



OneCare Vermont

Introduction to OneCare

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Vermont's Reform Model

The Agreement:

- Administration, regulation, and evaluation
- Design and financing of public insurance programs

The Payers:

- Offer health care insurance
- Contract with ACOs to offer value-based health care program contracts

ACO(s):

- Implement clinical programs to support patient care
- Design payment reform programs (fixed payments/Comprehensive Payment Reform)
- Provide data, analysis and risk management

Public-Private Partnership

Vermont All Payer Model

Five-year agreement between these organizations:

Green Mountain
Care Board

Office of
the Governor

Agency of
Human Services



the
State of
Vermont



Commercial and Public Payers



BlueCross BlueShield
of Vermont



Medicaid.gov
Keeping America Healthy

Medicare.gov

Accountable Care Organizations (ACOs)



OneCare
Vermont

OneCare is led by:

Vermont Hospitals, Primary Care, Home Health,
Mental Health, Skilled Nursing Facilities, and
Specialty practices

■ Shared Infrastructure



What is an Accountable Care Organization?



Accountable Care Organization Goal:
Achieving the Quadruple Aim

... a voluntary network of health care providers who work together to provide:

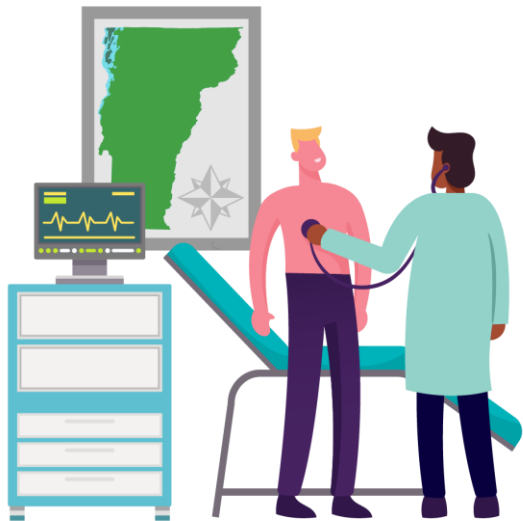
- ✓ Better individual patient experience
- ✓ Improved care of people
- ✓ Stabilization of health care costs

... an organization committed to:

- ✓ Equipping providers with tools & resources so they can provide high quality, coordinated care
- ✓ Collaborating on the best ways to improve health of patients
- ✓ Meeting high quality standards on a fixed budget
- ✓ Sharing the cost of critical infrastructure & meeting payer/gov't requirements
- ✓ Supporting local communities and sharing best practices



OneCare's Core Business Areas



**High Performing
Network**



**Data
Analytics**



**Payment
Reform**



OneCare Core Business Area: High Performing Network



Ensuring a high quality, equitable system that improves care delivery and health outcomes

OneCare Partners with thousands of health care providers, who are dedicated to breaking down silos and working as a system. The model works cross-sector across physical health, mental health, housing, and social services to provide a robust care coordination model and community-based health prevention.

The care model includes prevention, self-management of chronic diseases, care coordination, and end of life care.

■ Fred's Story: <https://vimeo.com/479923984>

OneCare Vermont: Fred's Story



Having trouble with sound? Please visit this link to view in browser: <https://vimeo.com/479923984>

OneCare Core Business Area: Data Analytics

**Delivering real time,
actionable data to health
care providers in support of
better health care decisions**

We measure cost, quality, and utilization across the whole health care system. We give providers more focused, actionable data to better serve their patients.

- Eilidh Pederson of Brattleboro Memorial Hospital talks about how OneCare data helped them to deliver better care: <https://vimeo.com/537232539>



OneCare Core Business Area: Data Analytics



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OneCare Core Business Area: Payment Reform



Organizing and evolving value-based care programs by moving away from fee-for-service and incentivizing value over volume

OneCare contracts with payers to transition to paying for health outcomes and quality care instead of paying for the number of services ordered.

- In 2020, OneCare paid providers \$1.3M in supplementary payments to providers for engaging Vermonters at high and very high risk in care coordination across multiple health organizations and sectors.
- In 2020, OneCare providers continued to receive fixed predictable payments so that they could continue to care for their patients.



Federal Reform Landscape: Recent Recommendations From Former CMS and CMMI Officials

- Recommendation 1: Connect the CMMI agenda more explicitly to a broad HHS and CMS and a strategic plan and aims for improving health and health care delivery.
- **Recommendation 2: Use CMMI authority to scale the ACO model nationally by making it mandatory for all Medicare participating clinicians and hospitals. Clinicians, hospitals, and payers find it difficult to operate in an ambiguous world straddling payment for volume and value. Although voluntary participation has made evaluation of ACOs difficult,⁵ the Medicare Payment Advisory Commission and others have concluded that different CMS ACO models during the last 15 years have consistently produced modest savings for CMS.⁶⁻⁸ CMS should gradually but steadily expand ACO adoption during the next 5 years until virtually all Medicare participating organizations and clinicians are operating within accountable organizations. Advanced primary care practice models will be a natural core feature. Part of the expansion should include, as much as feasible, progressing to capitation of ACOs for total cost of care.**
- Recommendation 3: Sponsor models directed at improving health equity.
- **Recommendation 4: Rebalance CMMI model tests toward delivery system redesigns, not just new payment models. Payment matters, but ultimately only changes in care at the patient and clinician level can produce better outcomes and lower costs.**
- Recommendation 5: Build much stronger cooperative innovation programs between CMMI and private-sector health care insurers and delivery, including academia.

<https://jamanetwork.com/journals/jama/fullarticle/2778102>



Seema Verma

Administrator of Centers for Medicare and Medicaid Services (CMS)

“

Now more than ever, it is clear that our fee-for-service system is insufficient for the most vulnerable Americans because it limits payment to what goes on inside a doctor’s office. The transition to a value-based system has never been so urgent.

”

From “Trump Administration Issues Call to Action Based on New Data Detailing COVID-19 Impacts on Medicare Beneficiaries”
<https://www.cms.gov/newsroom/press-releases/trump-administration-issues-call-action-based-new-data-detailing-covid-19-impacts-medicare>
[CMS press release, June 22, 2020, published on cms.gov, accessed June 23, 2020]





**I never learn anything talking.
I only learn things when I ask questions.**
Lou Holtz

