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June 29, 2018

Kevin Mullin, Chair
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602

Re: Affordability in the ACO Model and Measurement of Shared Decision-Making

Chair Mullin and Members of the Green Mountain Care Board:

Thank you for the opportunity to comment on the 2019 Accountable Care Organization (ACO) Budget Guidance. During the public comment period following the ACO Budget Guidance presentation at the June 13 Green Mountain Care Board (Board) meeting, the issue of patient affordability in the ACO model was briefly discussed. We submit the comments below related to this topic for the Board's consideration. The HCA will submit questions to the ACO(s) on this and other issues during the formal budget review process in the fall.

Patient Affordability in the ACO Model

It is widely accepted that fee for service payment structures have perverse incentives for providers. Fee-for-service payment structures with cost-sharing have perverse incentives for patients as well. While the ACO model is slowly changing the financial incentives for providers, patients remain in the fee-for-service world regardless of the payment arrangements between insurers, ACO(s), and providers. This means patients are responsible for the same types and amounts of cost-sharing under capitation and other alternative payment models as they are under fee-for-service. Failure to address this dynamic in the ACO model may negatively affect patients' experiences of the model and the model's success as a whole.

While the ACO model may offer patients higher quality care and/or care that will save them or the system money down the line, many patients will have difficulty paying for that care and may therefore avoid it. Costs may increase under this model for some patients as the services they receive change. This is a serious concern as patients already struggle to afford both their insurance premiums and their cost-sharing payments. If patients avoid the upstream care that the ACO model is meant to encourage because they cannot afford it, they and the system will not get the downstream quality and cost benefits on which the ACO model is predicated. Patients' preferences and ability to follow their care plans (including paying for care, getting to and from appointments, etc.) must be factors in all care decisions. The cost of care to the patient is an unfortunate and real barrier to accessing appropriate health care services. This is an issue that has the potential to both hurt patients and threaten the success of the all payer model.

Measurement of Patient Experience and Shared Decision-Making

We agree with Chair Mullin's statement at the July 13 Board meeting that only patients themselves will truly be able to report on how the model is working for Vermonters. We reiterate our concern about the "invisible" nature of this model and limited opportunities for patient feedback. We believe it is important for the Board to track patient affordability issues under the ACO model, and the ways in which affordability interacts with patients' experiences of the model, including shared decision-making and ability to follow their care plans.

We continue to ask the Board and the ACO(s) to move forward with a patient-centered point-of-care measure to assess patients' experiences of shared decision-making. Patients' ability to follow their care plans, taking affordability into consideration, should be included in such a measure.

It is essential for the Board, the HCA, and the public to have a reliable picture of how the ACO model is affecting patient care. Affordability and the patient experience of shared decision-making are important aspects of the ACO model that the Board should measure and track.

Thank you for considering these comments. Please feel free to contact me with any questions or concerns.

Sincerely,

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