

**Blueprint Expansion Design and Evaluation Committee**  
**Minutes of October 12, 2011**

**Attendees:**

C. Jones	Blueprint	L. Dulsky Watkins	Blueprint
R. Slusky	State of Vermont	L. McLaren	MVP
A. Hawkinson	Heart Song Health	L. Ruggles	St. Johnsbury
L. Samuelson	Blueprint	P. Harrington	Vt. Medical Society
K. Browne	DVHA	P. Jones	Blueprint
B. Tanzman	Blueprint	R. Wheeler	BCBSVT
P. Biron	BCBSVT	M. Phillips	UVM
B. Steckel	FAHC	P.Cobb	Vt. Home Health Agency

I. Status of Program Expansion:

- Scheduled to have 79 practices participating by December 15<sup>th</sup>
- The Oct. 2011 Blueprint Expansion Map was distributed. The map includes statewide estimates of the number of practices, Primary Care Providers, Patients, and Community Health Team personnel.
- VCHIP was acknowledged and thanked for their continued work scoring the practices. We have now reached a balance in regard to when participating practices are eligible to be scored and when they can actually be scored.
- It was noted that the presence of the practice facilitators have been effective in regard to getting practices ready for scoring.
- The EQUIP Program is maturing. This program is intended to be a sustainable quality improvement driver. Most of their attention to date has been focused on NCQA recognition.

II. Update on Patient Assignment to PCMHs (Attribution)

- Medicare has been testing their attribution and rosters. Pat Jones reported that Medicare is ready to do the final test on our files and provide payment. It has been a challenging and surprisingly complex process for our state due to Vermont's large number of FQHC's. Medicare will come close to meeting their timeline for providing payments. Medicare will be paying the same amount per person as the commercial insurers and Medicaid. In effect, the money should follow the patient. We are trying to apply a consistent methodology across the system. Providers are concerned that patient counts are wrong. The complexity

of doing the attribution is high. A 24 month look back was run by Onpoint and a significant variance was identified. Do we want to take the attribution to a production level at this point? Any approach taken will have limitations.

Action: Coming to an agreement on the methodology is recommended.

- Paul Harrington voiced concern about the number of patients identified on the Blueprint Expansion map. The map reflects the information provided to us by the practices and is intended to be an accurate accounting of their patients. It was noted that the numbers include PCP's as well as mid level providers.

Action: Make map revision to reflect that numbers include MD and DO PCPs as well as mid level providers. Include ratio of patients to providers on map.

### III. Mental Health and Substance Use Planning

- Beth Tanzman gave a brief update.
- Mental Health and Substance Use planning is occurring on a number of different fronts.
- 19 – 25% of adult population will be diagnosed with Mental Health or Substance Abuse issues at some time in their lifetime.
- Primary care providers are the leaders in the treatment of these conditions.
- Providers are asking for more access to mental health or substance abuse personnel. How do we provide appropriate support for those clinicians working closely with the practices and what are the overall expenditures currently being spent on Mental Health?
- Identification, management and treatment – How much clinical staffing is required to provide the appropriate level and scope of treatment?
- Beth Tanzman is working closely with Greg Peters on Mental Health financial modeling.
- Currently planning to convene a small group of content experts to explore community self -management and intervention programs as an offering.
- The Burlington model has been successful in embedding a behavioral health technician in the Community Health Team. This clinician does short term visits.
- Most CHT's are looking for dual credentialed help. (i.e. MH and substance abuse clinicians)

### IV. Communication & Messaging

- Bea Grause led the BP Executive Committee workgroup on Blueprint messaging and communication education. Her workgroup was responsible for offering recommendations in regard to content and funding. The State of Vermont Marketing Department has created content and a draft Blueprint Logo for this committee's consideration.
- Feedback:
  - General consensus regarding the house logo was negative.
    - Concern that once we shrink the house to fit on letterhead the words would be too tiny to read.
    - Concern that the logo is not an accurate reflection of a program that is leading change. The Blueprint involves more than just the PCMH.

- General consensus that the Blueprint is really leading change; it is a driver of change. The change that the Blueprint is leading is supposed to improve health, quality and costs, etc.
- We are looking for ideas on portraying a change agent that impacts, health, healthcare quality and costs.
- This is an excellent opportunity to frame exactly what the Blueprint is. We should try to demonstrate that the state is collaborating to benefit Vermonters by lowering health care costs.
- Should we consider having the Blueprint piggyback on the exchange? More Public Relations opportunities may be available by doing this.
- We should be working with local community news papers.
- A one page description of the Blueprint would be very helpful for the practices and staff.

V. Dr. Jones recently spoke at the NCQA Board Meeting. NCQA is interested in how their processes are being used to help drive health care reform. They are very interested in working with us to develop community health team and medical home scoring.

There being no further business, the meeting adjourned at 10:20 a.m.

The next meeting of the Blueprint Expansion Design and Evaluation Workgroup is scheduled to take place on Tuesday, December 13<sup>th</sup> from 8:30 – 10:30 a.m. Location: DVHA, 312 Hurricane Lane, Williston, VT.