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Topic: ACOs

Comment:
Thank you for taking public comment on OneCare Vermont's 2019 proposed budget. I have serious concerns about the ACO as a "solution" to our healthcare problems that are only exacerbated by this $903 million proposed budget. I urge the GMCB to truly examine whether this approach is moving us closer to the aims of Act 48—providing quality healthcare to all VT residents—and not to rubber stamp this budget.

My specific concerns are:

1. OneCare has created another layer of administration that is siphoning public monies (Medicare and Medicaid dollars) into a for-profit corporation that is not accountable to the people of Vermont. We have already spent millions of public dollars to finance the start-up and roll-out of OneCare and they are now asking for an additional $10.8 million in Medicaid funding.

2. As part of the Healthcare Is A Human Right campaign, I talk with many people about their issues with the healthcare system. Among the most consistent concerns I hear are lack of insurance, underinsurance (not using insurance due to unaffordable deductibles), uncovered services (especially dental), unaffordable medications, and not being able to find a primary care physician. OneCare does nothing to address these concerns.

3. OneCare is supposed to reduce healthcare spending — though, like all ACOs, it is based on the faulty premise that healthcare spending is higher in the US than in other countries of comparable wealth because we use too much of it. That notwithstanding, there is no evidence that OneCare actually reduces costs or improves quality. $903 million is a huge budget for a model with no track record.

4. The ACO turns providers (or provider networks) into quasi-insurers by engaging them in risk assessment and rewarding them financially for coming in under budget. The assumption, again, is that healthcare is expensive because doctors are prescribing too much of it or because patients are not making "healthy choices." Asking providers to assume financial risk as they make treatment decisions is NOT a good idea for patients or providers. Providers should be encouraged to make the best medical decisions for each patient as a human being, not a source of profit or loss. All the doctors and nurse practitioners I have seen want to do this and see this as their calling, and the ACO creates chinks in the firewall between insurer and provider.

5. As Julie Wasserman points out in her public comment, the so-called quality measures aren't that at all. Some of them are just reporting measures that have nothing to do with quality. As a retired teacher, I am sadly all too familiar with the effects of standardized quality measures when applied to human beings. Standardized test results bear a wobbly and at times inverse relationship to actual learning, quite simply because people are not standardizable. The same goes for medicine. None of us is reducible to a statistic or an algorithm.

6. I have serious concerns about the effect on the poorest and sickest among us. Why, for example, were dually eligible Medicaid recipients excluded from the potentially "attributed" lives? I can't help but think that the ACO benefits by not "attributing" these patients since they are likely to be more expensive, and to wonder who will want to take on these patients if they might lead to a loss in the ledger books. Since the ACO has been receiving Medicaid dollars—and is requesting more in 2019—this is a serious concern as this money cannot go to offset services for Medicaid patients who are not "attributed" to the ACO.

7. When it comes to Medicaid patients, the ACO is moving public monies into a corporation (OneCare) that has no obligation to meet the overall health needs of the Medicaid population. This should call for serious oversight on the part of the GMCB since these are public monies that would otherwise be lodged in the state coffers where they could be used to provide needed services for all Medicaid patients, including those most in need of care.

8. Things don't look much rosier for Medicare. In a survey conducted by the National Association of ACOs in April 2018, 71 percent of ACO respondents indicated they are likely to leave the the Medicare Shared Savings Program as a result of having to assume risk. Vermont is already in the MSSP, but will OneCare continue to participate if the financial risk is too great, or will this be another expensive experiment gone awry, while the move to universal healthcare languishes?

The Green Mountain Care Board is the public body in Vermont that can hold the ACO accountable to the people of Vermont. I urge you to exercise scrupulous oversight over this proposed budget and to seek out more information where OneCare has been less than transparent. And I urge you to bear in mind that the goal of our healthcare system is not to create additional layers of bureaucracy or additional opportunities to profit from people's health, especially not on the public's dime. Nor is it to foster the monopolization of healthcare by a few large hospital conglomerates and the for-profit corporation they have created. It is to provide for the health needs of all Vermont residents.