

## **Vermont Blueprint for Health: Path to Program Evolution and Expansion**

As Vermont treads the path to recovery from the COVID-19 global health pandemic, access to health care and human services is a top priority for the Agency of Human Services and the Blueprint for Health.

Preventive and necessary services have been deferred by Vermonters due to pandemic isolation, workforce availability, and new demands on the system. Further, need for mental health and substance use disorder care has grown significantly from pre-pandemic levels.

Expansion of Blueprint for Health must be driven by the principle of increasing access to health and human services for Vermonters. Program expansion and evolution should support:

### **Improving access to care and services for Vermonters**

- a. Primary Care
- b. Care Coordination Services
- c. Mental Health and Substance Use Disorder Services

#### **Primary Care**

- Conduct system assessment on primary care access
  - How has the pandemic impacted access to primary care in Vermont?
  - What other factors impact access to primary care in Vermont?
  - Are practices open to new patients?
  - Can established patients see their providers when need arises?
  - Are Vermonters receiving primary care in the appropriate setting?
- Utilize quality improvement facilitator network to develop primary care access learning collaborative and;
- Support learning collaborative to promote best practices for referral to specialty care and develop implementation plan for improving primary and specialty care integration.
- Evaluate state level performance relative to existing Primary Care Medical Home (PCMH) standards and identify future focus areas to promote health equity.

#### **Care Coordination Services**

- In partnership with the Agency of Human Services Field Services and the Vermont Chronic Care Initiative (VCCI) Identify gaps in care management and care coordination and assess opportunities for more seamless coordination.

#### **Mental Health and Substance Use Disorder Services**

- Expand and standardize Spoke model of care across all payer types with initial focus on commercial payer participation in spoke model of care
  - Address spoke quality and performance as more “spoke only” providers integrate into Hub and Spoke model
- Adapt Hub and Spoke treatment model to support care for poly-substance dependency and to support further integration with mental health care.
- Expand Women’s Health Initiative model of screening and referral to social supports to all Blueprint practices.

- Determine necessary expansion of Community Health Teams (CHT) to support the goals stated above.
- Support Vermont Health Information Exchange (VHIE) activities to expand access to SDOH data.

#### **Longer-Term Goals and Role for Blueprint for Health**

- The Blueprint for Health serves as the foundation for integrated preventive care and for complex care coordination, both of which are central and necessary activities to maintain and expand in a value-based reimbursement model for health and human services. As the State of Vermont explores new approaches to an All-Payer Model for value-based reimbursement, the Blueprint for Health program and infrastructure will be critical considerations, including potential additional expansion and evolution of program. Simultaneous and integral to the approach to developing a new All-Payer Model the work of the Mental Health Integration Council as well as the work of AHS and the HIE Steering Committee Population Health Subcommittee to develop a data governance model, including data sources, data standards, data access and needed policies and procedures for the aggregation and exchange of Social determinants of health (SDOH) data.