2018 Care Coordination Program Summary

04/16/19

OneCare Vermont

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Central Components of the Care Coordination Model

Vision

To provide high-quality, person-centered, community-based care coordination services in an integrated delivery system to achieve optimal health outcomes

1. Person-centered Shared Care Plan
2. Multi-disciplinary Care Teams
3. Risk Stratification
4. Tools & Training
5. Inclusive Payment Model

2018 Progress

- Aligned Care Model
  - Expanded from 4 to 10 HSAs
  - Expanded from Medicaid pilot to care coordination program across four payers (~110K lives)
- Focus on Building Capacity
  - Community care teams
    - Common language
    - Clarified roles & responsibilities
    - Developed within and cross-organizational workflows
  - Trained in care coordination skills, software
  - Expanded to North & South monthly Care Coordination Core Team meetings
- Implemented clinical attestation for primary care in ACO contracts for January 2019
- Developed analytics tools to monitor and report on progress

Deploying Community Based Model

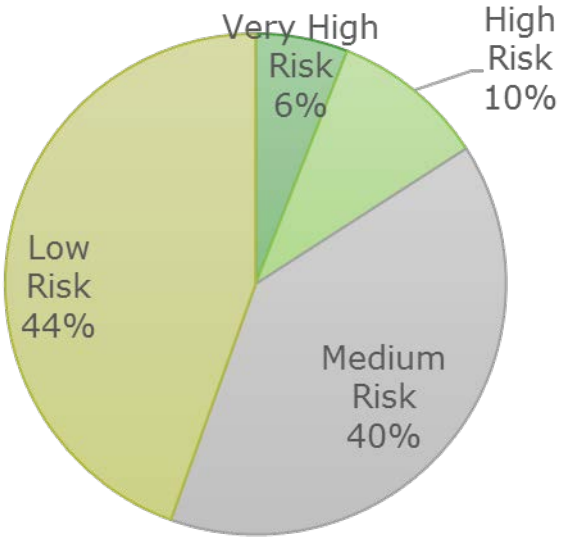
Under the model, capacity payments are made to communities.

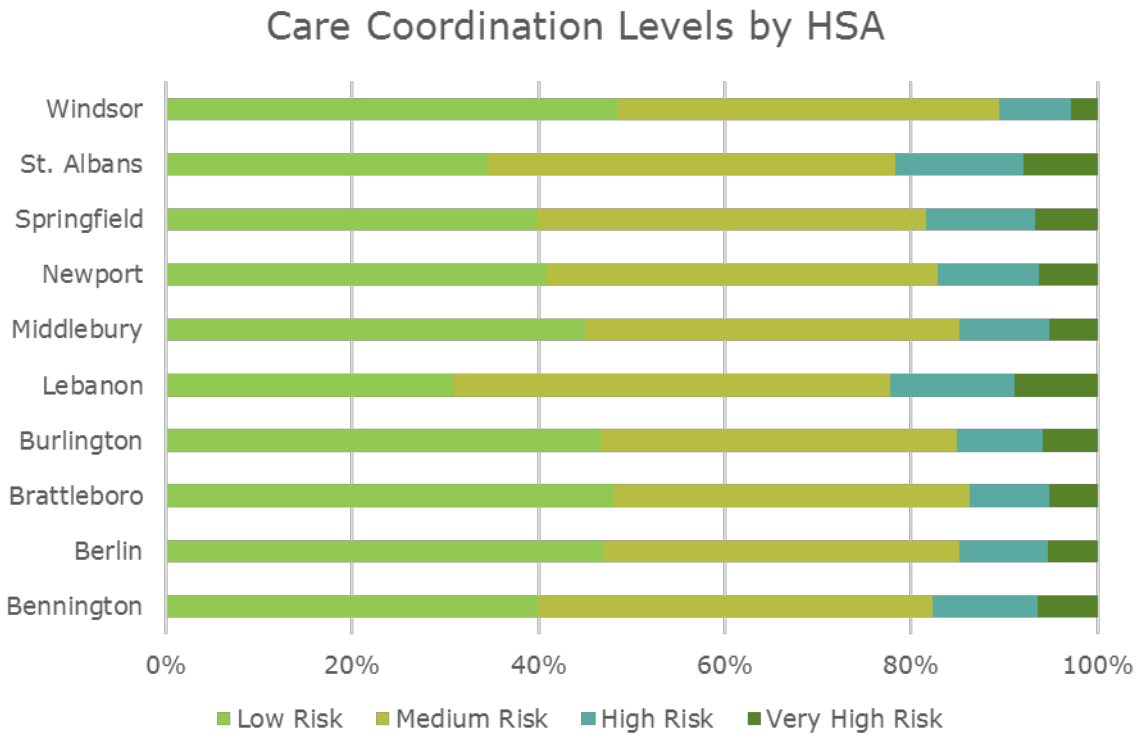
	Payment Amounts					
HSA	Level 1	AAA	DA	HH	PCP*	Total
Bennington	$25,000	$42,405	$101,685	$76,395	$170,825	$416,310
Berlin	$25,000	$74,620	$187,380	$134,235	$307,180	$728,415
Brattleboro	$25,000	$35,925	$86,040	$64,560	$149,050	$360,575
Burlington	$25,000	$206,995	$495,075	$371,250	$849,305	$1,947,625
Lebanon	$25,000	$12,480	$29,865	$23,690	$49,470	$140,505
Middlebury	$25,000	$49,365	$118,260	$88,665	$200,090	$481,380
Newport	$25,000	$27,915	$26,430	$50,265	$111,630	$241,240
Springfield	$25,000	$56,325	$134,160	$100,650	$230,305	$546,440
St. Albans	$25,000	$53,895	$129,255	$96,945	$232,060	$537,155
Windsor	$25,000	$4,815	$11,490	$8,610	$20,385	$70,300
Total	**$250,000**	**$564,740**	**$1,319,640**	**$1,015,265**	**$2,320,300**	**$5,469,945**

*PCP Payments include CPR Payments – All CPR Payments are Estimates

2018 Patient Demographics:

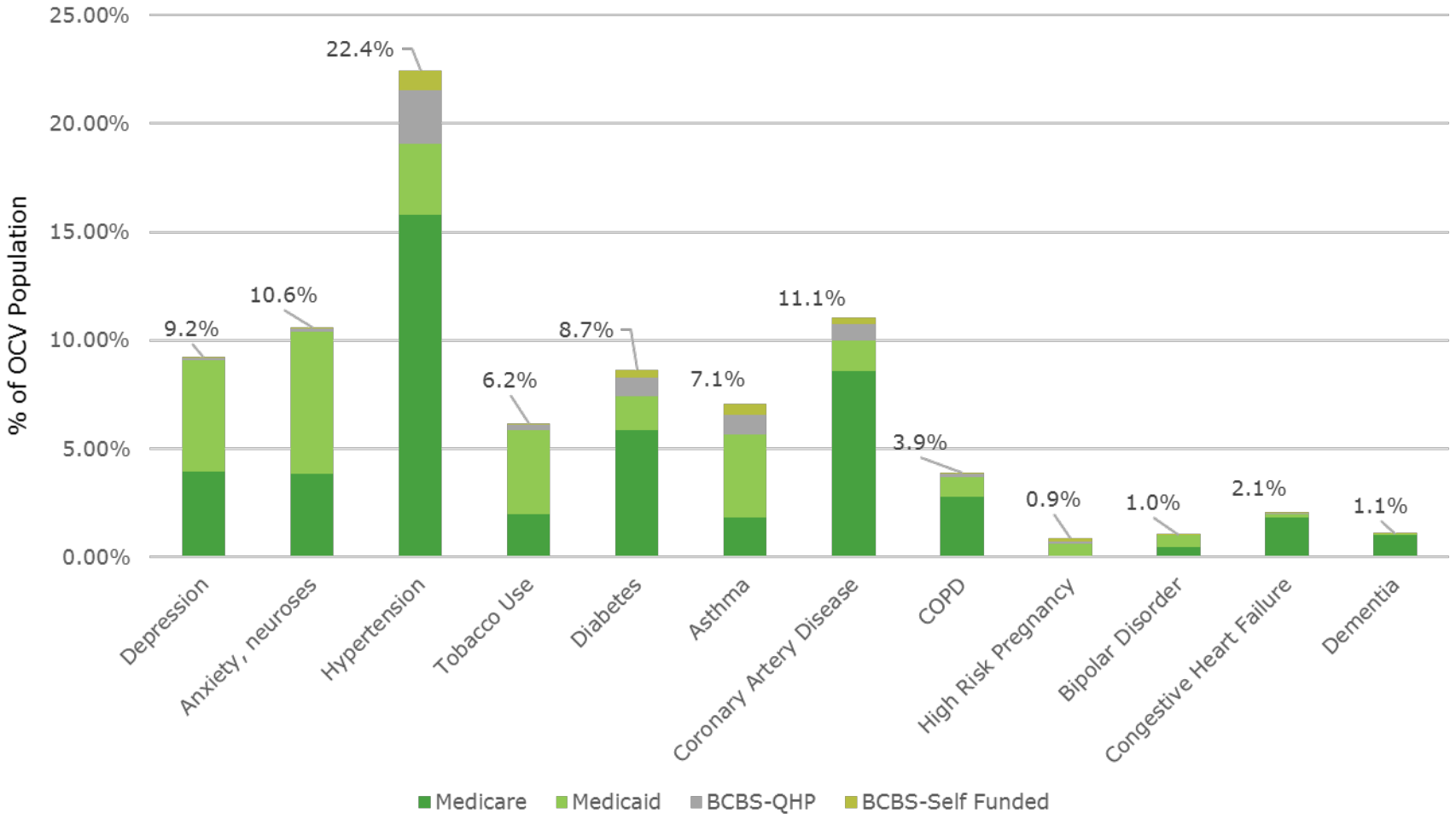
Each payer population is risk stratified. Across all payers, the top 16% makes up the high and very high risk group.





Some HSAs can end up with slightly differing percentages based on their average risk and participation in payer programs.

2018 Patient Demographics: OCV Total Population Condition Prevalence



Conclusions

- Communities have invested significant resources in learning the care model, developing shared vision and implementation strategies, and aligning workflows.
- Communities are successfully spreading the care model across payer populations.
- 90% of the Medicare population and 82% of the Medicaid population had ≥1 visit with a PCP in 2018.
- 5,101 individuals were touched by OneCare's care coordination program in 2018.
  - 1,030 individuals had a shared care plan in place in 2018
- More time is needed to assess clinical and financial outcomes among the care managed populations; however, early Medicaid data indicates:
  - decreased PMPM spend among the H/VH risk population, and
  - decreased ED utilization for the entire population trending down from 2017 to 2018