

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 "Grantee"). This is the 3rd 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 22 (Maximum Amount), and replace with the following:  
Maximum Amount: In consideration of the services to be performed by Grantee, the State agrees to pay Grantee, in accordance with the payment provisions specified in Attachment B, a sum not to exceed **\$683,678.00**
  - b. Delete Number 4 on page 1 of 22 (Grant Term), and replace with the following:  
Grant Term: The period of Grantee's performance shall begin on July 1, 2010 and end on September 30, 2011.
  - c. By replacing page 3 of 22, 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.

#### 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 50- 52 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 6-7 "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.

VCHIP will share experiences, provide education, and coordinate efforts with Blueprint Project Managers and Practice Facilitators to maximize opportunities for shared learning and the evolution of Vermont's Learning Health System. VCHIP will provide technical assistance to Practice Facilitators interpreting NCQA feedback and developing expertise in new NCQA 2011 PCMH Standards. VCHIP will be responsive to facilitator questions; providing weekly consultation and attending at least 1 Facilitator meeting between July and September.

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 once. Most interviews will be conducted in-person. As per IRB protocol, opportunity exists to invite consumers to participate in future interviews and track potential changes in consumers' perceptions of their healthcare over time. 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.

VCHIP will participate in scheduled Blueprint's Analytic Workgroup, Multi-State Learning Health System Collaborative, and CMS' Multi-Payer Advanced Primary Care Practice Demonstration meetings.

VCHIP will assess Blueprint project management needs and research available University of Vermont database options. VCHIP will interview approximately 6 key informants at the Blueprint (e.g., the Executive Director, an Assistant Director, Community/Self-Management Director) and the University (e.g., Information Technology and Center for Clinical and Translational Science Staff) and deliver report on feasibility of UVM hosting a Blueprint project management database.

VCHIP will develop an analysis plan and a practice-level template for reporting trends in healthcare delivery and health status as measured by medical record review and for reporting NCQA PCMH scores where applicable. VCHIP will deliver the template and at least one example to the Blueprint's Executive Director, for approval.

Patient Experience: Grantee will develop a plan to evaluate patient experience in primary care practices participating in the pilot payment reform initiatives through the Department of Vermont Health Access (Act 128) and practices recognized by the Blueprint as advanced primary care practices. The scope of work in the plan will include baseline data collection for the two pilot sites completed by January 1, 2012 (between 15 and 20 practices with a total population of less than 100,000 patients) and a subsequent baseline state-wide data collection by January 1, 2013 for recognized advanced primary care practices. There will be an estimated 145 practices recognized as advanced primary care practices by September 30, 2012 and 230 by September 30, 2013.

The plan will identify most appropriate research method, data collection tool(s), data collection protocols, information technology hardware and software to be used to collect and distribute results, database elements, sampling techniques, statistical methods, reports to be generated, personnel, and timeline and cost for the pilot and rollout to advanced primary care practices.

The final plan shall be submitted by June 30, 2011 to the Director of the Blueprint for Health and the Director of Payment Reform. The final plan will be prepared with all the detail required to be submitted to the University of Vermont IRB for its approval. Prior to submitting the plan to the UVM IRB, the plan shall be approved by the Director of the Blueprint for Health and the Director of Payment Reform. Submission to the UVM IRB will occur on or before July 30, 2011.

By August 31, 2011 the Grantee will develop an operations protocol manual including written materials and instructions for the practice personnel, project managers, practice facilitators and VCHIP evaluators based on their role(s) as outlined in the research design.

By September 30, 2011 the grantee will train practice personnel, project managers, practice facilitators and VCHIP evaluators and will put in place necessary oversight to ensure they are implementing the research protocol as designed.

**Expansion and Quality Improvement Program Evaluation:** Grantee will develop a plan to evaluate the effectiveness of EQUIP Facilitators. The plan will identify most appropriate research method, data collection tool(s), data collection protocols, information technology hardware and software to be used to collect and distribute results, database elements, sampling techniques, statistical methods, reports to be generated, personnel, and timeline and cost for the pilot and rollout to advanced primary care practices.

The final plan shall be submitted by September 30, 2011 to the Director of the Blueprint for Health. The final plan will be prepared with all the detail required to be submitted to the University of Vermont IRB for its approval.

### PERFORMANCE STANDARDS

#### Deliverables

Activity	Deliverable	Date Due
<b>Data Collection &amp; Reporting</b>		
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
	Practice-level template for reporting trends in healthcare delivery and health status as measured by medical record review and for reporting NCQA PCMH scores where applicable	8/31/11
Medical Home Evaluation	Readiness assessments at 50-52 practices	3-8 practices per month
	Submission of PPC-PCMH surveys for 50-52 practices (includes practices applying for recognition both before and after coaching)	3-8 practices per month
	Submission of PPC-PCMH Add-On surveys for 6-7 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
	Project Management Database Research	7/31/11
	Report on project management database research	7/31/11
<b>Project Planning and Preparation</b>		
Patient Experience	Patient experience evaluation plan	6/30/11
	Patient experience evaluation operations	8/31/11

	manual	
	Patient experience evaluation personnel training	9/30/11
EQUIP Evaluation	EQUIP evaluation plan	9/30/11
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, 9/30/11
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, 9/30/11
Quarterly Financial Reports	Brief description of project's financial status	10/31/10, 1/31/11, 4/30/11, 7/31/11, 9/30/11
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	12/31/11
Final Financial Report	Brief description of project's financial status	12/31/11

- d. By replacing paragraph 2 on page 6 of 22 (Attachment B, Payment Provisions) with the following:

Grantee 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 **\$683,678.00**.

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

Jason Elledge  
Department of Vermont Health Access  
312 Hurricane Lane  
Suite 201  
Williston, Vermont 05495-2806  
[jason.elledge@ahs.state.vt.us](mailto:jason.elledge@ahs.state.vt.us)

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

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

Original Budget

Grantee Name: VCHIP		Grant/Contract Number
Grantee's/Contractor's Contact Person: Grantee's/Contractor's Email Address:	Sara Barry  <a href="mailto:sara.barry@uvm.edu">sara.barry@uvm.edu</a>	
	<b>TOTAL GRANT/CONTRACT BUDGET</b>	<b>FOCUS AREA</b>
<b>PERSONNEL</b>		
<b>Salaries and Benefits</b>		Evaluation
Judy Shaw-Principal Investigator	9377	
Sara Barry-Evaluation Advisor	7897	
Juli Krulewitz-Lead Evaluator	102,516	
TBN-Data Analyst	84,405	
TBN- Data Manager	59,989	
TBN-Chart Auditor	14,009	
TBN NCQA Surveyor	79,886	
TBN Chart Reviewers	61,359	
TBN – Project Coordinator	12,002	
TBN – Research Specialist	18,709	
<b>Sub Grantee/Sub Contractors</b>		
Beth Tolmie-Focus Group Leader	3769	
<b>Total Personnel</b>	453,918	
<b>OPERATING</b>		
<b>Advertising/Marketing</b>	0	Evaluation
<b>Training</b>	0	
<b>Travel</b>	31,127	
<b>Telephone</b>	3950	
<b>Supplies/Materials</b>	13,124	
<b>Participant Stipends</b>	3000	
<b>Other</b>	7000	
<b>Total Operating</b>	58,201	
<b>INDIRECT COSTS/ADMIN</b>		
<b>Facilities &amp; Administration</b>	33.50%	
<b>Total Administration</b>	171,559	
<b>TOTAL GRANT/CONTRACT AMOUNT</b>	683,678	

4. **Amendment:** All other terms and conditions of the original grant remain in full force and effect. No other changes, modifications, or amendments in the terms and conditions of this grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.

THE PARTIES SET FORTH BELOW AGREE TO EXECUTE THIS AMENDMENT:

STATE OF VERMONT

By:

Susan Besio

Susan Besio, Commissioner  
Department of Vermont Health Access

Date:

6/6/11

GRANTEE

By:

Beverly A. Blakeney

Beverly A. Blakeney, Director  
Office of Sponsored Programs  
231 Rowell Building  
University of Vermont  
Burlington, Vermont 05401

Date:

JUN 3 2011