



Blueprint for Health Responses to April 9, 2026 Committee Questions

What are the standards for attribution for people in their 20's and 30's who go to primary care less often? (Rep Taylor)

Evidence-based preventative care for adults 20-30 is largely guided by recommendations from organizations like the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention. Increasingly, states, regions, and leading medical groups such as American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and others publish independent recommendations.

Generally, preventative care recommendations for this age group focus on screening, immunizations, and counseling based on risk factors. Key focuses for these visits typically include blood pressure screening, depression screening, safety and interpersonal violence screening, alcohol/tobacco/substance use screening and counseling, infectious disease screening, cervical cancer screening (Pap test every 3 years), reproductive health counseling, diet and physical activity counseling, and skin cancer prevention. Additional screening and intervention may be required if there is a family history of certain conditions (e.g. heart disease, cancer), chronic conditions (e.g. diabetes risk, hypertension), or higher-risk lifestyle or occupational exposures. Based on age, sex, family, and personal/family health status, a clinician may recommend that healthy individuals in this age category are only seen once every 1-3 years for preventative care/wellness visits. That said, individuals are encouraged to access their medical home provider and team for any physical and/or mental health need that would benefit from healthcare intervention at the most appropriate care setting, which for many needs, is the medical home.

The value of regular engagement with the medical home setting for relatively healthy individuals in their 20s is:

- Staying up to date on **vaccines**
- Getting **baseline screenings**
- Building a relationship with their **primary care medical home**
- Addressing **mental health and lifestyle habits early**

U.S. Census data from 2020 indicates that individuals aged 20-34 make up roughly 19% of Vermont's population. National patterns indicate that individuals in this age band typically only account for 6-10% of total healthcare utilization, with type of care focused on preventative visits, reproductive health services, mental health services, and injuries/acute care which is highly appropriate for primary care settings.

The attribution methodology used for Blueprint for Health payments is designed to align funding with where patients are receiving care: practices are paid based on patients who received most of their primary care services at the Patient-Centered Medical Home over a two-year lookback period. This approach helps ensure that prospective payments follow established care relationships rather than sporadic or low-engagement utilization, which makes it less likely that practices are systematically underpaid for this population.

While it is reasonable to question whether 21–30-year-olds may use primary care differently, the current methodology already accounts for actual utilization patterns over time. It could be an interesting research question to examine whether Blueprint-attributed patients in this age group deviate from expected patterns within that two-year window, but doing so would require targeted analysis and may not ultimately yield insights that are especially actionable for payment policy or capacity planning.

Does the frequency of preventive visits for young people as established by the Blueprint quality measures result in better health outcomes? (Chair Black)

The Blueprint for Health/NCQA Patient-Centered Medical Home Standards do not explicitly establish frequencies for preventative visits for young people.

The standardized quality measure for Annual Child and Adolescent Well Visits (a Blueprint for Health selected performance payment measure for this age group) is a standardized outcome metric that aligns with the American Academy of Pediatrics (AAP) Bright Futures Guidelines (which is a national standard required for most insurance coverage, including Medicaid).

These guidelines establish the standard of care and recommend multiple visits in the first year of life (newborn, 1, 2, 4, 6, 9, 12 months) and at least once a year between the ages 1-21 years of age.

Following the AAP Bright Futures standard of care for annual child and adolescent visits has been studied extensively nationally. There is strong evidence across prevention, early detection, and long-term health, which include examples such as:

- Immunization completion rates that lead to preventable disease avoidance/lower outbreak risk
- Early detection of developmental delays when paired with early intervention led to better long-term health/school/social functioning
- Early identification and treatment for mental health and substance use which result in reduced symptom severity and lower risks of crisis (hospitalizations and suicide)
- Better prevention and management of chronic conditions (such as asthma, obesity, and diabetes), and
- Fewer emergency room visits and hospitalizations.

Blueprint for Health's choice to monitor and pay for annual child and adolescent visits based on the American Academy of Pediatrics Bright Futures guidelines is a high-impact measure because it serves as a single, upstream indicator of whether a wide range of essential preventative services – like vaccinations, developmental and mental health screening, and early intervention – are actually happening. It strongly predicts downstream outcomes including emergency room use, long-term health costs, and overall population health, while also clearly revealing gaps in equity.

How are we measuring access to primary care during an acute need? How do we know if primary care is available for Vermonters when they really need it?

Annually Blueprint uses Consumer Assessment of Healthcare Providers Survey (CAHPS) to survey our patients. The Access to Care composite measure focuses on how readily patients were able to receive needed care and includes the following questions:

- In the last year, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?
- In the last year, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
- In the last year, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical questions that same day

Over the past five years, the trend for the Access to Care composite measure has been downward, indicating an overall statewide decrease in patients rating of the questions. In 2024, the trend leveled. This trend is consistent with nationwide health care workforce shortages caused by increasing rates of retirement and resignation among providers.

In the 2025 survey, 4 new questions were added to the Blueprint CAHPS survey to help assess patient preferences for various aspects of their care and communication.

- What is your preferred method for scheduling appointments?
- Which best describes your preference for telehealth visits?
- If you need a same-day appointment, what time of the day usually best fits your schedule?
- What most impacts your availability for appointments?

These help BP practices meet a new NCQA requirement and give us insight into how Vermonters want to access care.