VERMONT
GREEN MOUNTAIN CARE BOARD

Blueprint & ACO Funds Flow

Background

OneCare Vermont has a contract[1] with the Department of Vermont Health Access (DVHA), effective January 1, 2018, that details how Medicare funds flow to support the Blueprint for Health programs. The contract details that OneCare and the Blueprint will meet annually to identify eligible primary care practices and community health teams to whom funds may be distributed. The Blueprint for Health, pursuant to 18 V.S.A. § 702[2], is responsible for designing community-led strategies for improving health and well-being primarily by transforming primary care practices to become patient centered medical homes supported by regional community health teams (CHTs). The ACO model was built on the work the Blueprint has been doing for over a decade and extends payment and delivery reforms across the hospital and specialty care systems. The ACO and the Blueprint for Health work together to coordinate health care reform at the community level. Blueprint primary care practices and CHTs provide a foundation for health reforms in Vermont.

What is the Blueprint?

- State-level Blueprint team is a unit within the Dept. of VT Health Access (DVHA)
- Designs community-led strategies for improving health and well-being
- Aims to connect Vermonters with whole-person care that is evidenced-based, patient and family centered, and cost effective

Source: Annual Report on the Vermont Blueprint for Health

Blueprint and ACO Relationship

- The Blueprint and the ACO are required by law to not duplicate services, but instead align their work and build off one another.
- The local administrative entities responsible for operating the Blueprint program, usually the hospitals, are all OneCare members. Resources flowing from the ACO and the Blueprint are typically integrated at this local level.
- The ACO relies on Blueprint CHT care coordinators to implement the care model for high and very high-risk patients. Additional OneCare investments to support care coordination may be combined locally with the CHT.
- The ACO has supported the development of an electronic shared care plan platform to support care coordination across primary care and community service agencies. The Blueprint CHTs, Designated Agencies, Home Health Agencies and Area Agencies on Aging all use this platform.
- The ACO and the Blueprint work together to determine which programs have the greatest need based on community impact and alignment with health reform goals.
- In FY2020, out of OneCare Vermont's $43,116,066 population health investment fund, a total of $8,242,374 represents Medicare's contribution to the Blueprint programs: $2,379,711 will be used to fund CHTs, $3,968,246 to Support and Services at Home (SASH), and $1,894,417 to primary care practices that have been recognized as Patient Centered Medical Homes (PCMHs).

Impact

Programs that are funded by Blueprint dollars are valued by the payers, providers, and recipients. The goals of the statewide health reform effort are to reduce the total cost of care across the state, improve the health of Vermonters, and increase access to primary care. Alignment of goals is having a positive impact. In 2018, the Blueprint saw significantly lower growth in inpatient expenditures and about half the growth in pharmacy costs of Vermont residents who receive primary care in Blueprint patient-centered medical homes.[3] Additionally, the impact of the Vermont SASH program on healthcare expenditures saw "statistically significant favorable impacts on Medicare expenditures for emergency departments (-$9.84 PMPM) and specialist physicians (-$6.83 PMPM)."[4] Blueprint programs provide community support, produce real results for Vermonters, and continue the work towards aligning state health reform goals.

[1] State of Vermont: Contract for Services with OneCare Vermont
[2] Vermont Statutes Online: Blueprint for Health
[3] Annual Report on the Vermont Blueprint for Health
[4] The Impact of the Vermont Support and Services at Home Program on Healthcare Expenditures Report

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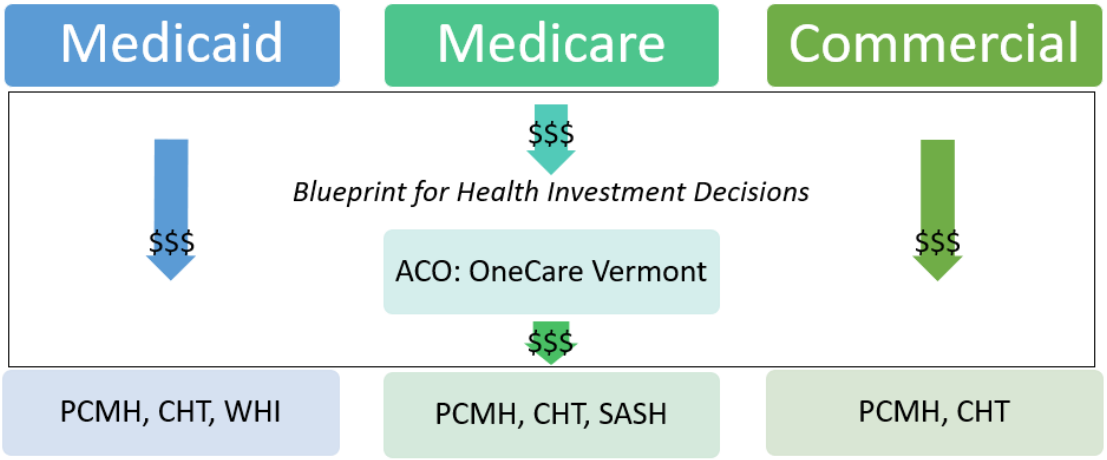
How do the Blueprint funds flow?



The way the funds flow…

- The Blueprint for Health makes payment decisions about medical homes and CHTs for Medicaid and Commercial insurers. The decisions about Medicare payments for PCMHs, CHTs and Support and Services at Home (SASH) are now made by the ACO under the authority of the All-Payer ACO Model Agreement.
- Patient Centered Medical Homes:
  - Medicare dollars used for per-member per-month (PMPM) payments to Blueprint primary care practices flow through the ACO for all members, even those not attributed to the ACO network.
  - Commercial and Medicaid PMPMs flow directly to the practice.
- Community Health Teams:
  - Medicaid and Commercial dollars supporting the CHTS flow directly to an administrative entity in each regional health service area, typically the hospital.
  - Medicare dollars supporting the CHTs flow through the ACO to the same administrative entity.
- SASH is supported primarily with Medicare dollars flowing through the ACO but does receive administrative support from DVHA.

What are the services provided to individuals through community-based programs?

Support and Services at Home (SASH) Coordinates the resources of social service agencies, community health providers, and nonprofit housing organizations to support Vermonters who choose to live independently at home. Individual on-site support is provided by a Wellness Nurse and a SASH Care Coordinator. The program serves older Vermonters and individuals with special needs who receive Medicare support. Roughly 5,000 Vermonters benefit from SASH services.
Source: Learn About SASH Website

Community Health Teams (CHT) Supplement the services available in patient-centered medical homes and bridge gaps between social and economic services patients might benefit from to help make healthy living possible for all Vermonters. Each Vermont health service area (HSA) has a CHT designed to support their local population. The CHTs are primarily comprised of nurses and social workers. The nurses and mental health clinicians of the Hub and Spoke programs for people with opioid dependence and the social workers supporting practices participating in the Women's Health Initiative (WHI) are organized by the local Blueprint administrative entity .
Source: Blueprint Community Health Teams Website

Patient Centered Medical Homes (PCMH) Recognized under the National Committee for Quality Assurance standards as promoting excellence in patient-centered access, team-based care, population health management, care and management support, care coordination and transitions, and performance measurement and quality improvement.