VERMONT
Agency of Human Services

VERMONT Blueprint for Health
Smart choices. Powerful tools.

Blueprint for Health Overview

John M. Saroyan, MD
Executive Director
Blueprint for Health, Agency of Human Services

The Blueprint for Health: Overview

- Focuses on building best practices and prevention services into primary and specialty care practices.
- Accessible to all patients, regardless of payer.
- Founded on Patient-Centered Medical Homes (PCMHs) and multi-disciplinary Community Health Teams (CHTs).
- Medicare, Medicaid, and Commercial Insurers make payments to support the initiatives.

Early History of the Blueprint

2011 Act 128 shifts the Blueprint from a pilot to a statewide program

2010 Vermont is one of the eight states selected for CMS Multi-Payer Advanced Primary Care Practice Demonstration

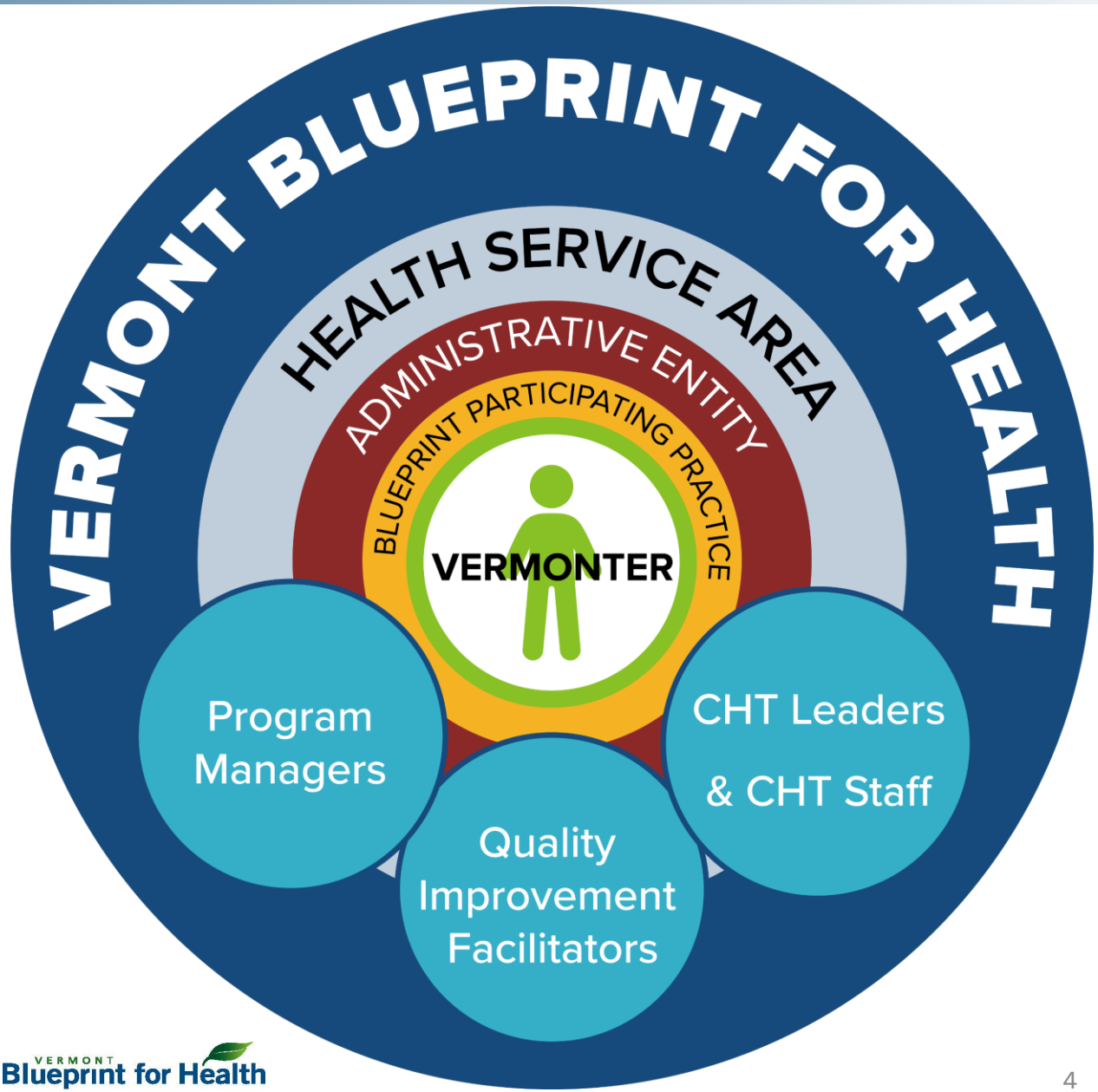
2008 First pilot site: St. Johnsbury area

2007 ACT 71 establishes Medical Home and Community Health Teams

2006 Blueprint for Health codified into Vermont statute

Blueprint for Health Organization

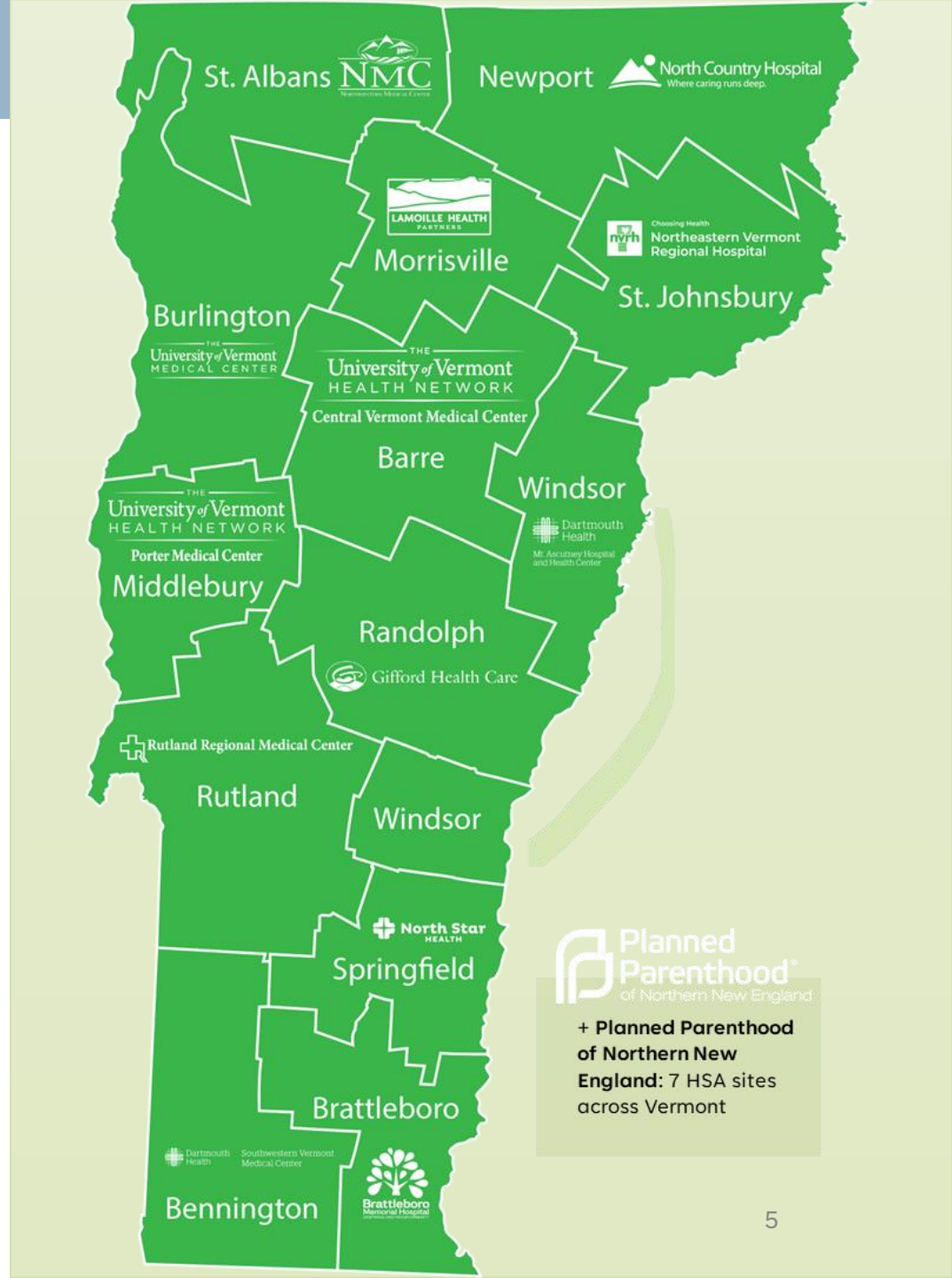
- Vermonters engage through Blueprint-participating practices.
- Practices receive support from Blueprint Program Managers, Quality Improvement Facilitators, and Community Health Teams.
- For organizational purposes, Blueprint assigns practices to a Health Service Area where an Administrative Entity helps manage the funding for CHTs, practices, and other support.



Health Service Areas and Administrative Entities

BARRE: Central Vermont Medical Center
BENNINGTON: Southern Vermont Medical Center
BRATTLEBORO: Brattleboro Memorial Hospital
BURLINGTON: University Vermont Medical Center
MIDDLEBURY: Porter Medical Center
MORRISVILLE: Lamoille Health Partners
NEWPORT: North Country Hospital
RANDOLPH: Gifford Medical
RUTLAND: Rutland Regional Medical Center
SPRINGFIELD: North Star Health
ST. ALBANS: Northwestern Medical Center
ST. JOHNSBURY: Northern Vermont Regional Hospital
WINDSOR: Mt Ascutney Hospital and Health Center

Administrative Entities receive multi-insurer payments to support hiring of Community Health Teams and must be Centers for Medicare and Medicaid Services (CMS) eligible providers



VERMONT Blueprint for Health
Smart choices. Powerful tools.

Blueprint for Health Initiatives

The Blueprint for Health includes four primary initiatives:

- The Patient-Centered Medical Home model supports high-quality primary care.
- The Community Health Team links provides care, care coordination, and links patients to services.
- The Hub & Spoke system of care supports practices that provide medication for treating opioid use disorder.
- The Pregnancy Intention Initiative helps provide access to services that support pregnancy intention and family planning.

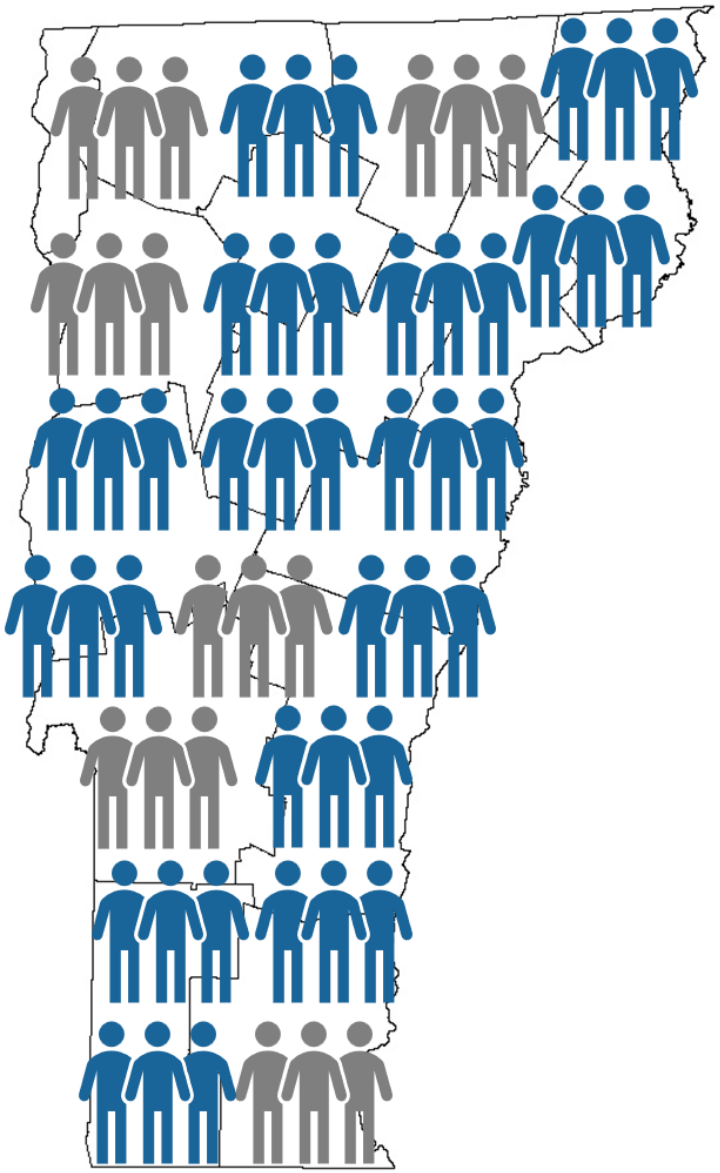
Patient-Centered Medical Homes (PCMHs)

A model of primary care delivery that seeks to provide accessible, comprehensive, whole-person-centered care in a coordinated and team-based fashion.

- Combines preventive care, acute and chronic disease management, and other services *in a single setting*.
- Practices must achieve and sustain recognition as a PCMH from the National Committee on Quality Assurance (NCQA).
- Studies show that NCQA PCMHs demonstrate:
  - Improved clinical outcomes
  - Increased patient engagement in follow-up and treatment
  - Decreased utilization of the emergency department

PCMH Initiative

More than 70%* of Vermonters are seen in a Blueprint-supported Patient-Centered Medical Home.



*based on data reported by insurers to the Vermont Healthcare Uniform Reporting and Evaluation System

Community Health Teams (CHTs)

Support Primary Care Providers by:

- Identifying root causes of health problems
- Addressing and identifying mental health needs
- Screening for social drivers of health
- Providing team-based care

Serve, Care for, and Connect Patients through:

- Providing brief interventions
- Supporting management of chronic conditions
- Coordinating care
- Supporting improvements in well-being through team-based care.

No Cost to Patients or Providers

CHT Composition

POSITONS

Health educators

Mental health and substance use patient care (social workers and counselors)

Care managers & coordinators

Panel managers

Nutrition support

Community health workers

PARTNERS

Food shelves

Home health services

Peers

Housing organizations

Support and Services at Home (SASH)

Designated mental health agencies

Vermont Chronic Care Initiative

And many more . . .

Pregnancy Intention Initiative (PII)

Comprehensive Family Planning

- Increases access to preconception counseling by asking about pregnancy intention
- Improves maternal and infant outcomes
- Contraceptive counseling to help reduce unintended pregnancies
- Same-day access to long-acting reversible contraceptives (LARC) and/or moderate to most effective contraception

Psychosocial screening, intervention, and navigation to services

- Enhanced screening that includes Social Drivers of Health
- Brief intervention and referral/navigation to treatment and services
- Care coordination agreements with Primary Care/Community Partners

Spoke Initiative: Medication for Opioid Use Disorder

Medication for Opioid Use Disorder (MOUD) treatment is provided in multiple settings in Vermont, including:

- **Hubs**: clinics where individuals can receive Methadone and other treatment services, including in-patient services if needed.
- **Spokes**: primary & specialty care physicians who can prescribe MOUD in an office-based setting just like a regular doctor's office

The Blueprint supports **91 Spoke practices** throughout Vermont:

- Spokes receive funding for one FTE nurse, and one FTE counselor per 100 Medicaid patients served.
- Hired and deployed as part of Blueprint CHT though the administrative entity.

Blueprint Funding Streams

- Large Commercial Insurers pay into PCMH and CHT initiatives.
  - Blue Cross Blue Shield of VT, MVP, and Cigna pay into the PCMH and core CHT initiatives, but not into PII or Spoke. No other insurers participate.
  - Payments based on number of patients attributed to Blueprint PCMHs (i.e. the number of patients with visits at those practices).
- Medicaid pays into all four primary initiatives.
  - All payments are based on the number of Medicaid patients attributed to Blueprint practices, either PCMHs, or specialty (PII or Spoke) practices.
- Medicare funding is negotiated annually.
  - Medicare has only participated in the PCMH & CHT initiatives.

In Their Own Words

"The work we are able to provide is critical to the support of patients and our providers in our local spokes. I have had primary care providers tell me this is the most rewarding aspect of their job, and patients say, 'You've helped save my life.' "

—Primary Care Spoke Counselor, Barre HSA

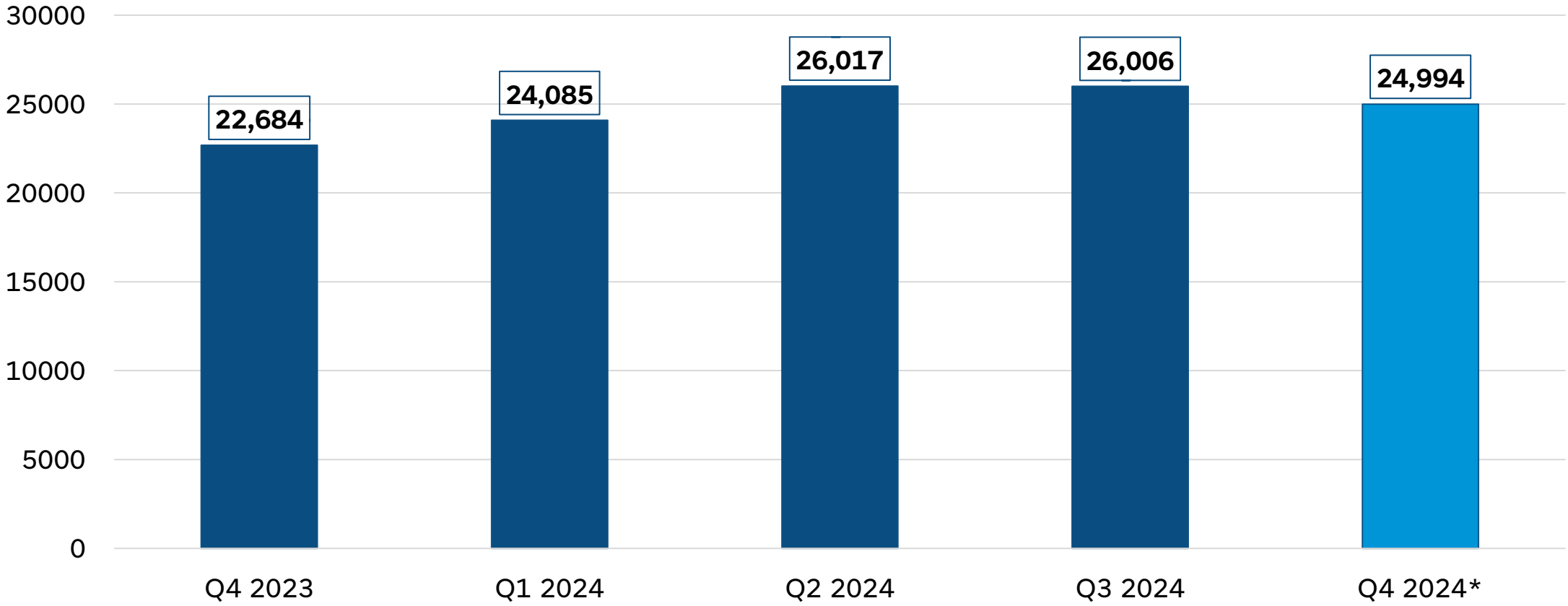
"We are able to meet with people who need it, and we are connected right to primary care so they feel comfortable meeting with us. There also isn't a co-pay for our support, so they don't have to worry about the money component. I know we are helping people, and it wouldn't be possible without the Blueprint."

—CHT Staff Member, Brattleboro HSA

"Our wrap-around care had the benefits of preventing an Emergency Department visit, a potentially lengthy hospital admission, and increased hospital costs."

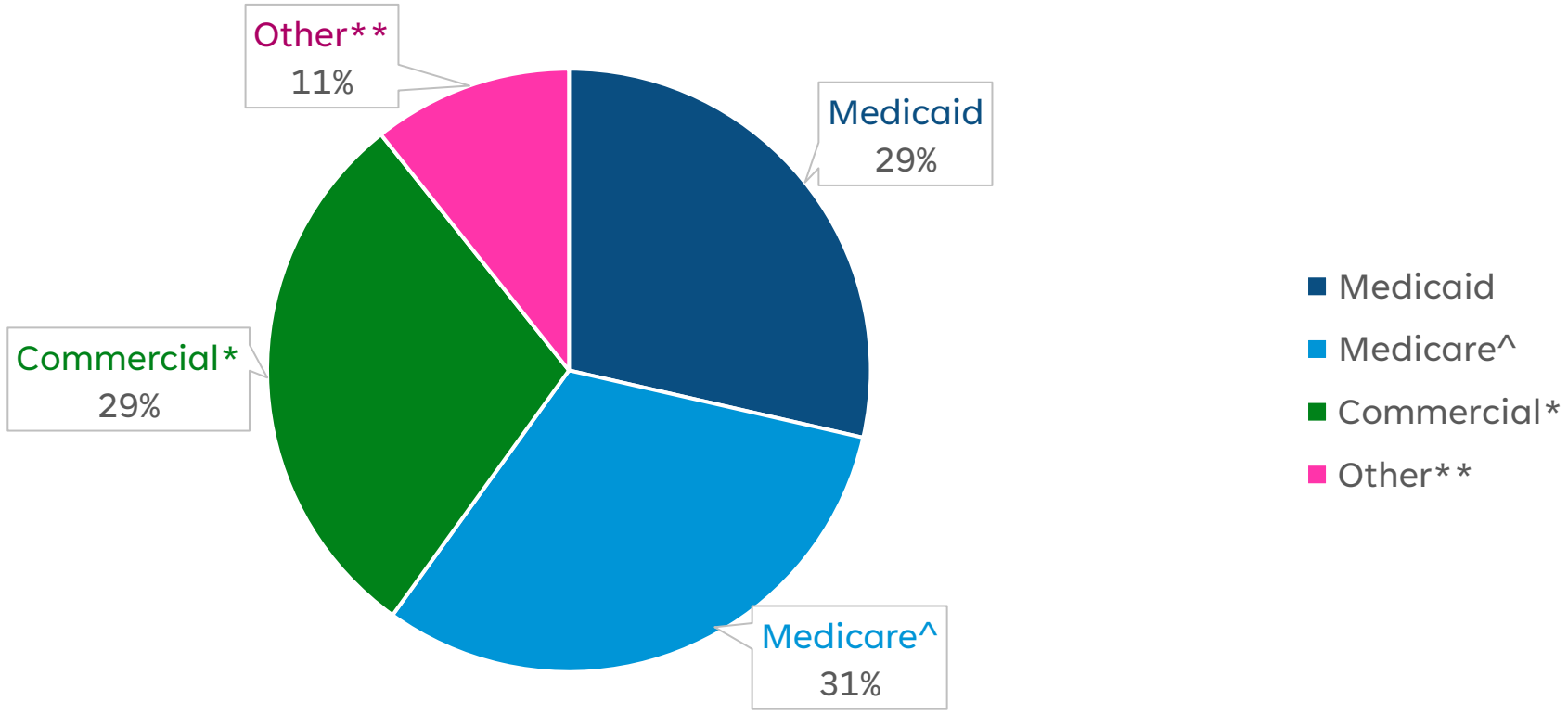
—PII Worker, Burlington HSA

CHT Patient Counts by Quarter



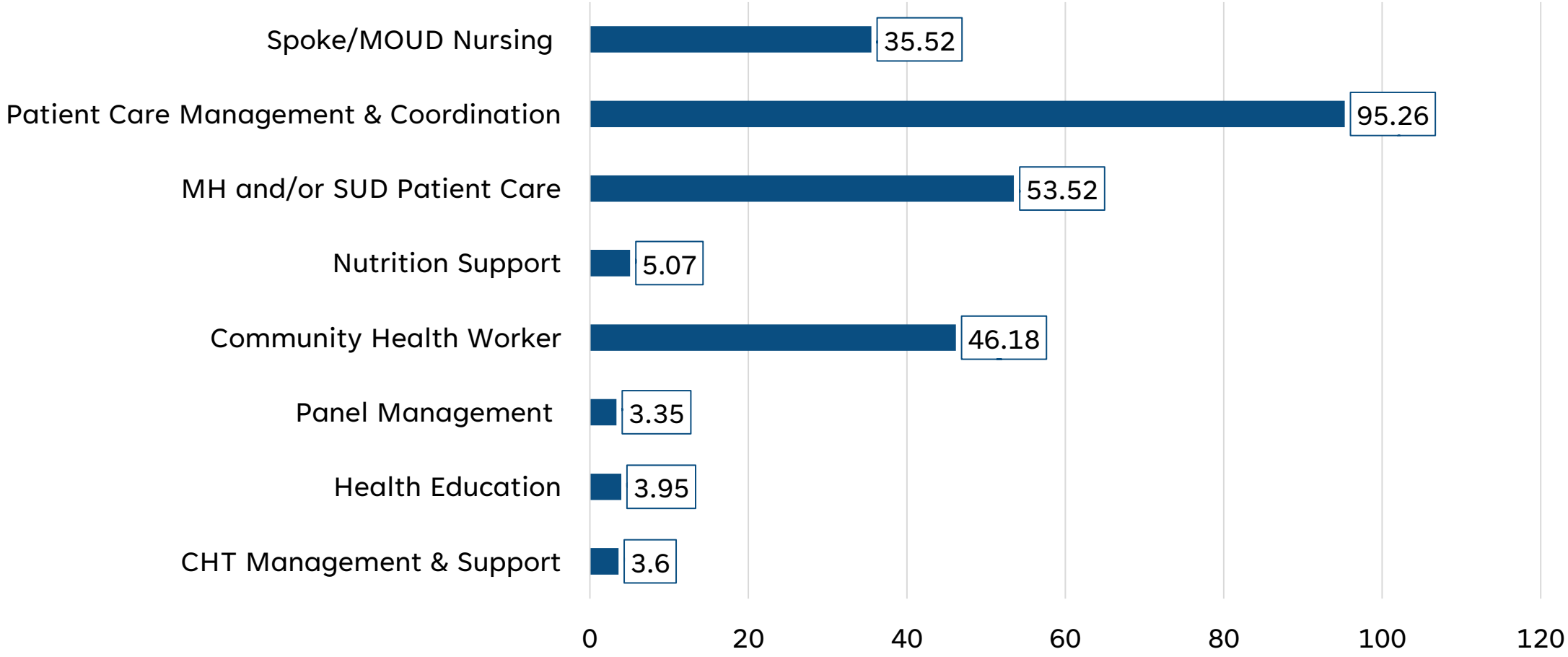
*Q4 2024 reporting is incomplete, only 8 of 13 HSAs have reported to date.

CHT Patients Served by Insurance Type Q3 2024



^ Includes Medicare Advantage, *BCBS, Cigna, MVP, **small insurers, out of state Medicaid, VA etc.

Community Health Team FTE Staff



“You supported me with compassion and patience.

Your coordinator provided us with options and connected us to essential resources **exactly when we needed them**.

Every member of your team has been extraordinary, offering support to our family at each step. We extend heartfelt gratitude for everything you do.”

—Patient of a Blueprint Community Health Team

Thank You!

Blueprint for Health Central Office

JOHN SAROYAN, MD
Executive Director

MARA KRAUSE DONOHUE
Assistant Director

JULIE PARKER
Assistant Director

KARA HOOPER
Project Administrator

ERIN JUST
Quality Improvement Coordinator

ADDIE ARMSTRONG, PhD
Health Services Researcher

JENNIFER HERWOOD
Payment Operations Administrator

CALEB DENTON
Data Analytics and Info Administrator