
VHCIP Provider Sub-grant Fourth Quarter 2016 Quarterly Program Reports

**Vermont Health Care Innovation Project
2016 Quarterly Report**

Screening in the Medical home (SiMH)
University of Vermont Health Network-
Central Vermont Medical Center

Date December 10, 2016

Reporting Period:
2nd Year Final Report

Name of Presenter(s) and/or Key Contact:
Ginger Cloud, LCMHC, LADC

Grant Project Goals

- To implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) into the medical homes at Central Vermont Medical Center (CVMC). For the purpose of this grant SBIRT will focus on tobacco, alcohol and drug misuse.
- To develop and extend a Short Message Service (SMS) for patient engagement to monitor binge drinking behavior: Caring Txt VT.
- Integrate SBIRT measure set into eClinical Works (EMR) calculating stratified risk scores and clinical intervention tracking to improve care coordination and expedite billing for reimbursement.
- Explore utility of current SBIRT reimbursement practices.
- Educate and guide medical providers in substance abuse coding and billing.
- Promote SBIRT model statewide.

The implementation of SBIRT into the patient centered medical home model aligns with the mission of VHCIP to support health care payment and delivery system reforms. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. Screening in the Medical Homes (SiMH) aims to prevent and reduce substance misuse, reduce healthcare costs, increase care coordination, and implement a novel strategy to enhance patient participation.

Recent Accomplishments

- We completed our final report for our SIM grant. This report gave us the opportunity to summarize the valuable lessons we have learned over the past two years implementing SBIRT into our medical group practices. Please see final report for data charts and overall summation of findings.
- We received an updated report that focused only on patients that received a tobacco, alcohol and drug screen during a visit. This allowed us to simplify data charts and to gain insight into the cohort that completed all three screens this grant was intended to capture.
- SBIRT clinicians have been activity using the Feedback Informed Treatment (FIT) tools with brief treatment patients. We are all engaged in monthly consultation calls to receive supervision of our use of the FIT tools.

Activities Undertaken and Planned

- Ongoing Activities
 - Regular meetings with each medical home to advance the implementation of the SBIRT screening model into their patient flow. Quality improvement of the screening process, feedback to providers about patient engagement in brief treatment services and problem solving barriers to screening.
 - Each practice site is receiving SBIRT model effectiveness feedback through practice reports detailing patients screened, rates of positive screens, secondary screening rates, and intervention rates.
 - Coordination of care efforts throughout CVMC's medical homes, the hospital system, and community partners.
 - Motivational interviewing trainings to increase screening and intervention effectiveness.
- New Activities
 - Our SBIRT team will join the Community health team. We will continue to offer SBIRT interventions in a non-billable format. Strategic meetings to increase efficacy of SBIRT model are in process.
- Long-Term Activities
 - Engagement in comprehensive training of medical secretaries, nursing staff, and medical providers to enhance screening process in medical homes. Identification of areas of the screening and intervention process that are interrupting the efficacy of the SBIRT model. Build community alliances and a comprehensive clinical pathway for patients that are identified at moderate to high risk/dependent substance users.
 - Maintain a strategy to sustain screening and intervention services initiated by this grant, with specific concern regarding ability to continue to support tobacco interventions, treatment and brief interventions for all substances.

Challenges and Opportunities

- As noted in our last quarterly report, one of our SBIRT clinicians accepted a new position at a different organization. Since we were in the final months of our SIM grant a decision was made to not re-post that position. We are doing our best to meet the needs of patients in our medical homes through the currently employed therapist and our project manager has increase direct patient care hours.
- We continue to address challenges associated with smooth transitions for patients trying to access inpatient detox. We are utilizing resources present at our Washington County Substance Abuse Regional Partnership meeting to discuss gaps in treatment services and seek solutions.
- For a comprehensive list of Challenges identified in our implementation of SBIRT model please see our final report.
- We look forward to understanding the opportunities joining the Community Health Team will bring to our SBIRT project. We hope to expand our services and increase our ability to provide onsite intervention services throughout the medical homes at CVMC.

Providers and Beneficiaries Impacted

FTE Category	BIM	MIFH	CVPC	WMA	GCPC	MRFP
MD FTE's	3.66	3	4.48	3.93	1	1.3
NP/PA FTE's	1.35	2.69	2.97	0.8	0.6	1
Total Provider FTEs	5.01	5.69	7.45	4.73	1.6	2.3
Clinical Coordinator	0.81	1.1	1	1	1	1
Office RN	4.2	4.1	4.58	4	1	2.5
Office LPN	0.83	0.97	4.12	0	0	0
MA/CCA	0.11	3.62	0	1	1	0
Clinical FTEs	5.95	9.79	9.7	6	3	3.5
Office Supervisor	1	1	1	1	0	1
Medical Secretary	5.27	6.06	7.18	5.72	1	2.5
Front End/Other FTEs	6.27	7.06	8.18	6.72	1	3.5
Total FTE's Per Practice	17.23	22.53	25.33	17.45	5.6	9.3
Total Attributed Patients	4139	6903	7700	6554	1244	4065

Evaluation Methodology

- The target population for our initiative is two fold. We aim to target medical home practices throughout CVMC network to engage in the SBIRT model of screening. Through the engagement of the SBIRT model we aim to identify people that use substances (alcohol and drugs) at a risky level, and people that are identified as addicted to tobacco and or other substances. Once identified we are able to offer appropriate services and continuity of care throughout the patient's change journey.
- We are measuring success by the number of practices engaged in screening patients using the SBIRT model, by the number of patients screened and intervened at each practice and the level of patient engagement in the available SBIRT services.
- To collect data and evaluate the utilization of the SBIRT model in the medical home we are using the reporting functions through our EMR and patient self report. The demographic information, the number of screens complete, engagement in brief interventions, brief treatment and referral to treatment are tracked through the EMR. The reduction or elimination of use patterns among patients engaged in treatment with the SBIRT clinician is based on patient self-report.
- We now have a new EMR report that gives us access to individualized screening results, making the process of identifying patients at risk easier. This new report also increases our ability to target model specific quality improvement efforts based on practice data.

Sustainability

- Our SBIRT project will join the Community Health Team enabling our clinicians to continue to offer our valuable services to patients free of charge.
- Our goal is to keep SBIRT services free and there will be continual quality improvement efforts. The program will be evaluated in early 2017 to understand if it will stay as a free service or transition to a fee for service model.
- We will continue to work with the State and BCBS to develop a reimbursement guide for integration of behavioral health services.

Expenditures to Date & Revised Budget

- Please work from your approved revised budget to show any new expenditures.

	Approved Budget	Prior Spending	Spent this Qtr.	Total Spent to Date
Salary	\$ 345,873.46	\$ 257,649.54	\$ 64,412.32	\$ 322,061.86
Fringe	\$ 90,162.00	\$ 69,888.33	\$ 14,348.20	\$ 84,236.53
Travel*		\$ 1,031.48	\$ 285.56	\$ 1,317.04
Conferences*	\$ 4,000.00	\$ 1,654.75	\$ 1,669.92	\$ 3,324.67
Equipment	\$ 4,939.00	\$ 2,519.00	\$ 1,327.98	\$ 3,846.98
Contracts	\$ 6,000.00	\$ 5,000.00	\$ 350.00	\$ 5,350.00
Other Costs	\$ 20,000.00	\$ 10,000.00	\$ 10,000.00	\$ 20,000.00

- * Tracked separately starting 8/1/15, in original budget Conferences were listed under Supplies
- Expenditures as of October 31 2016, final invoice for month of November to be submitted by December 31, 2016.

SBIRT Resources

Integrative Behavioral Health Services

Tobacco, Alcohol and Drug Counseling

KARA DUDMAN, M
NCC, AAP



AREAS OF PRACTICE:

- Substance Abuse / Addiction
- Tobacco Cessation
- Relapse Prevention
- Risk/ Harm Reduction
- Anxiety
- Depression
- Grief / Loss

THEORETICAL PERSPECTIVE:

Motivational Enhancement Therapy
Cognitive Behavioral Therapy (CBT)
Client-Centered Therapy
Mindfulness

Integrative Behavioral Health Services

Tobacco, Alcohol and Drug Counseling



CYNTHIA (TIA)
SPRAGUE, MS

AREAS OF PRACTICE:

- Substance Abuse / Addiction
- Depression
- Anxiety
- Eating Disorders
- Self Esteem
- Co-Occurring Disorders

THEORETICAL PERSPECTIVE:

Cognitive Behavioral Therapy (CBT)
Client Centered
Motivational Enhancement Therapy (MET)

SBIRT PROJECT



SBIRT

Screening, Brief Intervention, and Referral to Treatment

A public health approach to reducing the impact of substance use in our community

Integrative Behavioral Health Services

Tobacco, Alcohol and Drug Counseling

GINGER CLOUD
LADC, LCMHC



AREAS OF PRACTICE:

- Substance Abuse / Addiction
- Tobacco Cessation
- Relapse Prevention/ Risk/ Harm Reduction
- Chronic Pain
- Depression & Anxiety
- Gerontology
- Stress Management
- Clinical Supervision

THEORETICAL PERSPECTIVE:

Motivational Enhancement Therapy (MET),
Cognitive Behavioral Therapy (CBT), Dialectical
Behavioral Therapy (DBT), Mindfulness



**Vermont Health Care Innovation Project
2016 Quarterly Report**

RiseVT
Northwestern Medical Center

Date:12-9-2016

***Reporting Period:
October November***

Dorey Demers

RiseVT Coordinator

ddemers@nmcinc.org

Grant Project Goals

- Increasing the health of residents by decreasing rates of obesity and overweight
- Increasing the number of employers offering wellness programs with greater than 50% participation rate
- Expand resources for biking/walking
- Increasing fruit/vegetable consumption
- Decrease the number of people with no leisure time physical activity
- Increase the number of students walking/biking to school
- Increase smoke-free/tobacco-free environments

Recent Accomplishments

- Small Business Umbrella launched and had 4 active businesses working together to provide wellness opportunities to their employees.
- EPODE visit onsite in November
- Presenting at the EPODE Open conference in Toronto Canada on Social Media

Challenges and Opportunities

- Working on change over has left RiseVT and we are currently capacity and hiring new coordinator
- Learning from others around us in neighboring states and countries will be a key point in the next year. A group from NMC will be attending the EPODE Conference in Canada in October and Internationally in Amsterdam in November.

Activities Undertaken and Planned

■ Ongoing Activities

- We are continuing to engage businesses schools and municipalities with a strong presence at local events and initiatives. Our advocates are actively participating in infrastructure meetings, sidewalk committees and recreation committees.
- We attend and actively participate in collaborative meetings such as the Franklin Grand Isle Community Partnership and the Franklin Grand Isle Regional Prevention Collaborative. These involvements have led to many partnerships including Vermont Adult Learning, Foster Grandparent Program, Samaritan House

■ New Activities

- None at this time as we are trying to implement our

Providers and Beneficiaries Impacted

- *RiseVT Numbers*
- 16488 People are Rising
 - **12637 people** have seen RiseVT at events across Franklin and Grand Isle
 - **2214 people** have taken the RiseVT Pledge or taken the Health Assessment
 - **1130 people** have completed the RiseVT Individual Scorecard and know their score – 149 referrals to health coaching, 21 referrals to primary care, 9 referrals to tobacco cessation, and 20 referrals to dental care providers
 - **506 people** are using the RiseVT Wellness Dashboard & Health Coaching
- Facebook Likes: 9251

Evaluation Methodology

- UVM Rural Studies is complete. The complete report can be found in our final grant report

Expenditures to Date & Revised Budget

- Please work from your approved revised budget to show any new expenditures.

Approved Budget	Prior Spending	Spent this Qtr.	Total Spent to Date
\$ 115,000.00	\$ 115,000.00		\$ 115,000.00
\$ 133,000.00	\$ 53,272.88	7022.45	\$ 70,532.03
\$ 20,000.00	\$ 4,111.21	\$ 7,022.45	\$ 11,133.66
	\$ -		\$ -
\$ 22,000.00	\$ 17,841.03		\$ 17,841.03
\$ 19,500.00	\$ 19,455.72		\$ 19,455.72
\$ 90,500.00	\$ 107,075.49	\$ 7,536.15	\$ 114,611.64
\$ 400,000.00	\$ 316,756.33	\$ 21,581.05	\$ 348,574.08

**Vermont Health Care Innovation Project
Grant # 03410-1461-15
2016 Quarter Four Report**

**State Innovation Models: Funding for
Model Design**

Vermont Program For Quality in Health Care, Inc.

Submitted: December 10, 2016

Reporting Period: October 1, 2016- November 30, 2016

Prepared by: Linda Otero MSN/ED RN

Vermont Program for Quality in Health Care, Inc.

Statewide Surgical Collaborative

Project Coordinator (SSCPC)

Grant Project Goals

- To collect and submit surgical clinical data to the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) database for the purpose of improving surgical outcomes and performance through data analysis and comparative performance monitoring.
- Develop infrastructure for the implementation of a clinical management systems designed to improve quality, patient safety and reduce costs of surgical care across State of Vermont.

Recent Accomplishments

- 5/5 hospitals renewed (or will renew) for a 2nd year of NSQIP
- Porter Medical Center rejoined NSQIP (new SCR hired started training Nov. 7th).
- Copley Hospital renewed interest in NSQIP (attended NSQIP webinar October 3rd and has Surgeon Champion).
- Southwestern VT Medical Center in the process of hiring a new SCR
- **ALL** the surgical clinical reviewers obtained **certification**

Challenges

- ❑ NSQIP could not accommodate hospitals with very small surgical volumes (North Country)
- ❑ Lack of response from one hospital administration group
- ❑ Unable to accurately quantify costs of complications – relying on average costs of complications
- ❑ Vacant surgical clinical reviewer and surgeon champion positions
- ❑ Convincing hospitals outcome data is the best indicator of surgical quality and necessary for drilling down on cases to improve performance and decrease preventable complications.

Opportunity

- Vermont Statewide Surgical Services Collaborative (VSSSC) to improve surgical care statewide
 - Surgeons and insurers openly dialogue about surgical complications and methods to address them as a public health problem.
 - Advance the concept of Surgical Home and the risk calculator to increase patient safety, decrease preventable surgical complications, thereby decreasing costs of surgical care.
 - Develop a surgical project surrounding opioid use post-surgery with an extended invitation to all hospitals regardless of NSQIP status.

PRE-OP RISK FACTORS

2432 CASES

1488 adults (61.2%) 1 or more risk factors

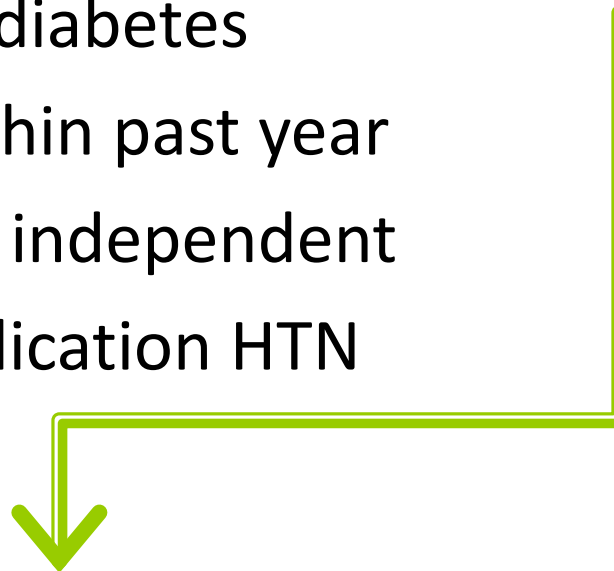
944 adults (38.8%) no risk factors

11.8% adults with diabetes

20.7% smokers within past year

97.2% functionally independent

38.1% require medication HTN



Activities Undertaken and Planned

- **Ongoing Activities:** Facilitating meetings of collaborative members and SCRS'; Reviewing AND trending data entered into NSQIP workstation; Coordinating collaborative meetings; Providing clinical and technical support to hospitals, Quality Directors, and surgical clinical reviewers (SCRs') for clinical abstraction; Communicating NSQIP to hospital leadership.
- **Planned Activities after grant period:** At least temporarily, VPQHC will continue to schedule collaborative member meetings; coordinate collaborative events for hospitals to share best practice statewide and nationally; provide analytic support to hospitals through data analysis and comparative performance monitoring.

Providers and Beneficiaries Impacted

- Providers: Approximately **60** Surgeons performing general, orthopedic, gynecological, and urologic inpatient and outpatient surgeries on adults in 5 enrolled hospitals
- Potential Beneficiaries:
Patients/Hospitals/Insurers/State of Vermont
 - According to 2012 VUHDDS, 57,753 surgical procedures performed on adults 18 or older statewide.
 - ACS NSQIP is a guide path to transform surgical care from fee for service to pay for performance

VSSS Collaborative Data: Outcomes and Costs

- **2419 Cases** entered into work station
- **93.2%** 30 day follow up
- **145 adults (6%)** had a preventable surgical complication

- **Complications:** wound, respiratory, urinary, cardiac, central nervous system

- **Costs:** $145 \times \$11,000$ (AVG added cost) = **\$1,595,000**
additional direct health care cost

EVALUATION METHODOLOGY

TARGET POPULATION	QUANTITATIVE METRICS TO MEASURE SUCCESS	DATA SOURCE FOR METRICS	RESULTS TO DATE	TIMELINE FOR FINAL RESULTS
<p>INPATIENT OR OUTPATIENT SURGICAL PATIENTS at 18 YEARS OF AGE OR OLDER</p> <p>NO TRAUMA CASES</p>	<p><u>CLINICALLY:</u> RATES OF POSTOPERATIVE COMPLICATIONS INCLUDING MORTALITY</p> <p><u>FINANCIAL:</u> COSTS FOR POSTOPERATIVE COMPLICATIONS EXCLUDING MORTALITY</p>	<p>VUHDDS <u>AND</u> ACS NSQIP RAW OUTCOMES DATA</p> <p>PATIENT DATA ENTERED INTO ACS NSQIP WORKSTATION PRODUCES HOSPITAL LEVEL CLINICAL OUTCOME, RISK ADJUSTED REPORTS USING ODDS RATIOS</p>	<p>RAW DATA: AS OF 11/2016 2419 CASES ENTERED INTO NSQIP 145 PEOPLE (6%) EXPERIENCED POST-OPERATIVE OCCURANCE WITHIN 30 DAYS</p> <p>TRANSLATES TO APPROXIMATELY \$1.5 Million Average added direct health care costs.</p>	<p>THE SMALL SURGICAL VOLUMES FOR CRITICAL ACCESS HOSPITALS MAY REQUIRE AT LEAST 1 TO 2 YEARS (2017) BEFORE DATA IS RELIABLE. MID-SIZE HOSPITALS MAY HAVE RELIABLE DATA AS EARLY AS FALL 2016.</p>

Sustainability

Hospitals currently enrolled in NSQIP will continue collecting data into 2017 and beyond with a commitment from hospital administration.

If the VSSSC is able to initiate a statewide project, VSSSC will be able to expand their influence with other Vermont surgeons and insurance groups and share best practice statewide improving the quality of surgical care and patient safety, and decrease costs.

Expenditures to Date & Revised Budget

	Approved Budget	Prior Spending	Spent this Qtr. NOV 2016	Total Spent to Date NOV 2016
Statewide SC Project Coordinator	101,772.56	97,145.79	6,239.42	103,385.21
Surgical Case Reviewers (Salaries)	160,417.00	74,328.11	7,071.34	81,399.45
Sr. Program Mgr./Epidemiologist	22,660.82	8,200.34	2,893.85	11,094.19
Executive Director	9,914.11	8,051.69	482.00	8,533.69
Administrative Assistant	10,622.37	4,352.19	1,543.81	5,896.00
Business Office	11,278.08	15,090.62	5,609.84	20,700.46
IT Manager	4,992.06	2,233.60	990.76	3,224.36
Total Salary	321,657.00	209,402.34	24,831.02	234,233.35
Surgical Case Reviewers (Fringe)		18,473.23	244.85	18,718.08
Fringe (30% year 1, 32% year 2)	101,358.00	41,651.47	5,683.09	47,334.55
Total Fringe	101,358.00	60,124.70	5,927.94	66,052.63
Total Salary & Fringes	423,015.00	269,527.04	30,758.96	300,286.00
Training fee for Coordinator	2,321.00	2,321.22	-	2,321.22
Travel to hospitals by Coordinator - Avg. 4 Trips per month @.575/.54 per mile	1,724.00	1,065.24	56.16	1,121.40
Computer Equipment -12 computers for SCRs	4,000.00	3,000.00		3,000.00
Vermont Statewide Collaborative Meetings	10,298.00	75.00	-	75.00
Conference Sponsorship - Nat'l NSQIP Conf	3,000.00			
Hospital Enrollment fees –annual	97,000.00	63,500.00	33,500.00	97,000.00
Indirect Costs	50,832.00	31,876.28	6,039.19	37,915.47
Totals :	592,190.00	371,364.78	70,354.31	441,719.08