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VHCF Public Comment on OneCare Vermont FY 2019 ACO Budget:

The 2019 Certification Eligibility Verification Form states that OneCare Vermont (OCV) updated and expanded its analytic platforms, and created a number of new applications to track cost and utilization along the continuum of care. Accountability and transparency are key in allowing the public to determine a) how the GMCB uses taxpayer funds for its various operations; b) if the GMCB complies with all criteria as established by legislation; and c) the quantifiable methods by which the activities of the GMCB and OCV enable doctors to better serve patients.

For these reasons, Vermonters for Health Care Freedom submitted a FOIA request on October 16, 2018 regarding the following information:

- 1) Full access to user log in reports (in as much detail as available) of Work Bench One and Care Navigator dating to Q1 2017 to assess the utilization rates of OCV's numerous initiatives and programs.
- 2) The means for verifying the 2018 quarterly incentives, totaling \$3.5 million, provided by the Department of Vermont Health Access in support of Analytics, and the additional \$4 million for Care Coordination quarterly incentives.

Information Analyst Megan Resnick prepared an audit comparing Vermont Information Technology Leaders (VTIL) to University of Vermont Medical Center (UVMHC) Epic Data, which showed that only 13 of the 77 records audited for the simplest of quality measures had a complete match. At that time, her supervisor Leah Fullem acknowledged the "known issues" with data feeds to VTIL. In spite of evidence that VTIL is fundamentally unreliable, UVMHC, through OCV, pays VTIL for creating its own Epic feeds. Moreover, VTIL received additional funds above its annual contract fee of nearly \$1 million.

- 3) The results of Resnick's analysis; results of the hospital mix percentages feeding VTIL; and the audit results performed after 2016 to prove that VTIL met its statement of work deliverable, for which it was paid an incentive.
- 4) The methodology and results of the WorkBench One data certification process conducted by the GMCB in Q1 2018.

ACOs require clinical data that is complete and shareable to enable timely care coordination decision-making. OCV's WorkBench One and Care Navigator rely on the VTIL network to collect and manage patient data. As discussed above, VTIL data abstraction is fundamentally unreliable. Is the reason why OCV has not published any quality measures for 2017?

Importantly, the FY2019 OCV budget is requesting nearly an additional \$9 million in taxpayer funds for Health Information Technology and Care Coordination support. However, the response to our FOIA request by GMCB Staff Attorney & Records Officer, E. Sebastian Arduengo, demonstrates that the GMCB has almost no access to the means of verifying various analytical and operational claims made by OneCare Vermont.

If the analytical apparatus employed by OCV to provide essential care coordination is systemically flawed, then it calls into question (i) the parameters by which the GMCB claims to effect cost savings; and (ii) the criteria by which it justifies significantly increasing OCV's budget in FY 2019.

It raises another crucial question: is the rationing of health services taking place in Vermont?

With no access to the methods by which the GMCB and Department of Vermont Health Access verify OCV's program deliverables, how can the people of Vermont understand the basis by which the state government has provided millions in taxpayer dollars as incentives to OCV?