

OneCare Vermont: All Payer Model Payment & Delivery System Reform

Panel on Rural Hospital
Challenges & Opportunities

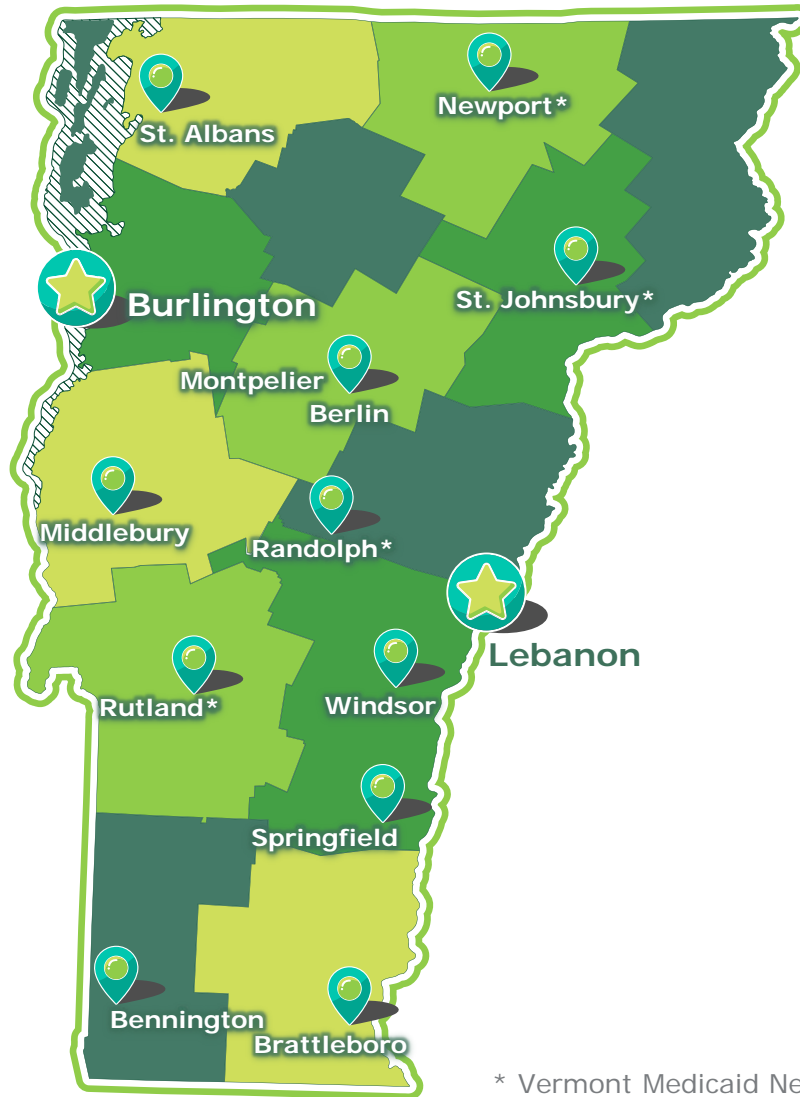
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OneCare Vermont
onecarevt.org

2019 (Year 2) OneCare Participating Providers



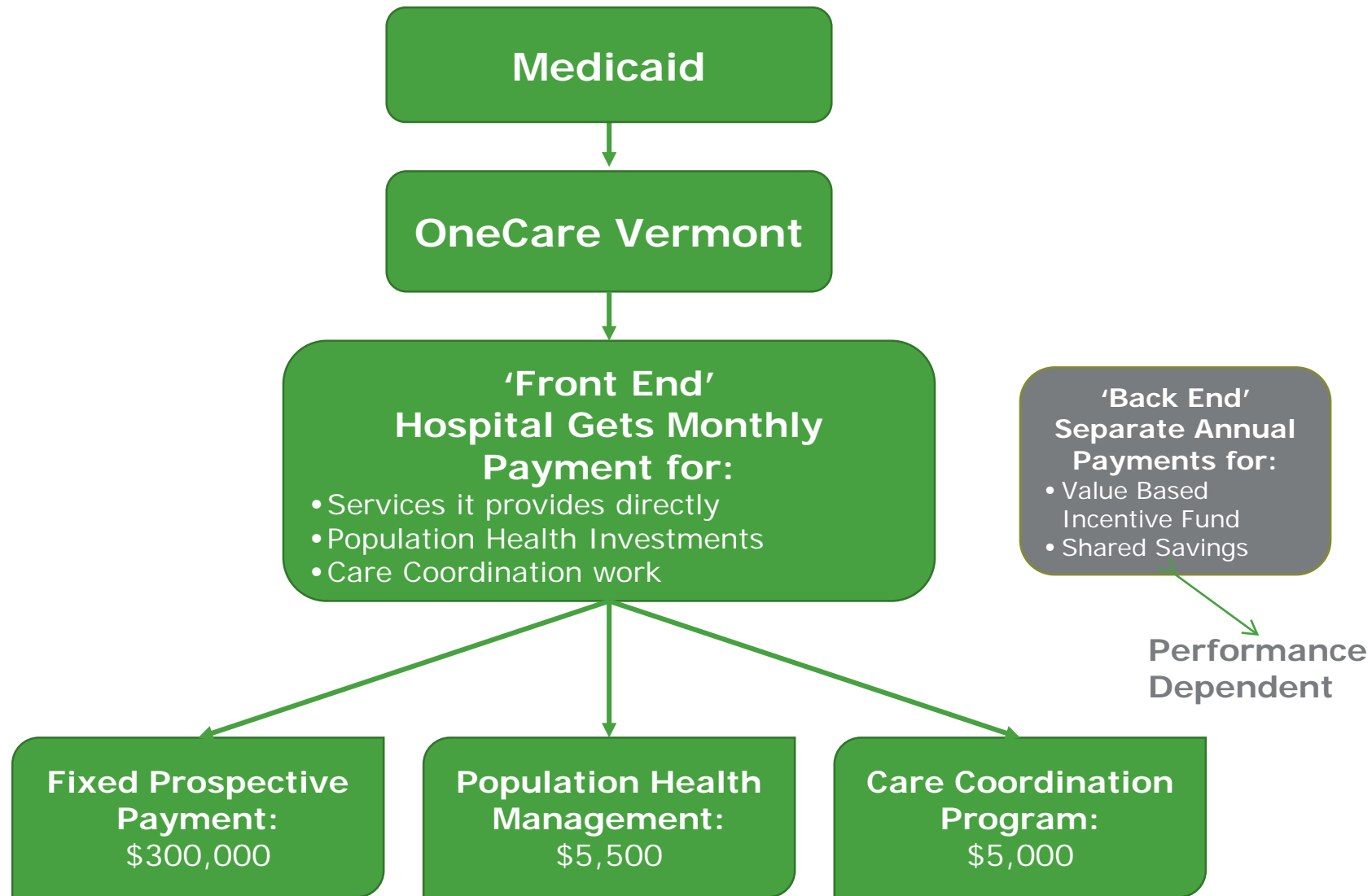
- ✓ 13 Hospitals
- ✓ 132 Primary Care Practices
- ✓ 242 Specialty Care Practices
- ✓ 6 FQHCs
- ✓ 23 Skilled Nursing Facilities
- ✓ 9 Home Health Agencies
- ✓ 9 Designated Agencies for Mental Health and Substance Use
- ✓ 5 Area Agencies on Aging

Attributing ~172,000 Vermonters
(520,000 Eligible Population)

- Medicaid
- Medicare
- Commercial
- Self-Insured

* Vermont Medicaid Next Generation only

Payment Reform – Example Hospital



Investments in Vermont's Delivery System

Delivery Support- 2019 Budget	Annual Investment
Primary Care Population Health Support	~\$ 5.6 M
Complex Care Coordination (Primary Care, HH, DAs, AAA)	~\$ 9.1 M
Value Based Incentive Funds (70% Primary Care and 30% participating providers)	~\$ 7.8 M
Comprehensive Payment Reform (Independent Primary Care)	~\$ 2.25 M
Specialty Provider Payment Reform (Select Specialties)	~\$ 2.0 M
Primary Prevention (Rise VT)	~\$ 1.0 M
DULCE, Howard Center/ SASH, and St. Johnsbury Pilots	~\$ 0.6 M
SASH	~\$ 3.8 M
Community Health Teams	~\$ 2.3 M
Primary Care Medical Home Payments (Blueprint)	~\$ 1.8 M
Community Pilot Innovation Fund	~\$ 1.0 M
Total	~\$37.25 M

Early Accomplishments- Signs of Success

Empowering Provider-Led Health Care Delivery

- 12 out of 14 Communities Participating
- > 2,700 Providers Participating

Improving Health

❖ Access

- *8% improvement in Medicare annual wellness visits*
 - *96% of individuals with complex conditions had a primary care visit*

❖ Prevention

- *Primary prevention efforts and grants spread to 20 new towns*
 - *Community centers in Richmond and Huntington, Johnson Public Library, Rail trails, Local farmers markets*
- *Rise Vermont expanded to new communities*

❖ Mental Health

- *Independent practice embedded mental health clinician- 80% increase in visits*
- *SASH/Howard embedded clinician supporting access and reducing isolation*

❖ Chronic Illness Management

- *3,353 people initiating Community Care Coordination supports*
 - *27% reduction in emergency room visits*
- *Diabetic group intervention- improved diabetic and blood pressure control*
- *SNF Benefit Enhancement –Able to directly admit patients to skilled nursing facility*

Value-Based Care Settlement

Each year end-reconciliation between Payer and OneCare

- This can result in a payment to the providers (shared savings) or a payment back to the payer (shared losses or “risk”)
- OneCare provides limits to each hospital on its possible shared losses

2019 Estimates	Medicare	Medicaid	BCBS QHP
Spending Target	\$581,000,000	\$211,000,000	\$99,000,000
Max Effective Shared Savings or Losses Rate	5%	4%	3%
Max Shared Savings or Losses	+/- \$29.0M	+/- \$8.4M	+/- \$3.0M

BCBSVT based on paid amount

CURRENT CHALLENGES

- How do we continue funding necessary community supports for ongoing transformation?
 - Currently re-allocating Vermont dollars-Hospitals tapped out
 - To date- <20% Federal “System Transformation” money accessed
- How can we mitigate some downside risk/cost for small hospitals in Reform model?
 - OCV already applies “Robin Hood” principle to hospital cost
 - Medicare is Key Issue for Risk Mitigation
- Can we establish “affordable” reserves for the Risk borne by the ACO (and thus Participating Hospitals)?
 - Greater reserves=Greater hospital cost or ACO debt

Need all stakeholders working together to create ways for small hospitals to fully participate in Reform Model

