

Vermont Blueprint for Health

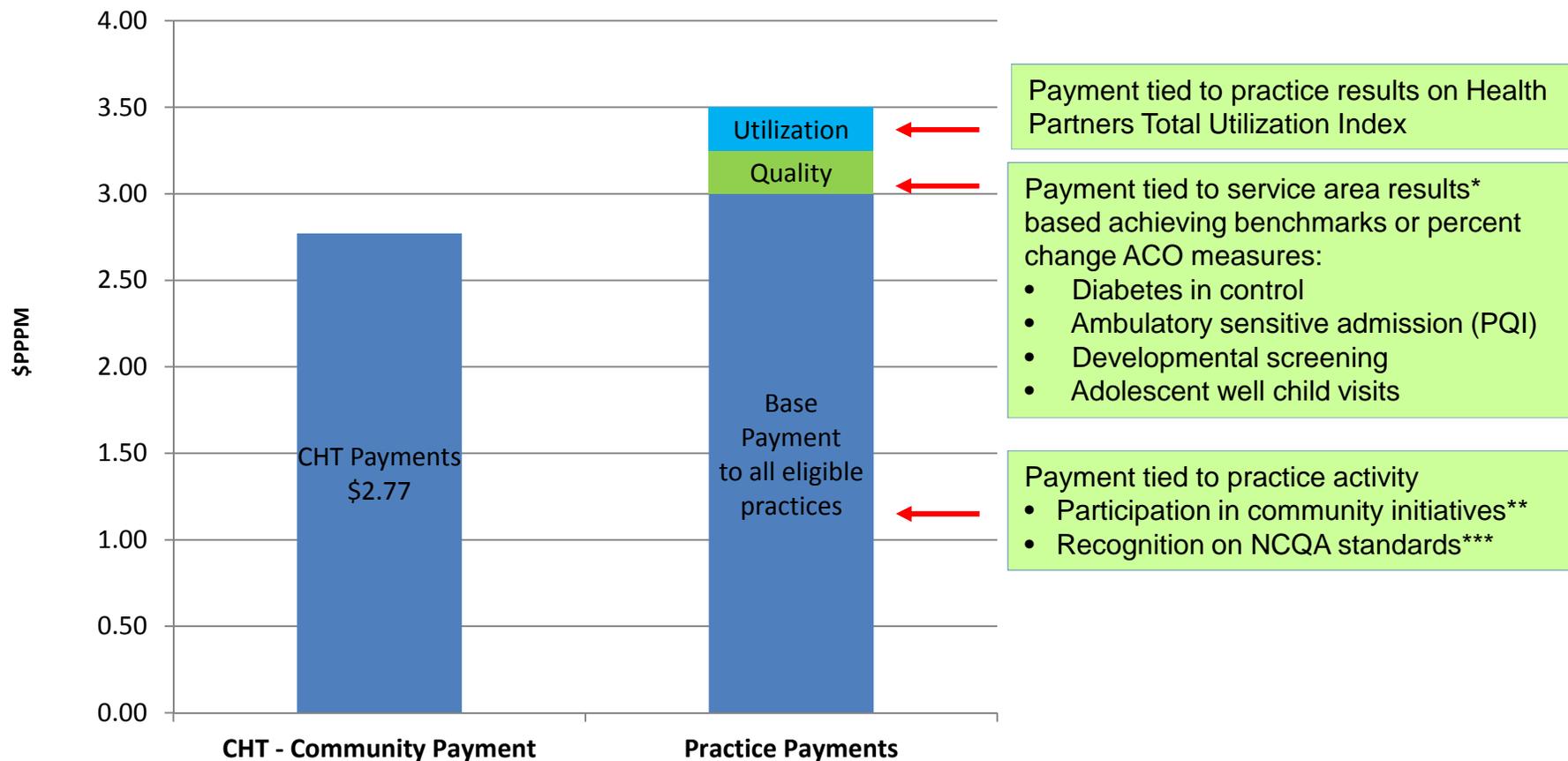
House Appropriations Committee

April 13, 2016

Current State of Play in Vermont

- Statewide foundation of primary care medical homes
- Community Health Teams providing supportive services
- Statewide transformation and learning network
- Local innovation through community collaboratives
- Statewide self-management programs
- Maturing health information & data systems, comparative reporting
- Potential for a unified accountable health system and all payer model

Payment Model



*Incentive to work with community partners to improve service area results.

**Organize practice and CHT activity as part of at least one community quality initiative per year.

***Payment tied to recognition on NCQA PCMH standards with any qualifying score.

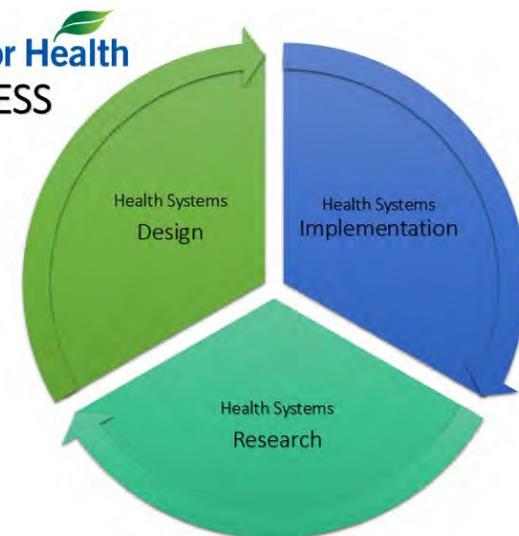
****Payments are for Commercial and Medicaid. Medicare pays a different rate

Statewide Network for Comparative Learning



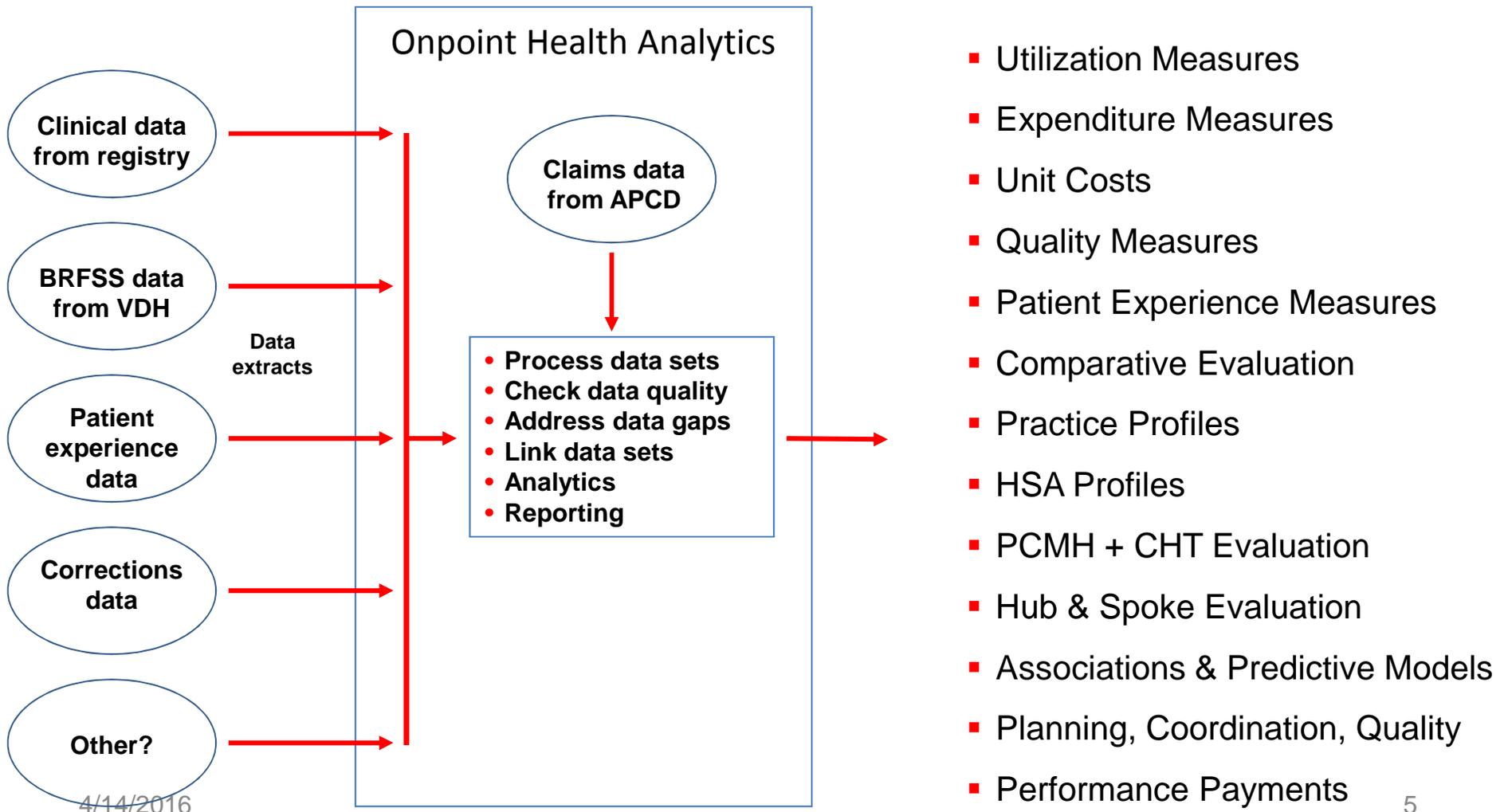
- 31 Community Health Team Leaders
- 19 Blueprint Practice Facilitators
- 14 Blueprint Project Managers
- 4 ACO Clinical Quality Leaders
- 6 ACO Clinical Consultants

VERMONT
Blueprint for Health
PROCESS



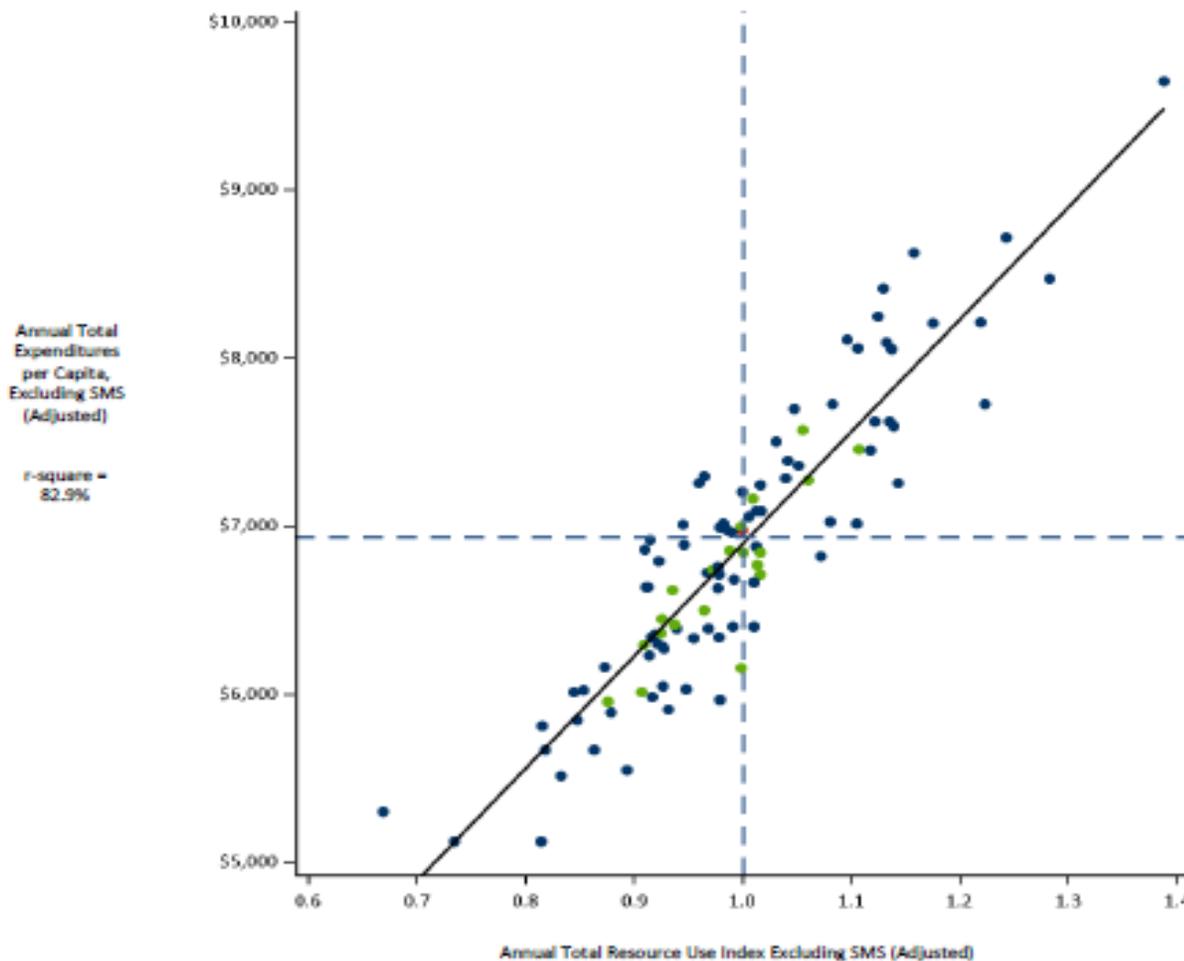
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Data Use for a Learning Health System



Total Resource Use Index

Annual Total Expenditures per Capita vs. Resource Use Index (RUI)



A 0.01 change in TRUI is associated with a \$66.80 change in expenditures per person



All-Insurer Payment Reforms

Unified Community Collaboratives & Statewide Learning Forums

Transformation Network (Project Managers, Practice Facilitators, CHT Leaders, ACO Quality Leaders)

Health IT Infrastructure

Planning for the Future

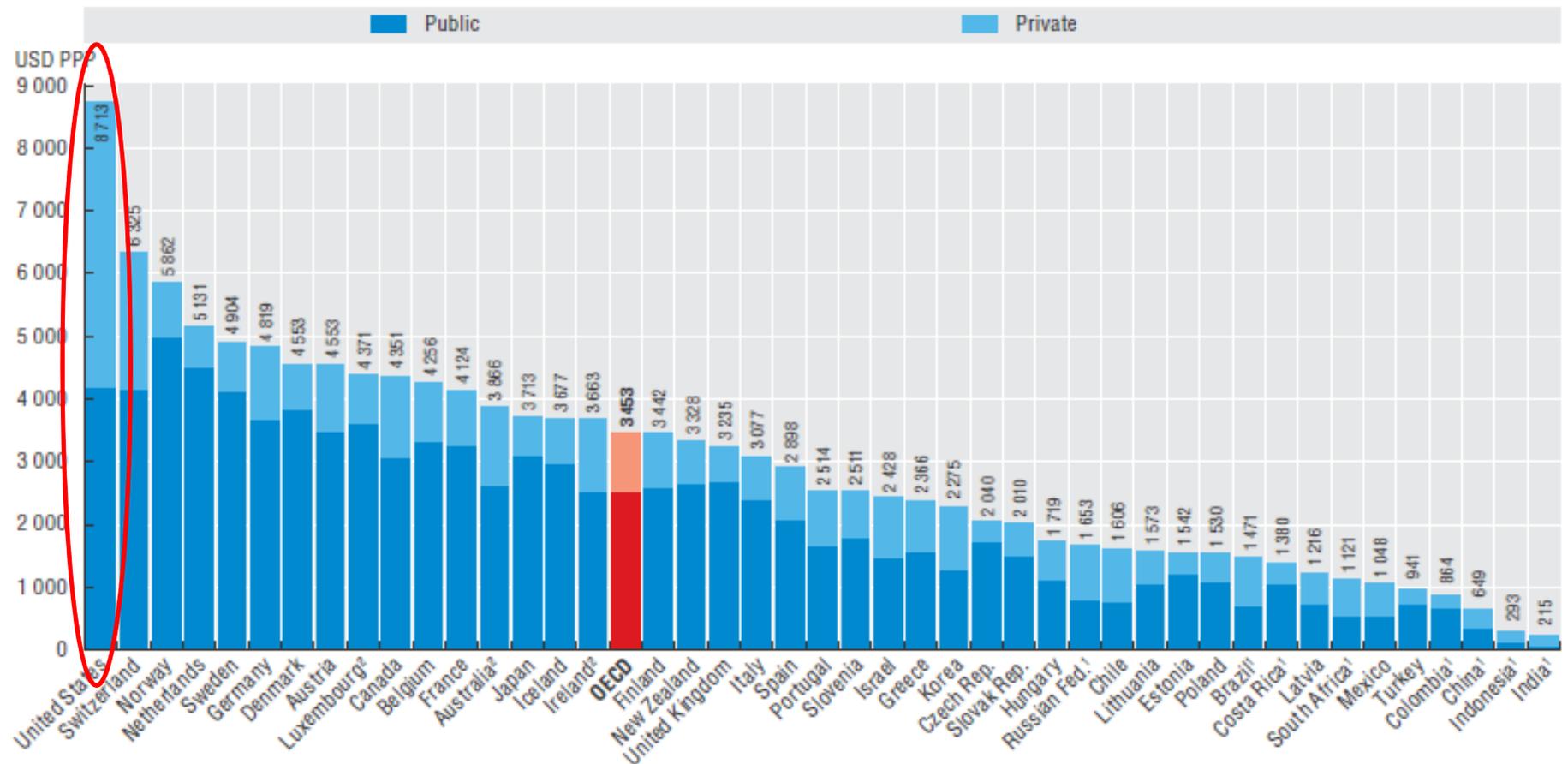
- Support development of an accountable health system
- Next generation payment models (All-Payer, Accountability)
- Continue to improve the foundation (primary care, community services)
- Best use of the transformation network (PFs, PMs, CHT leaders)
- Strengthen self management programs (HLWs, DPP, Tobacco)
- Continue to develop the data utility (quality, aggregation, linkage)
- Continue to advance the use of data (learning, QI, predictive models)

Health at a Glance 2015

OECD INDICATORS

Organization for Economic Cooperation and Development

9.1. Health expenditure per capita, 2013 (or nearest year)



Note: Expenditure excludes investments, unless otherwise stated.

1. Includes investments.

2. Data refers to 2012.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>; WHO Global Health Expenditure Database.

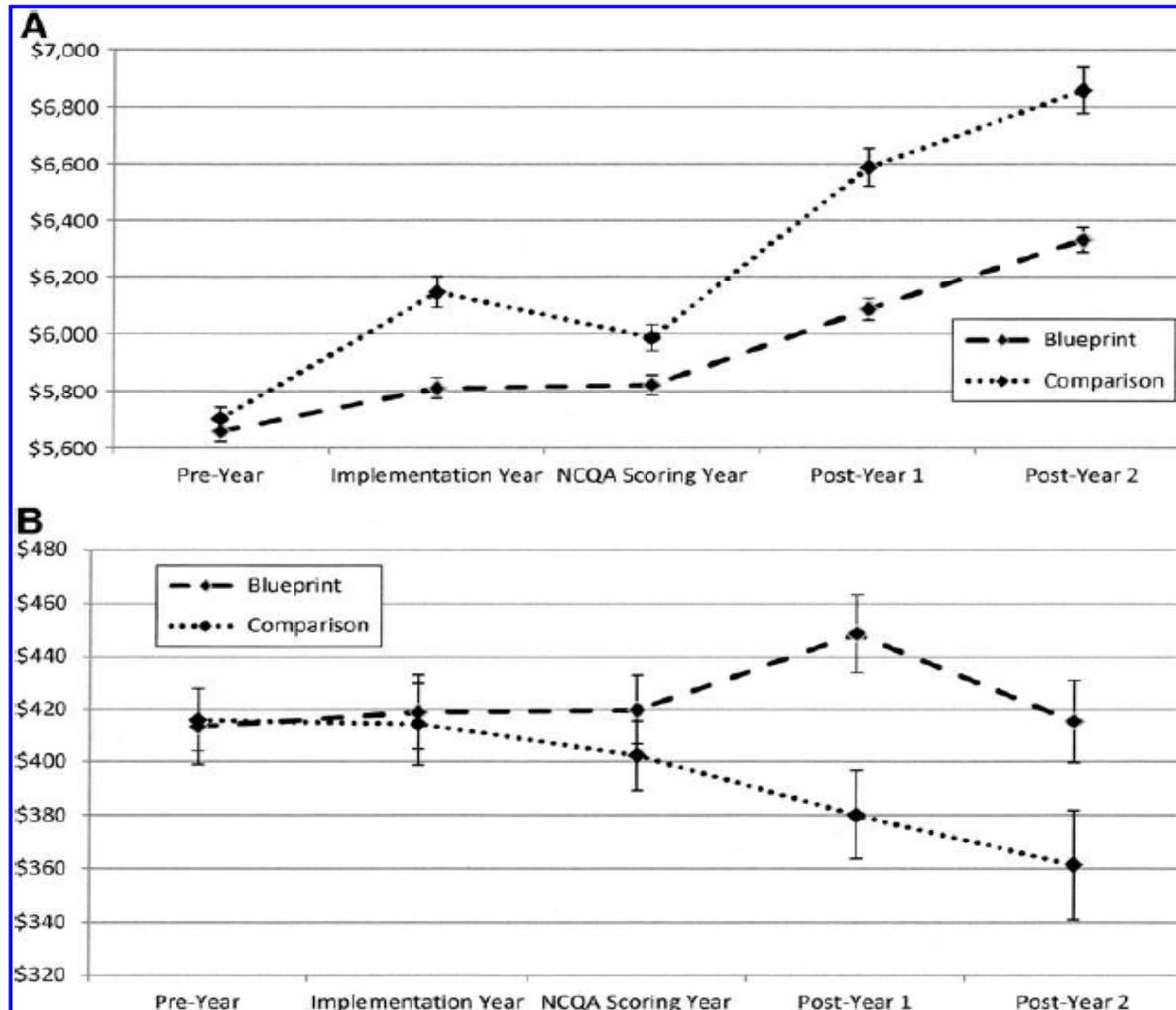
Table 1.1. Health status

- Top third performers
- Middle third performers
- Bottom third performers

Note: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data is available. For the mortality indicator, the top performers are countries with the lowest rates.

Indicator	Life expectancy at birth - Men	Life expectancy at birth - Women	Life expectancy at 65 - Men*	Life expectancy at 65 - Women*	Mortality from cardiovascular diseases**
Australia	8	7	3	7	7
Austria	18	13	16	13	26
Belgium	22	19	23	14	15
Canada	13	17	10	10	5
Chile	27	27	27	28	16
Czech Rep.	28	28	29	30	31
Denmark	21	25	25	26	10
Estonia	32	26	31	27	32
Finland	23	8	20	9	24
France	15	3	2	2	2
Germany	18	19	16	22	25
Greece	17	9	13	11	27
Hungary	33	33	34	34	33
Iceland	2	16	10	20	23
Ireland	15	23	19	24	21
Israel	3	11	3	17	3
Italy	3	4	8	4	17
Japan	5	1	6	1	1
Korea	20	5	20	5	4
Luxembourg	9	11	6	8	12
Mexico	34	34	28	32	22
Netherlands	11	19	16	20	8
New Zealand	11	19	8	17	18
Norway	9	13	15	14	11
Poland	30	29	30	28	30
Portugal	24	9	23	11	14
Slovak Rep.	31	31	33	31	34
Slovenia	25	17	26	14	28
Spain	5	2	3	3	6
Sweden	5	13	10	17	19
Switzerland	1	6	1	5	13
Turkey	29	32	32	33	29
United Kingdom	14	24	14	23	9
United States	26	29	22	25	20

Figure 2. Expenditures Per Person



Expenditures on healthcare for the whole population

Medicaid expenditures on special services

Members by Stage of Program 2008 – 2014 All Insurers Ages 1 and Older

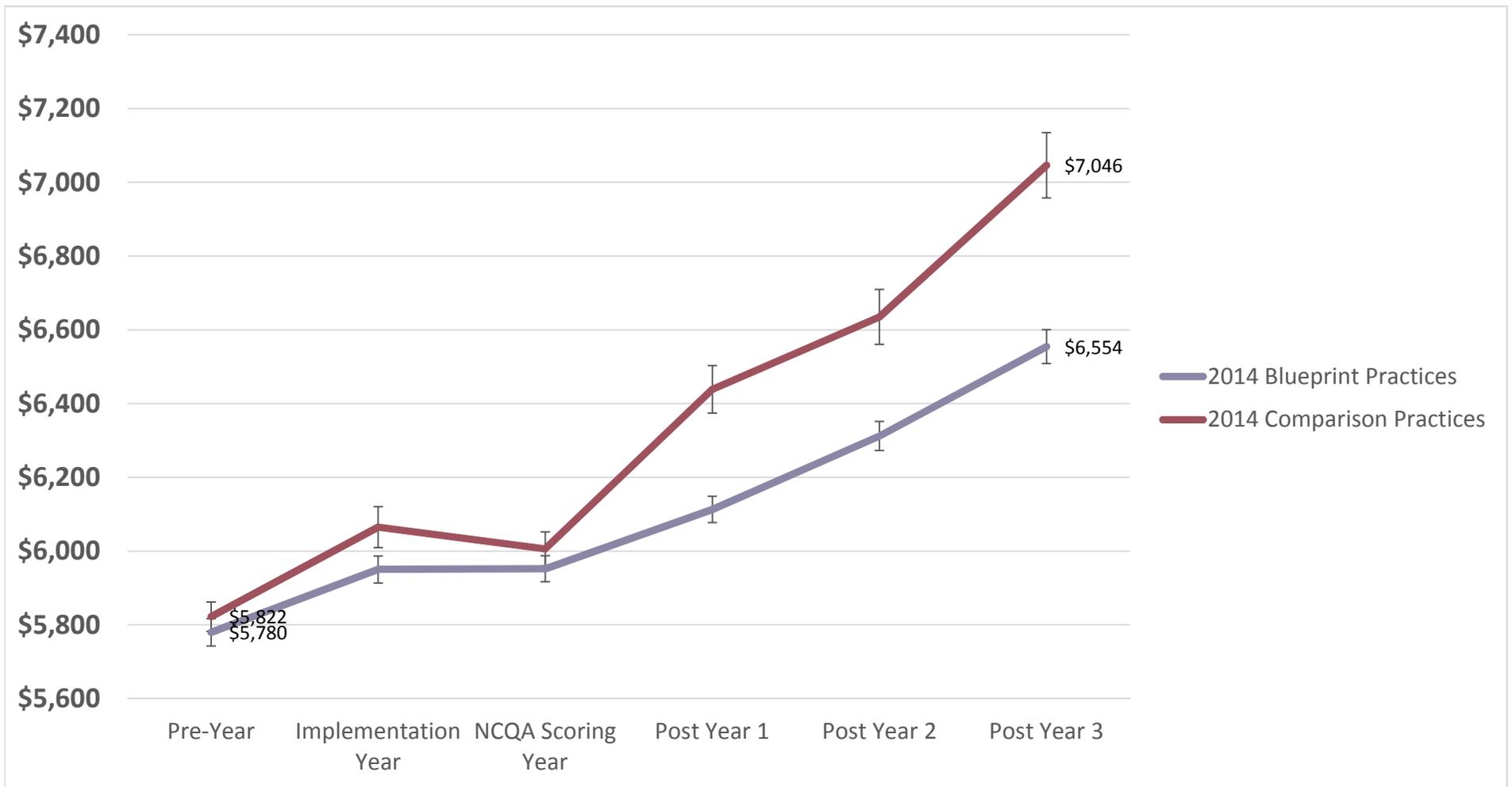
Blueprint	
Stage of Program	Member Count
Pre-Year	267,327
Implementation Year	291,881
NCQA Scoring Year	333,470
Post year 1	343,373
Post year 2	300,770
Post Year 3	242,879

Non Blueprint	
Stage of Program	Member Count
Pre-Year	181,628
Implementation Year	122,247
NCQA Scoring Year	160,196
Post year 1	100,107
Post year 2	81,855
Post Year 3	67,542

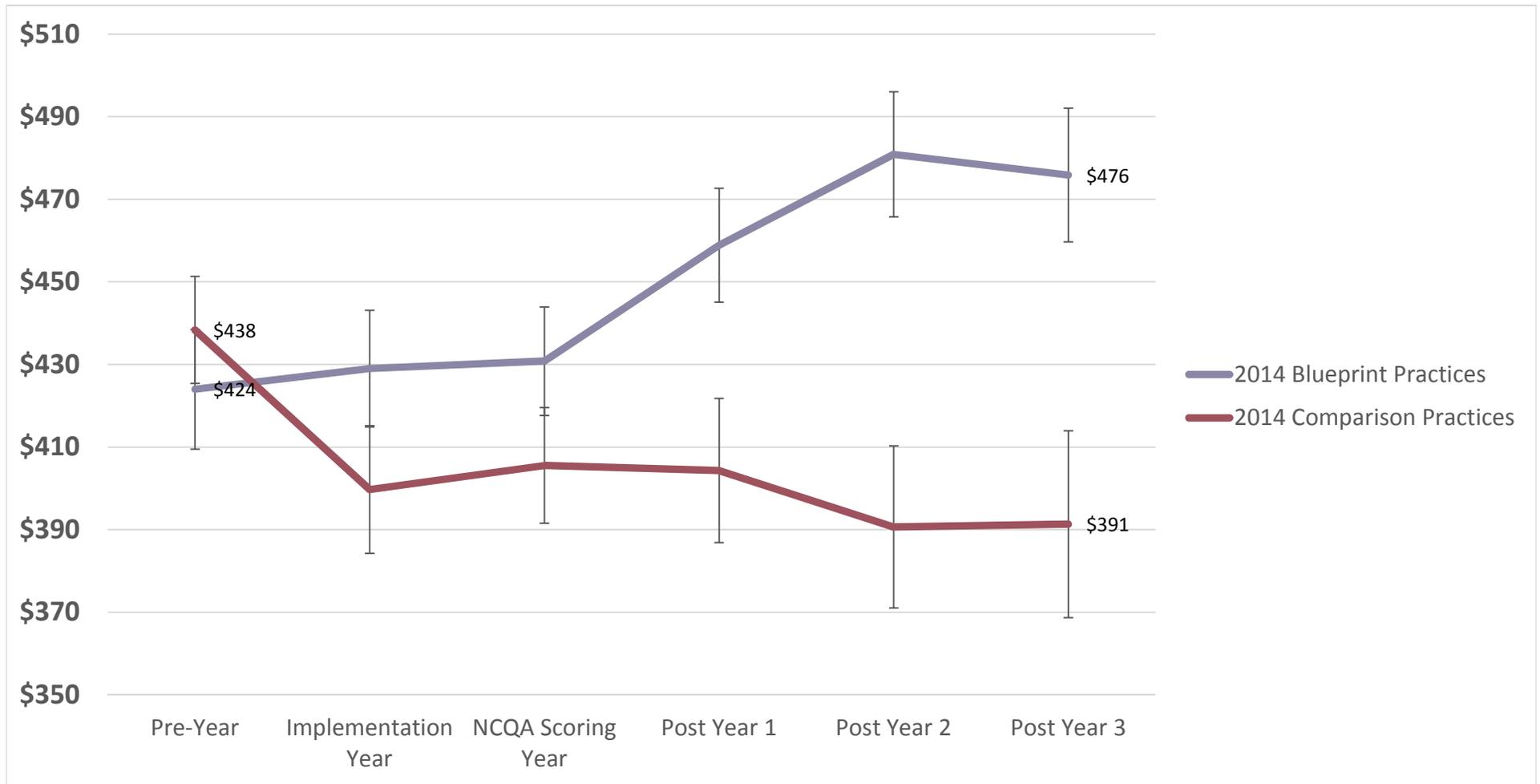
Blueprint	
Stage of Program	Average Members
Pre-Year	246,214
Implementation Year	271,071
NCQA Scoring Year	311,245
Post year 1	320,586
Post year 2	279,064
Post Year 3	225,974

Non Blueprint	
Stage of Program	Average Members
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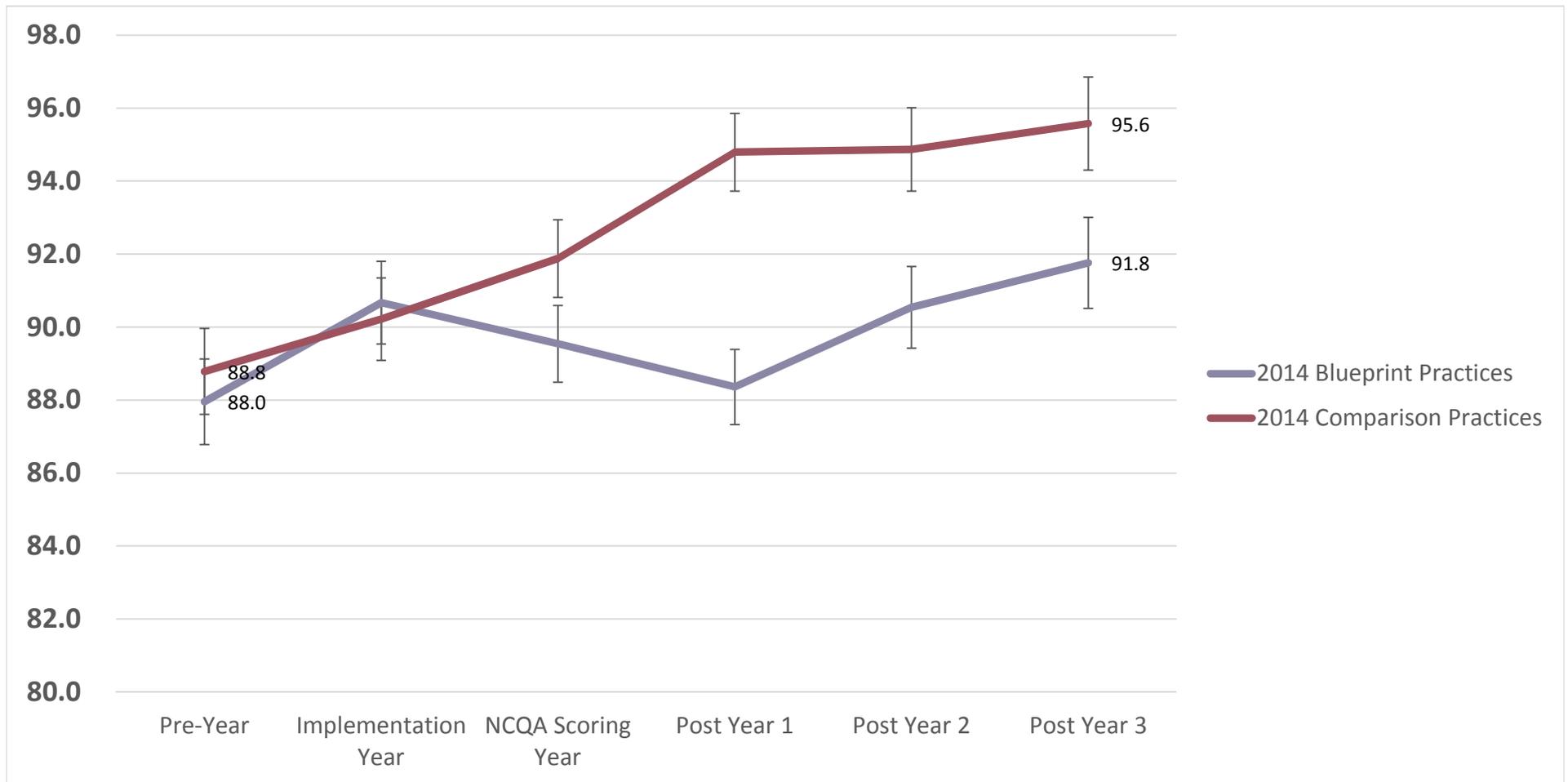
Total Expenditures Per Capita 2008 – 2014 All Insurers Ages 1 and older



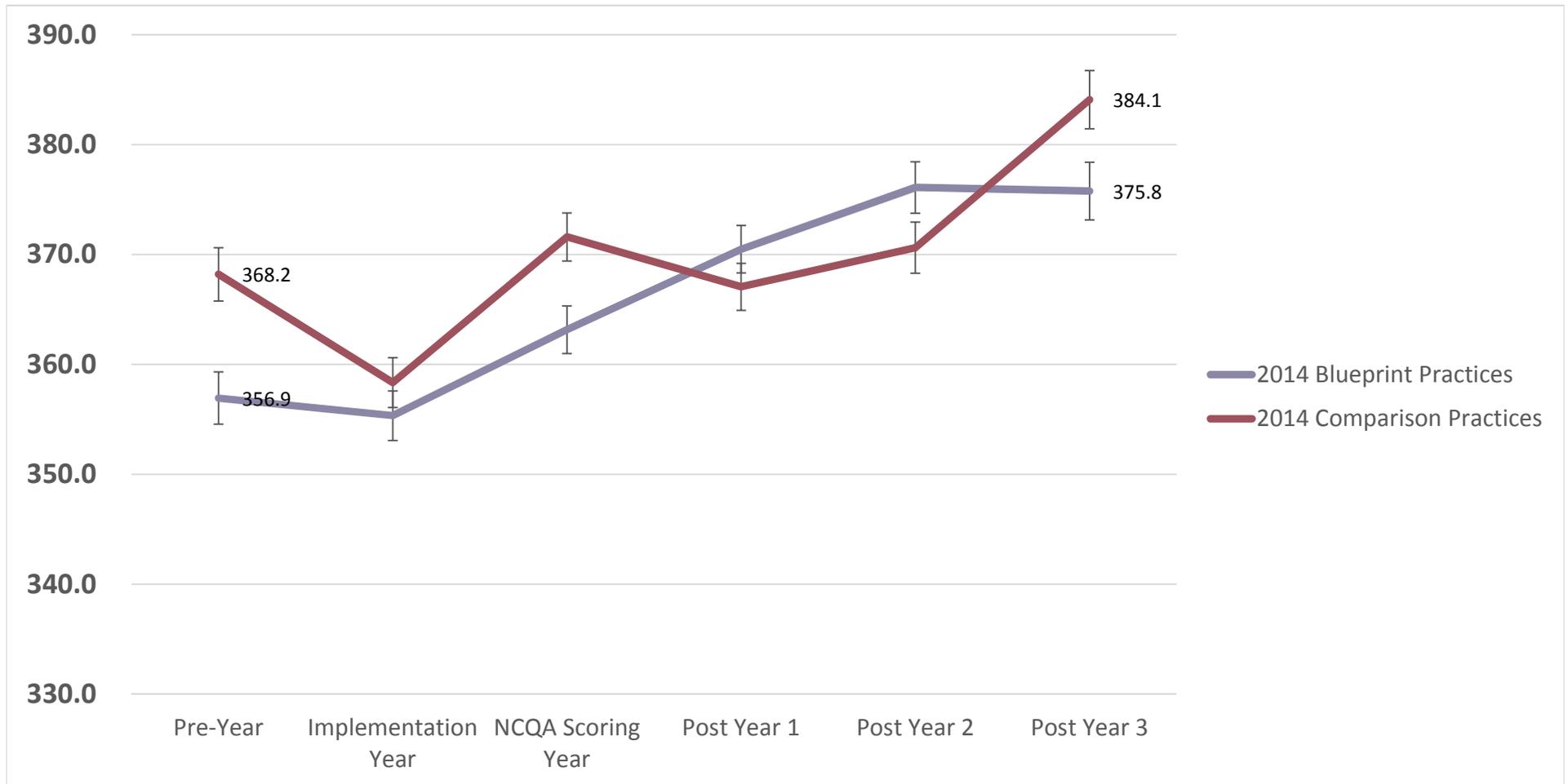
Total SMS Expenditures Per Capita 2008 – 2014 Medicaid Ages 1 and older



Inpatient Discharges Per 1000 Members 2008 – 2014 All Insurers Ages 1 and older



Emergency Department Visits Per 1000 Members 2008 – 2014 All Insurers Ages 1 and older



Estimated Return on Investment for All Payers in Calendar Year 2014

All-Payer	Investment	Reduction in total expenditures w/ SMS
Reduction in expenditures		\$123,142,342
PCMH Payments	\$6,590,964	
Core CHT Payments	\$8,893,643	
Total Payments	\$15,484,607	
Blueprint Program Budget	\$5,633,236	
Total investment	\$21,117,843	
Return on investment		5.8

Note: Blueprint Program Budget is the average of the FY2014 and FY2015 budgets to estimate the calendar year 2015 budget. Also note the budgeted amount does not reflect actual programmatic expenditures, which may be lower.

Estimated Return on Investment for Medicaid in Calendar Year 2014

Medicaid	Investment:	Reduction in expenditures w/ SMS	Reduction in expenditures w/o SMS
Reduction in expenditures		\$8,644,011	\$29,554,703
PCMH Payments	\$2,202,342		
Core CHT Payments	\$2,172,308		
Total Payments	\$4,374,650		
Blueprint Program Budget	\$5,633,236		
Total investment	\$10,007,886		
Return on investment		0.9	3.0

Note: Blueprint Program Budget is the average of the FY2014 and FY2015 budgets to estimate the calendar year 2015 budget. Also note the budgeted amount does not reflect actual programmatic expenditures, which may be lower.

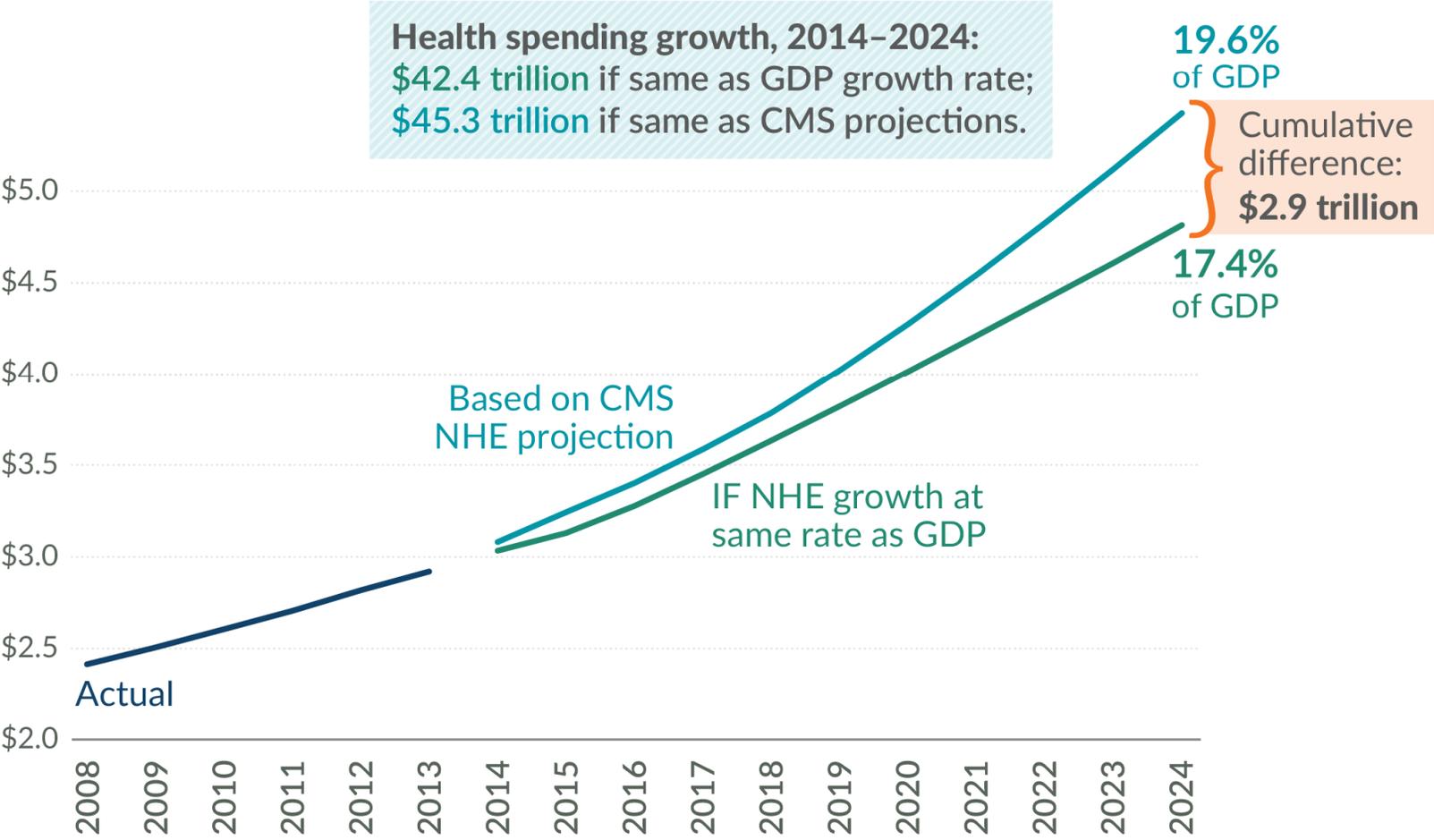
Projected Impact on All Payers of Increased PCMH and CHT Payments in 2016

All-Payer	Investment	Reduction in total expenditures w/ SMS	Reduction in expenditures w/o SMS
Reduction in expenditures		\$123,142,342	\$136,284,263
PCMH Payments	\$10,460,883		
Core CHT Payments	\$9,498,458		
Total Payments	\$19,959,341		
Blueprint Program Budget	\$5,633,236*		
Total investment	\$25,592,577		
Return on investment		4.8	5.3

*Planned budget cuts will reduce the Blueprint Program Budget to \$4,780,961 for CY 2016. This will increase the ROI estimate to 4.97 with SMS included.

What if Future Increases in U.S. National Health Expenditures Are Limited to Rate of Economic Growth?

National health expenditures (trillions)



Source: Author's analysis based on data from Centers for Medicare and Medicaid Services (CMS), Office of the Actuary, 2014-2024 National Health Expenditures (NHE), projected July 2015; <http://cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>.

Questions & Discussion