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Topic: ACOs

Comment: The GMCB has invited the public to comment on OneCare's budget submission. But the financial statements and budget are contained in attachments that do not open from the narrative that is posted on the website. Also OneCare has not yet submitted an audit for fiscal year 2017. Therefore, any public comment must be nonspecific to the actual 2019 budget proposal and recent financial history. The public can comment on the quality reporting, but most of that is statistically insignificant, with the exception of the transition to electronic medical records, which may or may not equate to higher quality care, depending on your viewpoint. The slight year to year variations in quality scores could be due to any number of factors; it is unknown to what extent the ACO has an influence, positive or negative. With respect to financial information, I have the following suggestions: (1) When looking at purported health care savings, please factor in the ACO's administrative costs. In my mind it makes no sense for the public to pay \$16 million in order to achieve \$8 million in savings. That would be like paying \$10 to get \$5 off the cost of a new coat. (2) Require the ACO to list the total compensation of all its top administrators, including any additional compensation received from related health care institutions. Make that information public. (3) Stop looking at the ACO, with its enormous start-up costs (remember the wasteful \$45 million SIM grant, and the huge federal subsidies for ACO start-ups) as an investment in the future that we need to wait for. The ACO has been around long enough now so that we should know: Is it doing something beneficial, or is it just another useless layer of administration in a health care system that is already shamefully top heavy with administration? The GMCB needs to stop tinkering around the edges, and start taking a critical look at whether the ACO has accomplished anything of public value.