



Agency of Human Services



Smart choices. Powerful tools.

Blueprint for Health

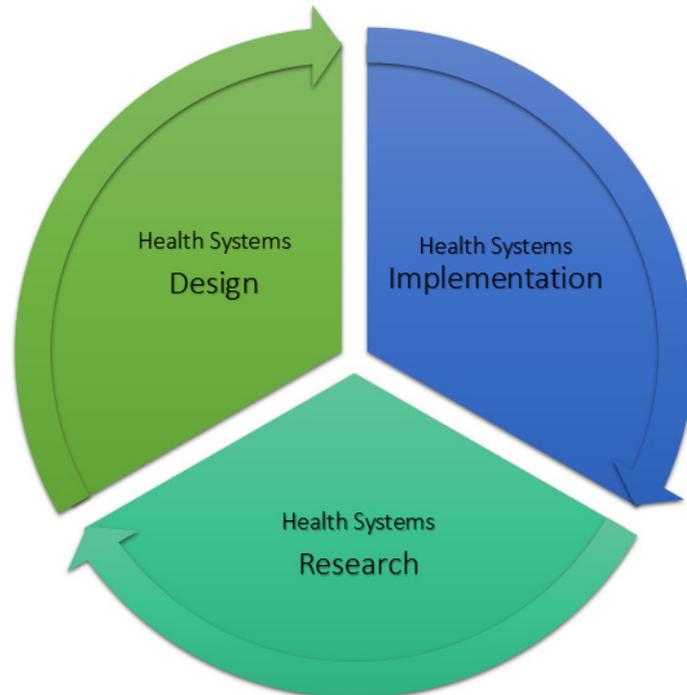
February 2018

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Blueprintforhealth.Vermont.Gov



- **Patient Centered Medical Homes** strong primary care foundation
- **Community Health Teams** bridge health and social services
- **SASH** for healthy aging-in-place
- **Hub and Spoke** for opioid use disorder treatment
- **Women's Health Initiative** increase pregnancy intention, healthy families



Statewide Network for Comparative Learning

- Blueprint Practice Facilitators
- Blueprint Project Managers
- Community Health Team Leaders
- ACO Clinical Consultants

A trusted, community-hired staff;
Supports data-guided quality improvement;
Convenes local health and human services for integrated reform;
Enables rapid implementation of new initiatives in response to state priorities.

Health Services Network

Key Components	December, 2017
PCMHs (active PCMHs)	139 practices
Primary Care Providers	800 unique providers
Primary Care Patients (Onpoint, 12/2016)	342,893 attributed Vermonters
Women's Health Practices	19 Women's Health Practices 15 Primary Care Practices
Community Health Teams (CHT) Staff	301.7 FTEs
CHT – Patient Centered Medical Homes	234 staff (160.55 FTEs)
CHT – Spokes	89 staff (63.9 FTEs)
CHT - Women's Health Initiative	15 staff (9.75 FTEs)
SASH Staff	54 panels (67.5 FTEs)

Projected BP Payments FY18	Insurers					
	Medicare	Medicaid	MVP	BCBSVT	Cigna	All Insurers
Practice and CHT Payments Total	\$7,945,675	\$14,859,950	\$416,980	\$8,735,751	\$33,371	\$31,991,727

Hub & Spoke		\$5,862,001				\$5,862,001
PCMH	\$4,241,275	\$7,293,204	\$416,980	\$8,735,751	\$33,371	\$20,720,582
CHT	\$2,367,366	\$3,477,769	\$166,038	\$4,034,750	\$15,899	\$10,061,821
PMPM	\$1,873,909	\$3,815,435	\$250,942	\$4,701,002	\$17,472	\$10,658,760
SASH	\$3,704,400					\$3,704,400
WHI		\$1,704,744				\$1,704,744
Patient Centered Medical Homes		\$217,134				\$217,134
One-Time		\$83,919				\$83,919
PMPM		\$133,215				\$133,215
Women's Health Specialty Practices		\$1,487,610				\$1,487,610
CHT		\$941,187				\$941,187
One-Time		\$8,168				\$8,168
PMPM		\$538,256				\$538,256

Research & Evaluation

VERMONT Blueprint for Health

Smart choices. Powerful tools.

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 0 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 vaccine claims data, during the current reporting year or the prior year.

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

Demographics & Health Status	Practice	HSA	St
Average Members	1,080	34,890	-
Average Age	39.6	39.1	-
% Female	55.6	55.5	-
% Medicaid	14.5	13.0	-
% Medicare	23.7	22.2	-
% Minority	2.1	2.1	-
% with Selected Chronic Conditions	50.1	50.8	-
Health Status (HS)			
% Healthy	39.0	43.9	-
% Acute or Minor Chronic	15.5	20.5	-
% Major Chronic	27.9	24.5	-
% Significant Chronic	18.4	12.3	-
% Cancer or Osteoporosis	1.4	1.3	-

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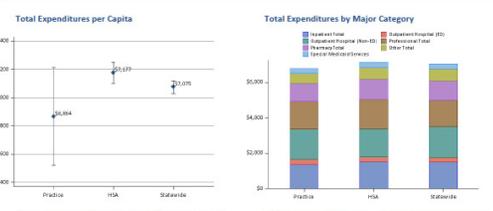


Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both point and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

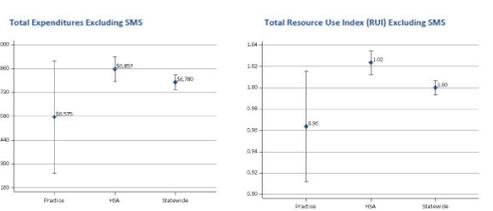


Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medicaid Services, capped statewide for outlier patients. Expenditures include both point and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

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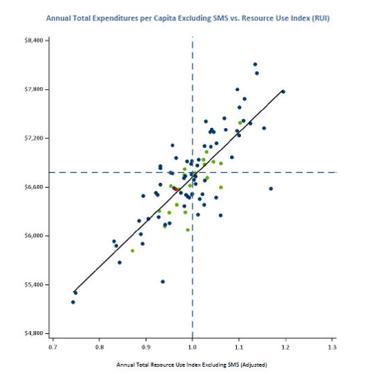


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services.



Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals. Cost per service unit (CPSU) is a measure of expenditure based on resource use - Total Resource Use Index (RUJ) - is included. RUJ reflects an aggregate cost based on utilization and intensity of services across major components of care (e.g., inpatient) and excludes Special Medicaid Services. The practice and HSA are related to the statewide average (1.00).

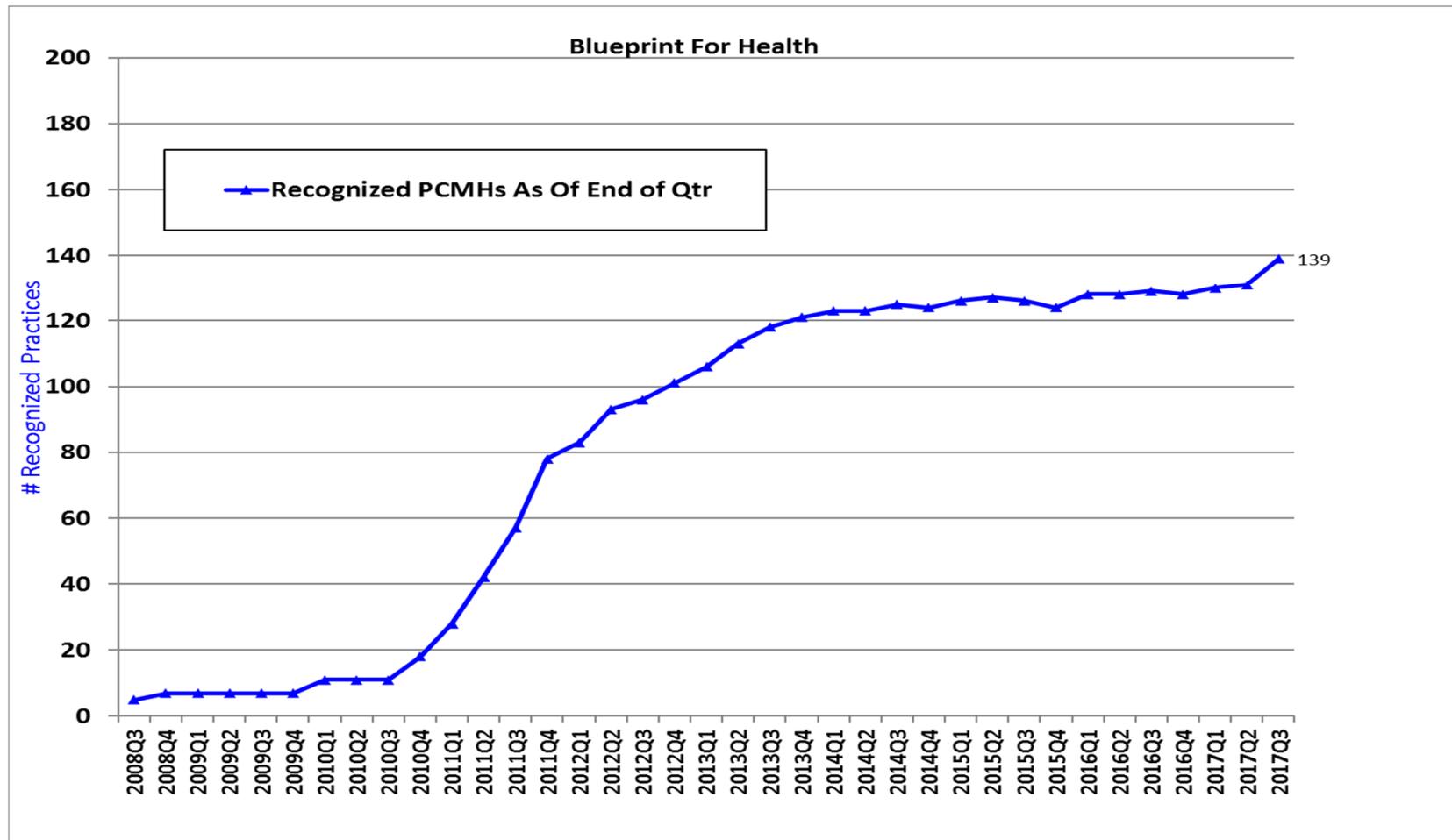
Demographics & Health Status	Cost of Care	Utilization	Effective & Preventive Care	Data Detail

- Bi-annual data profiles for Patient Centered Medical Homes, Health Service Areas, Hub, Spokes, adding Women's Health
- Program evaluation tracks costs savings, ROI
- Peer-reviewed publications confirm methodology, spread knowledge

2017

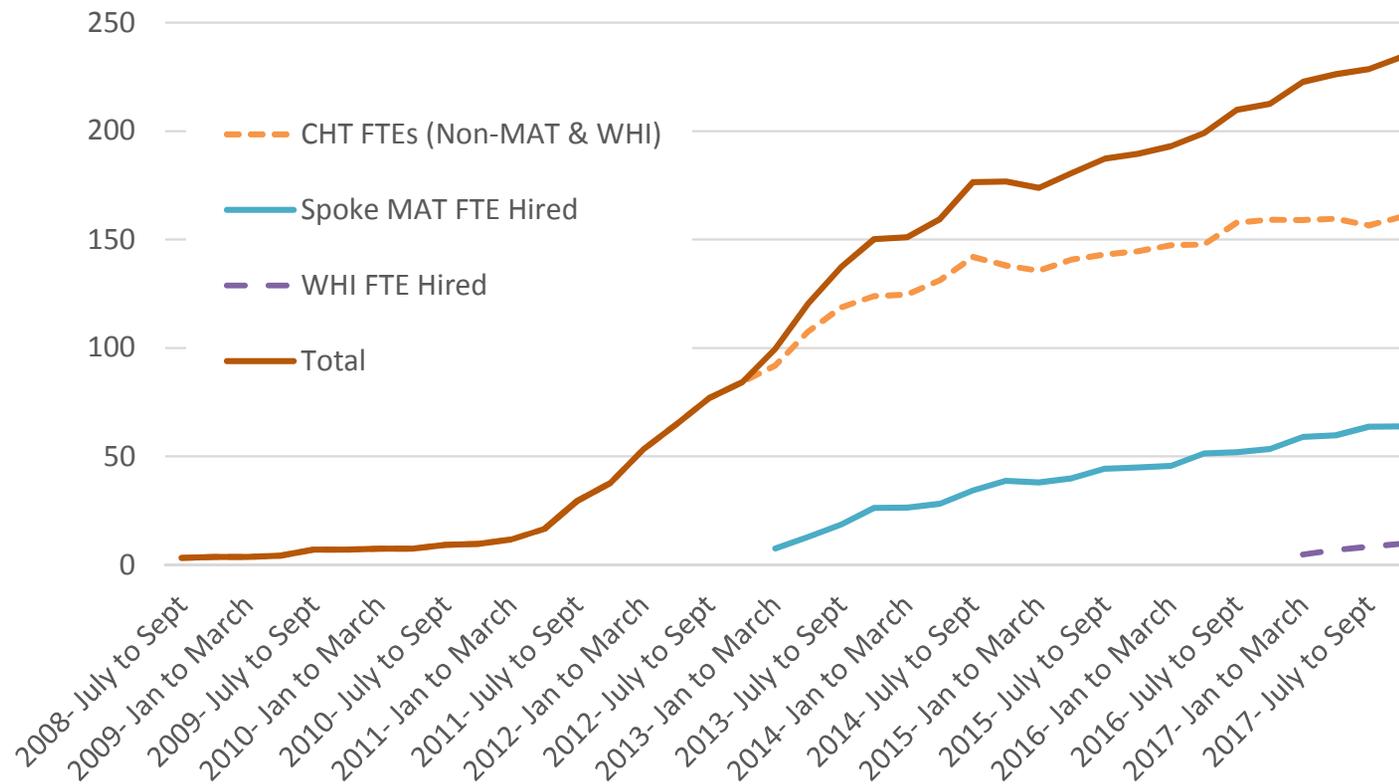
HIGHLIGHTS & PROGRAM GROWTH

Growth of Patient Centered Medical Homes



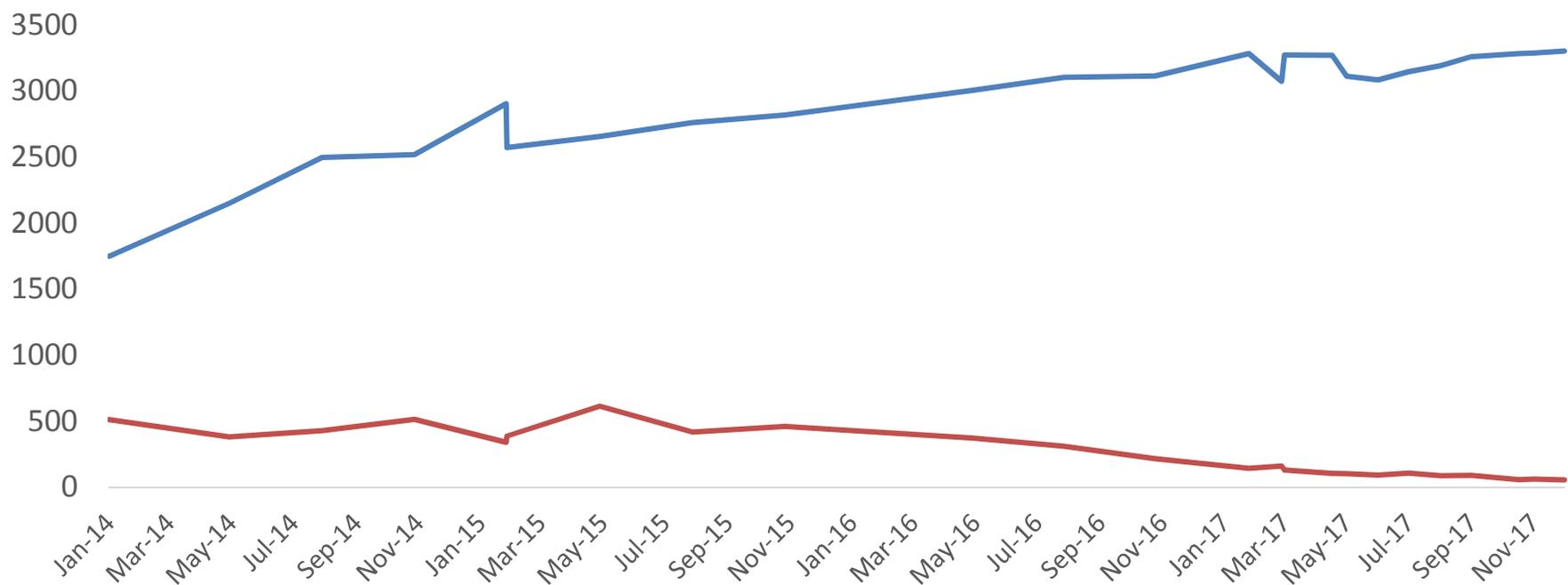
Growth of Community Health Teams

CHT Staffing in FTEs



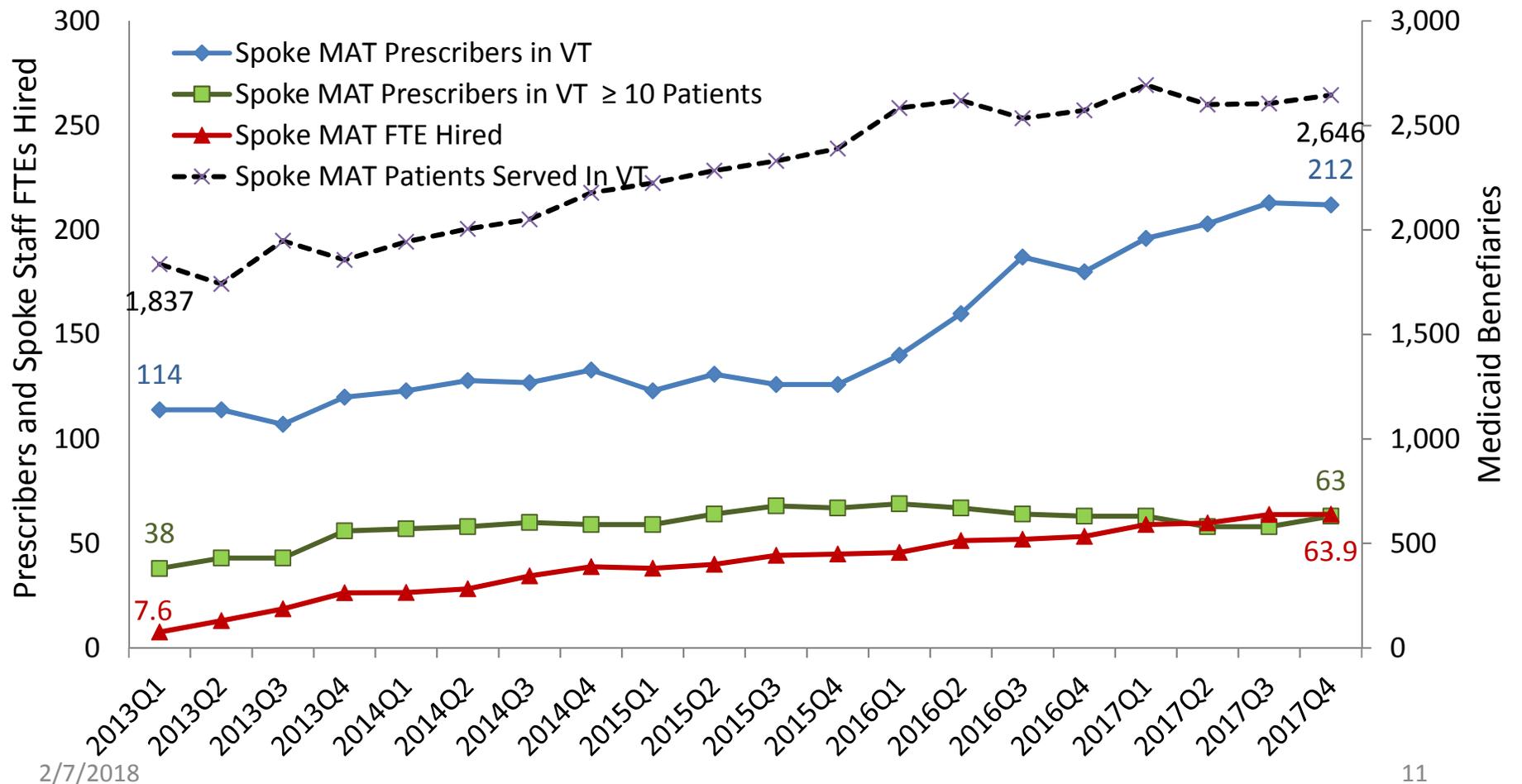
Hub Growth, Waitlist Reduction

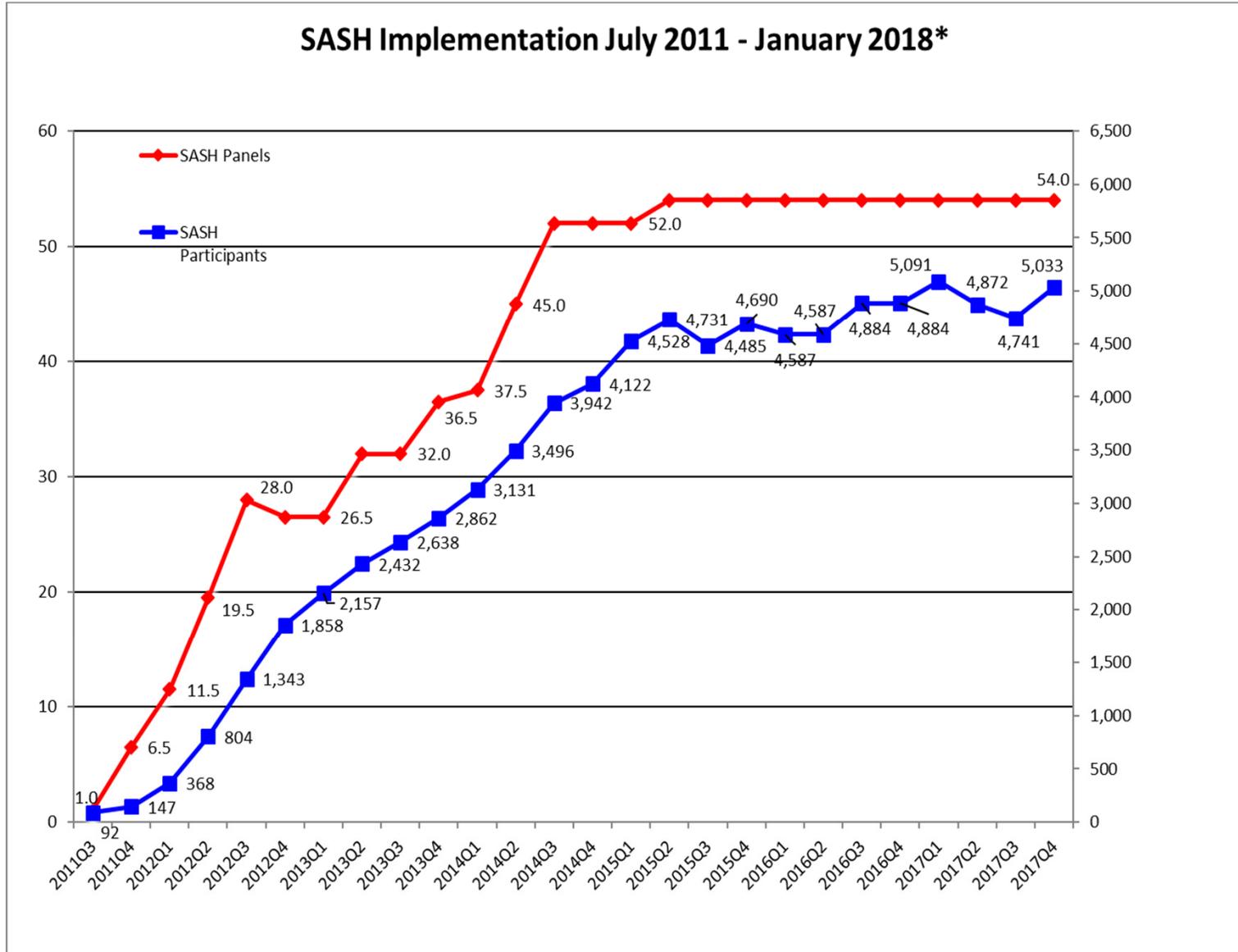
— In Treatment — Waiting



	Jan-14	Apr-14	Jul-14	Oct-14	Jan-15	Jan-15	Apr-15	Jul-15	Oct-15	Apr-16	Jul-16	Oct-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	17-Oct	Nov-17	Dec-17
— In Treatment	1751	2152	2499	2520	2573	2656	2762	2820	2906	3005	3104	3116	3285	3074	3273	3271	3114	3086	3148	3193	3260	3285	3289	3304
— Waiting	513	384	431	516	389	615	419	462	343	375	313	218	145	162	133	106	104	95	110	90	92	60	64	58

Spoke Growth

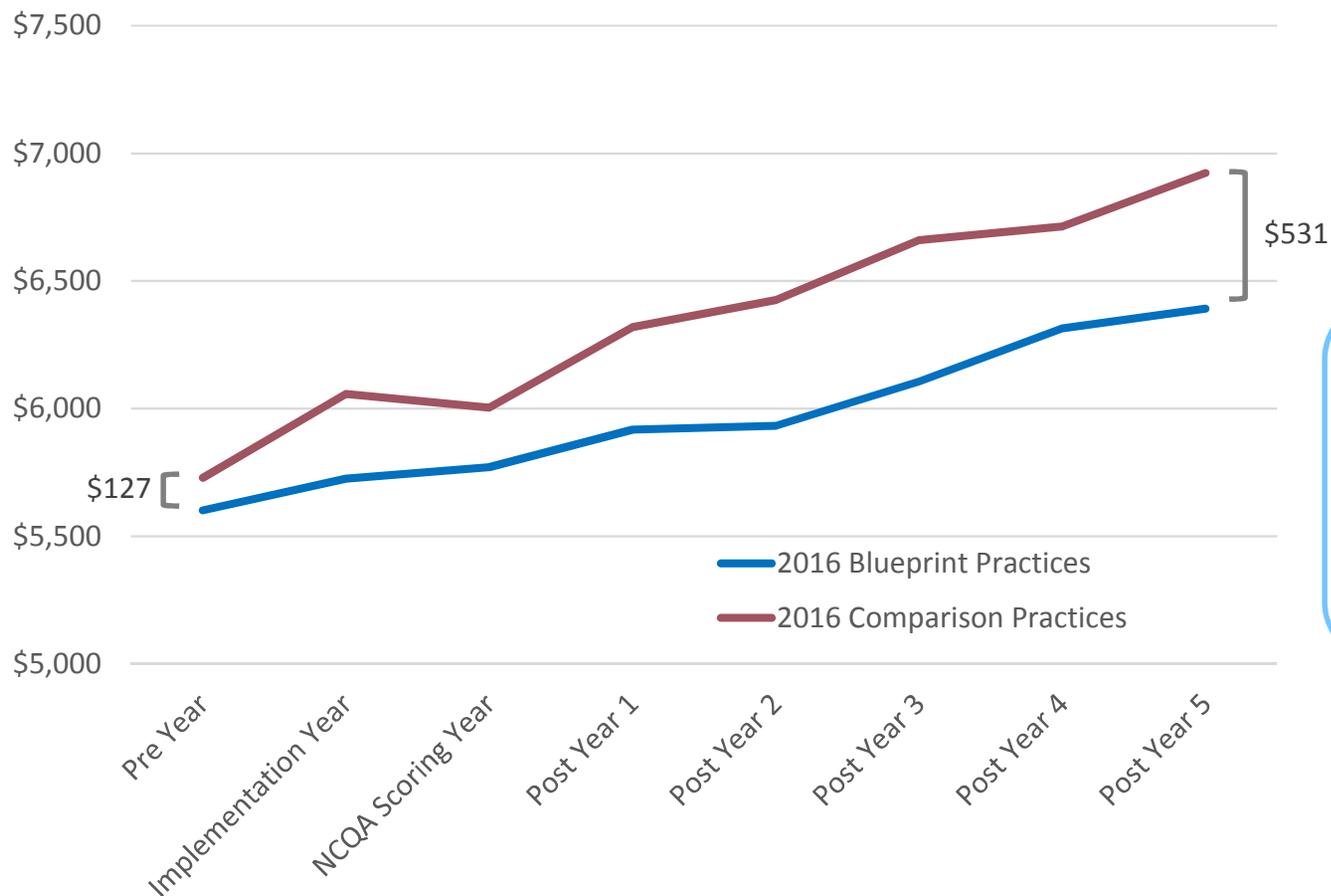




Impact of Patient Centered Medical Homes and Community Health Teams

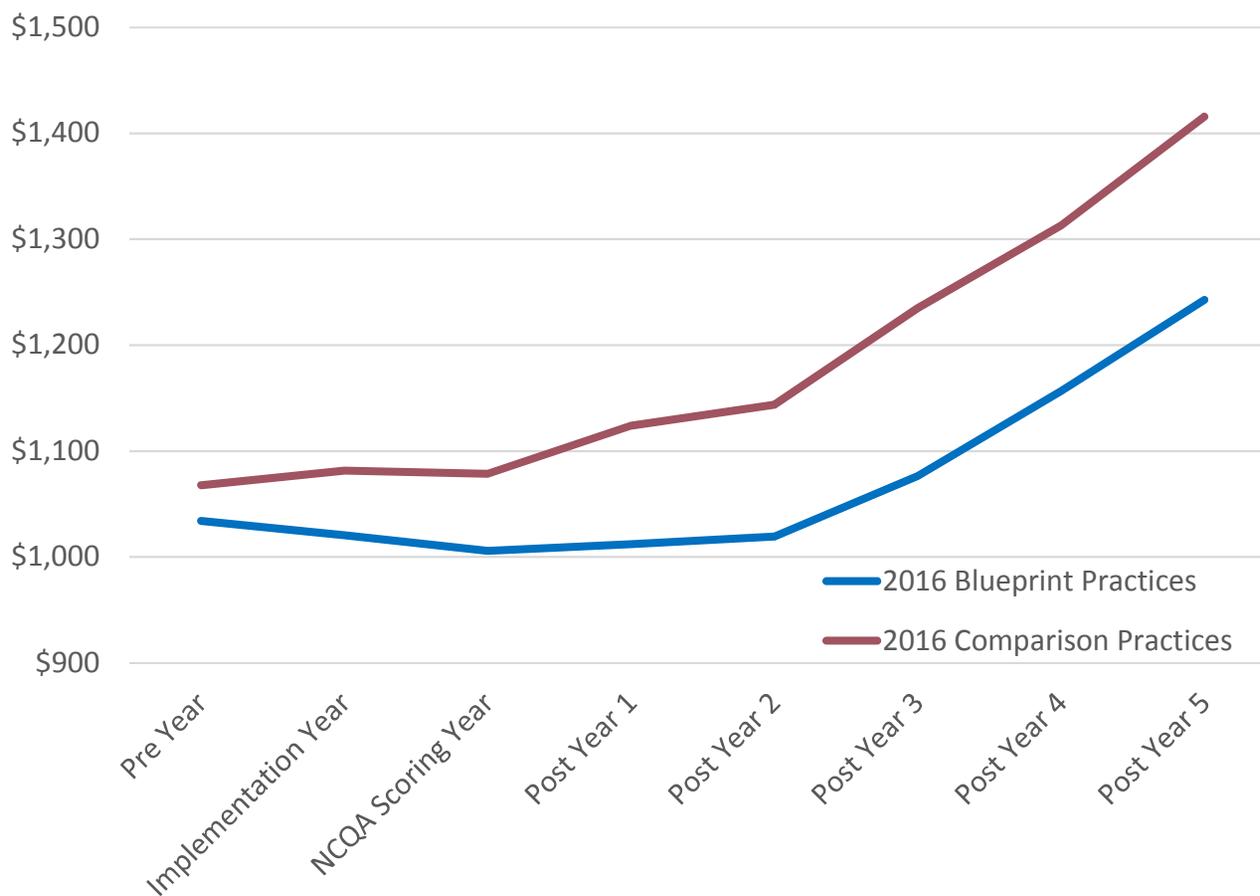
BLUEPRINT EVALUATION

Total Expenditures per Capita Excluding SMS 2008-2016, All Insurers, Ages 1 Year and Older



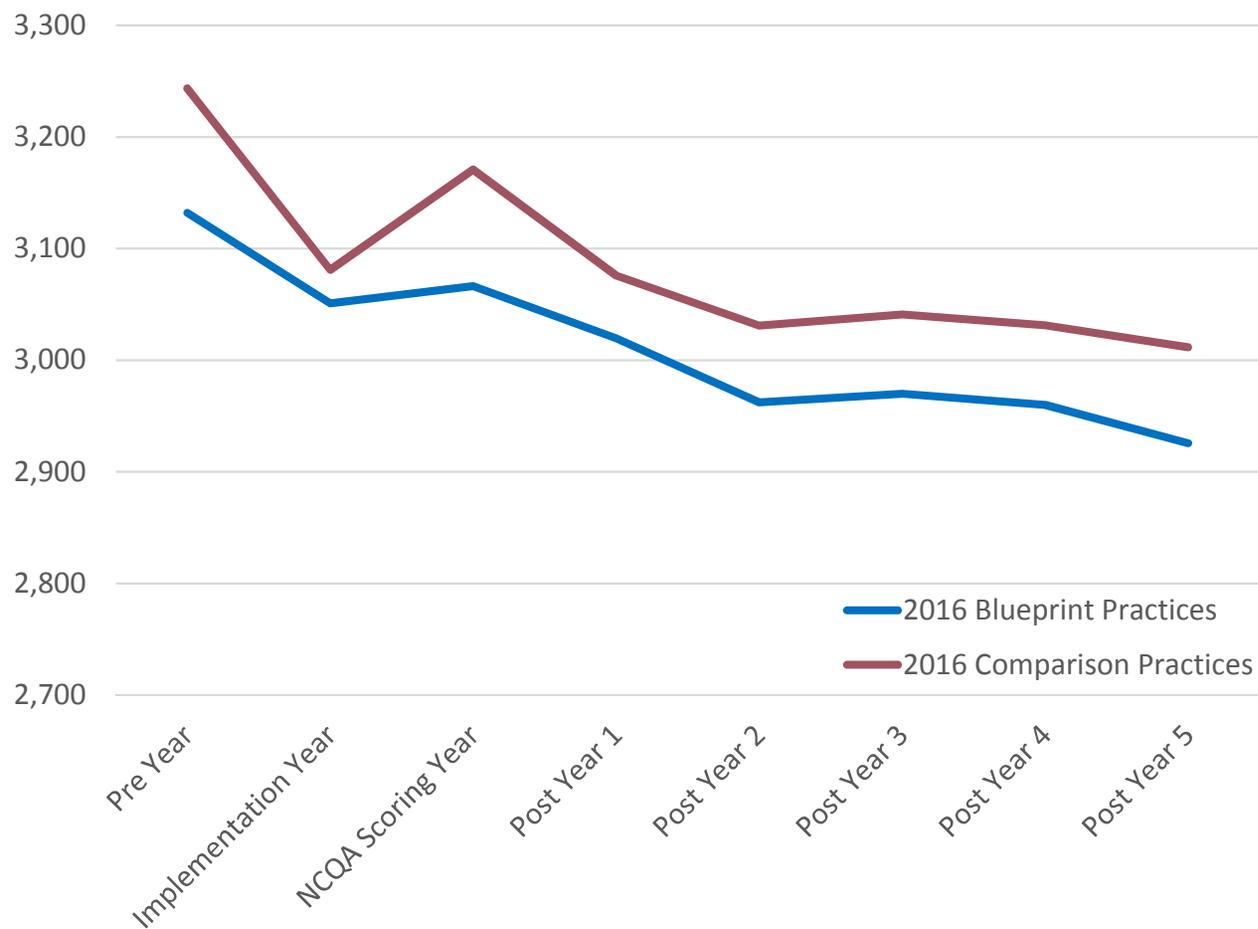
\$404
Difference-in-difference
in total risk adjusted
expenditures from
Pre Year to Post Year 5

Total Pharmacy Expenditures per Capita 2008-2016, All Insurers, Ages 1 Year and Older



35% of the difference in total risk-adjusted expenditures can be explained by differences in pharmacy expenditures (based on point estimates in Post Year 5)

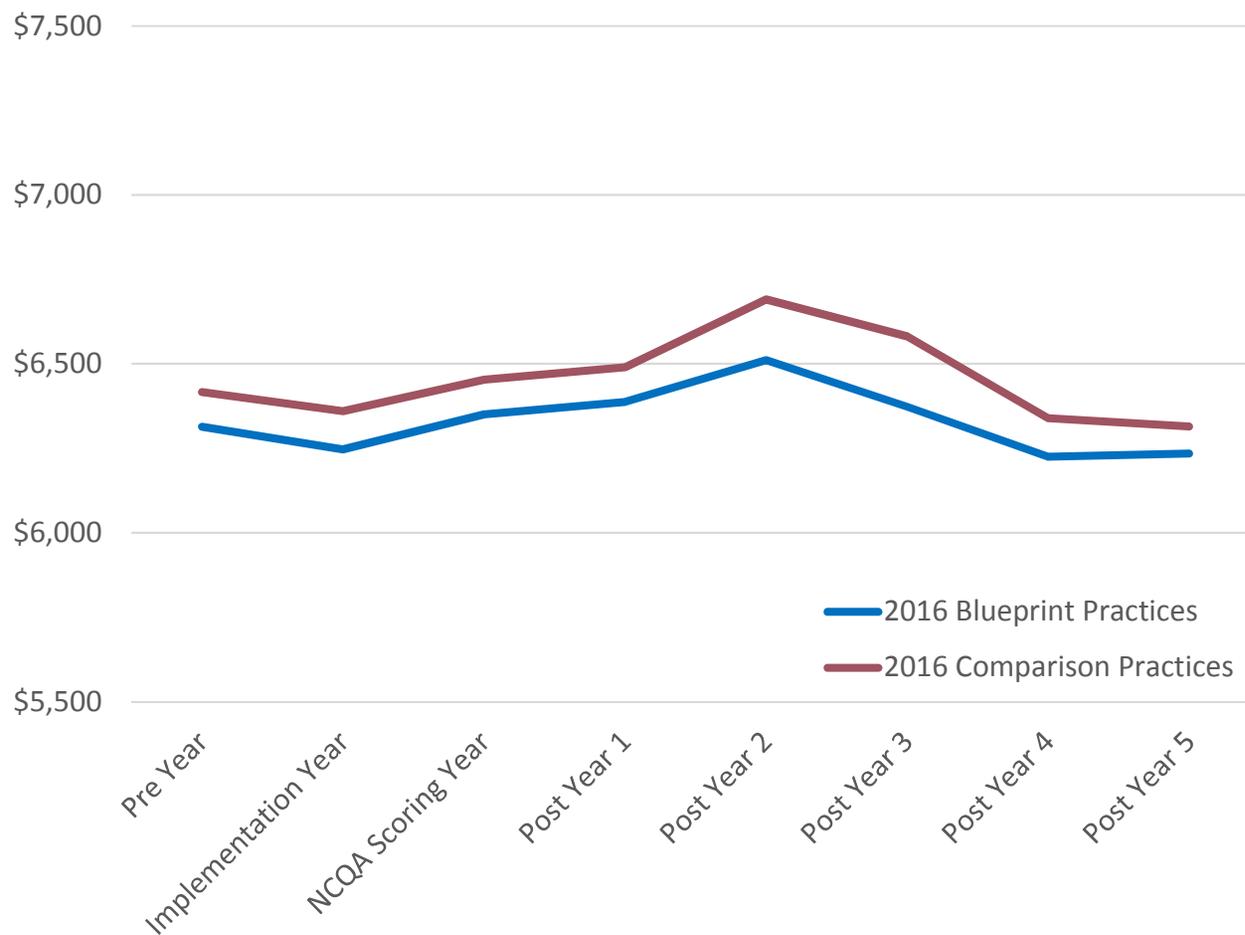
Primary Care Visits per 1,000 Members 2008-2016, All Insurers, Ages 1 Year and Older



Fewer primary care visits for Blueprint-PCMH attributed patients, marginal evidence of slower decrease

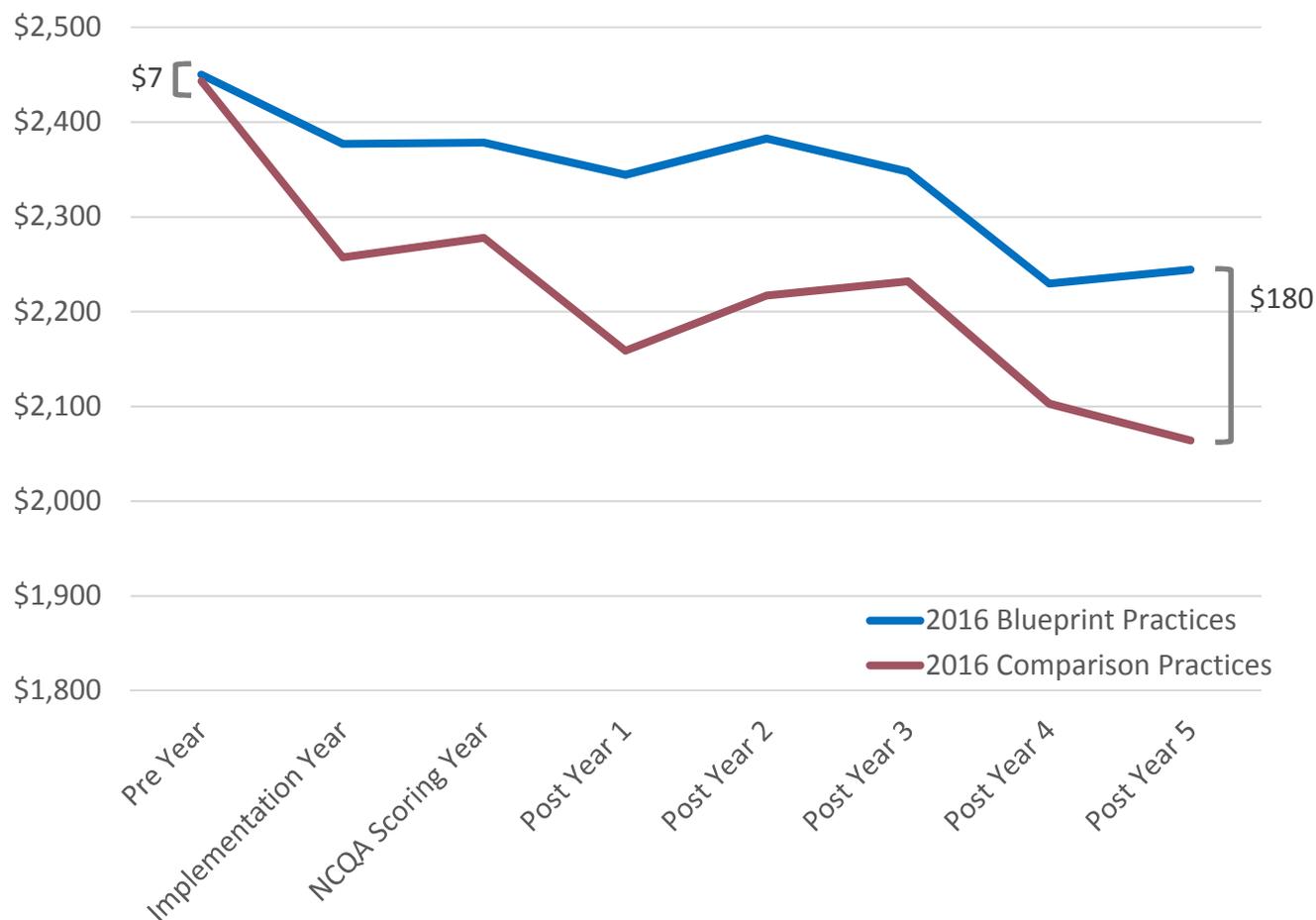
Need for improved access across primary care

Total Expenditures per Capita 2008-2016, Medicaid, Ages 1-64



No statistically significant difference in total expenditures or rate of change

Special Medicaid Services Expenditures per Capita 2008-2016, Medicaid, Ages 1-64



\$173
Difference-in
difference
in SMS
expenditures from
Pre Year to
Post Year 5

Typical Blueprint
PCMH-attributed
Medicaid beneficiary
has \$2,244 SMS
expenditures, 36% of
expected total
expenditures

Estimated Savings in Total Annual Risk-Adjusted Expenditures, Including Special Medicaid Services, 2016

Program Stage	PCMH-Attributed Patients	Relative Difference-in-Difference in Total Annual Expenditures per Person	Subtotals for Relative Differences in Annual Expenditures
		Estimate	Estimate
Pre Year			
Implementation Year			
NCQA Scoring Year	5,982	(\$90)	(\$537,513.14)
Post Year 1	7,554	(\$173)	(\$1,309,194.53)
Post Year 2	4,770	(\$298)	(\$1,422,351.99)
Post Year 3	36,097	(\$378)	(\$13,632,848.41)
Post year 4	50,254	(\$209)	(\$10,485,443.03)
Post Year 5	152,454	(\$322)	(\$49,065,266.00)
Total			(\$76,452,617)



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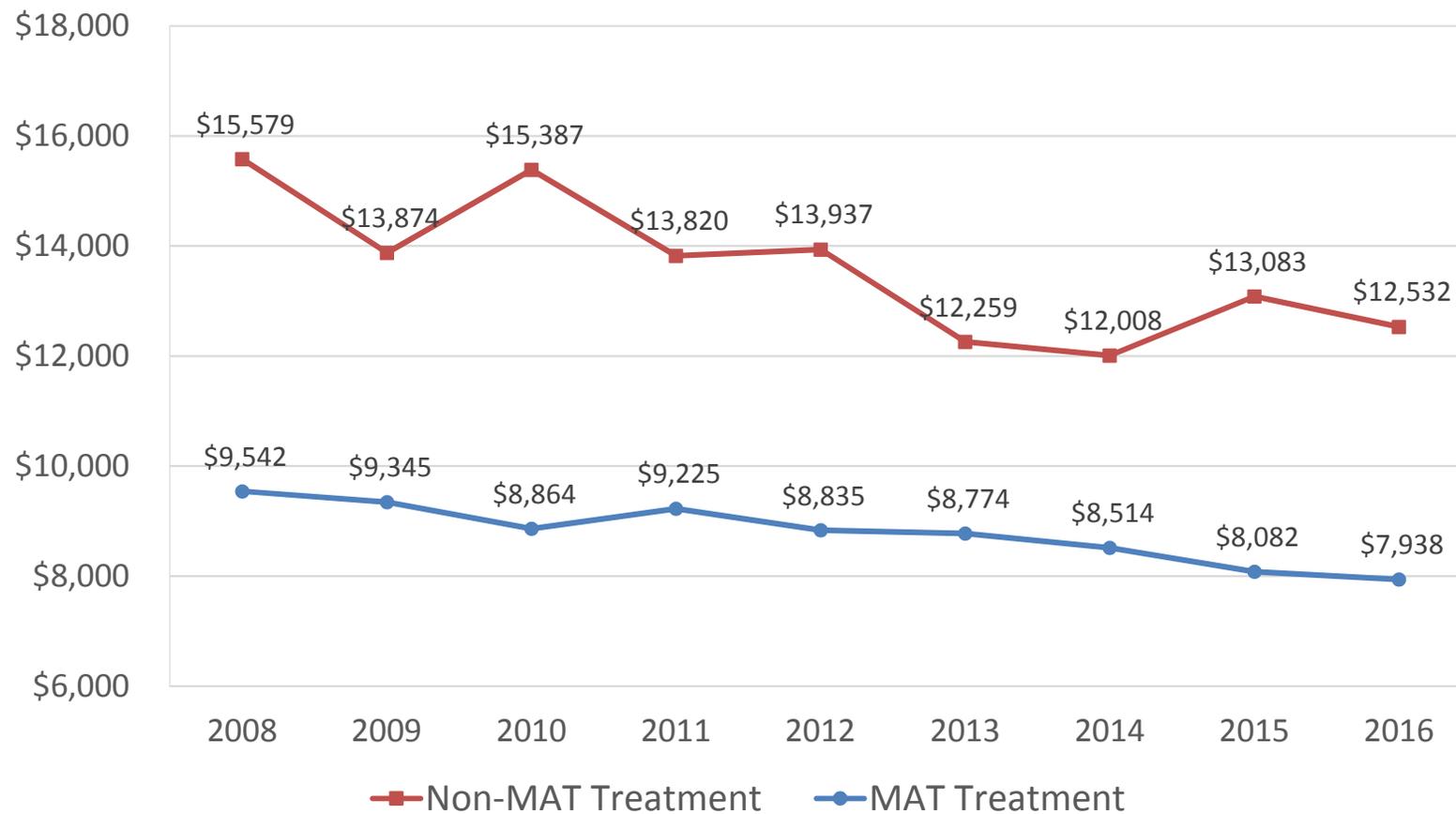


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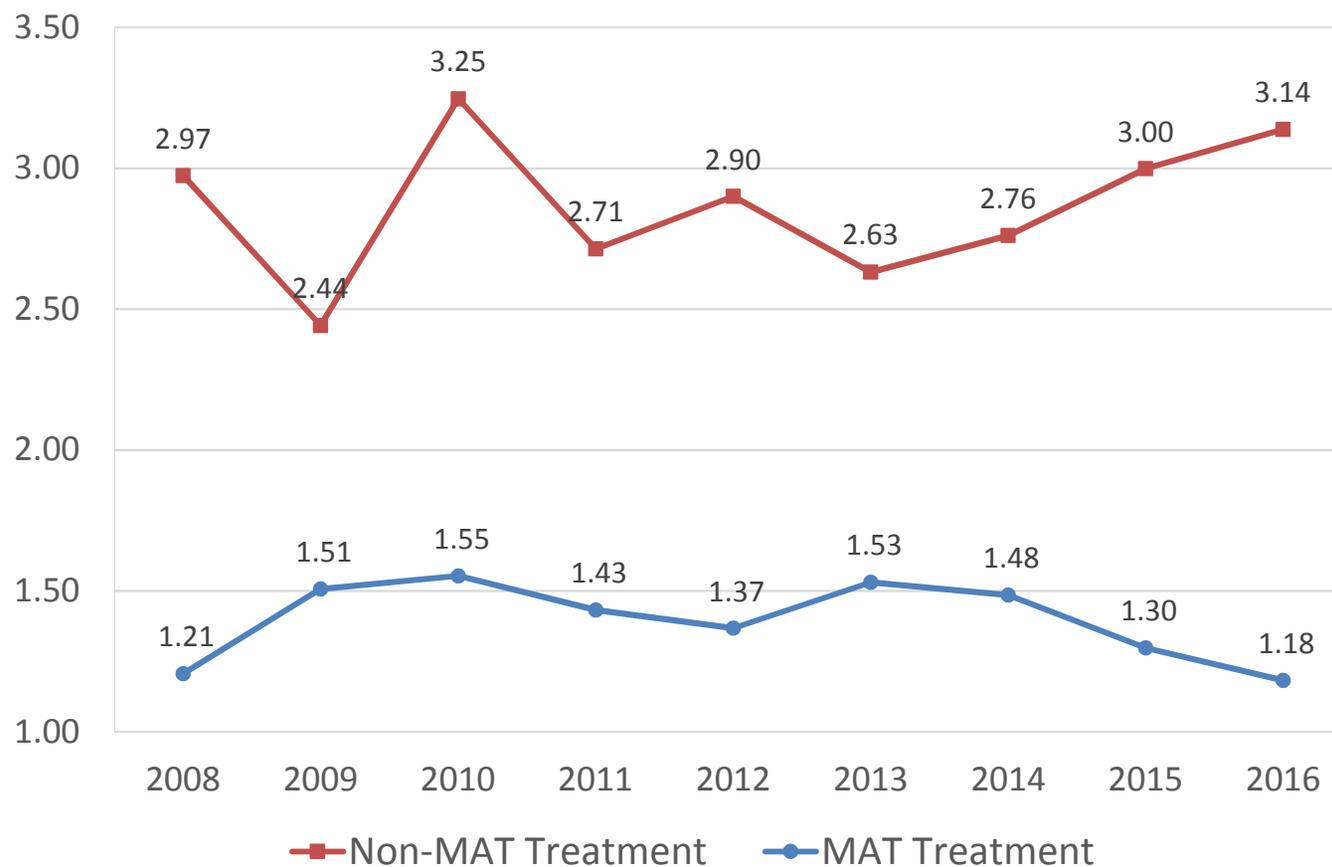
Impact of Hub & Spoke Services on Cost of Care

HUB & SPOKE QUANTITATIVE EVALUATION

MAT and Non-MAT per Capita Rate of Health Care Expenditures, Excluding Opioid Use Disorder Treatment Costs



MAT and Non-MAT per Capita Rate of Total Inpatient Days



Demographics & Health Status, Medicaid Beneficiaries with Opioid Use Disorder

2015 Vermont Medicaid Claims	MAT Treatment Group	Non-Mat Opioid Use Disorder	General Medicaid
Members	5,091	1,578	71,001
Average Age	33.8	34.7	37.3
% Female	54.1	46.7	56.6
% Maternity	14.6	7.6	9.1
% Chronic Conditions	47.6	52.9	33.5
% CRG Significant Chronic	50.4	44.4	23.6
% Depression	32.5	38.3	16.0
% Hepatitis C	15.9	12.3	2.2
% ADD	15.5	14.1	5.0
% Asthma	18.4	17.8	11.5
% Tobacco Dependence	47.6	48.3	15.2
% Other SU	42.3	48.7	8.3
% Mental Health	62.0	67.1	33.7