

**Combined Meeting of the
 Blueprint Executive Committee and
 Blueprint Expansion, Design and Evaluation Committee
 Minutes
 July 20, 2011**

Attendees

Name	Organization
H. Blair	DVHA
G. Bjornson	CIGNA
K. Browne	AHS
D. Cochran	VITL
A. Garland	BCBS
L. Goetschius	Addison County Home Health
B. Grause	VAHHS
M. Hartman	APS Health Care
L. Hubbell	CVMC
P. Jackson	FAHC
C. Jones	DVHA
N. Langweil	JFO
J. Leddy	AARP
Charlie MacLean	UVM
L. McLaren	MVP
M. Nix	FAHC
C. Oliver	AHS
A. Otis	Public
J. Shaw	UVM
K. Simmons	BiState
R. Slusky	DVHA
J. Flynn-Weiss	MVP
B. Wheeler, MD	MVP
N. Wilson	State of Vermont
By Phone	
H. Chen	VT. Dept of Health
S. Cohen, MD	MVP
Don Curry	CIGNA
W. Little	MVP
L. Ruggles	NVRH



The meeting opened at 8:35 a.m.

The purpose of the combined Blueprint Executive Committee and Blueprint Expansion, Design and Evaluation Committee meeting was to review the ONPOINT *Evaluation of the Vermont Blueprint for Health, Analytic Methods & Early Trends*.

The presentation is a first look at how the Blueprint programs are evolving in Vermont. The report looks at the baseline year and does not include Medicare or Medicaid data. A two to three year analysis is being planned which will include Medicaid data. Dr. Jones asked that everyone pay close attention to the methods used as well as the early trends.

Dr. Craig Jones introduced Karl Finison, Director of Analytic Services at ONPOINT Health Data. ONPOINT Health Data is a nonprofit organization based in Portland, ME.

Mr. Finison gave a PowerPoint presentation (Attachment A). Since the start up dates of the first two pilot sites was different, the study was not merged. Two different studies were actually done. The two sites highlighted in the report were Burlington and St. Johnsbury. The report only includes one year which is why some of the results were not statistically significant.

Extended discussion related to methods and early trends including:

- Report format
- Patient attribution and identification
- Creation of matched comparison groups
- Analytic methods
- Early trends in utilization and expenditure

In general methods were well received. One important question is whether the right number of patients were identified as PCMH participants, flagged in the VHCURES database, and included in the analysis. The attribution and flagging process was being established and first implemented during the period that is included in this report. It is possible that not all patients were flagged in the database. The Blueprint team will follow up with insurers and providers to try and reconcile the numbers of patients flagged in VHCURES during the early pilot period.

The meeting adjourned at 10:30 a.m.