

Transforming to an Integrated Health System: The Vermont Blueprint for Health

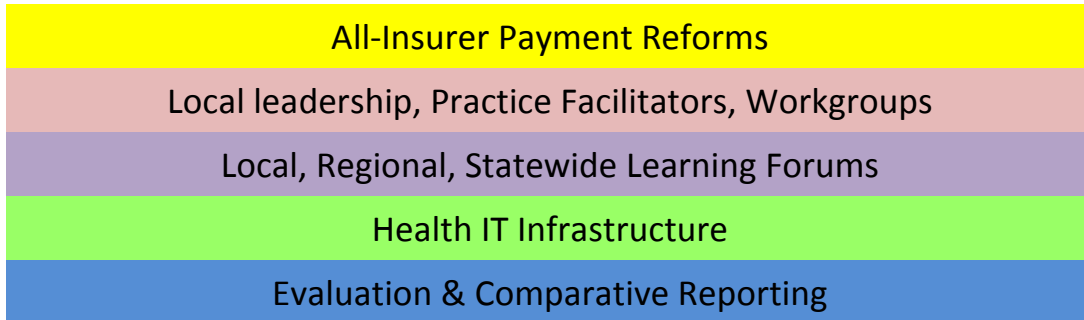
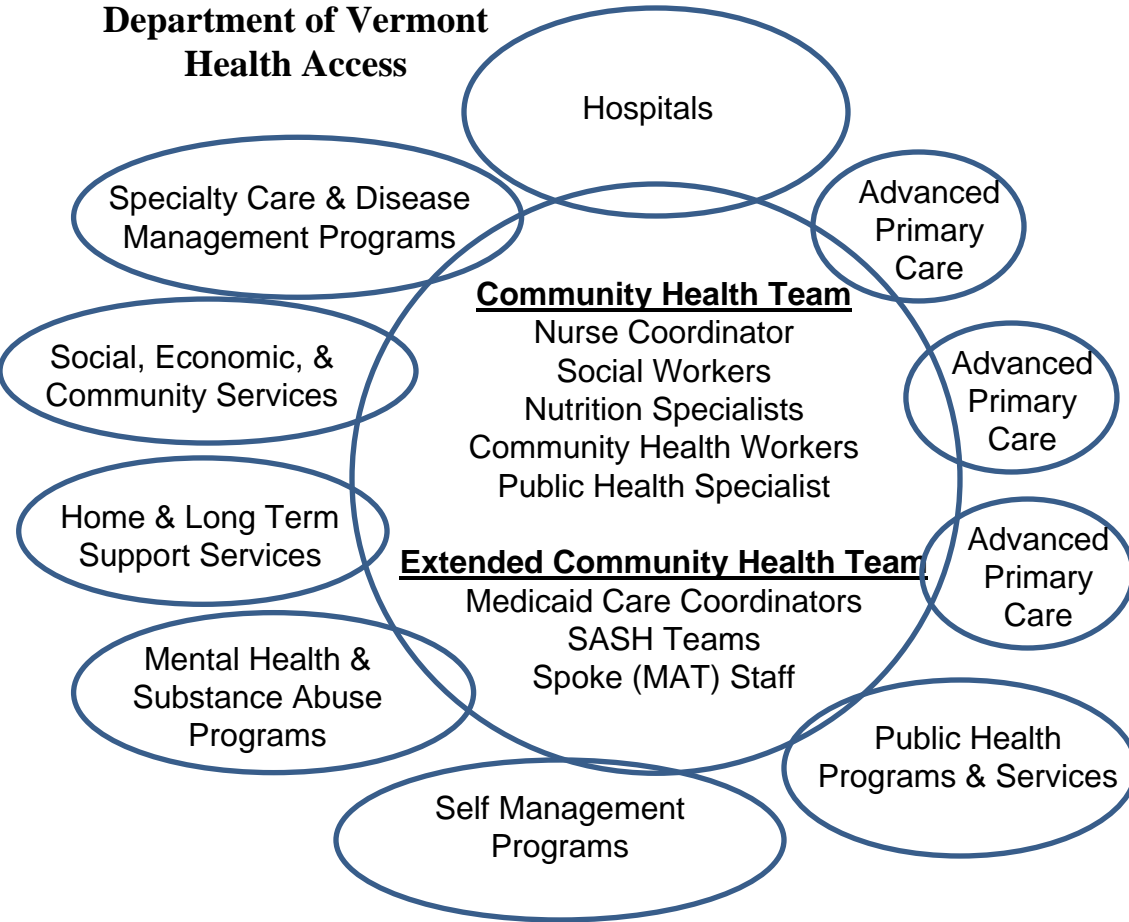
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Components of the Blueprint

- **Centered Medical Homes (PCMHs)**
- **Community Health Teams (core and extender)**
- **Community Based Self-management Programs**

- **Multi-insurer payment reforms**
- **Health Information Infrastructure**
- **Analytics and Reporting Systems**
- **Learning Health System Activities**

Smart choices. Powerful tools.

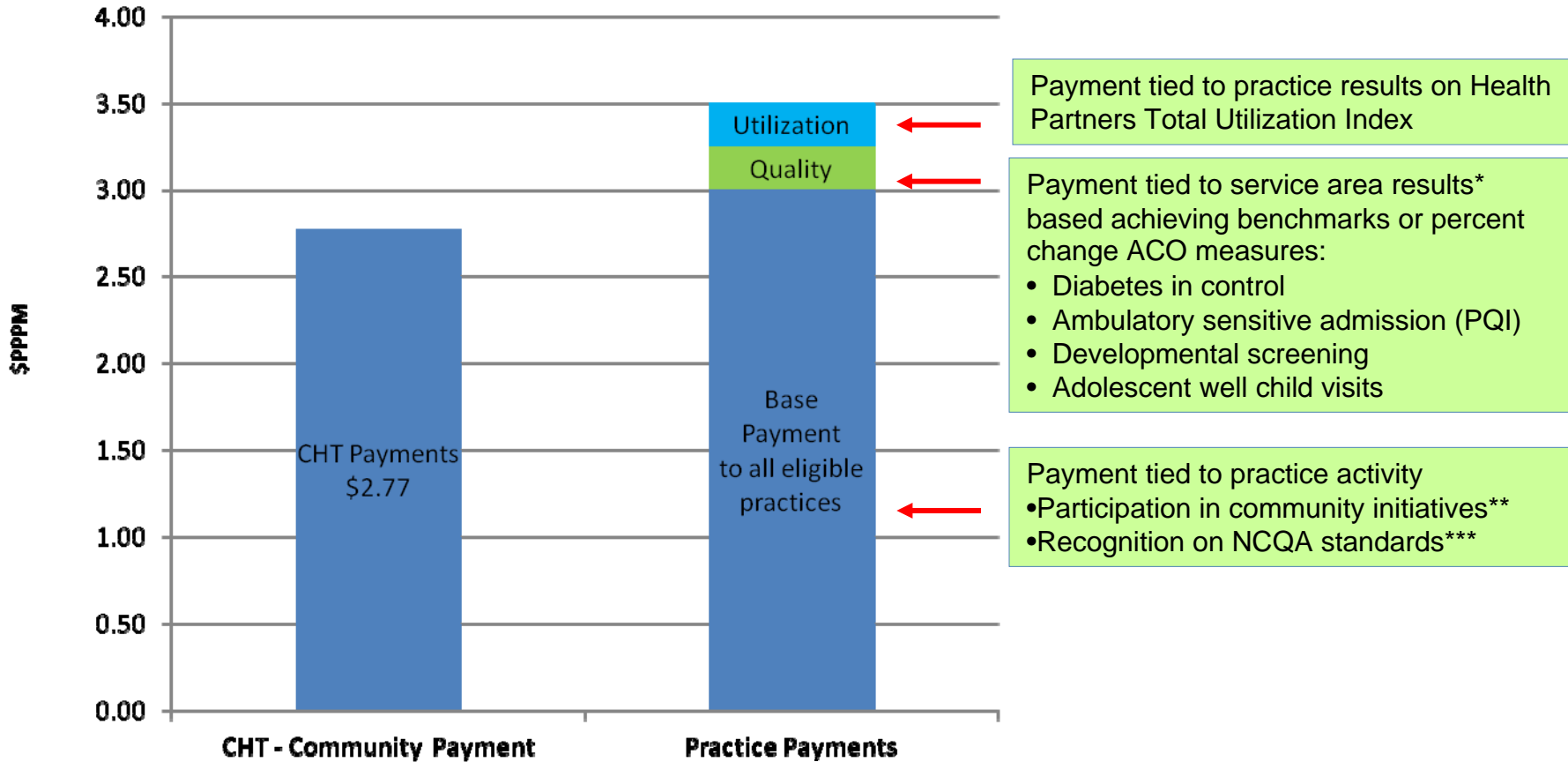


- Service implementation designed locally through multi-agency Collaborative bridging health, human services, and community resources.
- Foundation of medical homes and community health teams (CHT) that support complex care coordination and population management and is linked to broad range of community services.
- Multi Insurer Payment Reforms fund medical home transformation and capacity for CHTs. Moving toward all payer alternate payment models.
- Health information technology infrastructure including EMRs, hospital data sources, HIE, registry and claims.
- Analytics infrastructure that links data (i.e. clinical, claims, corrections) and produces actionable reports for practices, communities, ACOs and State.

Health Services Network

Key Components	March 31, 2016
PCMHs (active PCMHs)	128
PCPs (unique providers)	712
Patients (Onpoint attribution) (Dec. 2014)	334,893
CHT Staff (core)	148.08 FTE
SASH Staff (extenders)	~60 FTEs (54 panels)
Spoke Staff (extenders)	55.5 FTE

Payment Model



*Incentive to work with community partners to improve service area results.

**Organize practice and CHT activity as part of at least one community quality initiative per year.

***Payment tied to recognition on NCQA PCMH standards with any qualifying score.

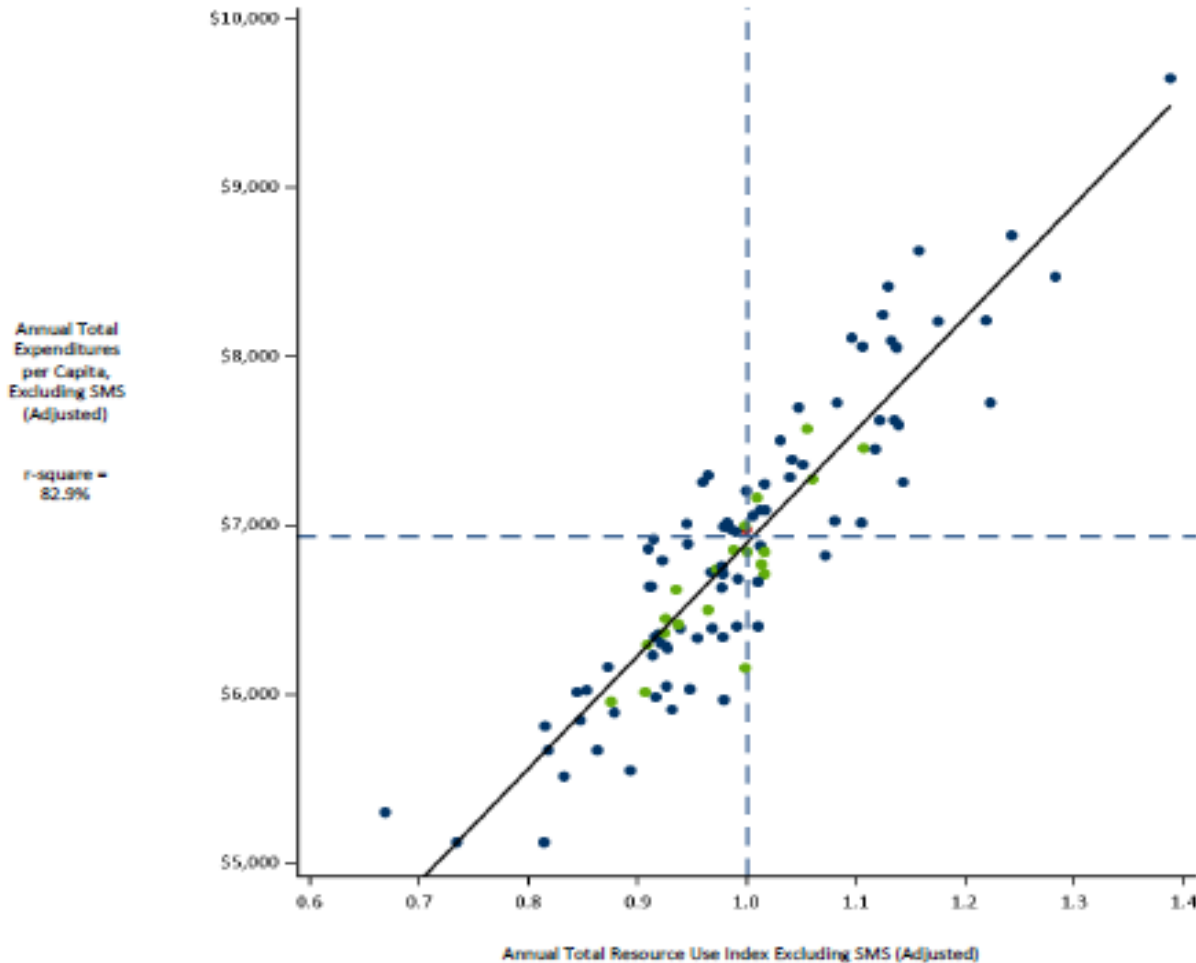
****Payments are for Commercial and Medicaid. Medicare pays a different rate

Core ACO Measures Selected

- **Core- 2: Adolescent Well-Care Visit**
- **Core- 8: Developmental Screening in the First Three Years of Life**
- **Core- 12: Rate of Hospitalization for ACS Conditions (PQI Chronic Composite)**
- **Core- 17: Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)**

Total Resource Use Index

Annual Total Expenditures per Capita vs. Resource Use Index (RUI)



A 0.01 change in TRUI is associated with a \$66.80 change in expenditures per person

Statewide Network for Comparative Learning



- 14 Community Health Team Leaders
- 13 Blueprint Practice Facilitators
- 15 Blueprint Project Managers
- 4 ACO Clinical Quality Leaders
- 6 ACO Clinical Consultants

VERMONT
Blueprint for Health
PROCESS

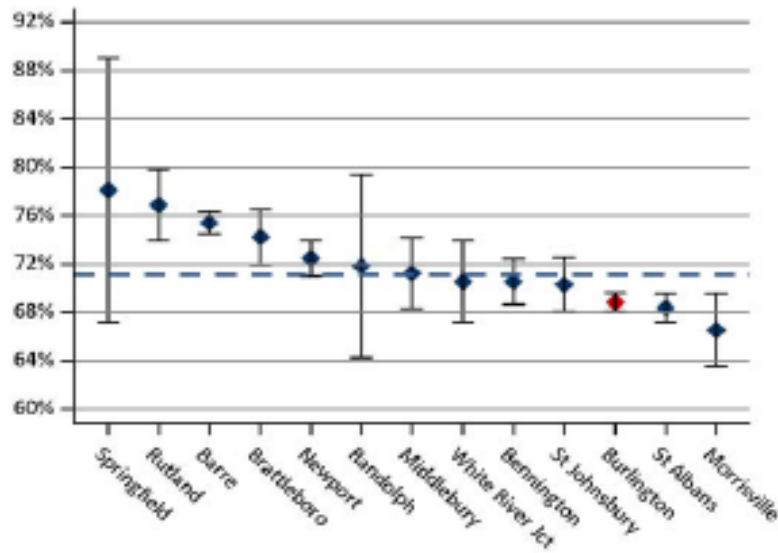
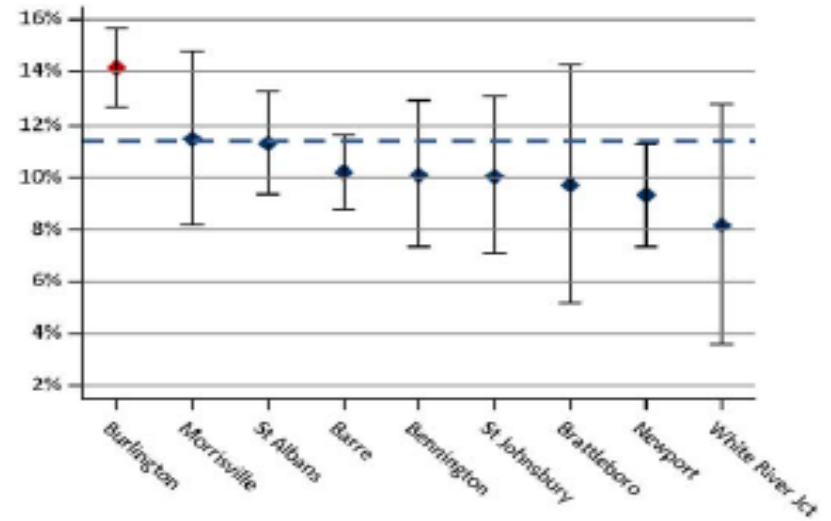


Community Collaboratives (CC)

- Formed under the joint leadership of the ACOs and Blueprint for Health
- Focused on improving ACO and population health measures, including quality projects and coordinating health and community based services
- Leadership teams formed to identify priority area based on state priorities
- Recommended Leadership teams includes: clinical leaders from independent and federally qualified health center (FQHC) primary care practices, local hospital, mental health agency, area agency on aging, home health agency, pediatrics, housing organization, plus additional locally selected members (recommended not to exceed 11)
- Involve additional community stakeholders

Workgroups of the Community Collaboratives

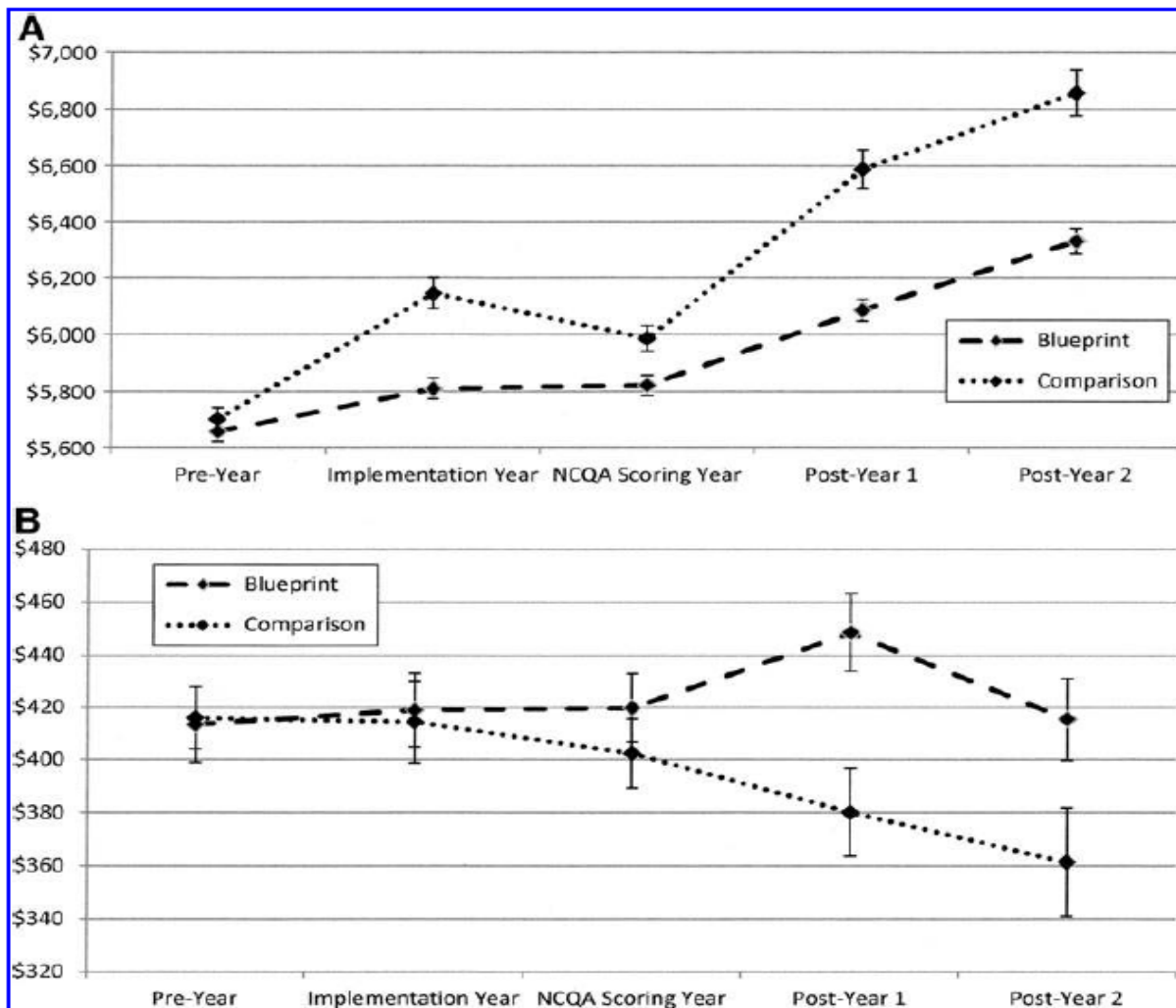
- **Committees or workgroups were created to implement specific quality and coordination projects, for example:**
 - **Enhancing care coordination across organizations**
 - **Reducing emergency room use**
 - **Decreasing hospital admissions**
 - **Increasing hospice utilization**
 - **Addressing addiction**

Hypertension: Blood Pressure in Control (Core-39, MSSP-28)

Diabetes: HbA1c Not in Control (Core-17, MSSP-27)


Metric	Diabetes A1c in Control	Diabetes A1c Not in Control
Members	5,923	1,007
Annual expenditures per capita	\$13,938 (\$13,498, \$14,377)	\$15,563 (\$14,433, \$16,672)
Inpatient hospitalizations per 1,000 members	178.3 (167.3, 189.2)	218.8 (189.4, 248.2)
Inpatient days per 1,000 members	833.7 (812.2, 839.2)	1,021.8 (938.2, 1,083.4)
Outpatient ED visits per 1,000 members	634.3 (613.8, 634.8)	743.3 (689.0, 797.3)

Note: Risk-adjusted rates with 95% confidence intervals are provided in parentheses. Outliers beyond the 99th percentile have been excluded.

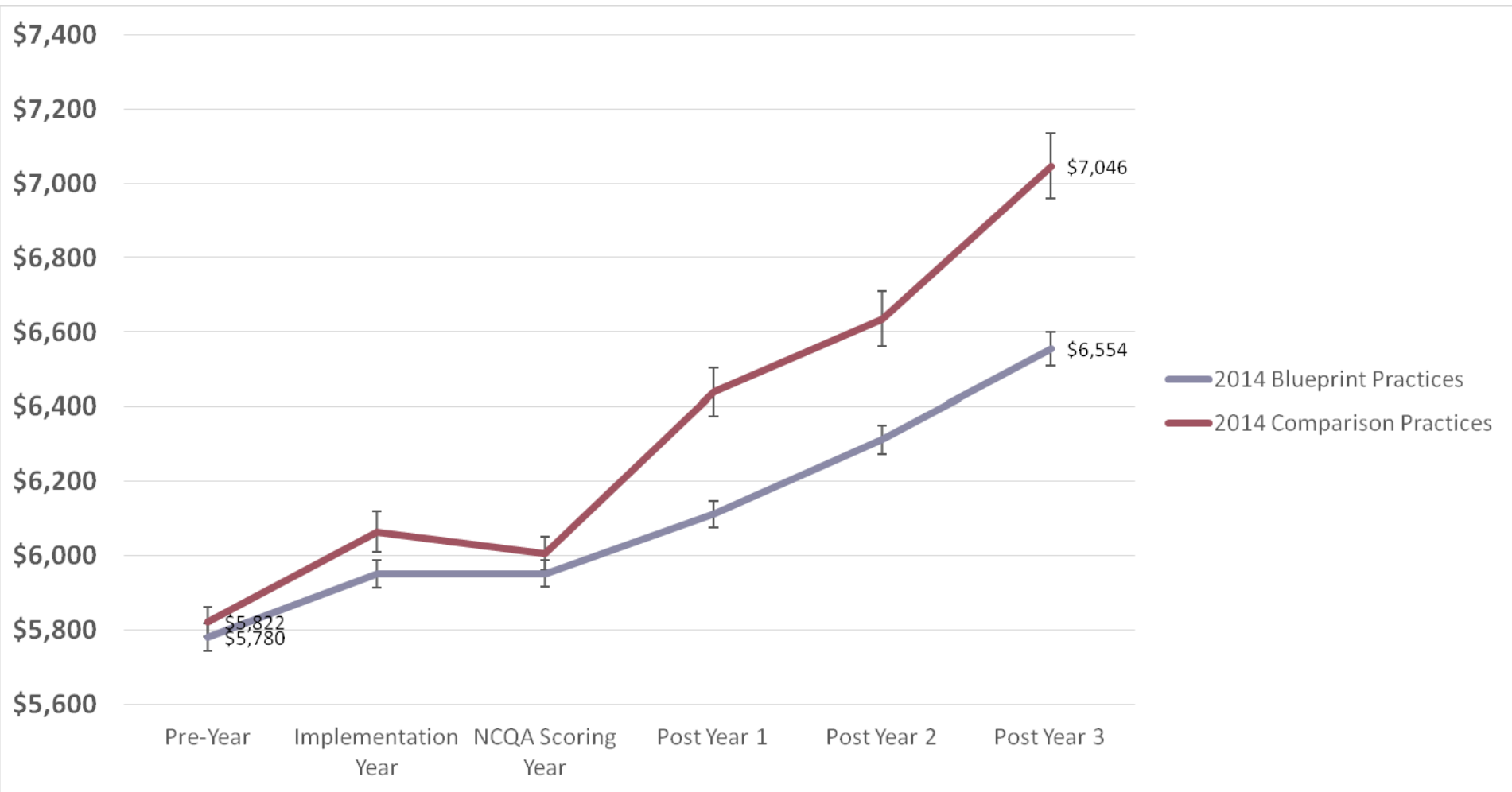
Figure 2. Expenditures Per Person



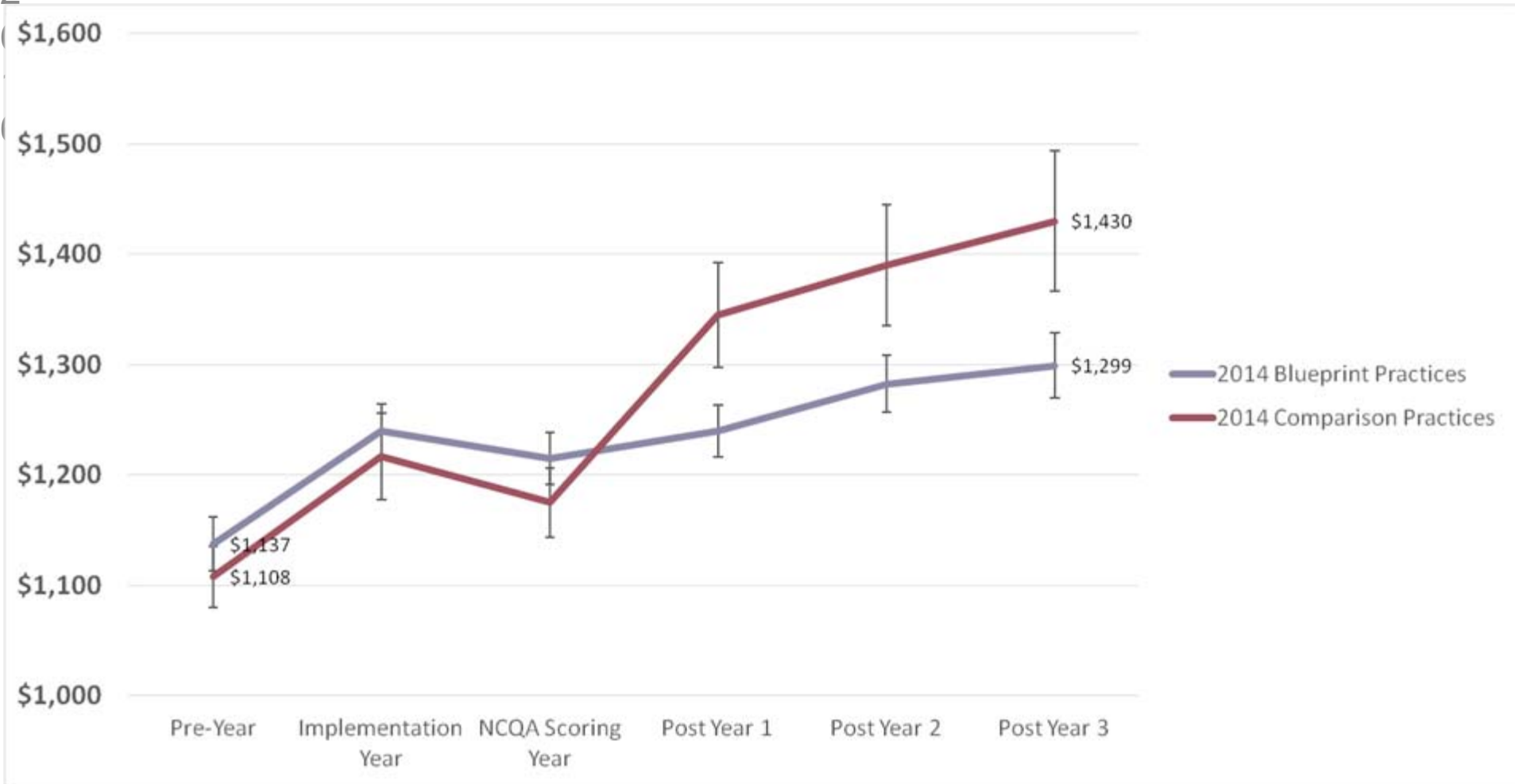
Expenditures on healthcare for the whole population

Medicaid expenditures on special services

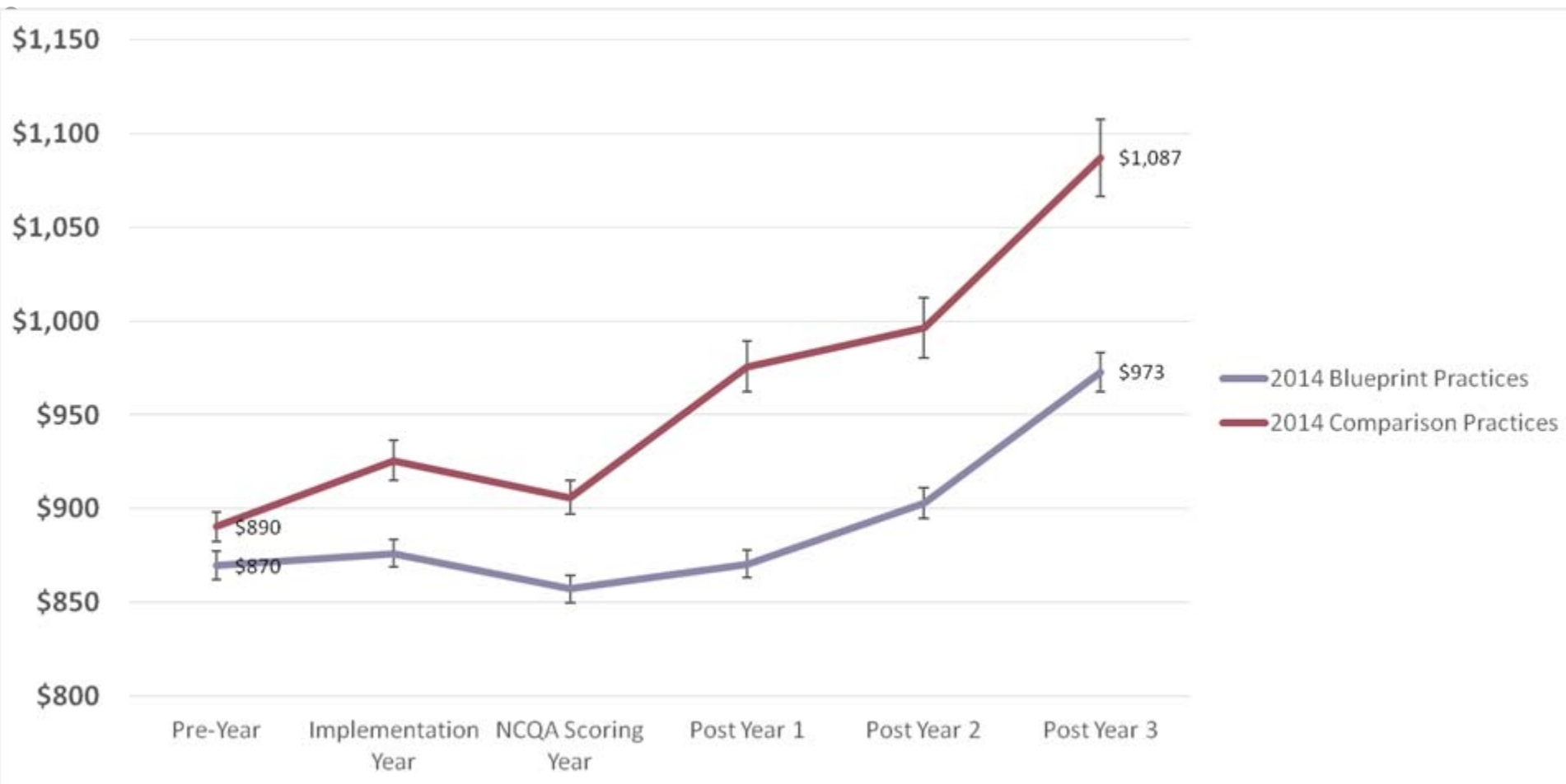
Total Expenditures Per Capita 2008 – 2014 All Insurers Ages 1 and older



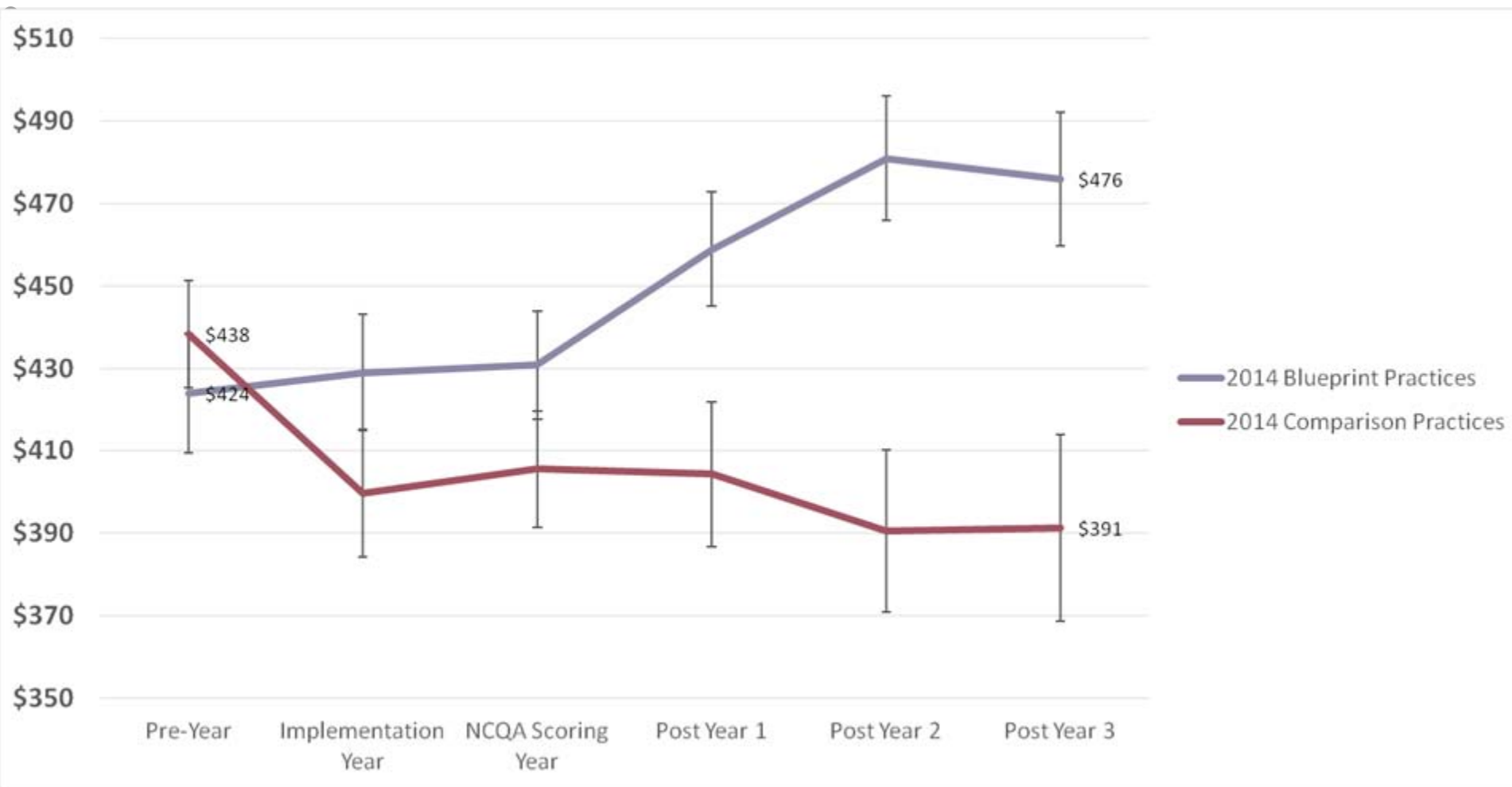
Total Inpatient Expenditures Per Capita 2008 – 2014 All Insurers Ages 1 and older



Total Pharmacy Expenditures Per Capita 2008 – 2014 All Insurers Ages 1 and older



Total SMS Expenditures Per Capita 2008 – 2014 Medicaid Ages 1 and older



Current State of Play in Vermont

- **Statewide foundation of primary care medical homes**
- **Community Health Teams providing supportive services**
- **Statewide transformation and learning network**
- **Local innovation through community collaboratives**
- **Statewide self-management programs**
- **Maturing health information & data systems, comparative reporting**
- **Potential for a unified accountable health system and all payer model**