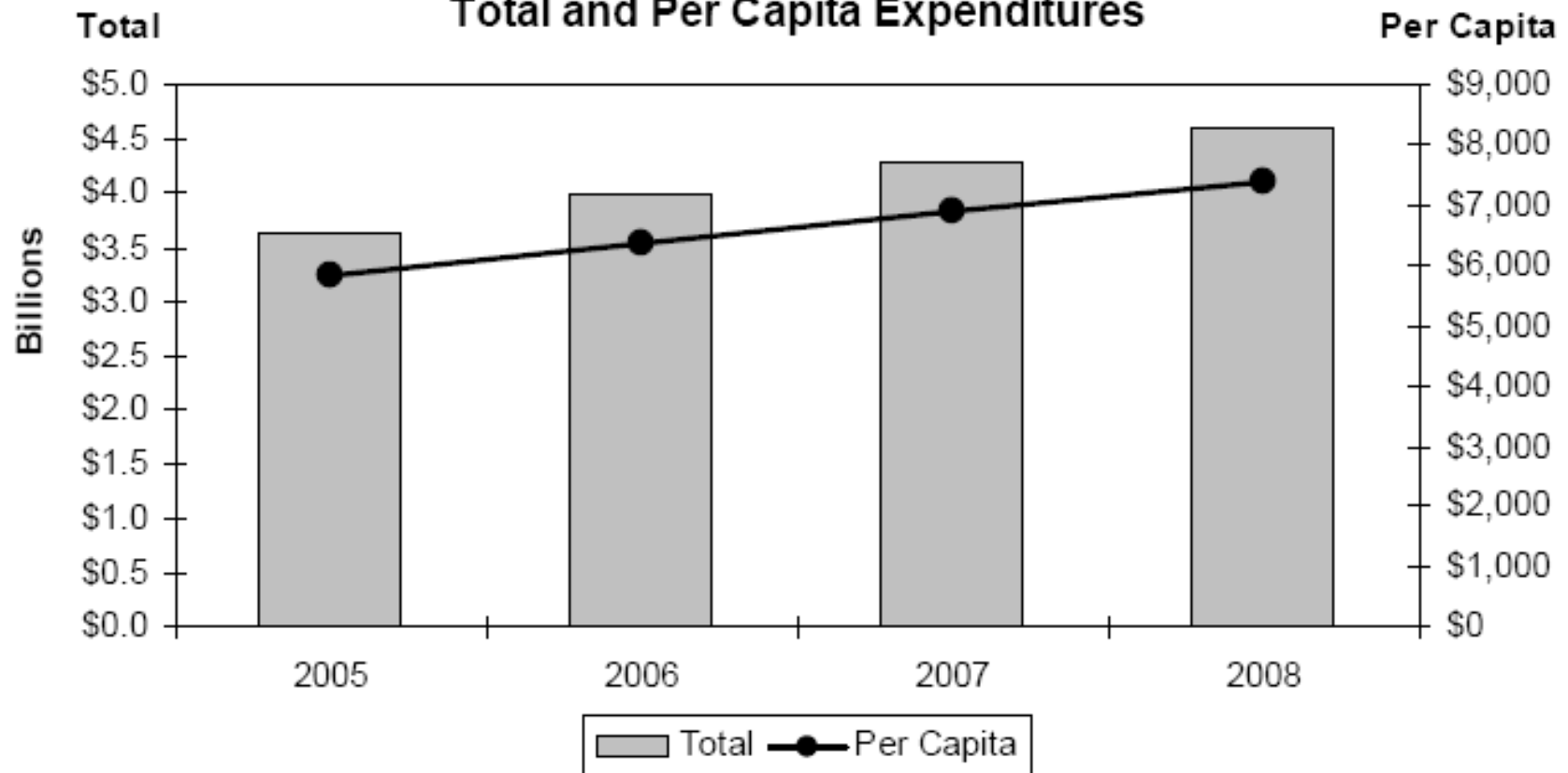


Blueprint Integrated Pilot Programs

Building an Integrated System of Health

Craig Jones, MD
Blueprint Executive Director
craig.jones@ahs.state.vt.us

Vermont Resident Health Care Expenditures: Total and Per Capita Expenditures



Note: Spending for 2005 and 2006 is likely understated. See *Summary of Data Revisions* for adjustments that might affect trend values.

2008 VERMONT HEALTH CARE EXPENDITURE ANALYSIS & THREE-YEAR FORECAST

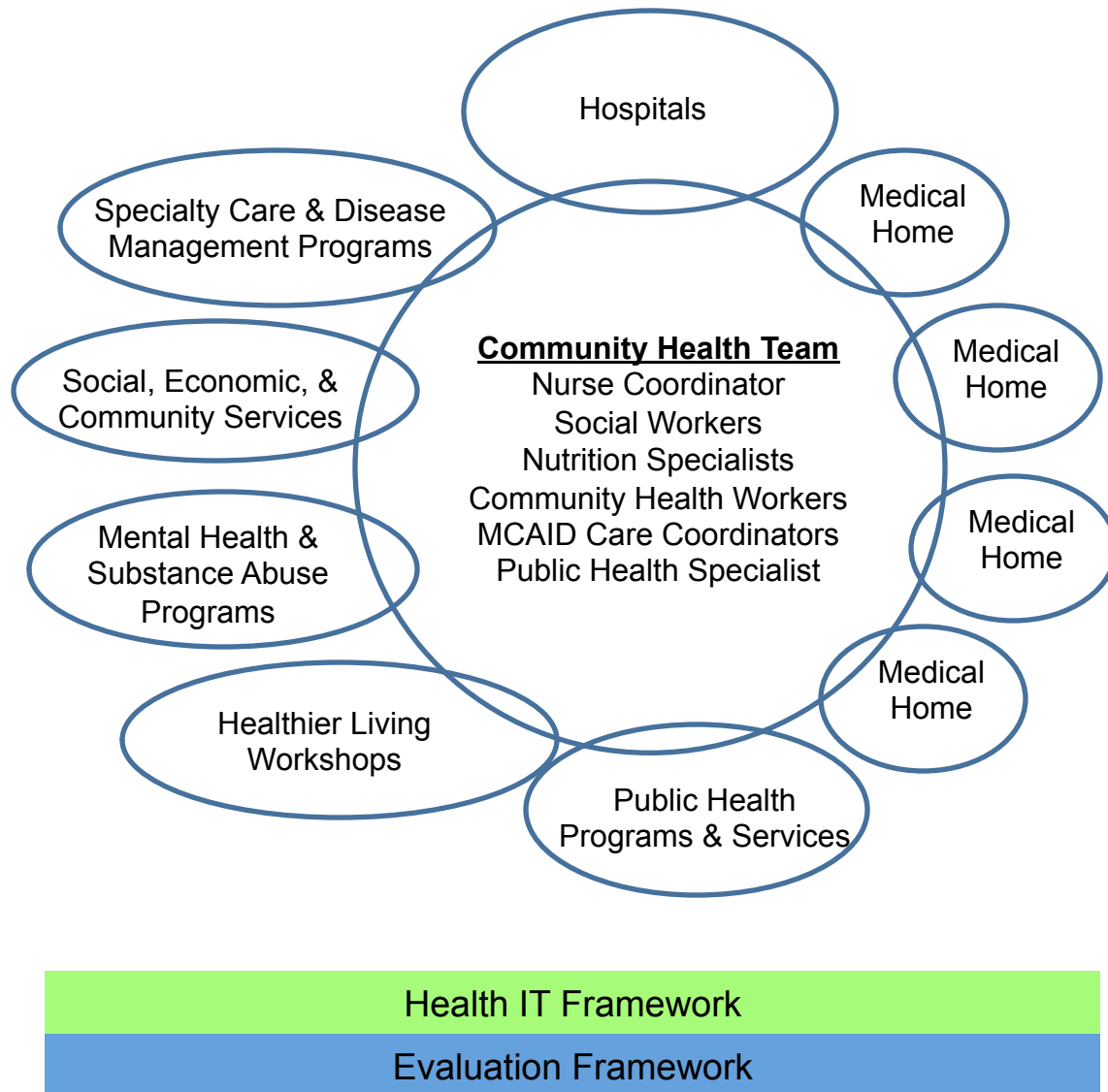
Annual Health Care Expenditure Growth, U.S. and Vermont Residents



Note: Spending for 2005 and 2006 is likely understated. See *Summary of Data Revisions* for adjustments that might affect trend values.

Vermont's healthcare reforms include:

- Universal coverage
- Advanced Primary Care foundation (PCMHs + CHTs)
- Multi-Insurer Payment Reforms
- A focus on prevention (public health ↔ health care delivery)
- A statewide health information exchange
- An evaluation infrastructure to support ongoing improvement
- Facilitators & support for a learning health system



- A foundation of medical homes and community health teams that can support coordinated care and linkages with a broad range of services
- Multi Insurer Payment Reform that supports a foundation of medical homes and community health teams
- A health information infrastructure that includes EMRs, hospital data sources, a health information exchange network, and a centralized registry
- An evaluation infrastructure that uses routinely collected data to support services, guide quality improvement, and determine program impact

Multi-insurer Payment Reforms

Insurers

- Medicaid
- Commercial Insurers
- Medicare?

- Fee for Service
- Unchanged
- Allows competition
- Promotes volume

+

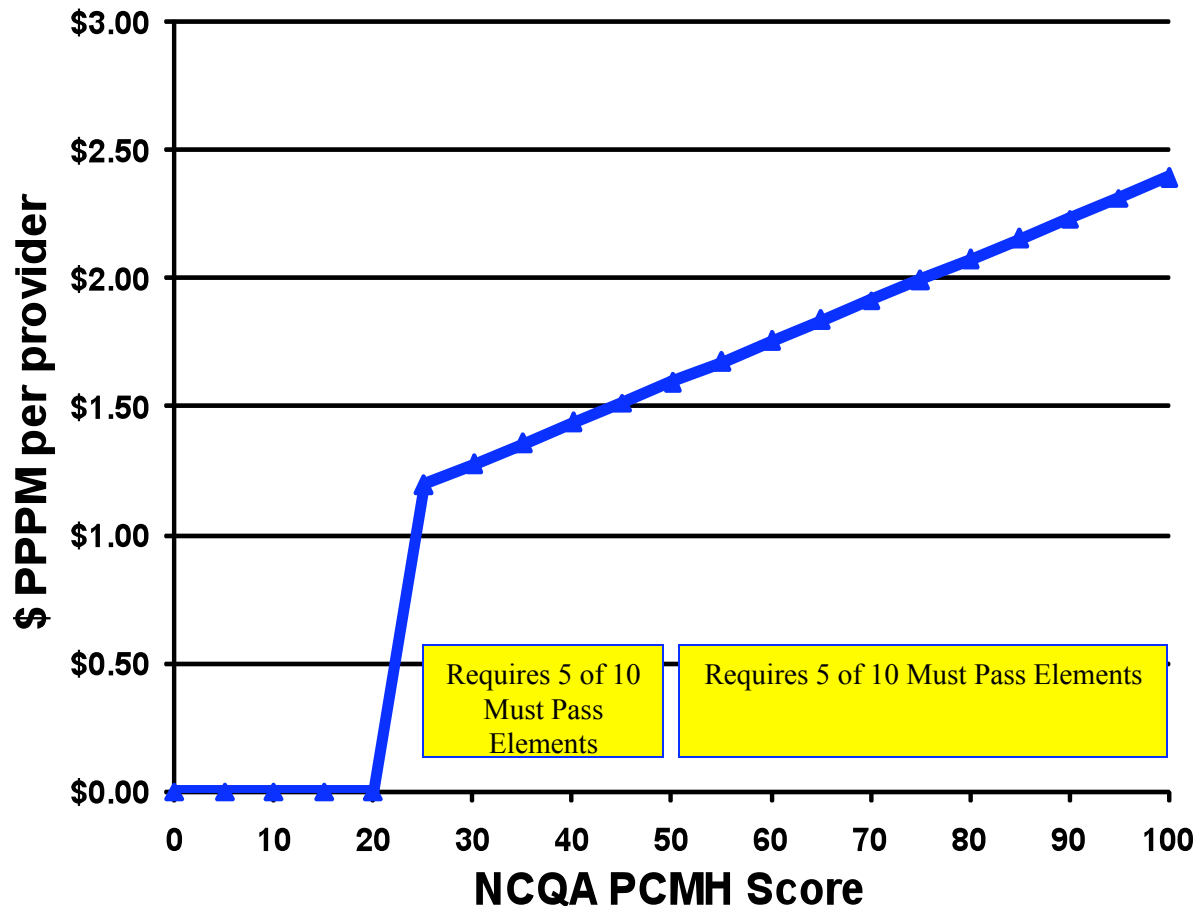
- Patient Centered Medical Home
- Payment to practices
- Consistent across insurers
- Promotes quality

+

- Community Health Teams
- Shared costs as core resource
- Consistent across insurers
- Minimizes barriers

- Based on NCQA PPC-PCMH Score
- \$1.20 - \$2.49 PPM
- Based on active case load

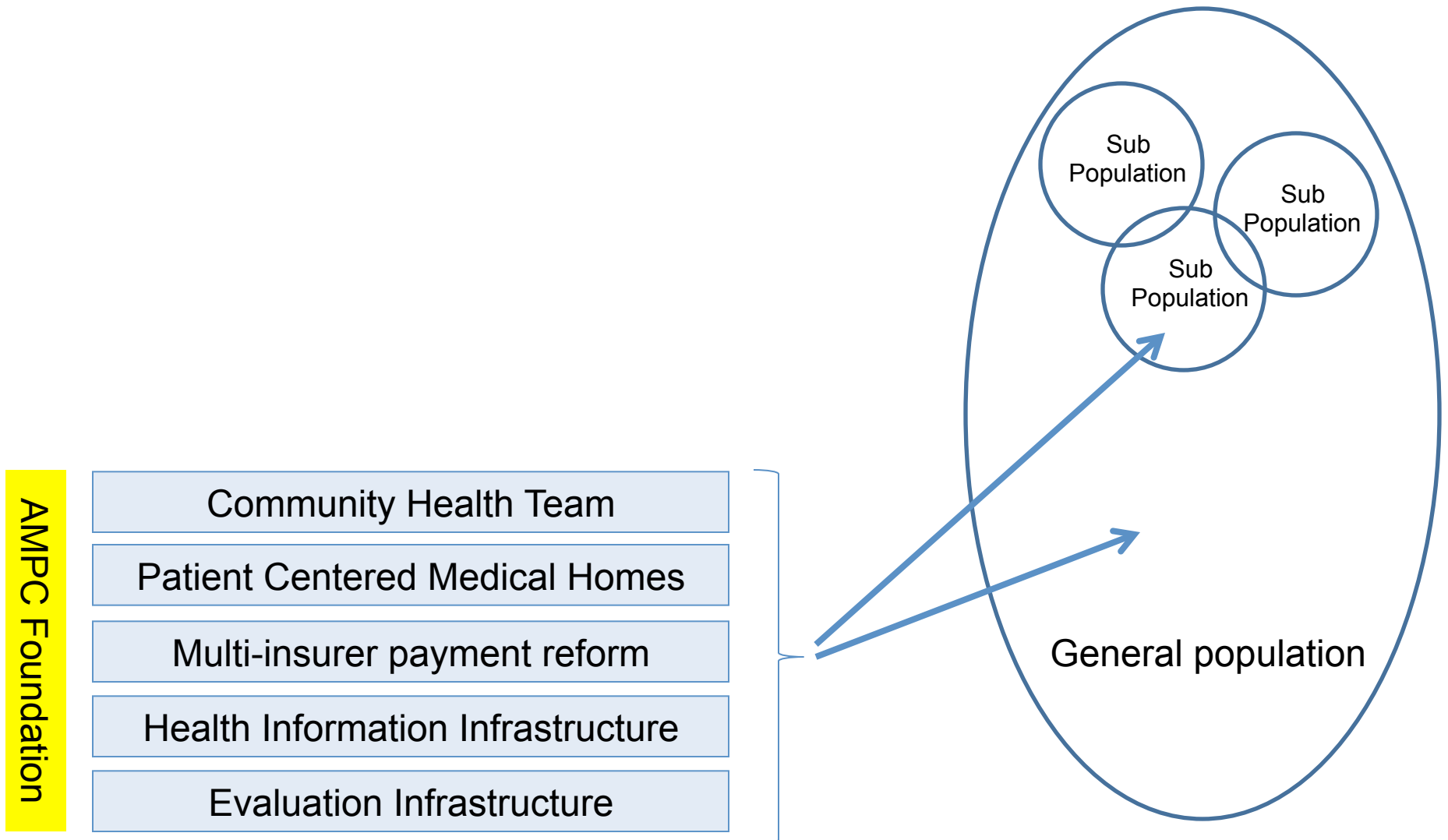
- 5 FTE / 20,000 people
- \$ 350,000 per 5 FTE
- Scaled based on population



- All insurers pay enhanced payment based on a practices score as a patient centered medical home
- NCQA PCMH standards and scoring methods are used to score practices as a medical home
- Payment changes with each 5 point change in the NCQA PCMH score (score ranges from 0 – 100 points)
- Designed to incent ongoing iterative improvement, and to provide a disincentive for moving backwards

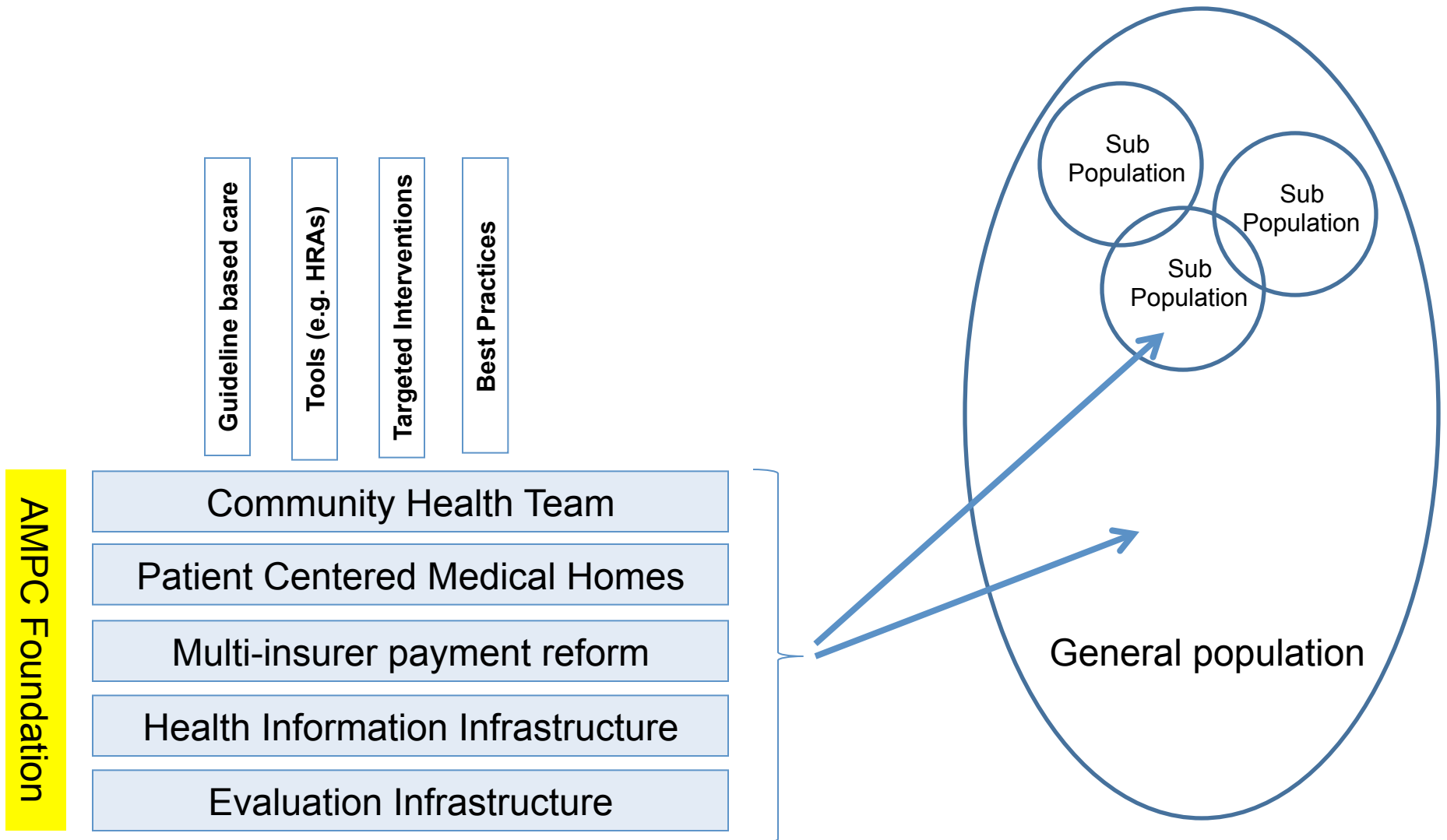
Advanced Model of Primary Care

A Foundation for integrated services



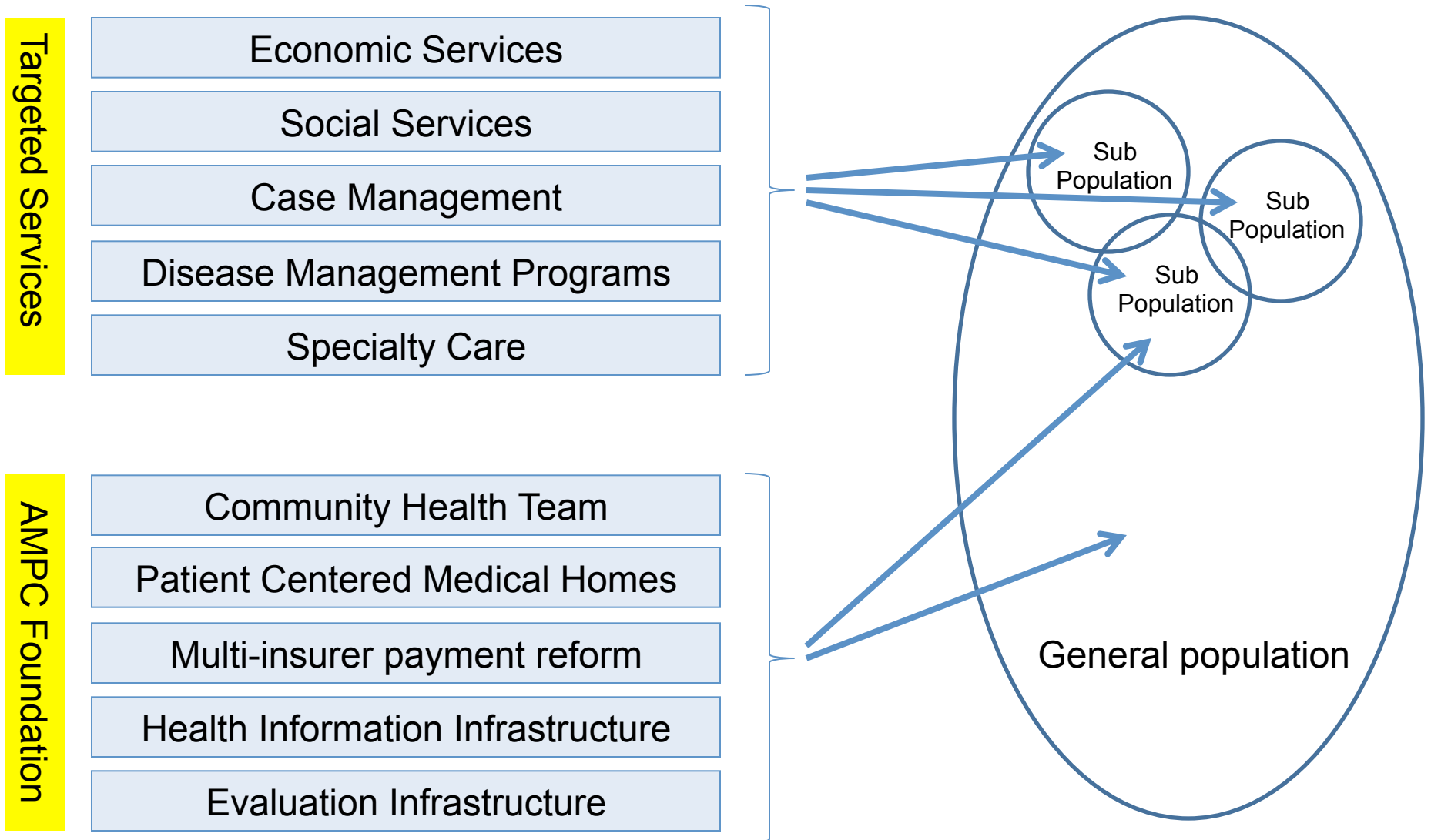
Advanced Model of Primary Care

A Foundation for integrated services



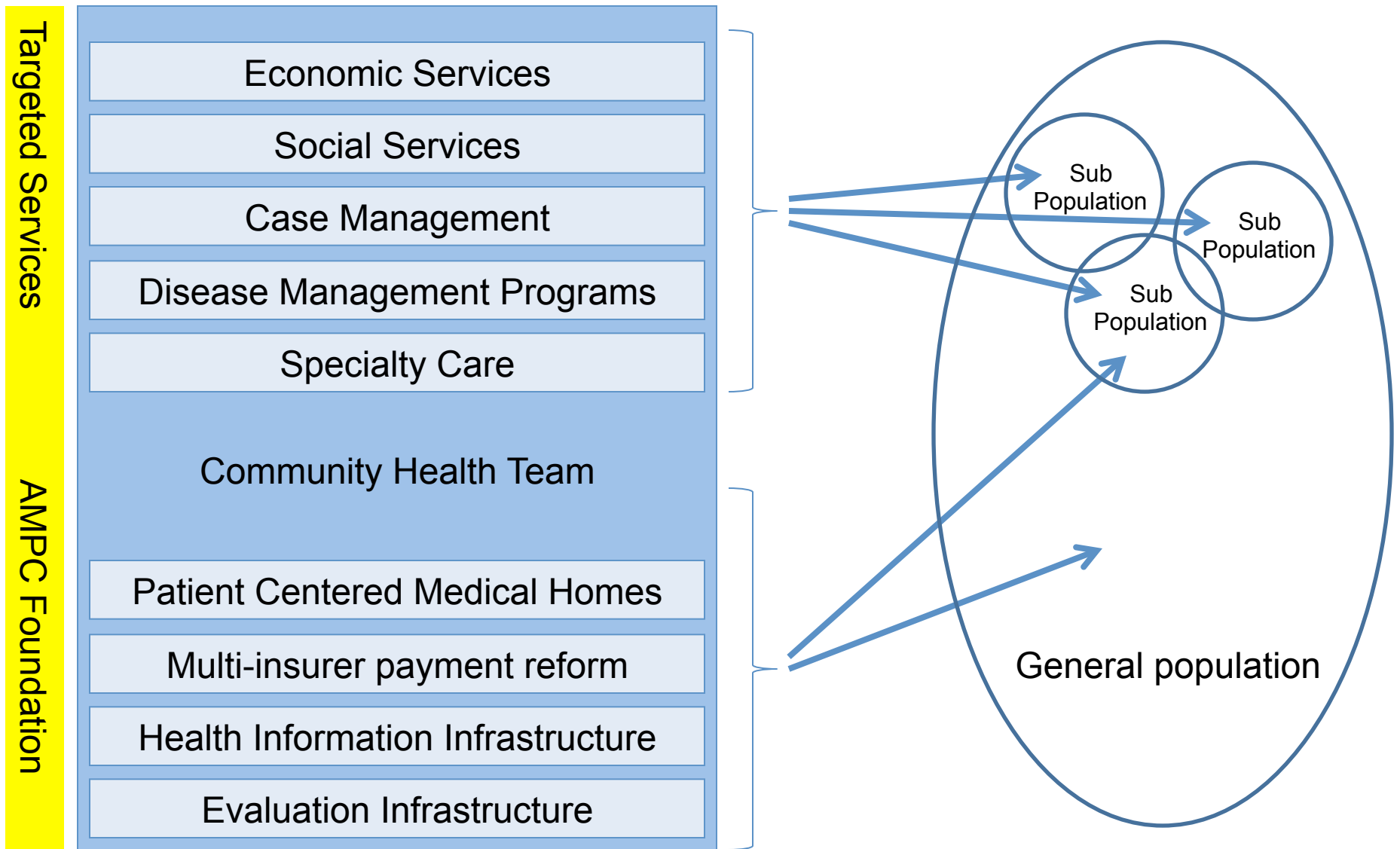
Advanced Model of Primary Care

A Foundation for integrated services



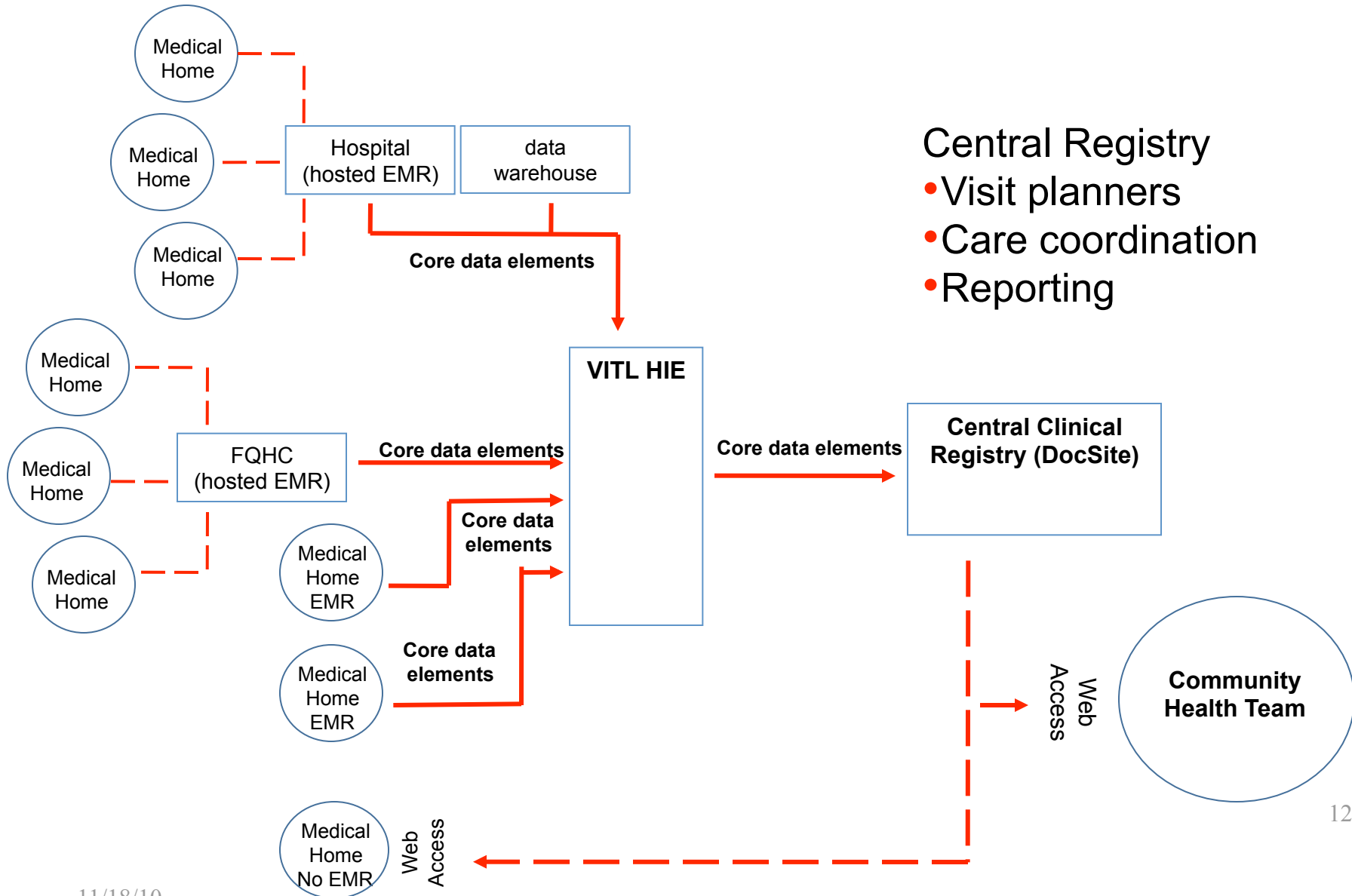
Advanced Model of Primary Care

A Foundation for integrated services

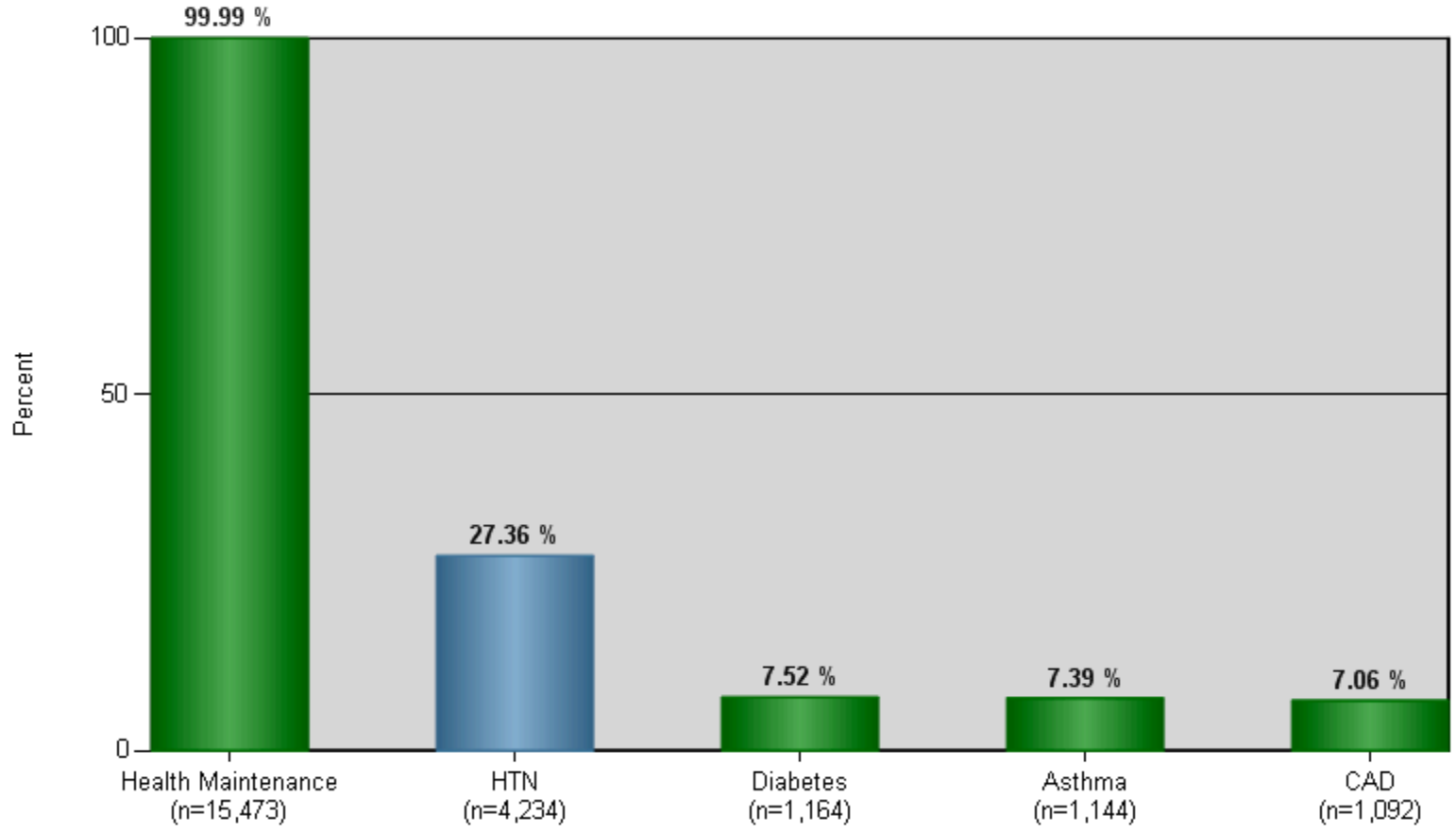


Blueprint Integrated Pilots

Health Information Infrastructure



Conditions & Services



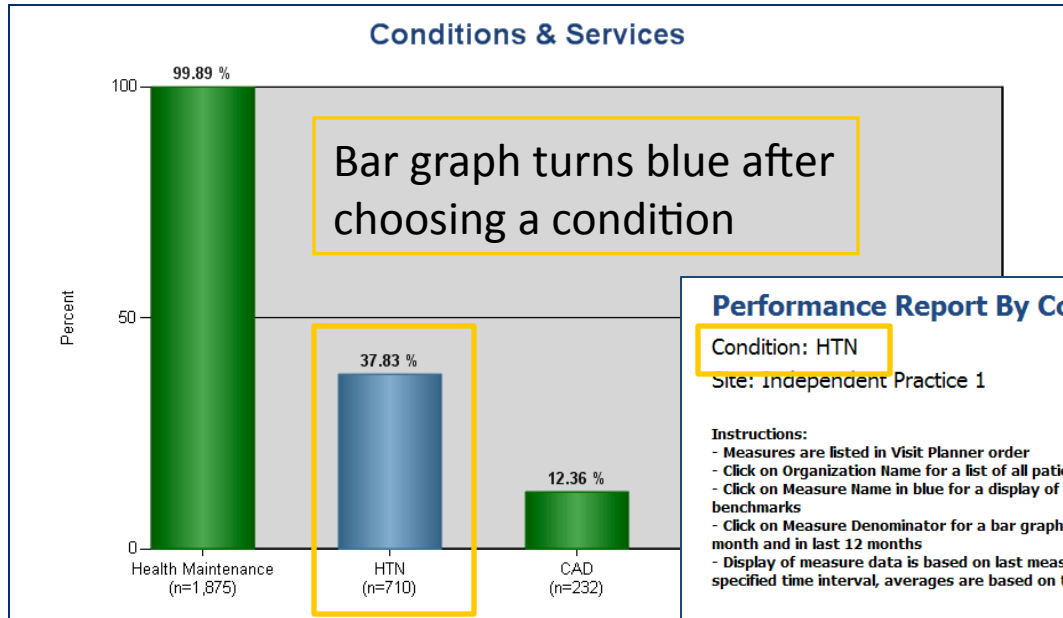
Gender Distribution

| Gender | Population |
|--------|------------|
| Female | 2,289 |
| Male | 1,945 |

Age Distribution

| Age Distribution Bracket | Population |
|--------------------------|------------|
| 18 To 65 | 1,880 |
| 65 To 80 | 1,453 |
| 80 and Above | 901 |

Click on a bar for the condition of interest to view a summary report of measures by condition



Performance Report By Condition and Measure

Condition: HTN
Site: Independent Practice 1

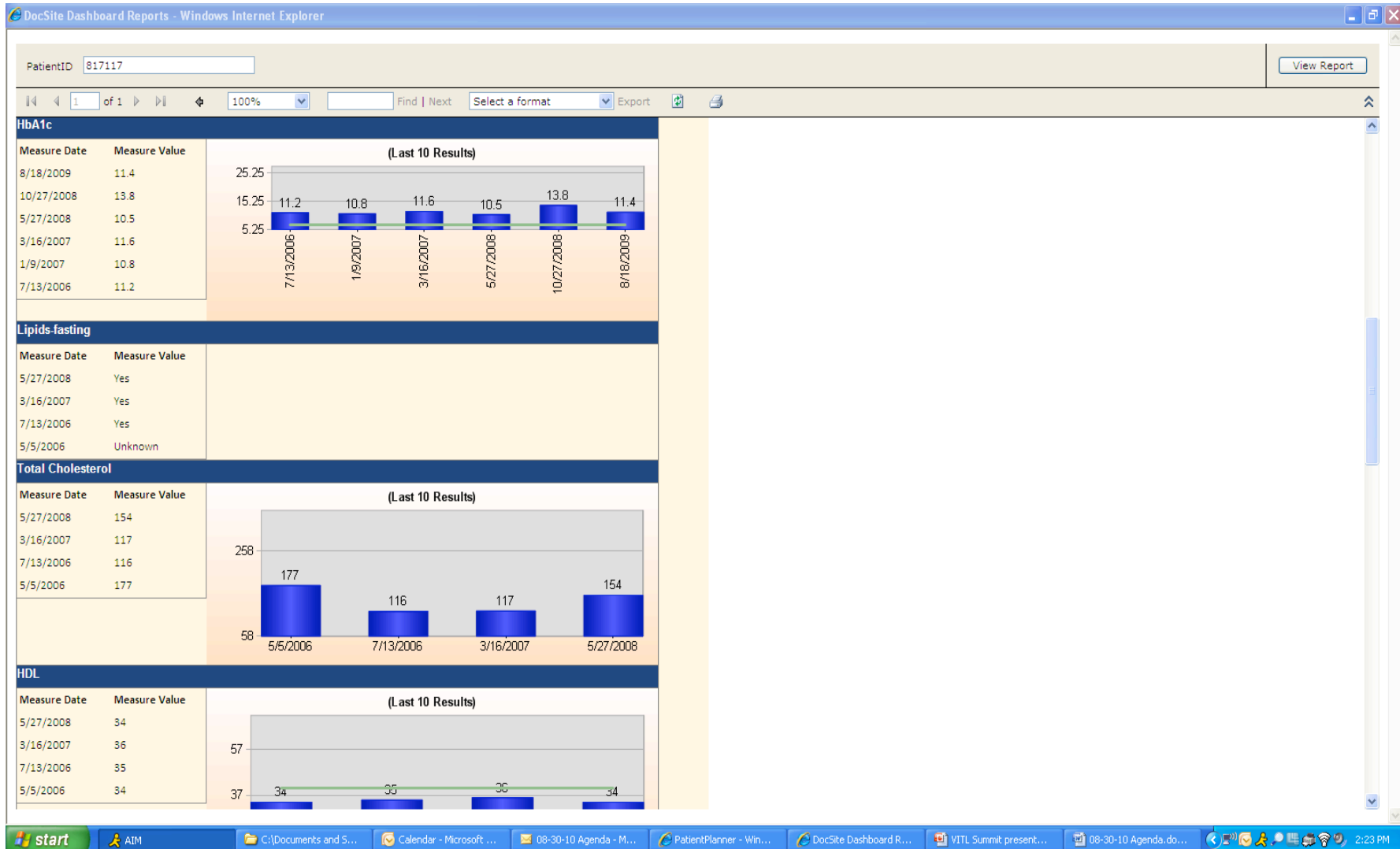
Instructions:

- Measures are listed in Visit Planner order
- Click on Organization Name for a list of all patients with the condition
- Click on Measure Name in blue for a display of results for each group in the organization and comparative benchmarks
- Click on Measure Denominator for a bar graph of the percent of patients with a measure test/assessment by month and in last 12 months
- Display of measure data is based on last measure result during the time interval. For measures without a specified time interval, averages are based on the last measure result at any point in time.

| To view one level lower in the organization click here | Measure | Measure Denominator | % of Patients at Goal | Parent Org % of Patients at Goal | State % Patients at Goal | Measure Average | Parent Measure Average | State Measure Average |
|--|---|---------------------|-----------------------|----------------------------------|--------------------------|-----------------|------------------------|-----------------------|
| Independent Practice 1 | Body Mass Index; patients aged 20 and older Goal: < 25 Calculated Interval: Per Visit | 710 | 12.68% | 13.73% | 12.11% | 29.54 | 30.94 | 33.30 |
| | BMI for Age Percentile; patients aged 2 to 20 Goal: >= 5 Percentile & <= 84 Percentile Interval: 356 days | 0 | 0.00% | 0.00% | 0.00% | - | - | - |
| | Blood Pressure Goal: < 130/80 mmHg Interval: Per Visit | 710 | 22.96% | 27.25% | 30.91% | - | - | - |
| | Smoking Status Assessed; patients aged 11 and older Goal: = Former, Never Interval: Per Visit | 710 | 55.35% | 65.18% | 29.71% | - | - | - |
| | Smoking Cessation Activity Recommended; patients aged 11 and older Interval: Per Visit | 63 | 19.05% | 24.26% | 12.95% | - | - | - |

Confidential

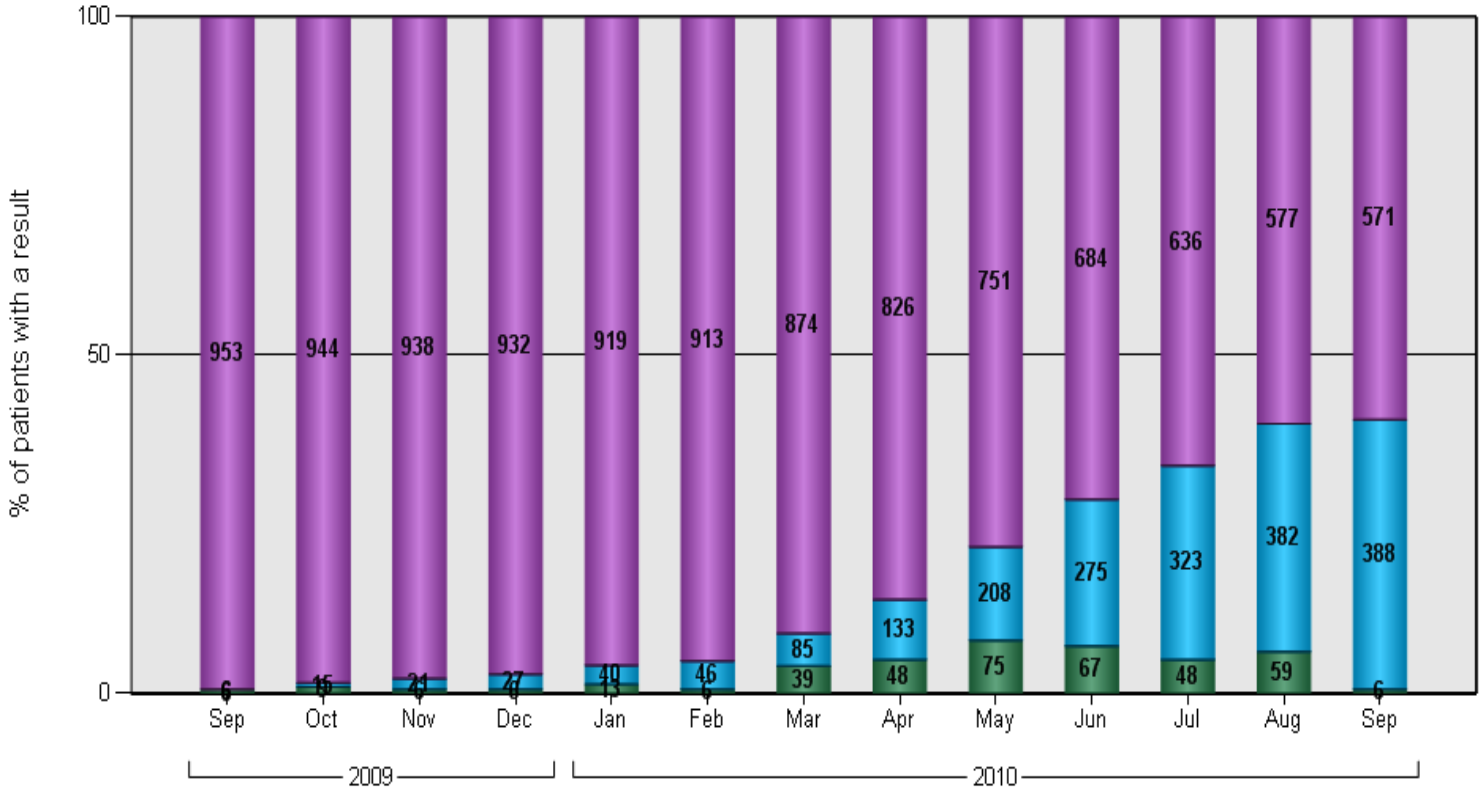
Drill down by last name provides...



Monthly Measure Acquisition

Measure: Body Mass Index

Site: Independent Practice 2

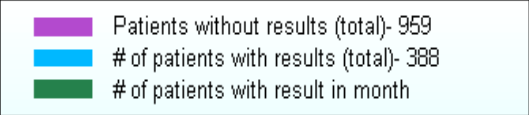


Final Month Evaluation:

of Patients without a result in the last 12 months: 571

of Patients with a result in the last 12 months: 388

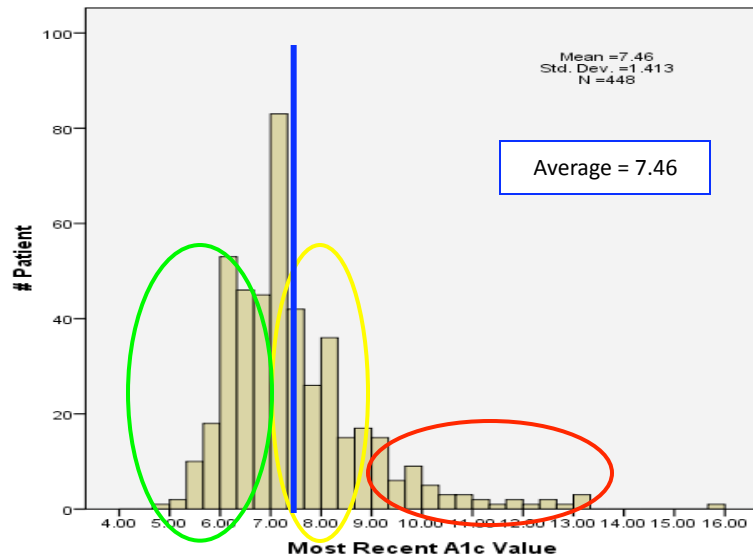
of Patients with a result in the last month: 6



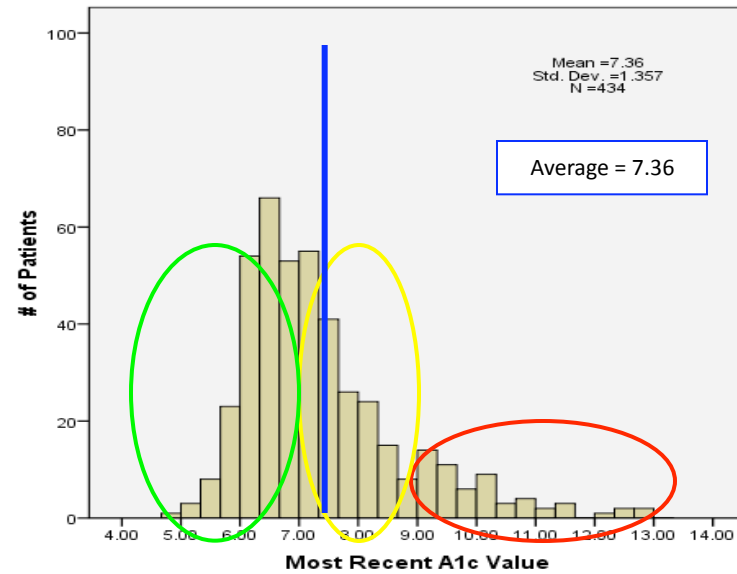
| Data Sources | Categories of Measures | Reporting |
|-----------------------------|--|---|
| Central Registry | <ul style="list-style-type: none"> ▪ Clinical Processes ▪ Health Status | <ul style="list-style-type: none"> ▪ Web based ▪ Flexible & dynamic |
| Multi-Payer Claims Database | <ul style="list-style-type: none"> ▪ Resource Utilization ▪ Expenditures | <ul style="list-style-type: none"> ▪ Standard Reports ▪ Web based ▪ Flexible & dynamic |
| Chart Reviews | <ul style="list-style-type: none"> ▪ Clinical Processes ▪ Health Status | <ul style="list-style-type: none"> ▪ Standard Reports |
| NCQA Scoring | <ul style="list-style-type: none"> ▪ Clinical Processes ▪ PCMH Standards | <ul style="list-style-type: none"> ▪ Standard Reports |
| Public Health Registries | <ul style="list-style-type: none"> ▪ Population level ▪ Risk Factors ▪ Guide planning ▪ Track change | <ul style="list-style-type: none"> ▪ Standard Reports |

Distributions vs. Averages

Frequency Histogram of Patients' Most Recent A1c Value Burlington Baseline Data



Frequency Histogram of Patients' Most Recent HbA1c Value Burlington Follow-up Data

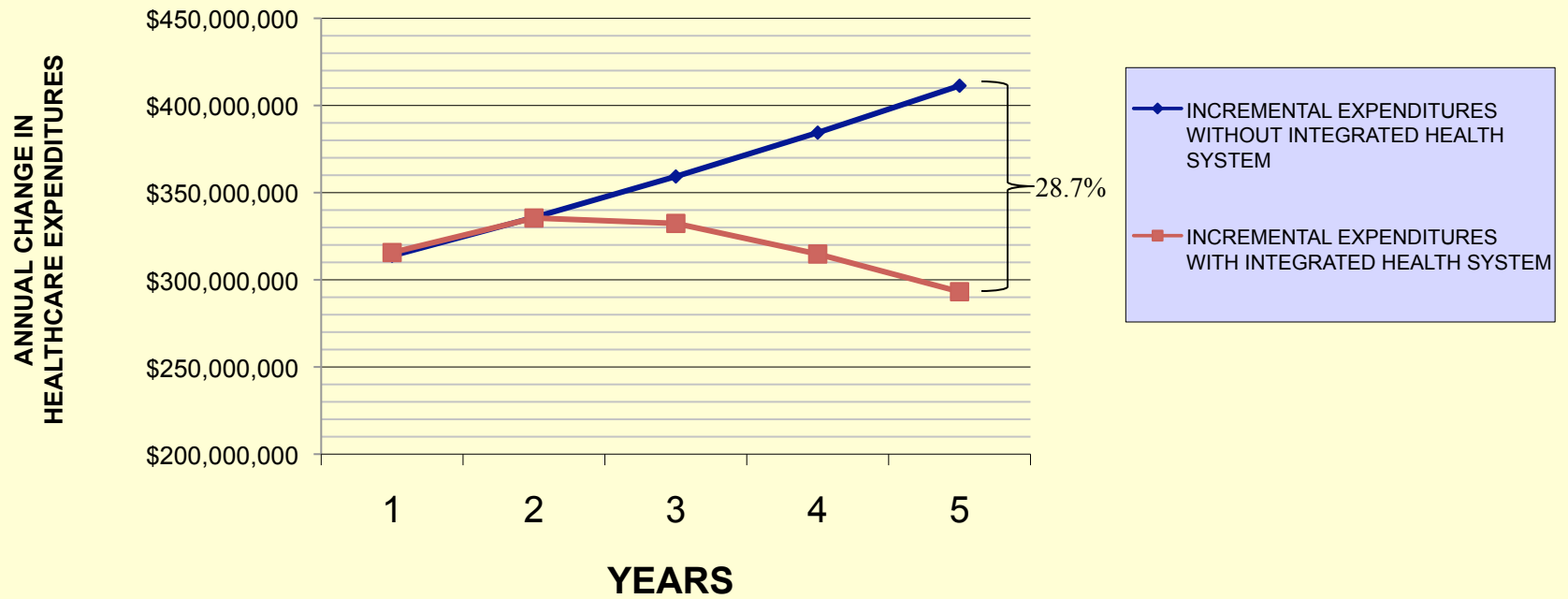


Group 1
Good Disease
Control

Group 2
Intermediate
Disease
Control

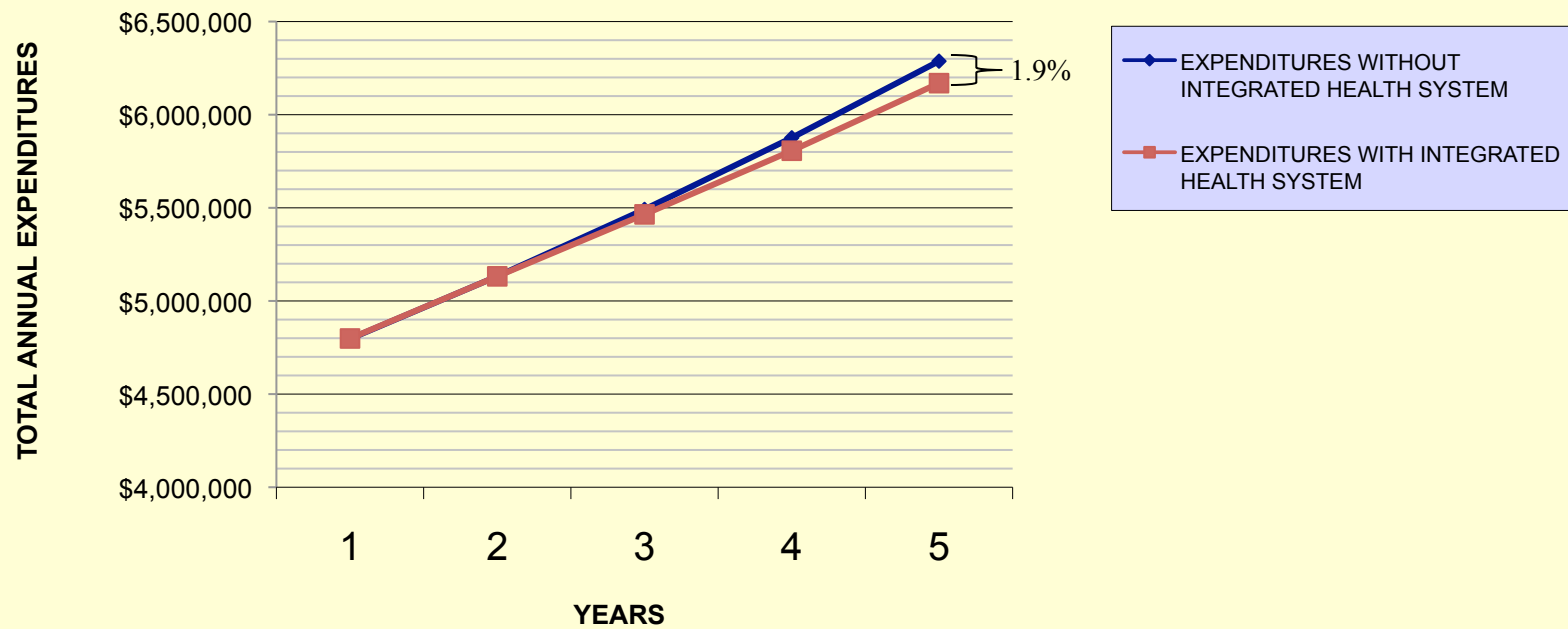
Group 3
Poor
Disease
Control

IMPACT OF INTEGRATED HEALTH SYSTEM- POTENTIAL COST AVOIDANCE ACROSS TOTAL POPULATION



| | | | | | |
|---------------------------|---------------|----------------|----------------|---------------|----------------|
| Target Population | 42,179 | 126,286 | 316,662 | 508,17 | 637,130 |
| % of VT Population | 6.7% | 20% | 50% | 80% | 100% |
| # CHTs | 2 | 6 | 16 | 25 | 32 |

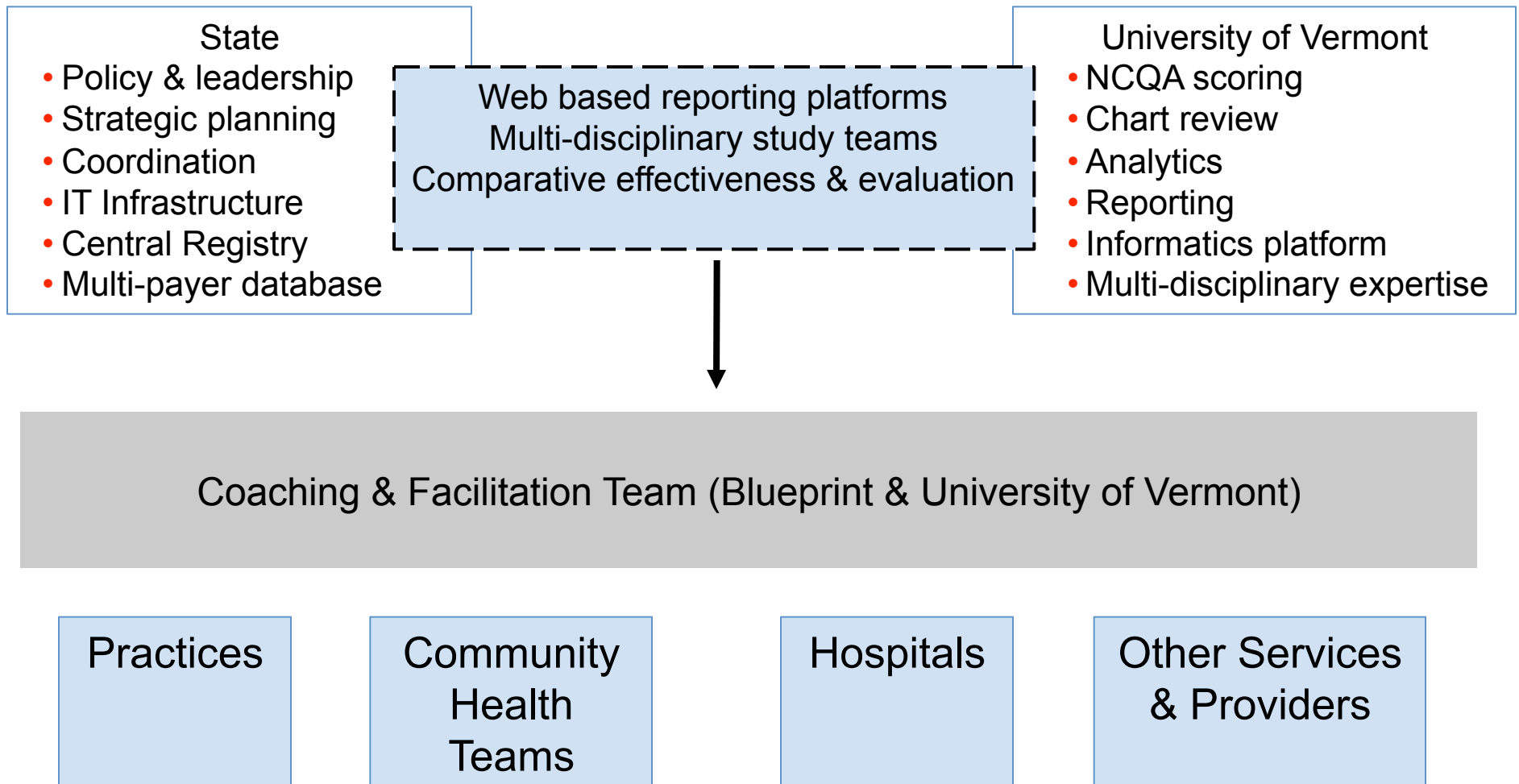
**IMPACT OF INTEGRATED HEALTH SYSTEM-
POTENTIAL COST AVOIDANCE ACROSS TOTAL POPULATION
(000'S)**



| | | | | | |
|---------------------------|---------------|----------------|----------------|---------------|----------------|
| Target Population | 42,179 | 126,286 | 316,662 | 508,17 | 637,130 |
| % of VT Population | 6.7% | 20% | 50% | 80% | 100% |
| # CHTs | 2 | 6 | 16 | 25 | 32 |

11/18/10

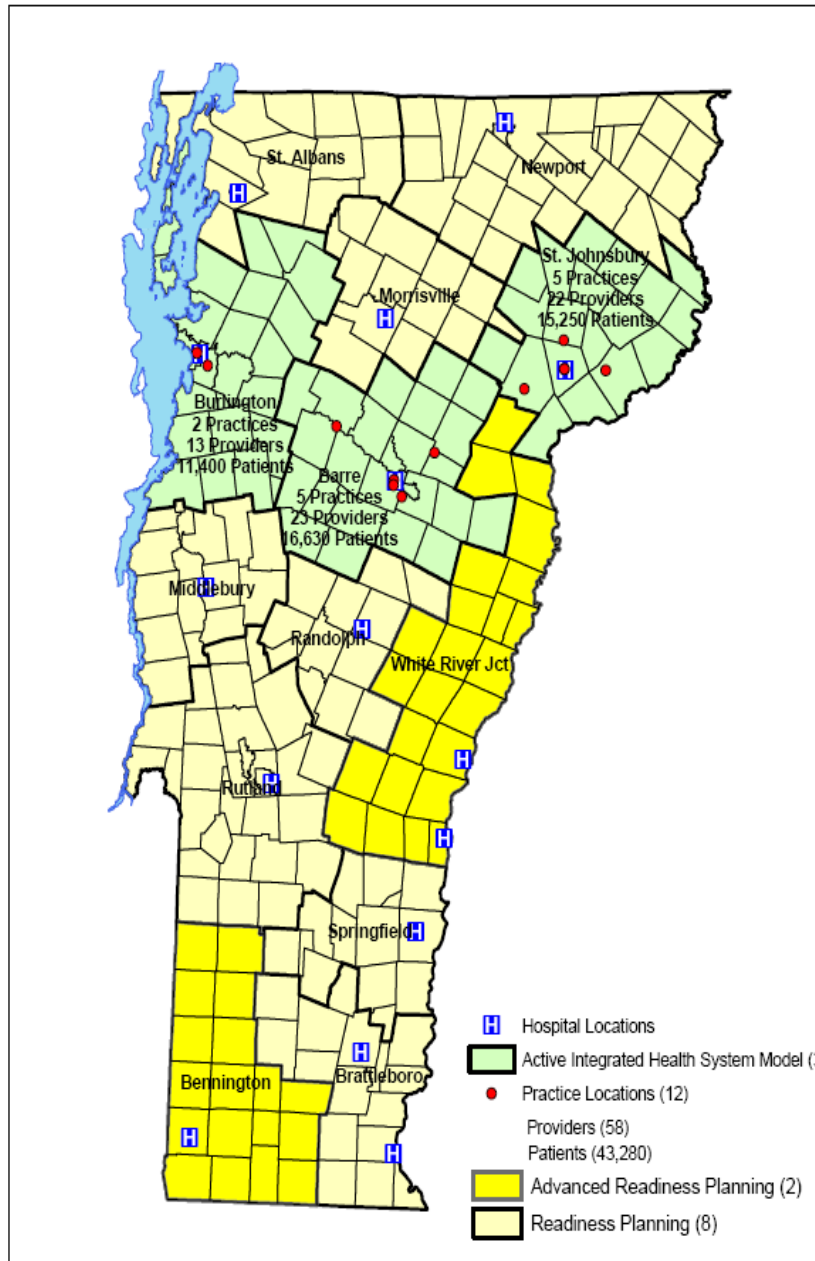
Building a Learning Health System



Teams embedded in the model:

- Practice Based Teams (care delivery, QI)
- Community Health Team (core)
- Community Health Team (functional)
- Facilitation & Implementation Team (coaches)
- Interdisciplinary Evaluation Team
- State Leadership, Strategic Planning & Policy Team

Pilot Locations thru July 2010



Program Expansion - Convergence & Opportunity

- Vermont Statute (Act 128) – statewide expansion of medical homes, community health teams, and multi-insurer payment reforms. Requires all VT insurers to participate. Two practices in each HSA by July 2011, and all willing providers by 2013.
- CMS Multi-payer Advanced Primary Care Practice Demonstration. Medicare to join state led multi-insurer payment reforms that support an advanced model of primary care. Must include Medicaid and private insurers

IOM Roundtable on Value & Science-Driven Health Care

THE STRATEGY MAP

