

**Vermont Blueprint for Health
Expansion Design and Evaluation Committee
Notes From
Tuesday, December 13, 2011**

Present: C. Jones, T. Price, L. Watkins, P. Jones, B. Tanzman, B. Steckel, M. Shelton, M. Biddle, L. McLaren, K. Brown, Larry Goetschius, R. Penney, P. Reiss, N. Costello, R. DeBellis

Attending by Phone: P. Launer, R. Wheeler, K. Cooney, S. Narkewicz, L. Ruggles, L. Hubbell, D. Noble, J. Flynn-Weiss, P. Biron, S. Frey

I. General Update:

- Approximately 78 practices will be recognized as PCMH by December 30th.
- There are now practices and CHT's in all Health Service areas in the state.
- A very thorough evaluation is currently being conducted. The evaluation data is being prepared now and will be coming out of the multi-payer data base. The date will only include commercial insurers. Medicare data will be coming soon.
- The Blueprint Annual Report will be available in mid-January.
- The Blueprint expansion will be extending to include other services including Mental Health and Substance abuse.

II. Pharmacy Discussion:

- Ronald J. DeBellis, Pharm.D., FCCP, Professor and Chair, Department of Pharmacy Practice, Albany College of Pharmacy and Health Sciences presented a PowerPoint *Proposal for Pharmacist Support on Vermont Blueprint for Health Medical Home Teams*.
- Presentation Objectives:
 - i. Provide background supported by data into the type of services that a Pharmacist can provide on a Medical Home Team.
 - ii. Review a recently published Pharmacist/Student Pharmacist integration model to be used with Vermont's Department of Aging and Independent Living (DAIL)
 - iii. Discuss financial rationale for proposed model and review the grant proposal.
 - iv. Review in the form of a grant the proposal with college specific parameters.
- The first class of pharmacists, approximately 72 students, is preparing to graduate in May.

- New England falls behind the nation in pharmacy services and pharmacy medication therapy management. A lot of opportunities currently exist here in Vermont.
- Inclusion of pharmacy services has not been included as a routine service in our CHT's.
- How many pharmacists are needed per 1,000 patients? Answer: One pharmacist per approximately 4,000 patients.
- Proposal: Have three Assistant Professors located throughout the state of Vermont. Total out of Pocket initial costs for the proposal would be \$507,770 for one year.
- A pharmacy project is currently underway through UVM. The UVM project is really a research & evaluation study of most effective strategies. The UVM project is different from the proposal that is being discussed today.
- Porter, Milton Family Practice, Community Health Center in Burlington, Vermont Internal Medicine are all currently being staffed with pharmacy practice students.
- 46% of patients taking medications are non-adherent. Adverse drug events are the 4th leading cause of death among seniors.
- Dr. Jones asked the project managers if they have already investigated or if they were interested in receiving pharmacist support.
 - i. Bennington – Dana Noble reported that Bennington has looked into this but has found that it is too costly.
 - ii. St. Johnsbury - Have been trying to working with their pharmacists but due to the pharmacists busy schedules it has proven difficult to schedule regular meeting times.
 - iii. FAHC – Some FAHC practices currently have a pharmacist in place. There are no current requests for pharmacy services. FAHC has decided not to pursue hiring pharmacists from the School of Pharmacy.
- Paul Reiss: Our practice needs help with pharmacy benefits management. We are finding it difficult to manage formularies that seem to change on a whim. It is difficult determining which benefits are covered or not covered. Tremendous personnel resources are being wasted working on benefits management issues.
- BCBS has an academic which they would be happy to provide upon request. Dr. Reiss stated that this would not help their practice because formularies change constantly and their practice does not have the personnel to devote to these changes.

III. **Independent Provider Input Regarding NCOA Recognition Standards and Associated Payment:**

- Dr. Paul Reiss, Vice Chair Health First, led the discussion.

- Dr. Reiss voiced support of the Blueprint concept and stated he would like to work in this way but financial support is not great enough to do so. The dollar amounts going to individual practices are very small.
- The income must be great enough to transform independent practices and get providers off the face to face treadmill.
- BP principals –
 - Independent physicians have not been represented on the Blueprint Executive Committee, or the Blueprint Expansion, Design and Evaluation Committee. Involvement of Primary Care is essentially non-existent in Blueprint discussions. The Vermont Academy of Family Physicians, Vermont Academy of Pediatrics have not once been consulted regarding the Blueprint.
 - Independent practices do not have much infrastructure – we are geared to seeing patients day to day. We have very little margin.
 - CHT's are being funded based on the data the practices are providing. The \$PPPM payment should also be based on data the practices are providing. Currently the payment is based on information the insurers are providing. The practices themselves are not being compensated for all of their patients. The amount of money going to the PCP's is very low.
- The 2011 NCQA standards are considerably more challenging than the 2008 standards. There is considerable prep work involved in getting scored. Additional funding must be provided to those practices trying to pass the more intensive 2011 NCQA standards. The funding for the additional work should be higher than for the 2008 standards.
- The original Pilot sites had financial start-up help but all other PCP's are doing this work on their own dime.
- Practices are not being paid for their patient panel; however the CHT's are being paid. Primary Care practices are working harder, providing better care for their patients without being reimbursed for their efforts.
- The Blueprint should be accommodating us and making this simpler for us. It is very frustrating to see the barriers going up to prevent us from doing the work we all want to do.