

Blueprint for Health

House Health Care Committee

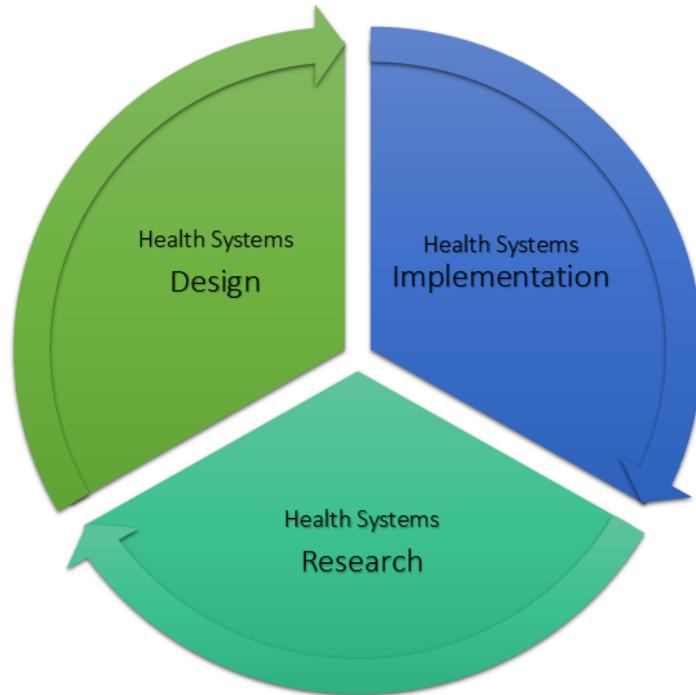
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HIGHLIGHTS & PROGRAM GROWTH

Vermont Statutory Framework Act 128 Mission of Blueprint For Health

“integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.”



- **Patient Centered Medical Homes** strong primary care foundation
- **Community Health Teams** bridge health and social services
- **SASH** for healthy aging-in-place
- **Hub and Spoke** for opioid use disorder treatment
- **Women's Health Initiative** increase pregnancy intention, healthy families

In Design

- Screening, Brief Intervention, & Navigation to Services (SBINS)
- Pilots of Comprehensive, Integrated Services for Chronic Pain



Statewide Network for Comparative Learning

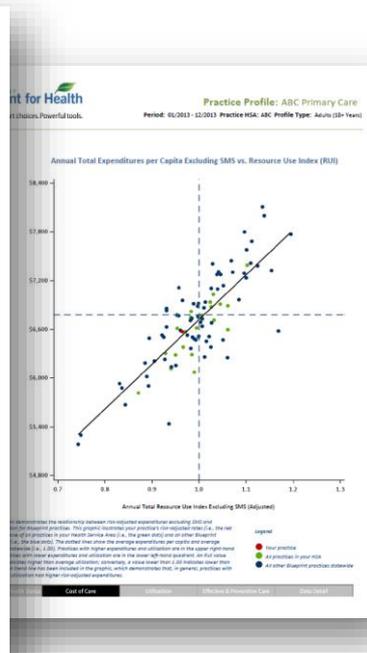
- Blueprint Practice Facilitators
- Blueprint Project Managers
- Community Health Team Leaders
- ACO Clinical Consultants

A trusted, community-hired staff;
Supports data-guided quality improvement;
Convenes local health and human services for integrated reform;
Enables rapid implementation of new initiatives in response to state priorities.

Health Services Network

Key Components	December, 2018
Patient Centered Medical Homes	136 Practices
Primary Care Providers	830 Unique MD, DO, APRN, & PAs
Primary Care Patients	314,952 (Attributed in VHCURES)
Women's Health Practices	21 Women's Health Practices 18 Primary Care Practices
Community Health Teams (CHT) Staff	307 Full Time Equivalent (FTE)
CHT – Patient Centered Medical Homes	162 FTE
CHT – Spokes	65 FTE
CHT - Women's Health Initiative	12 FTE
SASH Staff	68 FTE

Research & Evaluation



- Data profiles for Patient Centered Medical Homes, Health Service Areas, Hub, Spokes, adding Women's Health
- Program evaluation tracks quality, costs, utilization
- Peer-reviewed publications confirm methodology, spread knowledge

Projected BP Payments SFY19	Insurers					
	Medicare	Medicaid	MVP	BCBSVT	Cigna	All Insurers
Practice and CHT Payments Total	\$7,895,720	\$14,731,108	\$676,039	\$8,212,081	\$54,487	\$31,569,434
						\$31,569,434
Spoke MAT CHT		\$5,914,650				\$5,914,650
PCMH	\$4,126,493	\$7,303,988	\$676,039	\$8,212,081	\$54,487	\$20,373,087
Core CHT	\$2,283,761	\$3,508,233	\$288,091	\$3,788,506	\$23,700	\$9,892,291
Practice PMPM	\$1,842,732	\$3,795,755	\$387,947	\$4,423,575	\$30,787	\$10,480,796
SASH	\$3,769,227					\$3,769,227
WHI		\$1,512,470				\$1,512,470
Patient Centered Medical Homes						\$99,134
One-Time		\$99,134				\$99,134
Practice PMPM		\$40,000				\$40,000
		\$59,134				\$59,134
Women's Health Specialty Practices						\$1,413,336
CHT		\$1,413,336				\$1,413,336
One-Time		\$1,086,421				\$1,086,421
Practice PMPM		\$50,000				\$50,000
		\$276,915				\$276,915

Impact of Patient Centered Medical Homes and Community Health Teams

BLUEPRINT EVALUATION

Total Expenditures by Category of Primary Care Attribution, Unadjusted

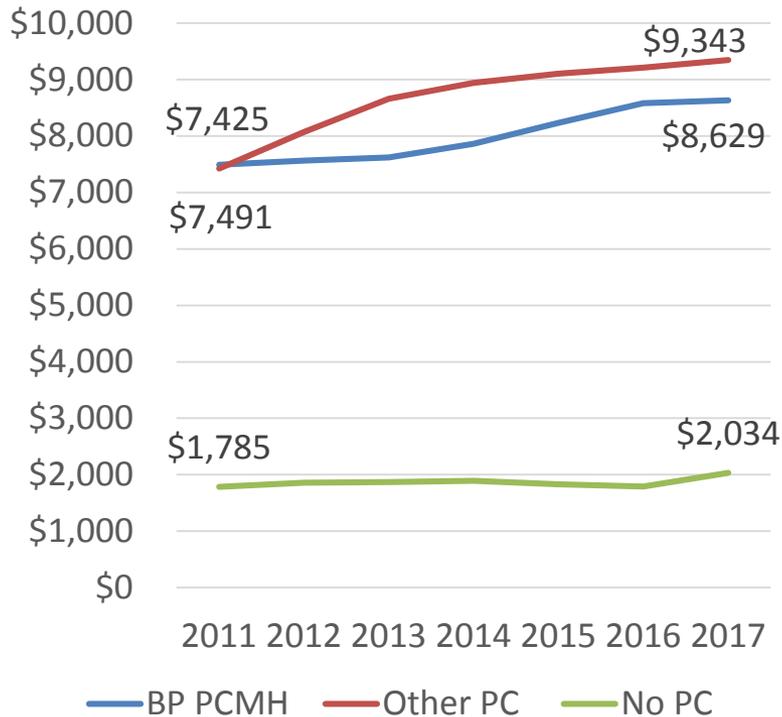
Category	BP PCMH (289,095)		Other Primary Care (96,424)		No Primary Care (41,008)	
	2017 PMPY	Annual Growth	2017 PMPY	Annual Growth	2017 PMPY	Annual Growth
Inpatient*	\$1,791	0.44%	\$2,113	2.75%	\$420	1.16%
Outpatient*	\$2,158	2.10%	\$2,636	6.33%	\$446	0.15%
Professional	\$1,678	1.02%	\$1,825	2.05%	\$417	2.67%
Pharmacy	\$1,547	4.02%	\$1,782	7.40%	\$338	5.73%
Other	\$261	(1.51%)	\$291	1.13%	\$37	(5.81%)
SMS**	\$966	4.9%	\$622	(3.2%)	\$361	3.13%
Blueprint	\$96	15.2%	\$0	—	\$0	—
ACO Capitated	\$132	—	\$74	—	\$15	—
Total	\$8,629	2.39%	\$9,343	3.90%	\$2,034	2.20%

*Facility claims

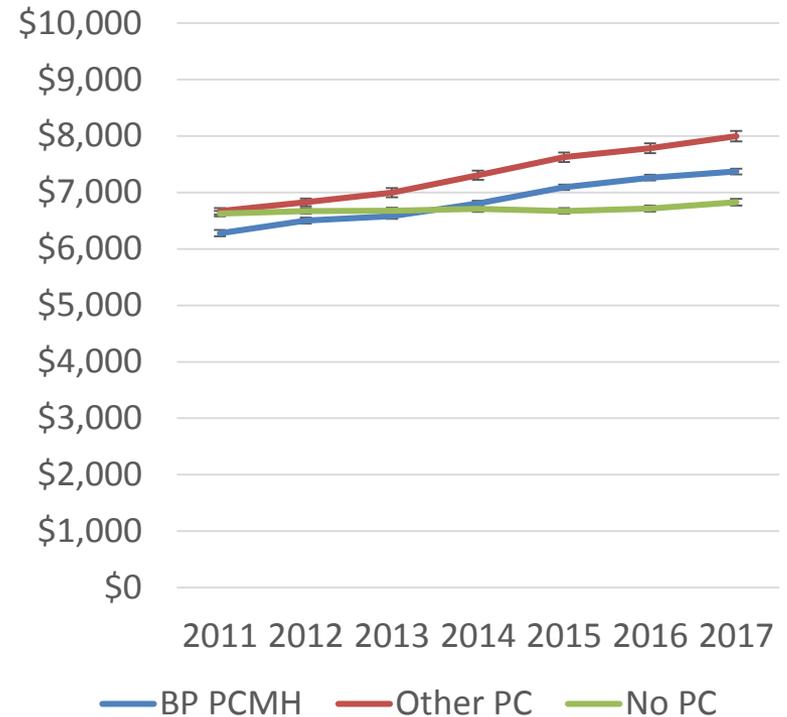
** Special Medicaid Services e.g. services that other insurers typically do not pay for (transportation, rehabilitation, Home and Community Based Waiver services)

Total PMPY Expenditures by Primary Care Attribution

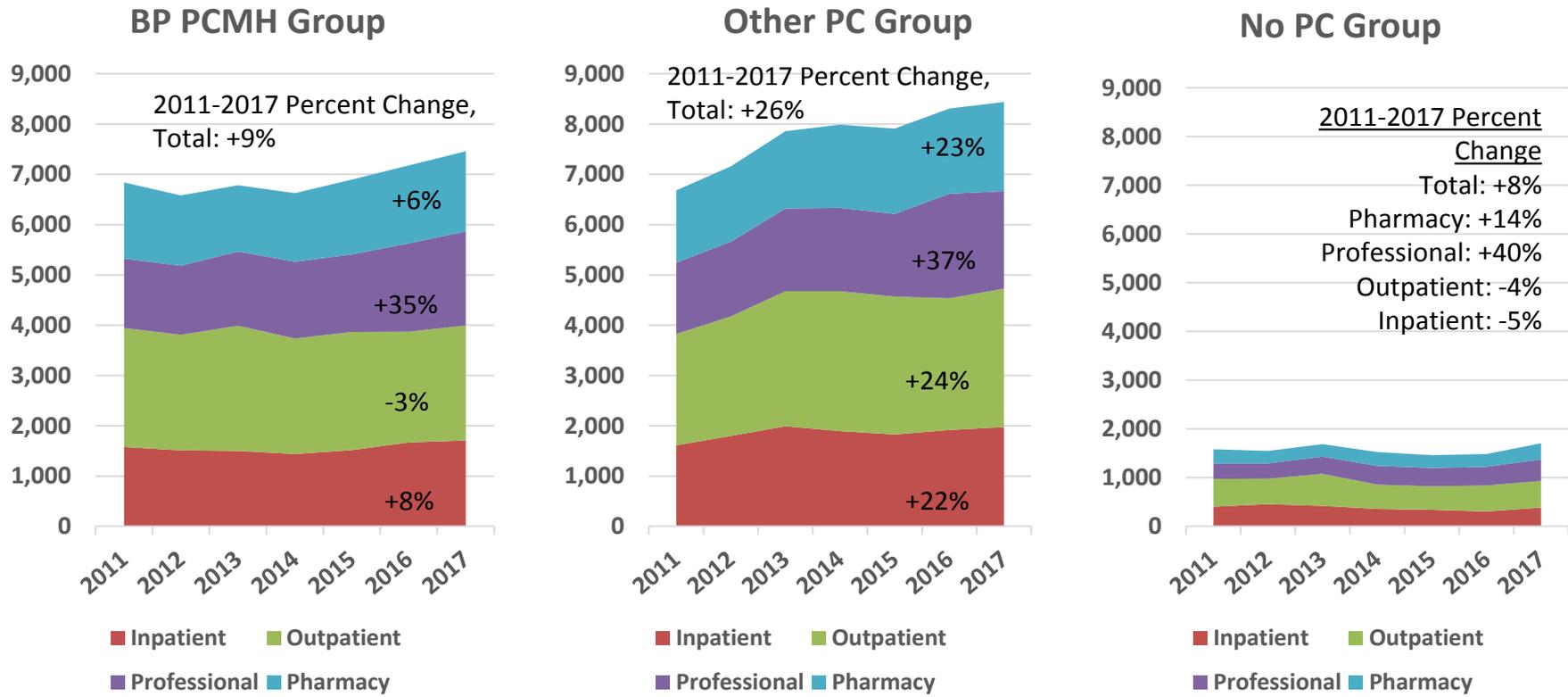
A. Unadjusted PMPY Expenditures



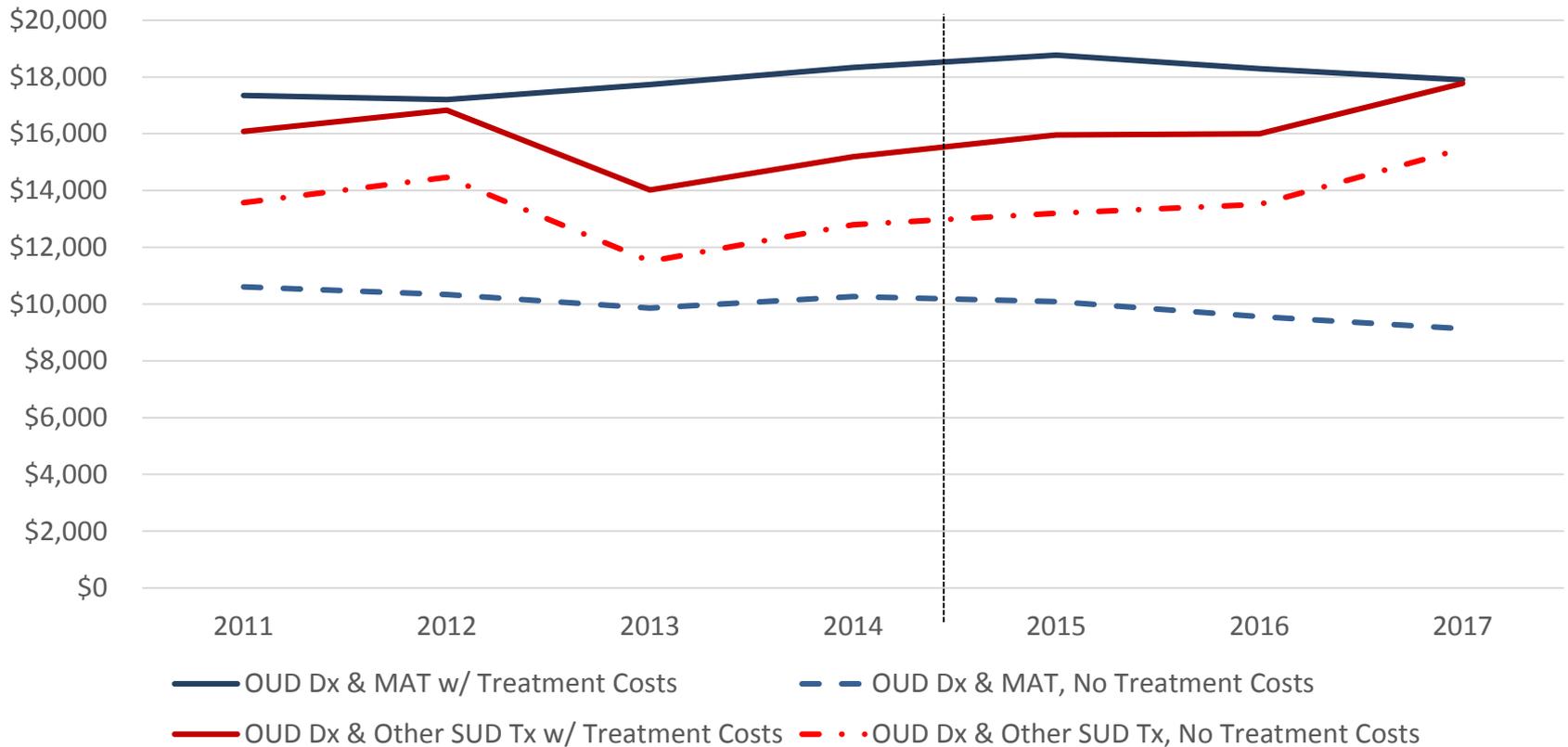
B. Adjusted PMPY Expenditures



Total Resource Use, by Primary Care Category



Expenditures for Populations with OUD, Including and Excluding Treatment Costs, Unadjusted



Inpatient Hospitalizations for Populations with OUD, Per Member Per Year

