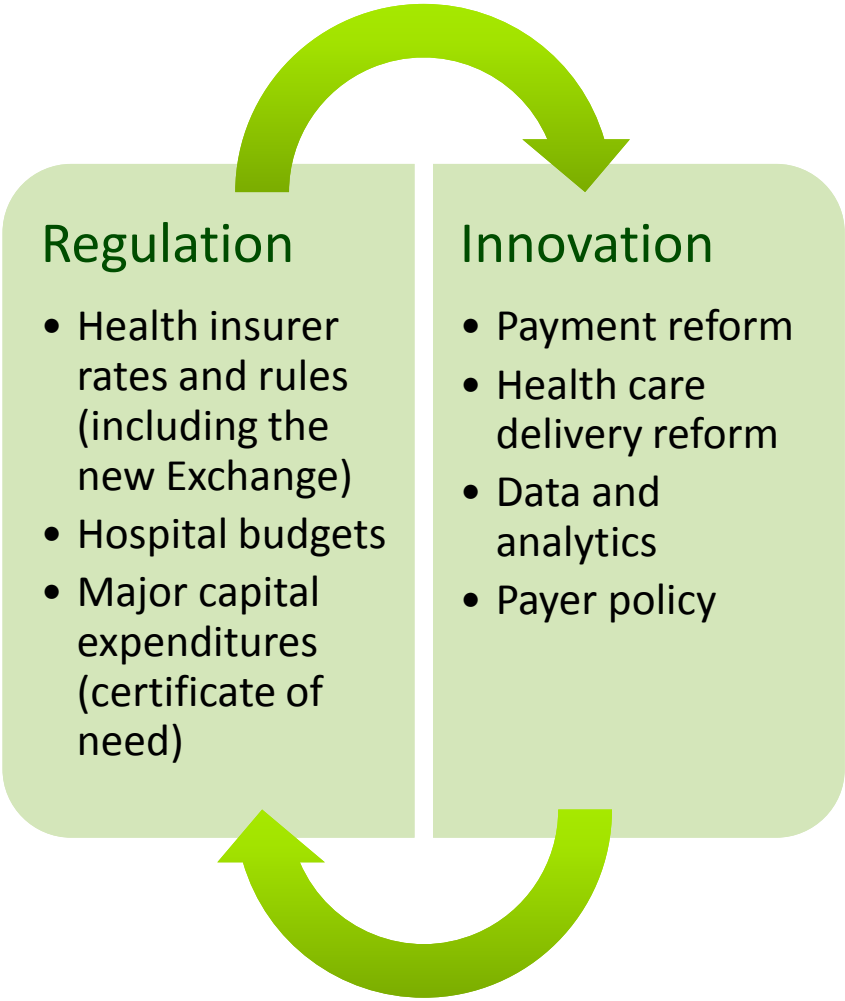
Update on Payment Reform and State Innovation Model Project

Anya Rader Wallack, Ph.D.
Chair
Green Mountain Care Board

June 25, 2013

Roles of the Green Mountain Care Board



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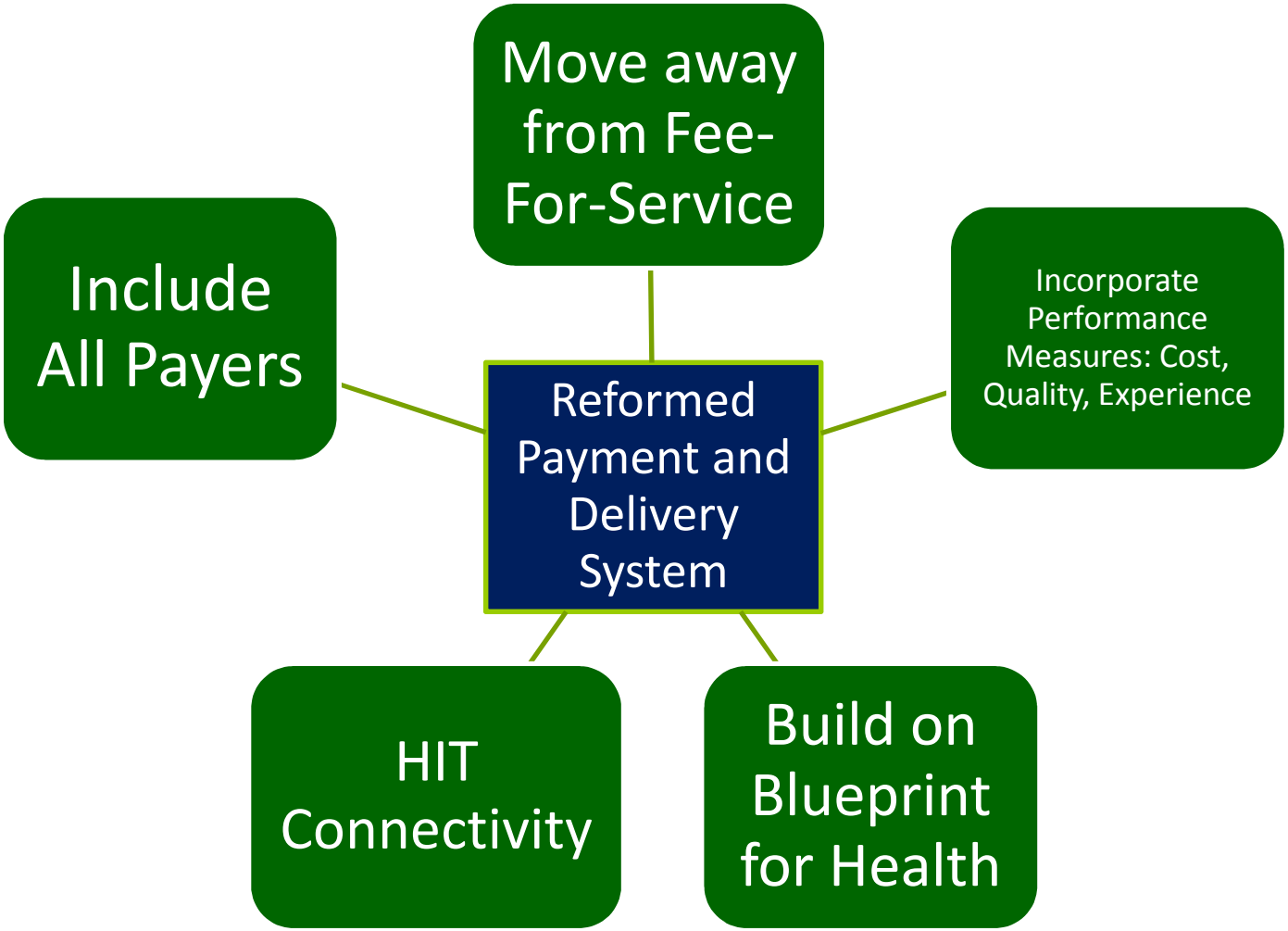
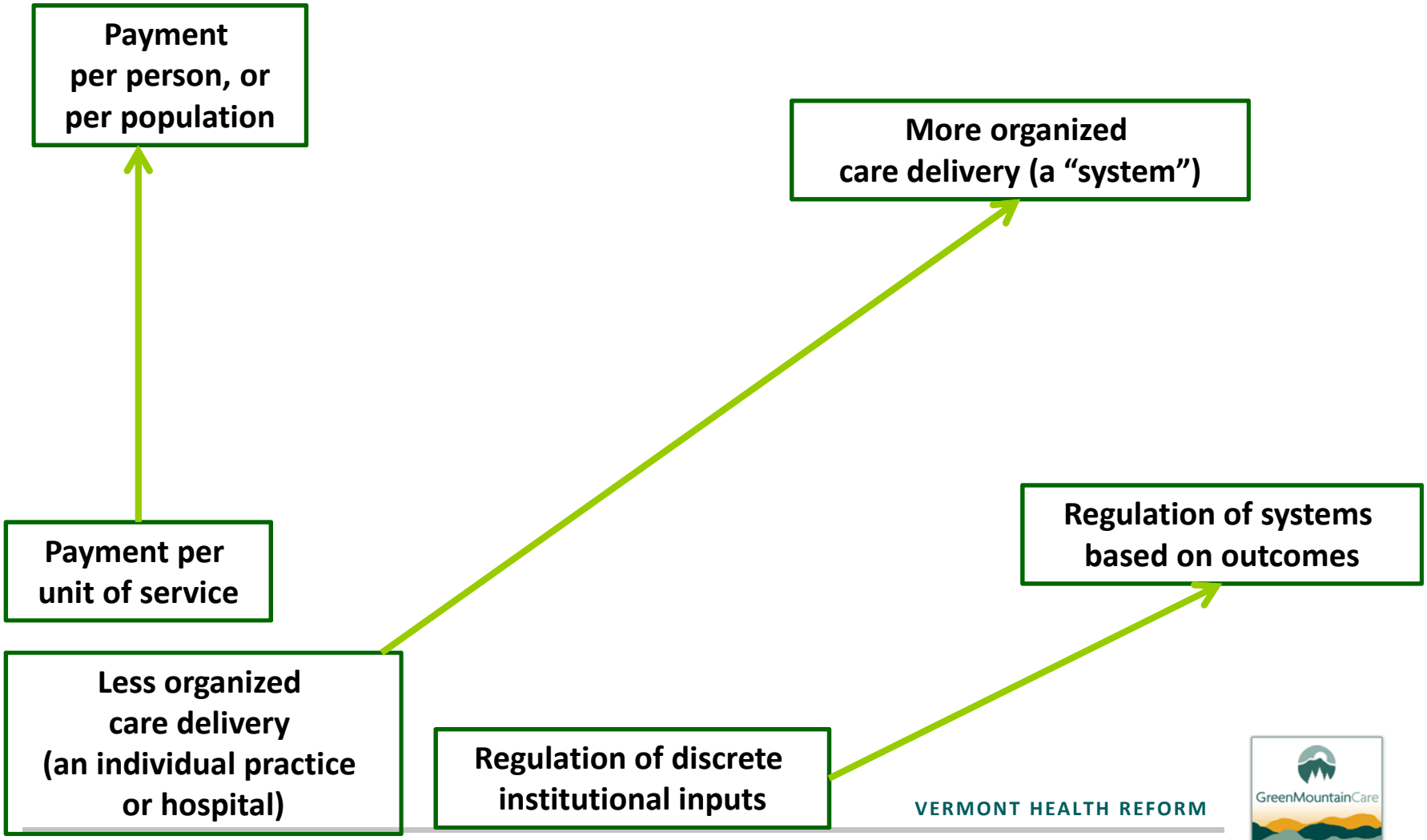
Vermont Innovation: Payment and Delivery System Reform



Three trajectories of transformation: health care payment, care delivery and regulation



Payment Reform Models Overview June 24, 2013

Green = Approved By GMCB

	Model Name	Testing Period	Model Type	Model Description	Providers	Payers	Population Included
GMCB	**NVRH Oncology**	Phase 1: January 2012- July, 2013 Phase 2: TBD	Enhanced Payments to PCPs and Specialists (PMPM)	Improve care for patients diagnosed with cancer in the St. Johnsbury region.	NVRH, Northern Counties Health Care, Norris Cotton Cancer Center (DHMC)	Medicaid, BCBSVT, MVP, CIGNA	Local: 270 patients Statewide: 9,800 patients
GMCB	**OneCare Vermont**	January 2013- January 2016	Medicare Shared Savings Program, Accountable Care Organization	Create an integrated provider network to serve Medicare Beneficiaries.	FAHC, DHMC, 12 hospitals and their employed physicians (CAH, PPS), 2 FQHCs, 5 RHCs, 58 practices/providers	Medicare	40,800 Medicare Beneficiaries (estimated)
GMCB	**NMC Emergency Department**	January 2013- December 31, 2013	Shared Savings Model	Reduce avoidable ED utilization (Level 4 and 5 triage) at NMC.	NMC	Medicaid, BCBSVT, MVP, CIGNA	TBD
GMCB	**RRMC CHF Bundled Payment Initiative**	January 2013-?	Bundled Payment Model	Improve care for patients admitted to RRMC diagnosed with CHF.	RRMC, Pulmonologists, Cardiologists, Home Health, Nursing Homes, FQHC	Medicare	120 Patients diagnosed with CHF (as presented in application)
GMCB	**SWMC Hospital Global Budget**		Hospital Global Budget				
GMCB	**FAHC Joint Replacements Pilot (Early Discussions)**	TBD	Bundled Payment with Shared Savings Model	Create a bundled payment for knee replacement surgery and post discharge care for patients admitted at FAHC (Bundled Payment and Shared Savings Model)	FAHC, and TBD post discharge facilities and providers	TBD	133 Commercial and Medicaid patients. 207 Medicare Patients
DVHA	**Vermont Blueprint for Health (Patient Centered Medical Homes [PCMHs] + Community Health Teams [CHTs])**	2008-2014	P4P (enhanced payments to primary care practices recognized as PCMHs) and shared utility (payments for CHTs)	Primary care practices recognized as PCMHs; CHTs in each of VT's 14 health service areas to improve coordination of services; self-management programs; practice facilitators to assist with transformation and quality improvement; Support and Services at Home for Medicare beneficiaries; Medicaid chronic care coordinators; team-based care for patients experiencing opioid dependence.	As of June 1, 2013: 113 primary care practices recognized as Patient Centered Medical Homes with about 588 primary care providers (approximately 2/3 of VT's primary care practices and primary care providers); 106 core CHT staff members; additional extended CHT staff members for Medicare, Medicaid and opioid dependent populations.	All major payers (Medicare, Medicaid, BCBSVT, Cigna and MVP)	More than 458,000 VT residents who are active in recognized practices, representing more than 2/3 of the state's population.
DVHA	**Brattleboro Retreat Opioid Detoxification Pilot (Medicaid Leading P4P Program)**	TBD	P4P for Collaborative Management of Opioid Dependent Individuals	Improve coordination of care and post discharge treatment for patients admitted for opioid detoxification at the Brattleboro Retreat.	Brattleboro Retreat, others TBD	Medicaid	TBD
DVHA	**FQHC Medicaid Shared Savings Model**	TBD	Shared Savings Model	Proposed collaboration among FQHCs to create an integrated provider network for Medicaid beneficiaries seen by the participating FQHCs	FQHC Providers	Medicaid, possibly commercial	TBD

State Innovation Model (SIM) Testing Grant: Awarded to 6 states; VT received $45 million over 3 ½ years

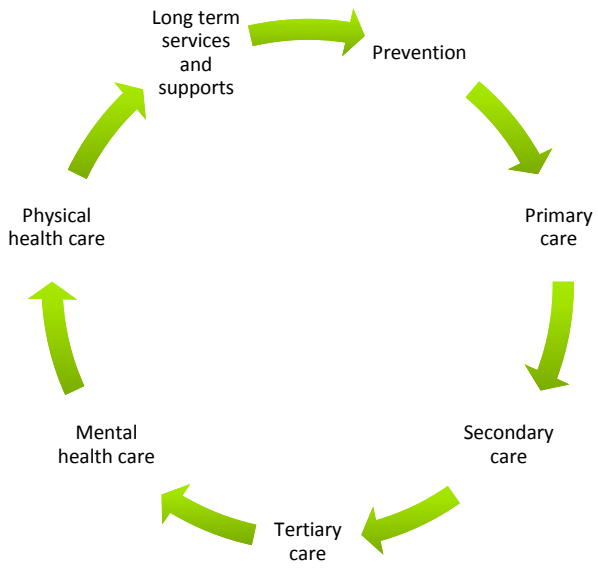
- Supports Testing of 3 Alternatives to Straight Fee-for-Service
  - Shared Savings Accountable care payments
    - Single network of providers takes responsibility for managing the costs and quality of care/services for a group of Vermonters
  - Bundled payments
    - Provide a single payment to a group of providers for an acute or chronic care episode
  - Pay-for-Performance
    - Incorporate the total costs and quality of care/services into provider compensation

Aims of the SIM Project

- Improve patient experience of care (including quality and satisfaction)
- Improve the health of Vermont's population
- Reduce per capita costs of health care

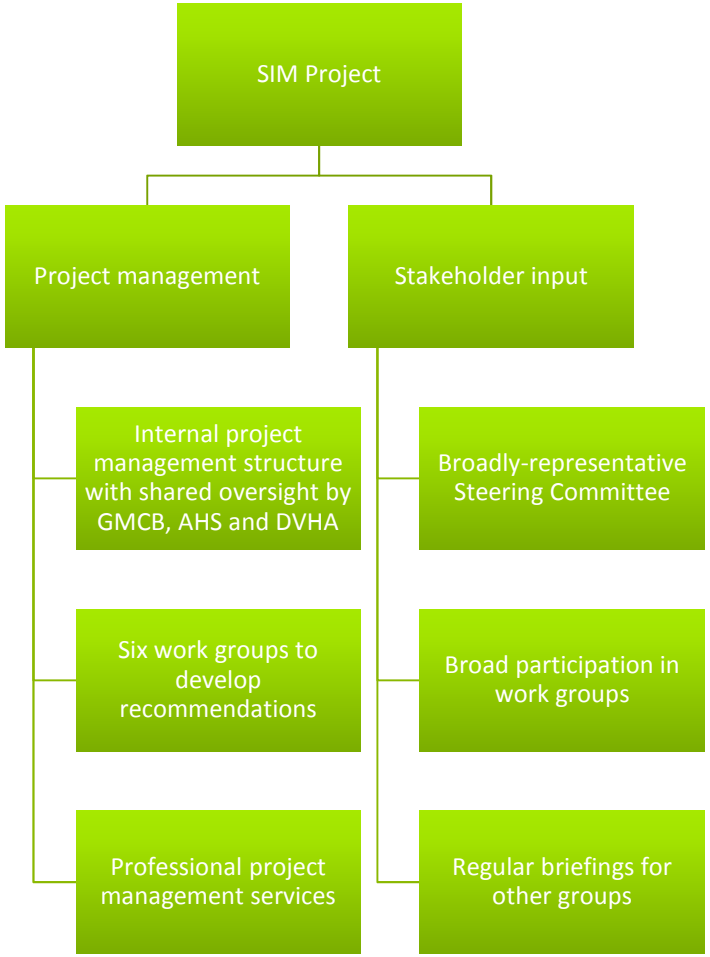
How? Expand and integrate…

- Coordination of care
- Value-based payment
- Health information exchange (both the technology and the actual use of information)



SIM is a public/private initiative

Two components of the project structure



Next steps

- Operations plan due to CMS by August 1
- "Readiness review" required to get implementation funds
- Forming and reforming work groups
- Recruiting project staff
- RFPs released for project management and project evaluation