

Blueprint Executive Committee Meeting Minutes of 5/16/12

Present: D. Cochran, K. Fulton, P. Jones, A. Ramsay, B. Tanzman, L. Watkins, R. Wheeler

By Phone: C. Ayer, E. Emard, B. Grause, P. Harrington, C. Jones, J. Olson, B. Warnock

The meeting opened at 8:35 a.m.

1. General Expansion Update: We have approximately 90 Blueprint practices on board. Pat Jones creates rosters which are sent to all payers well in advance of new practices coming onboard. Esther Emard reported that NCQA is hearing nationally that it is taking longer to prepare for the 2011 standards. The 2011 standards are driving real transformation which translates into real change. Examples of transformation include really robust panel management, significantly more electronic capability and amazingly positive comments from consumers regarding greater outreach. Nationally there are reports of ER utilization numbers coming down.

Practices are demanding use of and access to data. We are using Corner Medical in St. Johnsbury as our first pilot practice to conduct an “end to end” IT demonstration. This has proven to be a very useful learning process. The end-to-end demonstrations will be expanded to other sites in the near future.

Paul Harrington stated that some physicians have testified that the current PPPM payments are not adequate. Currently two issues are being looked at. a) Front loading of the CHTs and b) the PPPM payments to the practices. Dr. Jones reported that we have elected to front load the CHTs first and the next step will be to reexamine the PPPM payments.

2. Review and discussion of proposed Memorandum of Understanding language to provide Community Health Team support 6 months prior to NCQA PPC-PCMH recognition

Practices that have been operating for at least 6 – 12 months have indicated that they would not have been successful without the presence of the CHT’s. Our evaluation structure is steadily growing. We are refining the analytics methods. Our last report only included age groups 18 – 64. Our next consolidated data set report will include Medicare data as well as all age groups. We anticipate that the report will be available in August. Onpoint Health is also preparing to generate a matched comparison with other states.

Dr. Wheeler requested a metrics report which would show improvement in chronic conditions.

Dr. Ramsay stated that the Green Mountain Care Board is responsible for approving hospital rate increases. The board will look at primary care provision of services. He would like to see more dollars going to primary care based on value.

Dr. Jones responded that this will be the first year that we are able to tie investments of resources to outcomes. We will dedicate the Executive Committee in these discussions going forward.

The Committee members reviewed the proposed Memorandum of Understanding language. Existing language was used in the draft and all yellow highlighted language is new language. Pat Jones reviewed the document with the committee members. We are proposing that frontloading the CHT's begin 6 to 8 months prior to NCQA scoring. A request was made to forward any feedback on the language to Dr. Jones. Dr. Wheeler felt the document was very responsive to the issues. Paul Harrington suggested that we let practices review the language. Paul was concerned that it might hurt CHT funding if there is a failure to comply. Paul will forward some suggested language for the document.

Pat Jones reviewed the *Estimated CHT Frontloading Projections* spreadsheet (comparing the relative difference in total additional cost starting on 3 dates) with the committee. Pat requested feedback regarding the start date. Dr. Wheeler will bring the information back to BCBS and will send a response prior to the next Executive Committee meeting.

3. Financial Impact Assessment – Current and Future Information Needs

We need to find a way to systematize the information that we get from the insurers. This will be necessary so that we can determine the amount of dollars paid at the practice level.

Dr. Ramsay suggested that this might be a good time to cost out what dollars are invested in independent practices to prepare for NCQA scoring. The Blueprint team can begin to investigate that request with the help of VCHIP and our facilitators.

The meeting adjourned at 9:50 a.m.