

November 20, 2018

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

Dear Chair Mullin and Members of the Green Mountain Care Board:

Vermont Care Partners supports the goals of the All Payer Model (APM) waiver and is actively engaged in aligning our services through the development of a value based payment methodology for mental health and developmental disability services through state government. We are considering how to best participate in the APM as a network of care with functions that build upon our existing data repository, outcomes work, trainings, and Centers of Excellence quality initiative.

Our 16 member agencies are active in regional efforts to promote health care integration and collaboration with our health care partners, particularly with regional hospitals, primary care physicians and OneCare. Local initiatives are already leading to exciting outcomes such as reduced emergency room utilization and accelerated access to opioid treatment. Many of the outcome measures for the APM are dependent on our effectiveness as community based providers addressing the social determinants of health. We are actively engaged in achieving these outcomes as part of our mission and see opportunities through the APM to make further progress.

This is an important juncture in health reform in which there is significant opportunity to more fully achieve community-based health care integration for the Vermonters with complex needs and high health care costs. Vermont Care Partners believes further investment in, and collaborations with, community services is essential to achieve the goals of the APM and to enable Vermont to realize true health care parity. Investment in state and regional initiatives designed at the local level with stakeholder involvement, leveraging local expertise is most likely to achieve the best return on investment.




Therefore Vermont Care Partners is interested in supporting the ACO's required collaboration with community-based providers (18 V.S.A. §9382(a)(11)). The statutory requirement that an ACO must not diminish access to any community-based service (18 V.S.A. §9382(a)(14) is critical to the APM goal of containing costs and improving health outcomes, as is the requirement for preventing duplication of services that are provided by existing, efficient, effective, and high-quality community based providers (18 V.S.A. §9382(b)(1)(F)). We would like to expand upon the ACO's current incentives for systemic integration of community-based providers in order to promote seamless coordination of care across the care continuum (18 V.S.A. §9382(b)(1)(H)).

We support the role of the GMCB to review and consider the extent to which the ACO provides incentives for systemic health care investments to strengthen primary care; for systemic integration of community-based providers in its care models or investments to expand capacity

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in existing community-based providers; for systemic health care investments in social determinants of health; and for preventing and addressing the impacts of adverse child experiences and other traumas (18 V.S.A. §9382(b)(1)(G-J).

Please call on us at any time to share our progress in improving health care integration and the goals of the All Payer Model. OneCare is a critical partner in moving this work forward. We hope to expand upon the partnerships and collaborations that have begun to more fully meet the health care needs of Vermonters.

Sincerely,

Todd Bauman and Lorna Mattern
Board Presidents
Vermont Care Partners