

H.206: PROPOSED AMENDMENT

TO: Representative Lori Houghton, Chair, House Health Care Committee; Clare Neal, Committee Assistant, House Health Care Committee; Senator Virginia Lyons, Chair, Senate Health and Welfare Committee; Alexander McCracken, Committee Assistant, Senate Health and Welfare Committee

FROM: Dr. John M. Saroyan, Blueprint for Health Executive Director; Pat Jones, Interim Director of Health Care Reform; Shayla Livingston, Policy Director, Agency of Human Services; Rachel Feldman, Chief of Communications and Legislative Affairs, Agency of Human Services; Ginger Irish, Director of Communications and Legislative Affairs, Department of Vermont Health Access

DATE: May 1, 2023

SUBJECT: H.206 Proposed Amendment

To Chairs Houghton and Lyons:

In response to Sara Teachout's remarks:

- 1.) *"Any analysis of the program should evaluate not just who pays, but also who benefits from Blueprint services..."*

More than 70% of all primary care patients in Vermont are served by practices that are actively recognized by the National Committee for Quality Assurance (NCQA) as Blueprint Patient-Centered Medical Homes (PCMHs). (Please see link to map [here](#).) PCMH recognized practices must meet stringent quality standards set by NCQA annually and have been shown to help better manage chronic conditions, improve quality, and are associated with lower health care costs.

All patients served by PCMHs also have access to the services of regional or practice-embedded Community Health Team (CHT) staff to provide enhanced care coordination, wellness services, and supplemental health care supports that have been prioritized by local health care providers.

In response to requests to show how many individuals benefit from Community Health Teams, Blueprint practices, Quality Improvement Facilitators and Program Managers began that work in 2022. It is posted [here](#), attached to this email and will continue on a quarterly basis. I think you will agree with the observation that, especially on pages 1 and 3 of document referenced, many Blue Cross Blue Shield insured patients receive services from the Community Health Teams.

It is challenging for practices to collect the types of data being requested by BCBS. To demand that clinicians and their staff go beyond documenting who is served by Community Health Teams to how they were served with what services will only increase the administrative burden on an already overtaxed workforce. As I presented to your committee, [multiple internal and external evaluations](#) have already proven the worth of Blueprint's Community Health Teams and Patient Centered Medical Homes.

- 2.) *"...This question is the most often raised in legislative committee conversations around the Blueprint..."*

I respectfully disagree. In my experience, it seems that legislators are most frequently asking why commercial payers have not been included in the proposed pilot expansion, the current Spokes (office based opioid treatment) or the Women's Health Initiative.

3.) *"Having that clarity would help inform future policy conversations."*

In the interest of clarity to inform future policy conversations it would be helpful for Blue Cross Blue Shield of Vermont to:

- share the results of its analyses of its own members related Blueprint payment participation;
- contract with the ACO so it can share its claims data with the UVMHC Population Health Service Organization for the type of detailed analysis being requested; and
- share claims data from all its self-funded plans with Vermont Health Care Uniform Reporting and Evaluation Services (VHCURES).

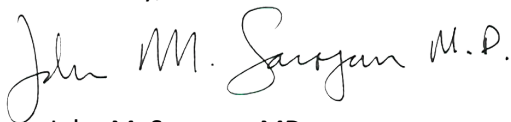
4.) *"...support the ongoing discussion about the program and improve transparency."*

In the interest of supporting ongoing discussion about the program and improving transparency, the Blueprint will continue to welcome Blue Cross Blue Shield of Vermont participation at its Payment Implementation Workgroup, Executive Committee, multiple workgroups in preparation of potential expansion. I have also initiated discussions with:

- Vermont Information Technology Leaders (VITL) the possibility of "flagging" Community Health Team documentation so that it can be tracked centrally with queries to VHCURES;
- the University of Vermont Medical Center Population Health Service Organization surveying not just the numbers of patients served by Blueprint funded Community Health Teams but the type and duration of services compared to patients who don't receive these services, an effort from which Blue Cross Blue Shield effectively withdrew with their decision to [pause their relationship with OneCare](#);
- the current data analytic contractor OnPoint for baseline mental health and substance use disorder data that could serve as a comparison to post-expansion implementation, if the two-year pilot is approved.

In closing I would like to thank you and your committees for consideration on these important topics. The Blueprint for Health is greatly appreciative of your leadership in developing robust and responsible stewardship of Vermont's health care investments.

Sincerely,



John M. Saroyan, MD
Executive Director
Vermont Blueprint for Health