
Vermont
Medical
Society
2020-2021
THIRD THURSDAY
WEBINAR SERIES
12:00 pm to 1:00 pm

Vermont Medical Society

THIRD THURSDAY WEBINAR SERIES

Date: April 15, 2021
Title: VT Health Care Reform

134 MAIN STREET, MONTPELIER, VERMONT, 05602
TEL.: 802-223-7898
WWW.VTMD.ORG

CME Disclaimer

In support of improving patient care, this activity has been planned and implemented by the Robert Larner College of Medicine at the University of Vermont and the Vermont Medical Society. The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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CME credit must be claimed within 30 days of participating in the event.

VMS Third Thursday Webinar Series: VT Health Care Reform

Speakers: Vicki Loner, CEO, OneCare Vermont & Dr. Norman Ward, CMO, OneCare Vermont

Planning Committee Members:
Jessa Barnard, ESQ, Catherine Schneider, MD, Stephanie Winters & Elizabeth Alessi

Purpose Statement/Goal of This Activity: During the public health emergency, the predominant payment system of Fee For Service in our country caused disruption and challenges to all aspects of the health care community. OneCare Vermont will review some of the lessons learned, describe the actions its providers implemented, and discuss how we can use our current federal demonstration to advance the current payment and delivery system efforts.

Learning Objectives:
- Describe lessons learned during the Public Health Emergency
- Understand how payment reform can create predictability and stability for the health system
- Understand the importance of innovation and creating an aligned care model to improve outcomes

Disclosures:
Is there anything to Disclose? Yes ☐ No ■

Did this activity receive any commercial support? Yes ☐ No ■

(The CMIE staff do not have any possible conflicts)

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OneCare Vermont

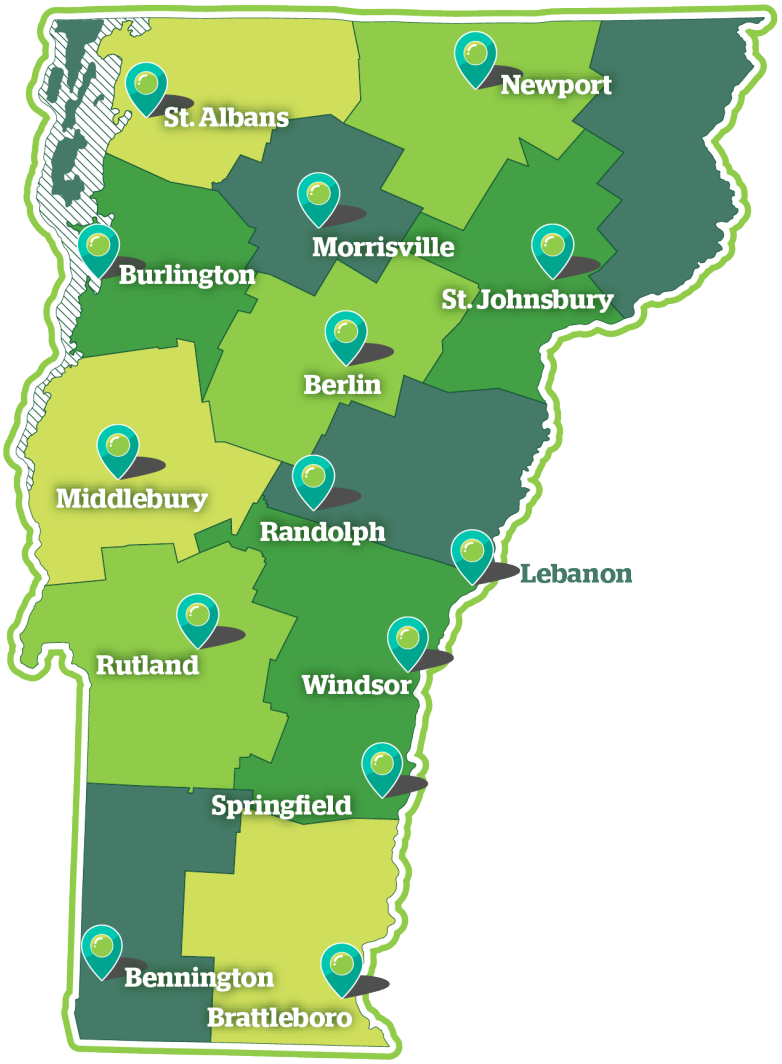
Vermont Health Care Reform

Vermont Medical Society
"Third Thursday Webinar Series"

Vicki Loner, RN CEO
Norman Ward, MD CMO

April 15, 2021

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

Vermont's Health Care Reform Landscape

All Payer Accountable Care Organization Model (APM)

- Voluntary program for providers in Vermont
- Federal Government/State of Vermont contract from 2017-2022
- Agrees on cost control targets for health spending growth for Vermonters
- Emphasizes population health management
- Payment and service delivery flexibility
- Plans for 70% of all insured Vermonters in ACO by 2022; 90% of Vermonters with Medicare

Green Mountain Care Board Provides Oversight:

- Act 113 of the 2015-2016 Legislative Session gave regulatory oversight role
- Certifies ACOs
- Reviews and approves ACO budgets
- Monitors and oversees activities of ACOs

APM Goal 1	APM Goal 2	APM Goal 3
Improve Access to Primary Care	Reduce Deaths from Suicide and Drug Overdoses	Reduce Prevalence and Morbidity of Chronic Disease (COPD, DM, HTN)

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

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Commercial and Public Payers

BlueCross BlueShield of Vermont

MVP HEALTH CARE

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

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.

Lessons learned
from the pandemic

Fee For Service has failed the health care system.

Future provider resiliency requires a supportive and aligned financial model.

ACO Programmatic and Policy Actions

1. Continued fixed payments at pre-pandemic level
2. Accelerated cash flow to primary care and continuum of care to support them during pandemic and recovery
3. Piloted BCBS fixed payment
4. Removed variability components in independent primary care comprehensive payment programs
5. Advocated for telehealth expansion and supporting provider adoption
7. Built enhanced care coordination tools to support those most vulnerable during the pandemic
8. Re-negotiated payer contracts
9. Advocated at Federal level for Vermont Providers
10. Offered innovation grants to pause without loss of income

Population Health Management Guiding Principles

- Sustain existing OneCare programs
- Sustain committed funding to network participants
- Target initiatives with significant operational resource demands
- Prioritize initiatives with potential short-term financial and clinical benefits

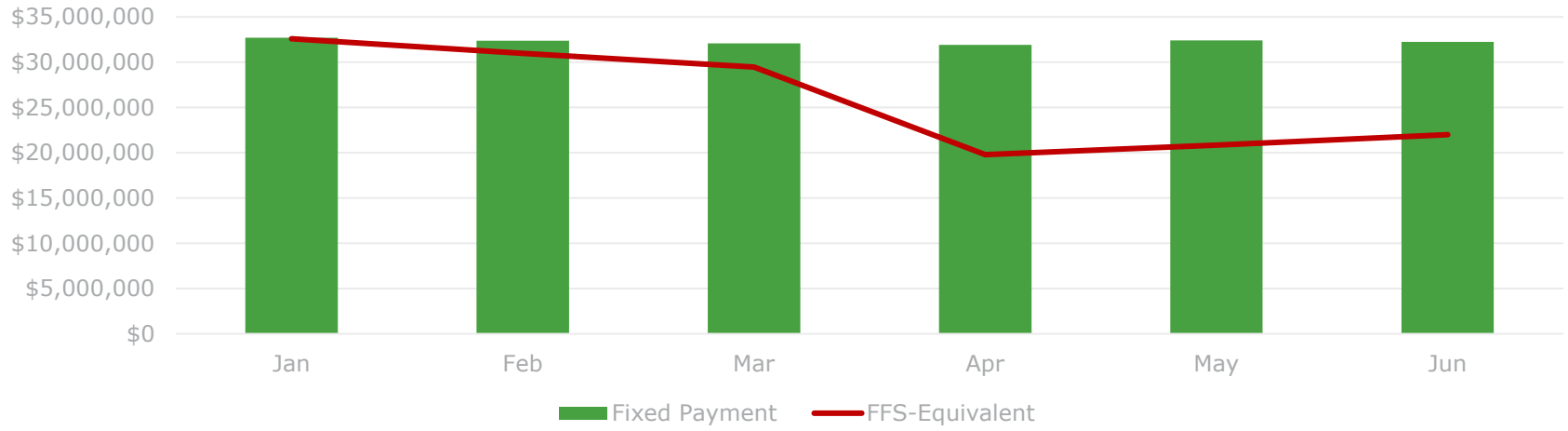
Financial Response to COVID-19

Revised budget balances the need for hospital dues relief with consistent funding to the provider community

- Sustains $20M of planned investments in primary care
- Sustains $16M of planned investments in community providers
- Advanced $2.1M to network providers during the heavy Stay Home/Stay Safe period

Distributed hospital fixed payments at pre-COVID levels

- ~$38M of sustained funding through June



New Challenges to HealthCare Reform Created by Pandemic

- Health care system is fragile
- Unknown implications for delays in care
- Hospitals unable to invest in population health efforts at pre-pandemic levels
- Risk exposure needs to be limited until the system stabilizes
- New care evaluation and financial budgeting framework needed
- Health care policy needs to accelerate reform
- Timing and regulatory pressures

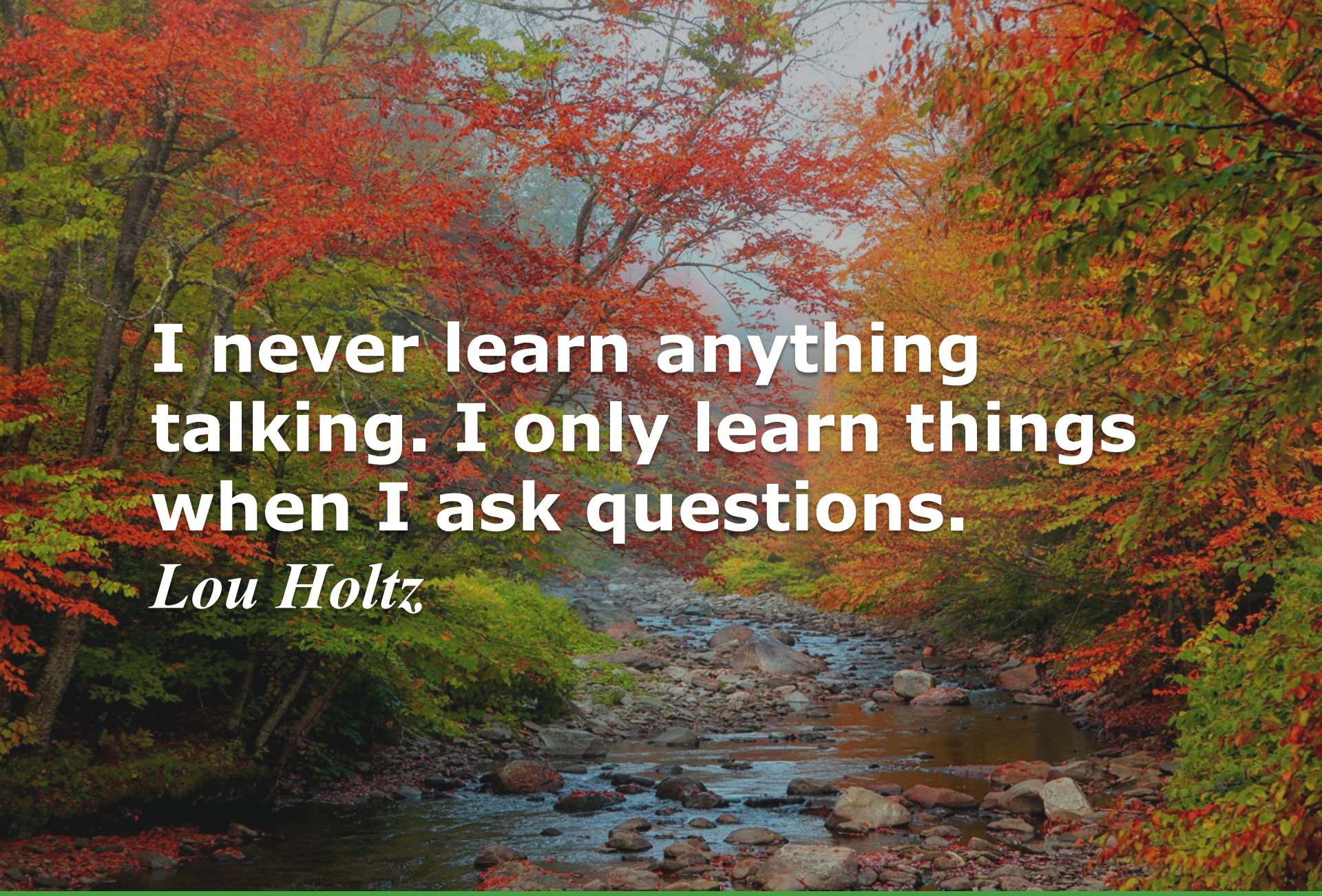
The health care system needs predictability and stability.

- The All Payer ACO Model created a path to the predictability and stability this pandemic has proven we need.
- We must maximize all levers available to us as a state to move quickly down the path that we have chosen to create.
- Transitioning to a value-based system is an investment in Vermont's future.

> 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.

Seema Verma
Administrator of Centers for Medicare and Medicaid Services (CMS)

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

Appendix

What is an Accountable Care Organization?

Accountable Care Organization Goal:
Achieving the Quadruple Aim

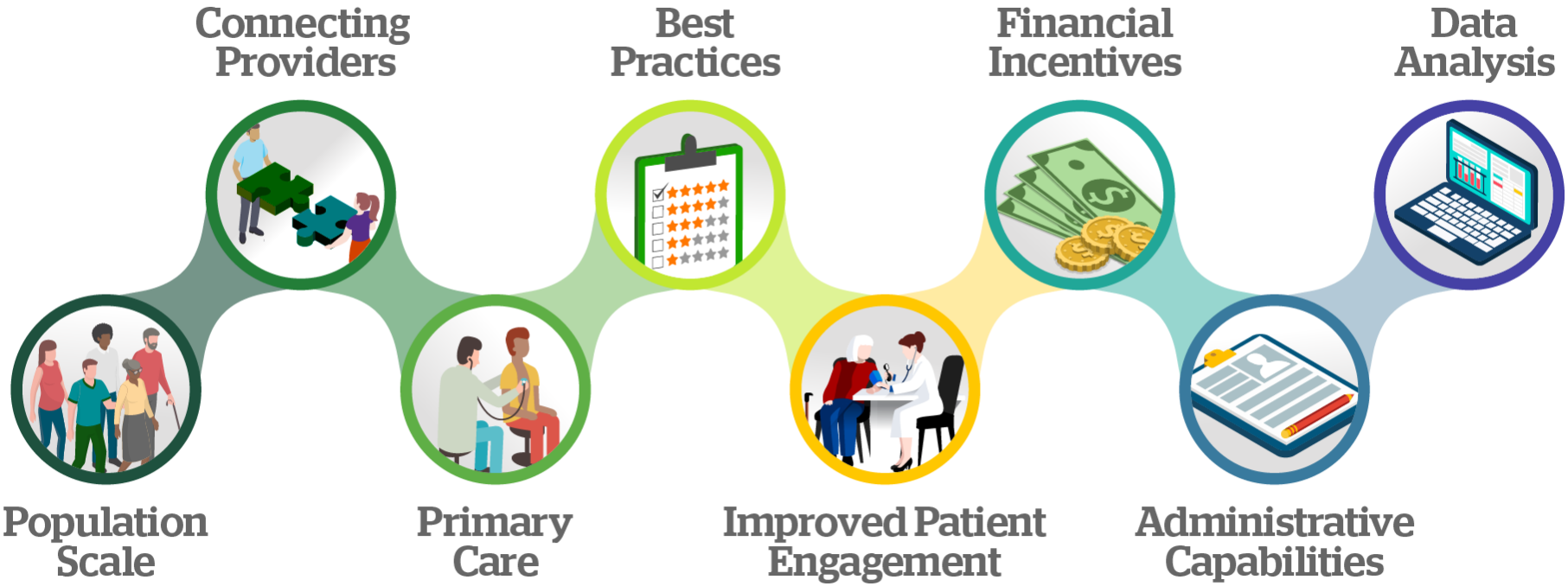
… a voluntary network of health care providers who work together to provide:

- 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

ACO Elements of Success



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

The OneCare Approach

2021 Quality Measures

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

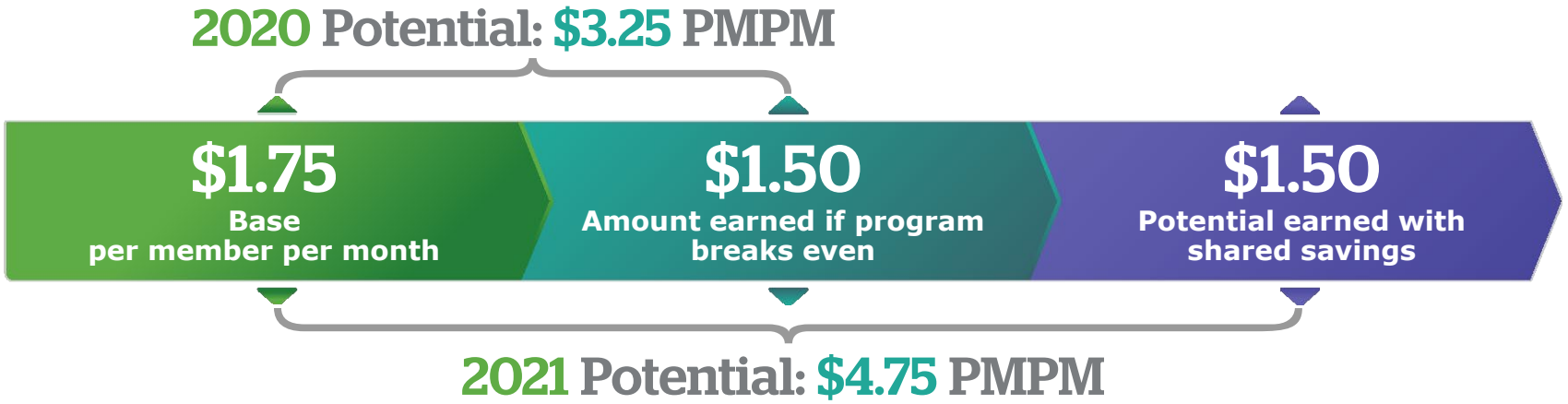
PHM Investment Recipients

Provider Type	Amount	Programs
Primary Care Providers	$19,112,907	OneCare PMPM; Care Coordination Program; Value Based Incentive Fund; Comprehensive Payment Reform Program; Innovation Fund; Blueprint Programs
Supports and Services at Home (SASH)	$3,968,246	Blueprint Programs
Community Health Teams	$2,440,322	Blueprint Programs
Home Health Providers	$2,202,910	Care Coordination Program; Value Based Incentive Fund
Community Investments	$1,348,161	Primary Prevention; DULCE
Specialty & Acute Care	$665,777	Specialist Program; Value Based Incentive Fund
Designated Agencies / Mental Health	$571,761	Care Coordination Program; Value Based Incentive Fund; Specialist Program; Innovation Fund
Area Agencies on Aging	$248,887	Care Coordination Program
Total	**$30,558,970**	Total funding opportunity; dependent on provider engagement and attribution

Risk Model Evolution Continued

For the first time, providers other than hospitals are included in the accountability model and have an opportunity to claim shared savings

- For two-sided risk program, the OneCare primary care investment will start at a base $1.75 PMPM level and increase based on performance



- This variable investment model avoids the need to invoice any primary care practice at the end of the year, simplifies administrative work, and ensures their end result is a net positive investment
- Expanding accountability more broadly across the provider spectrum is a strategy to encourage increased engagement

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