

1. **Parties:** This is an Amendment for Grant #03410-6105-11 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called "State"), and the University of Vermont, (hereinafter called "Subrecipient"). This is the 2nd change.
2. **Reason for Amendment:** The reason for this Amendment is to add expansion of medical home evaluation and medical record review.
3. **Replace:** The following sections of grant #03410-6105-11 will be replaced in their entirety as follows:

a. Delete Number 3 on page 1 of 21 (Maximum Amount), and replace with the following:

Maximum Amount: In consideration of the services to be performed by Subrecipient, the State agrees to pay Subrecipient, in accordance with the payment provisions specified in Attachment B, a sum not to exceed **\$473,615.00**

b. By replacing page 3 of 21, Attachment A (Scope of Work) in it's entirety and substituting in lieu thereof, Attachment A, which is included as part of this amendment on page 2.

c. By replacing paragraph 2 on page 6 of 21 (Attachment B, Payment Provisions) with the following:

Subrecipient will invoice the Department of Vermont Health Access (DVHA) on a quarterly basis, for the previous quarter's actual and approved expenditures. Quarterly invoicing in arrears will continue through the life of the grant. The maximum payable amount under this Grant shall not exceed **\$473,615.00**.

d. By Replacing on page 6 invoice submission address with the following:

Kate Jones
 Department of Vermont Health Access
 312 Hurricane Lane
 Suite 201
 Williston, Vermont 05495-2806
kate.jones@ahs.state.vt.us

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JAN 12 2011

Pre-Award Services

e. By Replacing on page 7 the proposed budget with the following budget:

**Department of Vermont Health Access
 Financial Report Form
 Original Budget**

| Subrecipient Name: | | Grant/Contract Number |
|--|--|-----------------------|
| VCHIP | | |
| Grantee's/Contractor's Contact Person: | Deb McAdoo | |
| Grantee's/Contractor's Email Address: | dmcadoo@uvm.edu | |
| | TOTAL GRANT/CONTRACT BUDGET | FOCUS AREA |
| PERSONNEL | | |
| Salaries and Benefits | | Evaluation |
| Judy Shaw-Principal Investigator | 7494 | |

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DEPARTMENT OF VERMONT HEALTH ACCESS

ATTACHMENT A

SPECIFICATIONS OF WORK TO BE PERFORMED

GENERAL PURPOSE STATEMENT

Vermont Child Health Improvement Program (VCHIP) Scope of work to be performed for the Vermont Blueprint for Health during fiscal year 2011:

VCHIP will continue to conduct a rigorous and timely evaluation of the provider practice components of the Vermont Blueprint for Health. Formative evaluation techniques will be used to assess activities currently underway to assist the Blueprint staff and its contractors to make changes and enhancements to the existing and planned activities in participating Blueprint communities and to plan for expansion within existing communities and to new communities around Vermont. VCHIP will gather process and outcome data to develop a summative evaluation of the current impact of the Blueprint on provider practices. We anticipate that our evaluation of provider practices will enhance the larger evaluation of Blueprint activities.

VCHIP will also continue to evaluate provider practice fidelity to the Medical Home model and assist practices applying for recognition from the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes.

VCHIP will coordinate all evaluation activities with the Department of Vermont Health Access (DVHA) and its applicable subcontractors, soliciting feedback on data collection instruments and reports as appropriate. In addition, VCHIP faculty and staff will support pertinent Blueprint project and evaluation planning.

SPECIFICATION OF WORK TO BE PERFORMED

Activities

Medical Record Review: VCHIP will review a random sample of medical records at all provider practices participating in the Vermont Blueprint for Health since 2009 or earlier (approximately 45 practices from six hospital service areas). At each practice we will review approximately 30 medical records per consenting provider; 10 medical records from his or her panel of adult patients with diabetes, 10 medical records from his or her panel of adult patients with asthma, and 10 medical records from his or her panel of adult patients with hypertension. In total, we will review approximately 150 providers' records (4,500 medical records). This data, which will include information about healthcare delivery and patients' health status during 2010, will be compared to similar data that VCHIP has collected in the past.

Medical Home Evaluation: At 41 practices, VCHIP will measure and report patients' access to care, practices' tracking and registry functions, care management, self-management support, utilization of electronic prescribing, test and referral tracking, performance monitoring and quality improvement activities, and their use of advanced electronic communications. VCHIP will first conduct a "readiness assessment" during which VCHIP and practice staff will discuss the practice's policies, processes, and systems. VCHIP, the practice, and DVHA Blueprint leadership will then determine if the practice is prepared to apply for NCQA recognition as a Patient-Centered Medical Home. For practices that are ready, VCHIP will gather needed documentation for the PPC-PCMH survey and will prepare and submit the survey to NCQA. If practices are not ready to apply for NCQA recognition, DVHA may substitute other

practices in their place on or before March 31, 2011 allowing VCHIP adequate time for assessment and survey submission.

In addition, VCHIP will assess readiness and prepare and submit up to 5 "PPC-PCMH add-on" surveys for practices that have received recognition as patient-centered medical homes that have made improvements to their practice systems and seek higher PPC-PCMH scores.

Practices applying for NCQA PPC-PCMH recognition or the organizations to which they belong will be responsible for gathering and submitting application materials, the application and survey tool fees, and for multi-site determination and corresponding paperwork if applicable. It is also expected that practices will share appropriate documentation with VCHIP to facilitate survey completion and submission.

Assessment of Primary Care Resources and Supports for Chronic Disease Self-Management-Vermont Version (PCRS-VT): VCHIP will ask all primary care providers and primary care practice staff participating in the Vermont Blueprint for Health to complete an online version of the PCRS-VT. PCRS scores will be tabulated and compared to data collected in FY2010.

Qualitative Assessment: VCHIP will conduct a series of interviews with provider practice staff, members of Community Health Teams, and consumers of healthcare (patients) to learn more about the Blueprint's strengths and the challenges it faces. Interviews will build on qualitative assessment conducted during previous years. VCHIP will interview nine Community Health Team members and six key informants from practices participating in the Blueprint. Interviews will be either in-person or over the phone.

VCHIP will also interview up to 30 consumers of healthcare. Consumers will be interviewed twice; once in the fall and again in the spring. Initial interviews will occur in-person, follow-up interviews will occur either in-person or over the phone. This longitudinal approach will enable us to track potential changes in consumers' perceptions of their healthcare over time.

Project planning, development, and consultation: Appropriate VCHIP faculty and staff will continue to attend relevant Blueprint planning and evaluation meetings (e.g., executive committee meetings, annual conference, planning meetings), manage project IRB, and advise DVHA, primary care practices, and other relevant groups as applicable.

PERFORMANCE STANDARDS

Deliverables

| Activity | Deliverable | Date Due |
|--|--|--|
| Data Collection & Reporting | | |
| Diabetes, Hypertension, & Asthma Medical Record Reviews at all practices participating in the Blueprint since 2009 | Overall and community- level report of phase 3 asthma and hypertension data and phase 4 diabetes data | 6/30/11 |
| Medical Home Evaluation | Readiness assessments at 41 practices | 3-4 practices per month |
| | Submission of PPC-PCMH surveys for 41 practices (includes practices applying for recognition both before and after coaching) | 3-4 practices per month |
| | Submission of PPC-PCMH Add-On surveys for 5 practices | 0-1 practices per month |
| PCRS-VT Survey of all primary care providers and primary care staff | Report of overall, community, and practice-level scores | 5/30/11 |
| Qualitative Assessment | Report of qualitative assessment | 6/30/11 |
| Additional Data Analysis | | |
| Medical Record Review Data | Report of medical record review data (overall and community-level comparison between most recent phase of data collection and previous phases) | 9/30/10 |
| Mix-method analysis | Report on relation between PCRS-VT data and relevant medical record review data (as agreed in FY10 amendment) | 11/30/10 |
| | Report on relation between medical record reviews and PPC-PCMH scores | 12/30/10, 3/31/11, 6/30/11 |
| Project Status Reporting | | |
| Quarterly Project Reports | Brief description of project's activity status | 10/31/10, 1/31/11, 4/30/11, 7/31/11 |
| Quarterly Financial Reports | Brief description of project's financial status | 10/31/10, 1/31/11, 4/30/11, 7/31/11 |
| Mid-Year Report | Program report addressing projects in work plan – and Financial Report | On or before 4/30/2011 |
| Final Project Report | Brief description of project's activity status | 9/30/11 |
| Final Financial Report | Brief description of project's financial status | 9/30/11 |