Vermont's Blueprint for Health Program:

An Overview

Vermont's Blueprint for Health program is one of the State's longest-running healthcare reform initiatives, in statute since 2006, with a focus on increasing high-quality primary care, preventive care, and care coordination, particularly for chronic healthcare conditions in the general population. High-quality primary care has been identified as a foundation for Vermont's other healthcare reforms.

The Blueprint is a multi-payer, whole-population program, and serves as an innovation engine for developing and testing healthcare reform initiatives. It has implemented changes to treatment delivery, payment models, and healthcare information systems, particularly related to primary care.

Blueprint Treatment Delivery

Two main components of the Blueprint for Health program are Patient Centered Medical Homes and Community Health Teams.

Patient-Centered Medical Homes (PCMHs). PCMHs, or Medical Homes, are primary care practices that have been assessed and recognized by the National Committee for Quality Assurance (NCQA) as meeting high quality standards for primary care, largely through enhanced levels of preventive care and care coordination. NCQA is an independent, nonprofit organization for developing and maintaining measurements and standards for healthcare services, which are commonly used by the insurance industry for assessing healthcare quality. It takes substantial investments of resources and time for practices to meet those high standards, but PCMH recognition is associated with better patient outcomes and reduced overall healthcare costs.

Community Health Teams (CHTs). CHTs are multi-disciplinary teams developed at the regional and local level to meet the specific unmet healthcare needs of each community. Examples of CHT staff include nurses, care coordinators, social workers, counselors, health educators, registered dietitians, nutrition specialists, health coaches, and community health workers. These supplemental staff may be located centrally within each Health Service Area and used as a shared resource, particularly for patients of smaller practices, or they may be embedded within specific practices that have sufficient patient volumes and needs. The purpose of these staff is to support patient access and enhanced levels of preventive services and coordinated care.

Blueprint Outcomes

Vermont currently has 135 Blueprint PCMH primary care practices and, on average, more than 70% of Vermont primary care patients are served by those Blueprint PCMHs. All of those patients have access to the supplemental healthcare services and care coordination provided by Blueprint CHT staff.

In addition to national evidence that PCMHs improve patient outcomes and reduce overall healthcare expenditures, Medicare found specifically that Vermont's Blueprint program resulted in statistically significant healthcare savings for its members. As part of its 2014 to 2017 annual reports to the Legislature, the Blueprint conducted explicit population-level Return on Investment (ROI) analyses for

the program using comparisons to the pre-Blueprint period and to non-Blueprint-participating primary care populations. Those analyses consistently showed a positive all-payer ROI for Blueprint program investments. After more than a decade of statewide implementation, the Blueprint is now part of the baseline healthcare environment in Vermont.

Blueprint Expansion Programs

The Blueprint additionally administers two Medicaid specialty programs to support primary care on issues of wide need in Vermont. One is related to Opioid Use Disorder (OUD) treatment, and the other is related to women's health and reproductive choice.

Spoke CHT Services. For OUD, Vermont offers two forms of Medication Assisted Treatment (MAT). The first consists of intensive, specialized, and highly supervised treatment in Opioid Treatment Programs (OTPs, or "Hubs"), and the second consists of community Office-Based Opioid Treatment services (OBOTs, or "Spokes"), commonly administered by primary care providers. Hubs are managed by the Vermont Department of Health, and Spokes are supported by the Blueprint for Health program. Basic MAT services, covering prescriptions and drug administration, are covered by most insurers, but Vermont obtained a Medicaid State Plan Amendment (SPA) to fund additional addiction counseling and care-coordination wraparound services for Hub and Spoke patients. The Blueprint funds and manages specialized Spoke CHT support staff under that SPA.

Women's Health Initiative (WHI). Many women of reproductive age in Vermont receive primary and preventive healthcare in OB/GYN and specialized women's health clinics, as well as in PCMHs. The Medicaid WHI program was initiated through the Blueprint to support those primary care services, as well as increase timely access to Long-Acting Reversible Contraception (LARC) for women in Vermont who choose it. Specialty and PCMH practices that participate in the WHI provide enhanced health and psychosocial screening, follow-up through brief, in-office intervention, referral to services for mental health, substance use, trauma, partner violence, food, and housing, comprehensive family planning counseling, and same-day access to effective birth control.

Support and Services at Home (SASH). In addition to the above Medicaid programs, the Blueprint works in close partnership with Medicare's SASH program in Vermont, which funds and organizes wellness nurses and care managers to serve elderly and disabled Medicare beneficiaries in congregate housing or nearby communities. SASH serves approximately 5,000 people throughout Vermont.

Blueprint Payment Models

Blueprint payments are *supplemental*, population-based (capitated), incentive payments to healthcare providers to support service quality. They are made in addition to standard fee-for-service (FFS) reimbursements, and in addition to comprehensive ACO capitated healthcare payments. Healthcare payers, or insurers, invest in Blueprint healthcare quality initiatives proportionally to their attributed patient populations served by Blueprint practices (as a "fair share" of community healthcare infrastructure). On the patient side, however, Blueprint services are provided to individuals regardless of their payer or insurance coverage.

Participation in Blueprint primary-care payments by Vermont commercial insurance plans and by Vermont Medicaid is required by statute. Minimum Blueprint payment rates for those payers are set by the State, following consultation with healthcare stakeholders on the Blueprint Executive Committee. (Medicaid pays more than the minimum, as a result of combining Blueprint minimum payments with pre-existing funding for managed care payments to primary care.) Participation in Blueprint payments by Medicare, however, is less than the minimums set for other payers, and is based on a combination of negotiated agreements with the federal government, the availability of Medicare shared savings from the state's Medicare Accountable Care Organization (ACO), and annual healthcare investment approvals by the Green Mountain Care Board (GMCB).

Blueprint payments are made on a Per Patient Per Month (PPPM), basis. PCMH payments to practices consist of two parts. The first part is a base payment designed to cover the costs of, and provide an incentive for, primary care practices to implement and maintain the enhanced services and rigorous quality standards of a PCMH. The second part is a performance payment based on practice-level and regional population outcomes for healthcare utilization and quality outcome measures. CHT payments are designed to cover the staffing costs of designated CHT personnel (either shared regionally across practices or embedded in specific primary-care practices). Table 1 shows the latest Blueprint payment rates for primary care. In 2021, those Table 1 Blueprint payments made a total investment of over $22 million in enhancing the quality of Vermont's primary care service network.

Table 1. Blueprint Core Payments.

Payer	Attributed Patient Population (2021-Q4)	PCMH Practice Base Payment Rate (Per Patient Per Month)	PCMH Practice Performance Payment Rate (Per Patient Per Month): Variable By Practice	Community Health Team Staffing Payment Rate* (Per Patient Per Month)
Commercial Insurers	118,293	$3.00	$0.00 - $0.50	$2.77
Medicaid	106,541	$4.65	$0.00 - $0.50	$2.77
Medicare	83,586	$2.05	$0.00	$2.53 (+ $0.25 to risk-bearing providers in the Medicare ACO)

*Historically, the CHT payment rates were designed to support, on average, a minimum of 0.25 FTEs, or $17,500 annually, for every 540 insurer-attributed patients.

Table 2. Blueprint Expansion and SASH Payments.

Payer and Program	Attributed Patient Population (2021-Q4)	PCMH Practice Payment Rate (Per Patient Per Month)	Specialist Practice Payment Rate (Per Patient Per Month)	Practice One-Time Start-Up Capacity Payment	Community Health Team Staffing Payment Rate (Per Patient Per Month)
Medicaid MAT Spoke Wraparound Services for Opioid Use Disorder	3,775	-	-	-	$163.75 PPPM (Annual total per 100 patients is roughly $85,000 for one registered nurse and $55,000 for each of two licensed mental health clinicians.)
Medicaid Women's Health Initiative (WHI)	12,421 Specialist WHI Patients; 6,754 PCMH WHI Patients	$1.25	$1.25	The per-patient payment rate is determined based on the reimbursement rates for LARCs in the most recent quarter and whether the practice is participating in 340B for Medicaid. Floor and ceiling capacity payments are based on providing each practice with at least 5 and at most 24 LARC devices.	$5.42 PPPM for Specialist WHI Patients (Annual total per 600 patients is roughly $39,000, or one-half Full-Time Equivalent, or FTE)
Medicare Support And Services at Home (SASH) Services in Congregate Housing or Nearby Communities	5,000	-	-	-	$71.43 PPPM (Annual total per 100 patients is roughly $85,000 for one FTE.)

Blueprint Support for Healthcare Information Systems

Both directly and through NCQA recognition, the Blueprint program has required its primary care practices to use Electronic Health Record (EHR) systems to better monitor and direct patient care, and to connect those EHR systems to the Vermont Health Information Exchange to 1) better coordinate care (via VITL Access) and 2) support population-level healthcare outcomes measurement (via the state's clinical data registry). Since 2014, the Blueprint has linked clinical data from the state's clinical data registry to claims data from the state's all-payer claims database (VHCURES) to produce whole-population, community-level HEDIS measurement results and healthcare data profiles to guide population health management. For many years, the Blueprint provided similar practice-level data profiles to PCMH practices for use in quality improvement activities. Blueprint field staff support PCMHs and CHTs in effective use of care management and data analytic tools offered by the State's Accountable Care Organization (ACO).