

Blueprint Executive Committee January 18, 2012 Meeting Minutes

Present: C. MacLean, C. Hindes, D. Cochran, T. Dolan, D. Curry, E. Emard, C. Jones, P. Jones, P. Flood, R. Wheeler, B. Tanzman, L. Watkins, W. Little, B. Warnock, J. Samuelson, M. Larson;

Guests: K. Finison

- I. Review and Discussion of Onpoint Report, “*A Four-Year Overview Based on Two-Year Cohorts with Matched Controls (VHCURES Commercial Population, Ages 18 – 64)*”
 1. Karl Finison, Director of Analytic Services at Onpoint Health Data, presented the Vermont Blueprint Evaluation PowerPoint. (Attachment A) The report was a four-year overview based on two-year cohorts with matched controls. The report included commercial data information only. We will be expanding the report to include Medicaid and Medicare data at a later date. The full report will be included in the soon to be published *2011 Blueprint Annual Report*.
 2. *Reminder:* this is the beginning of a learning health system. These early trends will be considered as we begin to look at early payment reform modifications.
 3. We are now applying consistent attribution methodology, which lines up with CMS.
 4. We have been working with our insurers to improve patient attribution methods. You will note an increase in the number of patients attributed since the last report.
 5. The pediatric population is not included in this evaluation.
 6. State wide comparisons have been added to the report.
 7. In the next report we will be looking carefully at length of stay and other variables. Financial impacts will be included in a soon to be released report.
 8. Goal: to provide a view of actual expenditures and actual utilization rates.
 9. *Recommendations:*
 - a. In future reports Blueprint participants should be excluded in the statewide data.
 - b. Reporting on an annualized basis would be helpful instead of over a 4-year period.
 10. Please forward any recommendations on how you would like to see the report data displayed.

- II. Strategies for supporting practices in the start-up phase (prior to NCQA PPC-PCMH) recognition.
 - 1. 2011 NCQA standards require more prep work, are more rigorous and will probably drive more substantive change.
 - 2. *Advancing CHT Payments*: The national trend is to provide CHT support to committed practices at the front end (prior to scoring). Nationally it reportedly takes from 12 – 18 months to get ready for scoring. Here in Vermont we feel that having the CHT on board 7 months prior to actual scoring would be helpful.
 - 3. Dr. Jones asked if there was any opposition to jump starting CHT support prior to scoring. Mr. Little requested a timeline for practices being scored in 2012 as well as financial impact information.
 - a. Recommendation:
 - i. Forward a 2012 timeline and numbers to the commercial insurers for review.
- III. There being no further business, the meeting adjourned at 10:00 a.m.