BLUEPRINT EXPANSION PILOT UPDATE

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BLUEPRINT FOR HEALTH

- Established in 2011 to promote high quality care that integrates advanced primary care, specialty care and community-based services to impact Vermonters' health and wellbeing.
  - Advanced primary care includes prevention services for people with complex health and social needs.
- Supported by multi-payer participation, the foundation is built upon multi-disciplinary Community Health Teams that provide care coordination and linkages to services across the care continuum.

BLUEPRINT FOR HEALTH

- Building on the Patient-Centered Medical Home and Community Health Team model are:
  - Hub and Spoke System of Care supports primary care practices providing medication for opioid use disorder treatment.
  - Pregnancy Intention Initiative (formerly called Women's Health Initiative) ensures access to services that support pregnancy intention.
  - New in 2023, the Community Health Team Expansion Pilot initiative aimed to address mental health, substance use disorder, and social determinants of health within primary care.

BLUEPRINT FOR HEALTH EXPANSION PILOT RATIONALE

- Since its beginning, the Blueprint has demonstrated results in improving health care and managing costs.
  - The annualized rate of growth in health care claims is 0.3% lower for Blueprint attributed lives than for Non-Blueprint attributed lives.
- Vermont is facing a crisis in care access for those with Mental Health or Substance Use (MH/SUD) conditions.
  - Since 2019, the number of Vermonters with at least two outpatient MH/SUD claims has increased by nearly 7%.
  - Since 2019, the number of Vermonters with at least one claim for psychotherapy services has increased by 11%; in 2022, over 20% of individuals had a claim for some type of psychotherapy.

EXPANSION PILOT

- Vermont's Legislature acted on this crisis and, in 2023, authorized a 2-year Pilot Expansion to address the challenges.
- Act 78 of 2023 authorized significant funding

  "for a two-year pilot to expand the Blueprint for Health Hub and Spoke program. Funds shall be used to expand the substances covered by the program, include mental health and pediatric screenings, and make strategic investments with community partners."
- To craft this Pilot, the Blueprint turned to stakeholder groups and data.

PILOT DEVELOPMENT: COMMUNITY ENGAGEMENT

- Generating programming informed by the current mental health landscape of VT began with an intentional effort to engage the community at each step of the expansion process.
- 9 Blueprint Executive Committee Meetings since beginning of 2023. Executive Committee includes:
    - A "consumer representative" (an individual with lived experience)
    - Professional societies
    - Community-based organizations
    - Providers
    - Rep. Lori Houghton

PILOT DEVELOPMENT: COMMUNITY ENGAGEMENT

- 13 Expansion Workgroup Meetings between March and June 2023
  - Program Design (6 meetings):
    - Representatives from providers, quality improvement facilitators, consumers, partner organizations (Clara Martin Center, VMS, VAHHS, Family Child Health, DSU, VDH, DMH, DULCE, VCHIP).
  - Measurement and Evaluation (5 meetings):
    - Representatives from providers, insurers, quality improvement facilitators, quality measurement contractors, consumers, partner organizations (NCQA, Bi-State, VMS, VDH, DMH).
  - Payment (3 meetings):
    - Representatives from providers, program managers, quality improvement facilitators, partner organizations (DVHA, DULCE, VMS, Health First).

PILOT DEVELOPMENT: COMMUNITY ENGAGEMENT

- 3 Public Q&A Sessions in July 2023
  - 75 attendees on 7/17 representing hospitals, practices, providers, payers
  - 80 attendees on 7/19 representing hospitals, practices (independent and FQHCs), providers, payers
  - 61 attendees on 7/21 representing hospitals, designated agency, Bi-State, Home Health/Hospice, practices (independent and FQHC), American Academy of Pediatrics, and VMS

PILOT DEVELOPMENT: COMMUNITY RESPONSE

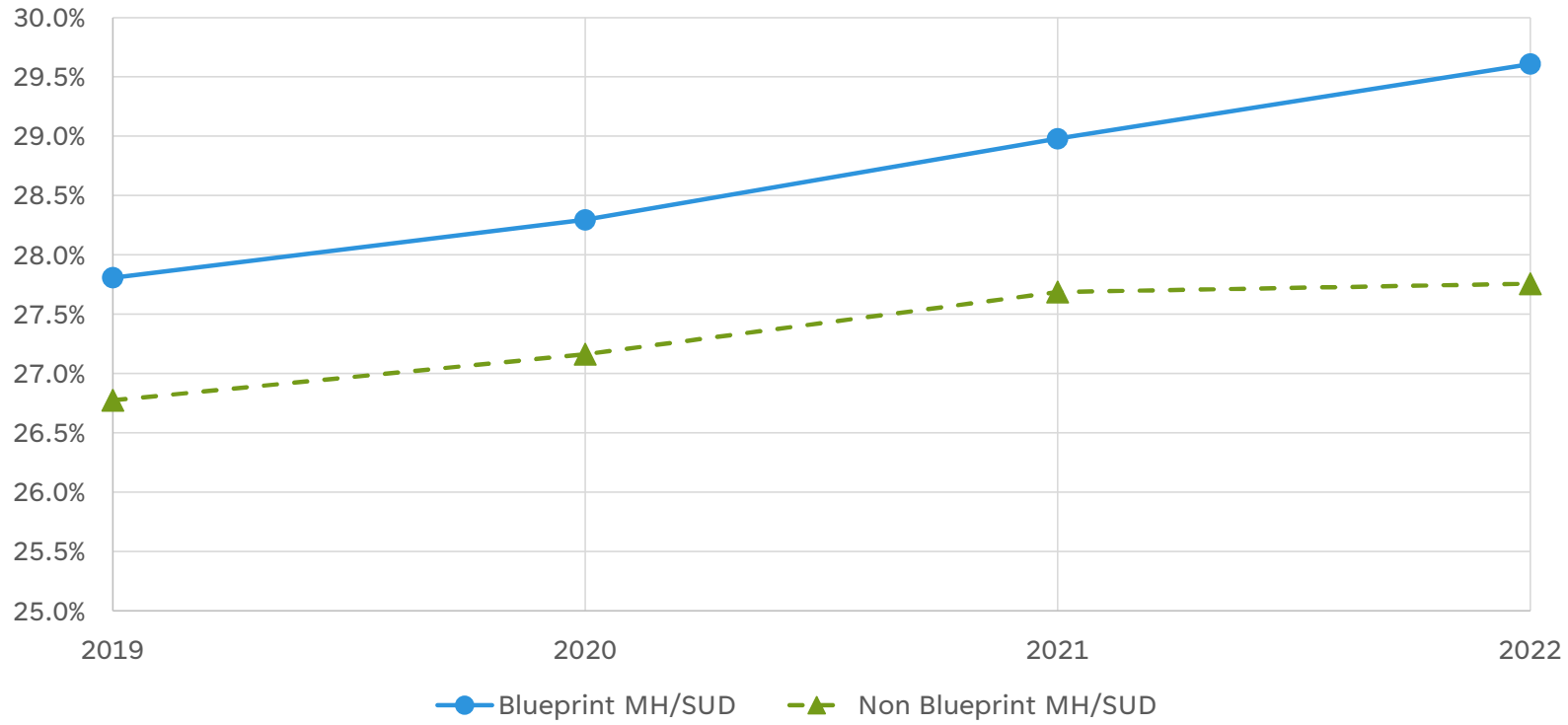
- Importance of:
  - Community health teams in improving the efficiency, effectiveness, and resilience of primary care clinicians across the state
  - Screening for mental health concerns, substance use disorders, and social determinants of health within the primary care setting
- Recognition of:
  - High rates of depression, anxiety, and other mental health concerns within the community, particularly among children and adolescents.
  - Challenges with specialty referrals and community resource needs.
- A need for:
  - Community Health Team expansion, including additional community health workers, social workers, and mental health clinicians
  - Supporting patients with polysubstance use disorders and co-occurring diagnoses within the primary care setting

PILOT DEVELOPMENT: DATA REVIEWS

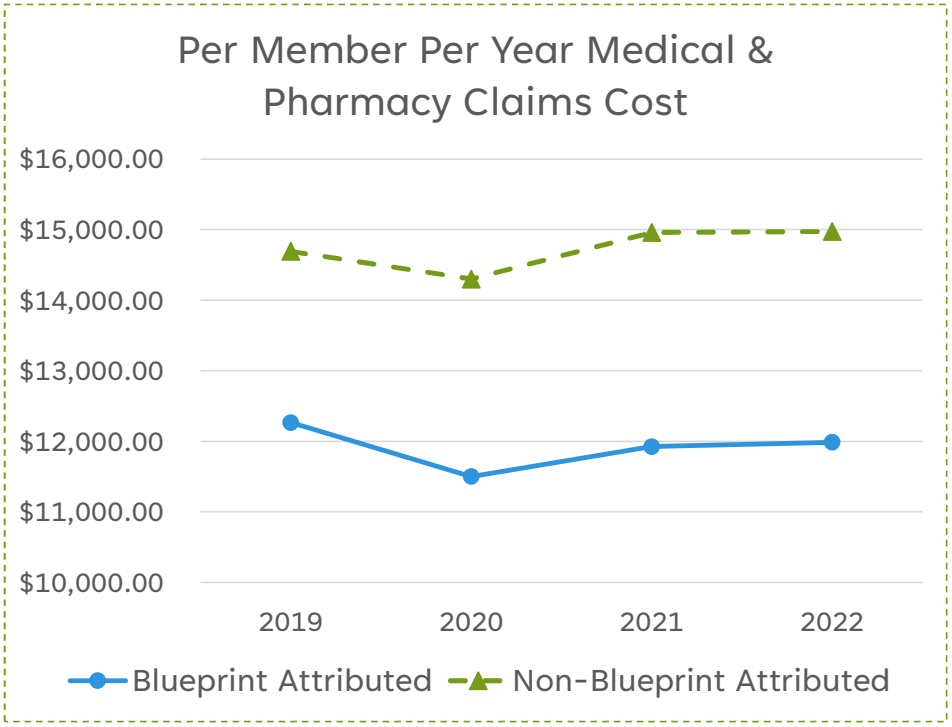
- Dataset represents claims filed in fiscal years ending 2019-2022 that were reported to the VHCURES all payer claims database.
- Individuals were categorized as attributed to a Blueprint Primary Care practice or attributed to a Non-Blueprint Primary Care practice based on claims data.
- Individuals were classified into a MH/SUD category if they had at least 1 inpatient or at least 2 outpatient claims reported with any relevant (SAMHSA ICD-10-CM) diagnosis code during the current or prior year.

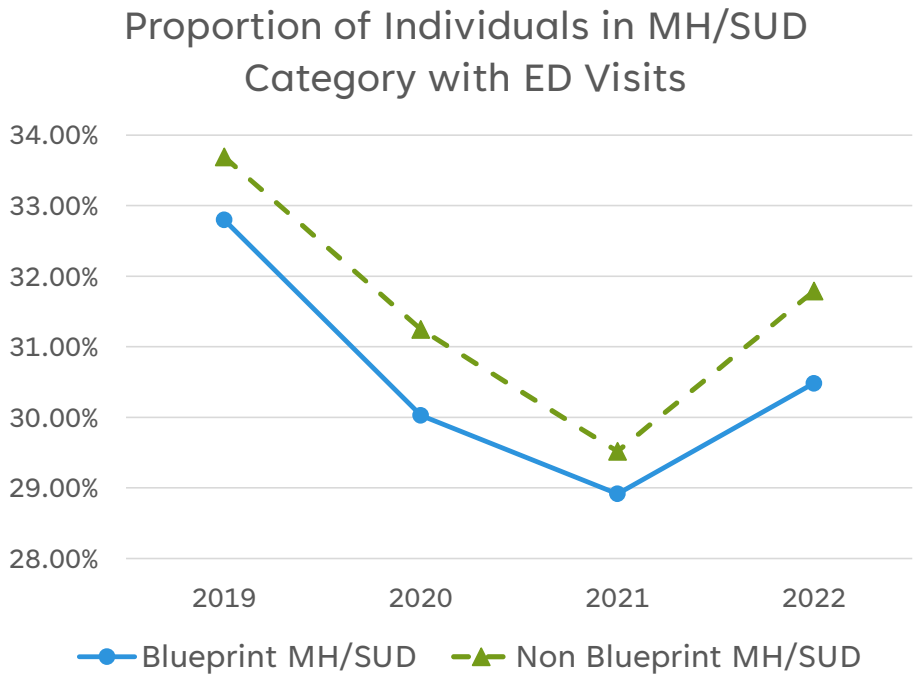
PROPORTION OF INDIVIDUALS IN MH/SUD CATEGORY:

BLUEPRINT PCMH ATTRIBUTED vs NON-PCMH ATTRIBUTED

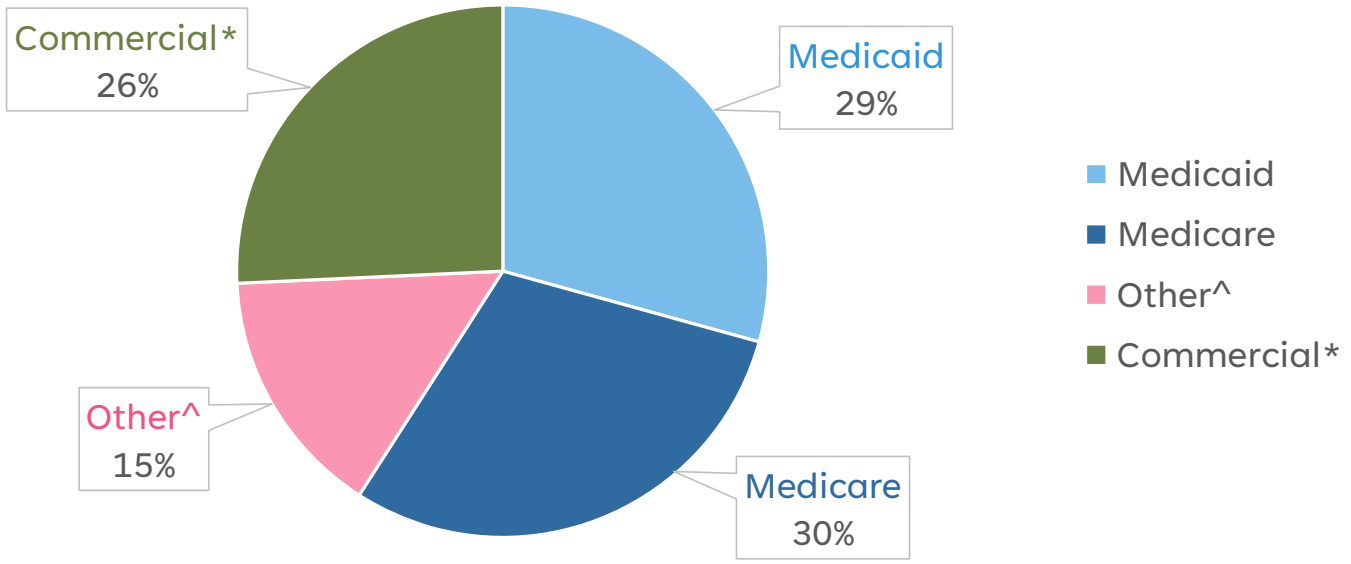


BLUEPRINT EFFECTIVENESS





BLUEPRINT COMMUNITY HEALTH TEAM PATIENTS SERVED: BY INSURER TYPE



*Includes self-funded insurance (ERISA) plans and all other plans under BCBS, MVP, and Cigna; ^includes uninsured, small commercial insurers, non-VT Medicaid, etc.

BLUEPRINT EXPANSION PILOT APPROACH

With this community input and data, the decision was made to take a multi-pronged approach to the Expansion work.

- Expand Community Health Teams (CHTs) to increase the availability of screenings, brief interventions, and navigation to services.
- Extend educational offerings to include mental health and substances in addition to opioids.
- Enhance quality improvement facilitation for integration of Mental Health and Substance Use CHT staff into Patient-Centered Medical Homes.
- Encourage hiring through community partners, e.g., Designated Agencies and Parent Child Centers.

EXPANSION PILOT: EDUCATION AND TRAINING

- CARE Series
  - Monthly Webinars from September 2023 – July 2024. Topics include Alcohol Use, Pain Management, Managing Suicide Risk, Lethal Substances & Overdose Prevention, Culturally Appropriate Mental Health Services, and more.
  - In Person Whole Person Care Conference in June 2024: Enhancing SUD & Mental Health Care.
- Education & Training RFP
  - Seeking contractor to start in 2024 to conduct at least 16 sessions on topics informed by stakeholder surveys. Topics include Social Drivers of Health, Alcohol & Substance Use, De-escalation, Engagement with Patients with Disabilities, Self-care & Compassion Fatigue, and more.

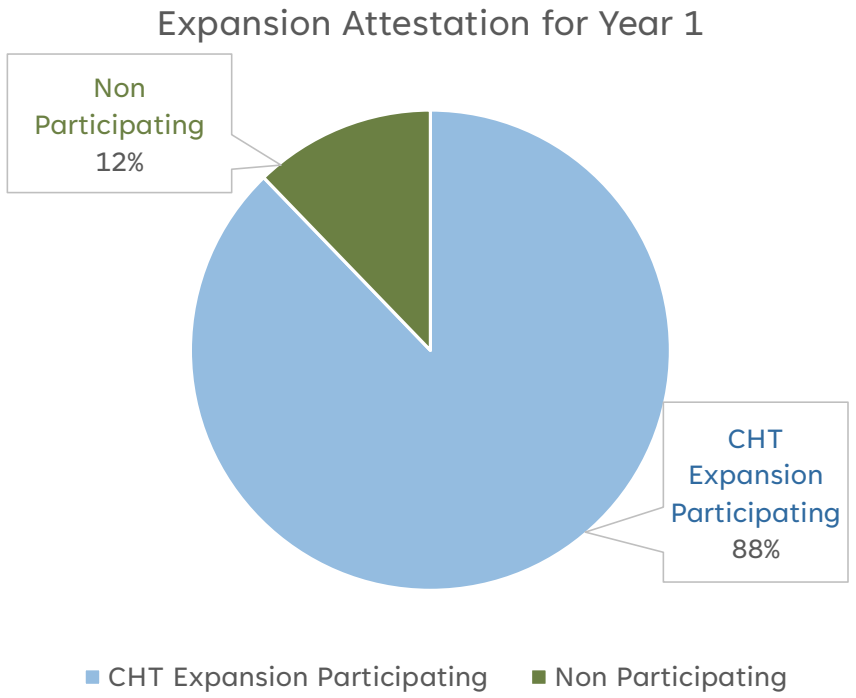
BLUEPRINT COMMUNITY HEALTH TEAM EXPANSION PILOT

The Pilot targets expanding CHTs by directly funding additional CHT staff to provide more of these important services:

- Social Determinants of Health, Mental Health, & Substance Use Screenings
- Brief Interventions
- Navigation to Services
- Extra contacts and warm handoffs in complex cases

BLUEPRINT CHT EXPANSION PILOT

- Practices attest to incorporating additional screenings and embedding staff members into their practices.
  - Attestations are done for participation in each year of the pilot. A practice that opted out of Year 1 may participate in Year 2.
- Attesting practices receive funding to embed additional CHT Staff.

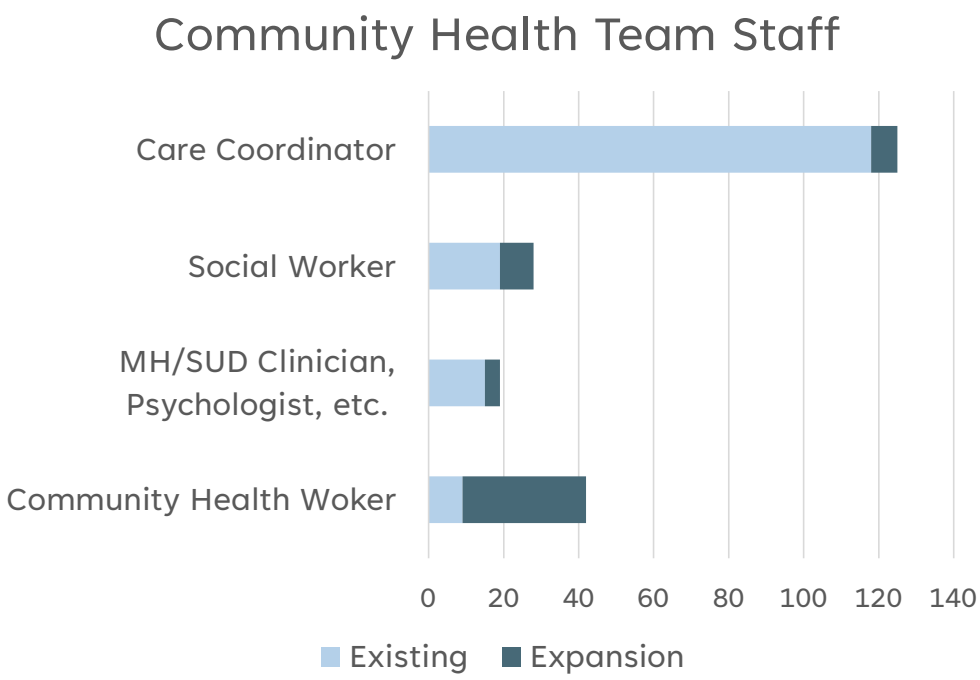


CHT EXPANSION PILOT GOALS

- Embed a staff member in as many practices as possible.
- Base number of embedded staff on Medicaid attributed patients.
- Use increments of 0.5 FTE, 1.0 FTE, and 1.5 FTE for embedded staff.
- Include resources for practices too small for an embedded staff member.
- Ensure funding remains within 2-year budget.
- Make salaries commensurate with desired staff types.

CHT EXPANSION PILOT: CURRENT STATUS

- Funding allowed a total of 82 FTE funded for CHT Expansion.
- To date, 55 individuals have been hired, representing 36.2 FTE positions supporting 55 practices.



CHT EXPANSION PILOT: CURRENT IMPACT

The CHT Expansion is about people caring for people, relationship building, and investing in practitioners who will be there for Vermonters.

> *"I just met with a patient that was here for a follow up. She was screened for depression and suicide and was positive on both. I went in to meet with her and was able to connect her with another CHT member to address underlying causes for depression and later connect about who might be a good fit for a therapist.*
>
> *"However, the part of this that was really impactful is that she had said that she has never shared these thoughts or feelings with others before but because we asked the questions, she did and she was so grateful."*
>
> - CHT Licensed Clinical Social Worker

CHT EXPANSION PILOT: EVALUATION PLAN

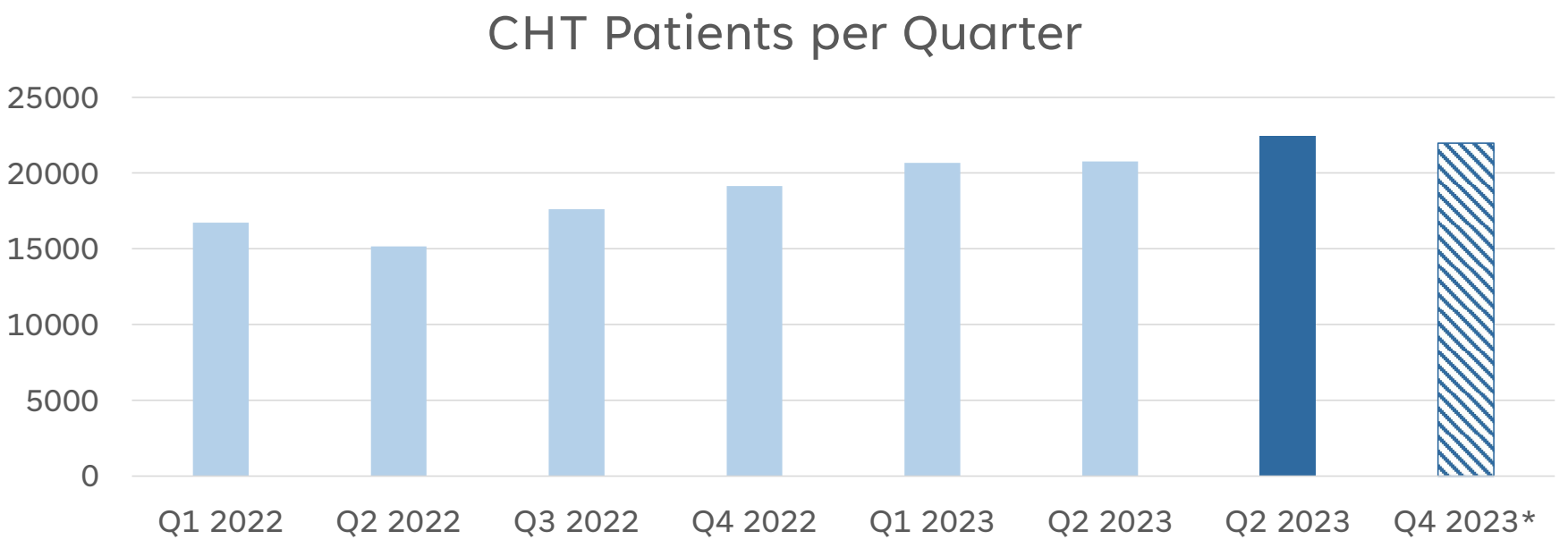
- Two External Evaluations
  - Qualitative Evaluation conducted over two years, including focus groups, interviews, and surveys of patients, caregivers, families, providers, CHT staff, and administrative entity staff.
  - Quantitative Evaluation conducted over two years, including analysis of claims data and detailed analysis of MH/SUD treatment and resource utilization at statewide and practice levels.
- Internal Evaluations
  - CHT Chart reviews conducted by quality improvement facilitators for a repeatable, smaller scale study of CHT screenings and contacts.
  - Tracking CHT encounters and staffing through the Blueprint Portal.

EXPANSION PILOT EVALUATION: BASELINE CHART REVIEW

- Chart Review Baseline: July – September of 2023
  - Sampled 5 charts from each CHT, resulting in over 520 usable entries.
  - 71% of CHT patients had at least one positive screening result.
  - The average number of CHT encounters for a patient was 2.95.

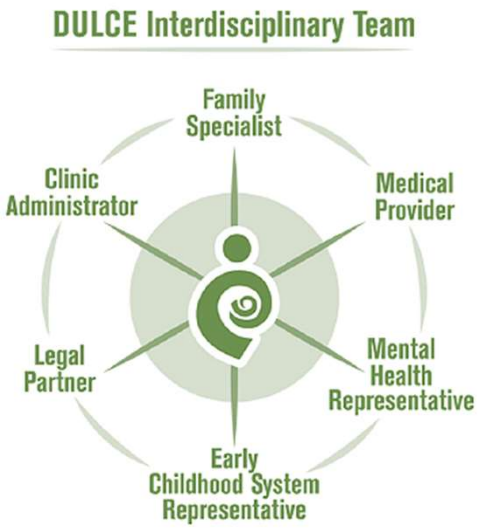
REASON FOR CHT INVOLVMENT	% WITH REASON
Existing mental health concerns	26.5%
Medical concerns (chronic, complex, or otherwise)	23.5%
Care coordination (medication management, care transitions, new patient, referrals, etc.)	21.2%
Financial concerns (includes insurance concerns)	20.8%
Mental health concerns - new	13.3%

EXPANSION PILOT EVALUATION: BASELINE CHT STATUS



*Results for Q4 of 2023 are incomplete, only 11 of 13 HSAs have reported to date (est. 800 additional patients).

EXPANSION PILOT: DULCE



- Developmental Understanding and Legal Collaboration for Everyone
- A model for connecting all families with infants—particularly families struggling with limited resources—to a local community's system of care and supports from the moment the children are born that integrates pediatric, legal and early childhood services
- DULCE is a universal approach for families with infants 0-6 months in pediatric primary care
- DULCE bolsters family strengths via partnerships with families that include:
  - Supporting parenting skills and parent-infant relationships
  - Proactively detecting needs and addressing social determinants of health (SDOH)

DULCE EXPANSION PILOT: ADDED VALUE

Controlling Costs

- Focus on families with infants to reduce risks associated with higher cost
- DULCE interventions lower emergency room use and increases use of preventive services
- More complete and efficient referrals
- Better outcomes, quality and lower costs overall
- Cost avoidance and proven Return on Investment (ROI)

Innovative Care Delivery

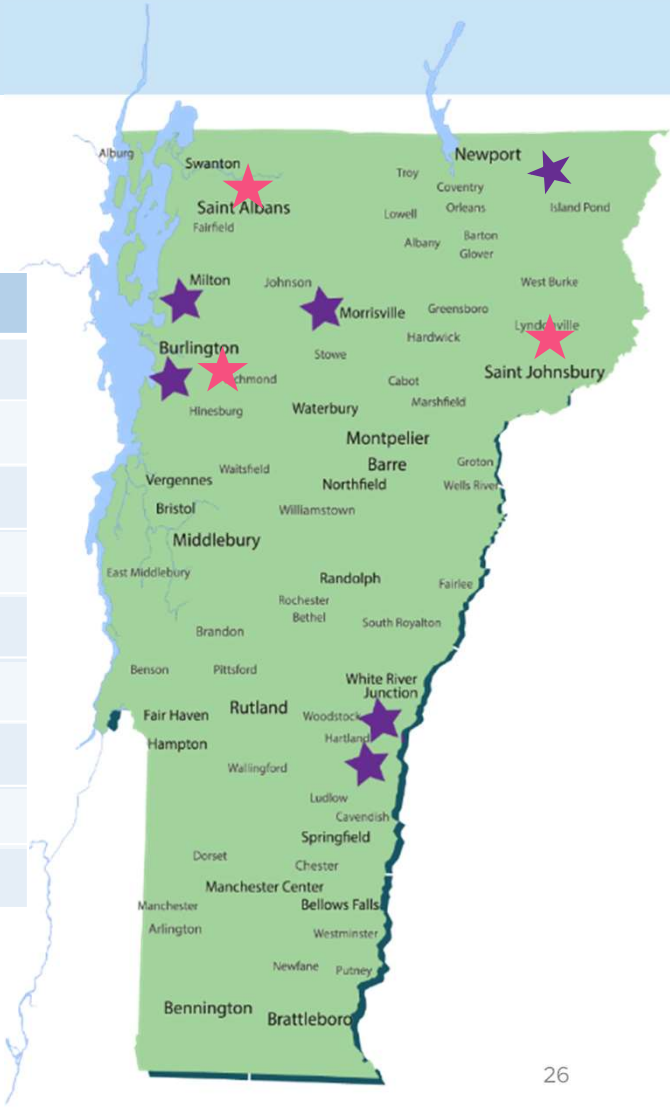
- Evidence-based program combining key elements from several other approaches
- All families screened for SDOH
- Offers family-centered support and concrete resources
- Joint decision-making with parents
- Structured collaboration with other community providers
- Improves the work life of health care professionals
- Grounded in research about what supports infants and families need

Improving Population Health

- Universal for families with infants in pediatric primary care
- Evidence-based program with proven results
- Impact on core child health measures
- Proven results in providing access to concrete supports (e.g. food pantry, SNAP, WIC, telephone services, utility discounts, legal assistance)
- Identification of and impact on system-level barriers to accessing concrete supports (i.e. Medicaid, transportation)

DULCE EXPANSION PILOT: SITES

PARENT CHILD CENTER	PEDIATRIC PRACTICE
Lamoille Family Center	Lamoille Health Partners
Lund	Timberlane Peds South Burlington
Northeast Kingdom Community Action	North Country Pediatrics
Northwest Counseling and Support Services	Timberlane Pediatrics Milton
Springfield Area Parent Child Center	Mount Ascutney Pediatrics
The Family Place	*Practice to be determined*
Northwest Counseling and Support Services	Monarch Maples Pediatrics
Northeast Kingdom Community Action	St. Johnsbury Pediatrics
The Family Room	*Practice to be determined*



◉ Current sites / Blueprint funded ◉ New sites / HRSA funded

EXPANSION PILOT: A PEDIATRIC APPROACH ACROSS BLUEPRINT

- Infuse principles of DULCE across the pediatric lifespan (prenatal through 21)
- Starting first with early childhood (prenatal through age 6)
- Shared training and approach across pediatrics, such as early relational health, screening for SDOH, developmental screening, early childhood system of care (CIS and PCCs), etc.
- Structured partnerships between family-serving systems and pediatrics/family practice, (e.g. Parent Child Centers) to bridge care, including embedding PCC staff in pediatric care where appropriate

BLUEPRINT LEGISLATIVE PROPOSAL

HOUSEKEEPING TECHNICAL FIXES TO 18 V.S.A. §709 AND 18 V.S.A. §702

PROPOSED UPDATES TO 18 V.S.A. §709

(b) The report required by subsection (a) of this section shall include the number of participating insurers, health care professionals, and patients; ~~the progress made in achieving statewide participation in the chronic care management plan, including the measures established under this subchapter;~~ the expenditures and savings for the period; the results of ~~health care professional and~~ patient satisfaction surveys; healthcare utilization and outcomes measures for the populations served by the Blueprint for Health program; ~~the progress made toward creation and implementation of privacy and security protocols; information on the progress made toward the requirements in this subchapter~~; and other information as requested by the Committees.

PROPOSED UPDATES TO 18 V.S.A. §709

- These changes:
  - Reduce confusion between the Blueprint and VCCI.
  - Bring Statute up to date with Blueprint's expanded focus on advanced primary care.
  - Update the status of the Blueprint from a forming program with progress reporting requirements to an extant program with continuing reporting needs.
  - Account for new policies (e.g., HIPPA) that render obsolete some objectives listed in Statute.

ADDITIONAL PROPOSED UPDATES 18 V.S.A. §702

- Other housekeeping updates are suggested for 18 V.S.A. §702, including:
  - Minor grammatical updates
  - Striking language implying the Blueprint is a forming program and replacement with language more suited to the mature Blueprint.
- The full-text of these changes is featured in the handout.