



Association of Departments of Family Medicine

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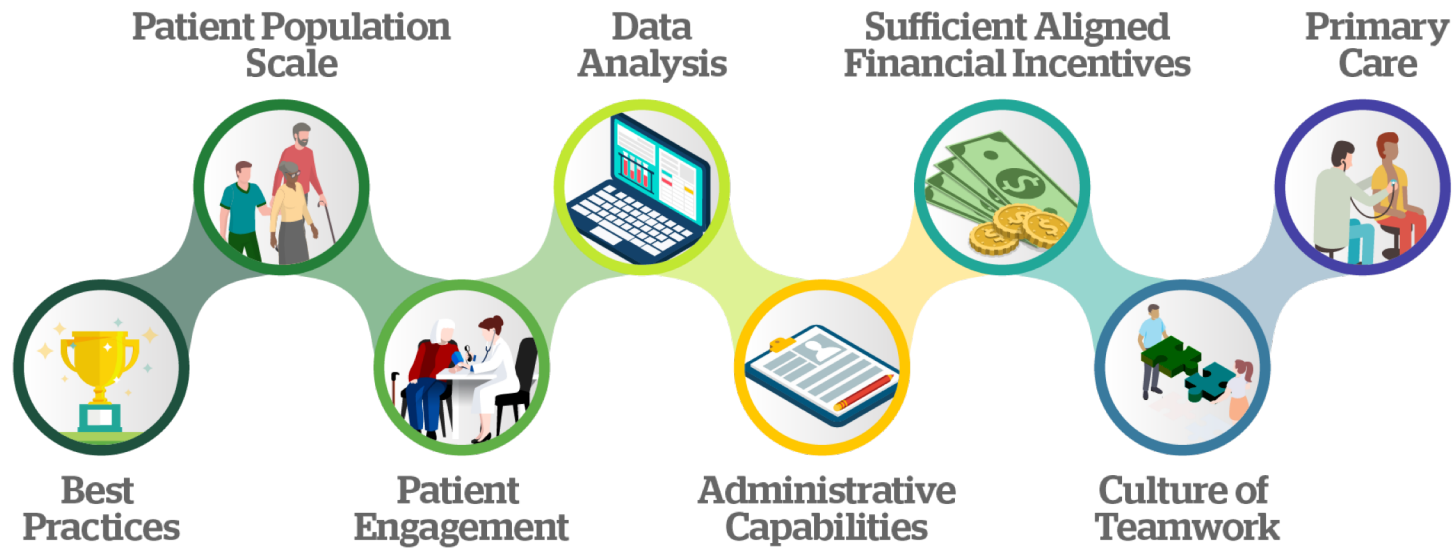
February 13, 2020



OneCare Vermont

onecarevt.org

ACO Elements of Success



*The American Academy of Family Physicians has suggested eight essential elements of an ACO.

The Vermont All-Payer Accountable Care Organization Model



Test Payment Changes

Population-Based Payments
Tied to Quality and
Outcomes

Increased Investment in
Primary Care and
Prevention



Transform Health Care Delivery

Invest in Care Coordination

Incorporation of Social
Determinants of Health

Improve Quality



Improve Outcomes

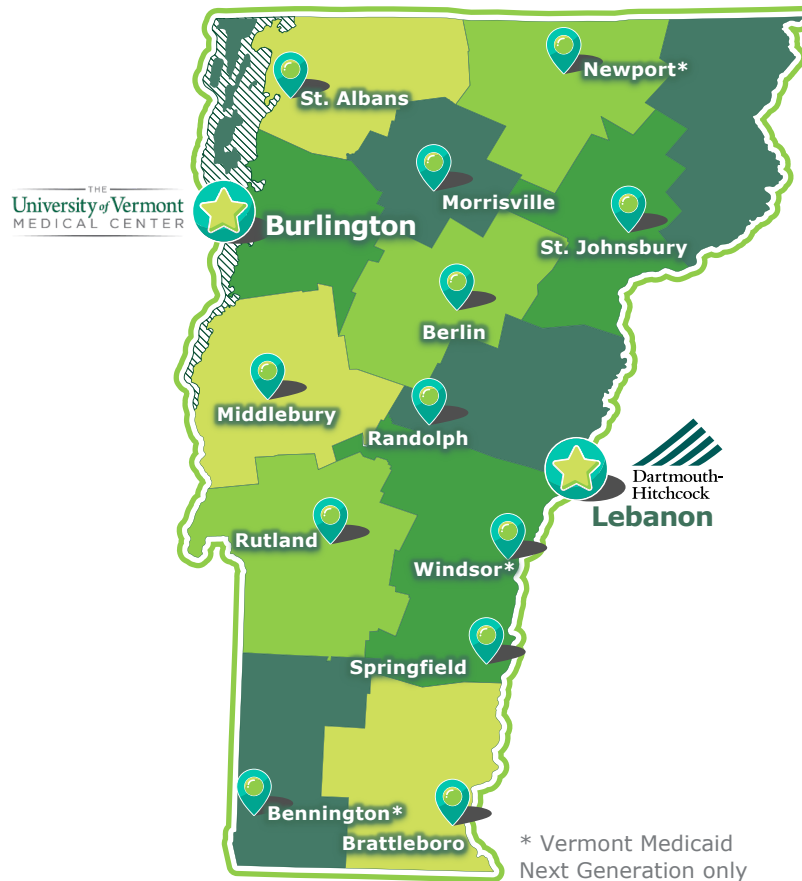
Improved access to primary
care

Fewer deaths due to suicide
and drug overdose

Reduced prevalence and
morbidity of chronic disease

<https://www.cms.gov/index.php/newsroom/press-releases/vermont-all-payer-aco-model-joins-growing-state-based-efforts-deliver-better-health-care-reduce>

2020 OneCare Network



✓ ~250,000 Vermonters (630,000 population)

- Medicaid (Medicaid Next Generation)
- Medicare (VT Medicare ACO Initiative)
- Commercial (BCBSVT and MVP)

- ✓ 14 Hospitals
- ✓ 133 Primary Care Practices
- ✓ 276 Specialty Care Practices
- ✓ 9 FQHCs
- ✓ 27 Skilled Nursing Facilities
- ✓ 10 Home Health Agencies
- ✓ 11 Designated Agencies for Mental Health and Substance Use
- ✓ 5 Area Agencies on Aging



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OneCare Growth Supporting All Payer Model

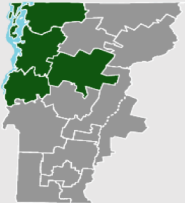
2017
YEAR 0

Programs

MEDICAID

29,100
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans

\$2.4M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

Care Coordination

Primary Care

VBIF

onecarevt.org pg. 5

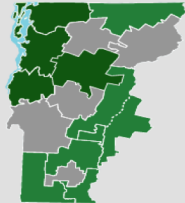
2018
YEAR 1

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMHC (self-funded)

112,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Springfield
Lebanon
Bennington
Windsor
Newport

\$23M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

RiseVT

SASH MH Pilot

SNF Waivers

Blueprint Medicare

CPR

plus programs from 2017

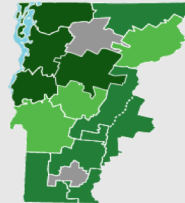
2019
YEAR 2

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMHC (self-funded)

160,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury

\$36M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

DULCE

Innovation Fund

plus programs from 2017-2018

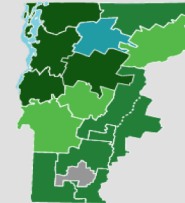
2020
YEAR 3

Programs*

MEDICAID
MEDICARE
BCBSQHP
MVPQHP
BCBS-ASO

250,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury
Morrisville

\$43M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

Pharmacy

Longitudinal Care

PCP Engagement

plus programs from 2017-2019

* Anticipated for 2020

The Value of OneCare



Care Coordination

3,800 shared plans of care

3,000 vulnerable Vermonters actively making progress to goals

33% reduction in emergency dept. (ED) visits for Medicare patients actively supported

13% reduction in ED for Medicaid patients actively supported

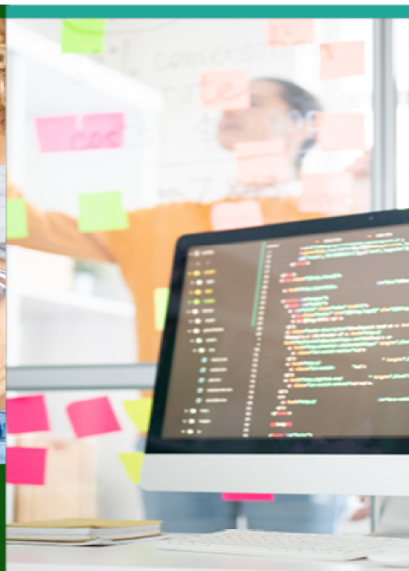
Longitudinal Care Pilot Saves \$1,150 per member per month



Enhancing Primary Care

Comprehensive Payment Reform: Increasing access to mental health services in practices

Sustaining Patient Centered Medical Home and Community Health Team funding for Medicare



Data Informed Care

91% of high and very high risk Medicare patients now have seen their primary care provider (6% increase)



Smarter Care

Shifting investments to prevention (RiseVT/DULCE)

Reducing high cost care

10% reduction in ED care for vulnerable populations

Better care & patient experience: third ACO in the country for utilization of Skilled Nursing Facility waiver

Eliminating prior authorization, enabling more time for clinical practice

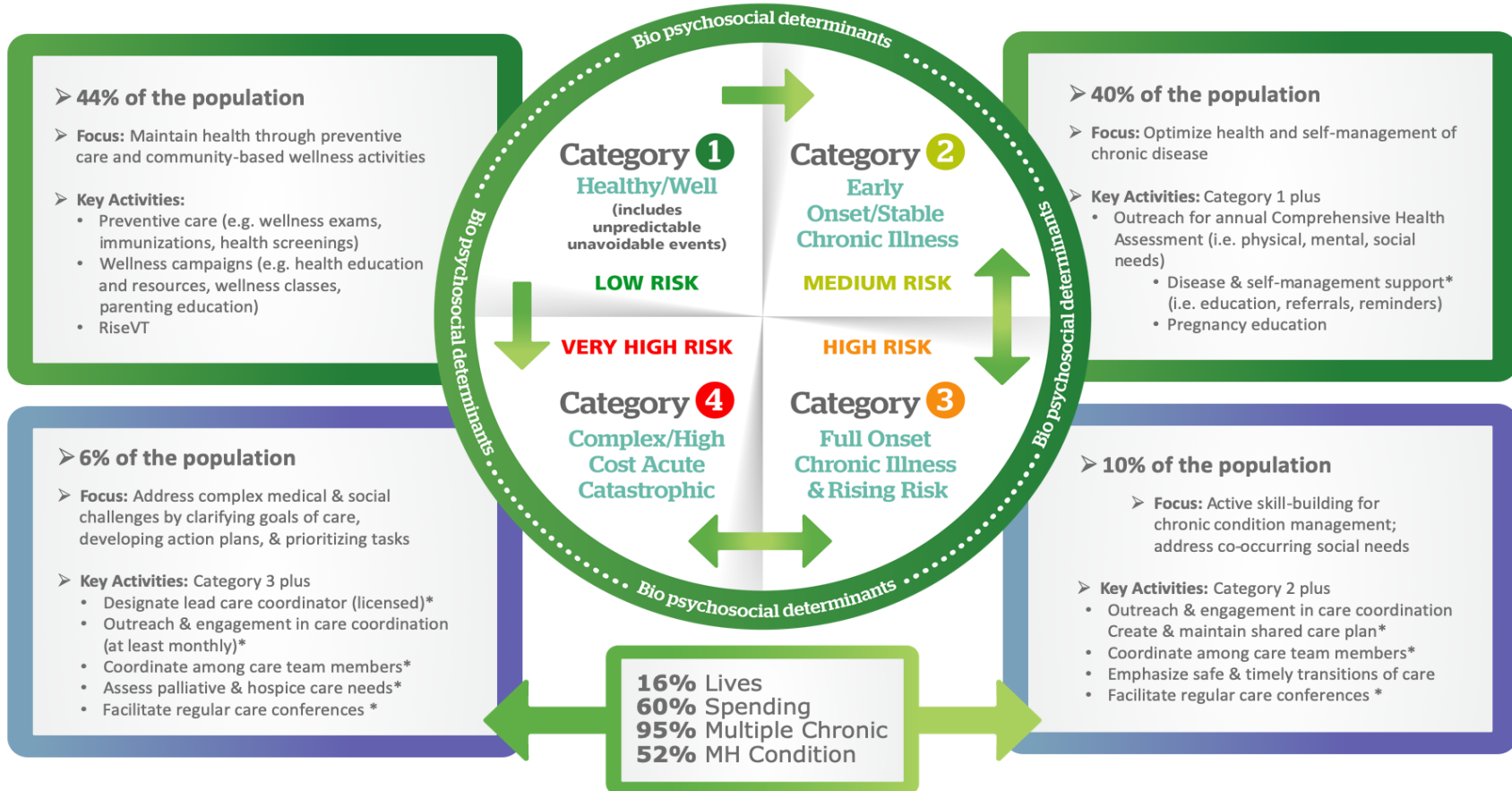


Value Based Payments

Predictable fixed payments for hospitals and primary care

System incentivized versus penalized for quality

Population Health Approach: A Plan for Every Person



* Activities coordinated via Care Navigator software platform

2020 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)

Age 13

✓

✓

✓

✓

✓

Claims

30 Day Follow-Up after Discharge from the ED for Mental Health (HEDIS FUM)

Age 6

-

✓

✓

✓

✓

Claims

Risk Standardized, All Condition Readmission (ACO #8)

Age 18 +

✓

-

-

-

-

Claims

Adolescent Well-Care Visits (HEDIS AWC)

Age 12-21

-

✓

✓

✓

✓

Claims

All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (ACO#38)

Age 65 +

✓

✓

-

-

-

Claims

Developmental Screening in the First Three Years of Life (NQF)

Age 0-3

-

✓

✓

✓

-

Claims

Initiation of Alcohol and Other Drug Dependence Treatment (HEDIS IET)

Age 13

✓

✓

-

-

-

Claims

Engagement of Alcohol and Other Drug Dependence Treatment (HEDIS IET)

Age 13

✓

✓

-

-

-

Claims

Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite) (HEDIS IET)

Age 13

-

-

✓

✓

✓

Claims

ACO All-Cause Readmissions (HEDIS PCR)

Age 18

-

-

✓

✓

✓

Claims

Follow-Up After Hospitalization for Mental Illness (7 Days) (HEDIS FUH)

Age 6

-

✓

✓

✓

✓

Claims

Influenza Immunization (Prev-7, NQF 0041)

Age 18

✓

-

-

-

-

Clinical

Colorectal Cancer Screening (Prev-6, NQF 0034)

Age 50 - 75

✓

-

-

-

-

Clinical

Tobacco Use Assessment and Cessation Intervention (Prev-10, NQF 0028)

Age 18

✓

✓

-

-

-

Clinical

Screening for Clinical Depression and Follow-Up Plan (Prev-12, NQF 0418)

Age 12

✓

✓

✓

✓

-

Clinical

Diabetes HbA1c Poor Control (>9.0%) (DM-2 NQF 0059, HEDIS, CDC)

Age 18 - 75

✓

✓

✓

✓

✓

Clinical

Hypertension: Controlling High Blood Pressure (HTN-2 NQF 0018, HEDIS, CBP)

Age 18 - 85

✓

✓

✓

✓

✓

Clinical

CAHPS Patient Experience

✓

✓

✓

✓

✓

Survey

2020 Value-Based Budget

Combined Healthcare Costs Under Value Based Care	\$1,425,000,000
Less: Existing Healthcare Spending	- \$1,363,000,000
OneCare Vermont Budget	\$62,000,000
Less: Network Investment Payments	- \$43,000,000
Less: Operating Costs	- \$19,000,000
Gain (Loss)	\$0

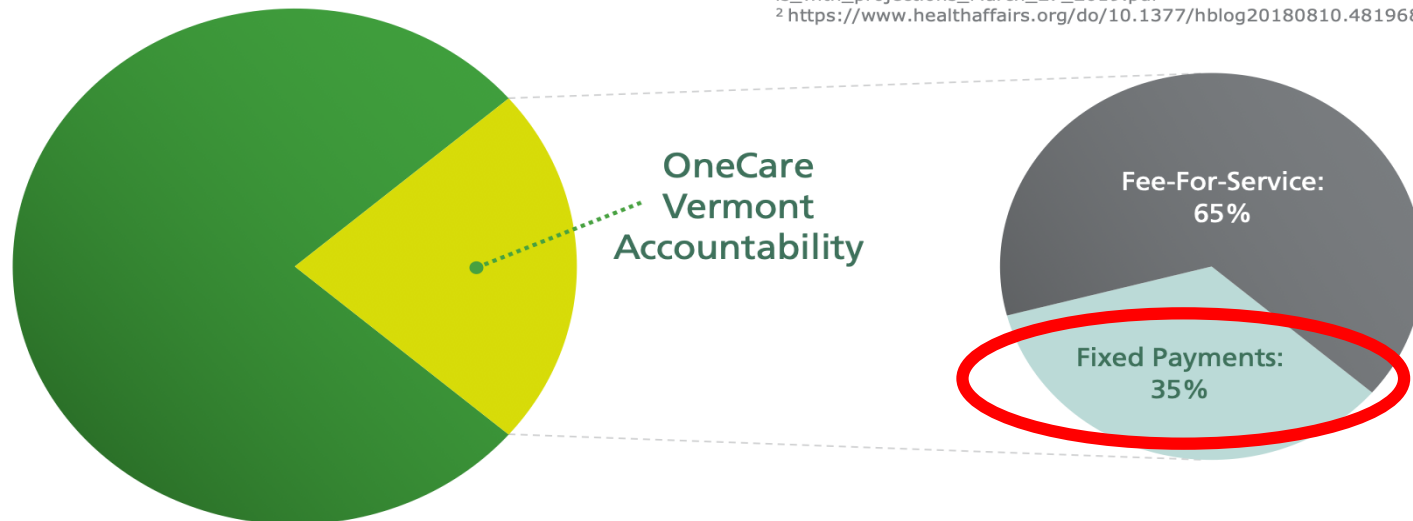


Vermont's Healthcare Accountability

Healthcare Cost for Vermonters

¹ Statewide spending sourced from:
https://gmcboard.vermont.gov/sites/gmcb/files/2017_Expenditure_Analysis_with_projections_March_27_2019.pdf

² <https://www.healthaffairs.org/doi/10.1377/hblog20180810.481968/full/>



23% of healthcare costs for Vermonters are now in a value-based care model¹

50% growth in financial accountability over 2019 budget

Vermont is 1 of 8 states with more than 20% of lives in an ACO program²



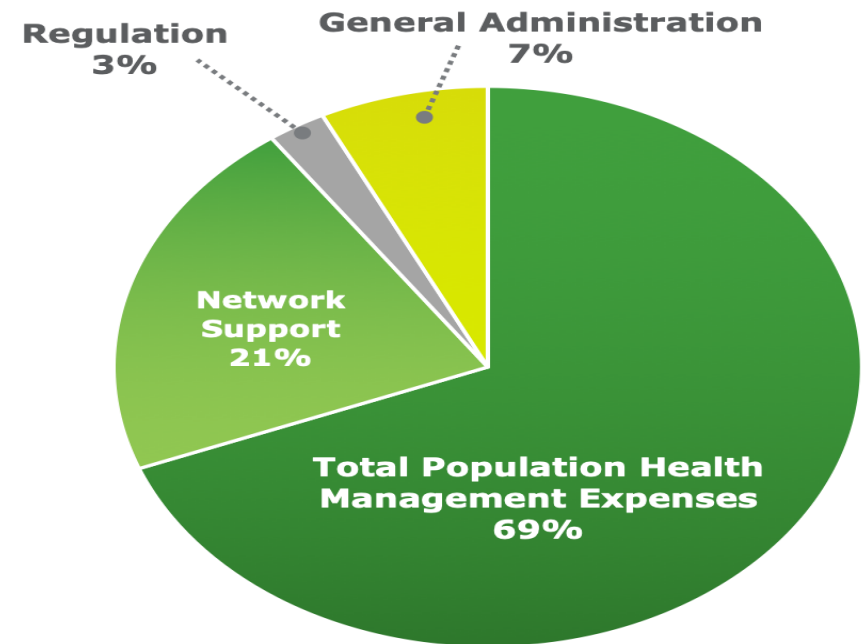
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Investments and Expense Summary

Expense Line	Budget
Care Coordination	\$10,223,590
Primary Care	\$10,551,533
Quality	\$8,554,737
Primary Prevention	\$1,031,752
Specialty Care	\$3,144,500
Innovation	\$1,367,580
Blueprint Programs	\$8,242,374
Total PHM Expenses	\$43,116,066
Network Support	\$13,155,862
Regulation	\$1,572,241
General Administration	\$4,548,646
Total Operating Expenses	\$19,276,749
Total OneCare Budget	\$62,392,815



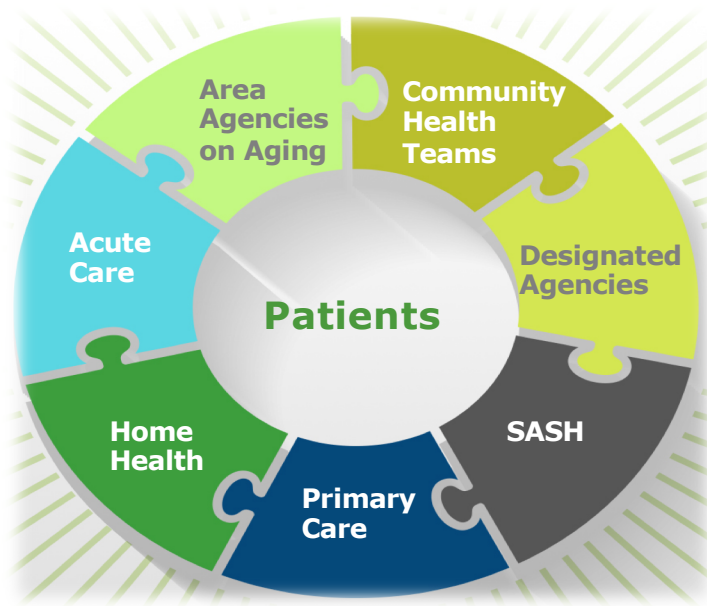
* Represents breakdown of \$62 million of OneCare expenses



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



Improvement Story: Care Coordination Impact on ED Utilization

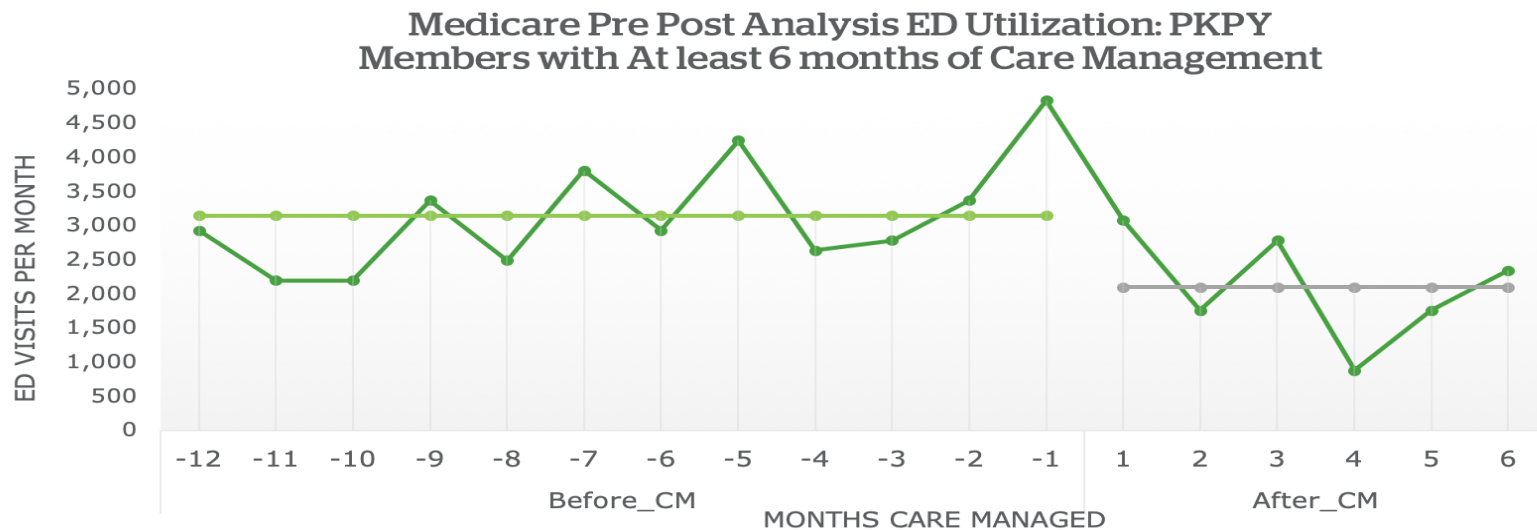
KEY Takeaway:



33% reduction (3,246 to 2,098 PKPY; $P < .001$) in ED utilization among care managed Medicare patients



13% reduction (1,774 to 1,534 PKPY; $P < .001$) in ED utilization among care managed Medicaid patients



Patient Benefit Enhancements **Waivers**

Three-Day Skilled Nursing Facility Waiver

Waives the requirement of a 3-day inpatient and/or previous SNF stay prior to a SNF admission. SNF must have 3 star minimum rating to be eligible.

Post-Acute Home Discharge Waiver

Allows for a physician to contract with, and bill for, a licensed clinician to provide up to nine patient home visits post-acute discharge with "general supervision" by the patient's physician.

Telehealth Waiver

Eliminates the rural geographic component of originating site requirements, allows the originating site to include a beneficiary's home, and allows use of asynchronous telehealth services for dermatology and ophthalmology.



Future Waiver Opportunities



Possible Topics for Discussion

- Risk Stratification Methodology
 - Claims-based risk adjustment
 - Social Determinants of Health methods
- Compensation Model Changes
 - Primary Care
 - Specialty Care
- Prioritizing Quality Improvement Projects
- Expanded Categories of Financial Risk
 - Pharmacy
 - Special Medicaid Services
- Patient Centered Medical Home Criteria
- Clinician Engagement Strategies



Thank You



Investments in Innovation

Youth Psychiatric Urgent Care Model

Area of Impact:
Bennington HSA

Telemedicine and Home Health for ALS Patients

Area of Impact:
Statewide

Community Embedded Well Child Care “Building Strong Families Clinic”

Area of Impact:
Burlington HSA

Child Psychiatric Consultation Clinic

Area of Impact:
Burlington HSA;
Statewide via telehealth

Ocular Telehealth in Primary Care

Area of Impact:
Middlebury HSA

Wellness Plus “Pre Hab” Cardiac and Pulmonary Program

Area of Impact:
Brattleboro HSA

TeleFriend Pilot: Addressing Mental Health at Home

Area of Impact:
Statewide

TeleCare Connection: Hospital to Home Transitions

Area of Impact:
Burlington HSA

Photo: Open House
for the Building
Strong Families
Clinic
Tuesday, Sept. 24, 2019



Clinical Education Supports

Care Delivery Transformation





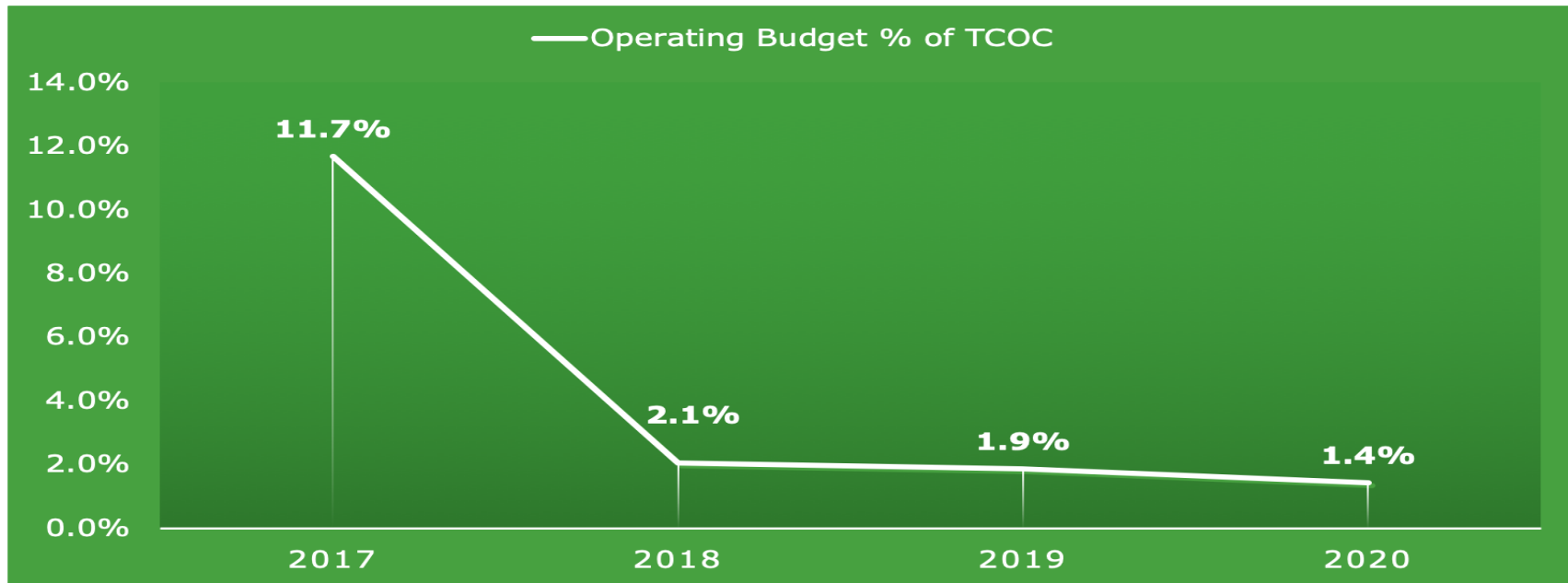
AT NINE HOSPITALS SERVING 36 VERMONT COMMUNITIES IN 2019

- 16 program managers are embedded in local communities employed by Vermont's hospitals.
- Launched "Sweet Enough" - statewide campaign to reduce sugary beverage consumption in Oct. 2019.
- Goal: RiseVT in all 14 counties by end of 2020.
- Awarded \$207,933 YTD in Amplify Grants directly to Vermont communities for health and wellness activities and systems change.

INNOVATIVE LOCAL PROJECTS:

- Snowshoes at libraries across Vermont.
- Numerous trail associations = more access to outdoor recreation.
- Schools promoting new nutrition, physical activity, and Vermont culture programs
- Evidence-based mindfulness programs for young children and teacher training.
- Farmers market programs.
- Community members offer their skills for local programs: "Community Track" in Morrisville.
- Rise and Walk programs engage community with hospital practitioners.

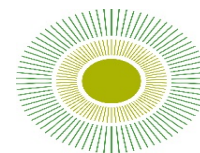
Economies of Scale



This demonstrates the economies of scale benefit from a single statewide ACO model.



Risk Stratification



Johns Hopkins ACG Risk Model

Risk Scoring Methodology:

1. Specific risk factors based on age, gender, ICD 10 diagnosis coding data, and pharmacy data, are determined for each patient by the ACG system.
2. Standard weights from a reference population are then applied to each patient based on their identified risk factors.
3. The patient's risk score is the sum of the weights.

Used annually to risk stratify entire attributed population in January:

1. Risk Score assigned
2. Placed into Risk Category 1 to 4
3. Care coordination level assigned: Low, Med, High, Very High Risk



Comprehensive Payment Reform (CPR) Pilot Update

Program Description

- OneCare Vermont designed and developed a program intended to transition independent primary care practices away from fee-for-service (FFS) reimbursement to a payer-blended PMPM payment model for all attributed lives
- The purpose of this initiative, known as the Comprehensive Payment Reform (CPR) pilot, is to:
 - Implement a payment reform that results in a simpler and more predictable revenue stream
 - Invest more in primary care
 - Develop a reimbursement model that allows for clinical flexibility and innovation
- Three (3) practices are participating in the pilot year (2018) of this program and expanding to six (6) practices in 2019