

**Blueprint Executive Committee Meeting**  
**Minutes of**  
**March 21, 2012**  
**8:30 – 10:00**

**Present:** C. Jones, R. Wheeler, E. Emard, P. Jones, T. Dolan, C. Hinds, B. Little, D. Cochran, A. Ramsay, B. Grause, B. Tanzman, J. Samuelson, M. Larson, B. Warnock, L. Watkins

- I. Consideration for Modifying Blueprint Payment Reform:
- The purpose of this conversation is to come to a strong recommendation regarding “fronting” CHT payments for a 6 month period prior to recognition in order to assist with preparation for NCQA scoring. (6 months is the proposal based on past experience) This additional money for the new practices coming on board would result in accelerated transformation process.
  - 2011 NCQA standards are more rigorous and have increase the need to demonstrate outreach and panel management. The level of preparation to meet the 2011 standards is significant.
  - To date, all practices that were scored using the 2011 standards have been recognized. Please note that the practices that have qualified are those that already had systems in place.
  - Preparing for scoring is a substantive transformation for practices. Practices must make real operational/systems changes. The fundamental risk to each practice is the effort being put in place to meet the scoring challenges.
  - Currently the financing of the CHTs is provided for by the 3 major commercial insurers, Medicaid and Medicare. The state contributed Medicare’s portion of funding for the first three pilot sites. What percentage of the population is not being captured (i.e. what portion are self-funded, uninsured)? Dr. Jones asked the commercial insurers and BISHCA to help us obtain this data.
  - BCBSVT can support the prefunding. MVP is also supportive of the 6 month prefunding but MVP is has not accounted for that funding currently. Both MVP and BCBSVT are looking forward to discontinuing their disease management programs, however that cannot take place without demonstrated results from the Blueprint.
  - A clear policy decision needs to be made regarding the theoretical situation in which practices have received fronted payments but do not achieve NCQA PPC-

PCMH 2011 recognition. A level of accountability and action plan is needed to move forward with the pre-payments.

## II. Advances in Evaluation and Analysis

- Dr. Jones gave a PowerPoint presentation which showed some data sources currently in place as well as how data is being captured and reported.
- The data sources currently in place include:
  - Central Clinical Registry (Covisint DocSite)
  - Multi-payer Claims Database (VHCURES)
  - Chart Reviews
  - NCQA Scoring
  - Public Health Registries
  - Patient Provider Qualitative Assessments (CAHPS PCMH)
  - Patient Experience
- Multi-payer Claims Database: We are using a common data base which will soon be populated by all Vermont payers, public and commercial Medicare data is currently being tested and Medicaid data has now been uploaded. Onpoint Health will be including the Medicare and Medicaid data in future reports.
- In recent discussions with clinicians it is apparent that a shifting culture is taking place. We will be investigating mechanisms to evaluate the experience of receiving and providing care in transformed practices using structured social science techniques.
- VCHIP will also be doing an evaluation of the EQUIP, or Expansion and Quality Improvement Program (practice facilitators).

With no more time, the meeting adjourned at 10:00 a.m. The next meeting of the Blueprint Executive Committee will take place on Wednesday, May 16<sup>th</sup>.