

Dear Chair Lyons and Members of the Senate Health and Welfare Committee,

In listening to the conversation you had with Donna Kinzer this morning, I wanted to let you know about a project we are working on to extend value based payments to independent primary care practices (press release attached). The goal of the Vermont Blue Integrated Care program improves patient quality and cost outcomes, while supporting the care management programs and expanding patient benefits. This program is designed to either supplement the work being done by the All Payer Model through practices working with OneCareVT or those without an agreement.

This arrangement allows for additional integrative primary care monitoring and care management that are resulting in higher levels of success for Blue Cross members. We began this with a pilot agreement with Evergreen Family Health. This partnership tests the keystone of health reform, pairing shared risk and paired with measurable patient quality outcomes. Together we will track four meaningful areas of patient health: uncontrolled diabetes; hypertension; FIT testing for colorectal screening; and risk adjustment coding.

The quality measures were carefully chosen to reflect patient health improvements and cost reduction. In each, the goal is to make it as simple as possible for both the patient and the provider to reach success. These are concerning areas in health care where we can do better to manage chronic conditions and common concerns.

For example, for individuals with uncontrolled diabetes, Blue Cross will support the practice in purchasing continuous glucose monitors for patients who are poorly managing their blood-sugar levels. These are people who are not yet insulin-dependent but are actively managing their nutrition. With this intervention, the patient can see in real time how their body and blood sugar respond to a double cheese pizza with pepperoni. Often, seeing is believing. The monitor, along with nutritional counselling can help them to make dietary changes that they can see and feel. The goal for the practice is to achieve a 1 point drop in A1C blood test results—which can mean the difference between the patient being a controlled versus an uncontrolled diabetic.

The concept behind the hypertension quality measure is similar. A reliable at home blood pressure cuff allows patients to take readings at home. This helps the patient and their providers to monitor blood pressure readings in the real world rather than just getting a snapshot during an office visit. This information allows for a more individualized treatment plan by adapting dietary changes, lifestyle interventions, and medication regimens.

The fecal immunochemical test (FIT) is an alternative to a colonoscopy. The FIT test offers a less invasive, lower risk, and lower cost alternative to a surgical intervention. Because of its ease and convenience, FIT testing has much higher compliance among all populations. The test can be done annually at home, for individuals who are at average risk for colon cancer. The American Cancer Society recommends colorectal screenings begin for individuals over 45. If the FIT test returns a positive result, the provider would recommend a colonoscopy.

As the fourth quality measure, the risk adjustment process provides Blue Cross with additional data to identify patients with chronic conditions and for their provider to develop care management programs and prevention initiatives to better serve them. Blue Cross intends to expand this program to additional primary care practices statewide in 2022.

I would be happy to keep you apprised of the program as it evolves.

All the best,

Sara Teachout