermont and has currently filled 65 positions, equivalent to 46 full time staff. The Pilot has expanded Community Health Team capacity by nearly 40%, from 112 FTE to 158 FTE. This includes a 4-fold increase in the number of community health workers on CHTs in Vermont (from 8 to 45); and a 50% increase in the number of MH/SUD clinicians on CHTs in the state (from the previous total of 16 up to 24). The Expansion has assisted the state in prioritizing whole person health for Vermonters, with anticipated impacts on mental health, substance use, and social drivers of health across the lifespan. This work touches lives every day.</p> <p>Ultimately, the CHT Expansion is about building relationships and investing in support of practitioners who are on the front lines for Vermonters. It is about people caring for people. With that in mind, I would like to share a brief story on the impact of screening that we received from one of our Health Service Areas. A CHT Licensed Clinical Social Worker wrote “I just met with a patient that was here for a follow up. She was screened for depression and suicide and was positive on both.</p> <p>I went in to meet with her and was able to connect her with another CHT member to address underlying causes for depression and later connect about who might be a good fit for a therapist.”</p> <p>They add “However, the part of this that was really impactful is that she had said that she has never shared these thoughts or feelings with others before but because <u>we asked the questions</u>, she did, and she was so grateful.” We ask because we care. This is the center of the work that we do.</p> <p>As we move forward into our packed agenda this morning, I would encourage you to keep stories like</p> |              |

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|                  |  |                     | <p>this one in mind. Please also be sure to stick around as there will be a photo today!</p> <p>We will be starting with a Policy Budget Reimbursement Review and Update from Caleb Denton. I will follow with an update regarding the Specialty Quality Improvement Facilitation and Academic Detailing work being done by Dr Monique Thompson. We are joined by ONPOINT Health Data who have traveled from Portland, ME to share End of Life and Hospice related measures with us today. Lou McLaren and Dr Tom Weigel will present on BlueCross BlueShield of Vermont's Expansion of Coverage for OUD Services. Laura Pentenrieder will be following with an update on DULCE/Pediatric programming. Our final speakers will be the Deputy Director of Health Care Reform and the interim Director of Health Care Reform, Wendy Trafton and Pat Jones.</p> <p>It's going to be a busy morning and we still have a lot of work to do, but the Blueprint and all of our partners at AHS and the HSAs make a unique and resilient team.</p> <p>We are fortunate to have all of your talents and expertise on our side! Let us listen, ask, learn, and celebrate being together as we continue the good work this morning and in the future!"</p> |  |
| <p><b>II</b></p> | <p><b>Presentations</b></p> <p>a. Pregnancy Intention Initiative and Spoke Policy Budget Reimbursement Review and Update</p> | <p>Caleb Denton</p> | <p><a href="#">Spoke Funding Proposal: Update</a></p> <p><b>Question:</b> Is this change still a proposal?<br/> <b>Answer:</b> Yes.</p> <p><b>Question:</b> Michelle Farnsworth - How does the attribution period change?<br/> <b>Answer:</b> Currently funding for Spoke CHT staff is <u>calculated quarterly</u> and is based off the attribution from the prior three months. Under this proposal funding will be <u>calculated annually</u> based off attribution from the prior three months.</p>  |  |

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|  | <p>b. Specialty Quality Improvement Facilitation: Scope of Work and Updates</p> | <p>John Saroyan</p> | <p><b>Question:</b> Are providers aware of this potential change.<br/> <b>Answer:</b> Blueprint Central Office has had multiple discussions with Spoke Leadership and Blueprint Program Managers.</p> <p><b>Question:</b> These changes won't go into effect until FY 2026?<br/> <b>Answer:</b> No. The annual funding cycle and the simplified Spoke staffing model, if implemented, would start July 2024. Blueprint Central Office will be working to secure funding for an increase in the Spoke PMPM and the attribution period which we are seeking to have in place by July 2025.</p> <p><a href="#"><u>Blueprint for Health: Specialty Quality Improvement Facilitator</u></a></p> <p><b>Question:</b> How does this program compare to other Academic Detailing programs offered?<br/> <b>Answer:</b> Dr. Thompson has completed Academic Detailing training from NRCAD, a national program based out of the Boston Medical Center. We have also been in close communication with the UVM Larner College of Medicine Academic Detailing program and plan to refer clinicians there for existing AD programs, such as, for example, Advanced Management of Opioids and Prevention and Management of Alcohol Use Disorder.</p> <p>Once we have collected information via survey of clinician needs related to the CHT Expansion work, we intend to meet again with these stakeholders to determine if we can collaborate to develop new offerings or identify existing programs to support provider needs. The Blueprint for Health is internally exploring the possibility of offering CEUs and CMEs for any Academic Detailing sessions.</p> |  |
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|  |  |  | <p><b>Question:</b> Who is the audience for Academic Detailing?</p> <p><b>Answer:</b> Academic detailing is available to clinicians who provide direct care to patients, and typically includes MD, DO, ND, PA, NP, RN, LPN, SW, etc.</p> <p>Our target audience for the CAM pilot is clinicians working in PCMHs participating in the CHT Expansion, and we are willing to explore making services open to a broader audience (e.g. non PCMH primary care, specialty, and acute care clinicians)</p> <p><b>Question:</b> Are these interventions, especially the learning collaborative, available to the entire state?</p> <p><b>Answer:</b> Dr. Thompson is beginning her work with three HSAs: Newport, St. Johnsbury, and Morrisville. The Learning Collaborative is a 6-session series of meetings focused around sharing each HSAs key components of CHT operations, such as recruitment/hiring practices, orientation, assessment, documentation, caseload management, etc.</p> <p>Information from each learning collaborative session is being documented for the purpose of evaluating the collaborative outcomes and sharing key findings. Stay tuned for the learnings and more information about when/how a similar offering will come to your part of the state.</p> <p><b>Comment:</b> <i>It has been wonderful to share processes, share job descriptions, not reinvent the wheel. Continue to learn from other areas than just those three. We share a FQHC, we had already started to collaborate and, nice to have the space to talk about our challenges, etc.</i></p> |  |
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| <p>c. Vermont Blueprint Palliative Care Measures, ONPOINT Health Data</p>                 | <p>Amy Kinner</p>                   | <p><a href="#">Vermont End-of-Life (EOL) &amp; Hospice Care Reporting</a></p> <p><b>Questions:</b> Have you compared Vermont's data to other states?<br/> <b>Answer:</b> Not formally. Hiroko added that in a review of data online they found similar results in neighboring states.</p> <p><b>Question:</b> Are veterans included in this data?<br/> <b>Answer:</b> No, veterans were not included in the data shown in the presentation, because their data was not included in VHCURES.</p> <p><b>Question:</b> The statute initiated this, what are the legislators' goals?<br/> <b>Answer:</b> John- The next step is discussion with Representative Goldman in the coming months. We need to find out what background there was to involve Blueprint vs another department at AHS. We wanted to respond to it being there, but we have to confirm who at AHS holds this in the future.</p> <p><b>Question:</b> Is there any consideration of a waiver in regard to hospice?<br/> <b>Answer:</b> Wendy - Under the All Payer Medicare it's offered as concurrent, under AHEAD model, the waivers go through the ACO. We are still waiting for CMS to provide the necessary info to One Care, then they need to design what that would look like, and then apply to the hospice benefit. The waiver could be used for 2025, maybe under a different model.</p> |  |
| <p>d. Blue Cross and Blue Shield of Vermont's Expansion for Coverage of MOUD Services</p> | <p>Tom Weigel &amp; Lou McLaren</p> | <p><a href="#">Expansion of Coverage for OUD Services</a></p> <p><b>Question:</b> From Bennington – How do we use this when CHT services aren't supposed to be billed for OUD Services?<br/> <b>Answer:</b> You will bill BCBSVT directly for providers' other MOUD related services. This payment is not for Spoke staffing.</p>   |  |

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|  |  |  | <p><b>Question:</b> Have other states advocated for First Dollar Coverage?</p> <p><b>Answer:</b> John – Other states report imitating a Hub &amp; Spoke like model. There is no commercial payer involvement that the Blueprint has heard.</p> <p><b>Question:</b> BCBSVT isn't paying into the Spoke program, currently only Medicaid pays for Spoke?</p> <p><b>Answer:</b> BCBSVT knows that the Blueprint Spoke is providing services to BCBSVT members, therefore BCBSVT wants to pay practices for treating BCBSVT members for OUD.</p> <p><b>Question:</b> Will the billing be once a month for the provider support services?</p> <p><b>Answer:</b> This is a claims-based program, so providers will bill Blue Cross VT monthly using H0047-HH.</p> <p><b>Question:</b> Does BCBSVT set the amount?</p> <p><b>Answer:</b> Still in the process of settling on a number.</p> <p><b>Question:</b> Are we considering that at the end of the month it would be the practice that seeks the money not the Spoke provider?</p> <p><b>Answer:</b> The claim would come in by the Primary Care provider.</p> <p><b>Question:</b> Would specialty providers like Savida also be billing for these services?</p> <p><b>Answer:</b> Yes.</p> <p><b>Question:</b> How might we collectively do outreach?</p> <p><b>Answer:</b> Rely on providers defined by the Blueprint, trust the work Blueprint has done. Asking more people to join.</p> |  |
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|  | <p>e. DULCE<br/>Pediatric update</p>                                     | <p>Laura<br/>Pentenreider</p>            | <p><b>Question:</b> Is there an opportunity to run things like the BlueCard plan?<br/> <b>Answer:</b> Say someone from MA gets OUD service in VT, BCBSVT probably won't pay if billed from another state, it's going to depend on the Blue's plan if they recognize the code- may not be a covered service.</p> <p><b>Question:</b> What are the challenges if it's being billed as preventive?<br/> <b>Answer:</b> May need to find a different code.</p> <p><b>Question/Comment:</b> Sounds like it's turning back into 'fee for service' when we worked so hard not to do it that way. Why try this again if it didn't work previously?<br/> <b>Answer:</b> BCBSVT has systems that are different, and they measure new procedures based on claims. BCBSVT is not able to replicate what the Blueprint does. We are working on how to link a member to a service claim. If you want to receive payment for OUD Services, it has to come to BCBSVT on a claim.</p> <p><a href="#">Pediatric Model Update</a></p> <p>No questions or comments.</p> |  |
|  | <p>f. Overview of Vermont Health Care Reform and Federal AHEAD Model</p> | <p>Pat Jones &amp;<br/>Wendy Trafton</p> | <p><a href="#">Health Care Reform in Vermont Overview of New Federal Model</a></p> <p><b>Question:</b> What are the different payments that you referenced; do they include the ACO's Comprehensive Payment Reform payments? Are payments more or less under AHEAD?<br/> <b>Answer:</b> The \$12 million that would be distributed over five and a half years is a grant award to the state from the federal government. The \$9 million per year would be a continuation of funding that supports the</p>  |  |



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|     |         |  | <p>Blueprint for Health and the SASH through the current All Payer ACO Model Agreement, which we would expect to be continued under the AHEAD Model. Under the current All Payer ACO Model Agreement, the ACO has developed a population health payment and Medicare doesn't contribute to that. Medicare will contribute more under AHEAD but the overall impact of AHEAD payment amounts to primary care providers will depend on factors such as whether or not they participate in the current ACO's Comprehensive Payment Reform model and if they participate in Primary Care AHEAD.</p> |  |
| III | Wrap-Up |  | <p><b>Next Meeting will be virtual, on Teams<br/>July 19<sup>th</sup>, 2024, 9:00 AM – 10: 00AM</b></p>  |  |