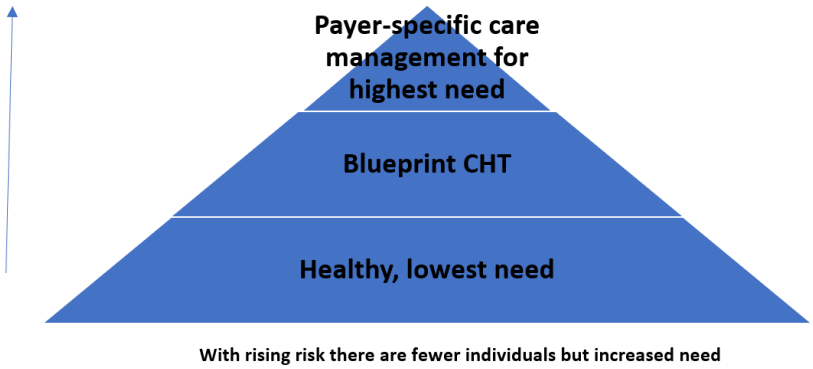
Joint Task Force on Affordable, Accessible Health Care
October 28, 2021

Policy Option: Expansion of the Vermont Blueprint for Health



Description

The Vermont Blueprint for Health (Blueprint) supports participating primary care practices to become recognized Patient Centered Medical Homes and provides multi-disciplinary community health teams (CHTs) that serve patients with any or no insurance at practice sites. Past Blueprint expansions include the Hub and Spoke System of Care for individuals with opioid use disorder (OUD) and the inclusion of women's specialty care practices in the Women's Health Initiative (WHI).

This policy option would support, and where appropriate, build upon the capacity of existing Blueprint services, in particular the areas of mental health and maternal health services. It would also move toward reducing cost sharing for primary care visits.

Improvements in the coordination of selection criteria across programs to include exclusion of individuals enrolled in payer, provider, and ACO specific programs would be part of this enhanced effort. It would expand the use of data for patient identification and risk stratification to identify those Vermonters who are most in need of Blueprint CHT services. It would also include enhanced reporting, including standardized return on investment reporting to inform outcomes by provider.

Who Will It Affect, and How?

It will affect primary care and women's specialty patients with any or no health insurance, who are identified as needing services by participating Blueprint practices via risk stratification, provider referrals, and screening for health-related social needs (HRSN) including mental health (MH)

Why?

Improving coordination among and between existing programs in Vermont including consolidating identification and stratification and reporting efforts at the population level can allow for standardization of return-on-investment analysis and reduce redundancy of efforts. The Blueprint is a trusted existing community-based program that is currently supported by all payers making it an ideal vehicle for expanding efforts that support improved clinical outcomes. Missing today is the population level combined identification and stratification to allow for the efficient allocation of resources across payers, providers, and the ACO. The Blueprint should be leveraged in a fashion that plays to the strengths of the model without taking decision making authority from the providers, the ACO, nor the

payers. The powerful impact that can be had on access to scarce CHT and other care management resources with improved coordination can be realized in a model where front-end identification and stratification happens at the population level and reporting on outcomes is standardized across programs.

Expected Outcomes

Coordination across existing programs will create efficiencies and allow for scarce resources to be targeted more effectively. Return on investment standardized reporting will provide the necessary information to allow successful programs to gain support and investment. The Blueprint as an all-payer community-based model integrated with the payer, provider, and ACO supports can continue to provide the supports it always has while allowing for change and growth that is targeted and measured in a standardized fashion.

The measurement itself will allow for expansion and contraction of resources on a year over year basis as consumer needs change from area to area. The data is the key to proper allocation of a population health initiative's resources.

State Activities

Many states have programs that fund Blueprint-type services including screening for HRSN and embedding care management and behavioral health services in primary care practices. Maryland's Primary Care Program[1] is similar to the Blueprint in that separate entities (in Maryland they are Care Transformation Organizations and in Vermont they are Health Service Area Entities) hire and manage an interdisciplinary care management team capable of furnishing an array of care coordination services to patients attributed to participating practices.

Further research

Vermont-specific data analysis will surface the current Blueprint service reach and identify needs and opportunities for expansion.

[1] https://health.maryland.gov/mdpcp/Pages/home.aspx