

# OneCare Vermont Overview

House Committee on Health Care

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## 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 Vermonters
- 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** 

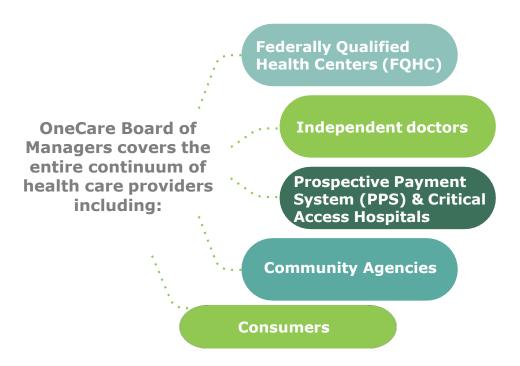
**APM Goal 2** 

APM Goal 3

Improve Access to Primary Care Reduce Deaths from Suicide and Drug Overdose

Reduce Prevalence and Morbidity of Chronic Disease

### **OneCare Vermont Board of Managers**



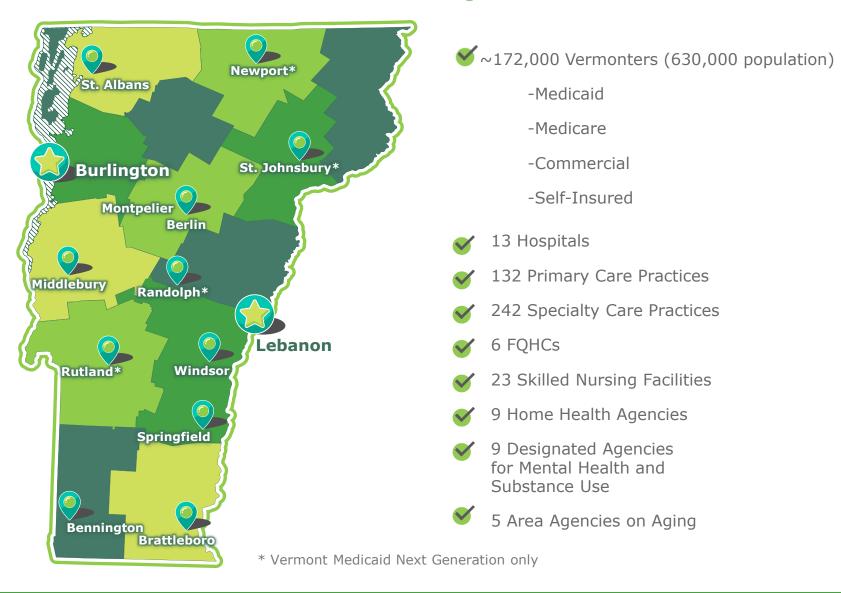


### **Key Facts about the Board**

- 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**





## **Investments in Vermont's Delivery System**

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



### **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



Person-centered
Shared Care
Plan

Multidisciplinary Care Teams

Risk Stratification

4

**Tools & Training** 

Inclusive Payment Model



### TOM'S STORY

### **Results from Engagement 2016-2017**

Emergency
Department visits
decreased



Primary Care Physician visits increased



Total Health Care Costs decreased by 60%



#### **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









"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."





## **Working to Reduce Administrative Burden**

- Quality MeasureAlignment and Reduction
- Skilled Nursing Facility,
  Telemedicine, and Home
  Health Waivers
- Prior AuthorizationWaivers for Medicaid



### **OneCare Vermont Financial Flow**

## Payer Fixed Health Care Cost ~\$843 million

(Medicaid, Medicare, BCBSVT)

## Health Care Reform (HCR) Investments ~\$37 million

(Medicaid, Medicare, BCBSVT, Hospitals)

## 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



### **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

2019 Estimates	Medicare	Medicaid	BCBS QHP		
Spending Target	\$581,000,000	\$211,000,000	\$99,000,000		
Max Effective Shared Savings or Losses Rate	5%	4%	3%		
Max Shared Savings or Losses	+/- \$29.0M	+/- \$8.4M	+/- \$3.0M		

BCBSVT based on paid amount

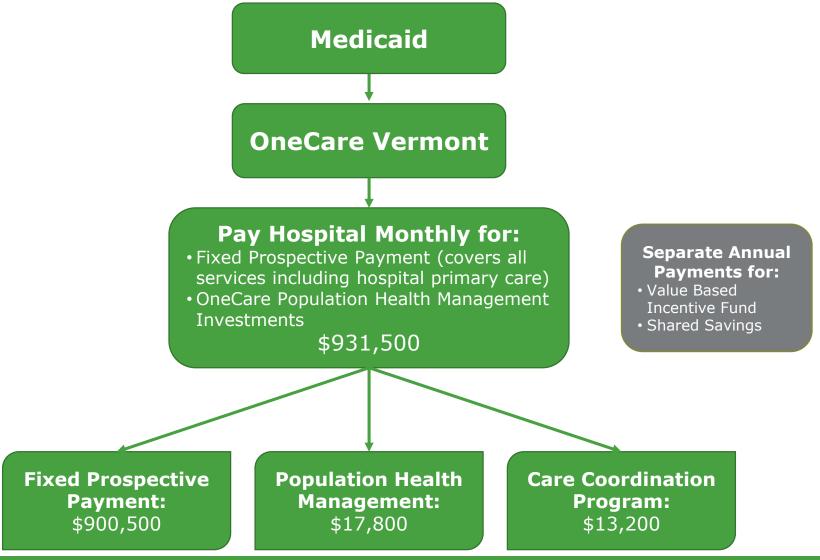
## **Appendix**



## **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**





## **OneCare Vermont Board of Managers**

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



### **Network Participation**

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

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**



Multiple Payer Programs (Medicare, Medicaid, Commercial)							Medicaid Only						
HSA	Bennington	Berlin	Brattleboro	Burlington	Lebanon	Middlebury	St. Albans	Springfield	Windsor	Newport	Randolph	Rutland	St. Johnsbury
Hospital	Southwest- ern VT Medical Center	Central Vermont Medical Center	Brattleboro Memorial Hospital	UVM Medical Center	DHMC	Porter Medical Center	Northwest- ern Medical Center	Springfield Hospital	Mt. Ascutney Hospital	North Country Hospital	Gifford Medical Center	Rutland Regional	Northeastern Regional
FQHC				CHCB****			NOTCH	SMCS			Gifford Health Care	CHCRR	Northern Counties Health Care
Indep. Primary Care	5 Organizations		1 Organization	11 Organizations		2 Organizations	2 Organizations		1 Organization		1 Organization		
Indep. Specialist	4 Organizations	3 Organizations		10 Organizations	1 Organization	3 Organizations	3 Organizations			1 Organization			
Home Health	VNA & Hospice of the Southwest Region**; Bayada*	Central VT Home Health & Hospice	VNA of VT and NH; Bayada*	UVM Health Network Home Health & Hospice; Bayada*	VNA of VT and NH	Addison County Home Health & Hospice	Franklin County Home Health Agency	VNA of VT and NH	VNA of VT and NH	Orleans Essex VNA & Hospice	VNA of VT and NH	VNA and Hospice of the Southwest Region**	Lamoille Home Health Agency (Hardwick); Caledonia Home Health & Hospice***
SNFs	2 SNFs	3 SNFs	3 SNFs	3 SNFs		1 SNF	3 SNFs	1 SNF	1 SNF	2 SNFs		3 SNFs	1 SNF
DAs	United Counseling Service of Bennington County	Washington County Mental Health	Health Care and Rehabilitation Services of Southeastern Vermont	Howard Center	Health Care and Rehabilitation Services of Southeastern Vermont	Counseling Service of Addison County	Northwestern Counseling & Support Services	Health Care and Rehabilitation Services of Southeastern Vermont	Health Care and Rehabilitation Services of Southeastern Vermont	Northeast Kingdom Human Services	Clara Martin Center	Rutland Mental Health Services	Northeast Kingdom Human Services
Other	1 Spec Svc. Agency	1 Naturopath 1 Spec. Svc. Agency	1 Other (Brattleboro Retreat)	3 Naturopath 1 Spec. Svc. Agencies	1 Other (DH Clinic)	1 Naturopath		1 Spec. Svc. Agency				1 Naturopath	

OneCare has Collaborator Agreements with AAAs across Vermont as well as with the SASH Program

Updated 01-30-19

<sup>\*</sup>Bayada serves the entire state of Vermont, these are the communities where there are main offices

<sup>\*\*</sup> VNA & Hospice of the Southwest Region services both the Bennington and Rutland HSAs

<sup>\*\*\*</sup> Part of Northern Counties Health Care

<sup>\*\*\*\*</sup> CHCB participates in Medicare and Medicaid only