OneCare Vermont Overview

House Committee on Health Care

Vicki Loner RN.C, MHCDS, VP & COO 3/26/2019
Vermont’s Health Care Reform Landscape: All Payer Accountable Care Organization Model (APM)

• Federal Government/State of Vermont contract from 2017-2022
• Voluntary program for providers in Vermont
• Agrees on cost control targets for health spending growth for Vermonter
• Emphasizes population health management
• Payment and service delivery flexibility
• Plans for 70% of all insured Vermonters in ACO by 2022; 90% of Vermonters with Medicare

Green Mountain Care Board Provides Oversight:

✓ Act 113 of the 2015-2016 Legislative Session gave regulatory oversight role
✓ Certifies ACOs
✓ Reviews and approves ACO budgets
✓ Monitors and oversees activities of ACOs

APM Goal 1
Improving Access to Primary Care

APM Goal 2
Reducing Deaths from Suicide and Drug Overdose

APM Goal 3
Reducing Prevalence and Morbidity of Chronic Disease
OneCare Vermont Board of Managers covers the entire continuum of health care providers including:

- Federally Qualified Health Centers (FQHC)
- Independent doctors
- Prospective Payment System (PPS) & Critical Access Hospitals
- Community Agencies
- Consumers

OneCare Committees

- Population Health Strategy Committee
- Finance Committee
- Patient and Family Advisory Committee
- Clinical and Quality Advisory Committee
- Pediatrics Subcommittee
- Laboratory Subcommittee

Accountable Communities for Health

Key Facts about the Board

- Representative Board to ensure voices of all provider types are present
- Requires “supermajority” vote to decide important key issues
- Use committees to process issues/make recommendations
2019 OneCare Community of Providers

- ~172,000 Vermonters (630,000 population)
  - Medicaid
  - Medicare
  - Commercial
  - Self-Insured
- 13 Hospitals
- 132 Primary Care Practices
- 242 Specialty Care Practices
- 6 FQHCs
- 23 Skilled Nursing Facilities
- 9 Home Health Agencies
- 9 Designated Agencies for Mental Health and Substance Use
- 5 Area Agencies on Aging

* Vermont Medicaid Next Generation only
## Investments in Vermont's Delivery System

<table>
<thead>
<tr>
<th>Delivery Support</th>
<th>Annual Investment</th>
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</thead>
<tbody>
<tr>
<td>Primary Care Population Health Support</td>
<td>~$ 5.6 M</td>
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<tr>
<td>Complex Care Coordination (Primary Care, HH, DAs, AAA)</td>
<td>~$ 9.1 M</td>
</tr>
<tr>
<td>Value Based Incentive Funds (70% Primary Care and 30% participating providers)</td>
<td>~$ 7.8 M</td>
</tr>
<tr>
<td>Comprehensive Payment Reform (Independent Primary Care)</td>
<td>~$ 2.25 M</td>
</tr>
<tr>
<td>Specialty Provider Payment Reform (Select Specialties)</td>
<td>~$ 2.0 M</td>
</tr>
<tr>
<td>Primary Prevention (Rise VT)</td>
<td>~$ 1.0 M</td>
</tr>
<tr>
<td>DULCE, Howard Center/SASH, and St. Johnsbury Pilots</td>
<td>~$ 600,000</td>
</tr>
<tr>
<td>SASH</td>
<td>~$ 3.8 M</td>
</tr>
<tr>
<td>Community Health Teams</td>
<td>~$ 2.3 M</td>
</tr>
<tr>
<td>Primary Care Medical Home Payments (Blueprint)</td>
<td>~$ 1.8 M</td>
</tr>
<tr>
<td>Community Innovation Fund</td>
<td>~$ 1 M</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>~$37.25 M</td>
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</tbody>
</table>
Provider Led Reform

Integration and Investments in Communities

• Community Primary Prevention
  • New partnerships with VDH, 3 Parent Child Centers, Legal Aid, and the Developmental Understanding and Legal Collaboration for Everyone (DULCE)
  • St. Johnsbury Accountable Community for Health
  • Rise VT and Amplify Grants

• Team Based Care Coordination (PCP, DA, HH, AAA, SASH)
  • Financial, technical, and educational support to primary care and continuum of care ~ $9.1M
  • Financial support to all existing SASH panels ~$3.8M

• Mental Health Integration
  • SASH/ Howard embedded clinician
  • Support to primary care to embed mental health clinicians in their practices

• State Reform Efforts
  • Complete Blueprint funding for Medicare ~ $4.1M
  • Innovation funding to support best practices ~ $1M
Accomplishments on All Payer-ACO Model Goals

Empowering Provider-Led Health Care Delivery
- 12 out of 14 Communities Participating
- > 170,000 Vermonters

Improving Health
- **Access**
  - 8% improvement in Medicare annual wellness visits
  - 96% of individuals with complex conditions had a primary care visit
  - Increased to 18 Skilled Nursing Facilities (SNFs) eligible for 3-day waiver in 2019
  - Primary prevention efforts and grants spread to 20 new towns
    - Examples of grants (Community centers in Richmond and Huntington, Johnson Public Library, Rail trails, Local farmers markets)

- **Mental Health**
  - Independent practice embedded mental health clinician- 80% increase in visits
  - SASH/ Howard embedded clinician supporting access and reducing isolation

- **Chronic Illness Management**
  - 3,353 people initiating Community Care Coordination supports
    - 27% reduction in emergency room visits
  - Diabetic group intervention- increase diabetic and blood pressure control
  - SNF Benefit Enhancement – 2 communities and 30 patients able to enter SNF sooner due to waiver (began May 2018)
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

Patients

Area Agencies on Aging
Community Health Teams
Designated Agencies
SASH
Primary Care
Home Health
Acute Care
TOM’S STORY

Results from Engagement 2016-2017

Patient profile:
• Patient in his 40s
• Outreach began in June 2017 and patient engaged in care coordination as of September 2017
• Conditions include: Schizophrenia, Coronary Artery Disease, and Hypertension with poor control

Emergency Department visits decreased

Primary Care Physician visits increased

Total Health Care Costs decreased by 60%

Graphs showing:
- ER Visits: Decreased from 6 to 0 visits between 2016 and 2017.
- Primary Care Physician Visits: Increased from 0 to 6 visits between 2016 and 2017.
- Health Care Costs (Totals): Decreased by 60% from $70K to $42K between 2016 and 2017.
“Instead of working in silos we can approach this as a system. We are developing stronger relationships.”

-Jill Lord
Mount Ascutney Hospital and Health Center
“The Care Coordinators that we have hired through OneCare’s program have been extremely beneficial. Care coordination has reduced the fragmentation of the health care system and has resulted in fewer hospitalizations.”

-Joe Haddock, MD
Thomas Chittenden Health Center
“My career as a family practice physician working in Vermont spans nearly two decades. One of the most positive changes I have seen is the creation of OneCare. One of the key aspects of OneCare is to reward primary care providers like me to work with our patients to keep them healthy rather than treating them only when they are sick. This approach is an effort to move away from the current fee-for-service system and move us to a value-based system focused on improving quality and promoting wellness by focusing on primary care for Vermonters.”

Carrie Wulfman, MD
Primary Care Provider, Primary Care Brandon, VT
Working to Reduce Administrative Burden

- Quality Measure Alignment and Reduction
- Skilled Nursing Facility, Telemedicine, and Home Health Waivers
- Prior Authorization Waivers for Medicaid
OneCare Vermont Financial Flow

Payer Fixed Health Care Cost
~$843 million
(Medicaid, Medicare, BCBSVT)

Pay Directly to Delivery System:
(Fee for Service $528 million)
- All Providers other than Participating Hospitals including:
  - FQHCs
  - Independent Primary Care & Specialists
  - Home Health & Hospice, Designated Agencies, Skilled Nursing Facilities

Pay OneCare Monthly for:
($352 million)
- $315 Million Hospital Fixed Prospective Payment Allocation (includes all services, including hospital employed primary care)
- $37 Million Health Care Reform Investments for OneCare Population Health Management

Hospital & CPR Practices
- Fixed Prospective Payments
- Population Health Management Payments
- Care Coordination Program Payments
- Value Based Incentive Fund

Non-Hospital Attributing Practices
- Population Health Management Payments
- Care Coordination Program Payments
- Value Based Incentive Fund

Non-Attributing Practices
- Care Coordination Program Payments
- Value Based Incentive Fund

Health Care Reform (HCR) Investments
~$37 million
(Medicaid, Medicare, BCBSVT, Hospitals)
Value-Based Care Settlement

After the year is over, there is a reconciliation between the payer and OneCare

- This can result in a payment to the providers (shared savings) or a payment back to the payer (shared losses or “risk”)
- As a protection for both parties, there are limits to the size of the reconciling payments

<table>
<thead>
<tr>
<th>2019 Estimates</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>BCBS QHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending Target</td>
<td>$581,000,000</td>
<td>$211,000,000</td>
<td>$99,000,000</td>
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<tr>
<td>Max Effective Shared Savings or Losses Rate</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Max Shared Savings or Losses</td>
<td>+/- $29.0M</td>
<td>+/- $8.4M</td>
<td>+/- $3.0M</td>
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</tbody>
</table>

BCBSVT based on paid amount
Appendix
Looking Ahead in 2019

- Comprehensive Payment Reform Expansion for Independent Primary Care
  - Expanding sites from 3 to 9
  - Further reducing prior authorization requirements for Medicaid

- Developmental and Legal Collaboration for Everyone (DULCE) Pilots
  - Parent Child Center Partnership at 3 new sites in Franklin, Windsor, Chittenden County

- Community Led Innovation Pilots

- St. Johnsbury Accountable Community for Health
  - Geographic focus to further invest in prevention interventions and expand care model to new populations

- Specialty Payment Investments to Improve Access and Strengthen Integration between primary and specialty care

- Expanding Benefit Enhancement Waivers (Home Health, SNF, and Telemedicine)
Medicaid Funds Flow – Example Hospital

Medicaid

OneCare Vermont

Pay Hospital Monthly for:
- Fixed Prospective Payment (covers all services including hospital primary care)
- OneCare Population Health Management Investments

$931,500

Separate Annual Payments for:
- Value Based Incentive Fund
- Shared Savings

Fixed Prospective Payment: $900,500

Population Health Management: $17,800

Care Coordination Program: $13,200
<table>
<thead>
<tr>
<th>Seat</th>
<th>Individual</th>
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</thead>
<tbody>
<tr>
<td>Community Hospital-Critical Access</td>
<td>Dan Bennett – CEO Gifford Health Systems</td>
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<tr>
<td>Community Hospital - PPS</td>
<td>Jill Berry-Bowen - CEO Northwestern Vermont Health Care</td>
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<tr>
<td>UVM Health Network</td>
<td>John Brumsted, MD - Chief Executive Officer</td>
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<tr>
<td>Consumer (Medicare)</td>
<td>Betsy Davis - Retired Home Health Executive</td>
</tr>
<tr>
<td>At-Large (Risk Strategy Committee)</td>
<td>Tom Dee - CEO Southwestern Vermont Medical Center</td>
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<tr>
<td>At-Large</td>
<td>Steve Gordon - CEO Brattleboro Memorial Hospital</td>
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<tr>
<td>Independent Primary Care Physician</td>
<td>Joseph Haddock, MD- Thomas Chittenden Health Care</td>
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<td>Mental Health/Designated Agency</td>
<td>Tomasz Jankowski - CEO Northeast Kingdom Human Services</td>
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<tr>
<td>UVM Health Network</td>
<td>Todd Keating - Chief Financial Officer</td>
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<tr>
<td>Dartmouth-Hitchcock Health</td>
<td>Sally Kraft, MD – Vice President of Population Health</td>
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<tr>
<td>Dartmouth-Hitchcock Health</td>
<td>Steve LeBlanc - Executive Vice President</td>
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<td>UVM Health Network</td>
<td>Steve Leffler, MD - Chief Population Health Officer</td>
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<tr>
<td>Consumer (Medicaid)</td>
<td>Sierra Lowell – Nursing Student</td>
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<tr>
<td>Skilled Nursing Facility</td>
<td>Judy Morton - Regional Executive Director Genesis</td>
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<tr>
<td>FQHC</td>
<td>Pamela Parsons - Executive Director Northern Tier Center for Health (NOTCH)</td>
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<td>Dartmouth-Hitchcock Health</td>
<td>Joe Perras, MD - CEO Mt. Ascutney Hospital</td>
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<tr>
<td>Home Health</td>
<td>Judy Petersen - CEO VNA of Chittenden/Grande Isle Counties</td>
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<tr>
<td>Independent Primary Care Physician</td>
<td>Toby Sadkin, MD - Primary Care Health Partners</td>
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<tr>
<td>Consumer (Commercial)</td>
<td>John Sayles - CEO Vermont Foodbank</td>
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<tr>
<td>FQHC</td>
<td>Grant Whitmer – Executive Director of Community Health Centers of the Rutland Region</td>
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## Network Participation

<table>
<thead>
<tr>
<th>Health Service Area</th>
<th>Home Hospital</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
<tr>
<td>Burlington</td>
<td>UVM Medical Center</td>
<td>Medicaid</td>
<td>All Risk Programs</td>
<td>All Risk Programs</td>
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<tr>
<td>Berlin</td>
<td>Central Vermont Medical Center</td>
<td>Medicaid</td>
<td>All Risk Programs</td>
<td>All Risk Programs</td>
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<tr>
<td>Middlebury</td>
<td>Porter Medical Center</td>
<td>Medicaid</td>
<td>All Risk Programs</td>
<td>All Risk Programs</td>
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<tr>
<td>St. Albans</td>
<td>Northwestern Medical Center</td>
<td>Medicaid</td>
<td>All Risk Programs</td>
<td>All Risk Programs</td>
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<tr>
<td>Brattleboro</td>
<td>Brattleboro Memorial Hospital</td>
<td>Medicaid</td>
<td>All Risk Programs</td>
<td>All Risk Programs</td>
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<tr>
<td>Springfield</td>
<td>Springfield Hospital</td>
<td>All Risk Programs</td>
<td>Medicaid and BCBSVT</td>
<td>All Risk Programs</td>
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<tr>
<td>Lebanon</td>
<td>Dartmouth Hospital and Clinic</td>
<td>Medicaid</td>
<td>Medicaid</td>
<td>Medicaid</td>
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<tr>
<td>Bennington</td>
<td>Southwestern VT Medical Center</td>
<td>Medicaid</td>
<td>Medicaid</td>
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<tr>
<td>Windsor</td>
<td>Mt Ascutney Hospital</td>
<td>Medicaid</td>
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<td>Newport</td>
<td>North Country Hospital</td>
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<td>Rutland</td>
<td>Rutland Regional</td>
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<td>St. Johnsbury</td>
<td>Northeastern Regional Hospital</td>
<td>Medicaid</td>
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<td>Randolph</td>
<td>Gifford Medical Center</td>
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<tr>
<td>Morrisville</td>
<td>Copley Hospital</td>
<td>Medicaid</td>
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<tr>
<td>Townshend</td>
<td>Grace Cottage</td>
<td>Medicaid</td>
<td>Medicaid</td>
<td>Medicaid</td>
</tr>
</tbody>
</table>

**Green**: Advancing participation from prior year

### Key Additions & Changes:
- Bennington and Windsor advancing to participation in all risk programs
- Randolph, Rutland, and St. Johnsbury participating in Medicaid for the first time
- Newport maintaining Medicaid-only participation due to a recent leadership change
- Expansion includes six FQHCs
# 2019 OneCare ACO Community of Providers

<table>
<thead>
<tr>
<th>Multiple Payer Programs (Medicare, Medicaid, Commercial)</th>
<th>Medicaid Only</th>
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</thead>
<tbody>
<tr>
<td><strong>HSA</strong></td>
<td><strong>Bennington</strong></td>
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<tr>
<td><strong>Hospital</strong></td>
<td>Southwestern VT Medical Center</td>
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<tr>
<td><strong>FQHC</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Indep. Primary Care</strong></td>
<td>5 Organizations</td>
</tr>
<tr>
<td><strong>Indep. Specialist</strong></td>
<td>4 Organizations</td>
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<tr>
<td><strong>Home Health</strong></td>
<td>VNA &amp; Hospice of the Southwest Region**; Bayada*</td>
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<tr>
<td><strong>SNFs</strong></td>
<td>2 SNFs</td>
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<tr>
<td><strong>DAs</strong></td>
<td>United Counseling Service of Bennington County</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>1 Spec Svc. Agency</td>
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OneCare has Collaborator Agreements with AAAs across Vermont as well as with the SASH Program
* Bayada serves the entire state of Vermont, these are the communities where there are main offices
** VNA & Hospice of the Southwest Region services both the Bennington and Rutland HSAs
*** Part of Northern Counties Health Care
**** CHCB participates in Medicare and Medicaid only

Updated 01-30-19