

Vermont Blueprint for Health *Community Networks of Health Services*

Medicaid & Exchange Advisory Board

April 1, 2013

Program Evolution

- Started as a multi-stakeholder working group focused on chronic illness (10% of the population using 80% of the resources).
- A key inspiration was the Chronic Care Model, based on the work of Dr. Ed Wagner from Group Health in Seattle.
- Evolved into current model of comprehensive health delivery system reform, including care for the chronically ill.

Vermont's Executive Branch and Legislature *Consistent Support for Health Reform*

- 2003** Blueprint launched as Governor's initiative
- 2005** Implementation of Chronic Care Model
- 2006** Blueprint codified as part of sweeping reform legislation (Act 191)
- 2007** Blueprint leadership and pilots established (Act 71)
- 2008** Community Health Team structure and insurer mandate (Act 204)
- 2010** Statewide Blueprint Expansion outlined (Act 128)
- 2011** Planning for "Single Payer" (Act 48)

What are we trying to accomplish?

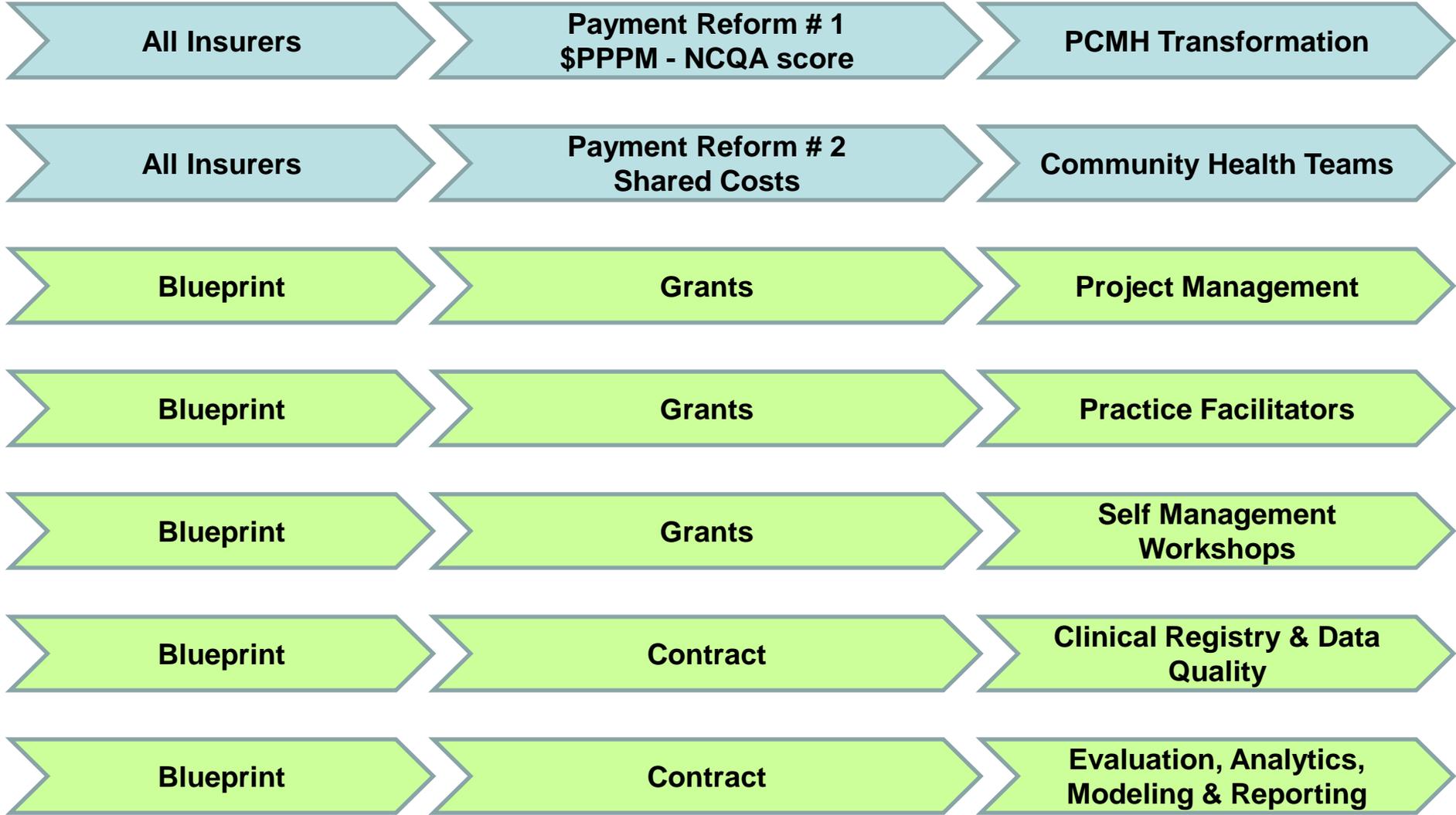
- Improved Health Services
- Improved Health Outcomes
- Improved Control of Costs

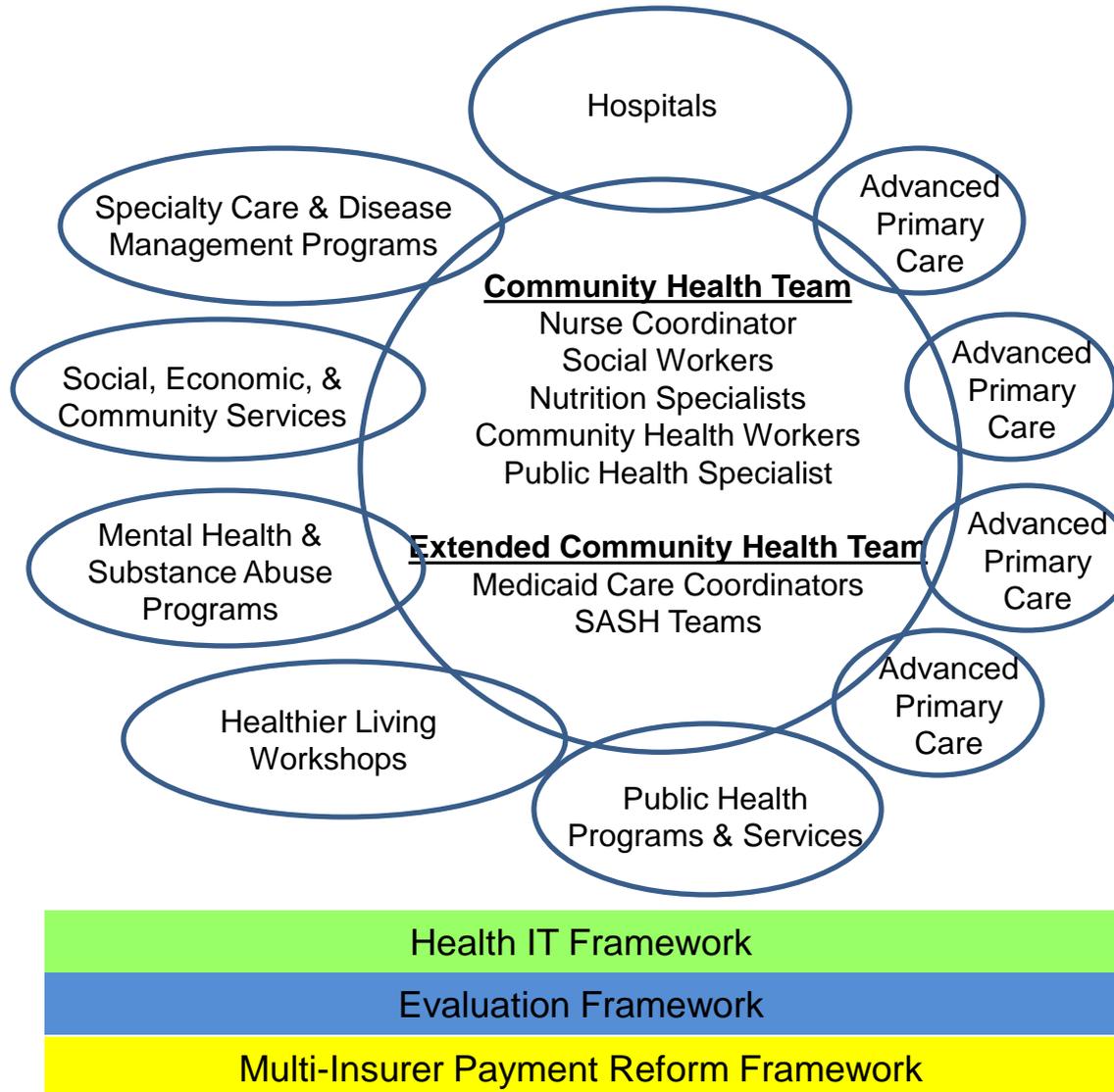
TOWARD THE TRIPLE AIM



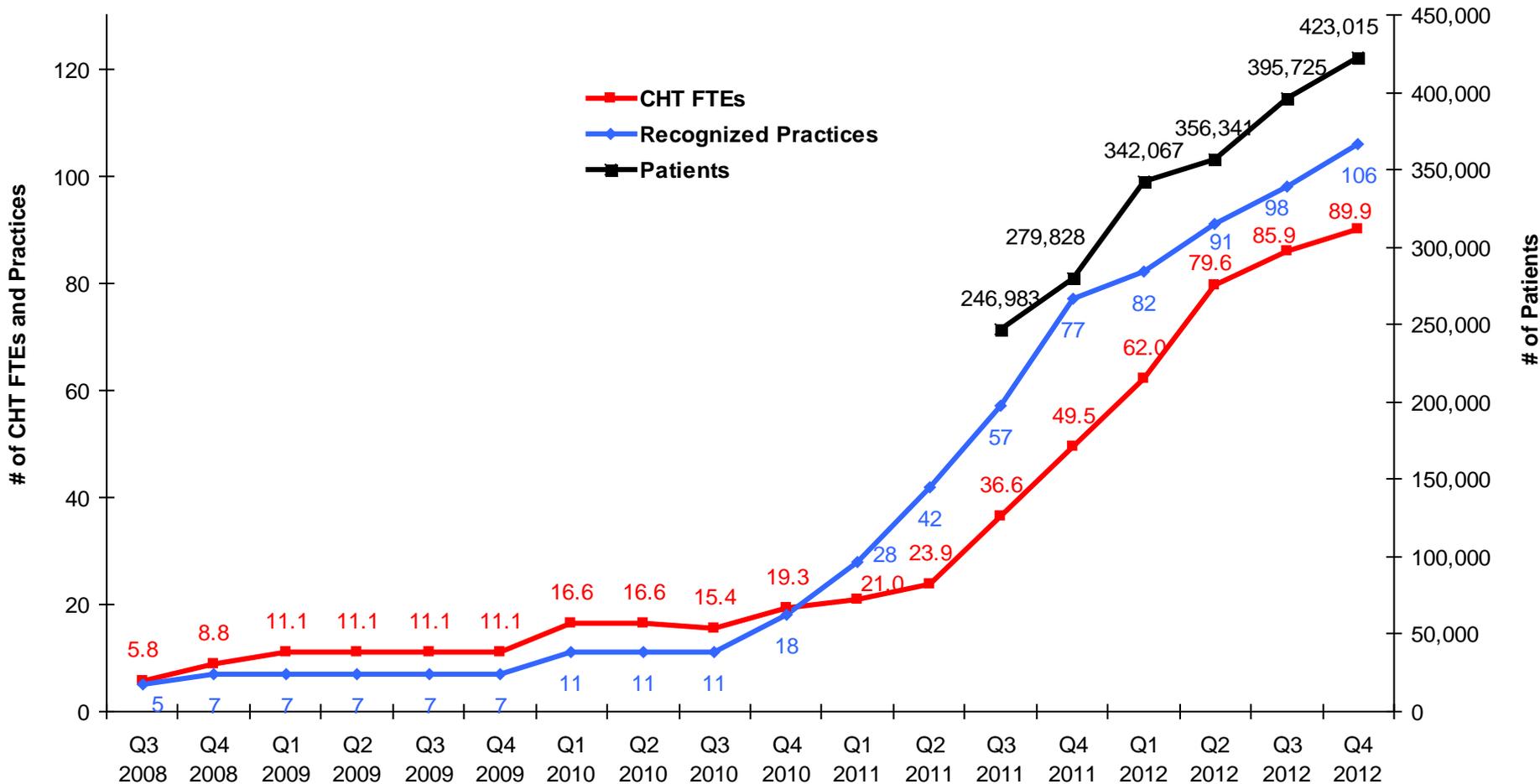
Building a Foundation For The Future

- Advanced Primary Care Practices (PCMHs)
- Community Health Teams – Core & Extended
- Multi-Insurer Payment Reforms
- Health Information Infrastructure
 - Central Clinical Registry
 - Health Information Exchange
- Evaluation & Reporting
- Community Self-Management Programs
- Learning Health System

Financial Support**Mechanism****Product**



Patient Centered Medical Homes and Community Health Team Staffing in Vermont

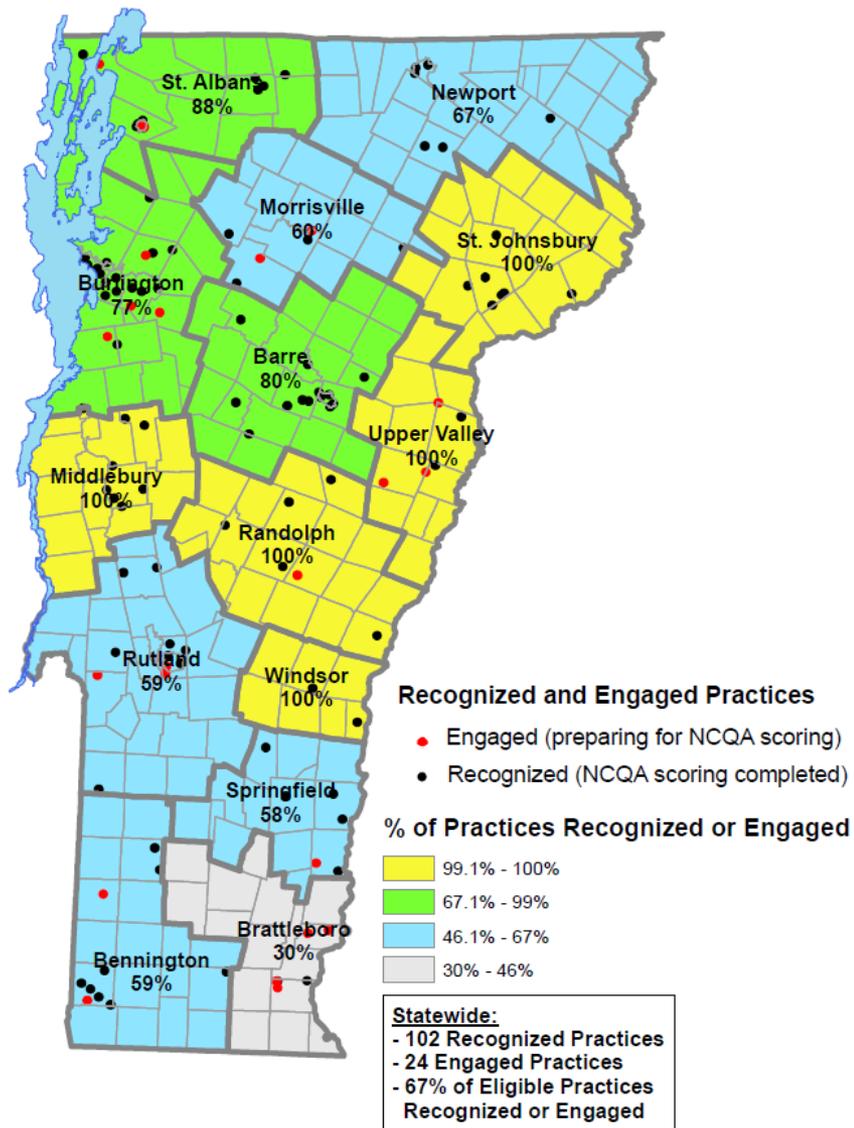


*Since joining the Blueprint, three practices have combined to form a new practice, one practice has joined an existing practice, and one practice has closed.

Recognized Practices by Practice Type December 2012

	Practices	PCP Clinicians	PCP Clinician FTEs	Patients
Hospital Owned Practices	43	265	208	199,726
Independent Single Site Practices	24	90	77	67,227
Independent Multi Site Practices	9	47	34	50,143
Federally Qualified Health Centers	26	142	137	105,919
Total	102*	544	456	423,015

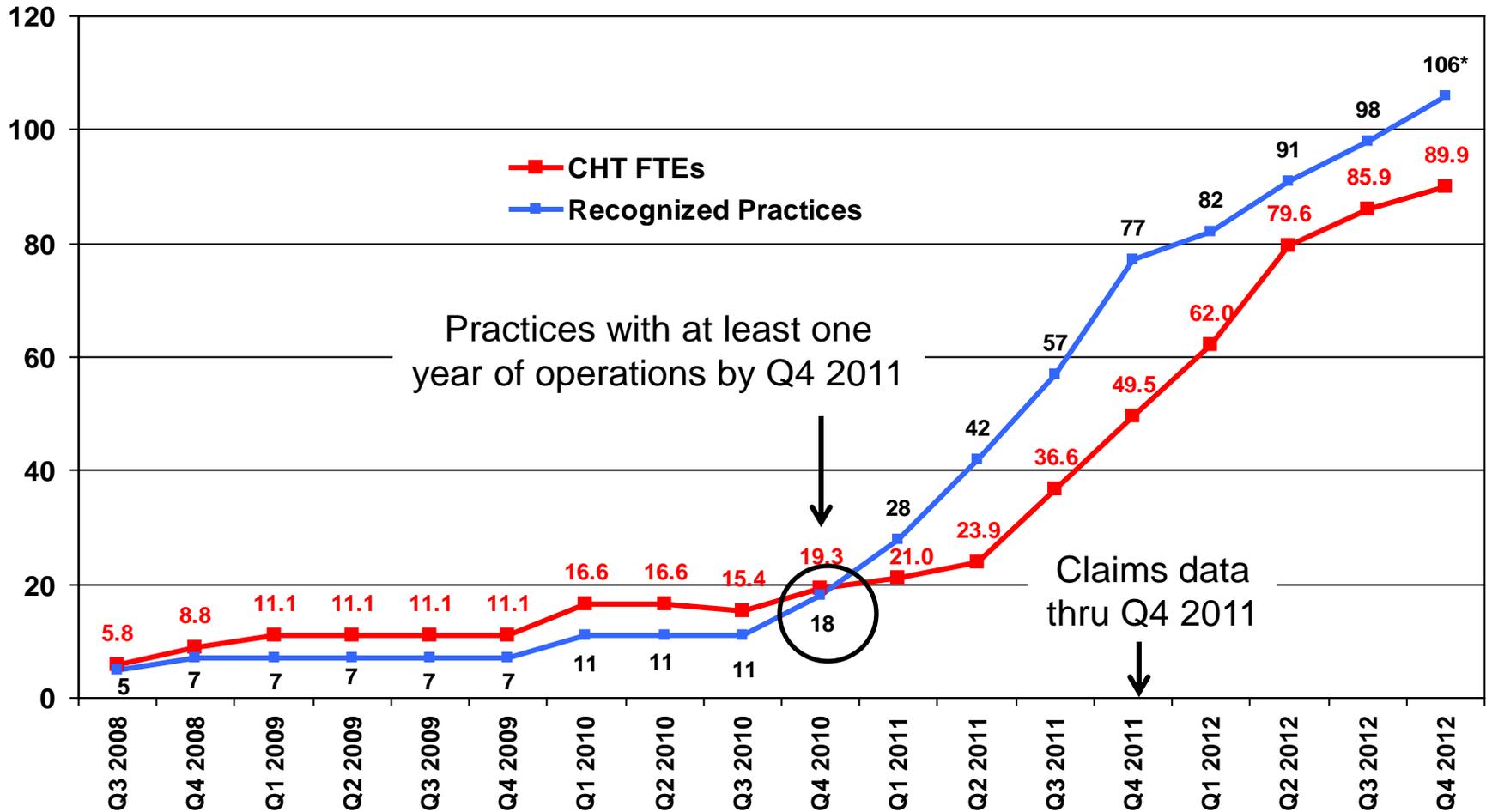
Primary Care Practices Recognized or Engaged in the Blueprint - December 2012



Evaluation – Triple Aims

- NCQA Scoring
- Central Clinical Registry
- All-Payer Claims Database
- Patient Experience Survey (PCMH CAHPS)

Patient Centered Medical Homes and Community Health Team Staffing in Vermont



*Since joining the Blueprint, three practices have combined to form a new practice, one practice has joined an existing practice, and one practice has closed.

18 Practices operating at least one year (Q4 2011)

Patients in each study group

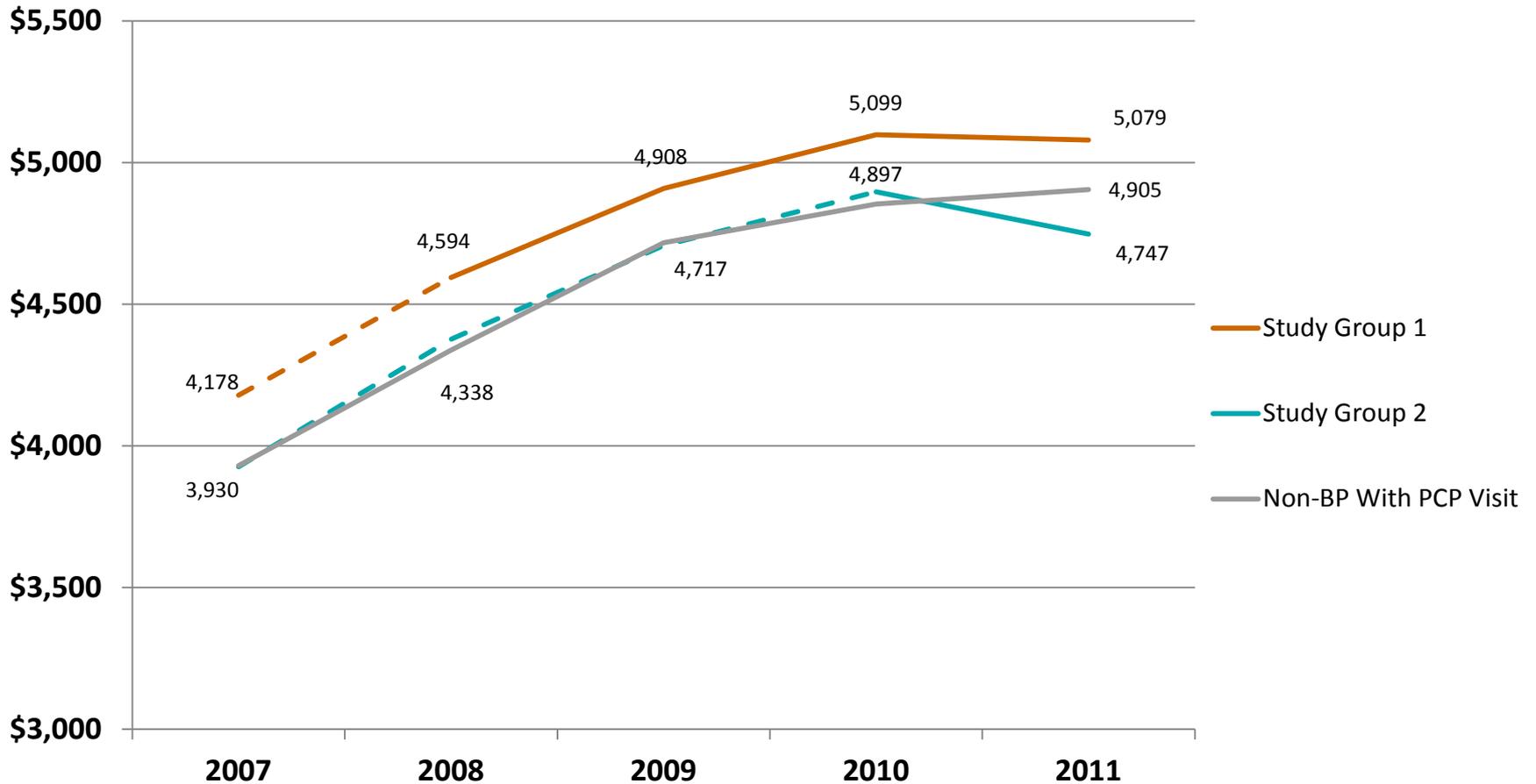
Commercially insured 18-64

Year	Study Group 1 St Johnsbury & Burlington	Study Group 2 Barre & Bennington	Comparison Group Non-Blueprint with PCP visit
2007	7258	7631	31245
2008	9119	9761	41051
2009	10114	10782	44452
2010	9635	11097	42717
2011	9433	11586	44210

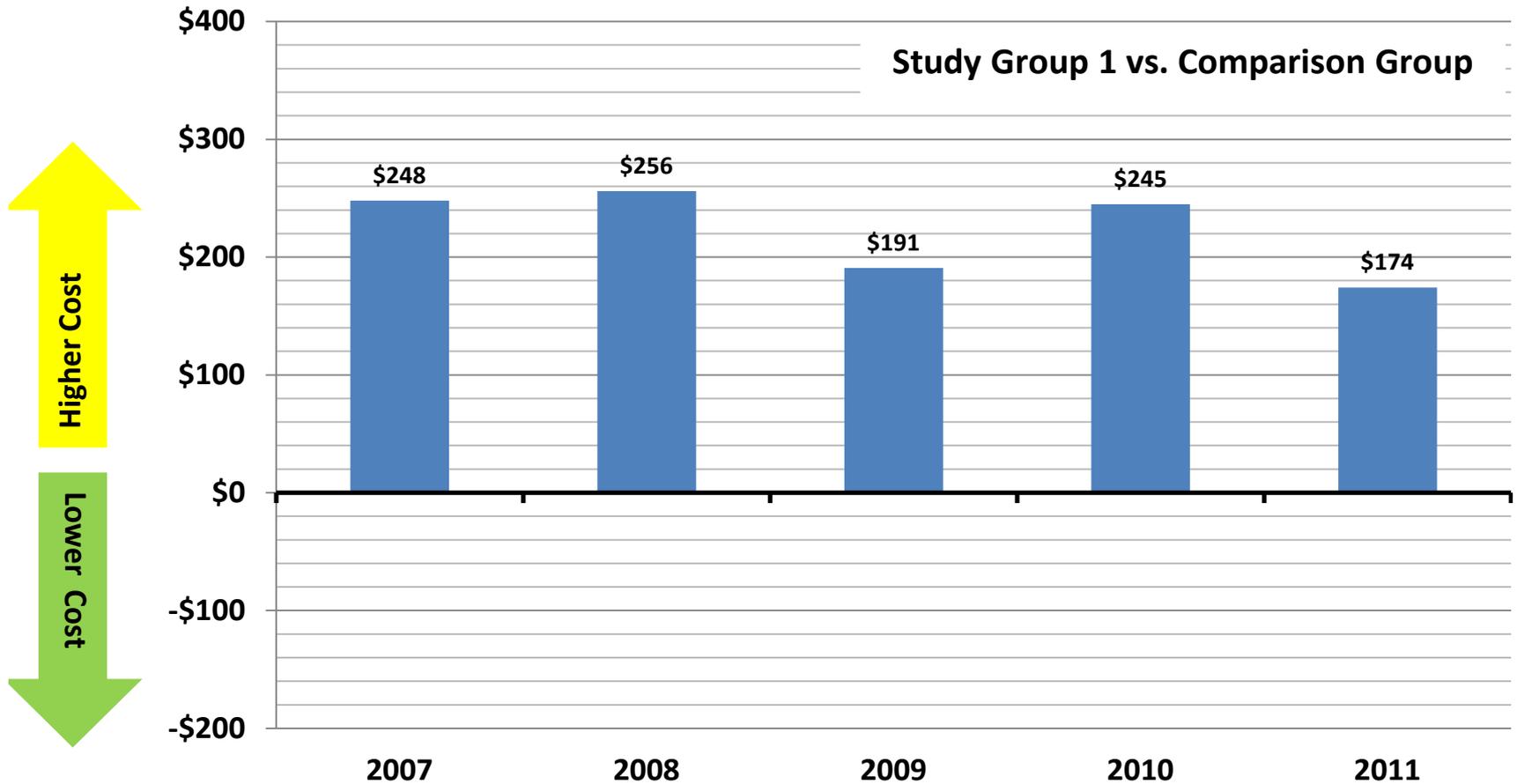
Medicaid beneficiaries 18-64

Year	Study Group 1 St Johnsbury & Burlington	Study Group 2 Barre & Bennington	Comparison Group Non-Blueprint with PCP visit
2007	1575	2323	5898
2008	1950	2919	7621
2009	2486	3453	9416
2010	2615	4012	10563
2011	2679	4210	11431

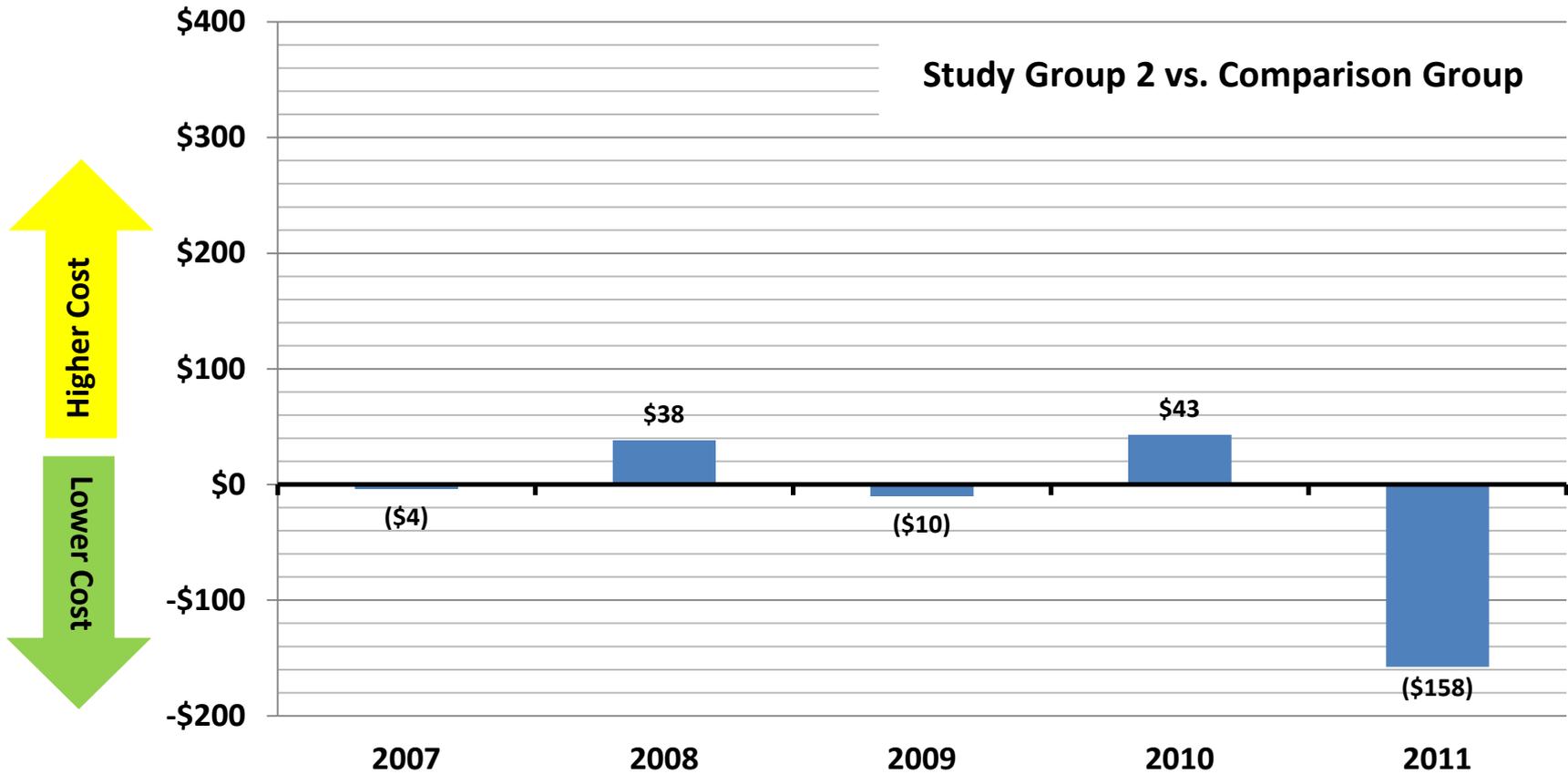
Total expenditures per capita (Adjusted). Commercially insured 18-64



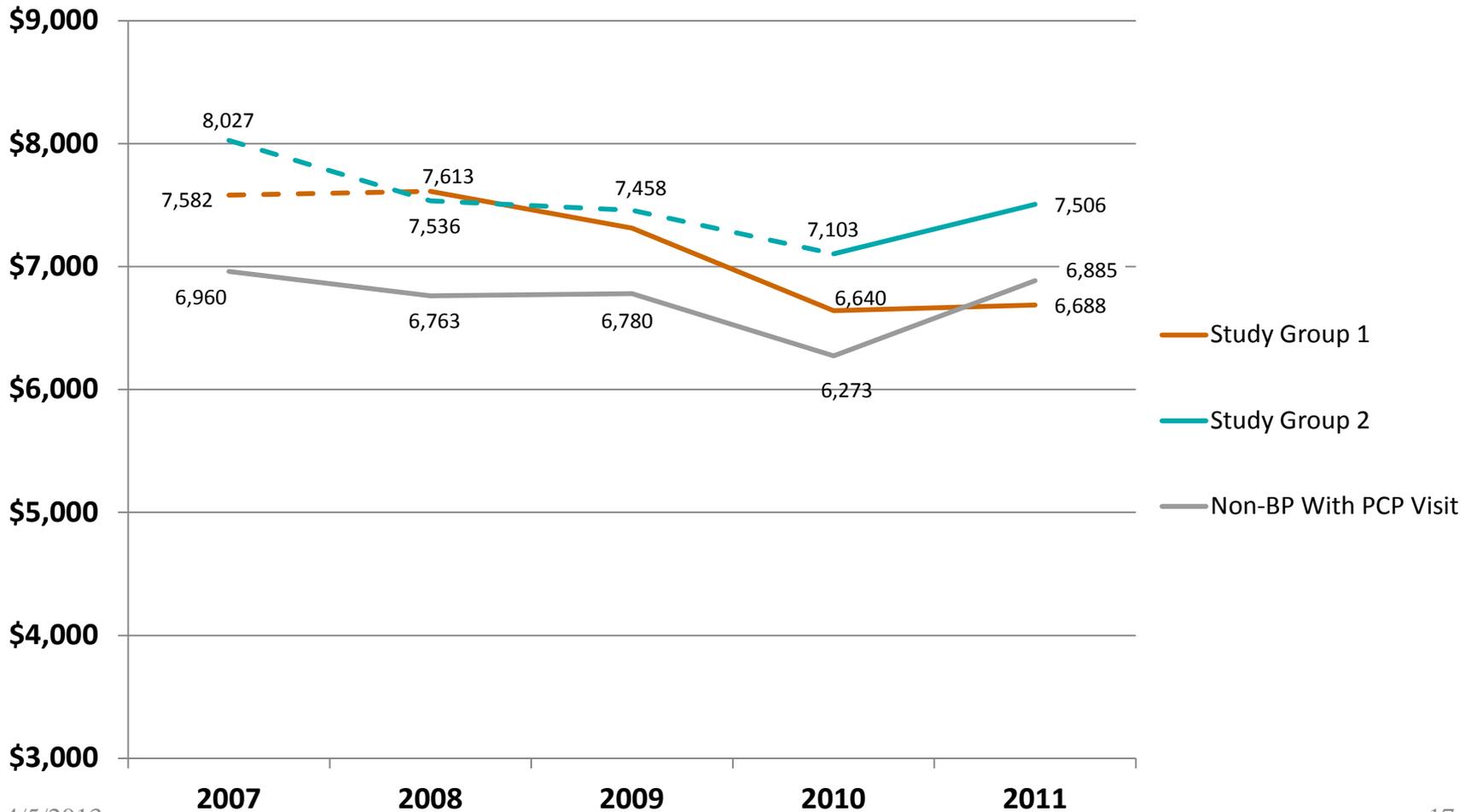
Difference in expenditures per capita (Adjusted). Commercially insured 18-64



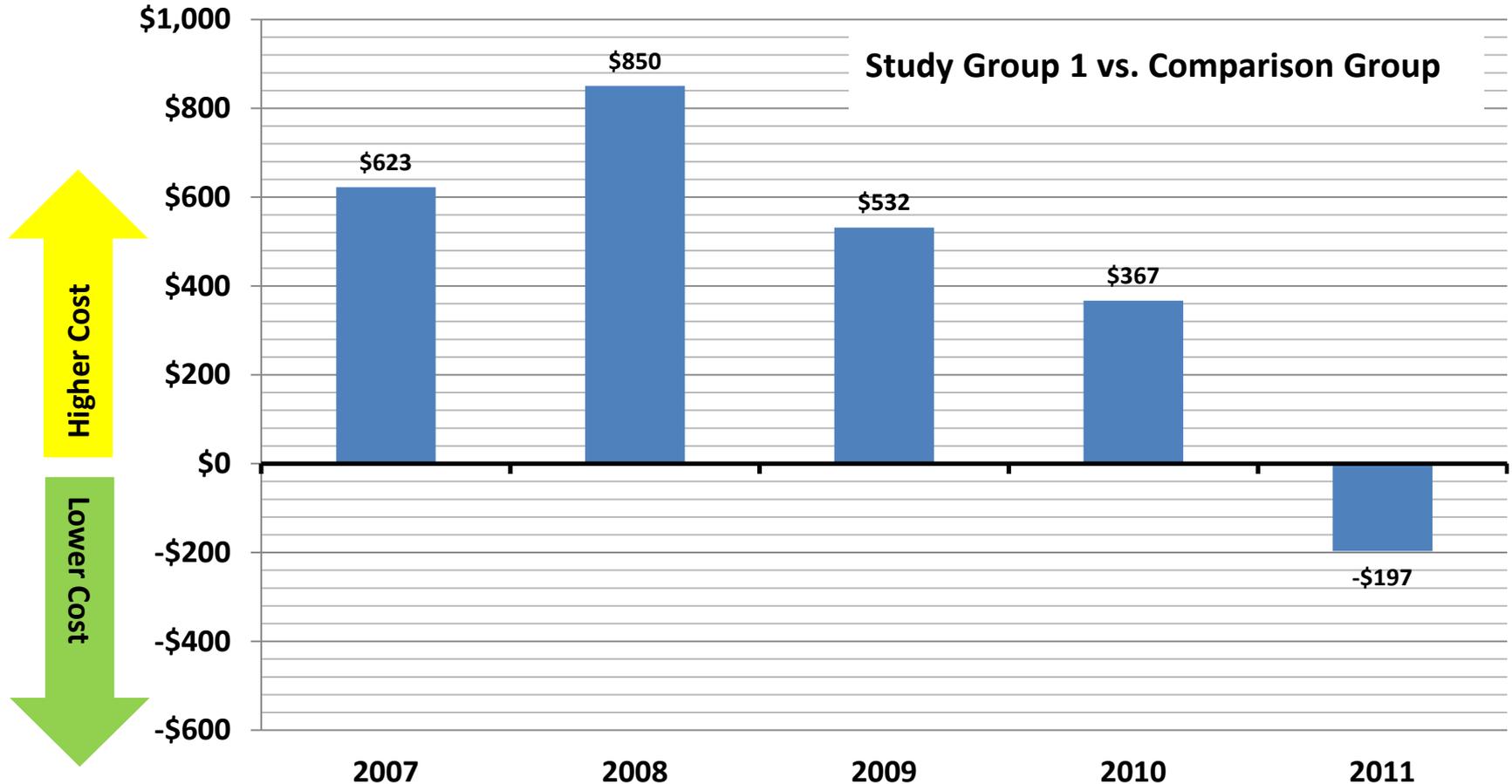
Difference in expenditures per capita (Adjusted). Commercially insured 18-64



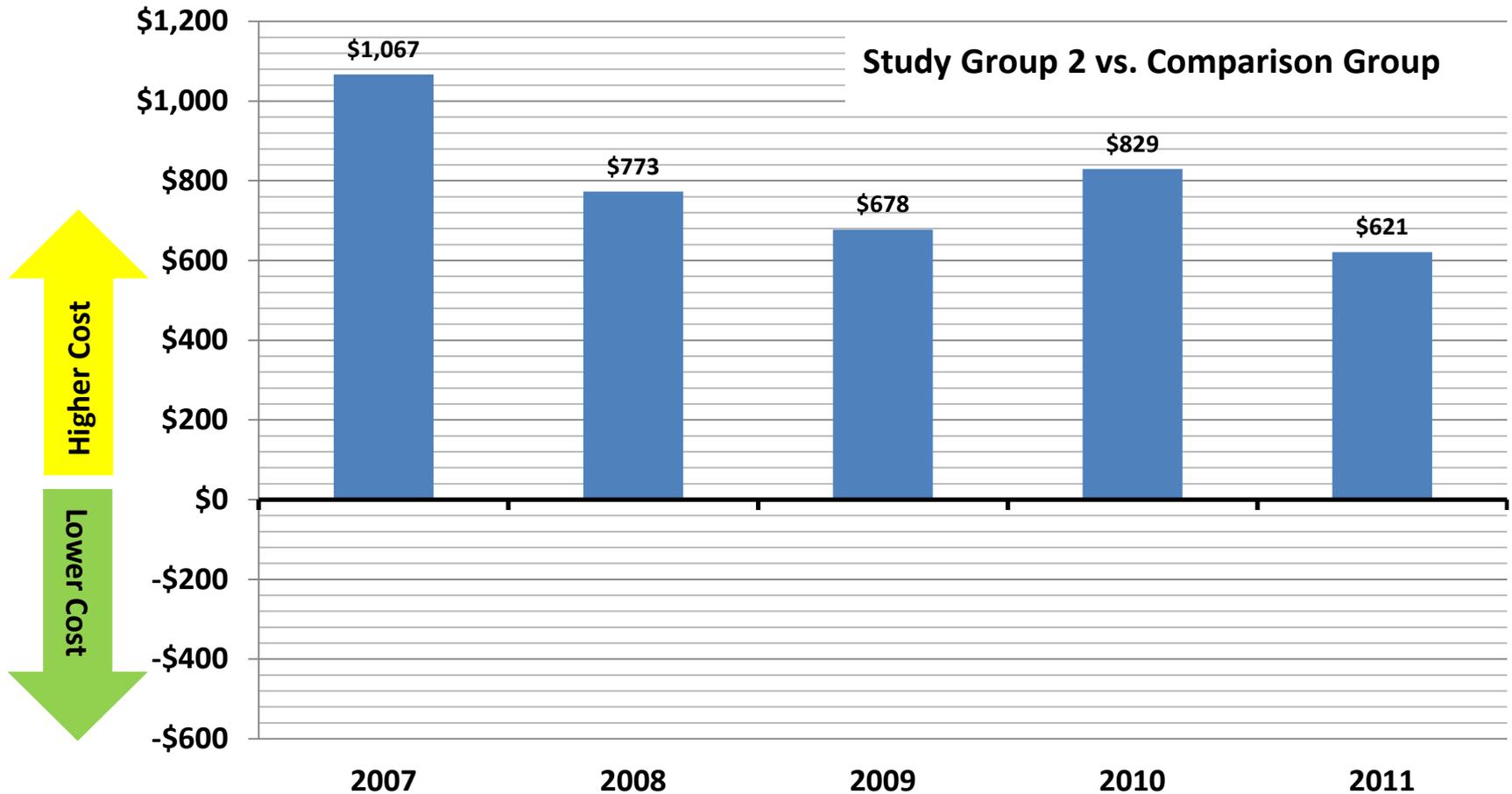
Total expenditures per capita (Adjusted). Medicaid Beneficiaries 18-64



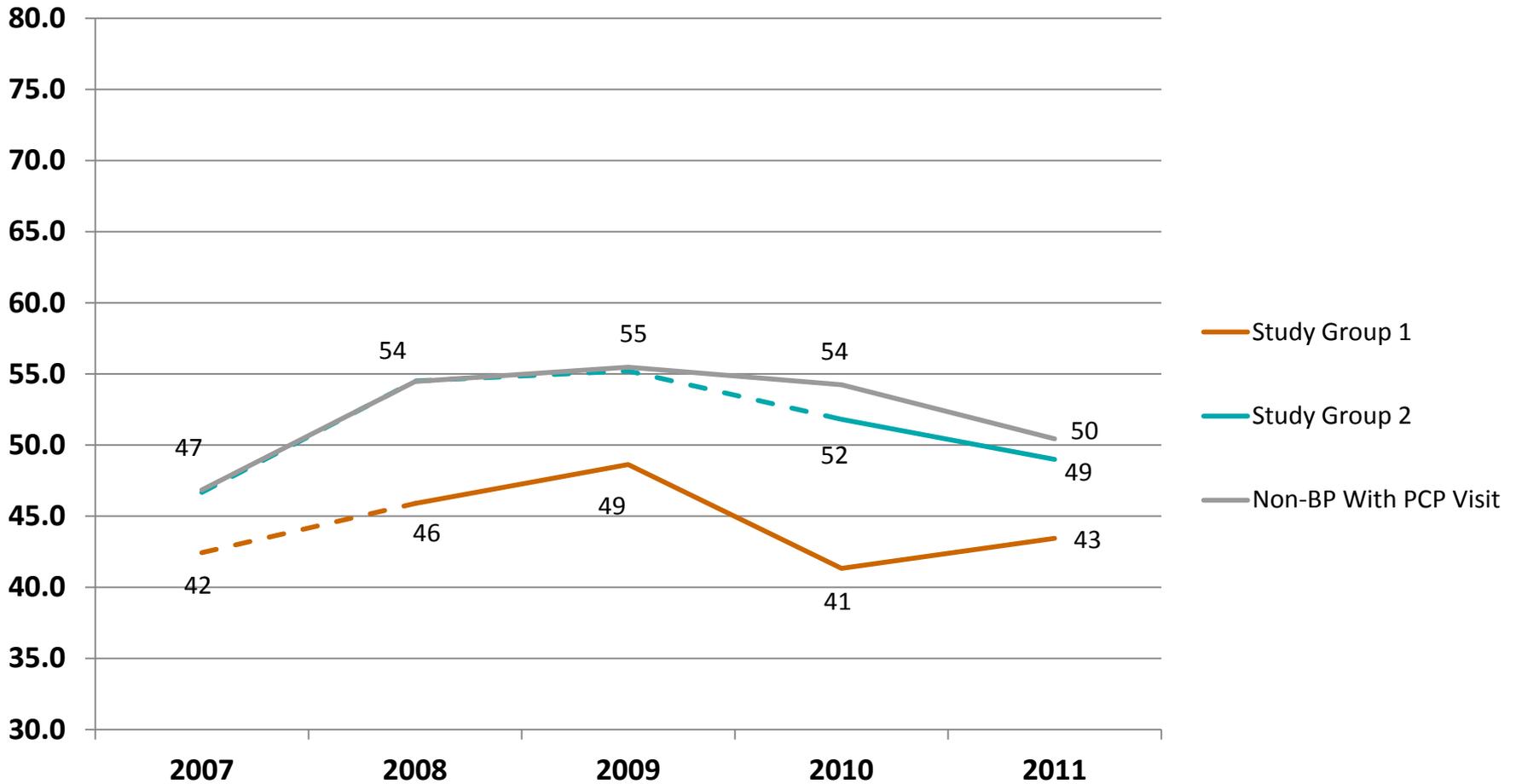
Difference in expenditures per capita (Adjusted). Medicaid population 18-64



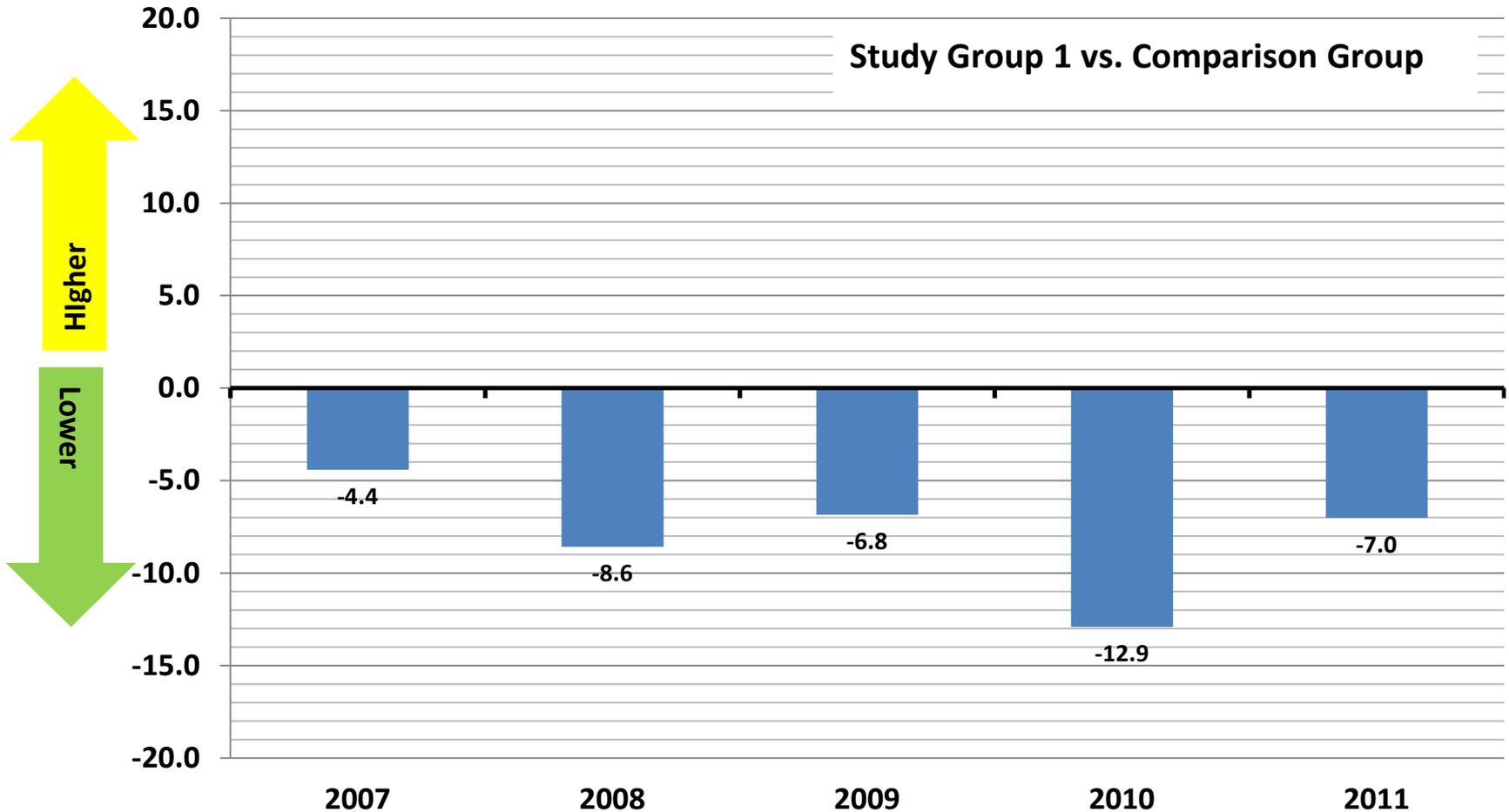
Difference in expenditures per capita (Adjusted). Medicaid population 18-64



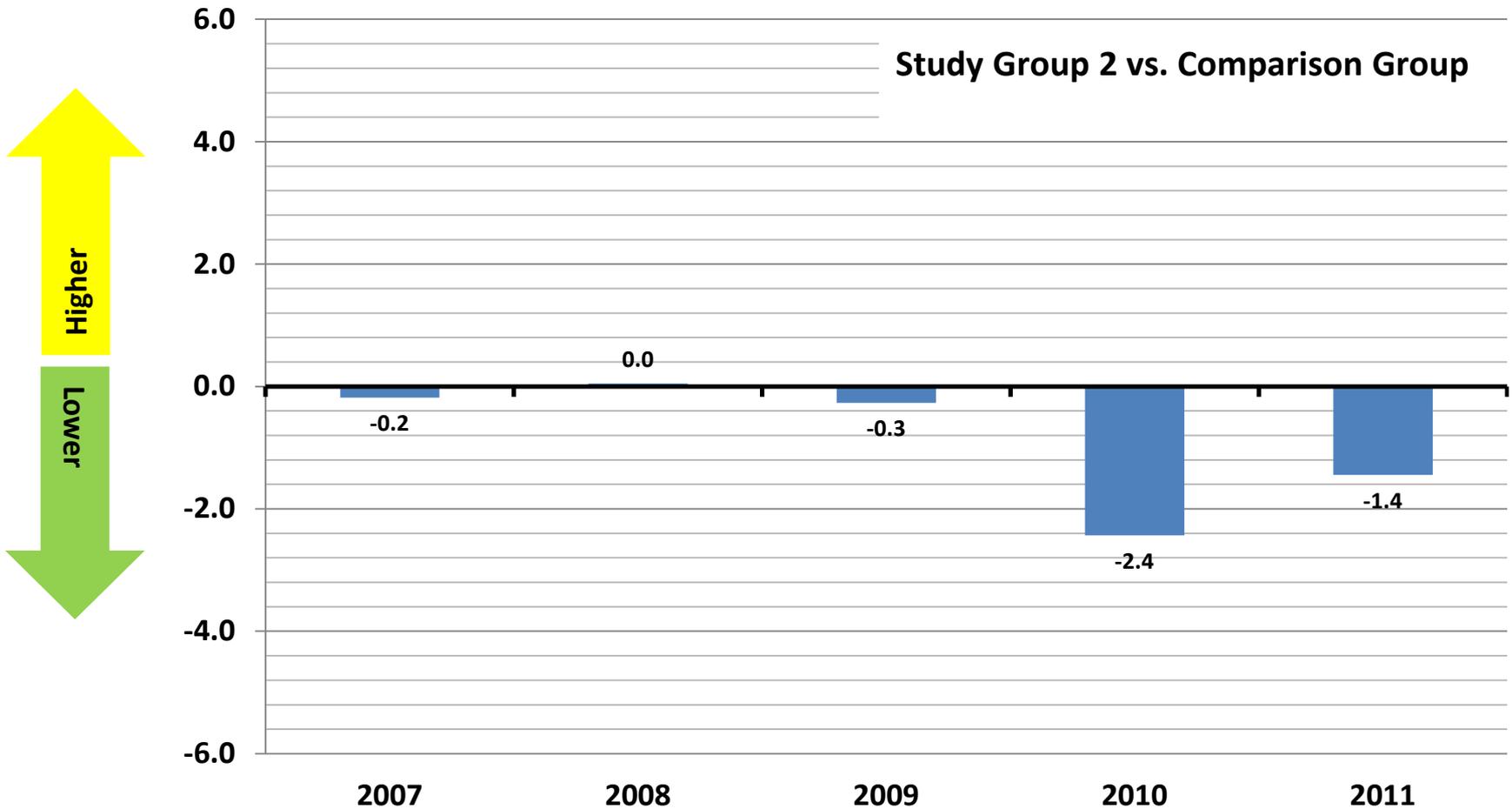
Hospitalizations per 1000 beneficiaries (Adjusted). Commercially insured 18-64



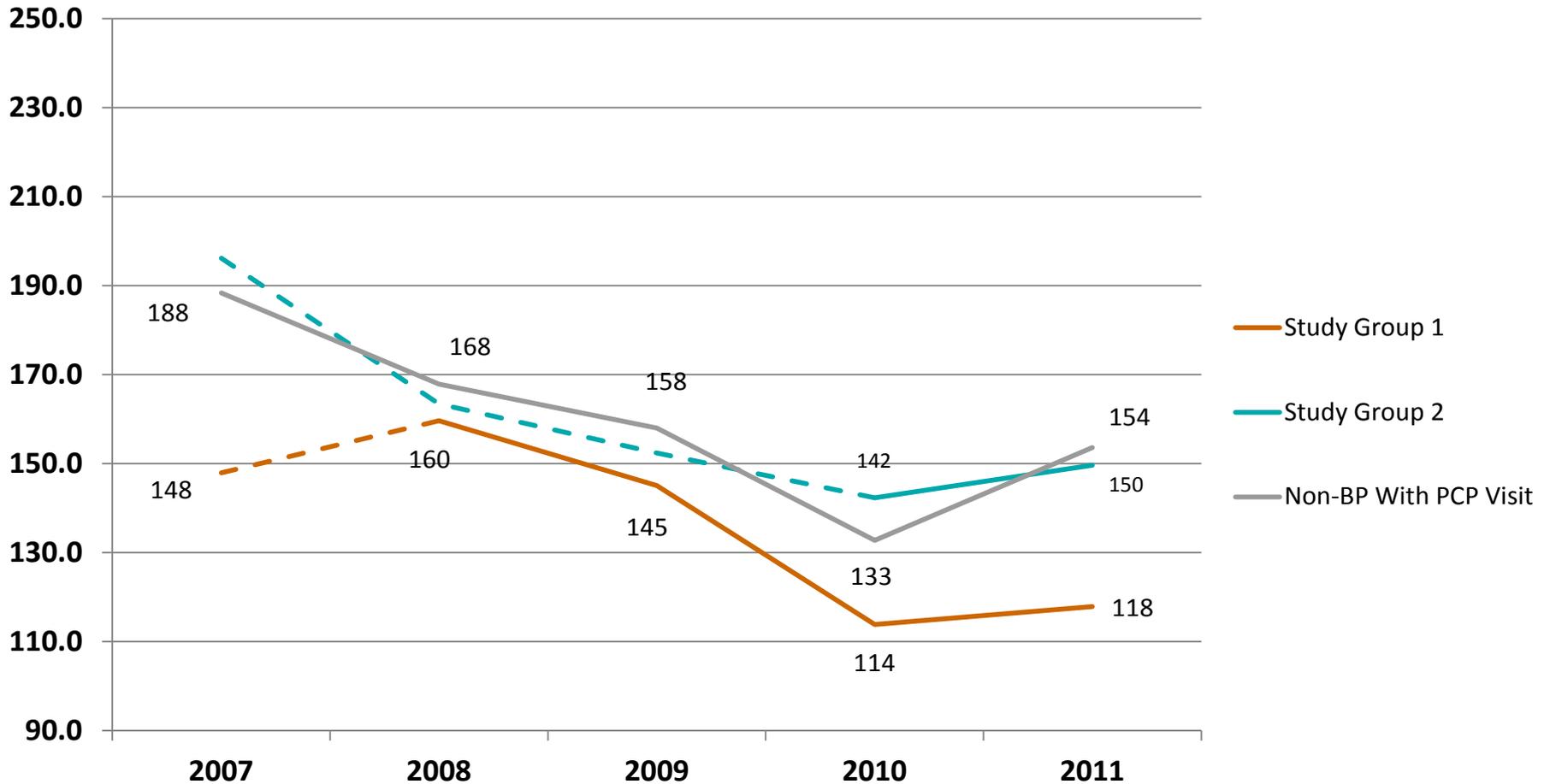
Difference in hospitalization rates (Adjusted). Commercially insured 18-64



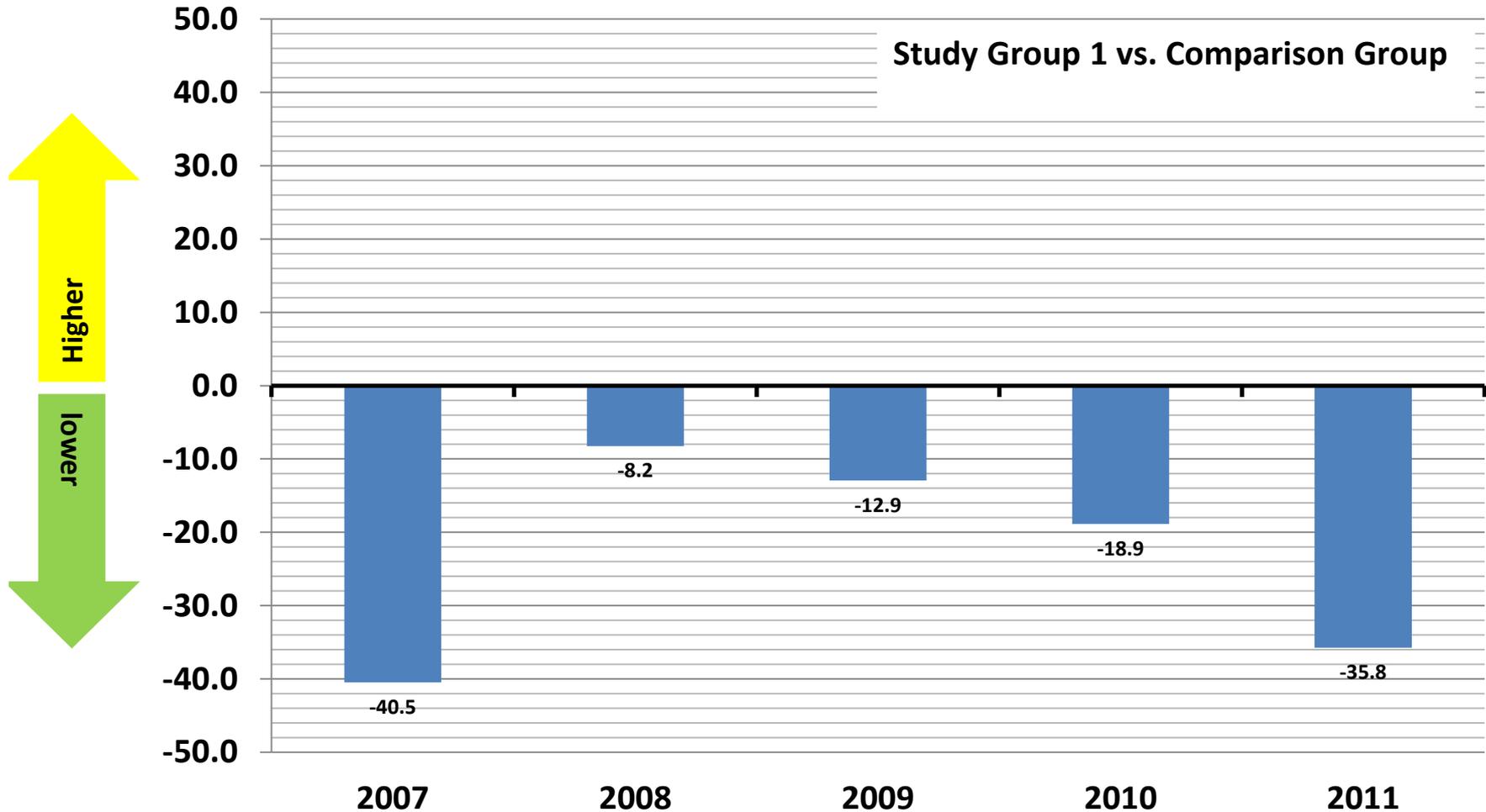
Difference in hospitalization rates (Adjusted). Commercially insured 18-64



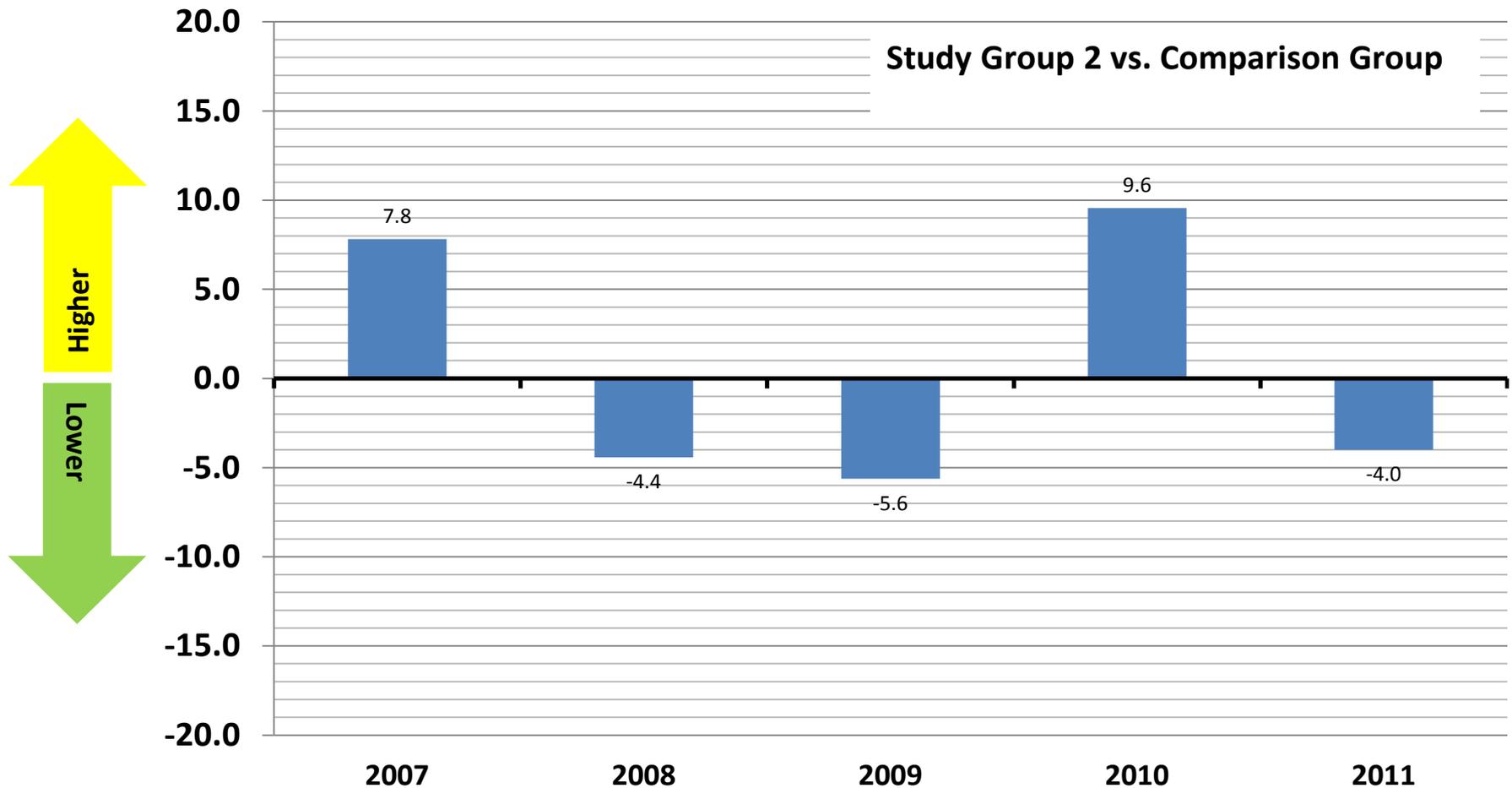
Hospitalizations per 1000 beneficiaries (Adjusted). Medicaid population 18-64



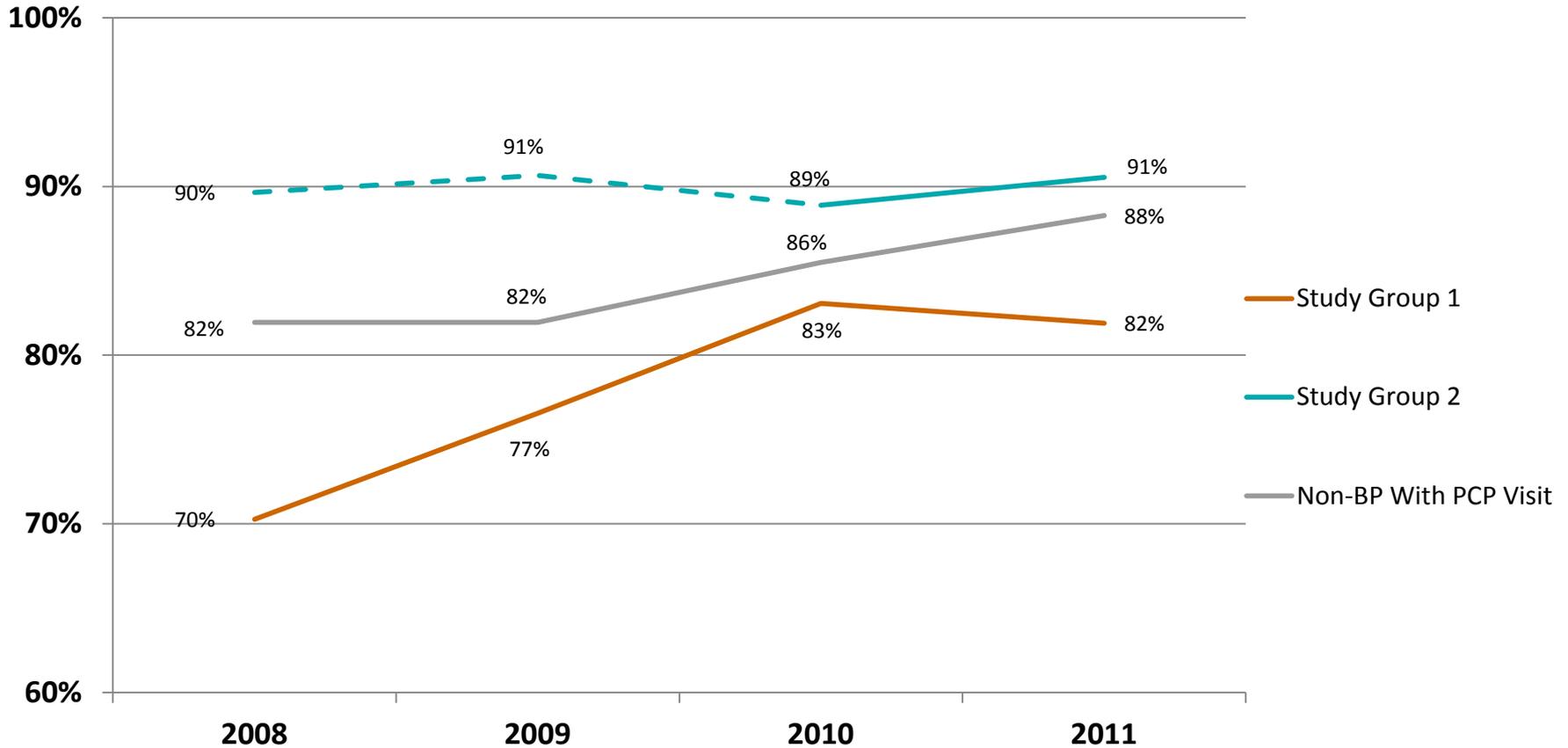
Difference in hospitalization rates (Adjusted). Medicaid population 18-64



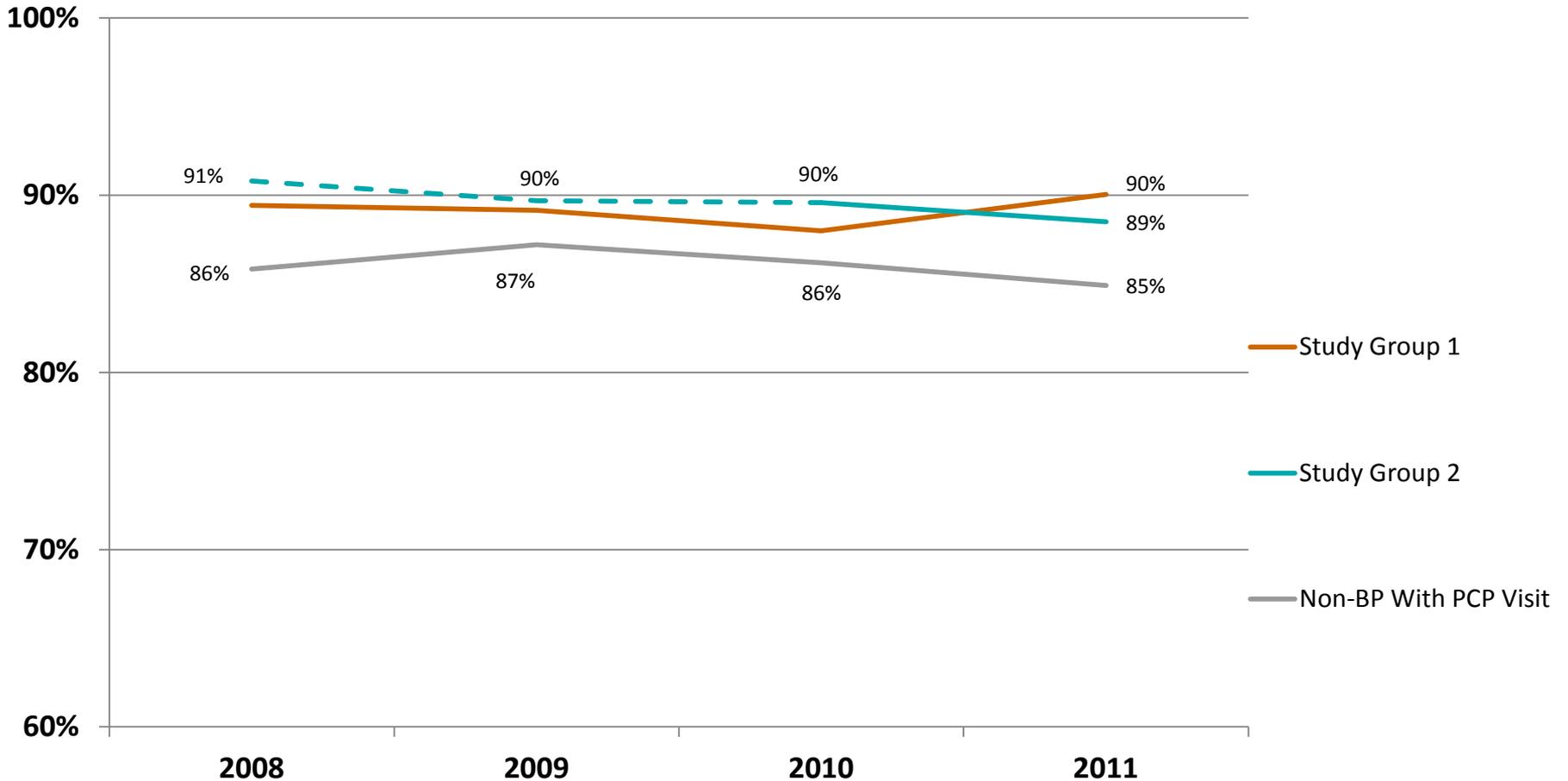
Difference in hospitalization rates (Adjusted). Medicaid population 18-64



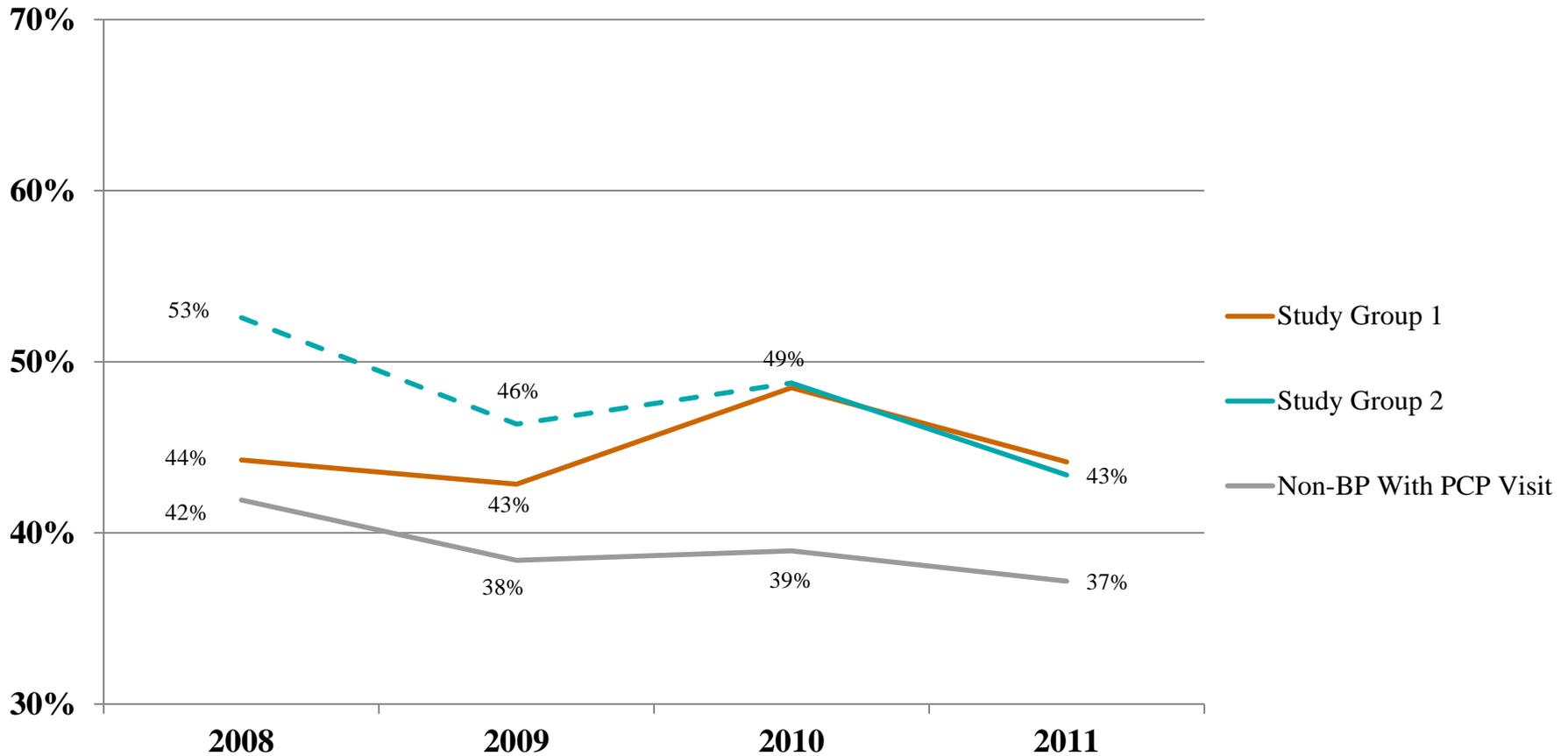
Comprehensive Diabetes Care (HEDIS®)-HbA1c Testing; commercially insured, 18-64 years old



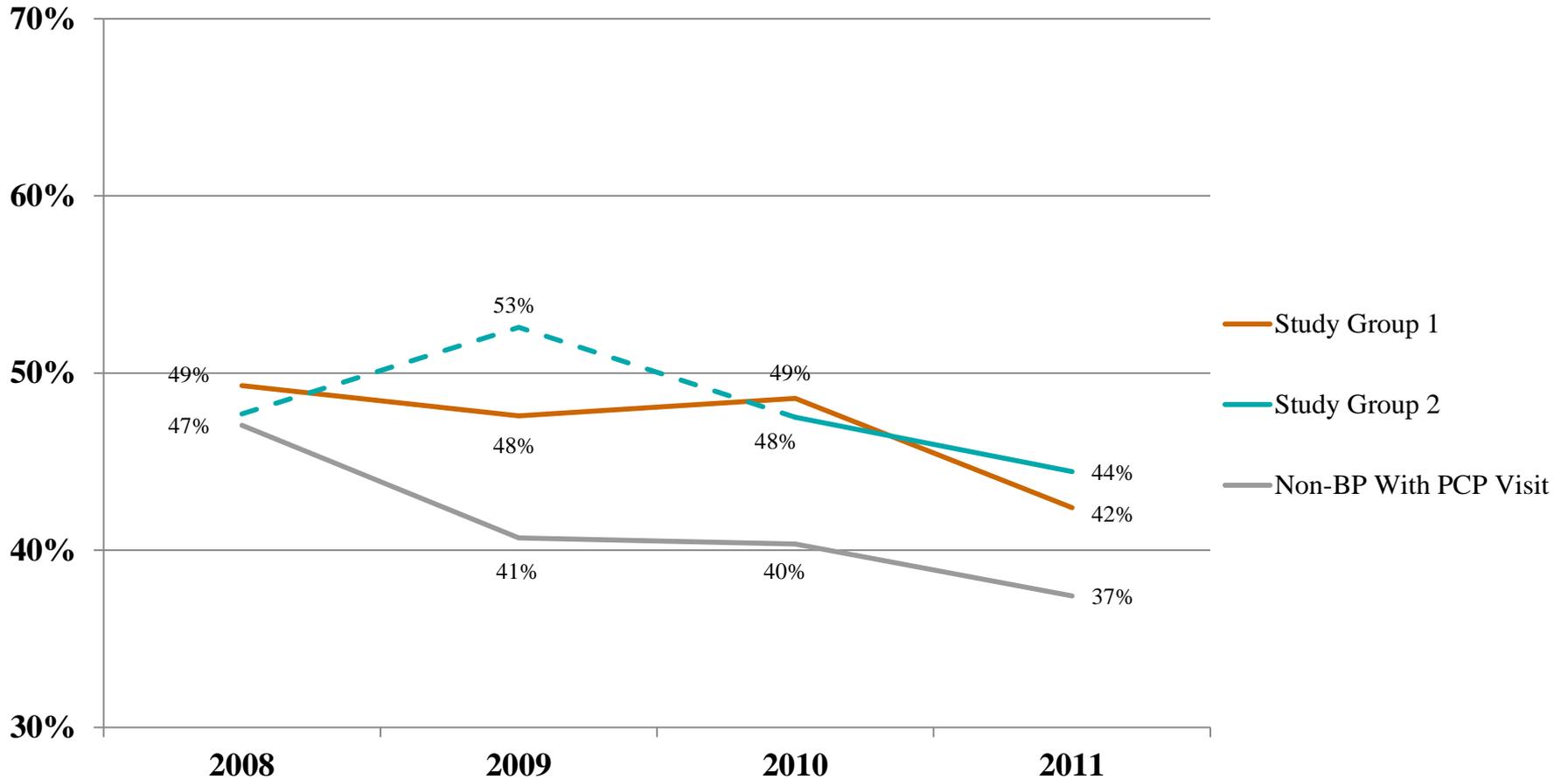
Comprehensive Diabetes Care (HEDIS®)-HbA1c Testing; Medicaid population, 18-64 years old.



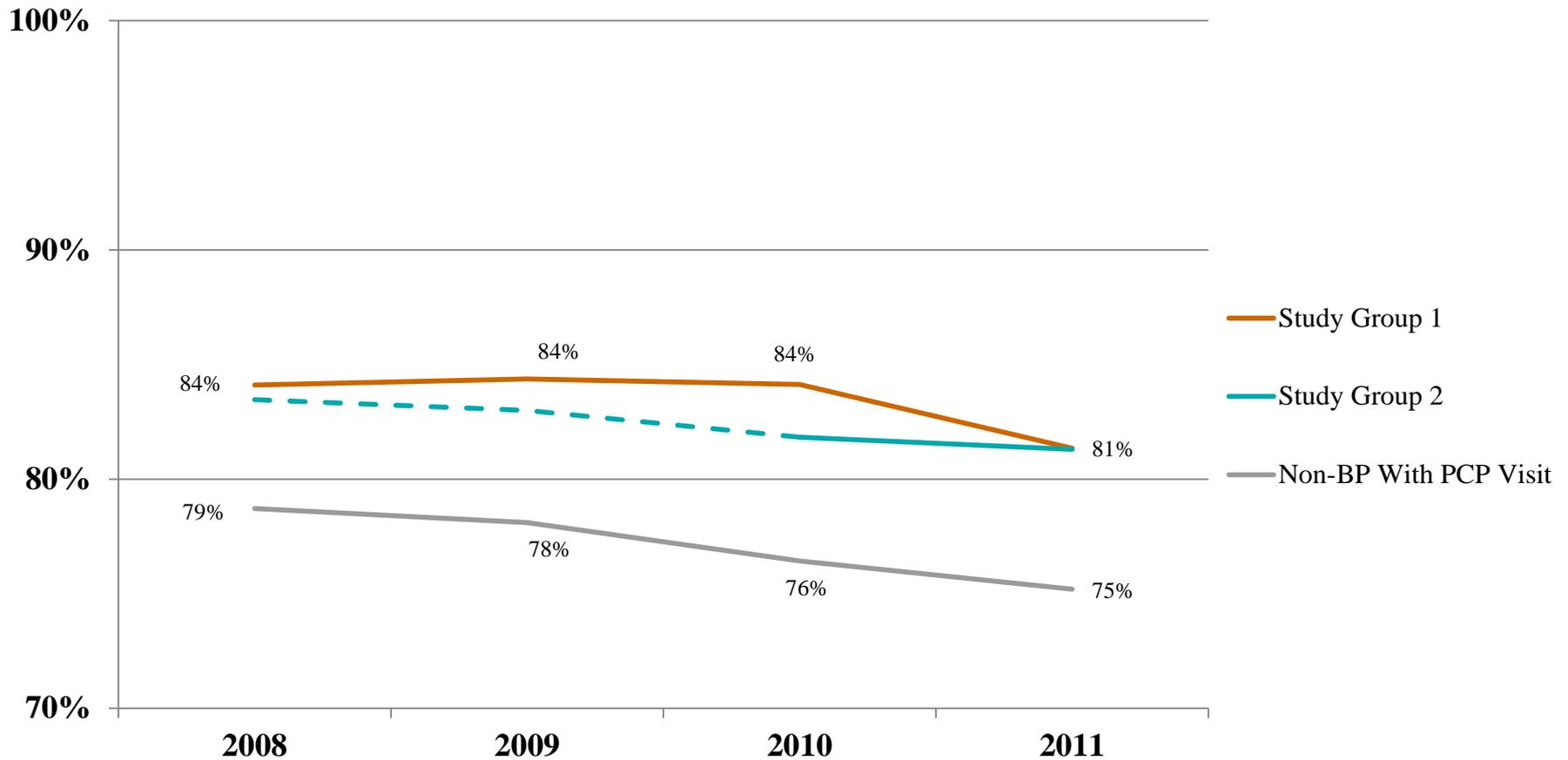
Comprehensive Diabetes Care (HEDIS®)-Eye Exam; commercially insured, 18-64 years old



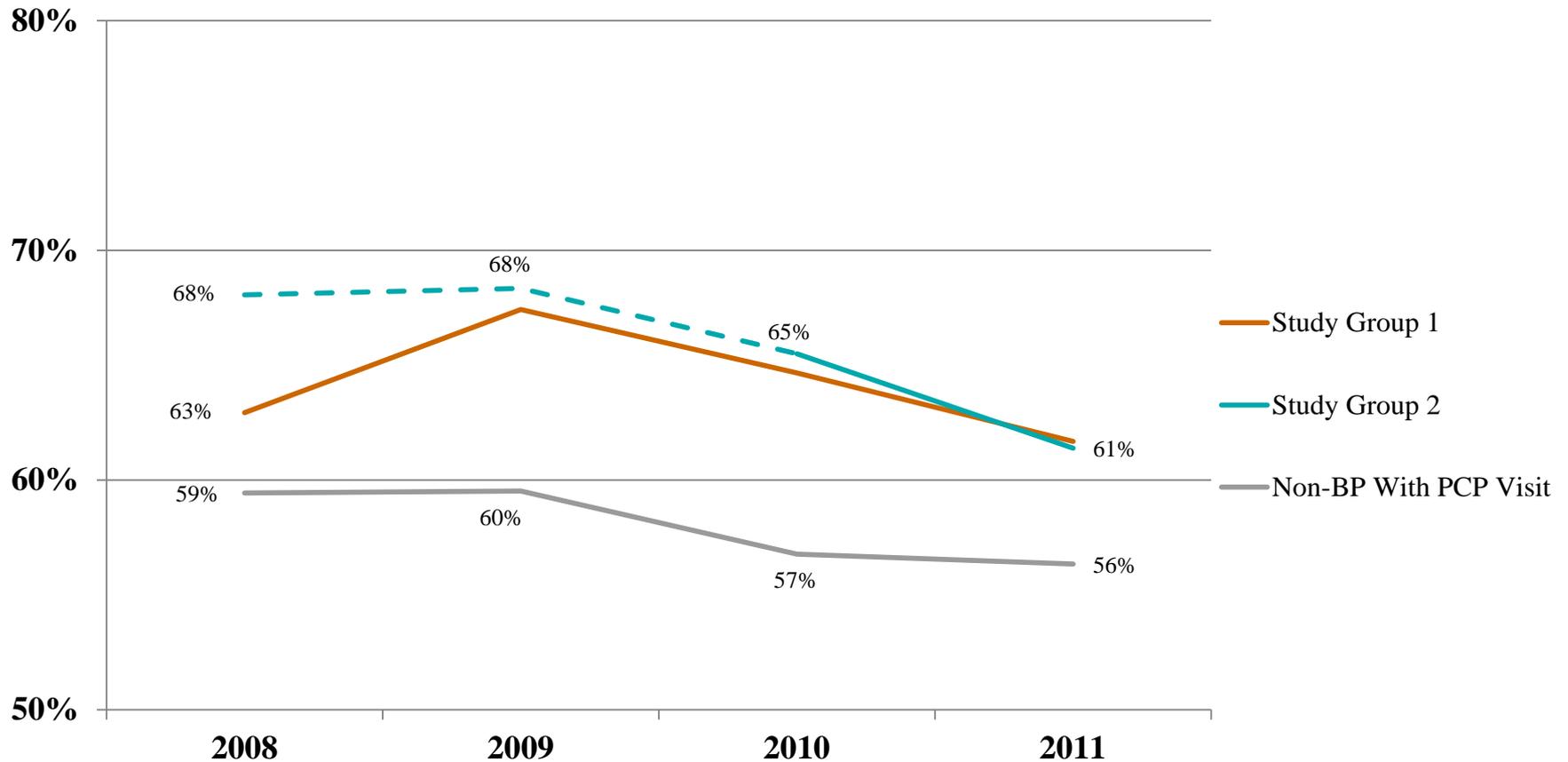
Comprehensive Diabetes Care (HEDIS®)-Eye Exam; Medicaid population, 18-64 years old



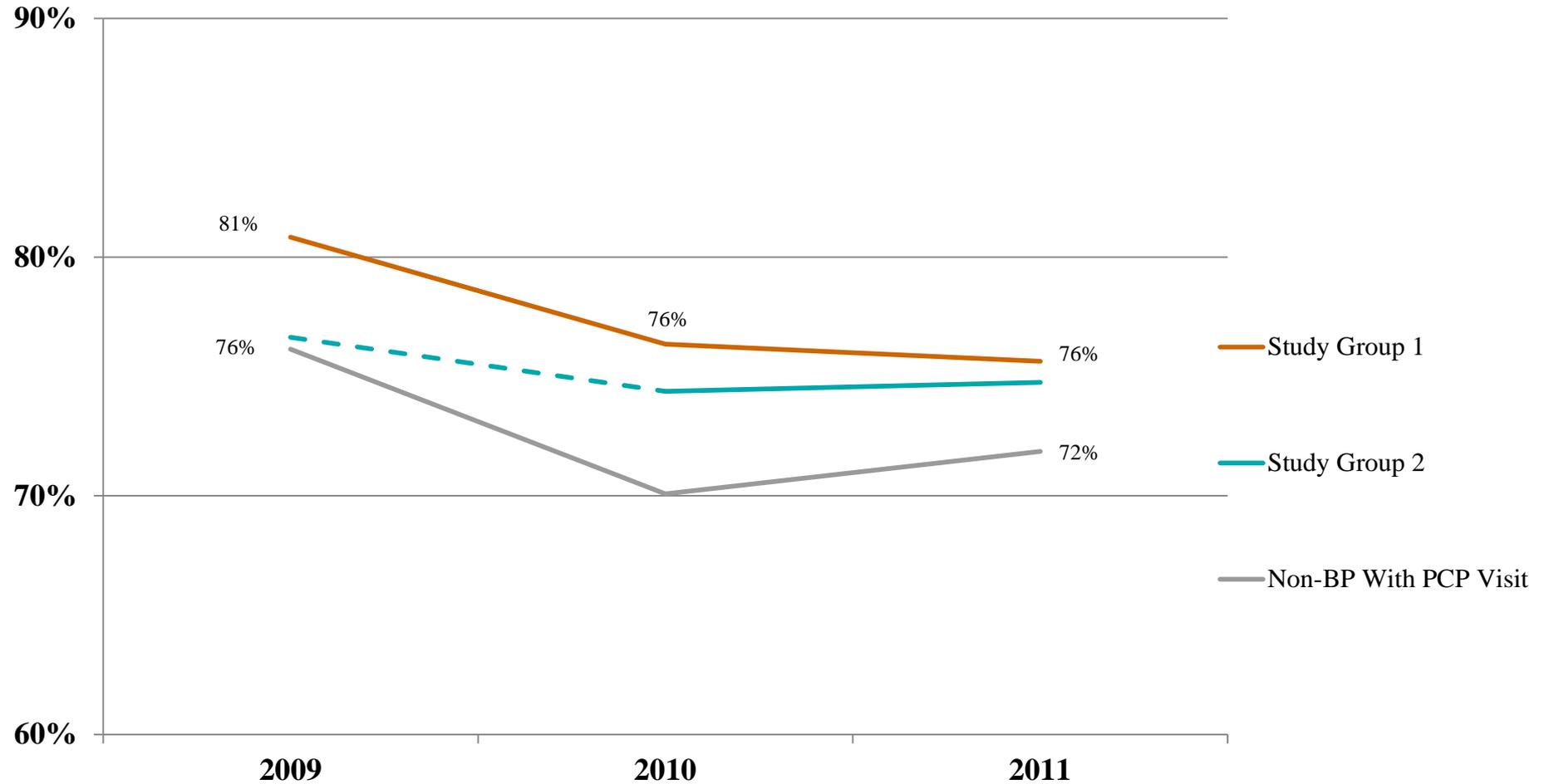
Breast Cancer Screening (HEDIS®); commercially insured, 42-64 years old



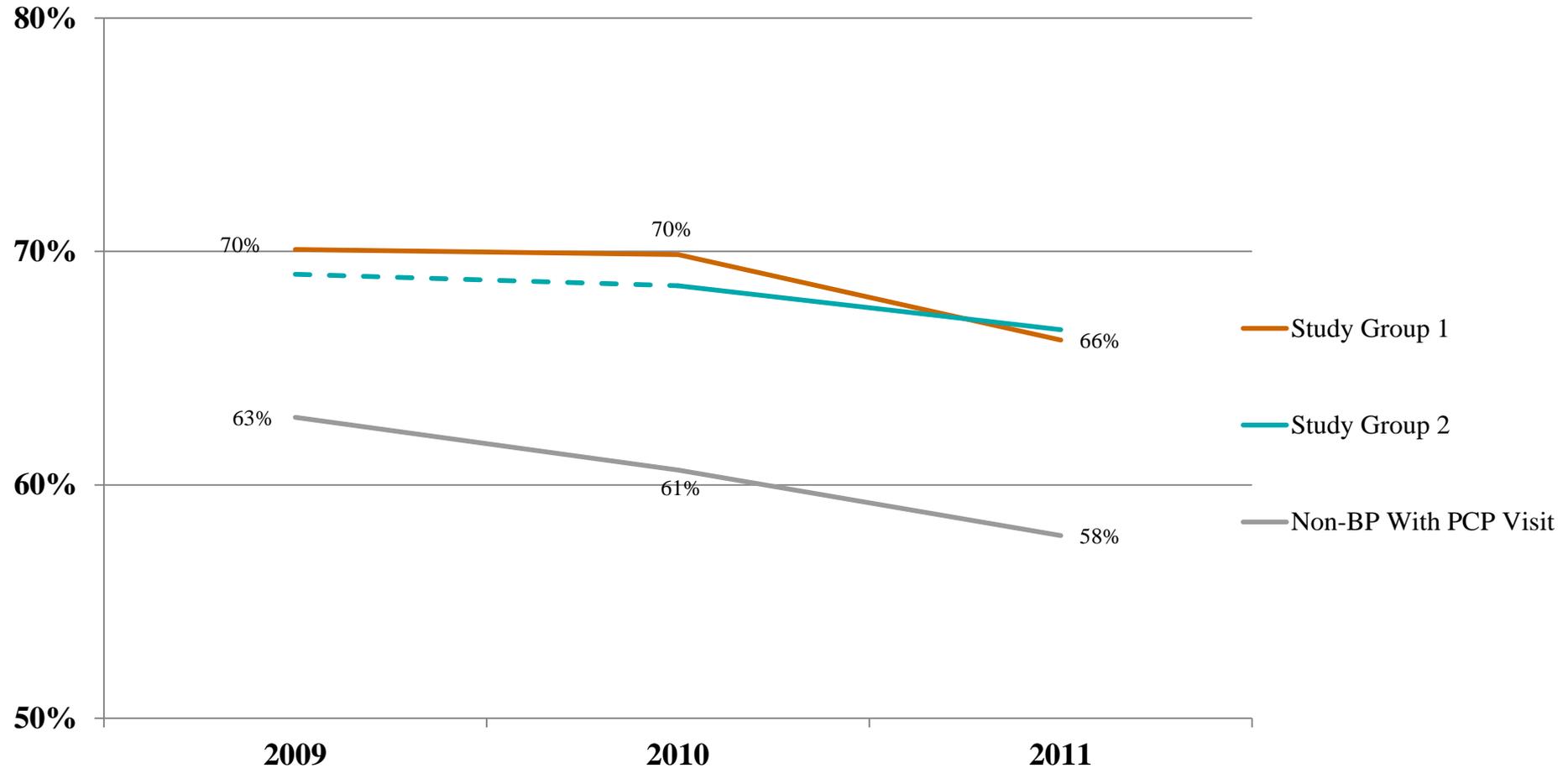
Breast Cancer Screening (HEDIS®); Medicaid population, 42-64 years old



Cervical Cancer Screening (HEDIS®); commercially insured, 24-64 years old



Cervical Cancer Screening (HEDIS®); Medicaid population, 24-64 years old



What's in the works

- Continued expansion of PCMHs (+NDs), CHTs and SASH
- Front load support for CHTs 6 months before scoring
- Comparative assessments & practice profiles
- Data systems & data quality
- Hub & Spoke (addiction & mental health disorders)
- Discussions regarding PPPMs to PCMHs

Blueprint Team

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