

Act 204, Section 7, amended 18 V.S.A. § 9382, dealing with certification of accountable care organizations. The amendment required the GMCB to ensure that ACOs, in order to be certified, provide connections and incentives to existing community services for preventing and addressing the impact of childhood adversity, collaborate on the development of quality-outcome measurements for use by primary care providers who work with children and families, and foster collaboration among care coordinators, community service providers, and families. 18 V.S.A. § 9382(a)(17). Act 204 took effect **July 1, 2018**.

ACOs that have been certified by the GMCB undergo an annual check to make sure they still meet the requirements of the statute and the administrative rule the GMCB adopted to implement the statute. This year was the first year the GMCB has conducted this review. The GMCB was able to incorporate the Act 204 requirements into its review this year. It asked OneCare several questions to determine whether it is meeting the new requirements. OneCare responded in October.

Areas for consideration:

In collaboration with the VDH, OneCare is going to support the expansion of the evidence-based DULCE program (Developmental Understanding and Legal Collaboration for Everyone). DULCE began as a randomized controlled trial at Boston Medical Center's Pediatrics Department in 2010. VDH and Lamoille County have been part of a national DULCE pilot since 2016, with the Lamoille County Parent Child Center employing a DULCE Family Specialist who is embedded at a Federal Qualified Health Center's pediatric practice. The Specialist works with families who are enrolled in the parent child center to support them in receiving enhanced social and medical during the first six months of a child's life. In addition, Vermont Legal Aid provides legal assistance to enrolled participants in the program. DULCE's objectives include increasing family protective factors, such as parental resilience. OneCare is finalizing the program design, with funding to support a statewide DULCE program coordinator, the family specialists legal aid and/or funding to continue research on the program's outcomes. The investment is expected to be approximately \$600,000.

- OneCare's care coordination training curriculum promotes the use of patient-centered screening tools that help identify childhood trauma, as well as the use of shared care plans through which multiple medical and community agency personnel can target contributors to childhood trauma. OneCare also stated it is currently supporting efforts to develop an ACEs screening tool that network providers could incorporate into their Electronic Health Record to identify patients that may warrant additional engagement from the ACO and community providers.
- In an effort to look at the health and prevention of the entire community, OneCare is working with a data vendor to identify social determinants of health which may place children and families at an increased risk for adverse childhood experiences by using social determinants of health data to create "neighborhood" or "household stress" risk scores that would be accessible to authorized providers in Care Navigator. These risk scores could be used to supplement existing risk stratification models. OneCare has also stated that the use of analytics will help them to identify cost and utilization drivers which may help justify additional resources.
- One of OneCare's clinical priorities is to address food insecurity, a prominent social determinant of health. OneCare described a lot of work going on in communities around this issue and its efforts to look at opportunities for standardization and possible methods to support an ACO-level approach to food insecurity screening.
- OneCare's Vermont Population Health Strategy Committee includes primary care, home health, designated agencies, psychiatry, the Vermont Food Bank, the Vermont Commissioner of Health, the UVMHN's Chief of Population Health, and the Vermont Child Health Improvement Program (VCHIP). The committee is charged with directing the ACO's clinical initiatives in cooperation with state, insurer, and community organizations, including plans to address childhood adversity. OneCare also has a Pediatric Subcommittee of the Clinical and Quality Advisory Committee, comprised of academic and community pediatricians and family physicians. In 2019, OneCare will engage with AHS, the Blueprint for Health, Vermont Care Partners, and its participant network to promote provider and community education, screening initiatives, and cooperative interventions to help address childhood adversity and ACEs and their impact on adults and children. For example, OneCare met with AHS and Department of Children and Family Services (DCF) staff to explore interventions for children in DCF custody.

Staff concluded the ACO is meeting the new requirements, but that OneCare should develop and provide us with a report describing its timeline for doing some of the things it said it was working on, specifically: 1) creation of new social determinants of health risk scores; 2) how ACEs screening tools are being incorporated into EHRs; 3) the DULCE program expansion; 4) how OneCare will use its analytic capacities to identify cost and utilization.