

# Vermont Blueprint for Health

Jenney Samuelson  
Assistant Director  
Vermont Blueprint for Health  
Department of Vermont Health Access  
Williston, VT  
[Jenney.Samuelson@state.vt.us](mailto:Jenney.Samuelson@state.vt.us)

## Examples of Vermont's Uses of All Payer Claims Data

- Performance reporting for the Health Service Area and Practices
- Integrated health systems improvement
- All Payer Claims Data merged with clinical data to drive payment
- Clinical drivers
- Policy driver

# Practice and Health Service Area Profiles

Welcome to the 2014 Blueprint Practice Profile from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services. Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

## Demographics & Health Status

	Practice	H.S.A.	State
Average Members	4,081	84,070	2,918,000
Average Age	50.6	50.1	50.1
% Female	55.6	55.5	55.5
% Medicaid	14.5	13.0	13.0
% Medicare	23.7	22.2	22.2
% Maternity	2.1	2.1	2.1
% with Selected Chronic Conditions	50.1	38.8	38.8
Health Status (CRG)			
% Healthy	39.0	43.9	43.9
% Acute or Minor Chronic	18.8	20.5	20.5
% Moderate Chronic	27.9	24.5	24.5
% Significant Chronic	15.4	12.3	12.3
% Cancer or Catastrophic	1.4	1.3	1.3

Table 1: This table provides comparative information on the demographics & health status of your practice, all Blueprint practices in your Health Service Area (HSA), and the state as a whole. Included measures reflect the types of information used to adjust rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial enrollment during the year. In addition, special attention has been given to Medicaid and Medicare. This includes adjustment for each member's enrollment in Medicaid or Medicare, the member's practice's percentage of membership in Medicaid, Medicare disability or end-stage renal disease status, and the member's receipt of special Medicaid services that are not found in some populations (e.g. day treatment, residential treatment, case management, services, and transportation).

The Selected Chronic Conditions measure indicates the proportion of members through the claims data as having one or more of seven selected chronic conditions: chronic obstructive pulmonary disease, congestive heart failure, diabetes, hypertension, diabetes, and depression.

The Health Status measure aggregates 3M™ Clinical Risk Grouping (CRG) into the year for the purpose of generating adjusted rates. Aggregated risk class includes: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., dystrophy, cystic fibrosis).

## Total Expenditures per Capita

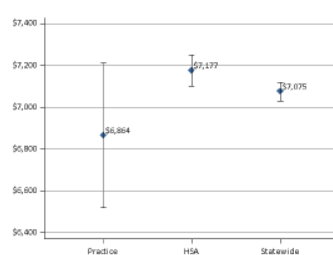


Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

## Total Expenditures by Major Category

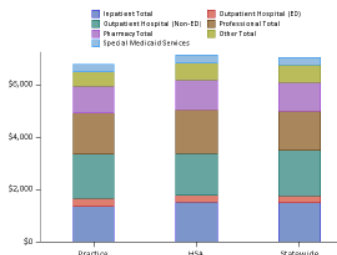


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medical Services.

## Total Expenditures Excluding SMS

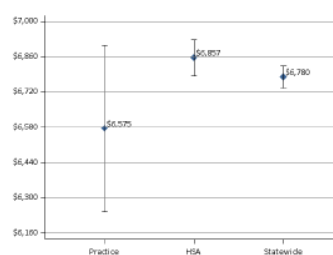


Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medical Services, capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

## Total Resource Use Index (RUI) Excluding SMS

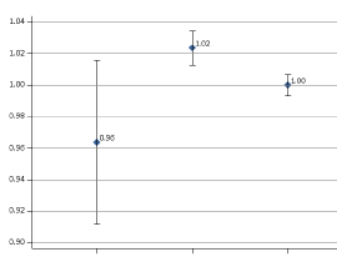
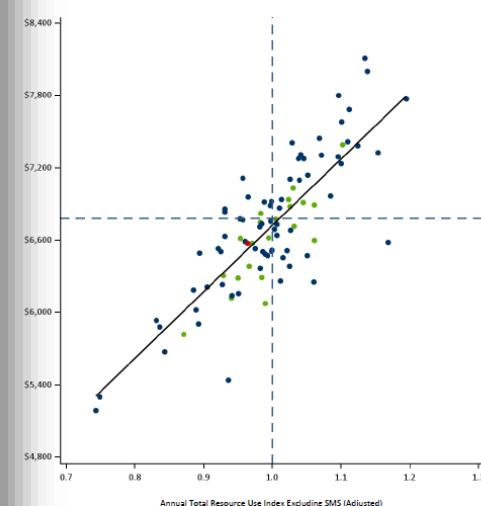


Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals. Since price per service varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects on aggregated cost based on utilization and intensity of services across major components of care (e.g., inpatient) and excludes Special Medical Services. The practice and HSA are indexed to the statewide average (1.00).

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



This demonstrates the relationship between risk-adjusted expenditures excluding SMS and RUI for Blueprint practices. This graphic illustrates your practice's risk-adjusted rate (i.e., the red dot) of all practices in your Health Service Area (i.e., the green dots) and all other Blueprint practices (i.e., the blue dots). The dotted lines show the average expenditures per capita and average RUI (i.e., 1.00). Practices with higher expenditures and utilization are in the upper right-hand corner with lower expenditures and utilization are in the lower left-hand corner. An RUI value indicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than average utilization. The practice and HSA are indexed to the statewide average (1.00).

Demographics & Health Status	Cost of Care	Utilization	Effective & Preventive Care	Data Detail
------------------------------	--------------	-------------	-----------------------------	-------------

**Bennington Blueprint Grant Award:** United Health Alliance **Key Partners:** United Counseling Services (UCS) and SVHC, **State Level Leadership:** Craig Jones, MD, Beth Tanzman  
**Local Leadership:** UHA Board of Directors, RCPC **Physician Champion:** Jim Poole, MD **Bennington Program Director:** Jennifer Fels [jennifer.fels@svhealthcare.org](mailto:jennifer.fels@svhealthcare.org)

## Program Goals

- Improve the health of the population
- Improve the patient experience
- Reduce healthcare costs

## Patient Centered Medical Homes

Practice Name	NCQA Level
Battenkill Valley Health Center	2
Bennington Family Practice	3
Brookside Pediatrics & Adolescent Medicine	2
Green Mountain Pediatrics	3
Keith Michl, MD	3
Mount Anthony Primary Care	3
Eric Seyferth, MD	3
Shaftsbury Medical Associates	2
SVMC Deerfield Valley Campus	3
SVMC Medical Associates	2
SVMC Northshire Campus	3
SVMC Pediatrics	2
Avery Wood, MD	3

## Program Funding

### Community Health Team (CHT)

- Current \$1.46 PPPM
- Proposed July 2015  
Payment methodology change to market share for each payer (except Medicare to remain at 22.22% for CHT funding) \$2.70 PPPM
- Proposed January 1, 2016 \$5.40 PPPM

Payments are received from: Blue Cross, MVP, CIGNA, Medicaid, Medicare

**Grant Funding** Annual Award \$250,800  
 Supports: Project Director, Practice Facilitator, Self-Management Program, Travel, \$2,000/Practice for specific IT initiatives

## Current Staffing

### Blueprint Grant

- Total FTEs 2.5

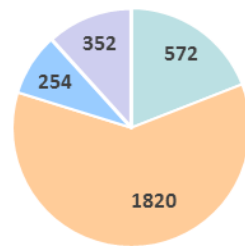
### Community Health Team (CHT)

- Total FTEs 6.8

Vacancies – Behavioral Health Specialists for 3 new Blueprint Practices, Social Worker

## Community Health Team (CHT) Utilization

Number of Bennington Blueprint CHT Encounters by Discipline  
 Quarter 2 FY 2015

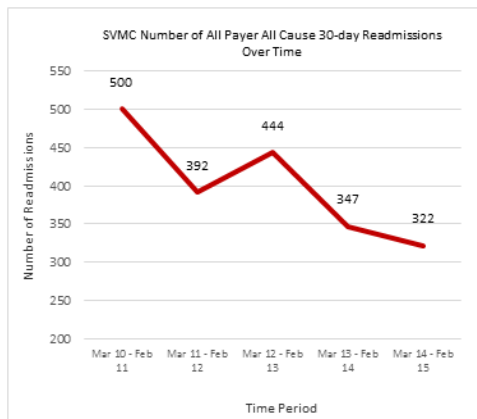


- Behavioral Health Specialist
- RN Case Manager
- Social Worker
- Dietitian

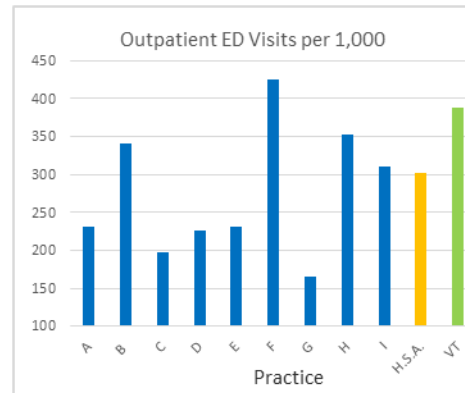
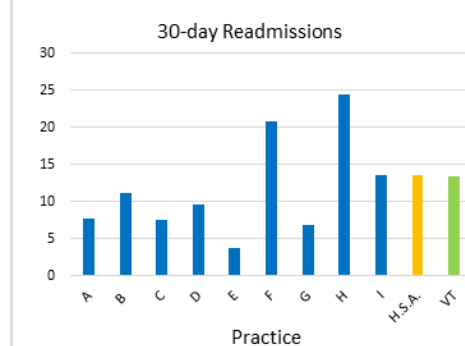
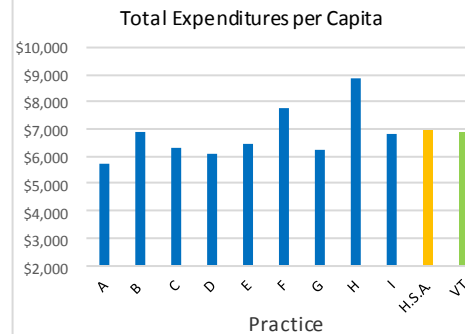
- Total number of patients served by CHT = 2,1169 (6.4% of total patient count)
- 34% of patients served by CHT had more than 1 discipline encounter

Data source: DocSite

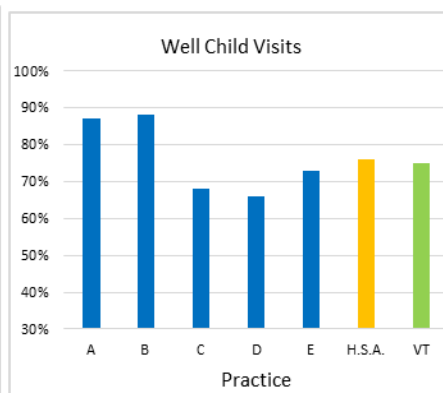
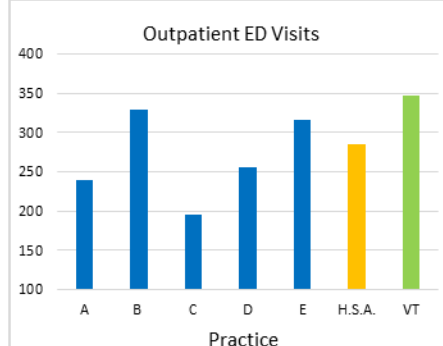
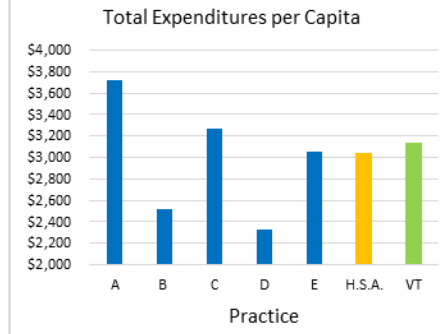
- Total patient count in the Bennington Blueprint portal = 33,216
- Total payer attribution count = 16,630



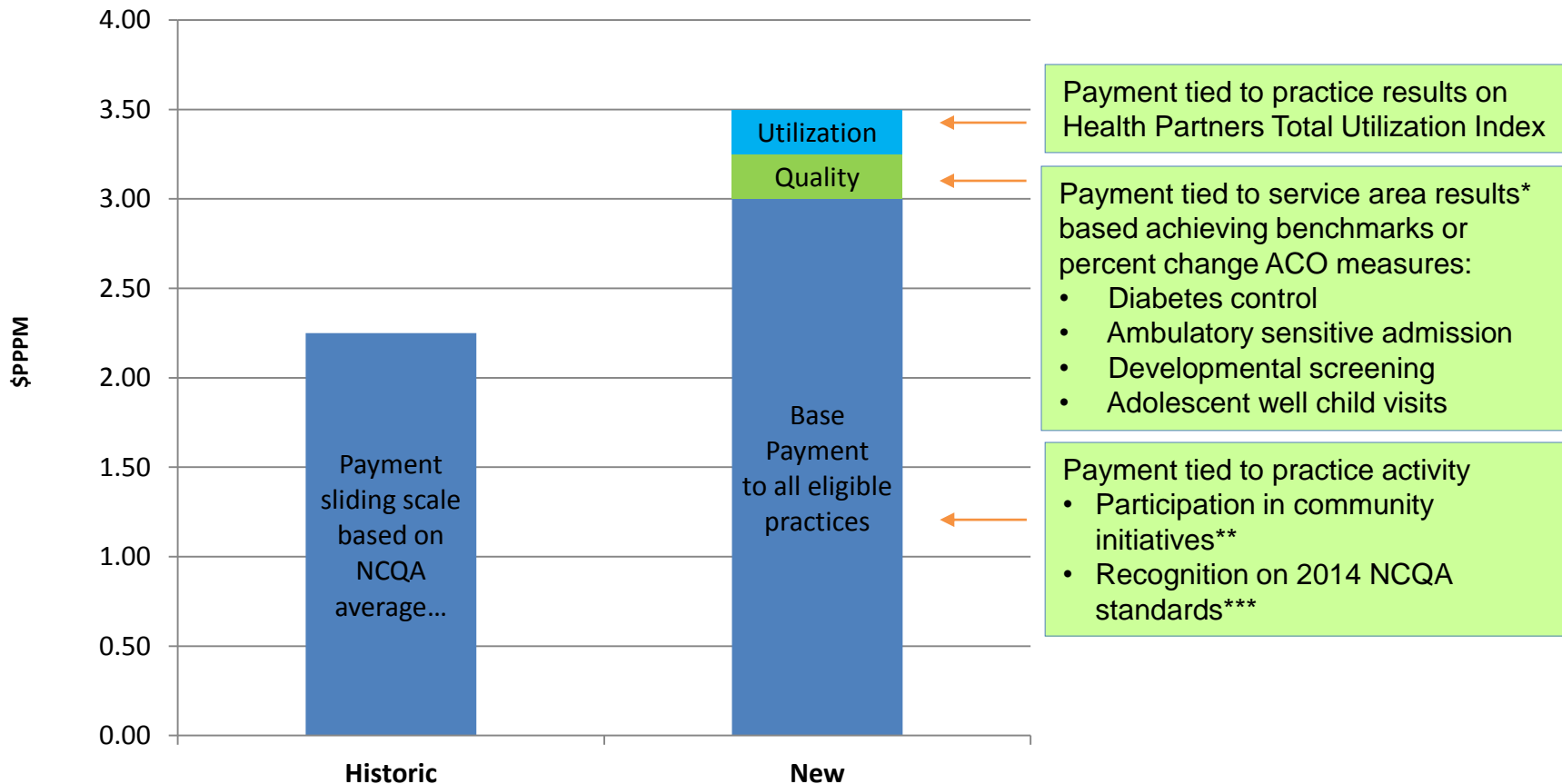
## Adult Practice Profiles July 2013 – June 2014



## Pediatric Practice Profiles



## Comparison of current and proposed medical home payments



\*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.