OneCare Vermont

Comprehensive Payment Reform (CPR) Program
Interim Report to Green Mountain Care Board
July 31, 2020

Background

The OneCare Vermont Comprehensive Payment Reform (CPR) program for independent primary care practices began in 2018 with a full capitation model. In 2019, a partial capitation model was offered to smaller practices that have fewer attributed lives and administrative resources to manage fixed payment reimbursement. In the partial capitation model, the practices continue to receive Fee for Service payments from the payers (ex. Medicaid, Medicare) and a CPR PMPM from OneCare that replicates the supplemental payment approach that the full capitation practices receive. The 2019 partial capitation model was designed to be an on-ramp to allow practices experience managing fixed payments in readiness for moving to full capitation in 2020.

2019 FINAL SUMMARY

From the network development perspective, OneCare increased CPR program participation from three organizations in 2018 to nine organizations in 2020 (four organizations joined full capitation and five new organizations joined the partial capitation model). From the clinical side, all CPR organizations participated in service delivery or quality improvement projects and provided reports of their outcomes *(See Exhibit A)*. Overall, during 2019, all CPR organizations were able to receive predictable payments with positive financial results. *(See Exhibit B).*

2020 PRELIMINARY SUMMARY

Seven organizations joined the full capitation model in 2020 (two new practices and five who previously participated in 2019). In alignment with OneCare's shift from capacity to value-based payments, a variable PMPM component was implemented July 1 based on care coordination and care delivery outcomes. Quality improvement continues to be a component of the program and requires practices to attest to their project outcomes. OneCare will provide a further 2020 CPR update after receipt and processing of 2020 claims data from payers.

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Exhibit A: 2019 Service Delivery and Quality Improvement Reports

Organization	Project Description
Avery Wood MD	Outreach to patients without a visit since 2017 to re-establish a relationship with their clinician, increase the number of patients with a visit in 2019, and potentially increase future ACO attribution
Eric S. Seyferth, MD	Identify patients with elevated cardiovascular risk score to obtain appropriate screening/therapy and reduce future cardiovascular events
Christopher J. Hebert	Improve behavioral health and social determinants of health screening rates and EMR documentation
Gene Moore MD	Increase the rate of behavioral health screenings and improve the accuracy of EMR reports of compliance with health maintenance
Green Mountain Internal Medicine	Improve rates of yearly behavioral health screening for adults >18 years old and implement outreach for patients overdue for health maintenance services
Primary Care Health Partners: Brattleboro Primary Care-Adult	Use office visits, home monitoring and patient education to lower blood pressure rates of patients with uncontrolled hypertension
Primary Care Health Partners: Brattleboro Primary Care-Pediatrics	Improve patient portal engagement and completion of Bright Future Pre-Visit questionnaires to improve provider workflow
Primary Care Health Partners: Mt Anthony Primary Care	Reduce wait times for Medicare Wellness Visits by training LPNs to perform the wellness visits, document them in the EHR, and identify when a diagnostic visit is needed
Primary Care Health Partners: St. Albans Primary Care	Improve clinical outcomes for patients with diabetes by adding weekly patient follow-up with a certified health coach/RD between monthly diabetic group visits
Primary Care Health Partners: Timberlane Pediatrics (3 practices)	Increase enrollment and use of patient portal to minimize non-essential calls, reduce missed appointments and maximize nurses time with patients
Richmond Family Medicine	Integrate AAP Bright Futures tools into the workflow consistently at pediatric wellness visits and improve structure and rigor of pediatric visits to ensure high levels of patient/family satisfaction, improve patient outcomes and increase workflow efficiency
Thomas Chittenden Health Center	Create a practice-wide workflow for visits with chronic pain patients to improve rates of appropriate screening and treatment goals and increase support for providers prescribing opioid medications

Exhibit B: 2019 Financial Results

The following represents an aggregated analysis of the full capitation, partial capitation and hospital primary care practices that compares the CPR payments to the FFS-based results the practices would have otherwise received. Note that all of these figures evaluate the revenue that these primary care sites would have been paid by the payers (ex. Medicaid, Medicare) and does not necessarily reflect the internal financial management decisions of each organization.

	Full Capitation PMPMs	**Partial Capitation PMPMs**	**Hospital Primary Care PMPMs**
CPR Model	$41.27	$30.32	n/a
Standard Model	$34.70	$25.42	$24.74
Non-OneCare Model	$29.37	$20.52	$19.39