

Via email

August 11, 2020

Board of Managers c/o Victoria Loner
OneCare Vermont
356 Mountain View Drive
Suite 301
Colchester, VT 05446

Dear OneCare Board of Managers:

We have reviewed the changes proposed for One Care's 2021 Independent primary care practices, and we are writing to inform you of our intention to NOT participate in OneCare's ACO programs for 2021.

Vermonters' desperate need for reduction in health care costs has been magnified by the coronavirus pandemic. As recognized by One Care, the core of healthcare reform and cost containment is robust primary care. Despite this premise, primary care is not only among the lowest paid specialties, but we are also the most burdened by documentary regulations such as CMS' MIPS, NCQA's Medical Home certification, and Prior authorizations. Recent efforts have accomplished little to reduce this gross inequity.

The proposed reduction in payments for independent primary care is presented to us just as our incomes have dropped dramatically and our overhead has soared due to the pandemic. Independent primary care physicians have no reserves to cover costs while awaiting withheld potential income. We are not on salary. Unlike hospital systems, we have no other sources of income and no ability to negotiate improved fee for service reimbursement. We had joined One Care for the extra support to continue with and get credit for the cost containment and care management we were already doing.

The concept of putting independent primary care at more risk is antithetical to any hope for a more efficient and cost-effective health system. Independent practices consistently seek out lower cost sites of service for our patients and already fit patients into over-filled schedules to facilitate lower-cost higher-quality care. We avoid sending our patients to the ER or urgent care and already coordinate care with home health, mental health, and social service agencies.

To tie potential performance payments, that might be paid more than 18 months after the start of payment reductions in 2021, to the success of the ACO as a whole, and to the hospital service area is the most unacceptable proposition of the new plan. As primary care medical homes, we have no control over the hospital costs. Hospital costs and the actions of hospital-based clinicians far outweigh the costs of primary care. Moreover, hospitals can raise commercial rates to make up for budget shortfalls while independent primary care practices do not have this option.

We ask to be judged and financially held accountable based on our own performance and contributions towards reducing costs and improving quality.

One Care has emphasized documented care plans and a burdensome electronic communication tool to demonstrate improved quality, yet the hospital practice physicians are not using Care Navigator at

higher rates and are not having their incomes reduced for 18 months while awaiting possible reimbursement. Moreover, the commercial payers are continuing to offer some hospital practices much higher fee-for-service rates than independent practices.

FQHC practices are paid much higher rates from commercial payors as well as from Medicare and Medicaid, yet they are to be counted in the same performance pool.

Furthermore, practices and health services areas have not been provided data showing if there are problem areas of utilization and cost, and if so, what potential interventions might improve them.

Independent practices have consistently demonstrated very high quality of clinical care with the lowest total medical spend per patient. Reducing payments to independent primary care will necessitate practices reducing their care management staff or even closing altogether thus raising health care costs across the ACO.

Any replacement One Care proposal must contain certain elements:

- 1) Maintain or increase payments to primary care without a lengthy withhold.
- 2) Substantiate its stated goal of being “a provider-led Accountable Care Organization” through accepting input from a broad range of clinical primary care physicians.
- 3) Hold practices accountable for the financial and quality performance they can control.
- 4) Provide initial and ongoing data demonstrating areas for improvement in utilization, cost and quality.
- 5) Reduces administrative burdens on primary care in meaningful ways such as
 - a. eliminating the resource intensive Care Navigator requirement
 - b. eliminating the NCQA certification requirement
 - c. moving prior authorizations for imaging to hospital-based practices who are paid for the procedures, and eliminating prior authorizations for generic pharmaceuticals

We are interested in assisting One Care in developing truly meaningful primary care support within the ACO, that would utilize robust and substantial financial benefits, as well as reduction in primary care administrative burdens, so that we can continue to provide our proven high quality, high value, care for Vermonters.

Respectfully yours,

Alder Brook Family Health
Essex Junction

Charlotte Family Health
Charlotte

Christopher Hebert
Burlington

Evergreen Family Health
Williston

Gene Moore
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Green Mountain Pediatrics
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South Burlington
Richmond Family Medicine
Richmond

Rainbow Pediatrics
Middlebury
Tamarack Family Medicine
Morrisville

Upper Valley Pediatrics
Bradford

White River Family Practice
White River Junction

Cc: John Brumstead, Chair, OneCare Board of Managers
Kevin Mullin, Chair, Green Mountain Care Board