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The Vermont Care Partners, Designated and Specialized Service Agencies and the All Payer Model

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Julie Tessler, Executive Director Vermont Care Partners: VT Council of Developmental and Mental Health Services



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Designated Agency Participation in the All Payer Model

- Vermont Care Partners and Designated and Specialized Services Agencies (DA/SSAs) participate in and support the All Payer Model Waiver (APM)
- The APM Provider-led reform is clearly making progress in bringing providers together to achieve improved outcomes - many of the initiatives will continue to advance and improve over time
- DA/SSAs have non-risk bearing affiliation agreements with OneCare
- DA/SSAs receive shared savings based on the number of their attributed lives
- Participating agencies also receive a payment for documenting care in Care Navigator
- Howard Center has additional participation through SASH
- Recent RFP may result in additional participation in OneCare initiatives
- Vermont Care Partners has one seat on the OneCare governance board and participates in advisory and other workgroups



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Effective Approaches to Achieve the Triple Aim

- The APM provides an opportunity to utilize strengths of the entire system by shifting the balance of resources to promote population health through community-based supports which improve well-being and prevent the need for more expensive acute care
- National data shows that over 40% of health care costs are related to co-occurring mental health and substance use disorder conditions.
- DA/SSA reduce health care costs by addressing the social determinants of health and addressing trauma with a whole person-directed approach



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Cost effective examples of Integrated social services and health care

- Co-location of therapists into primary care offices
- Physicians and nursing staff at all DA/SSAs to address and coordinate medical needs and support wellness
- Care coordination for populations with complex needs, including bi-directional approaches
- Collaborative discharge planning with hospitals
- Collaboration with Hospital Emergency Departments to address needs of people who have high utilization histories
- DULCE programs through Parent Child and Designated Agencies
- Opportunity to develop a Resource & Referral Immediate Access Center
- Expansion of peer-run and peer-based services



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Future Focus for Further Progress

- Streamline coordination initiatives led by AHS and OneCare to reduce overlap between VT Chronic Care Initiative, Blueprint, SBIRT, SBINS, SASH, etc
- Make investments into areas that have proven gaps in care based on state and regional needs
- Build more meaningful opportunities for consumers, families and advocates to have active participation in resource and policy decisions
- Address workforce challenges by addressing funding levels and investing in education
- Determine necessary and cost-effective infrastructure investments
- Streamline and improve consistency of provider outcome measures across payers



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The Big Picture Questions

- What would be the best process to ensure that OneCare Vermont and state government coordinate state policy and resource allocation wisely?
- What are the most appropriate roles of the Green Mountain Care Board, AHS, OneCare, Hospitals, community providers, advocates and people who use services in analyzing demographic trends, resource allocation, needs and investments to best achieve the triple aim?
- What would be the benefits and challenges of including mental health and other community-based services into the All Payer Model, including total cost of care, and who should be at the table to support state government in conducting this analysis?



37 Elm Street, Montpelier, VT 05602



(802) 223-1773



Julie@vermontcarepartners.org



www.vermontcarepartners.org



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