



Agency of Human Services



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Blueprint for Health

House Appropriations Committee

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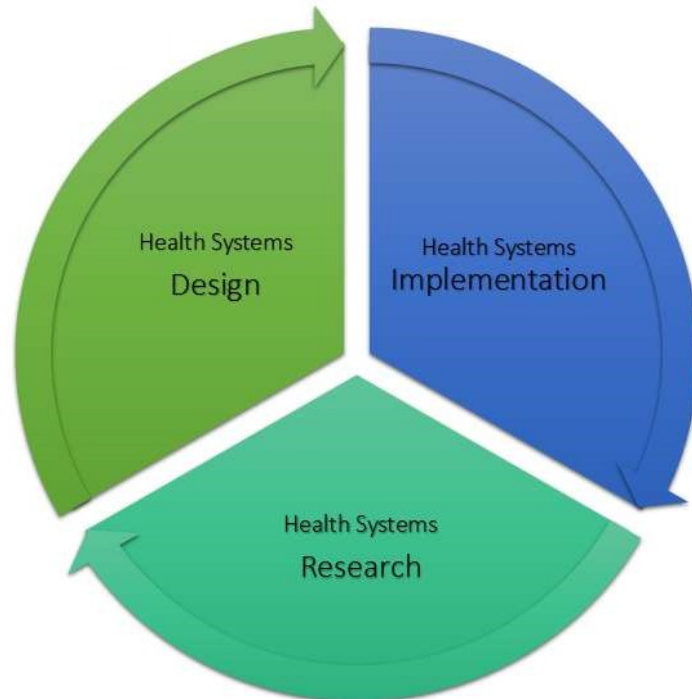
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2018

HIGHLIGHTS & PROGRAM GROWTH



- **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

In Design

- Screening, Brief Intervention, & Navigation to Services (SBINS)
- Pilots of Comprehensive, Integrated Services for Chronic Pain



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.

Research & Evaluation

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

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.

Demographics & Health Status	Practice	HSA
Average Members	2,082	34,499
Average Age	39.6	39.1
% Female	55.6	55.5
% Medicaid	14.5	13.0
% Medicare	23.7	22.2
% Magnitude	2.1	2.1
% with Selected Chronic Conditions	58.1	58.0
Health Status (CMS)		
% Healthy	39.0	43.9
% Acute or Minor Chronic	18.1	20.5
% Moderate Chronic	27.9	24.5
% Significant Chronic	18.4	18.3
% Severe or Catastrophic	1.6	3.3

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Total Expenditures per Capita

Total Expenditures by Major Category

Total Expenditures Excluding SMS

Total Resource Use Index (RUJ) Excluding SMS

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

Figure 2: Practice 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 or Special Medicaid Services.

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

Figure 4: Practice annual risk-adjusted rates and 95% confidence intervals, using price per service instead of total charges, in 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 particular major components of care (e.g., inpatient) and excludes Special Medicaid Services. The practice and HSA are relative to the statewide average (1.00).

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

Figure 4: Practice annual risk-adjusted rates and 95% confidence intervals, using price per service instead of total charges, in 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 particular major components of care (e.g., inpatient) and excludes Special Medicaid Services. The practice and HSA are relative to the statewide average (1.00).

- Data profiles for Patient Centered Medical Homes, Health Service Areas, Hub, Spokes, adding Women's Health
- Program evaluation tracks quality, costs, utilization
- Peer-reviewed publications confirm methodology, spread knowledge

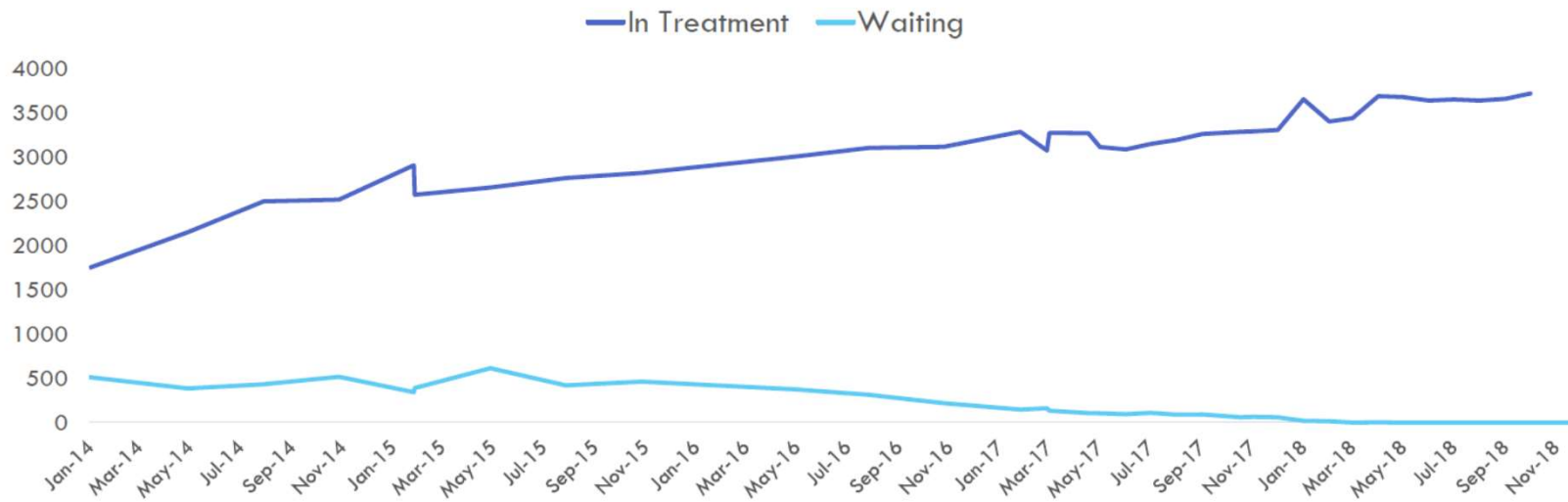
Health Services Network

Key Components	December, 2018
Patient Centered Medical Homes	136 Practices
Primary Care Providers	830 Unique MD, DO, APRN, & PAs
Primary Care Patients	314,952 (Attributed in VHCURES)
Women's Health Practices	21 Women's Health Practices 18 Primary Care Practices
Community Health Teams (CHT) Staff	307 Full Time Equivalent (FTE)
CHT – Patient Centered Medical Homes	162 FTE
CHT – Spokes	65 FTE
CHT - Women's Health Initiative	12 FTE
SASH Staff	68 FTE

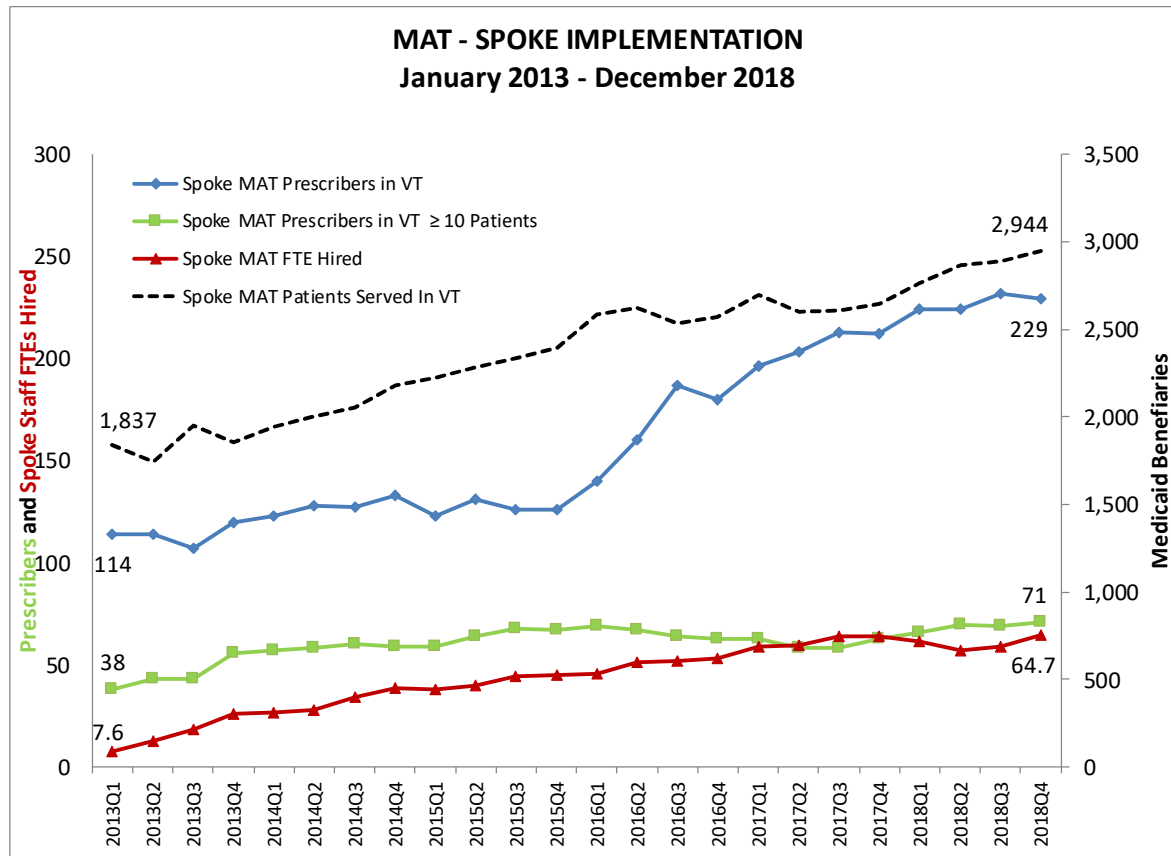
Projected BP Payments SFY19	Insurers					
	Medicare	Medicaid	MVP	BCBSVT	Cigna	All Insurers
Practice and CHT Payments Total	\$7,895,720	\$14,731,108	\$676,039	\$8,212,081	\$54,487	\$31,569,434
						\$31,569,434
Spoke MAT CHT		\$5,914,650				\$5,914,650
PCMH	\$4,126,493	\$7,303,988	\$676,039	\$8,212,081	\$54,487	\$20,373,087
Core CHT	\$2,283,761	\$3,508,233	\$288,091	\$3,788,506	\$23,700	\$9,892,291
Practice PMPM	\$1,842,732	\$3,795,755	\$387,947	\$4,423,575	\$30,787	\$10,480,796
SASH	\$3,769,227					\$3,769,227
WHI		\$1,512,470				\$1,512,470
Patient Centered Medical Homes						
		\$99,134				\$99,134
One-Time		\$40,000				\$40,000
Practice PMPM		\$59,134				\$59,134
Women's Health Specialty Practices						
		\$1,413,336				\$1,413,336
CHT		\$1,086,421				\$1,086,421
One-Time		\$50,000				\$50,000
Practice PMPM		\$276,915				\$276,915

Hub Growth, Waitlist Reduction

Number of People in Hubs and Waiting for Hub Services Over Time



	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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18		
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	3653	3403	3439	3689	3679	3639	3650	3637	3657	3718			3750	
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	20	15	0	2	0	0	0	0	0	0	0	0	0	0





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Impact of Patient Centered Medical Homes and Community Health Teams

BLUEPRINT EVALUATION

Total Expenditures by Category of Primary Care Attribution, Unadjusted

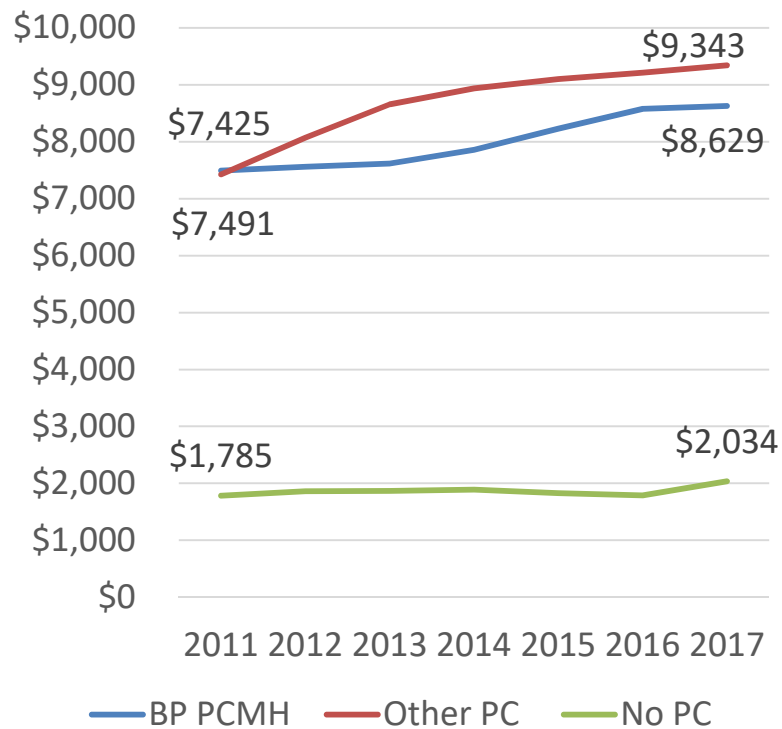
Category	BP PCMH (289,095)		Other Primary Care (96,424)		No Primary Care (41,008)	
	2017 PMPY	Annual Growth	2017 PMPY	Annual Growth	2017 PMPY	Annual Growth
Inpatient*	\$1,791	0.44%	\$2,113	2.75%	\$420	1.16%
Outpatient*	\$2,158	2.10%	\$2,636	6.33%	\$446	0.15%
Professional	\$1,678	1.02%	\$1,825	2.05%	\$417	2.67%
Pharmacy	\$1,547	4.02%	\$1,782	7.40%	\$338	5.73%
Other	\$261	(1.51%)	\$291	1.13%	\$37	(5.81%)
SMS**	\$966	4.9%	\$622	(3.2%)	\$361	3.13%
Blueprint	\$96	15.2%	\$0	—	\$0	—
ACO Capitated	\$132	—	\$74	—	\$15	—
Total	\$8,629	2.39%	\$9,343	3.90%	\$2,034	2.20%

*Facility claims

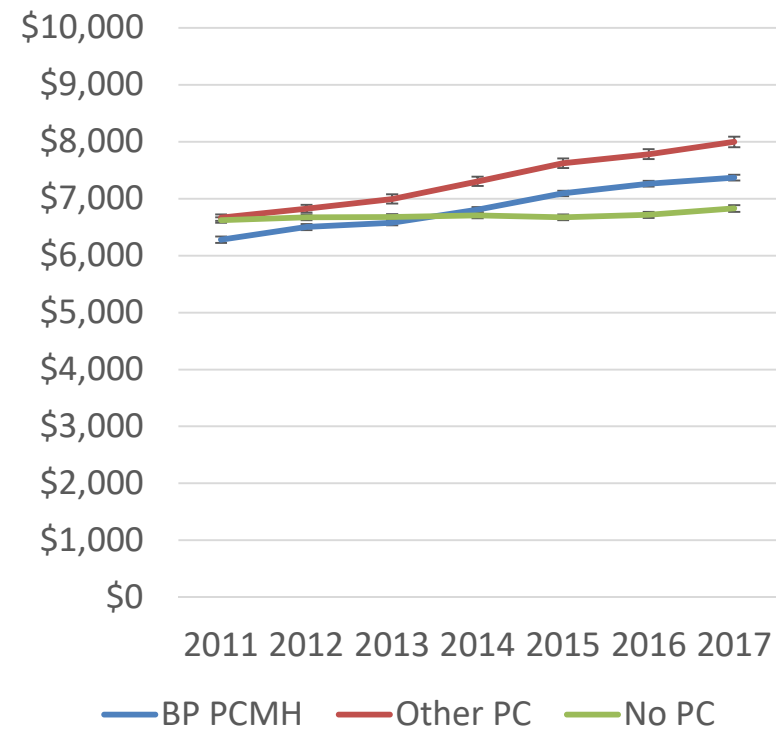
** Special Medicaid Services e.g. services that other insurers typically do not pay for (transportation, rehabilitation, Home and Community Based Waiver services)

Total PMPY Expenditures by Primary Care Attribution

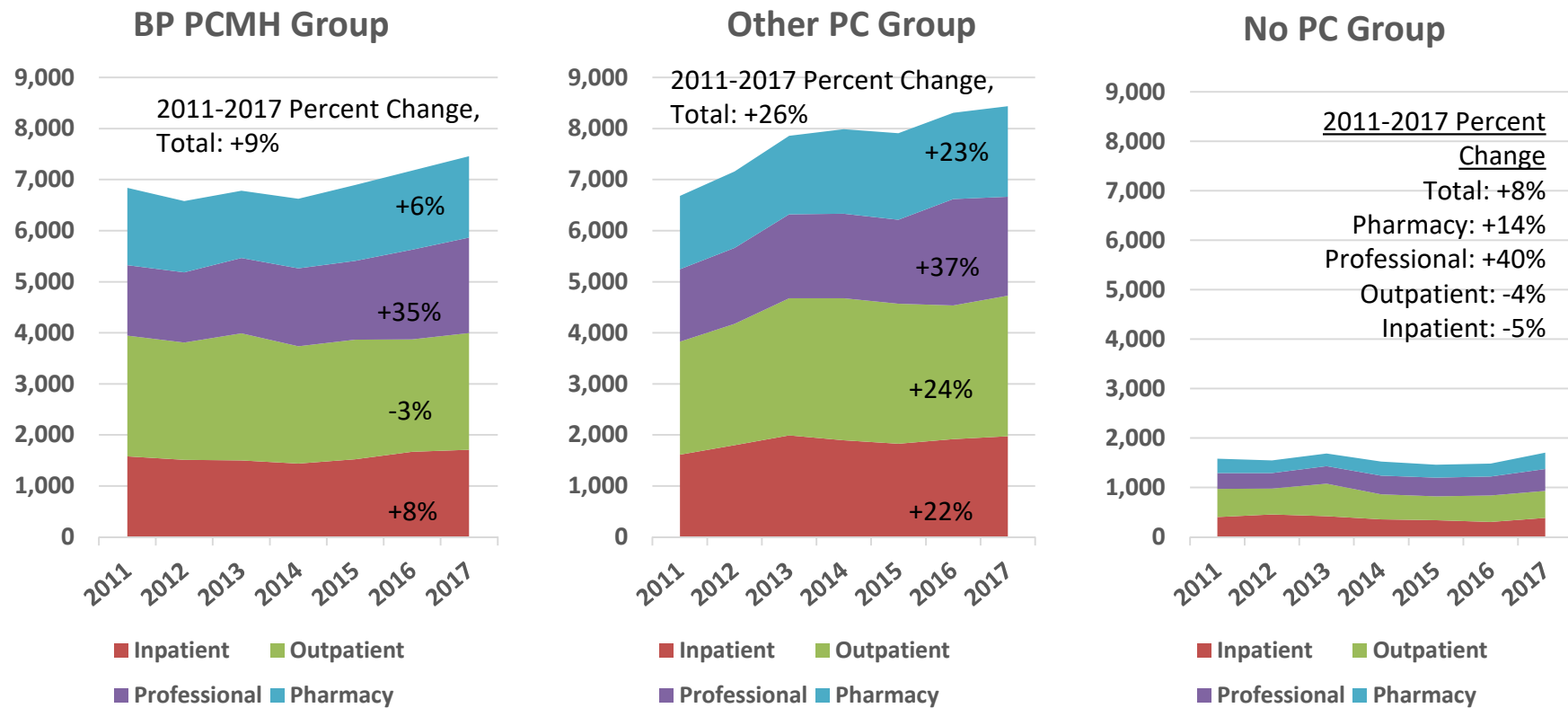
A. Unadjusted PMPY Expenditures



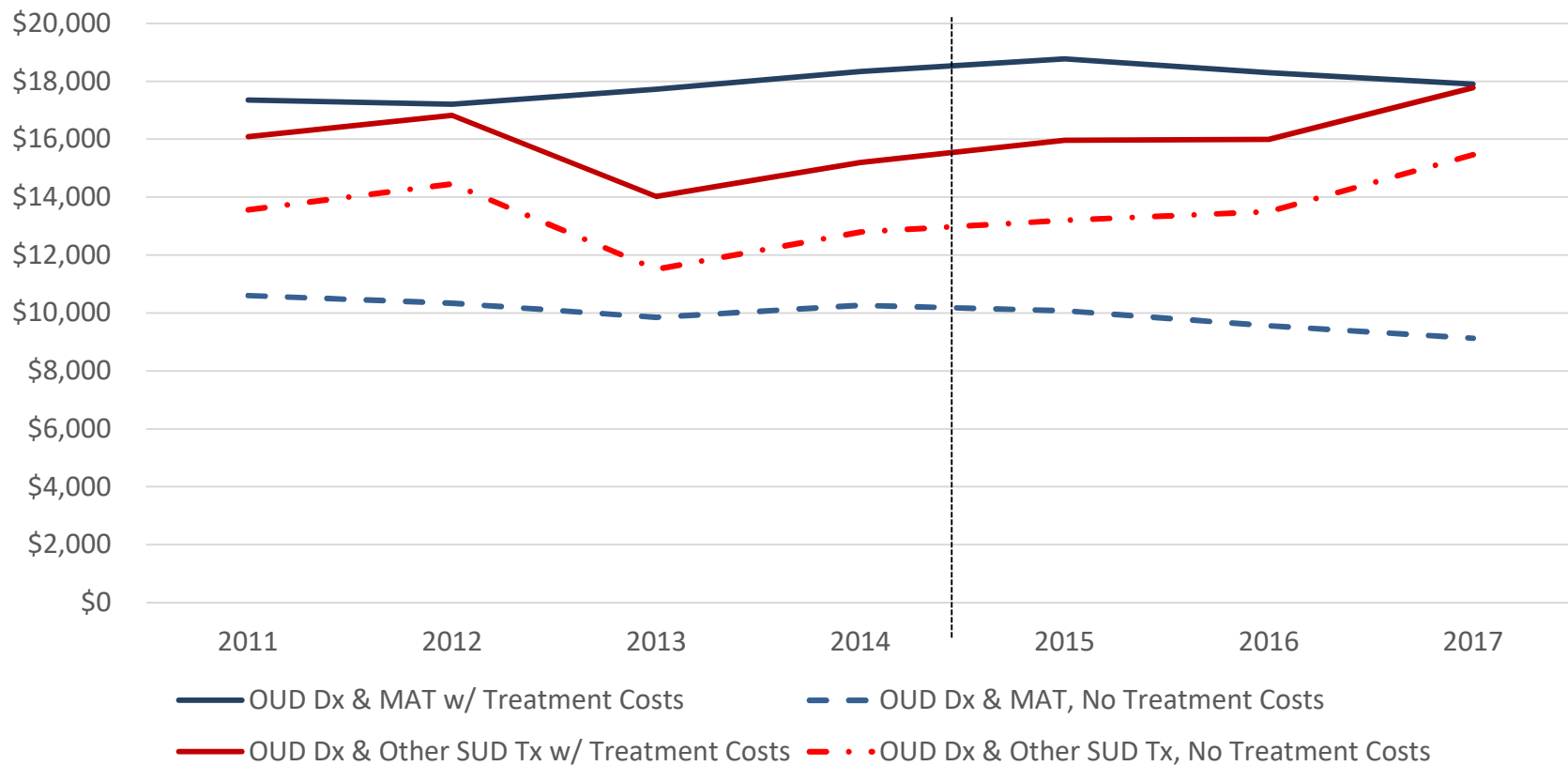
B. Adjusted PMPY Expenditures



Total Resource Use, by Primary Care Category



Expenditures for Populations with OUD, Including and Excluding Treatment Costs, Unadjusted



Inpatient Hospitalizations for Populations with OUD, Per Member Per Year

