



OneCare Vermont

Introduction to OneCare

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Accountable Care Organizations

An Accountable Care Organization (ACO) is a group of providers who come together voluntarily to deliver high-quality coordinated care.

When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves.

OneCare Vermont is the hub that contractually links the providers and enters into agreements with payers like Medicare and Medicaid.



<https://innovation.cms.gov/innovation-models/aco>



OneCare Vermont Structure

OneCare Vermont is led by its Board of Managers, which is comprised of participant representatives from:

- Independent primary care
- Home health
- Federally qualified health centers
- Hospitals
- Skilled nursing facilities
- Designated agencies
- Consumer representatives



Accountable
Communities for Health

The Board of Managers is responsible for key decision-making and relies upon sub-committees for analysis and recommendations.

OneCare was founded by and is co-owned by the University of Vermont Medical Center and Dartmouth Hitchcock Health.

How do the providers take accountability?

Through the ACO, providers enter into contracts with payers to agree upon an appropriate amount of healthcare costs for their patients (also called attributed lives).

Providers accept **financial** and **clinical** accountability.

WHAT THIS MEANS: The providers are rewarded if they do a good job managing the health of their patients.



The Shift to Population Health

- When the providers are accountable for the full array of healthcare costs of their population, focus shifts to the holistic healthcare needs of their patients
- This paradigm promotes coordination and collaboration between all the providers caring for patients
- Quality measures evaluate whether the providers are adhering to population health best practices

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When providers of all types work together to care for the whole person, including mental and physical health, overall health and quality of life improves, costs decrease, and the providers themselves thrive, so it's a victory all around.

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—Steve Gordon, President and CEO of Brattleboro Memorial Hospital



OneCare's Core Business Areas



**Statewide Care
Model**

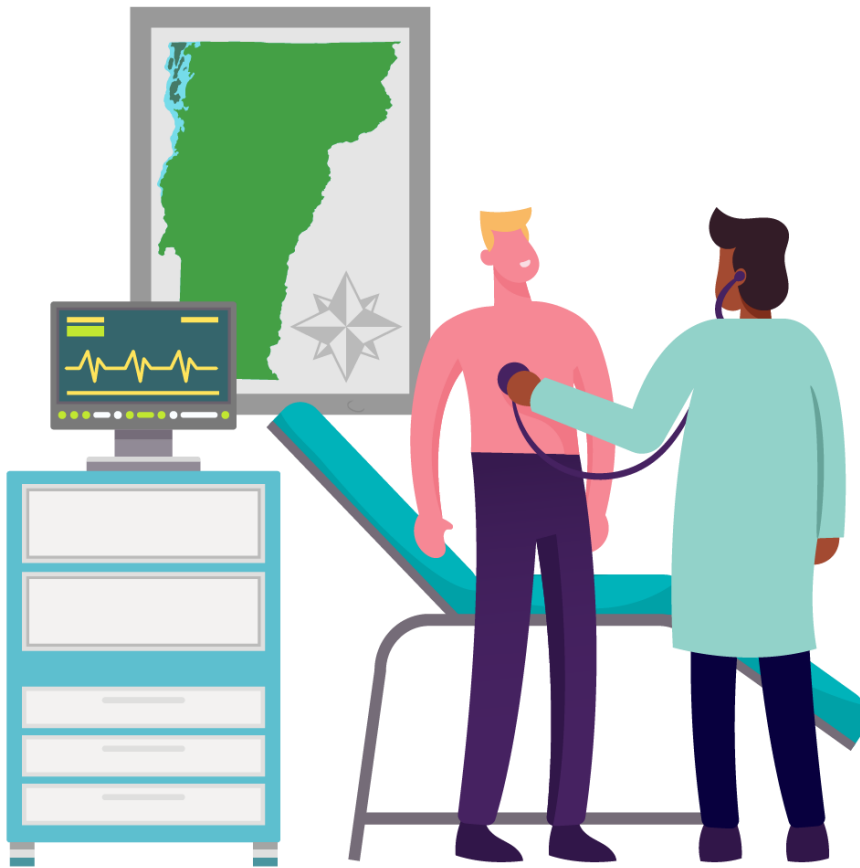


**Data
Analytics**



**Payment
Reform**

OneCare's Core Business Area: Statewide Care Model



Our statewide care model is rooted in the fundamental belief that primary care is the foundation for our health care 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's Core Business Area: Data Analytics

We measure cost, quality, and utilization across the whole health care system to help providers identify which Vermonters need outreach and which areas of care delivery to improve. Providers can see data about their practice, their region, and the state.

- Looking at data provided by OneCare, Brattleboro Memorial Hospital discovered that their colorectal cancer screening rates were low compared to other areas in the state, and began targeted outreach to patients who had been missing this screening, resulting in improved screening rates.



OneCare's Core Business Area: Payment Reform



As a strategy to shift provider focus from volume-based reimbursement (i.e. fee-for-service), OneCare facilitates a conversion of provider payments to monthly lump sums:

- These lump sums are based on the historical baselines to enable a smooth transition.

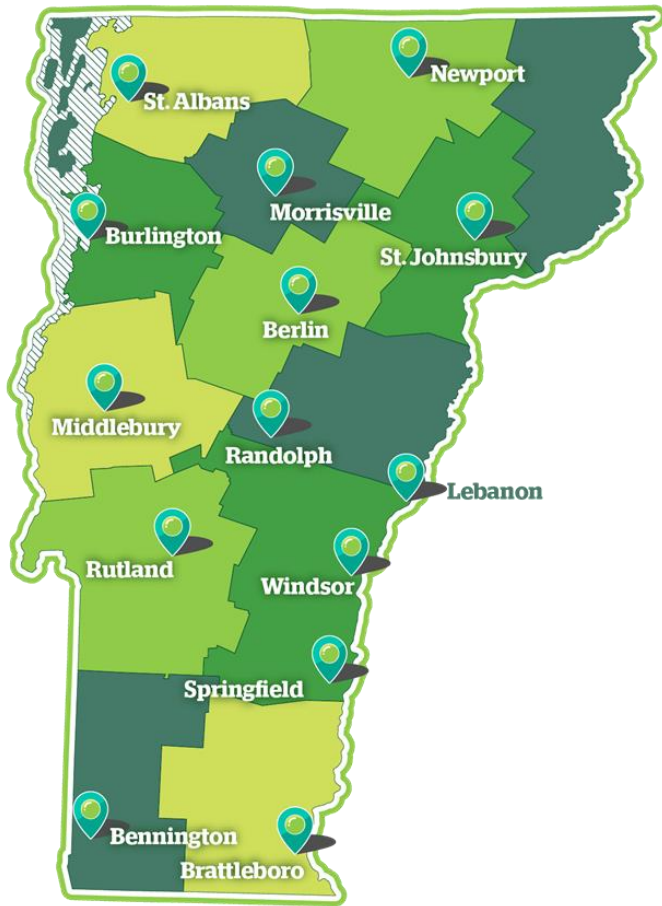
Initial focus has been placed on reforming hospital reimbursement:

- If successful, population health initiatives will result in reduced hospital-level care.
- This monthly payment model aims to stabilize hospital revenues during this transitional period.

OneCare also offers a monthly lump sum model to independent primary care through its Comprehensive Payment Reform (CPR) program.



OneCare's role in the Vermont All Payer Model



The All Payer Model is an agreement between Vermont and CMS (Medicare) to incentivize and expand ACO participation and value-based healthcare modes across the state.

When OneCare enters into a program agreement with a payer, the lives for which the ACO is accountable may be eligible to count towards “scale.”

Since the beginning of the All Payer Model, OneCare has developed a vast state-wide network of provider participants. Future growth opportunity lies in program participation expansion (particularly in the Medicare program).

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



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The pandemic has made it clear that fee-for-service is unsustainable, and we're fully committed to value-based care as the solution to stabilizing Vermont's increasing health care costs.

We're excited to be joining the Medicare program with OneCare for the first time this year. OneCare's approach provides the best opportunity to achieve meaningful health care payment and delivery reform here in Vermont.

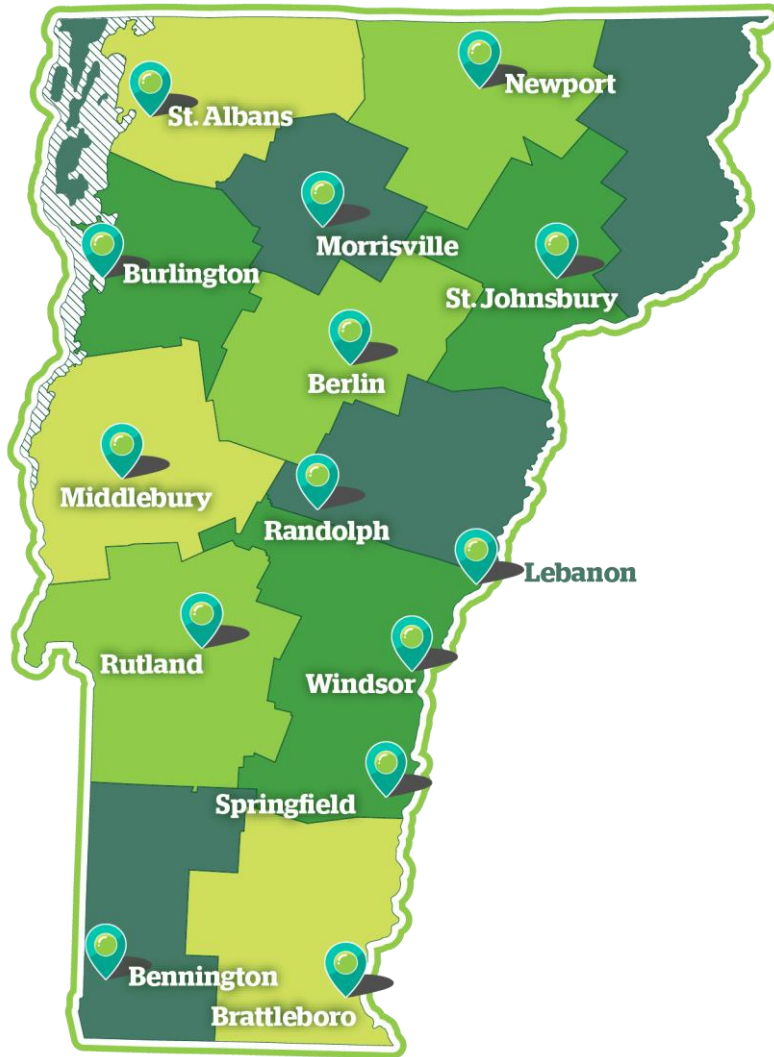
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Claudio Fort

President and CEO of Rutland Regional Medical Center

Appendix

2021 ACO Map and Participants



~288,000 Vermonters

cumulatively covered by payers

- 14 Hospitals (including founders)
- 127 Primary Care Practices
- 274 Specialty Care Practices
- 9 FQHCs
- 22 Skilled Nursing Facilities
- 10 Home Health Agencies
- 5 Area Agencies on Aging
- 10 Designated Agencies for Mental Health and Substance Use



2021 Quality Measures

| | Vermont Medicare ACO Initiative | Vermont Medicaid Next Generation | BCBSVT QHP | BCBSVT Primary | MVP | Domain |
|--|---------------------------------|----------------------------------|------------|----------------|-----|----------|
| 30 Day Follow-Up after discharge from the ED for Alcohol and Other Drug Dependence (HEDIS FUA) | ✓ | ✓ | ✓ | ✓ | ✓ | Claims |
| 30 Day Follow-Up after Discharge from the ED for Mental Health (HEDIS FUM) | ✓ | ✓ | ✓ | ✓ | ✓ | Claims |
| Risk Standardized, All Condition Readmission (ACO #8) | ✓ | - | - | - | - | Claims |
| Child and Adolescent Well-Care Visits (HEDIS WCV) | - | ✓ | ✓ | ✓ | ✓ | Claims |
| All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (ACO#38) | ✓ | ✓ | - | - | - | Claims |
| Developmental Screening in the First Three Years of Life (NQF) | - | ✓ | ✓ | ✓ | - | Claims |
| Initiation of Alcohol and Other Drug Dependence Treatment (HEDIS IET) | ✓ | ✓ | - | - | - | Claims |
| Engagement of Alcohol and Other Drug Dependence Treatment (HEDIS IET) | ✓ | ✓ | - | - | - | Claims |
| Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite) (HEDIS IET) | - | - | ✓ | ✓ | ✓ | Claims |
| ACO All-Cause Readmissions (HEDIS PCR) | - | - | ✓ | ✓ | ✓ | Claims |
| Follow-Up After Hospitalization for Mental Illness (7 Days) (HEDIS FUH) | - | ✓ | ✓ | ✓ | ✓ | Claims |
| Influenza Immunization (Prev-7, NQF 0041) | ✓ | - | - | - | - | Clinical |
| Colorectal Cancer Screening (Prev-6, NQF 0034) | ✓ | - | - | - | - | Clinical |
| Tobacco Use Assessment and Cessation Intervention (Prev-10, NQF 0028) | ✓ | ✓ | - | - | - | Clinical |
| Screening for Clinical Depression and Follow-Up Plan (Prev-12, NQF 0418) | ✓ | ✓ | ✓ | ✓ | - | Clinical |
| Diabetes HbA1c Poor Control (>9.0%) (DM-2 NQF 0059, HEDIS, CDC) | ✓ | ✓ | ✓ | ✓ | ✓ | Clinical |
| Hypertension: Controlling High Blood Pressure (HTN-2 NQF 0018, HEDIS, CBP) | ✓ | ✓ | ✓ | ✓ | ✓ | Clinical |
| CAHPS Patient Experience | ✓ | ✓ | ✓ | ✓ | ✓ | Survey |