



BLUEPRINT FOR HEALTH

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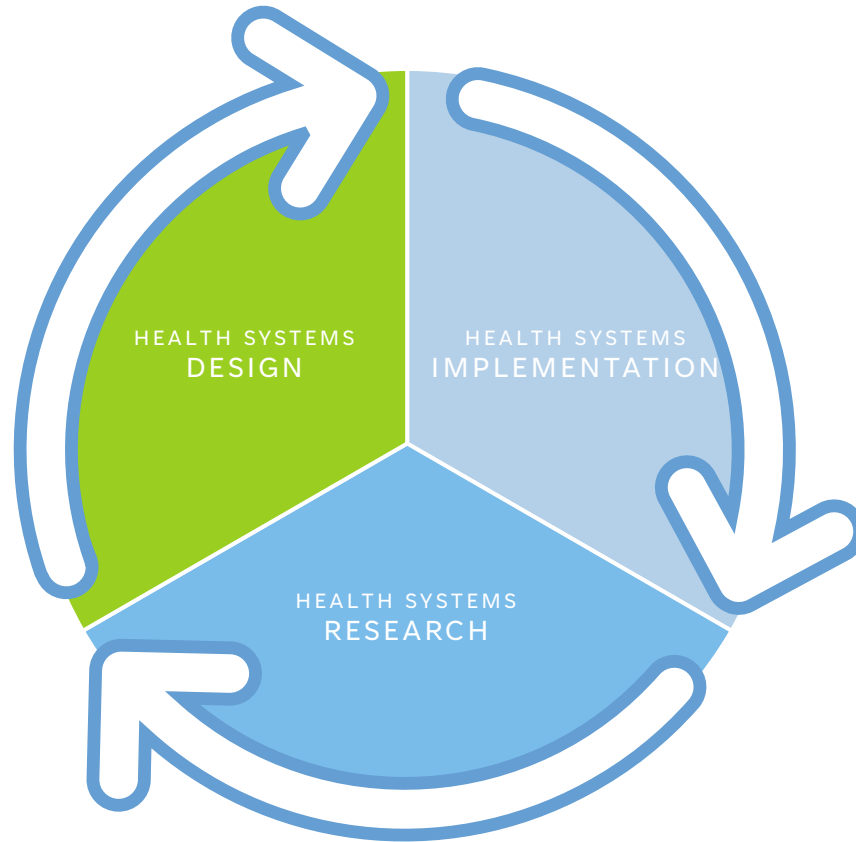
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ACT 128

“integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.”

2010 Vermont Statutory Framework
Act 128 Mission of Blueprint For Health

BLUEPRINT FOUNDATION



DESIGN

Incorporate the innovation cycle - *design, implementation, and research* - into all initiatives and services

IMPLEMENTATION

Establish & sustain a network that can systematically test and implement innovative community-led strategies for improving health and well-being

RESEARCH

Rapidly respond to Vermont's health and social service priorities through statewide implementation of new initiatives and service models

BLUEPRINT AIMS

For Primary Care providers to be supported in taking a long-term, whole-person approach to care, improving population health, enhancing the experience, while being cost-effective.

IMPROVE POPULATION HEALTH

- Proactive screening including for social determinants of health
- Support patient to manage Chronic Health Conditions

ENHANCE PATIENT EXPERIENCE

- Improve quality of care
- Ease access
- Reduce cost

BLUEPRINT- ASSOCIATED COST-SAVINGS

The 2017 Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration report revealed significant cost savings from Blueprint for Health programming (patient-centered medical homes, community health teams, and support and services at home) across 14 quarters

Data published by Jones et al in 2016 identified significant cost savings associated with Blueprint participation over a 6-year period

BLUEPRINT EXECUTIVE COMMITTEE



COMMITTEE MAKEUP

Full list available in
Blueprint Manual &
defined in Statute



REPRESENT

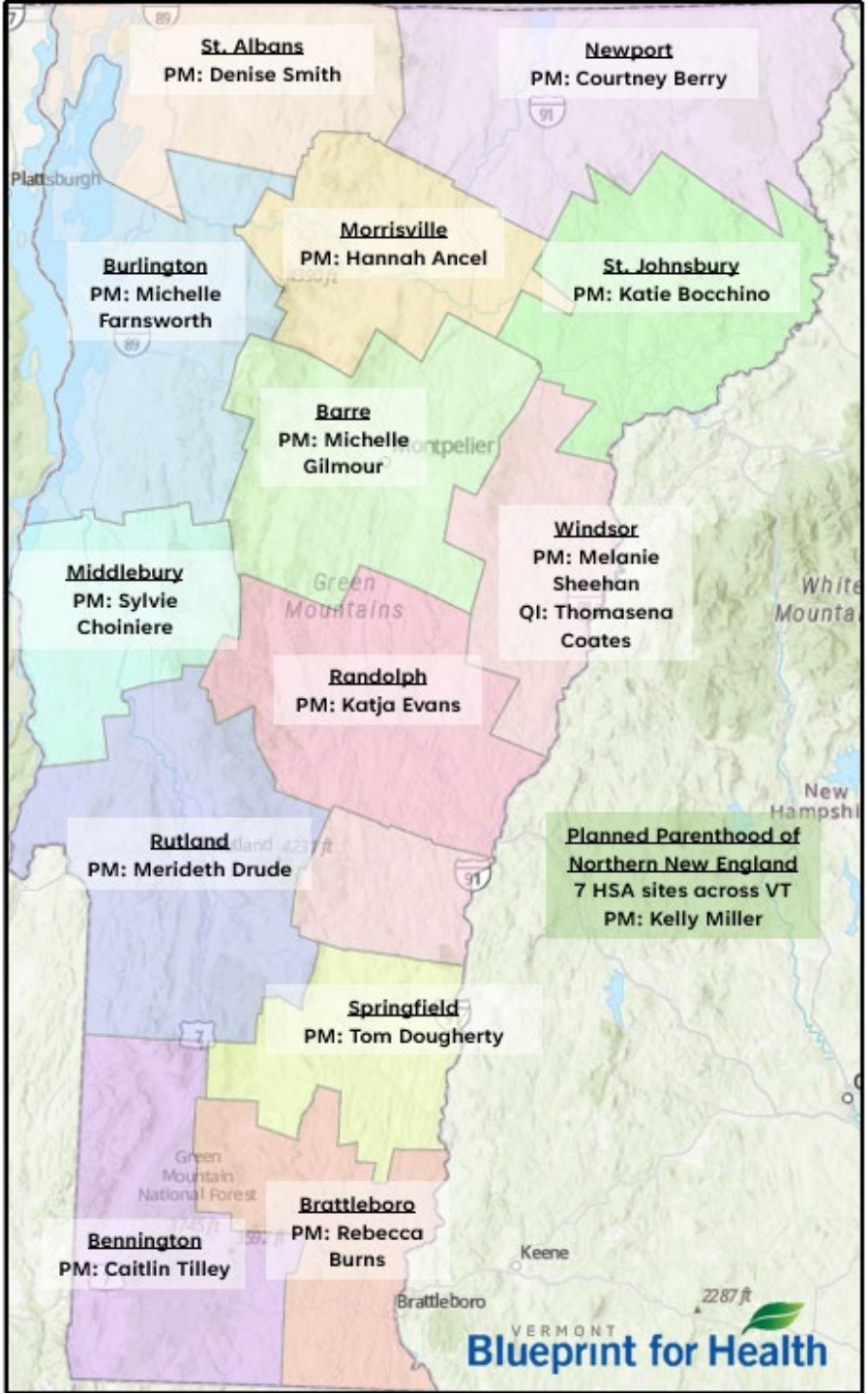
a broad range of
stakeholders to
provide guidance on
a wide range of
issues



ADVISE

the Blueprint
Executive Director on
strategic planning
and implementation
of health services
with an emphasis on
prevention

HEALTH SERVICE AREAS



EACH ADMINISTRATIVE ENTITY...

- is accountable for leading implementation of the Blueprint Program in their HSA
- will receive multi-insurer payments to support hiring of Community Health Teams
- 13 HSA Program Managers
- + 1 Statewide Planned Parenthood Program Manager

HEALTH SERVICE AREA PROGRAM MANAGER



FUNDED BY

annual grant from
State of Vermont



REPORTS

data collection, entry
and compliance



ADVANCED PRIMARY CARE

collaborates with
Quality Improvement
Facilitators to
maintain Patient
Center Medical Home
recognition



OVERSIGHT

administers
Community Health
Team funds and
staffing



COMMUNITY

engages community
partners &
collaboratives,
shared needs of
community, assists
staff of PCMHs
within the
Health Service Area

BLUEPRINT PROGRAMS

- Patient-Centered Medical Homes & Quality Improvement Facilitation
- Community Health Teams
- Hub & Spoke system for Opioid Use Disorder Treatment
- Pregnancy Intention Initiative

BLUEPRINT FOR HEALTH
PROGRAMS AND PARTNERS



PATIENT CENTERED
MEDICAL HOME
PAYMENTS

(PER MEMBER PER MONTH)

\$3.00	Commercial
\$4.65	Medicaid
\$2.05	Medicare

PAID BY COMMERCIAL AND MEDICAID

PATIENT HEALTH CARE
UTILIZATION – PRACTICE

PERFORMANCE PAYMENT

UP TO \$0.25

PAID BY COMMERCIAL AND MEDICAID

QUALITY MEASURE
OUTCOMES –
COMMUNITY & HSA

PERFORMANCE PAYMENT

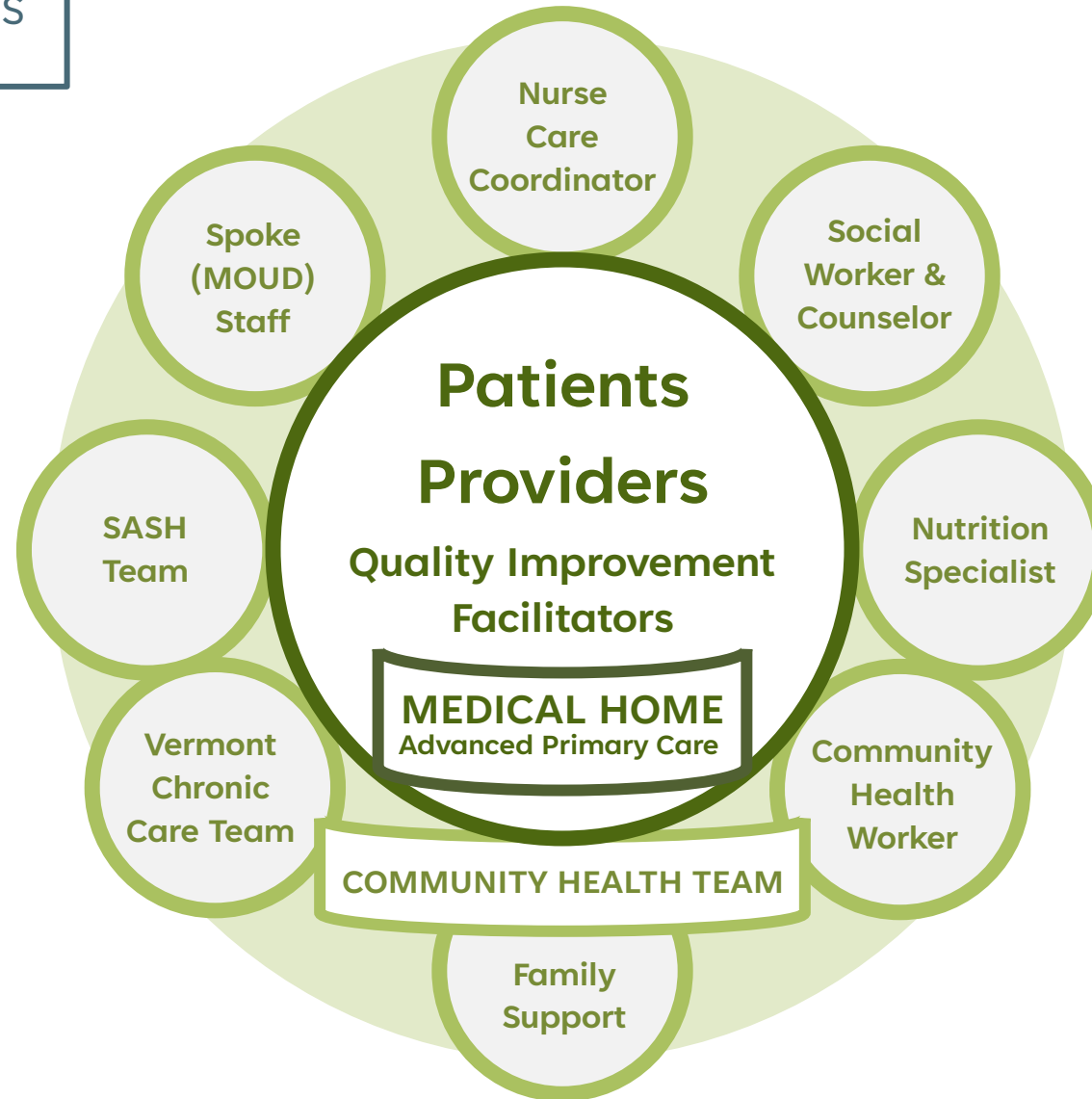
UP TO \$0.25

CASE STUDY

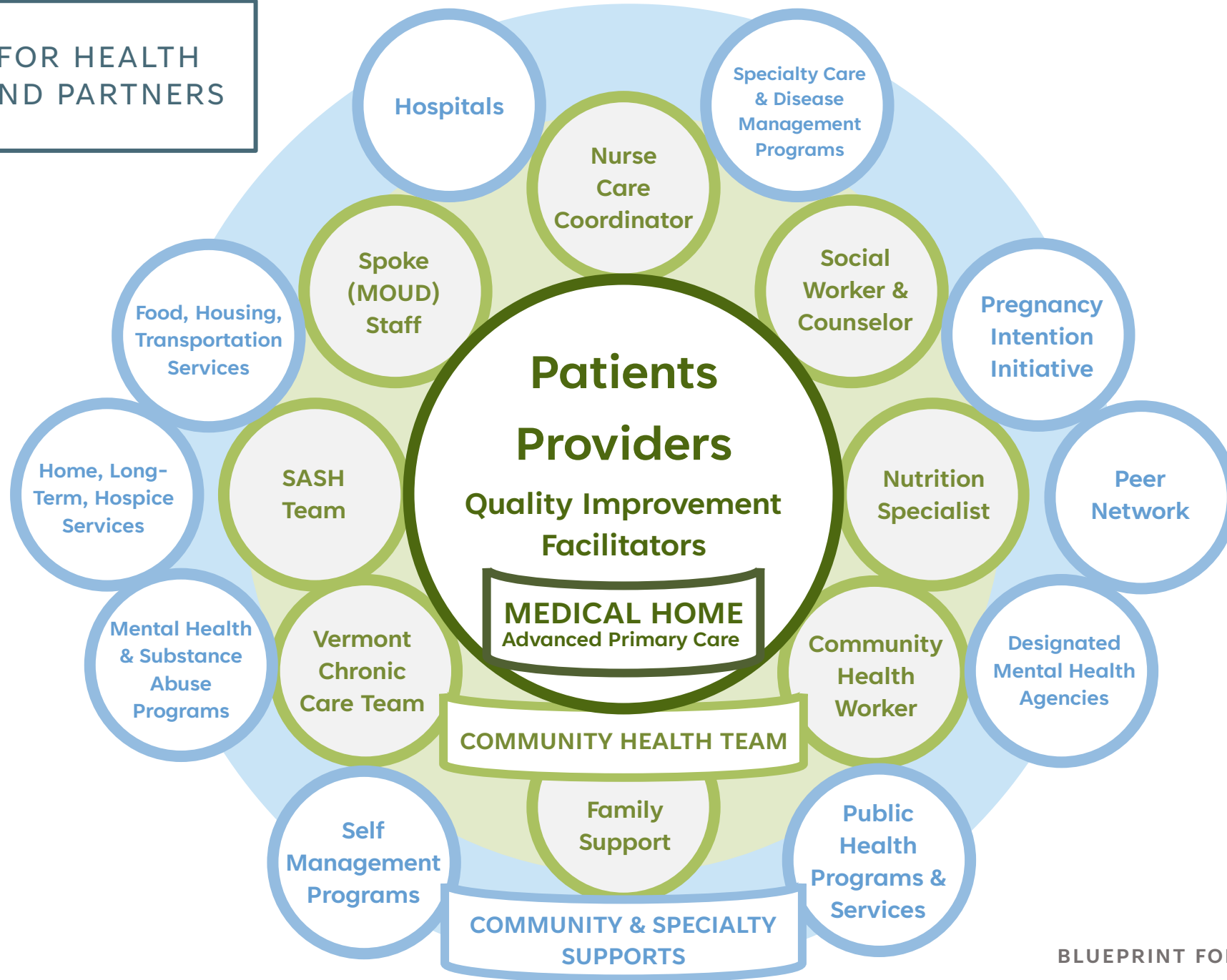
BLUEPRINT PATIENT CENTERED MEDICAL HOME
MONTHLY PAYMENTS PAID TO A PRACTICE

	PAYER	ATTRIBUTED PATIENT POPULATION PROVIDED BY PAYERS	PCMH PRACTICE BASE PAYMENT RATE (PER PATIENT PER MONTH)	PCMH PRACTICE PERFORMANCE PAYMENT RATE (PER PATIENT PER MONTH)	TOTAL PAID TO PRACTICE
Commercial Insurers	CIGNA	20	\$3.00	\$0.32	\$66.40
	BCBS	400	\$3.00	\$0.32	\$1,328.00
	MVP	60	\$3.00	\$0.32	\$199.20
	Medicaid	800	\$4.65	\$0.32	\$3,976.00
	Medicare	1020	\$2.05	\$0.00	\$2,091.00
	Monthly Total	2300			\$7,660.60

BLUEPRINT FOR HEALTH PROGRAMS AND PARTNERS



BLUEPRINT FOR HEALTH PROGRAMS AND PARTNERS



COMMUNITY HEALTH TEAM PAYMENT STRUCTURE

- PRIMARY CHT STAFF
- MOUD CHT STAFF
- WHI CHT STAFF

HEALTH SERVICE AREAS RECEIVE FUNDS FROM INSURERS FOR STAFFING A
COMMUNITY HEALTH TEAM

CHT PAYMENTS (PER MEMBER PER MONTH)

\$2.77	Commercial WHI: \$0.00 MOUD: \$0.00
\$2.77	Medicaid
\$2.51	Medicare

CHT STAFFING MODELS

- Administrative Entity can hire staff and deploy to community,
 - can contract with a local provider such as the DA
- OR
- will fund PCMH to hire staff

CASE STUDY

BLUEPRINT CORE COMMUNITY HEALTH TEAM QUARTERLY PAYMENTS MADE TO THE ADMINISTRATIVE ENTITY

PAYER	ATTRIBUTED PATIENT POPULATION PROVIDED BY PAYERS	COMMUNITY HEALTH TEAM STAFFING PAYMENT RATE (PER PATIENT PER MONTH)	TOTAL PAID TO ADMIN ENTITY
Commercial Insurers CIGNA	65	\$2.77	\$544.00
Commercial Insurers BCBS	4064	\$2.77	\$33,774.92
Commercial Insurers MVP	689	\$2.77	\$5,725.74
Medicaid	4,340	\$2.77	\$36,066.36
Medicare	3,708	\$2.53 (+\$0.25 to risk-bearing providers in the Medicare ACO)	\$30,954.00
Monthly Total	12,866		\$107,065.02

HUB AND SPOKE

MEDICATION FOR OPIOID USE DISORDER (MOUD)

- supporting people in recovery from opioid use disorder
- **very effective treatment** for most people

Two settings for MOUD designated by Federal Regulations

- Opioid Treatment Programs (OTPs)
- Office Based Opioid Treatment (OBOT)

HUB AND SPOKE PROGRAM EST. 2013

HUBS

8 PROGRAM SITES

- Enhanced OTPs (Opioid Treatment Programs)
- Dispense Buprenorphine & Vivitrol addition to Methadone
- Augment staffing for health home services (care managers, counselors, nurses, and psychiatry)
- Monthly bundled rate

SPOKES

113 PROGRAM SITES

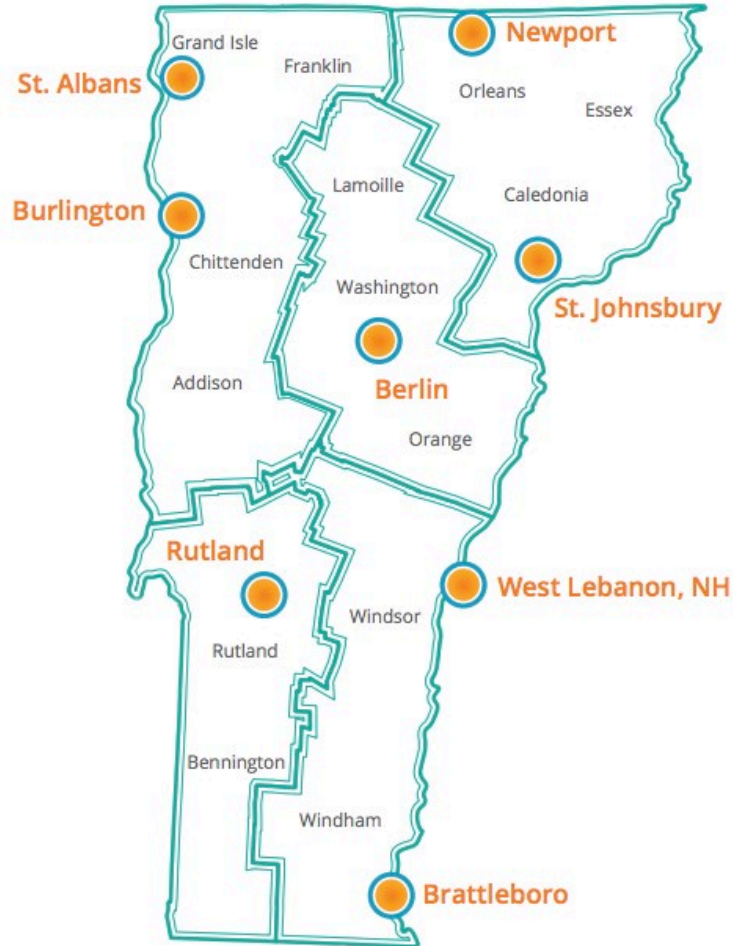
- Enhanced OBOTs (Office Based Opioid Treatment)
- 1 FTE RN & 1 FTE Licensed Addictions/Mental Health Counselor for 100 Medicaid Members provide health home services. (Claims based on Buprenorphine/Vivitrol)
- Hired and deployed as part of Blueprint CHT through the administrative entity

- Patients move between Hubs and Spokes based on their clinical needs
- Hubs and Spokes provide mutual support in conjunction with PCP
- RAM (Rapid Access to Medication)

HUB AND SPOKE
CONTINUED

MEDICATION FOR OPIOID USE DISORDER IN VERMONT SPOKES

STATEWIDE HUB DISTRIBUTION



Spoke Medicaid Patients Served



Spoke MOUD Prescribers



Spoke MOUD FTE Hired



SUPPORTING PREGNANCY INTENTION AND HEALTHY FAMILIES



COMPREHENSIVE FAMILY PLANNING COUNSELING

- Increased access to preconception counseling has been shown to improve maternal and infant outcomes. *One Key Question*
- Increased access to contraceptive counseling has been shown to be an effective intervention for reducing the rate of unintended pregnancies
- Same day access to long-acting reversible contraceptives (LARC) and/or moderate to most effective contraception

PSYCHOSOCIAL SCREENING, INTERVENTION, AND NAVIGATION TO SERVICES

- Enhanced screening that includes Social Determinants of Health
- Brief intervention and referral/navigation to treatment and services
- Care coordination agreements with Primary Care/Community Partners

PREGNANCY INTENTION SERVICE PAYMENTS

3 forms of Medicaid payment based on attribution of people who can become pregnant ages 15 to 44:

- 1 Recurring per member per month (PMPM) payments to practices **\$1.25**
- 2 At PCMH has existing CHT staff support WHI goals. Specialty clinics receive funds to hire a mental health clinician
- 3 A one-time per member payment (PMP) to support stocking of most and moderate effective contraception such as Long-Acting Reversible Contraceptive (LARC) devices to practices

25 PCMH and 19 Specialty, which includes 7 PPNNE sites

(1/18/2023)

RESOURCES

Blueprint for Health Manual and Implementation

<https://blueprintforhealth.vermont.gov/implementation-materials>

Blueprint Website

<https://blueprintforhealth.vermont.gov/>

Pregnancy Intention

https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/WHIGuidedraft_4.21.21_0.pdf

Hub and Spoke Manual

https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/SpokeGuide5172021.pdf

RESEARCH AND EVALUATION

Community Profiles

<https://blueprintforhealth.vermont.gov/community-health-profiles>

Practice-Level Analyses

WHI Evaluation

<https://blueprintforhealth.vermont.gov/womens-health-initiative-profiles>

H&S/MAT Evaluation/Profiles

<https://blueprintforhealth.vermont.gov/hub-and-spoke-profiles> ;
<https://blueprintforhealth.vermont.gov/reports-and-articles/journal-articles>

Annual Report

<https://blueprintforhealth.vermont.gov/annual-reports>

THANK YOU

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BLUEPRINT FOR HEALTH: A BRIEF HISTORY

- 2006 Blueprint for Health codified into Vermont statute
- 2007 ACT 71 establishes Medical Home and Community Health Teams
- 2008 First pilot site: St. Johnsbury HSA
- 2010 Act 128 shifts the Blueprint from a pilot to a statewide program
- 2011 Vermont is one of the eight states selected for CMS' MultiPayer Advanced Primary Care Practice Demonstration
- 2013 Hub and Spoke program for Opioid Treatment and Office Based Opioid Treatment
- 2017 Pregnancy Intention Initiative/Women's Health Initiative/WHI
- 2022 Act 167 Requires recommendation on the amount to increase commercial insurer and Medicaid Contributions to Community Health Teams and Quality Improvement Facilitation

PATIENT CENTER MEDICAL HOME AFFILIATION TYPE

AFFILIATION TYPE	BP PRACTICE COUNT
FQHC-Owned	47
Hospital-Owned	42
Independent Multi-Site	15
Independent Single-Site	30
Grand Total	134