



To: House Committee on Health Care
From: Jessa Barnard, Vermont Medical Society
Date: April 20, 2022
RE: Support for S. 285, Section 7 – Blueprint for Health

The Vermont Medical Society is the largest physician membership organization in the state, representing over 2400 physicians, physician assistants and medical students across all specialties and geographic locations. The mission of the Vermont Medical Society is to optimize the health of all Vermonters and the health care environment in which Vermont physicians and physician assistants practice medicine.

Please accept these written comments in support of Section 7 of S. 285, regarding investment in the Blueprint for Health. VMS believes that continuing investment the Blueprint for Health is an important part of increasing access to care and supporting the sustainability of primary care. We regularly hear from our primary care members how critical this program and funding is to supporting patient needs. Based on feedback from our practices, we particularly support examining the appropriate level of all-payer investment in Community Health Teams and quality improvement efforts.

Community Health Teams

Blueprint primary care practices in Vermont are supported by Community Health Teams (CHTs), which are multidisciplinary teams of dedicated health professionals in each of the state's health service areas. The CHTs support primary care providers in identifying root causes of health problems, including screening for mental health needs, substance use disorders, and social determinants of health, and include staff such as social workers and mental health counselors. Our primary care practices continually report to us that patient need far exceeds the CHT team availability and more funding could support CHT staff to serve additional patients.

Funded by Medicaid, Medicare, and major commercial insurers, access to local CHTs is offered to patients with no co-payments, prior authorizations, or billing. Further, these services are available regardless of whether the individual is attributed to the ACO or even a non-participating payer such as a self-insured plan. Funding for core CHT staff has been relatively flat since 2011 with minor adjustments in 2015.

Community-Based Facilitation of Health Reform

Quality Improvement Facilitators have also had an important role in assisting primary care practices in meeting new health care reform initiatives and challenges. Originally, titled Practice Facilitators, these individuals supported practices in meeting National Committee of Quality Assurance (NCQA) standards to achieve patient-centered medical home recognition. They continued to work with practices to maintain this recognition, part of which included continuous quality improvement efforts based on actionable data. As the health care system, including primary care, considers shifting to value-based care, practices will need support in adapting how care is best delivered and managed under an alternative payment method. The Quality Improvement Facilitators can play this role for practices with their whole patient population in mind.

Thank you for the opportunity to comment. I am happy to provide any clarification either verbally or in writing.