



# Vermont Blueprint for Health Communities of Health Services

**House Health Care Committee** 

**January 18, 2013** 





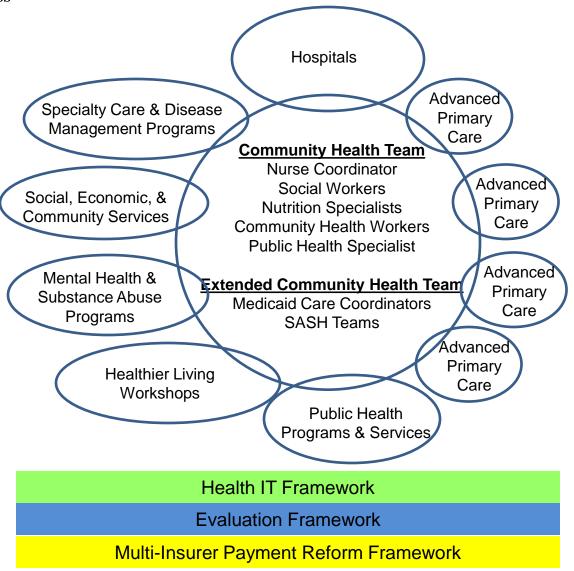
## **Building a Foundation For The Future**

- Advanced Primary Care Practices (PCMHs)
- Community Health Teams Core & Extended
- Multi-Insurer Payment Reforms
- Health Information Infrastructure
  - Central Clinical Registry
  - Health Information Exchange
- Evaluation & Reporting
- Community Self-Management Programs
- 1/18/2013 Learning Health System





Smart choices. Powerful tools.







## **Advanced Primary Care Practice**

NCQA PCMH 2011 six standards	Six must-pass elements
Enhance Access and Continuity	Access During Office Hours
Identify & Manage Patient Populations	Use Data for Population Management
Plan & Manage Care	Care Management
Provide Self-Care & Community Support	Support Self Care Process
Track & Coordinate Care	Track Referrals & Follow-up
Measure & Improve Performance	Implement Continuous QI



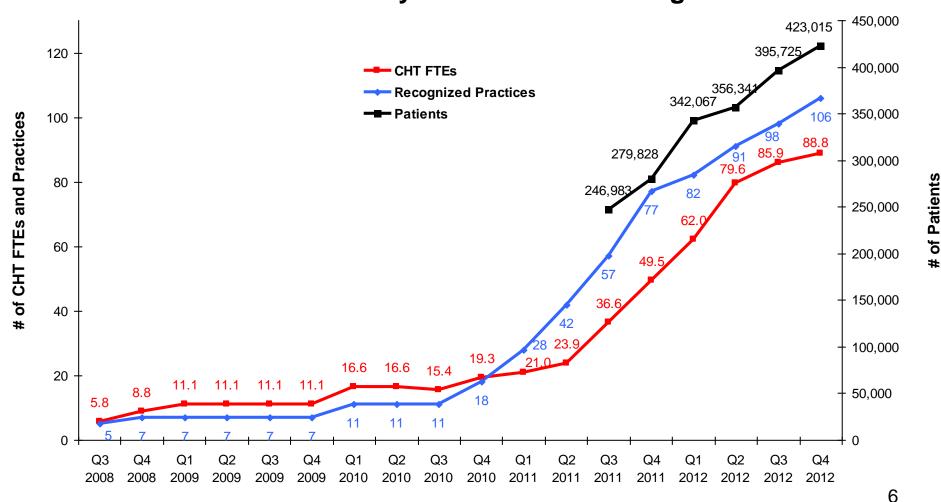
# Recognized Practices by Practice Type December 2012

	Practices	PCP Clinicians	PCP Clinician FTEs	Patients
Hospital Owned Practices	43	265	208	199,726
Independent Single Site Practices	24	90	77	67,227
Independent Multi Site Practices	9	47	34	50,143
Federally Qualified Health Centers	26	142	137	105,919
Total	102*	544	456	423,015

<sup>\*</sup> Due to practice closures and mergers, this total number is different than the number of practices recognized by quarter.

**Health Access** 

# Blueprint Practices, Patients Served, and Community Health Team Staffing



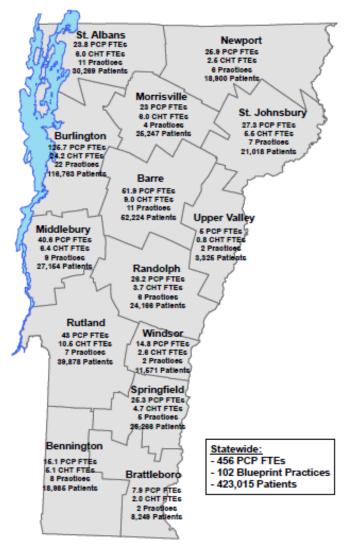
<sup>\*</sup>Since joining the Blueprint, three practices have combined to form a new practice, one practice has joined an existing practice, and one practice has closed.





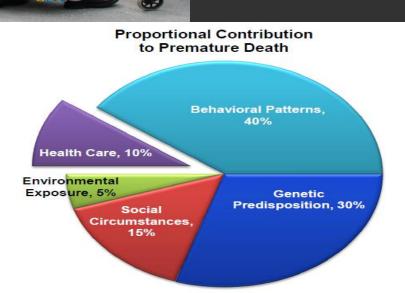
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#### Number of Blueprint Primary Care Provider FTEs and Patients - December 2012

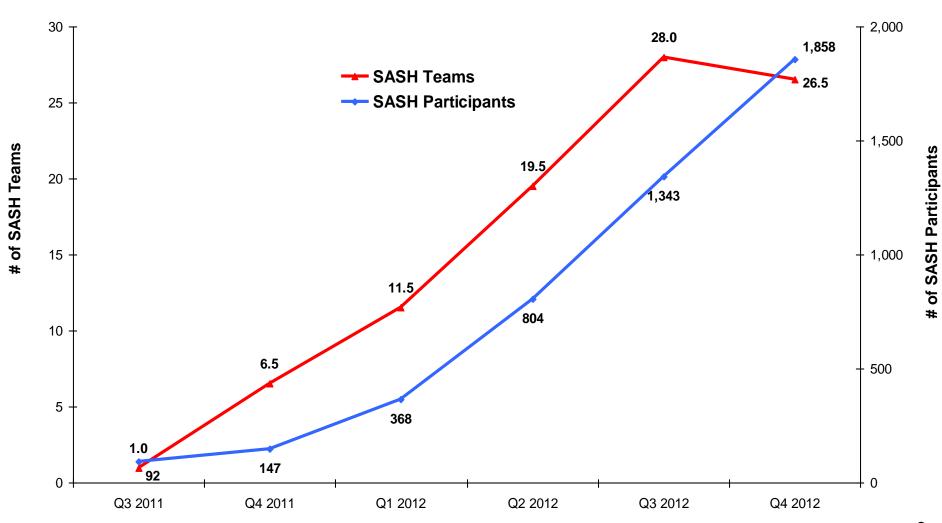


# SASH - Care Management Begins





### **Number of SASH Teams in Vermont**

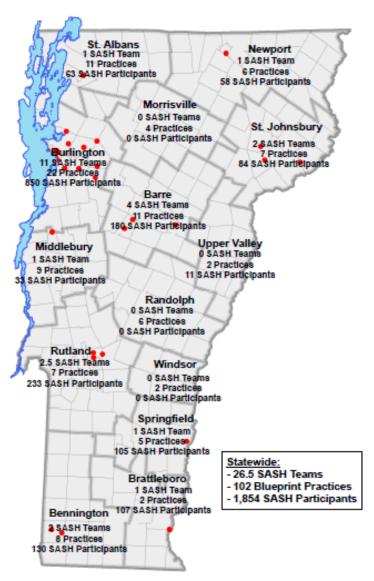






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#### Number of SASH Teams - December 2012





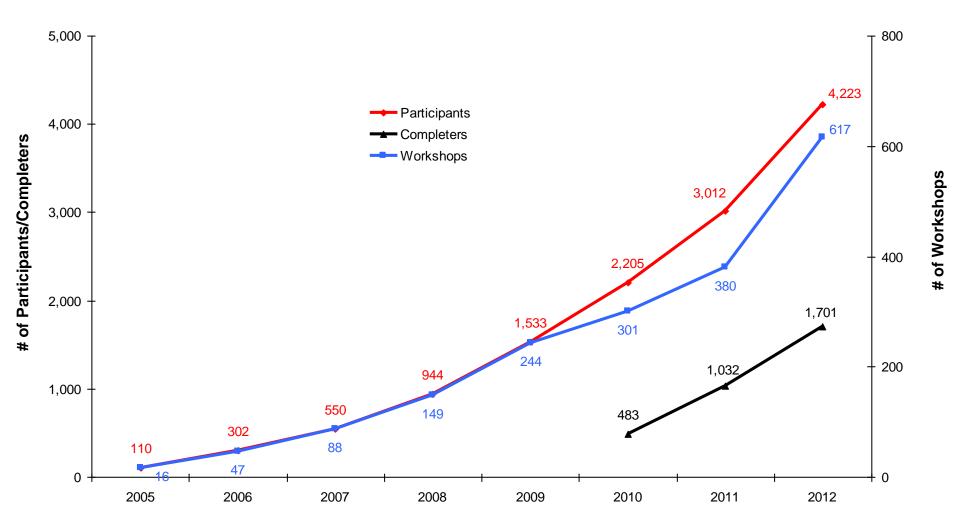


# Community Self Management Services

- HLW Chronic Disease
- HLW Diabetes
- HLW Chronic Pain
- Tobacco Cessation Workshops
- Wellness Recovery Action Planning (WRAP)
- Diabetes Prevention Program (YMCA)



## **Cumulative Self-Management Participants, Completers and Workshops\***



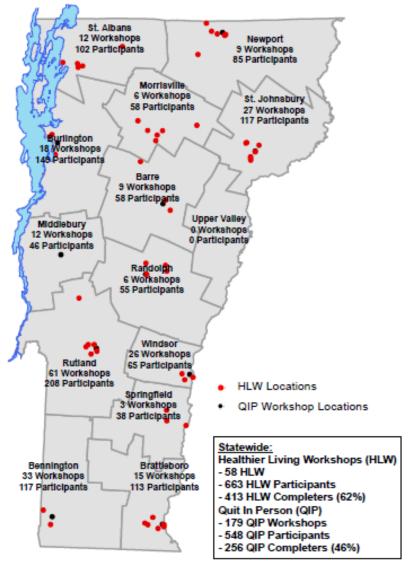
<sup>\*</sup> Includes Healthier Living Workshops and Quit In Person (starting 10/2011).





Smart choices. Powerful tools.

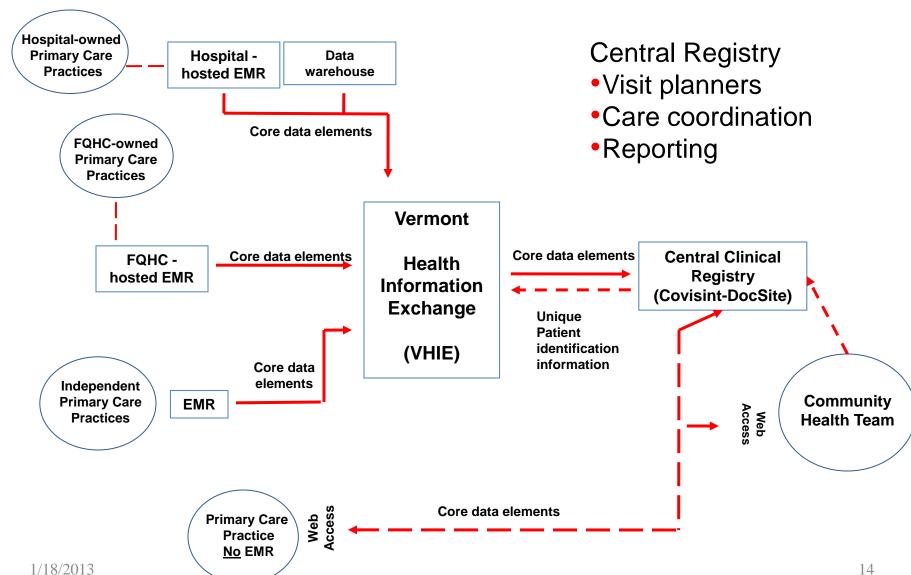
Number of Healthier Living and Quit In Person Workshops, Participants and Completers – 2012







Smart choices. Powerful tools.







# Data Quality – End to End Sprints

- ☐ All hands on deck
- Complete end to end process
- ☐ Source systems thru VITL (VHIE) to Registry
- ☐ Clinician attestation (data is trustworthy, reliable)
- Centralized clinical registry for multiple purposes





# Evaluation – Triple Aims

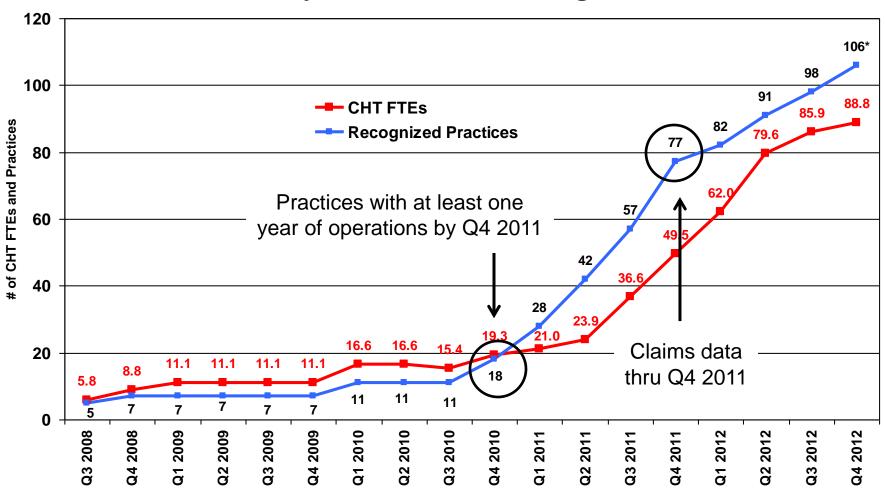
- NCQA Scoring
- Central Clinical Registry
- □ All-Payer Claims Database
- ☐ Patient Experience Survey (PCMH CAHPS)

**Health Access** 





# Patient Centered Medical Homes and Community Health Team Staffing in Vermont



<sup>\*</sup>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.





## 18 Practices operating at least one year (Q4 2011)

Patients in each study group

**Commercially insured 18-64** 

	Study Group 1	Study Group 2	Comparison Group	
Year	St Johnsbury & Burlington	Barre & Bennington	Non-Blueprint with PCP visit	
2007	7258	7631	31245	
2008	9119	9761	41051	
2009	10114	10782	44452	
2010	9635	11097	42717	
2011	9433	11586	44210	

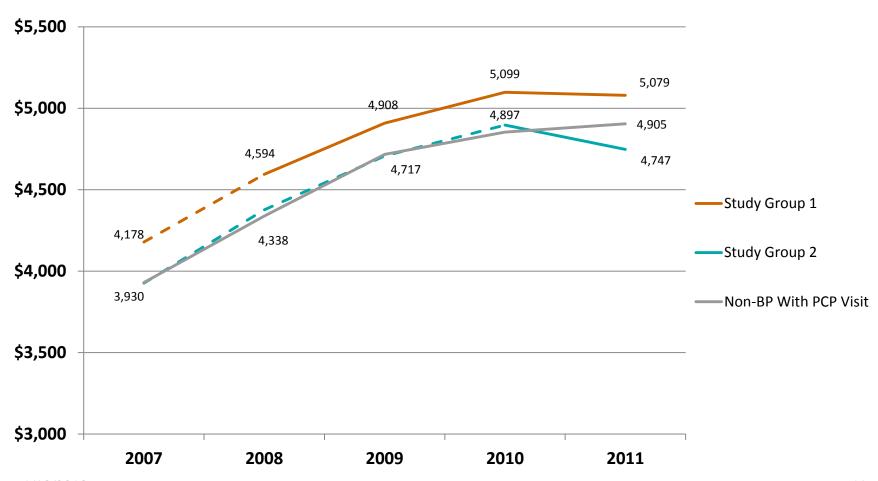
#### **Medicaid beneficiaries 18-64**

	Study Group 1	Study Group 2	Comparison Group
Year	St Johnsbury & Burlington	Barre & Bennington	Non-Blueprint with PCP visit
2007	1575	2323	5898
2008	1950	2919	7621
2009	2486	3453	9416
2010	2615	4012	10563
2011	2679	4210	11431





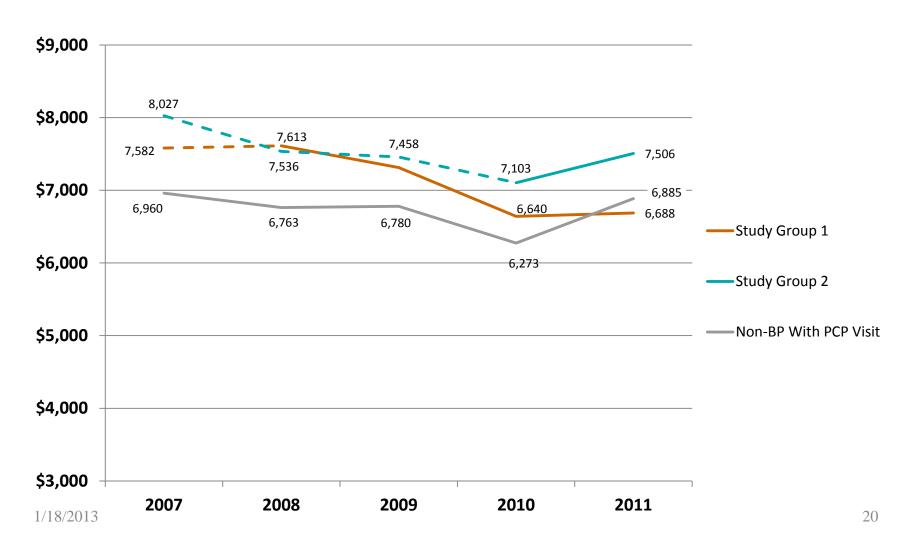
## Total expenditures per capita (Adjusted). Commercially insured 18-64







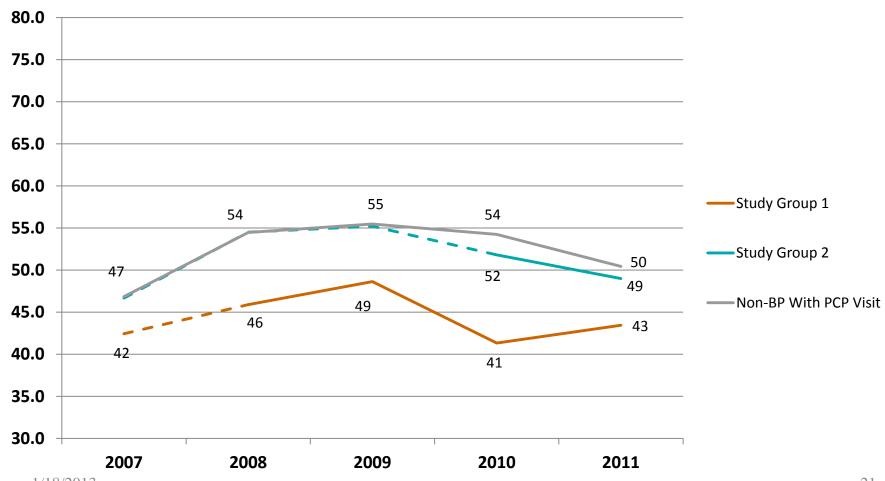
## Total expenditures per capita (Adjusted). Medicaid Beneficiaries 18-64







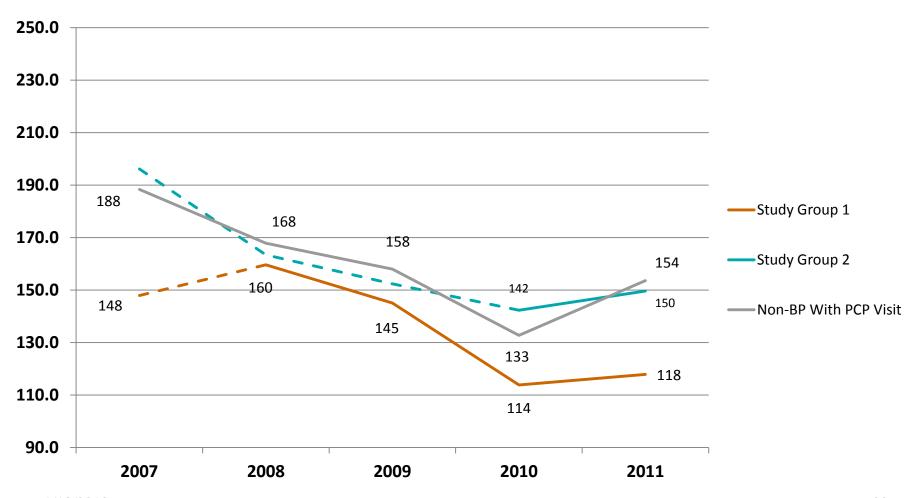
### Hospitalizations per 1000 beneficiaries (Adjusted). Commercially insured 18-64







### Hospitalizations per 1000 beneficiaries (Adjusted). Medicaid population 18-64







Smart choices. Powerful tools.

Financial Support			Mechanism		Product		
All li	nsurers		Payment Reform # 1 \$PPPM - NCQA score	$\bigcirc \backslash \! \backslash$	PCMH Transformation		
All li	nsurers		Payment Reform # 2 Shared Costs		Community Health Teams		
Blu	eprint		Grants		Project Management		
Blu	eprint	<b>&gt;</b>	Grants		Practice Facilitators		
Blu	eprint	<b>&gt;</b>	Grants		Self Management Workshops		
Blu	eprint	<b>&gt;</b>	Contract		Clinical Registry & Data Quality		
Blu	neprint		Contract		Evaluation, Analytics, Modeling & Reporting		





### What's in the works

- Continued expansion of PCMHs (+NDs), CHTs and SASH
- Front load support for CHTs 6 months before scoring
- Comparative assessments & practice profiles
- Data systems & data quality
- Hub & Spoke (addiction & mental health disorders)
- Discussions regarding PPPMs to PCMHs





# **Blueprint Team**

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