

Blueprint for Health Internal and External Return on Investment (ROI) References

- *Evaluation of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration: Final Report*
 - During 14 quarters of the MAPCP Demonstration and after accounting for the demonstration fees paid by Medicare, the MAPCP Demonstration resulted in **\$64 million in Medicare savings relative to PCMH comparison practices**. Most of these savings were due to slower growth in expenditures for post-acute-care and specialty physicians.
 - **This resulted in a return on-fees value of 4.49 for the total time period looked at by the demonstration.** (\$18 million dollars in Medicare fees, \$82 million dollars in gross Medicare savings, resulting in the \$64 million in Medicare savings)
 - Source
 - RTI International, The Urban Institute at the National Academy for State Health Policy. Evaluation of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration: Final Report.; 2017. <https://downloads.cms.gov/files/cmimi/mapcp-finalevalrpt.pdf>
- *St. Johnsbury Vermont Community Health Team: Evaluation Summary*
 - CHWs helped clients “with getting their basic needs met, such as completing “daunting” paperwork that resulted in supplemental nutrition assistance benefits, heating oil, supplemental income, support for hearing and sight aids, improved financial management, and housing assistance.”
 - Source
 - St. Johnsbury Vermont Community Health Team: Evaluation Summary. Centers for Disease Control and Prevention; 2014. https://www.cdc.gov/dhdsp/docs/es_stjohnsbury_community.pdf
- *Blueprint Annual Reports*
 - 2013 Annual Report
 - Total annual expenditures had statistically significant decreases for both the 1-17 and 18-64 commercially insured age groups (people ages 65 and older were not looked at in this study)
 - **\$386 (19%) lower for each commercially insured Participant in the 1-17 age group**
 - **\$586 (11%) lower for each commercially insured Participant in the 18-64 age group**
 - When Special Medicaid Services (SMS) are excluded, total annual expenditures for Medicaid beneficiaries had statistically significant drops as well.
 - **Expenditures for Medicaid beneficiaries were \$200 (11%) lower for each Participant in the 1-17 age group**
 - **And \$447 (7%) lower for each Participant in the 18-64 age group**

- 2017 Annual Report
 - “One of the most consistent findings of the Blueprint’s Patient-Centered Medical Home evaluations has been lower average risk-adjusted expenditures for patients of Blueprint Patient-Centered Medical Homes relative to the comparison group.”
 - “In post-year 5, individuals attributed to a Blueprint Patient-Centered Medical Home had mean risk-adjusted total expenditures of \$7,086, which was \$494 lower than the mean for individuals in the comparison group...”
 - “...the rate of growth in risk-adjusted total expenditures across the eight-year window was \$322 lower for a typical patient attributed to a Blueprint Patient-Centered Medical Home...than the typical patient in the comparison group”
 - “... the typical Blueprint Patient-Centered Medical Home-attributed patient had total risk-adjusted expenditures that were \$532 lower than the typical patient in the comparison group...”
 - “The work of the Patient-Centered Medical Homes and Community Health Teams was able to avert between \$50.8 million and \$102.1 million in total risk-adjusted medical expenditures”
 - The middle number is \$76.5 million dollars.
 - The estimated return on investment for all payers for 2016 is
 - \$3 saved for every dollar spent including SMS (Special Medicaid services)
 - \$3.8 saved for every dollar spent excluding SMS
- Source
 - State of Vermont Blueprint for Health. (2013–2017). *Vermont Blueprint for Health Annual Report*. State of Vermont Agency of Human Services. [Blueprint Annual Reports | Blueprint for Health \(vermont.gov\)](#)
- *Vermont’s Community-oriented All-payer Medical Home Model Reduces Expenditures and Utilization while Delivering High-quality Care*
 - This is the paper published by the Blueprint Office
 - Covers the years from 2008 to 2013
 - Blueprint “....participant group’s expenditures were reduced by -\$482 relative to the comparison...”
 - When applied to the 216,505 persons attributed to Post-Year 2 practices the **total annual reduction in expenditures is \$104.4 million**. Based on an annualized cost-gain ratio, **medical expenditures decreased by approximately \$5.8 million for every \$1 million spent on the Blueprint initiative.**”
 - Source
 - Jones C, Finison K, McGraves-Lloyd K, et al. Vermont’s community-oriented all-payer medical home model reduces expenditures and utilization while delivering high-quality care. *Popul Health Manag.* 2016;19(3):196–205. doi:10.1089/pop.2015.0055 [Vermont’s Community-Oriented All-Payer Medical Home Model Reduces Expenditures and Utilization While Delivering High-Quality Care - PMC \(nih.gov\)](#)