

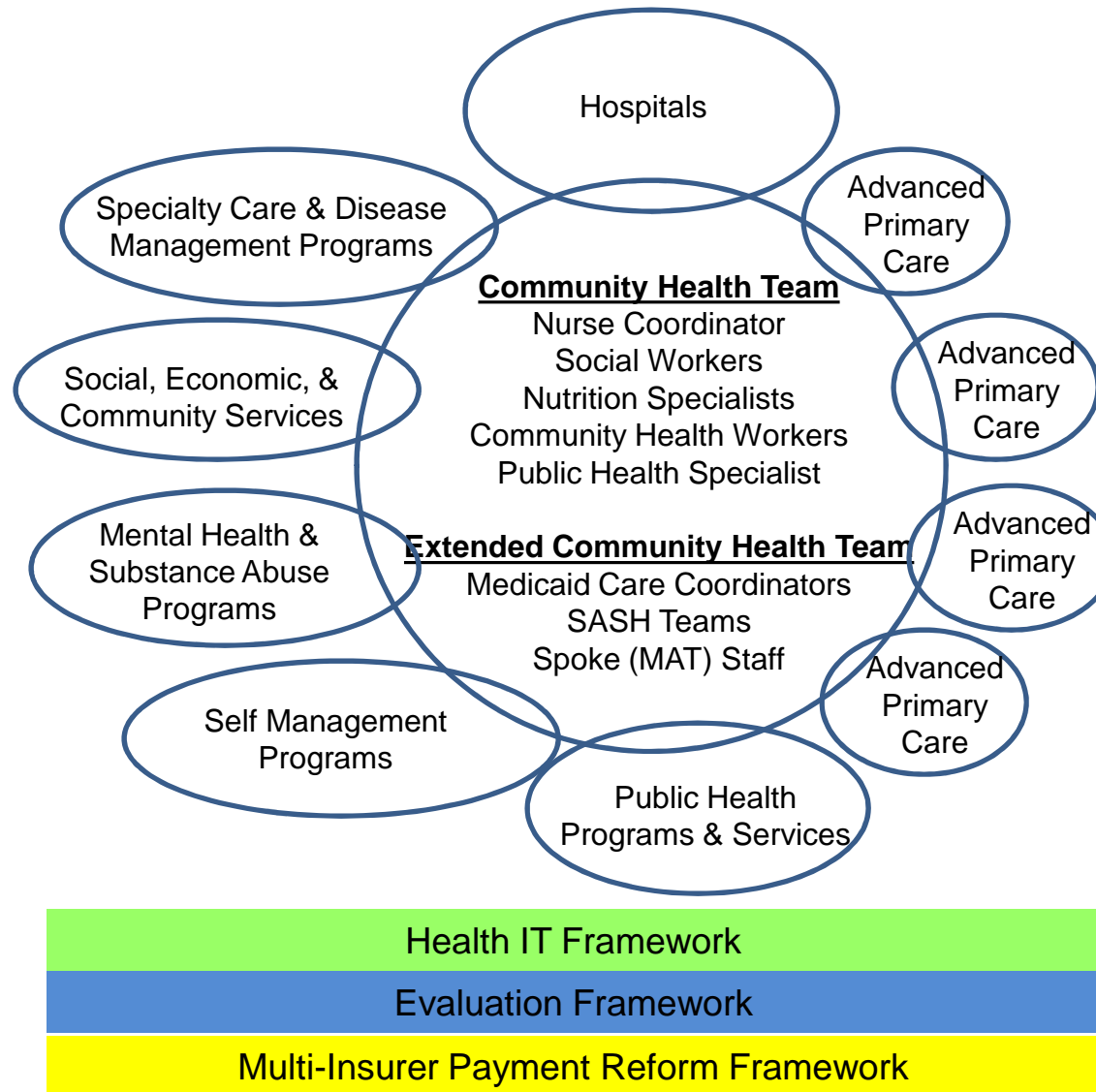
Building Community Networks of Preventive Health Services

Executive Committee Planning, Design & Evaluation Committee

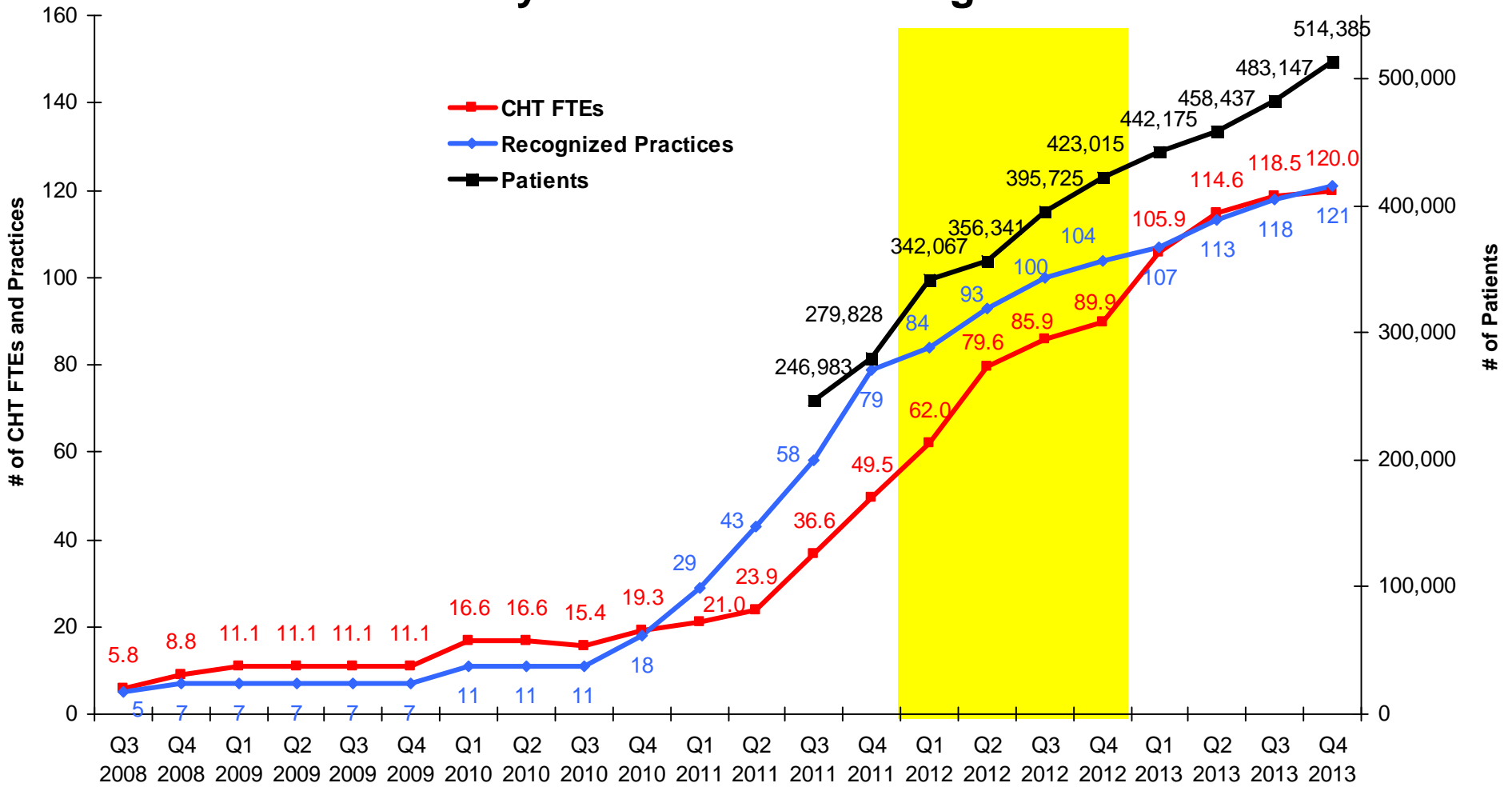
February 11, 2014

Items for Discussion

1. Program status and operations
2. Results from the program evaluation
3. Integration with newer reforms (e.g. ACOs)
4. Proposed payment model – next steps



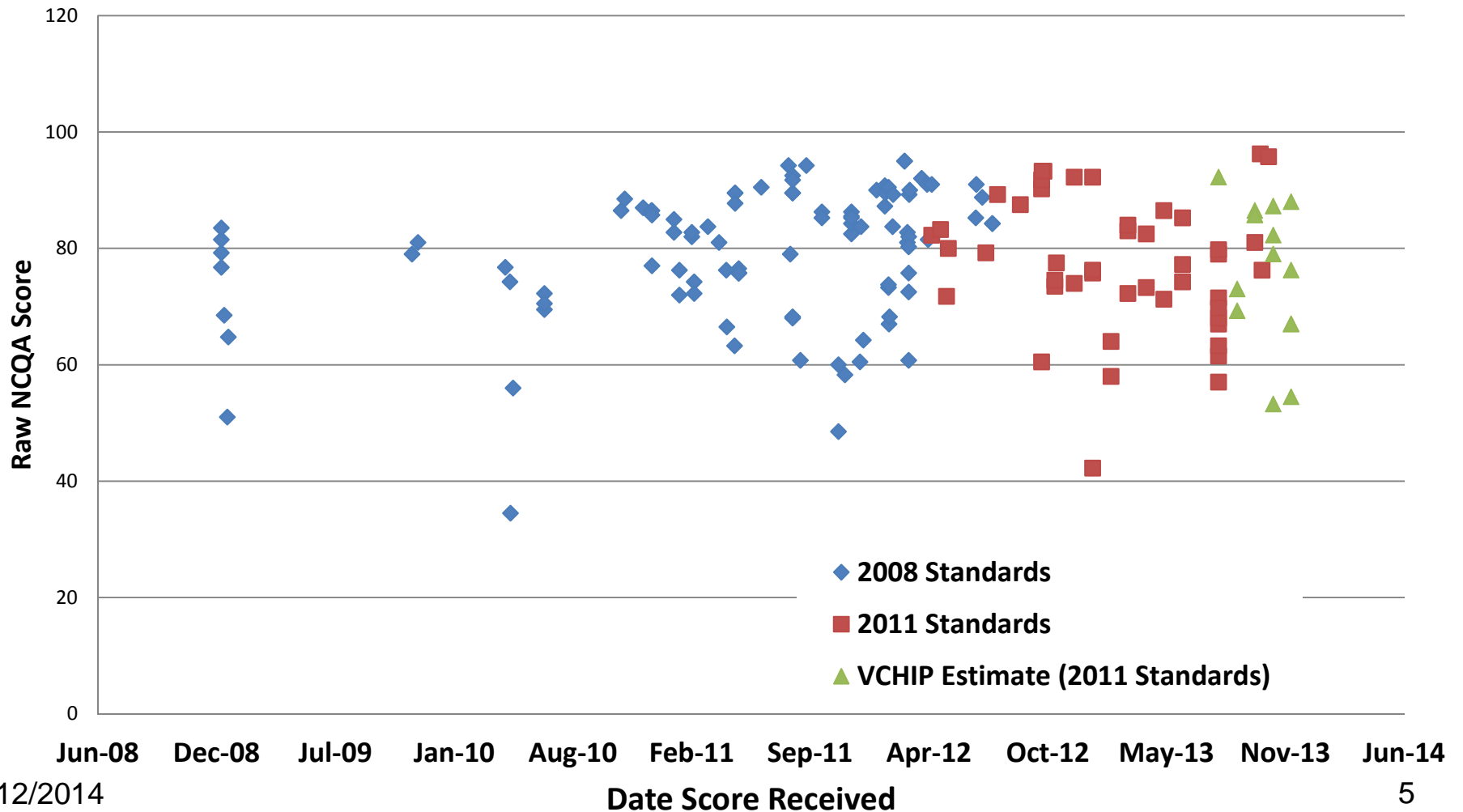
Patient Centered Medical Homes and Community Health Team Staffing in Vermont



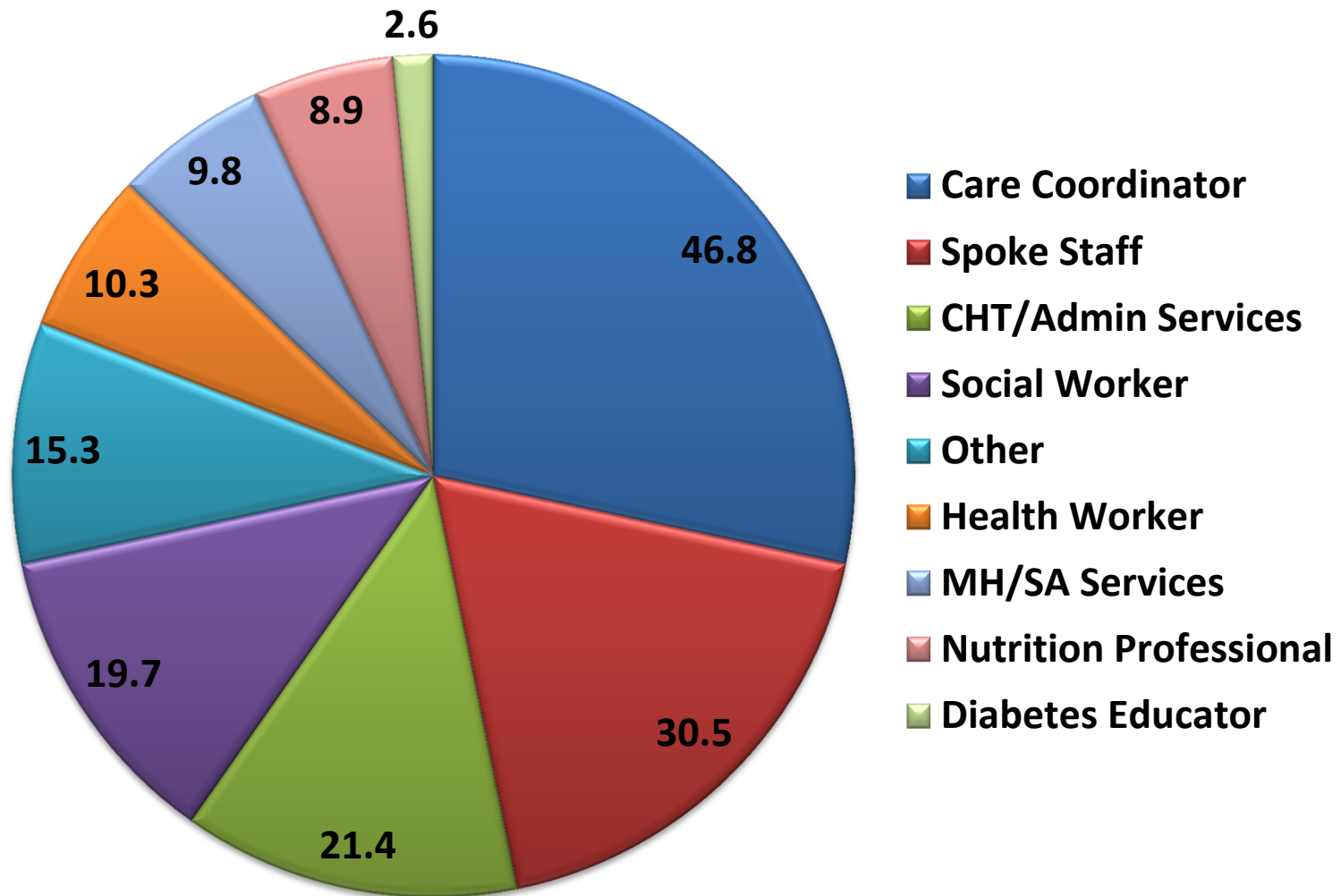
*Since joining the Blueprint, three practices have combined to form a new practice, one practice has joined an existing practice, and one practice has closed.

NCQA Scores Over Time

December 2013



Community Health Team Staffing (FTEs) December, 2013



Health Services Network

Key Components	December 2013
PCMHs (scored by UVM)	121
PCPs (unique providers)	629
Patients (per PCMHs)	514,385
CHT FTEs (core staff)	120
SASH provider FTEs (extenders)	46.5
Spoke Staff FTEs (extenders)	30.45

Leadership Network

Program Leaders & Extenders	# People
Program Managers	14
Practice Facilitators	13
Community Health Team Leaders	14
Regional Housing Authority Leaders (SASH)	6
Self Management Regional Coordinators	14

Learning Forum Network

Program Activities	Frequency
Program Managers Meetings	Every 6 weeks
Practice Facilitators Meetings	Twice monthly
Community Health Team Leader Meetings	Monthly
Self Management Regional Coordinator Meetings	Quarterly
Tobacco Treatment Specialists Meetings	Quarterly
Hub Care Coordinator Learning Community	Monthly
SASH DRHO Executive Directors	Weekly
SASH Regional Team Meetings (3 regions)	3 Times per Year
SASH Local Meetings	Quarterly
Blueprint Conferences	Twice a year
Office Based Opioid Therapy Collaborative (9 months)	Monthly
2/1 Asthma Collaborative (6 months)	Monthly

Self Management Network

Health Service Area	HLW General	HLW Diabetes	HLW Chronic Pain	Tobacco Cessation	WRAP	DPP
Bennington	Offered			Offered	Planned	Planned
Brattleboro	Offered		Offered	Offered	Offered	Offered
Barre	Offered	Offered	Offered	Offered	Offered	Offered
Burlington	Offered	Offered	Offered	Offered	Offered	Offered
Middlebury	Offered			Offered	Offered	Planned
Morrisville	Offered	Offered	Offered	Offered	Planned	Offered
Newport	Offered	Offered		Offered		
Randolph	Offered	Planned	Offered	Offered		Offered
Rutland	Offered	Offered	Offered	Offered	Offered	Offered
St. Albans	Offered	Offered	Offered	Offered	Offered	Offered
St. Johnsbury	Offered			Offered		Planned
Springfield	Offered	Offered		Offered	Offered	Offered
Upper Valley	Offered		Planned	Offered	Planned	Planned
2/ Windsor	Offered		Offered	Offered	Offered	

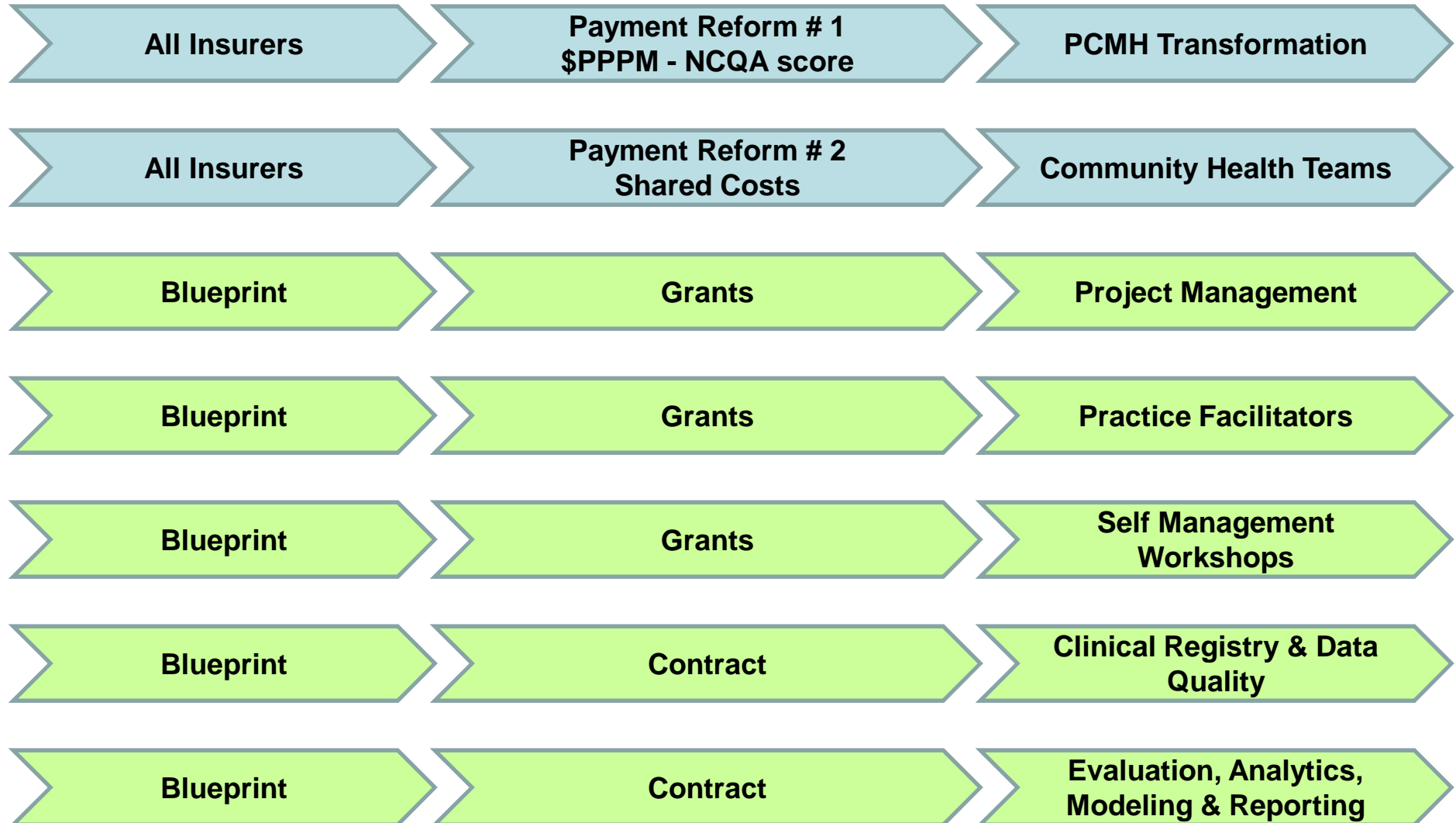
Barre HSA

Full Network

Node color indicates sub-network membership

Node size indicates Betweenness Centrality



Financial Support**Mechanism****Product**

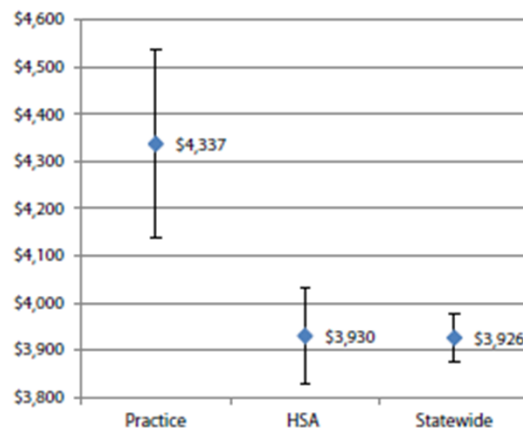
Quality Data Leads to Quality Improvement

All-payer Claims Database

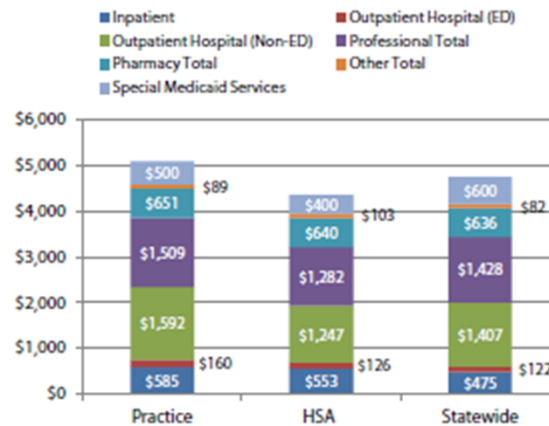
Practice Profile: Main Street Primary Care

Period: 01/2011 – 12/2011 Practice HSA: Barre Profile Type: Adults (18–64 Years)

Total Expenditures per Capita



Total Expenditures by Major Category



Breast Cancer Screening

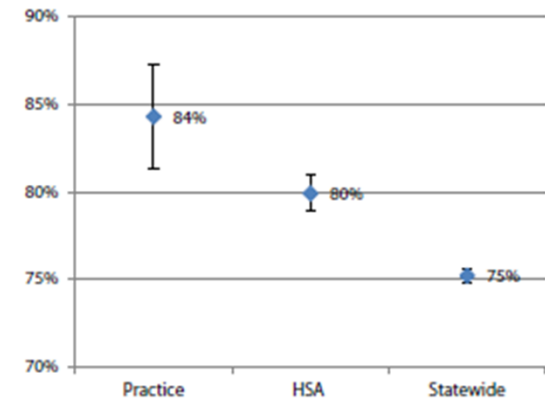


Figure 11: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 52–64 years, who had a mammogram to screen for breast cancer during the measurement year or year prior to the measurement year.

2012 Study Groups

Study Groups	# People	# Practices
Commercial (Ages 1-17 Years)		
Blueprint 2012	30,632	102
Comparison 2012	22,488	49
Commercial (Ages 18-64 Years)		
Blueprint 2012	138,994	105
Comparison 2012	83,171	67
Medicaid (Ages 1-17 Years)		
Blueprint 2012	32,812	94
Comparison 2012	15,333	41
Medicaid (Ages 18-64 Years)		
Blueprint 2012	38,281	105
Comparison 2012	16,159	54

2012 Study Group Characteristics

Age Stratification	Average Age	Male	Healthy CRG*	Acute Illness or Minor Chronic CRG	Chronic CRG	Significant Chronic CRG	Catastrophic or Cancer CRG	Maternity	Blueprint Selected Chronic Conditions
Commercial (Ages 1-17 Years)									
Blueprint PCMHs	9.7	50.4%	80.1%	12.4%	6.6%	0.7%	0.2%	0.4%	11.7%
Comparison Group	9.8	51.8%	80.8%	12.0%	6.2%	0.6%	0.4%	0.3%	10.1%
Commercial (Ages 18-64 Years)									
Blueprint PCMHs	44.2	46.2%	51.5%	22.0%	20.0%	5.9%	0.6%	2.1%	30.4%
Comparison Group	43.3	45.4%	54.4%	21.0%	18.4%	5.3%	1.0%	2.2%	25.7%
Medicaid (Ages 1-17 Years)									
Blueprint PCMHs	8.5	51.1%	72.1%	14.6%	11.5%	1.6%	0.2%	0.7%	24.6%
Comparison Group	8.5	52.8%	72.4%	14.6%	11.1%	1.5%	0.4%	0.7%	21.6%
Medicaid (Ages 18-64 Years)									
Blueprint PCMHs	38.0	42.8%	43.3%	20.2%	26.2%	9.7%	0.7%	4.1%	44.5%
Comparison Group	37.8	42.8%	46.2%	18.8%	25.7%	8.2%	1.2%	4.4%	38.0%

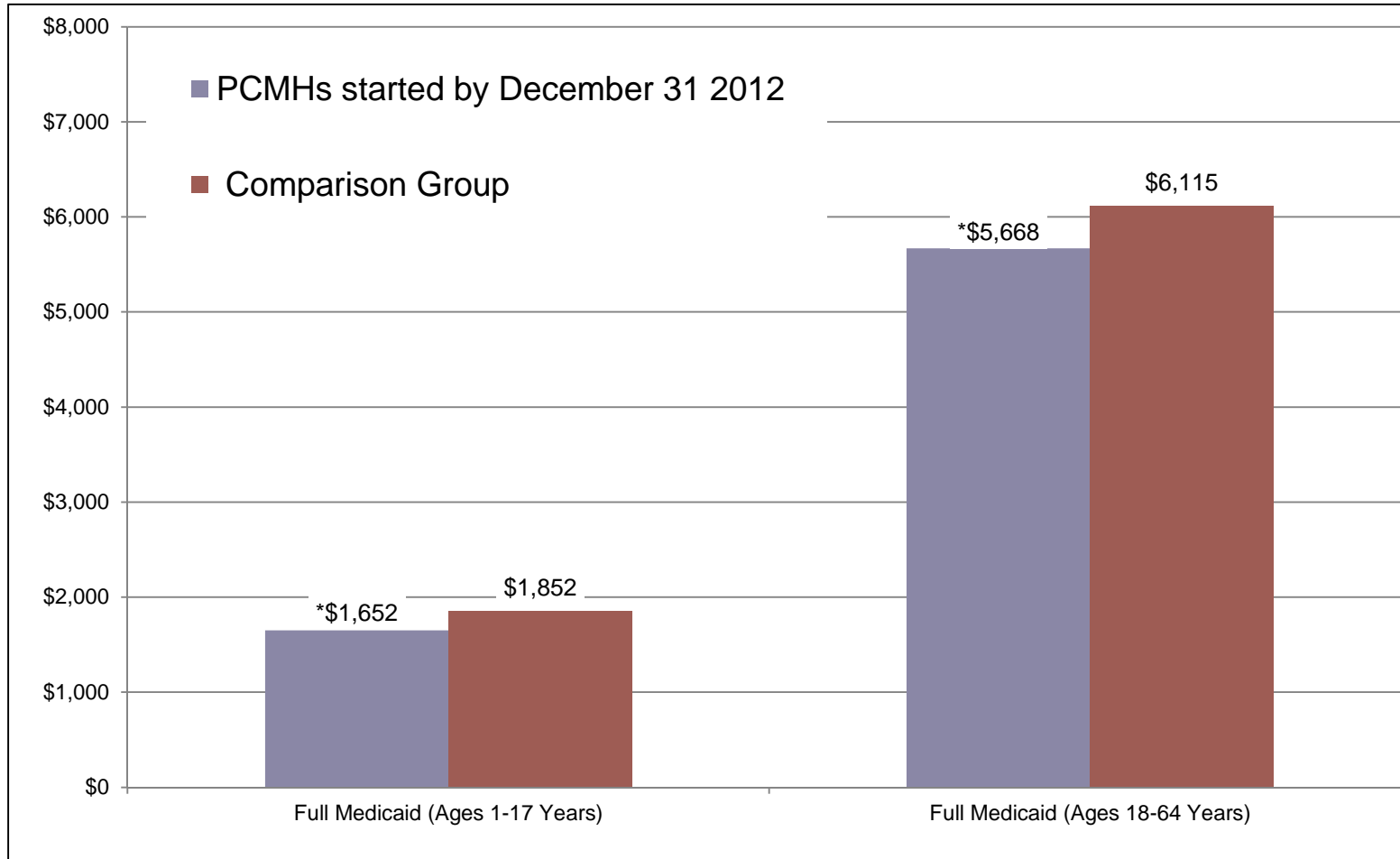
*Clinical Risk Groups (CRGs) are a product of 3M™ Health Information Systems and were applied to the VHCURES claims data to classify each member's health status. For example, members with cancer, diabetes, minor chronic joint pain, or healthy are classified separately for analysis.

**Blueprint Selected Chronic Conditions include: Asthma, Attention Deficit Disorder, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Coronary Artery Disease, Diabetes, Depression, Hypertension

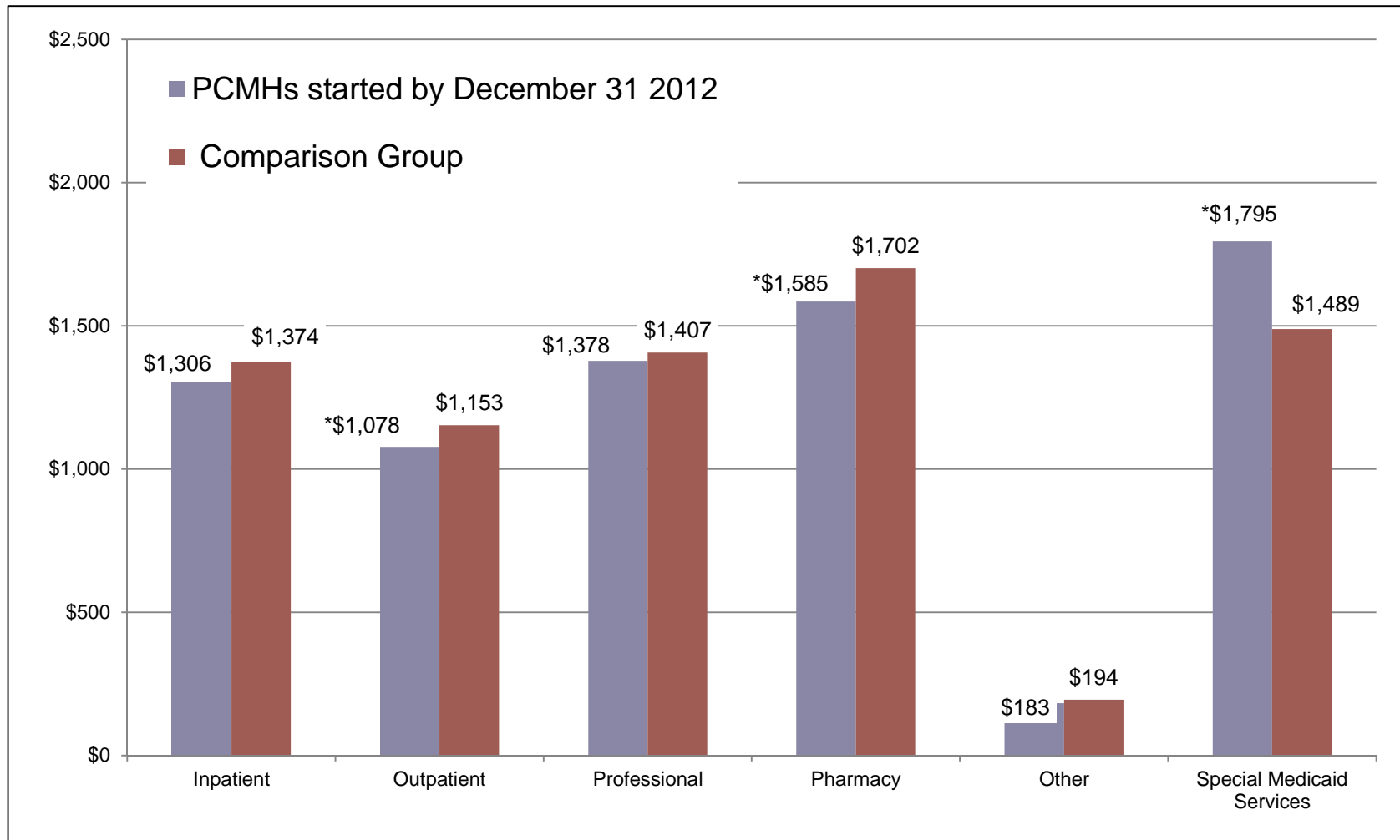
2012 Total Expenditures per Capita



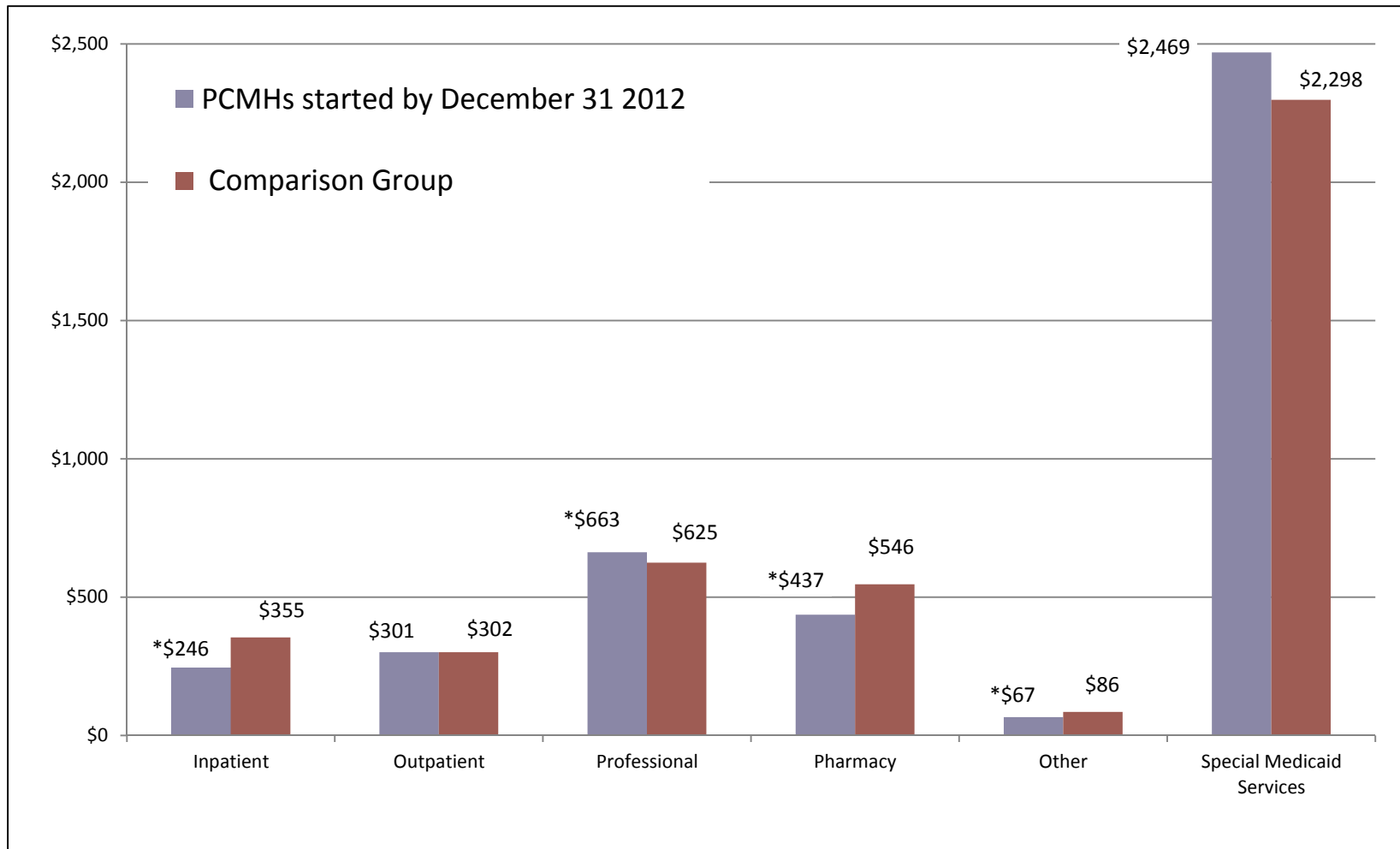
2012 Total Expenditures per Capita (Medicaid minus Special Services)



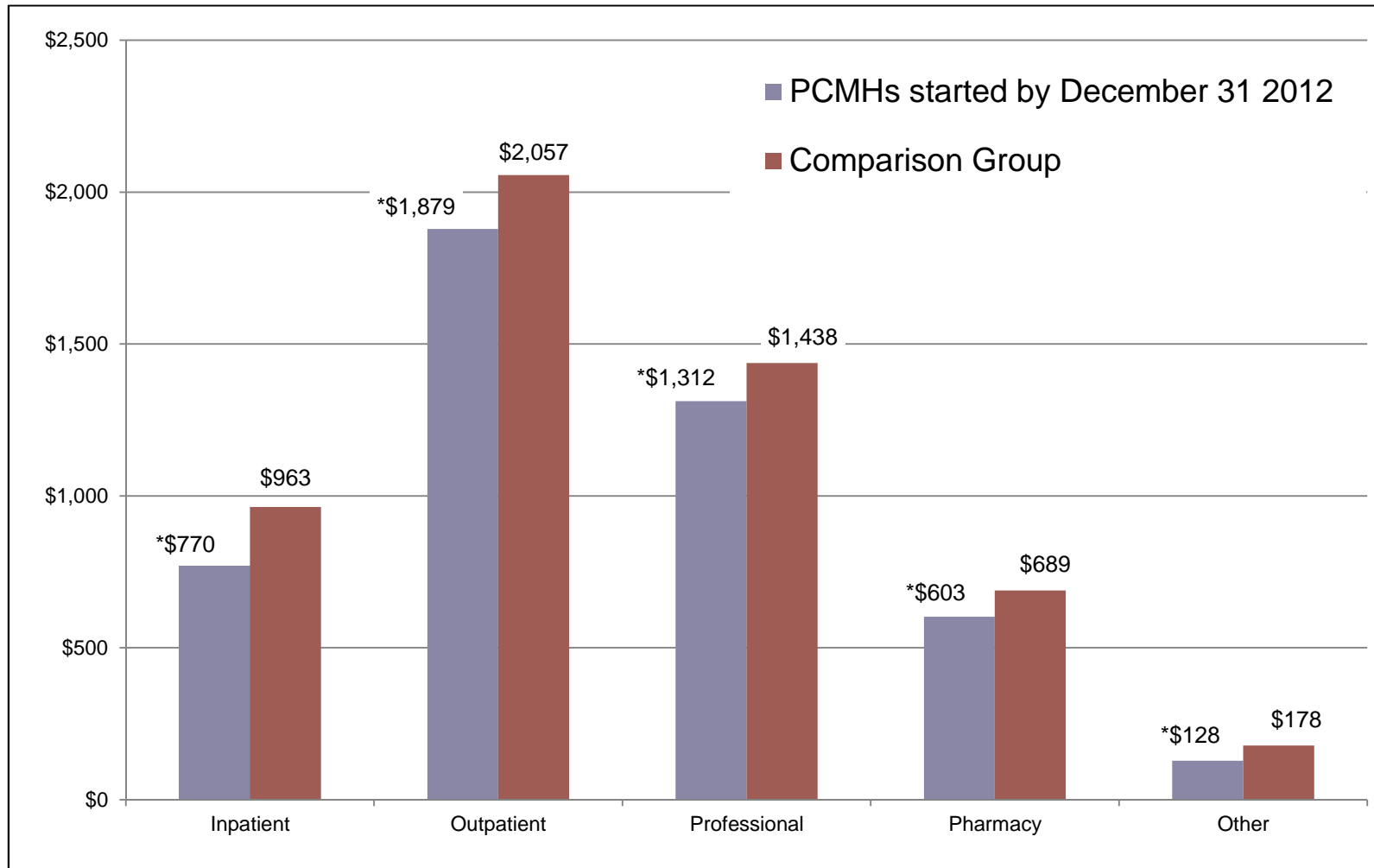
2012 Medicaid Expenditures by Major Category (Ages 18-64)



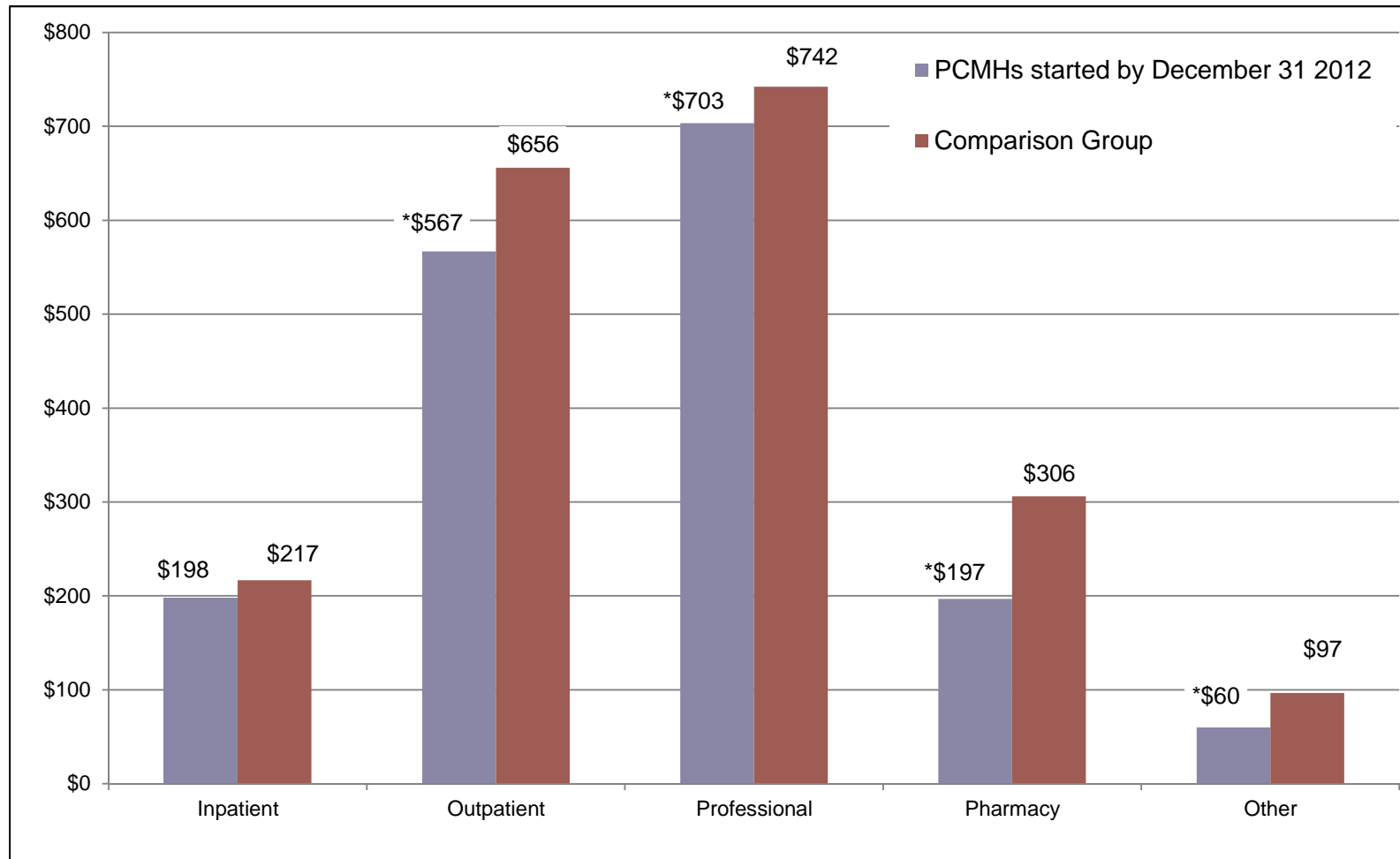
2012 Medicaid Expenditures by Major Category (Ages 1-17)



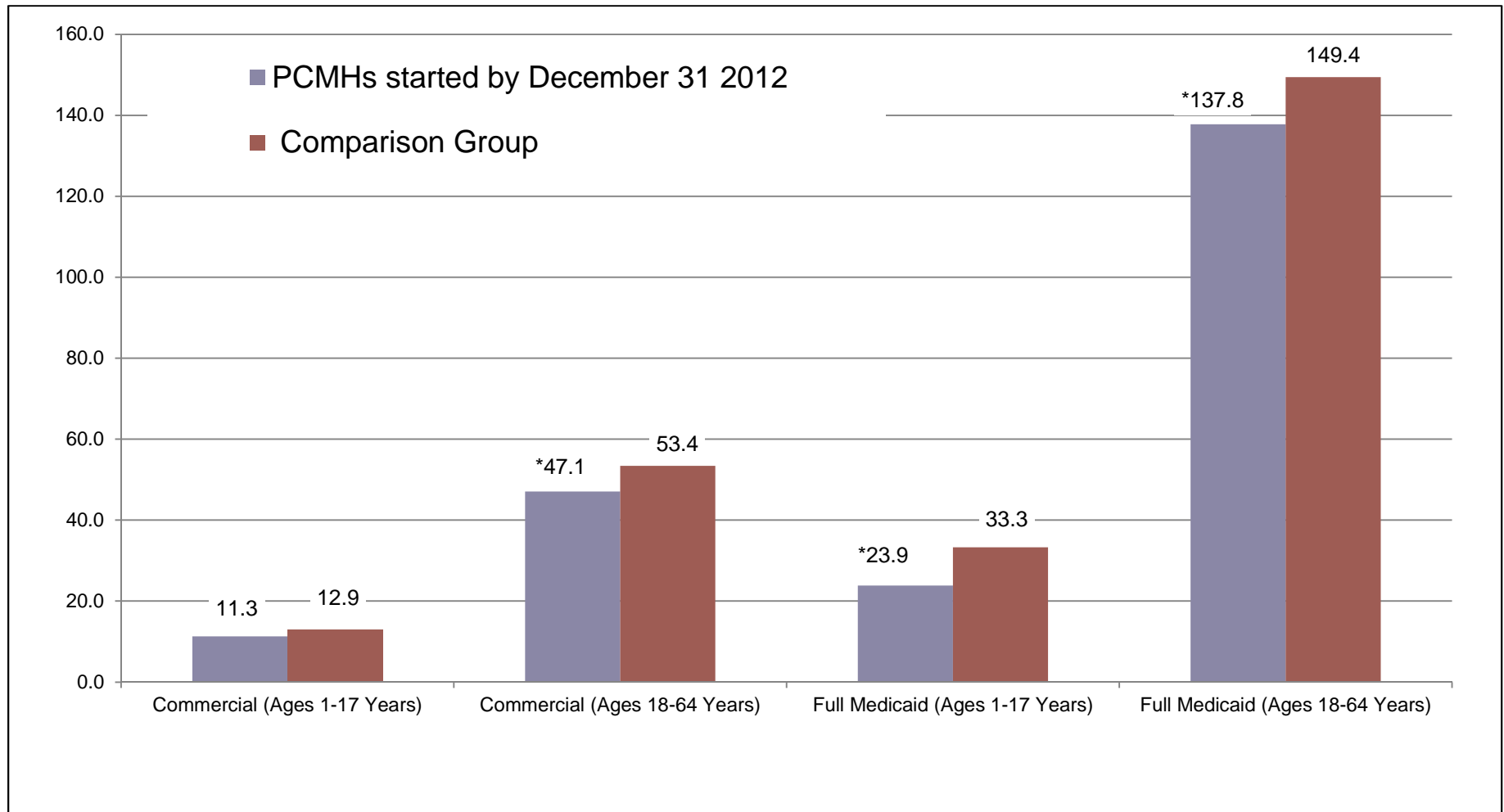
2012 Commercial Expenditures by Major Category (Ages 18-64)



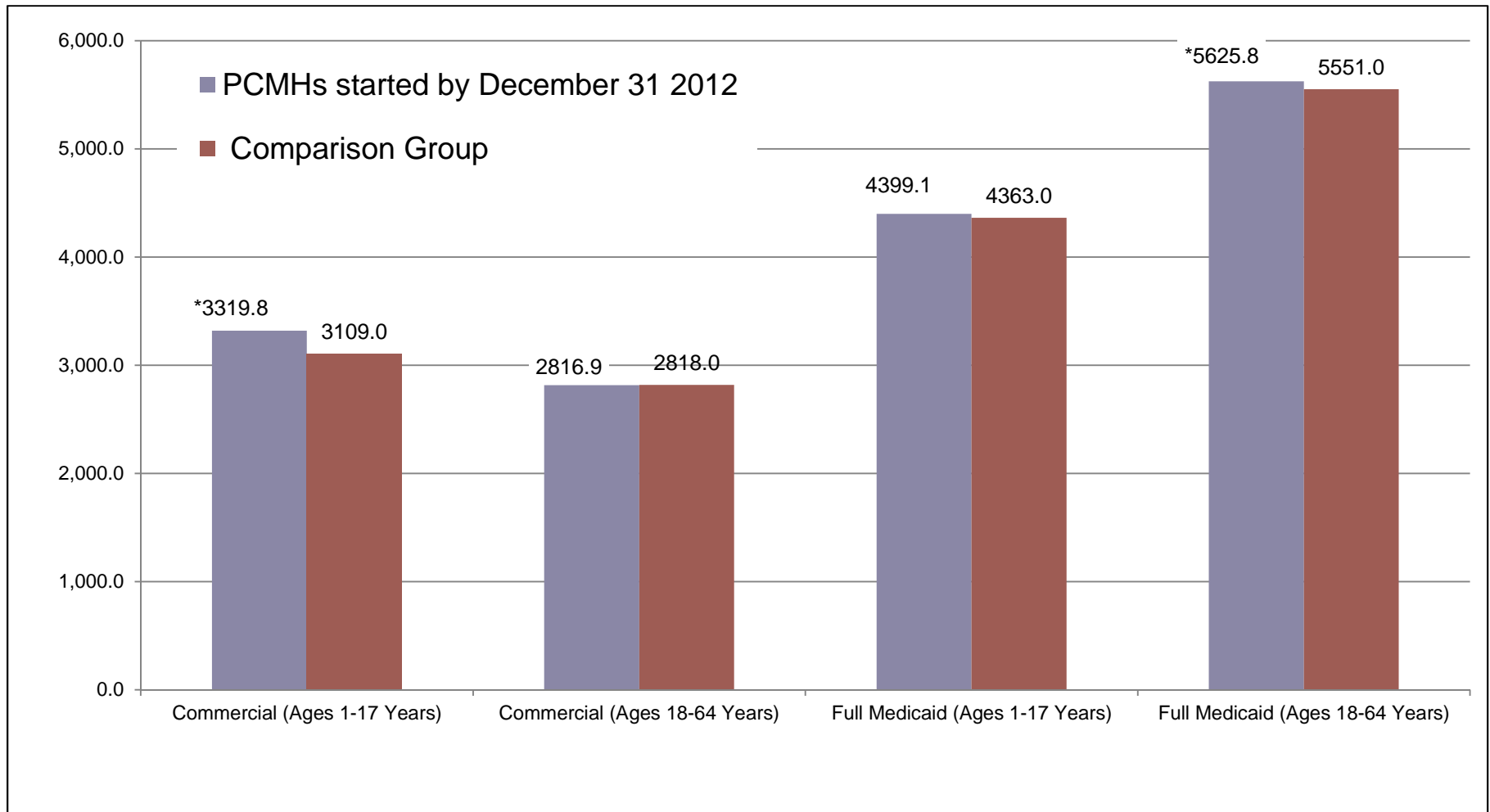
2012 Commercial Expenditures by Major Category (Ages 1-17 Years)



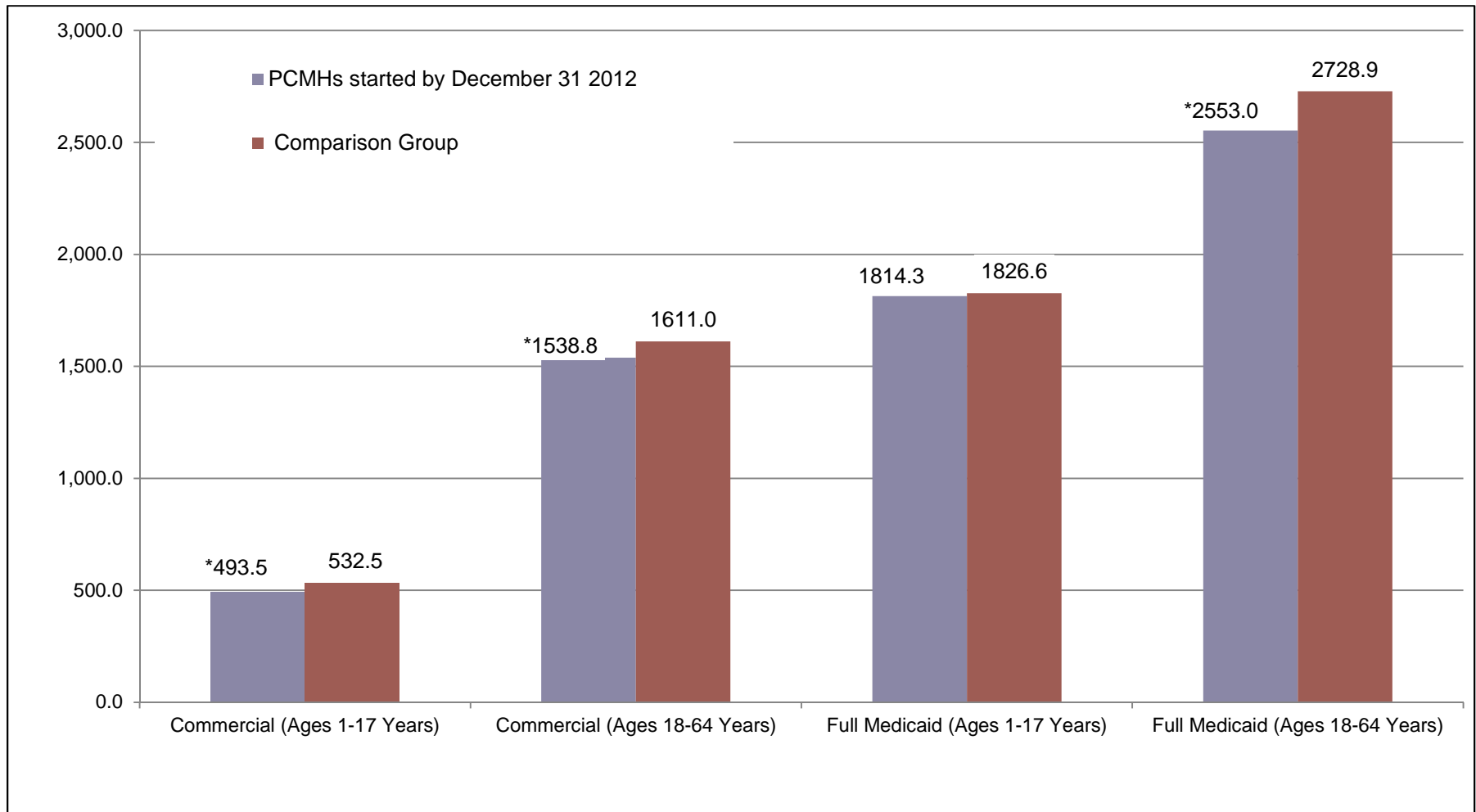
2012 Inpatient Discharges (rate / 1000 beneficiaries)



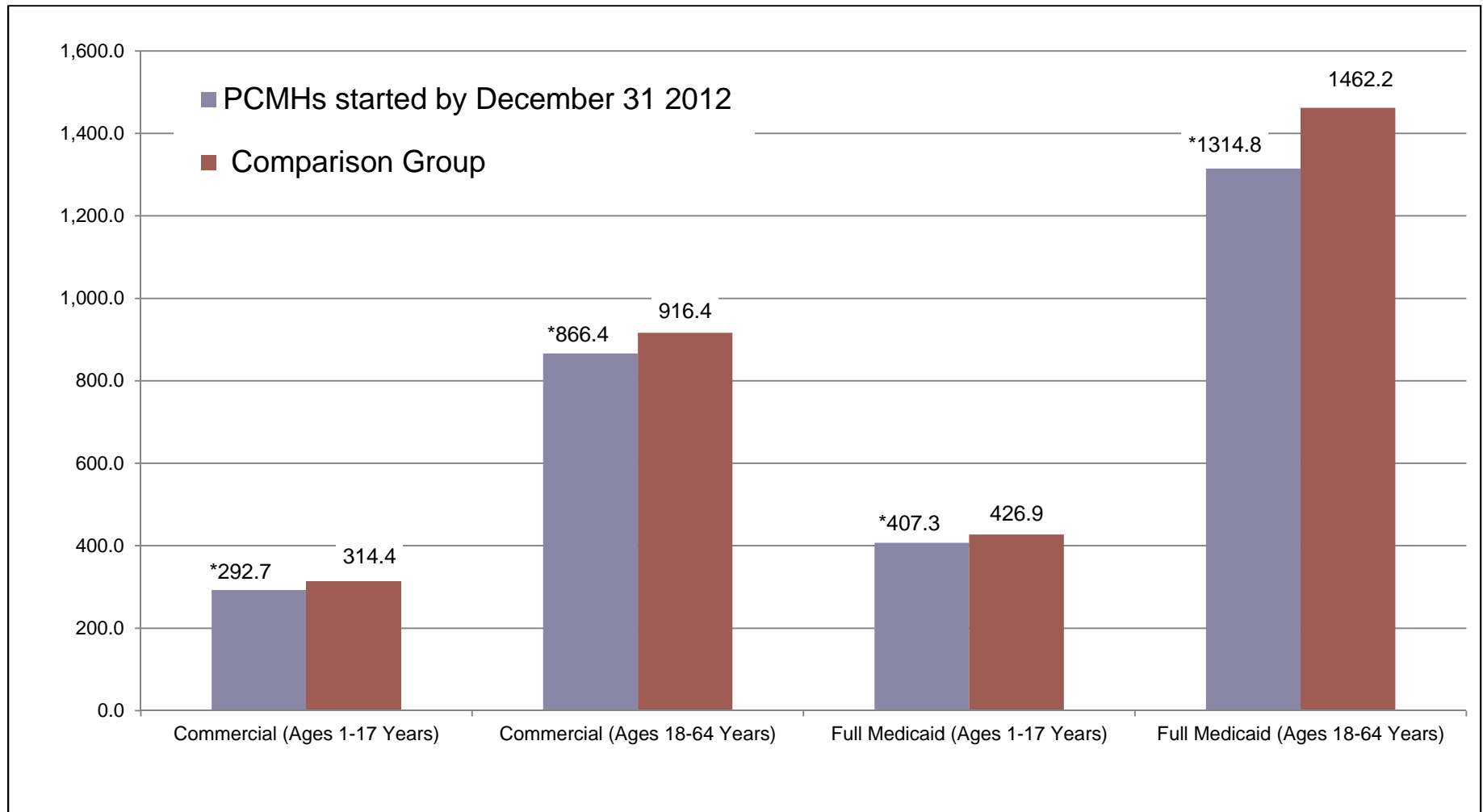
2012 Primary Care Visits (rate / 1000 beneficiaries)



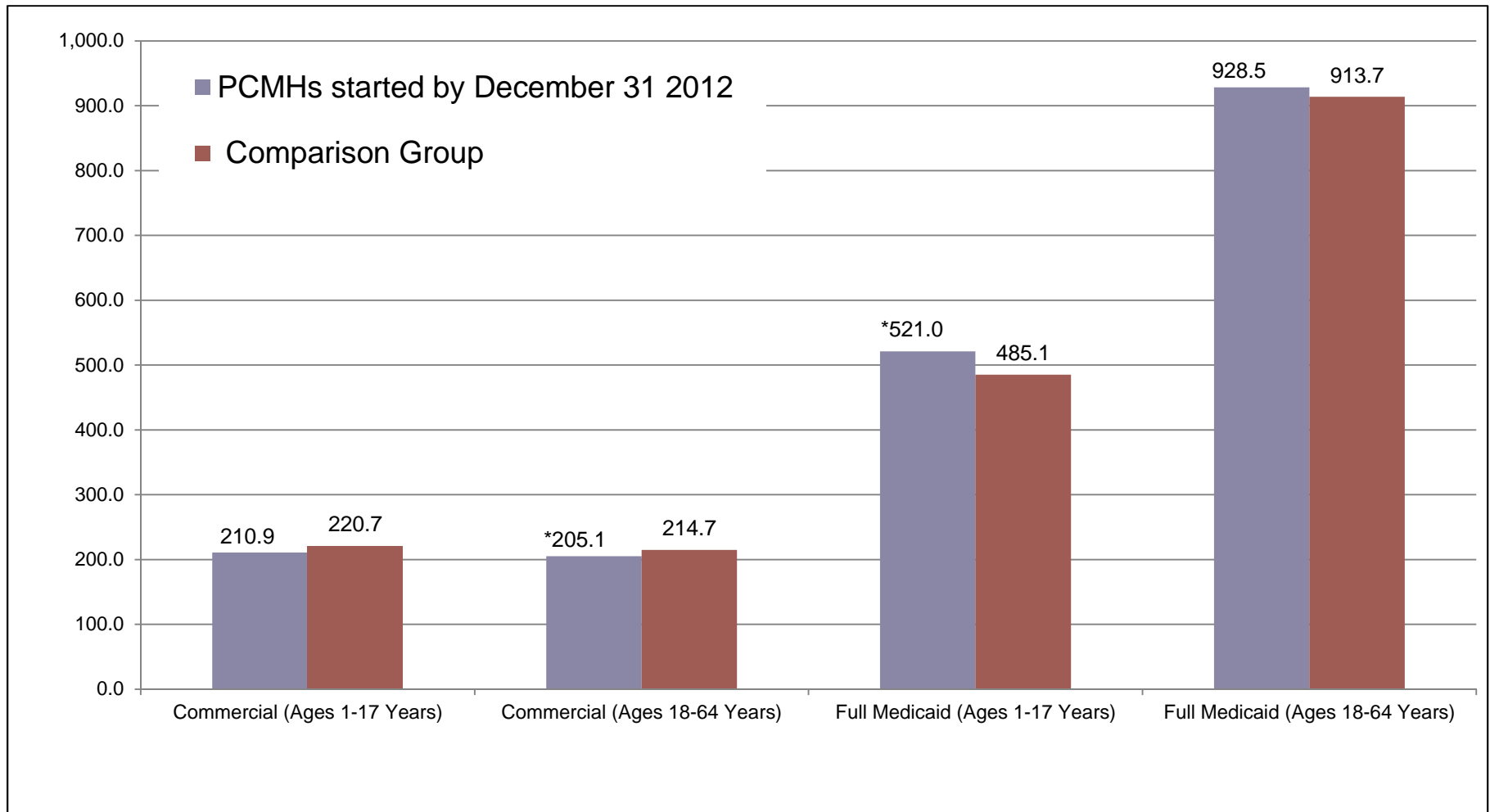
2012 Medical Specialty Visits (rate / 1000 beneficiaries)



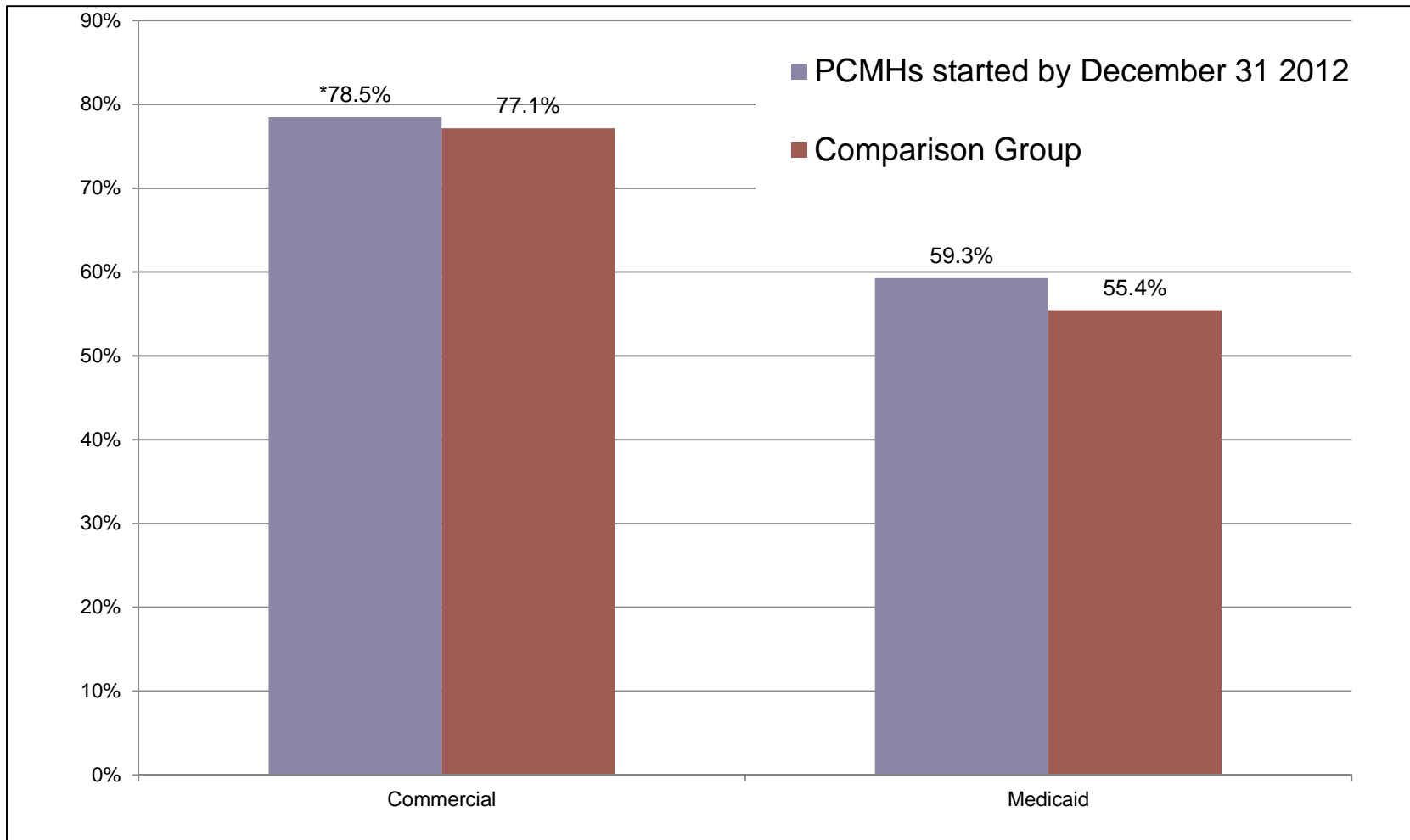
2012 Surgical Specialty Visits (rate / 1000 beneficiaries)



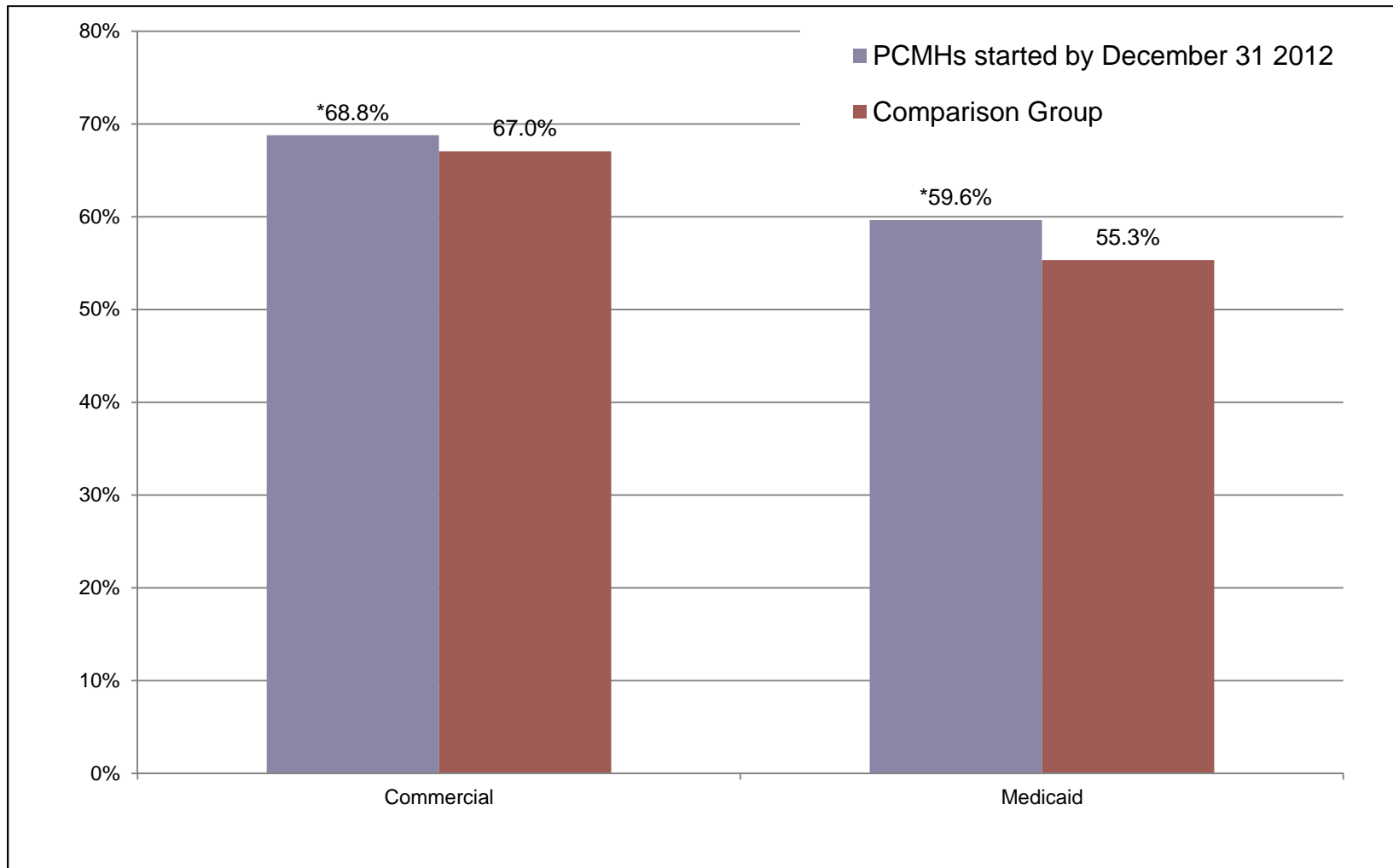
2012 Emergency Department Visits (rate / 1000 beneficiaries)



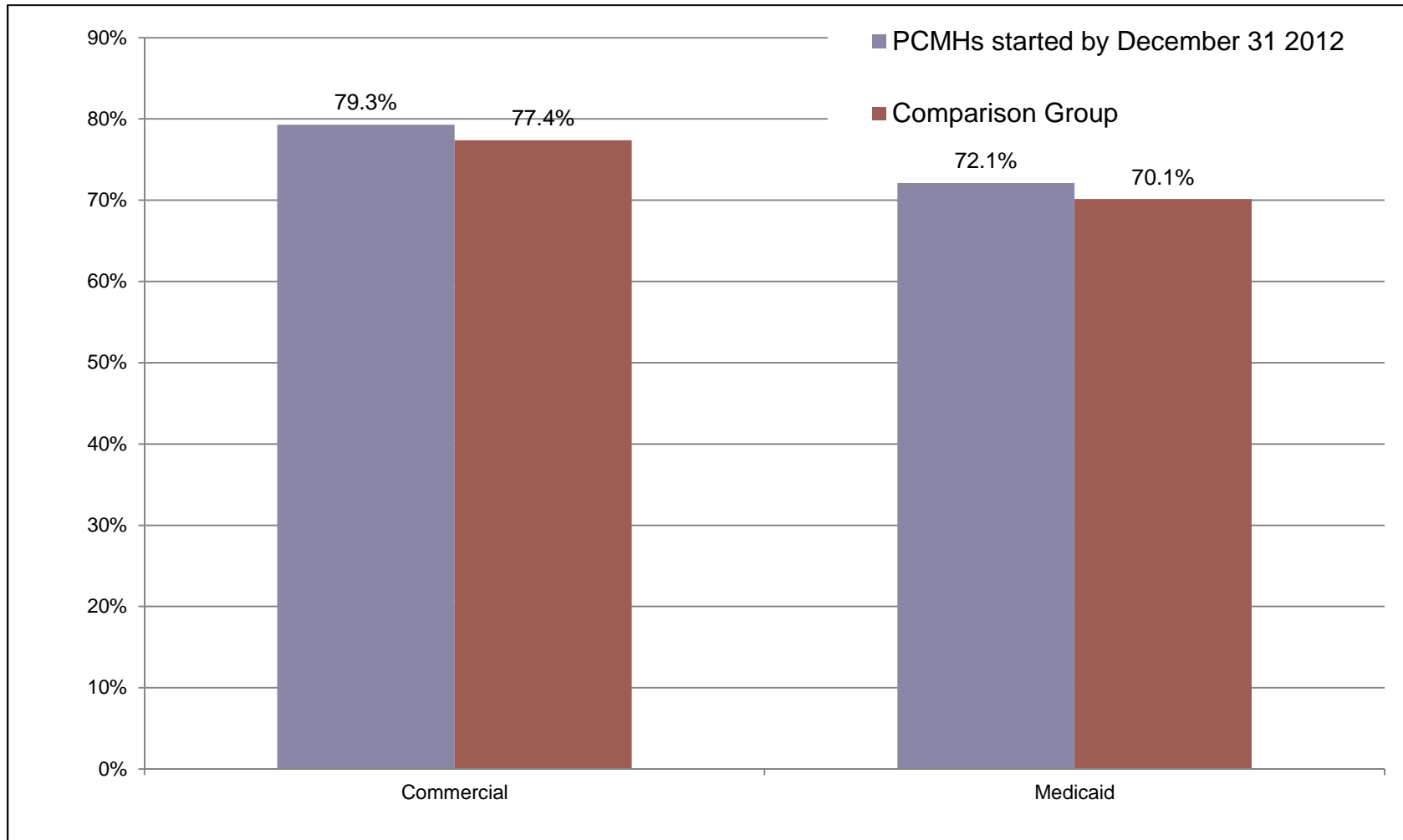
2012 Breast Cancer Screening (HEDIS)



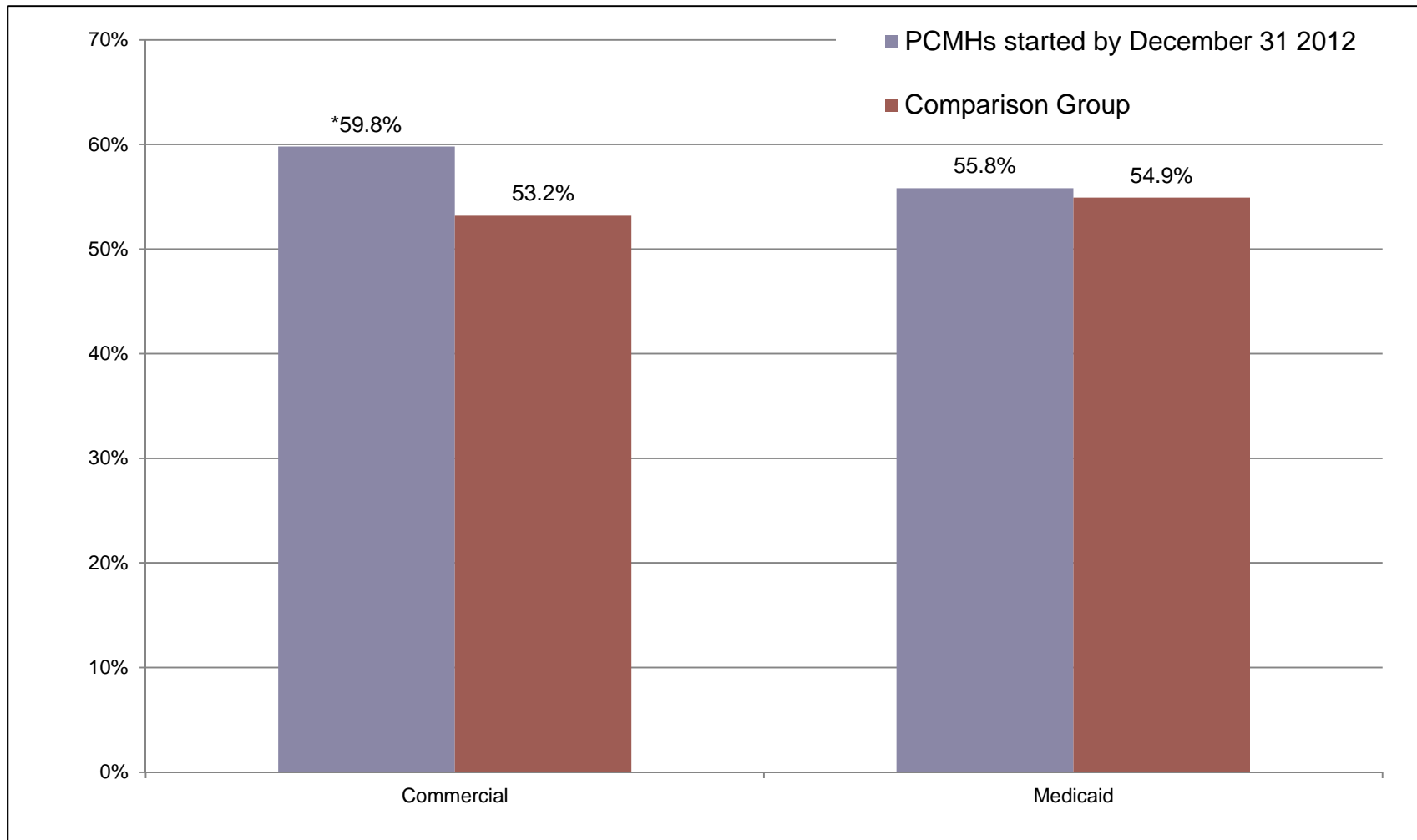
2012 Cervical Cancer Screening (HEDIS)



2012 Well-Child Visits (HEDIS)



2012 Adolescent Well-Care Visits (HEDIS)



Savings Compared to Investment in 2012

Study Groups	# People	Amount Saved Per Person in 2012*	Total Saved in 2012	Total Invested in 2012**	2012 Gain/Cost Ratio***
Commercial (Ages 1-17 Years)					
Blueprint 2012	30,632	\$386	\$11,823,952	Commercial \$5,905,166	15.8
Commercial (Ages 18-64 Years)					
Blueprint 2012	138,994	\$586	\$81,450,484		
Medicaid (Ages 1-17 Years) Excluding SMS					
Blueprint 2012	32,812	\$200	\$6,562,400	Medicaid \$2,883,525	8.2 excludes ****SMS
Medicaid (Ages 18-64 Years) Excluding SMS					
Blueprint 2012	38,281	\$447	\$17,111,607		
Medicaid (Ages 1-17 Years) Including SMS					
Blueprint 2012	32,812	\$29	\$951,548	Medicaid \$2,883,525	2.2 includes SMS
Medicaid (Ages 18-64 Years) Including SMS					
Blueprint 2012	38,281	\$142	\$5,435,902		

*Difference in 2012 total expenditures per person for Participants vs. Comparison Group.

**Includes 2012 totals for Patient Centered Medical Home and Community Health Team payments.

***Calculated as Total Saved divided by Total Invested.

****Special Medicaid Services (SMS) include Transportation, Home and community-based services, Case management, Dental, Residential treatment, Day treatment, Mental health facilities, School-based and Department of Education Services

Summary – Results from 2012 Claims Data

PCMH+CHT patients vs. their respective comparison groups

- Improved healthcare patterns
- Reduced medical expenditures per capita
- Linking Medicaid population to non-medical support services
- Similar or higher rates of recommended assessments

Summary – Program Status in 2013

- PCMHs + CHTs providing health services to the general population
- Additional care support for targeted subpopulations
 - SASH
 - Hub & Spoke
 - VCCI
 - Tobacco Cessation
- Integral part of health and human service networks in each community
- Statewide network of self management support programs
- Network of local, regional, and statewide learning forums
- Multi-dimensional statewide administrative network (extension, QI)
- Comparative evaluation including practice profiles (PCMH>HSA>Statewide)

Summary – Foundation for newer reforms - ACOs

- Local Blueprint leads (administrative, CHTs) work for organizations that are part of ACOs (hospitals, FQHCs)
- PCMHs + CHTs > more complete services for the general population
- ACOs > oriented towards care management for high cost patients
- ACOs can work with local administrative & CHT leaders
 - Plan care support strategies for targeted subpopulations
 - Determine need for additional care support in each HSA
 - Add care support that is needed for targeted subpopulations
 - Provide data & information for targeted subpopulations
- Evaluate additive impact of ACO to PCMH+CHT baseline

Payment Structure

- Use targeted payment reforms to achieve targeted outcomes
- Further investment in advanced primary care
- Increase \$PPPM to PCMHs (Transformation)
- Increase \$PPPM for CHTs (Capacity)
- Introduce P4P \$PPPM (Outcomes)
 - Eligibility – based on quality (HEDIS)
 - Payment – based on Total Utilization Index (TUI)
- Composite payment model (Transformation + Capacity + Outcomes)
- Extension to specialists establishes shared interests & common goals