

VCO

VERMONT CARE ORGANIZATION

Senate Committee on Health and Welfare
115 State Street
Montpelier, Vermont 05633-5301

February 3, 2017

Senators,

As you know, Vermont Care Organization (VCO) is an *independent, not-for-profit network created by and supporting* the work of Vermont's healthcare community – doctors, nurses, primary care clinics, hospitals, home health, mental health care and substance use treatment, rehabilitation, community-based human service organizations and much more – who have *united voluntarily* from across the state of Vermont to work together to create a *new and better* state of health for Vermonters.

VCO was formed when OneCare Vermont, Community Health Accountable Care and HealthFirst agreed to work together as one entity. We now have federal and state approval to work aggressively together over the coming years toward a single goal: better health and better healthcare for all of Vermont.

Our approach is two-fold and balanced: When people are *sick or hurt*, they will get the *quality care and service* they need in the most *cost effective* and *accessible* way, AND when they are healthy, they get the support and tools they need to *stay healthy*. We use research and data to drive everything we do and are already tracking positive quality and patient satisfaction results that will support improved outcomes. We provide actionable data to our Network members so they can coordinate care for patients.

Last year, this body worked long and hard to find appropriate ways to regulate ACO's in Vermont. In Act 113, the Legislature struck what we believe was a balanced approach that recognized the need of ACOs to be able to conduct business effectively, while protecting Vermonters and Vermont's provider community with a significant level of transparency. We also believe that transparency is one of the keys to success in our business. As such, even though the ACO provisions in Act 113 don't take effect until January of 2018, OneCare Vermont and VCO have begun conducting our governing bodies as if they were.

S. 4 is a significant change from Act 113. It is unclear what problem or anticipated problem this change in language seeks to address. S. 4 changes Act 113 before we even know how well it is working. The requirements are tantamount to imposing the Open Meeting Act (and actually offer fewer exceptions than the Act itself), despite the fact that those requirements can only apply to public bodies, and the ACOs don't qualify as public bodies. In fact, the ACOs are private organizations with voluntary contracts with state and federal governments, not quasi-public (as was argued in the VITL case.)

Even without changes that might happen on the Federal level, health care reform is massive and complex. With the volume and speed of change, there is a need to be thoughtful about how much this organization is expected to tackle all at once. The 'coalition of the willing' that created Vermont Care Organization negotiated for 20 months to get to where we are now. The Coalition includes representatives from all key stakeholder constituencies including consumers who are trained by the Office of the Health Care Advocate. There is also a Consumer Advisory Group that reviews and makes

recommendations about matters being reviewed by other committees of the board (Population Health and Primary Care). Members of the public have the opportunity, outside of Governing Board meetings, to get updates on ACO activities and participate. First among these are the very public Green Mountain Care Board oversight and budget approval processes. The manner of public representation as developed by the program standards committee is in line with federal policy.

While the coalition grows stronger every day and our collaborations around the state grow more effective, one of the things that makes it all possible is the stable foundation of Act 113. We respectfully suggest that you allow Act 113 to take effect while holding us accountable for the high level of transparency already contained in it. If, after a period of time, real problems arise that require new language, we would encourage you to make the necessary changes then.

To the extent the requirements will be imposed, it would be more accurate to use the definition of trade secret found in the Public Records Act instead of the one used in the current iteration of S. 4, which is from the Commerce and Trade chapter. The Commerce and Trade definition in the bill as introduced is not crafted relative to public access. The Public Records Act version is appropriate for this subject matter, has been interpreted by courts and applied to analogous situations.

Respectfully Submitted by:

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