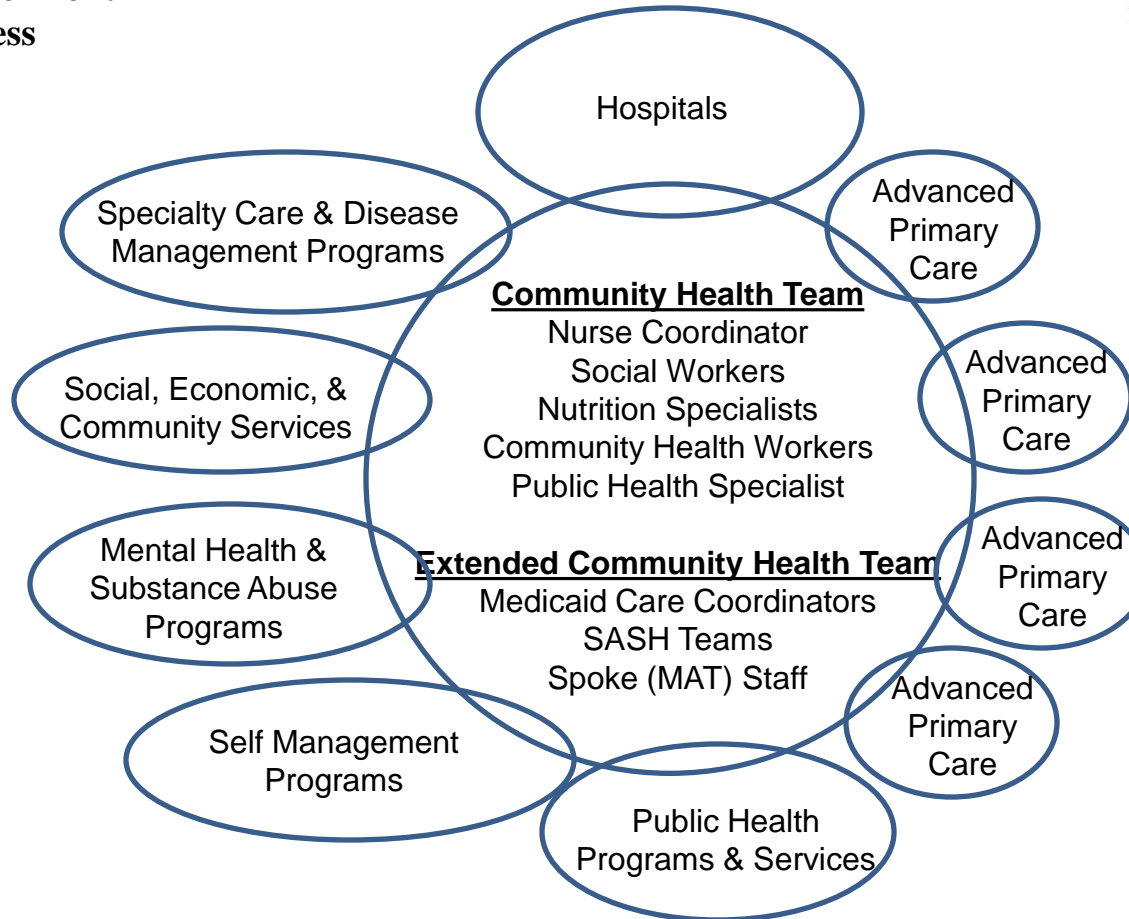
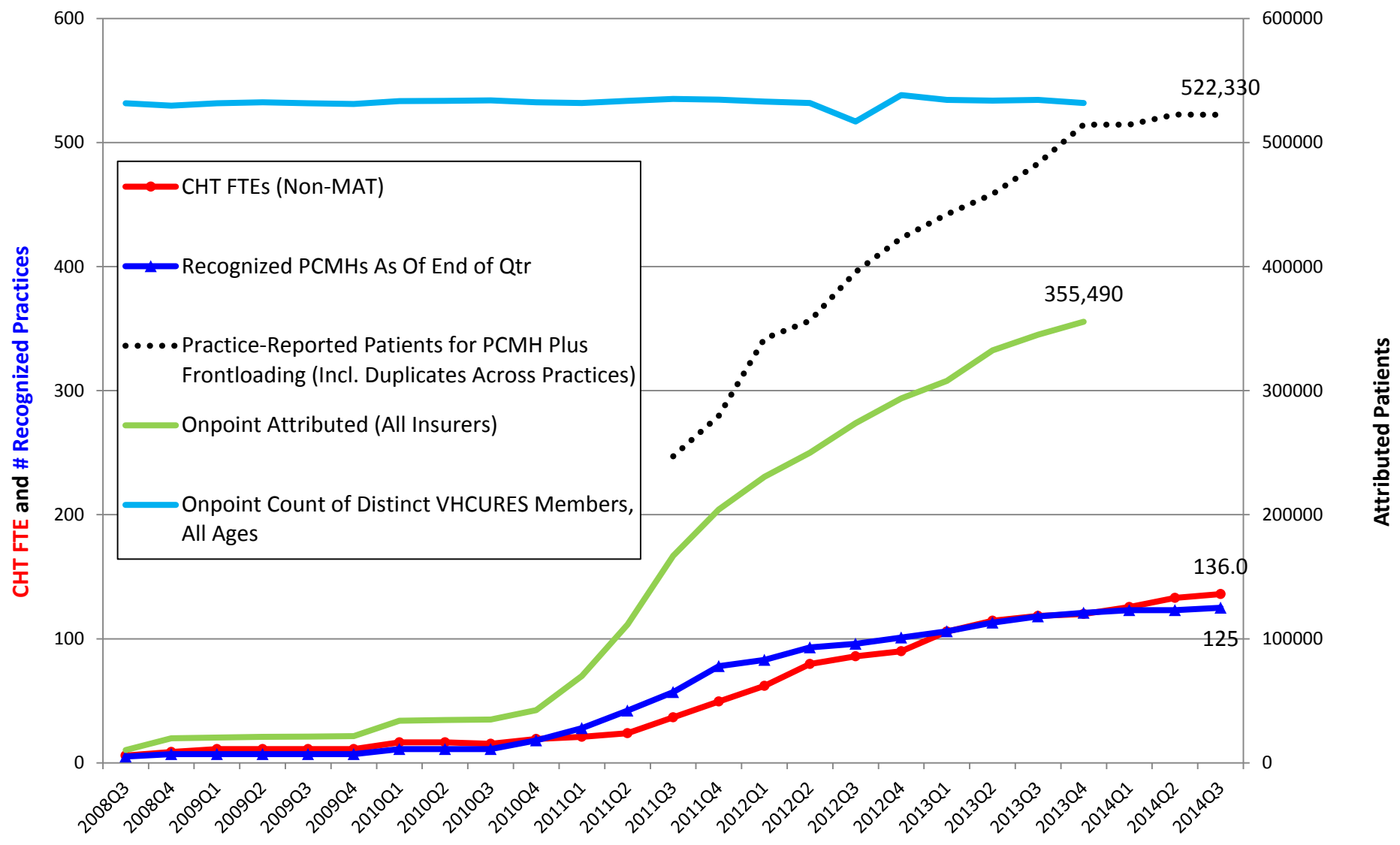


Vermont Blueprint for Health

House Healthcare Committee

January 16, 2015





Health Services Network

Key Components	December, 2014
PCMHs (active PCMHs)	123
PCPs (unique providers)	644
Patients (Onpoint attribution) (12/2013)	347,489
CHT Staff (core)	218 staff (133 FTEs)
SASH Staff (extenders)	60 FTEs (48 panels)
Spoke Staff (extenders)	58 staff (39 FTEs)

Medical Homes & Community Health Teams

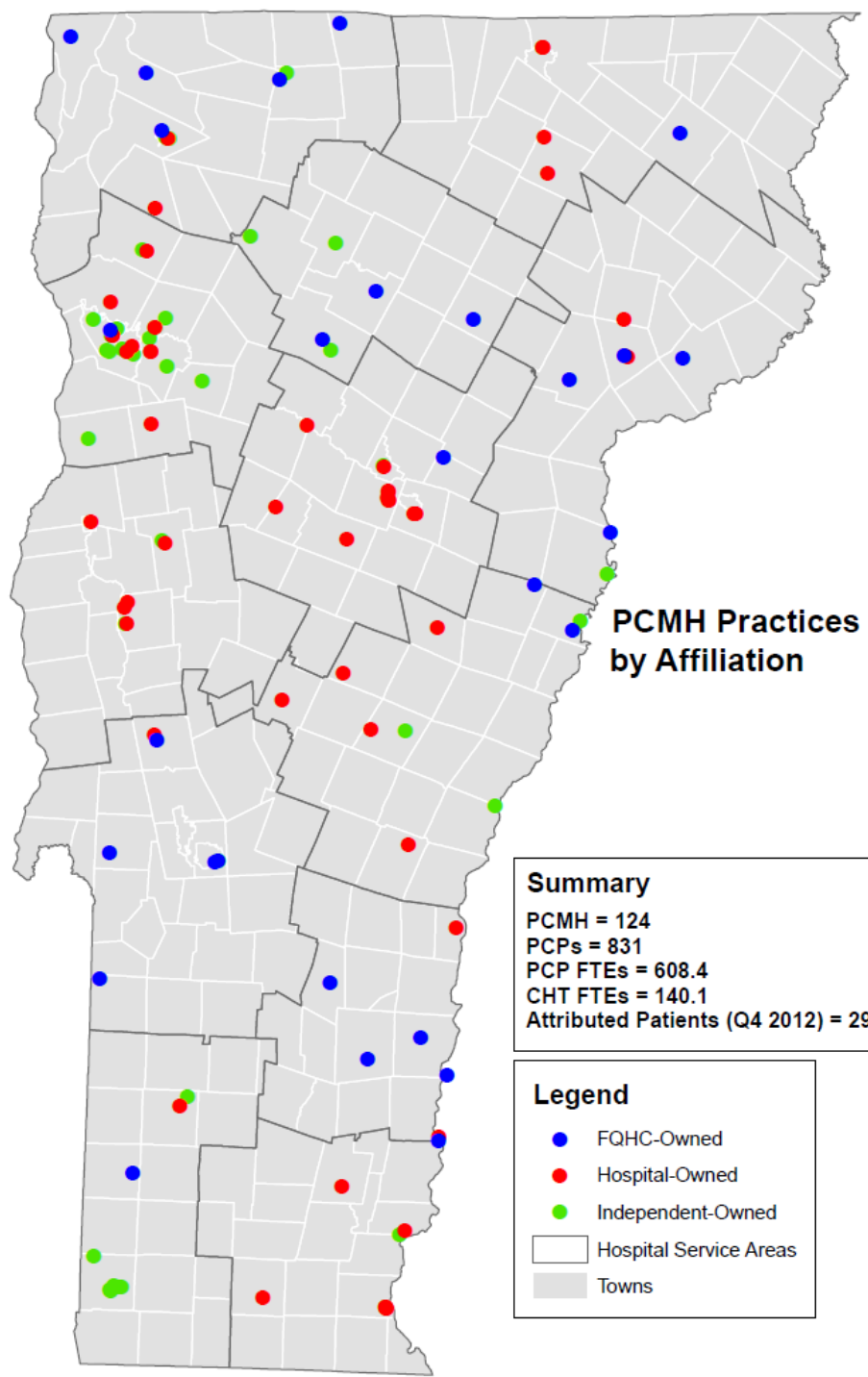
Operations based on NCQA PCMH Standards

Access During Office Hours	<ul style="list-style-type: none"> • Same day appointments • Timely clinical advice by phone • Timely clinical advice by electronic message
After Hours Access	<ul style="list-style-type: none"> • Access to routine & urgent care appointments • Continuity of medical record information for care & advice • Timely clinical advice by telephone
The Practice Team	<ul style="list-style-type: none"> • Roles for clinical & non-clinical team members • Regular team meetings & communication processes • Standing orders for services • Training & assigning teams to coordinate care
Evidence Based Guidelines	<ul style="list-style-type: none"> • The practice implements evidence based guidelines through point of care reminders for patients with 3 important conditions, plus high-risk or complex conditions. Third important condition related to unhealthy behaviors, mental health, or substance abuse.
Care Management	<ul style="list-style-type: none"> • Conducts pre-visit preparations • Collaborates with patient/family to develop a care plan including goals that are reviewed and updated • Gives patient/family a written plan of care • Assesses and addresses barriers when goals are not met • Gives patient/family a clinical summary • Identifies patients/families who might benefit from additional support • Follows up with patients/families who have not kept appointments

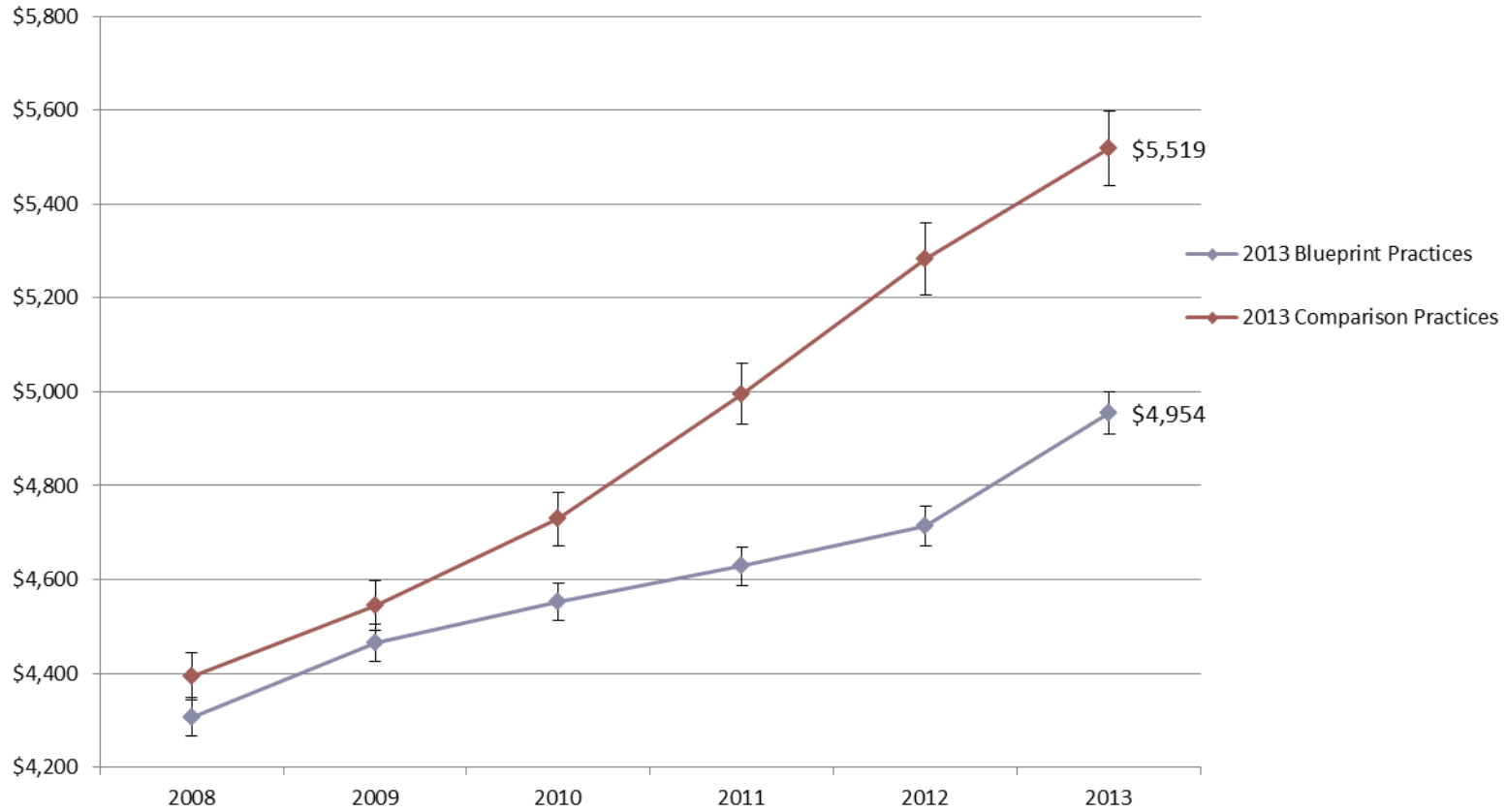
Medical Homes & Community Health Teams

Operations based on NCQA PCMH Standards

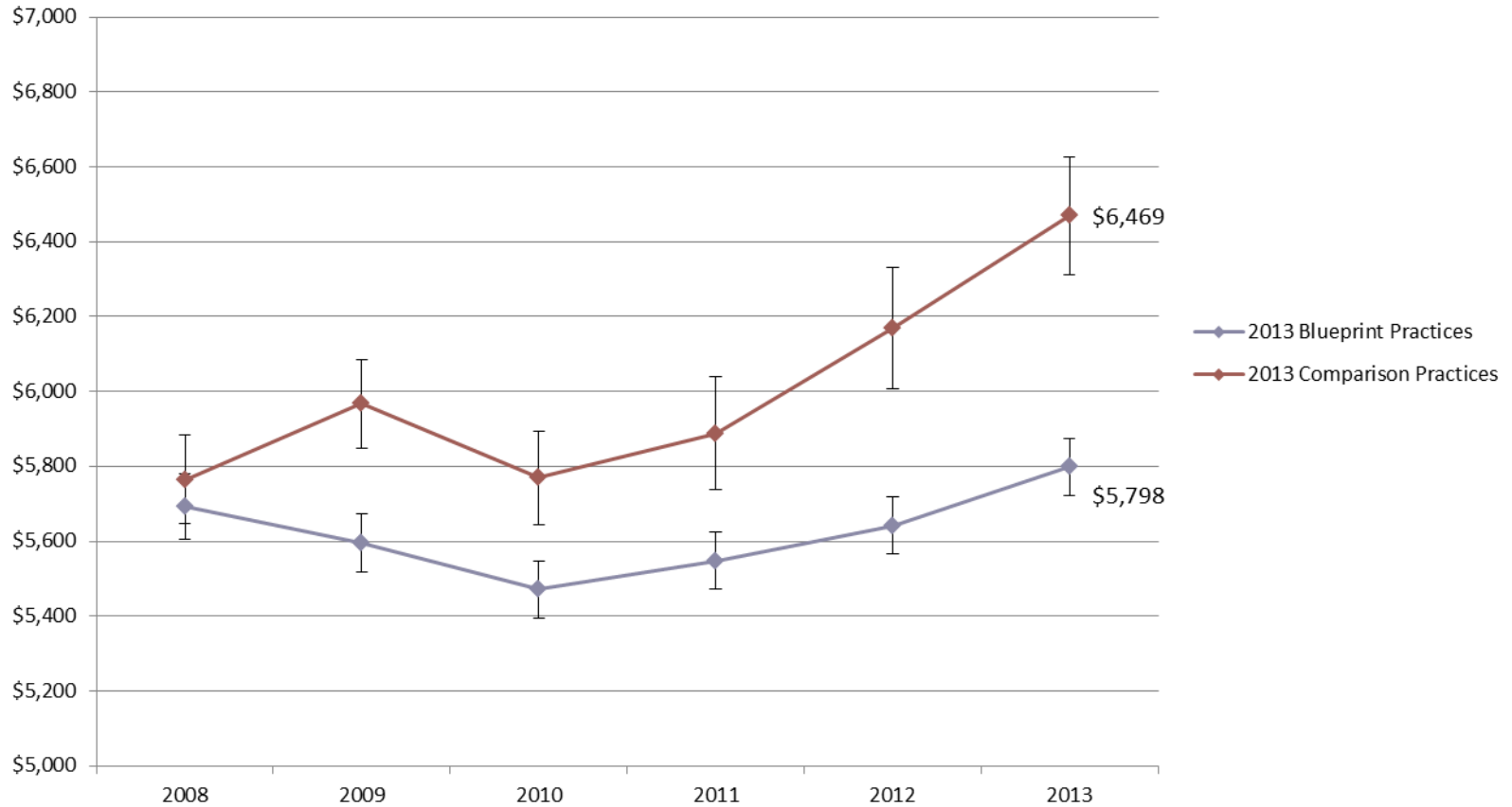
Medication Management	<ul style="list-style-type: none"> • Reviews & reconciles medications with patients/families • Provides information about new Rx's • Assesses patient response to medications & barriers to adherence
Support Self-Care Process	<ul style="list-style-type: none"> • Documents self-management abilities • Develops & documents self management plans & goals • Provides educational resources or refers to educational resources • Uses and HER to identify patient specific education resources
Test Tracking & Follow-up	<ul style="list-style-type: none"> • Tracks lab tests until results are available, flagging & following up overdue • Tracks imaging tests until results available, flagging & following up overdue • Flags abnormal lab results, bringing to attention of clinician • Flags abnormal imaging results, bringing to attention of clinician • Notifies patients/families of normal and abnormal lab and imaging results
Referral Tracking & Follow-up	<ul style="list-style-type: none"> • Giving consultant or specialist clinical reason & pertinent information • Tracking status of referrals, including timing for receiving report • Following up to obtain a specialists report
Continuous Quality Improvement	<ul style="list-style-type: none"> • Set goals & act to improve =>3 measures of clinical performance • Set goals and act to improve =>1 measure of patient/family experience
Continuity	<ul style="list-style-type: none"> • Expecting patients/families to select a personal clinician • Documenting patient/family choice of clinician • Monitoring % patient visits with selected clinician or team



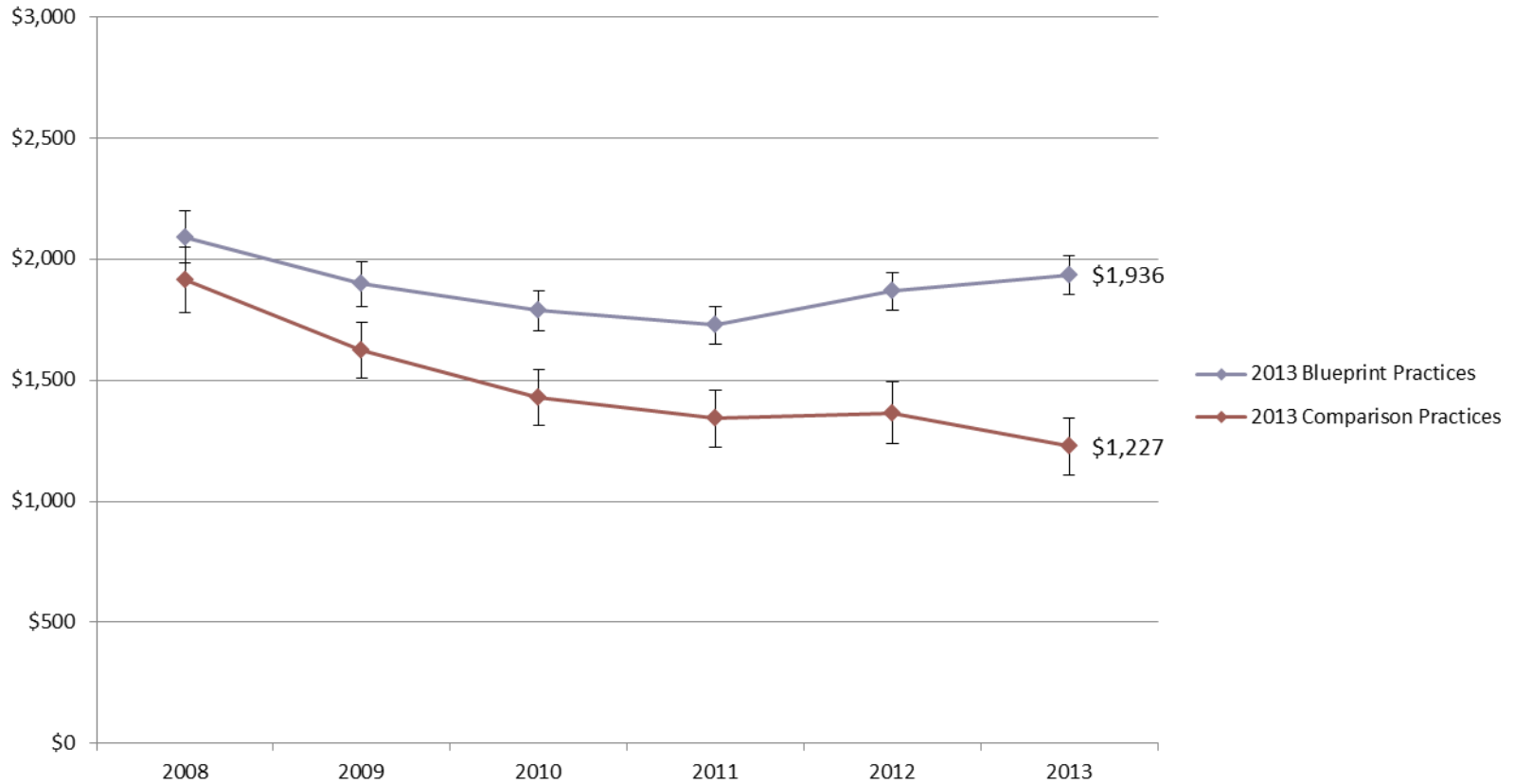
Total Expenditures per Capita 2008 - 2013 Commercial Ages 18-64 Years



Total Expenditures Excluding SMS per Capita 2008 - 2013 Medicaid Ages 18 - 64 Years



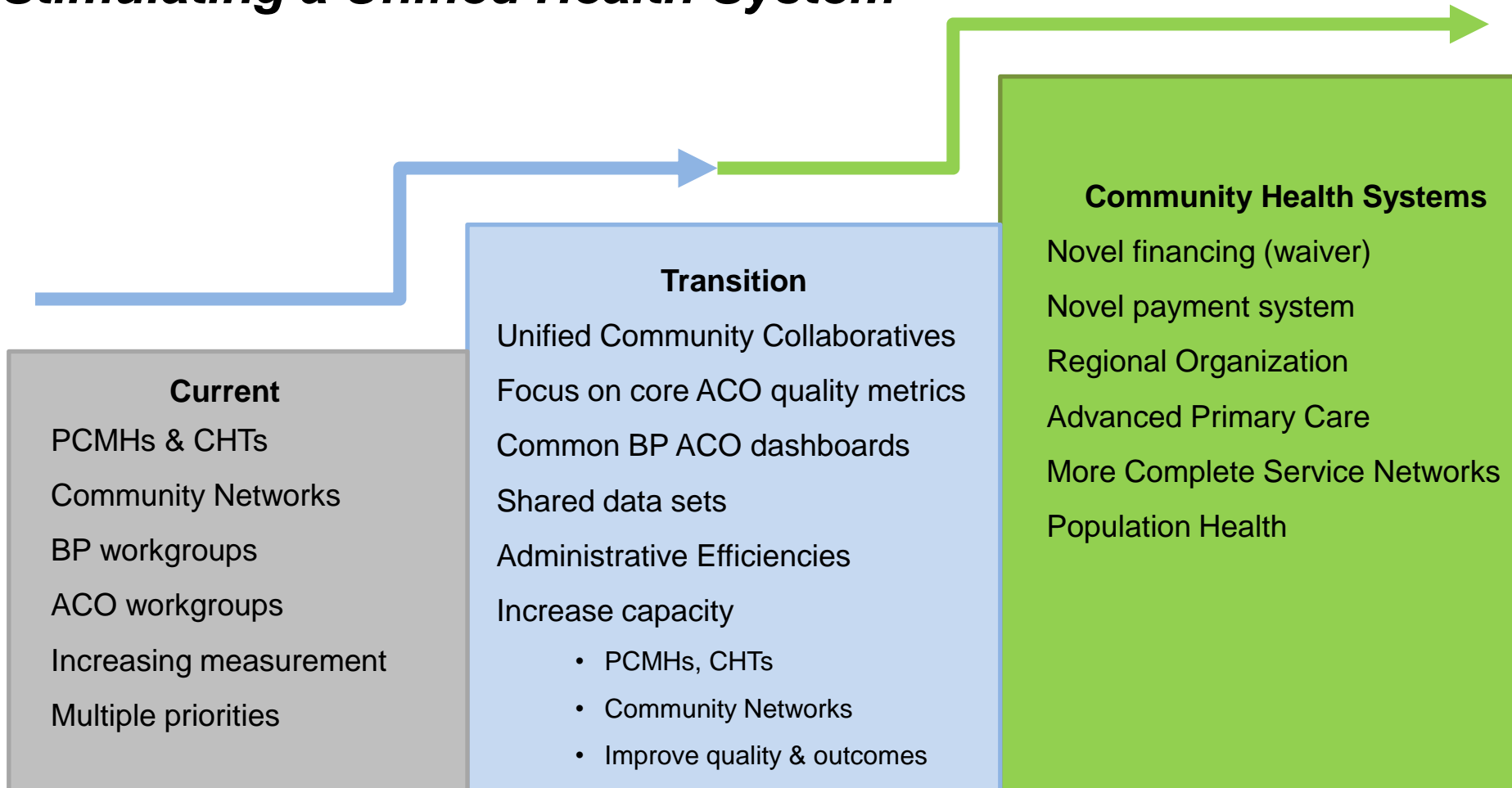
SMS Total Expenditures per Capita 2008 - 2013 Medicaid Ages 18 - 64 Years



Current State of Play

- Foundation of primary care based on NCQA standards
- Infrastructure of team services & evolving community networks
- Infrastructure for transformation, self-management, & quality
- Comparative evaluation & reporting (profiles, trends, variation)
- Three ACO provider networks (OneCare, CHAC, HealthFirst)
- Opportunity to unify work, strengthen community health system structure

Transition to Green Mountain Care *Stimulating a Unified Health System*



Strategies for Community Health Systems

Design Principles

- Services that improve population health thru prevention
- Services organized at a community level
- Integration of medical and social services
- Enhanced primary care with a central coordinating role
- Coordination and shared interests across providers in each area
- Capitated payment that drives desired outcomes

Strategy for Building Community Health Systems

Action Steps

- Unified Community Collaboratives (quality, coordination)
- Unified Performance Reporting & Data Utility
- Enhanced primary care and community health team capacity
- Modified medical home and community health team payment model
- Administrative simplification and efficiencies

Practice Profiles Evaluate Care Delivery Commercial, Medicaid, & Medicare



Practice Profile: ABC P
Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

Demographics & Health Status

	Practice	H.S.A.	St.
Average Members	4,081	84,070	2,000,000
Average Age	50.6	50.1	50.1
% Female	55.6	55.5	55.5
% Medicaid	14.5	13.0	13.0
% Medicare	23.7	22.2	22.2
% Maternity	2.1	2.1	2.1
% with Selected Chronic Conditions	50.1	38.8	38.8

Health Status (CRG)

% Healthy	39.0	43.9
% Acute or Minor Chronic	18.8	20.5
% Moderate Chronic	27.9	24.5
% Significant Chronic	15.4	12.3
% Cancer or Catastrophic	1.4	1.3

Welcome to the 2014 Blueprint Practice Profile from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services. Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

Demographics & Health Status Cost of Care Utilization Effective & Preventive Care Data Detail



Practice Profile: ABC Primary Care
Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

Total Expenditures per Capita

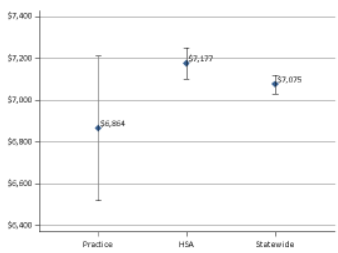


Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

Total Expenditures by Major Category

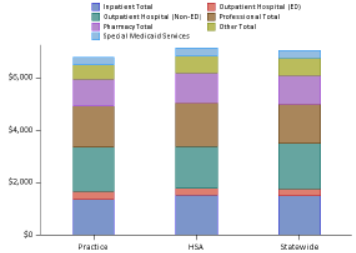


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medical Services.

Total Expenditures Excluding SMS

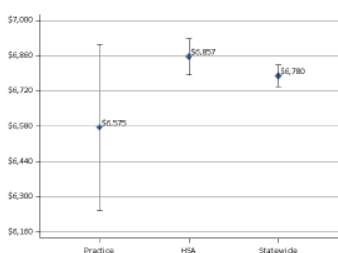


Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medical Services, capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

Total Resource Use Index (RUI) Excluding SMS

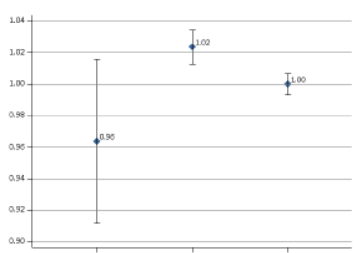


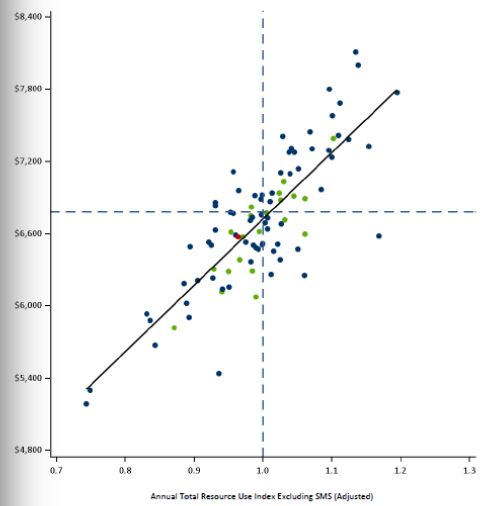
Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals. Since price per resource varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects on aggregated cost based on utilization and intensity of services across major components of care (e.g., inpatient) and excludes Special Medical Services. The practice and HSA are indexed to the statewide average (1.00).

Demographics & Health Status Cost of Care Utilization Effective & Preventive Care Data Detail



Practice Profile: ABC Primary Care
Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

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



This graphic demonstrates the relationship between risk-adjusted expenditures excluding SMS and RUI for Blueprint practices. This graphic illustrates your practice's risk-adjusted rate (i.e., the red dot) of all practices in your Health Service Area (i.e., the green dots) and all other Blueprint practices (i.e., the blue dots). The dotted lines show the average expenditures per capita and average RUI statewide (i.e., 1.00). Practices with higher expenditures and utilization are in the upper right-hand corner with lower expenditures and utilization are in the lower left-hand corner. An RUI value indicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, practices with a utilization had higher risk-adjusted expenditures.

Health Status Cost of Care Utilization Effective & Preventive Care Data Detail

Payment Modifications

Planning

1. Increase PCMH payment amounts
2. Shift to a composite measures based payment for PCMHs
3. Increase CHT payments and capacity
4. Adjust insurer portion of CHT costs to reflect market share

Questions & Discussion