OneCare Vermont

2020

BUDGET PRESENTATION

to Green Mountain Care Board

onecarevt.org
10.30.19
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Healthcare Costs Under Value Based Care</td>
<td>$1,425,000,000</td>
</tr>
<tr>
<td>Less: Existing Healthcare Spending</td>
<td>- $1,363,000,000</td>
</tr>
<tr>
<td>OneCare Vermont Budget</td>
<td>$62,000,000</td>
</tr>
<tr>
<td>Less: Network Investment Payments</td>
<td>- $43,000,000</td>
</tr>
<tr>
<td>Less: Operating Costs</td>
<td>- $19,000,000</td>
</tr>
<tr>
<td>Gain (Loss)</td>
<td>$0</td>
</tr>
</tbody>
</table>
The Road to Value Based Care
Vermont’s Health Care Reform Commitment

The ALL-Payer ACO Model
Agreement between CMS and the State (Agency of Human Services, Green Mountain Care Board, Governor’s Office)

The Vehicles
Provider-led ACO(s) and Payers

The Drivers
Public private partnership; align state and payer policies; strategic investments by the state, payers, and providers; provider leadership; and scale

The Wins
START UP: Aligning care model, sharing risk and reward, population health payments, and enhancing flexibility
SHORT TERM: Shifting investments to prevention and primary care, paying for quality, investing in care coordination, reducing administrative burden, and aligning care delivery
LONG TERM: Improving access, improving population health, and stabilizing health care cost growth
<table>
<thead>
<tr>
<th>Year</th>
<th>Programs</th>
<th>Vermonters</th>
<th>Health Service Areas</th>
<th>Payments to Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>MEDICAID</td>
<td>29,100</td>
<td>Burlington, Berlin, Middlebury, St. Albans</td>
<td>$2.4M</td>
</tr>
<tr>
<td>2018</td>
<td>MEDICAID, MEDICARE, BCBSQHP, UVMMC (self-funded)</td>
<td>112,000</td>
<td>Burlington, Berlin, Middlebury, St. Albans, Springfield, Lebanon, Bennington, Windsor, Newport</td>
<td>$23M</td>
</tr>
<tr>
<td>2019</td>
<td>MEDICAID, MEDICARE, BCBSQHP, UVMMC (self-funded)</td>
<td>160,000</td>
<td>Burlington, Berlin, Middlebury, St. Albans, Brattleboro, Rutland, Randolph, Springfield, Lebanon, Bennington, Windsor, Newport, St. Johnsbury</td>
<td>$36M</td>
</tr>
<tr>
<td>2020</td>
<td>MEDICAID, MEDICARE, BCBSQHP, MVPQHP, BCBS-ASO</td>
<td>250,000</td>
<td>Burlington, Berlin, Middlebury, St. Albans, Brattleboro, Rutland, Randolph, Springfield, Lebanon, Bennington, Windsor, Newport, St. Johnsbury, Morrisville</td>
<td>$43M</td>
</tr>
</tbody>
</table>

* Anticipated for 2020

New Programs:
- Care Coordination
- Primary Care
- VBF
- RiseVT
- Blueprint Medicare
- SASH MH Pilot
- CPR
- SNF Waivers
- DULCE
- Innovation Fund
- Pharmacy
- Longitudinal Care
- PCP Engagement
- plus programs from 2017
- plus programs from 2017-2018
- plus programs from 2017-2019

onecarevt.org  pg. 4
The Value of OneCare

**Care Coordination**
- 3,800 shared plans of care
- 3,000 vulnerable Vermonters actively making progress to goals
- 33% reduction in emergency dept. (ED) visits for Medicare patients actively supported
- 13% reduction in ED for Medicaid patients actively supported
- Longitudinal Care Pilot Saves $1,150 per member per month

**Enhancing Primary Care**
- Comprehensive Payment Reform: Increasing access to mental health services in practices
- Sustaining Patient Centered Medical Home and Community Health Team funding for Medicare

**Smarter Care**
- Shifting investments to prevention (RiseVT/DULCE)
- Reducing high cost care
- 10% reduction in ED care for vulnerable populations
- Better care & patient experience: third ACO in the country for utilization of Skilled Nursing Facility waiver
- Eliminating prior authorization, enabling more time for clinical practice

**Data Informed Care**
- 91% of high and very high risk Medicare patients now have seen their primary care provider (6% increase)

**Value Based Payments**
- Predictable fixed payments for hospitals and primary care
- System incentivized versus penalized for quality
“The Care Coordinators that we have hired through OneCare’s program have been extremely beneficial. Care coordination has reduced the fragmentation of the health care system and has resulted in fewer hospitalizations.”

-Joe Haddock, MD
Thomas Chittenden Health Center
2018 Results
Summary
### 2018 Value-Based Financial Results

**MEDICARE**

- **Contracted Total Cost of Care**: $339.1
- **Actual Cost of Care**: $322.1
- **Reconciling Payment**: $13,345,337
- **% of TCOC**: 3.9%
- **Fixed Payment Performance**: $0
  - **Combined Result**: $13,345,337

**MEDICAID**

- **Contracted Total Cost of Care**: $117.1
- **Actual Total Cost of Care**: $118.6
- **Reconciling Payment**: $(1.5)
- **% of TCOC**: (1.3%)
- **Fixed Payment Performance**: $7,663,309
  - **Combined Result**: $6,122,776

**BCBSVT QHP**

- **Contracted Total Cost of Care**: $120.6
- **Actual Total Cost of Care**: $122.1
- **Reconciling Payment**: $(0.6)
- **% of TCOC**: (0.5%)
- **Fixed Payment Performance**: $0
  - **Combined Result**: $(645,574)

*All chart numbers in millions*
2018 Quality Measure Performance

85% Medicaid 86% BCBSVT QHP 100% Medicare

Looking forward

In 2019, Medicare measures become aligned under APM.

In 2020, OneCare is working to align measures for new commercial programs.

OneCare continues to grow scale, likely impacting Quality Measure performance.

Caveats

OneCare’s Network continued to grow from 2017 to 2018 so performance between years cannot be directly compared.

2018 was the first year of the new risk program with BCBSVT; measures changed to align with APM.

Benchmarks and measure specifications continued to vary by payer product preventing year-to-year and cross-payer comparisons.

Some new APM measures have small denominators statewide, making them subject to large percentage fluctuations while only representing a difference of a few patients.
2018 Quality Measure Performance Highlights

Strengths

- Patients report: receiving timely care, appointments and information\(^a,b\); feeling providers communicate well\(^a,b\); care is well coordinated
- 74% (90\(^{th}\) %ile) of patients received appropriate follow-up (30-day) after ED visit for a mental health\(^b\) concern
- Providers exceeded the 90\(^{th}\) %ile benchmark for timely (7-day) follow-up after hospitalization for mental illness\(^c\) (rate: 69%)
- 82% of the patients identified as tobacco users received a cessation intervention\(^a\)
- Providers exceeded the 90\(^{th}\) %ile benchmark for care of patients with diabetes\(^c\) (rate: 23\(^{\%}\))

Opportunities

- Patients would like more: health promotion and education and better access to specialists\(^a\)
- Improve the rate of patients with hypertension\(^a,b,c\) or diabetes\(^a,b\) with their condition in good control
- Reduce all condition readmissions
- Improve screening for clinical depression and follow-up, when appropriate
- Increase the number of adolescents receiving well care annually\(^b,c\)

\(a = \text{Medicare}, b = \text{Medicaid}, c = \text{BCBSVT QHP}\)

1 = lower score is better
ACO Programs
Budget
Vermont’s Healthcare Accountability

Healthcare Cost for Vermonters

23% of healthcare costs for Vermonters are now in a value-based care model\(^1\)

50% growth in financial accountability over 2019 budget

Vermont is 1 of 8 states with more than 20% of lives in an ACO program\(^2\)

---

\(^2\) https://www.healthaffairs.org/do/10.1377/hblog20180810.481968/full/
Existing Program Updates

**Medicare**
- Program continuing in similar configuration
- 3.9% trend rate on 2019 spend

**Medicaid**
- Program continuing in similar configuration
- Working on geographic attribution (outside submitted budget)

**BCBSVT Qualified Health Plan (QHP) Program**
- Will be piloting a fixed payment model likely starting in Q2

**University of Vermont Medical Center Self-Funded Plan**
- Move lives into the broader BCBSVT self-funded program

Potential New Programs

**BCBSVT Self-Funded**
- Includes provider financial accountability
- Significant advancement into the commercial market

**MVP QHP**
- Upside only for Year 1
- Benchmark linked to Green Mountain Care Board filing
- Focus on alignment of clinical initiatives

Further details of these programs remain in development.
47% Attribution Growth

- Most of the growth comes from the Self-Funded program and QHP expansion
- Small decline in Medicare due to the loss of a community
- Successful launch of Medicaid geographic attribution model will add ~20k lives
51% Combined Total Cost of Care Growth

- Most of the growth comes from the Self-Funded program and QHP expansion
- Small decline in Medicare due to the loss of a community
# Total Risk

<table>
<thead>
<tr>
<th>Program</th>
<th>Risk</th>
<th>% Outside Home Hospital</th>
<th>% Out of OCV Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$27,309,929</td>
<td>42%</td>
<td>21%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$11,313,787</td>
<td>37%</td>
<td>19%</td>
</tr>
<tr>
<td>Commercial QHP</td>
<td>$3,626,010</td>
<td>32%</td>
<td>28%</td>
</tr>
<tr>
<td>Commercial Self-Funded</td>
<td>$1,868,715</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$44,118,442</strong></td>
<td><strong>39%</strong></td>
<td><strong>21%</strong></td>
</tr>
</tbody>
</table>

Hospitals are the primary risk-bearing entities in 2020.

The magnitude of risk, particularly in the Medicare program, represents a barrier to continued growth.

Reserving for risk is essential for the sustainability of two-sided accountability programs.
Budget Build Process

1. Develop Population Health Management Model & Costs
2. Build Operating Budget
3. Forecast Payer and State Investment Revenue
4. Evaluate Unfunded Expenses and Resulting Hospital Dues

Revise Spending Model as Needed
## Population Health Management Investment Areas

<table>
<thead>
<tr>
<th>Investment Area</th>
<th>Amount</th>
<th>Focus &amp; Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>$10,223,590</td>
<td>Payments designed to encourage enhanced coordination and communication of patient care across providers; DULCE initiative</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$10,551,533</td>
<td>Payments to primary care intended to supply resources to focus on population health initiatives and the All Payer Model goals</td>
</tr>
<tr>
<td>Quality</td>
<td>$8,554,737</td>
<td>Incentivizing focus on quality with emphasis on All Payer Model goals</td>
</tr>
<tr>
<td>Primary Prevention</td>
<td>$1,031,752</td>
<td>Investments in RiseVT wellness initiatives that aim to build and maintain a healthy population</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>$3,144,500</td>
<td>Development of specialized program models to enhance access to coordinated specialty care including mental health</td>
</tr>
<tr>
<td>Innovation</td>
<td>$1,367,580</td>
<td>Investments for innovative program pilots with the opportunity to improve care, generate savings and expand to other communities</td>
</tr>
<tr>
<td>Blueprint Programs</td>
<td>$8,242,374</td>
<td>Supports and Services at Home (SASH), Community Health Team (CHT) and Patient Centered Medical Home (PCMH) payments</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$43,116,066</strong></td>
<td>Total funding opportunity; dependent on provider engagement and attribution</td>
</tr>
</tbody>
</table>
## Population Health Management Investments Recipients

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Amount</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Providers</td>
<td>$22,727,529</td>
<td>OneCare PMPM; Care Coordination Program; Value Based Incentive Fund; Comprehensive Payment Reform Program; Innovation Fund; Blueprint Programs</td>
</tr>
<tr>
<td>Specialty &amp; Acute Care</td>
<td>$5,068,854</td>
<td>Specialist Program; Value Based Incentive Fund</td>
</tr>
<tr>
<td>Supports and Services at Home (SASH)</td>
<td>$3,968,246</td>
<td>Blueprint Programs</td>
</tr>
<tr>
<td>Designated Agencies / Mental Health</td>
<td>$3,398,514</td>
<td>Care Coordination Program; Value Based Incentive Fund; Specialist Program; Innovation Fund</td>
</tr>
<tr>
<td>Community Health Teams</td>
<td>$2,379,711</td>
<td>Blueprint Programs</td>
</tr>
<tr>
<td>Community Investments</td>
<td>$2,206,752</td>
<td>Primary Prevention; DULCE</td>
</tr>
<tr>
<td>Home Health Providers</td>
<td>$1,913,538</td>
<td>Care Coordination Program; Value Based Incentive Fund</td>
</tr>
<tr>
<td>To Be Determined</td>
<td>$917,505</td>
<td>Innovation Fund; Quality Enhancement Projects</td>
</tr>
<tr>
<td>Area Agencies on Aging</td>
<td>$535,415</td>
<td>Care Coordination Program</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$43,116,066</strong></td>
<td>Total funding opportunity; dependent on provider engagement and attribution</td>
</tr>
</tbody>
</table>
Operating Expenses by Function

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>$11,776,602</td>
</tr>
<tr>
<td>Contracted Services</td>
<td>$1,173,970</td>
</tr>
<tr>
<td>Software</td>
<td>$3,726,889</td>
</tr>
<tr>
<td>Insurance</td>
<td>$150,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>$188,830</td>
</tr>
<tr>
<td>Travel</td>
<td>$103,250</td>
</tr>
<tr>
<td>Occupancy</td>
<td>$456,859</td>
</tr>
<tr>
<td>Other</td>
<td>$485,500</td>
</tr>
<tr>
<td>Meetings</td>
<td>$35,700</td>
</tr>
<tr>
<td>Prof. Development</td>
<td>$103,238</td>
</tr>
<tr>
<td>Risk Protection</td>
<td>$1,075,912</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$19,276,749</strong></td>
</tr>
</tbody>
</table>

Annual evaluation of current positions and expenses

Overall expense management

Growth in key areas to meet the needs of the network

- Analytics
- Finance
- Legal

Network Support $13.2M – 68%

Regulation $1.6M – 8%

ACO Admin $4.5M – 24%

OneCare Vermont

onecarevt.org
Economies of Scale

This demonstrates the economies of scale benefit from a single statewide ACO model.
# Investments and Expense Summary

<table>
<thead>
<tr>
<th>Expense Line</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>$10,223,590</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$10,551,533</td>
</tr>
<tr>
<td>Quality</td>
<td>$8,554,737</td>
</tr>
<tr>
<td>Primary Prevention</td>
<td>$1,031,752</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>$3,144,500</td>
</tr>
<tr>
<td>Innovation</td>
<td>$1,367,580</td>
</tr>
<tr>
<td>Blueprint Programs</td>
<td>$8,242,374</td>
</tr>
<tr>
<td><strong>Total PHM Expenses</strong></td>
<td><strong>$43,116,066</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense Line</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Support</td>
<td>$13,155,862</td>
</tr>
<tr>
<td>Regulation</td>
<td>$1,572,241</td>
</tr>
<tr>
<td>General Administration</td>
<td>$4,548,646</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>$19,276,749</strong></td>
</tr>
</tbody>
</table>

**Total OneCare Budget** $62,392,815

- Network Support 21%
- General Administration 7%
- Regulation 3%

* Represents breakdown of $62 million of OneCare expenses
### Healthcare Reform & HIT Breakdown

<table>
<thead>
<tr>
<th>Delivery System Reform</th>
<th>2019 Amount</th>
<th>2020 Budget</th>
<th>YTY Change</th>
<th>2020 State Contribution*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>$375,000</td>
<td>$5,500,000</td>
<td>$5,125,000</td>
<td>$2,750,000</td>
</tr>
<tr>
<td>Mental Health</td>
<td>$0</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>Primary Prevention</td>
<td>$1,100,000</td>
<td>$1,800,000</td>
<td>$700,000</td>
<td>$900,000</td>
</tr>
<tr>
<td>Health Information Technology (HIT)</td>
<td>$1,500,000</td>
<td>$0</td>
<td>($1,500,000)</td>
<td>$0</td>
</tr>
<tr>
<td>Delivery System Reform Total</td>
<td>$2,975,000</td>
<td>$7,800,000</td>
<td>$4,825,000</td>
<td>$3,900,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other State Investments</th>
<th>2019 Amount</th>
<th>2020 Budget</th>
<th>YTY Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Information Technology (HIT)</td>
<td>$2,750,000</td>
<td>$3,500,000</td>
<td>$750,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OneCare Contribution</th>
<th>2019 Amount</th>
<th>2020 Budget</th>
<th>YTY Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>OneCare Fixed Payment Care Coord. Allocation</td>
<td>$5,125,000</td>
<td>$5,300,000</td>
<td>$175,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>2019 Amount</th>
<th>2020 Budget</th>
<th>YTY Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Reform Investments</td>
<td>$6,600,000</td>
<td>$13,100,000</td>
<td>$6,500,000</td>
</tr>
<tr>
<td>Health Information Technology</td>
<td>$4,250,000</td>
<td>$3,500,000</td>
<td>($750,000)</td>
</tr>
<tr>
<td>Total</td>
<td>$10,850,000</td>
<td>$16,600,000</td>
<td>$5,750,000</td>
</tr>
</tbody>
</table>

* Based on estimated state match rates with the federal government

All figures subject to CMS review and approval, and ongoing negotiations
<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer Program Investments</td>
<td>$10.7M</td>
</tr>
<tr>
<td>New Programs (Delivery Service Reform)</td>
<td>$6.0M</td>
</tr>
<tr>
<td>Existing Programs (Delivery Service Reform)</td>
<td>$1.8M</td>
</tr>
<tr>
<td>OneCare Fixed Payment Care Coordination Allocation</td>
<td>$5.3M</td>
</tr>
<tr>
<td>Health Information Technology (HIT) Investments</td>
<td>$3.5M</td>
</tr>
<tr>
<td>Other Investments</td>
<td>$2.3M</td>
</tr>
<tr>
<td>Hospital Contributions to Blueprint</td>
<td>$8.2M</td>
</tr>
<tr>
<td>Hospital Investments</td>
<td>$24.4M</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$62.2M</strong></td>
</tr>
<tr>
<td>Population Health Payments to Providers</td>
<td>$43.1M</td>
</tr>
<tr>
<td>Network Support</td>
<td>$13.2M</td>
</tr>
<tr>
<td>Regulation</td>
<td>$1.6M</td>
</tr>
<tr>
<td>General Admin</td>
<td>$4.5M</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td><strong>$62.2M</strong></td>
</tr>
<tr>
<td><strong>Gain (Loss)</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

**Break-even budget**

Budget incorporates no additional reserve development (2019 performance results will need to be evaluated)

**Continued investment in the provider network**

**All Payer Model continues to rely on significant hospital investments**
Challenges

- Foot in two canoes: System operating two business models
- Operational payer challenges with data and value based payments
- Magnitude of risk exposure for rural hospitals
- Expanding investments from the hospital systems as population grows
- Lack of health care policy and regulatory alignment
- Timing pressures
Population Health Management
Connecting Patients To Primary Care

KEY Takeaway:
- Medicaid and Medicare patients are satisfied with their access to primary care services (CAHPS 2018)
- By June 2019, 8,384 (91%) of high and very high risk Medicare patients had a visit with primary care

Satisfaction rate with receiving timely care

<table>
<thead>
<tr>
<th>KIDS</th>
<th>MEDICAID: 94%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULTS</td>
<td>MEDICARE: 85%</td>
</tr>
</tbody>
</table>

High/Very High Risk Medicare Patient Engagement with Primary Care

- June 2018: 85%
- June 2019: 91% (6% increase)
Improvement Story:
Brattleboro Health Service Area

KEY Takeaway: Inpatient admissions are trending down among high/very high risk Medicare beneficiaries in the Brattleboro Health Service Area due to improved proactive care management.

Brattleboro Medicare High & Very High Risk Patients
IP Admits PKPY
Data Range: 1/1/2018 - 05/01/2019

Brattleboro Medicare High & Very High Risk Patients
Percent % Care Managed
Jan 2018 - June 2019
Improvement Story: Berlin Health Service Area

KEY Takeaway: CVMC's focus on panel management and aligned provider incentives has resulted in a steady increase in the number of Medicaid patients with Diabetes with an A1c test across the Berlin HSA.

% of Patients with Diabetes with A1c within 12 months

OneCare
HSA
Improvement Story: Network Emergency Department Utilization

**KEY Takeaway:**
- OneCare develops tools to analyze clinical priorities and examine variation across its network
- Many communities have demonstrated >10% improvement in ED utilization PKPY* among high/very high risk patients

**Medicaid**
- ED Visits for H&VH Risk Cohorts (PKPY)
- High & Very High Risk Patients in Care Management %

**Medicare**
- ED Visits for H&VH Risk Cohorts (PKPY)
- High & Very High Risk Patients in Care Management %

*PKPY: per 1000 members per year
Advanced Analytics Accelerate Healthcare Reform

Provide timely, useful reports

Use data to drive change and improve quality of care

Provide insights into individual and population health needs

Access to information about care received anywhere

Share data to reduce duplication of services and address gaps in care

Evaluate the impact of interventions and investments
## Selected Highlights of OneCare’s Strategies to Address APM Population Health Goals

### Goal #1
**Increase Access to Primary Care**
- Invest in Primary Care (PHM, Care Coordination, Quality)
- Comprehensive Payment Reform (CPR) program for independent practices
- Test innovations such as the Building Strong Families clinic in Burlington’s New North End
- Tools, data, and education on annual wellness visits
- Deploy a Patient Engagement toolkit and support practices to encourage primary care engagement

### Goal #2
**Reduce Deaths Related to Suicide and Drug Overdose**
- Ongoing support of SASH / Howard Mental Health Pilot
- Innovation fund pilots addressing access to child psychiatry, avoiding readmissions for individuals with serious mental illness, creating urgent child psychiatric care outside of the ED in Bennington
- Ongoing support for suicide prevention training across the state.
- Focus on improving opioid prescribing practices and access to medication assisted treatment.

### Goal #3
**Reduce Prevalence and Morbidity of Chronic Disease**
- Clinical education on Asthma and COPD
- Expansion of RiseVT to support health and wellness across communities
- Innovation fund pilots screening for diabetic retinopathy, cardiac & pulmonary prevention program, home-based care for patients with neurodegenerative disease
- Collaboration with VDH on creation of State Health Improvement Plan including focus areas and key actions
Key Care Delivery Transformation: Care Coordination

Six-fold increase in the number of patients actively care managed

- 504 in 2018 to 3,044 (as of 10/25/19)
- 11,360 individuals have been touched by OneCare’s care coordination program thus far in 2019 YTD.
- 3,837 individuals have a shared care plan in place thus far in 2019 YTD.

75 organizations and more than 700 care coordinators* are working statewide to support person-centered care.

(*active Care Navigator users)
Care Coordination Impact on Primary Care Engagement

KEY Takeaway: 99% of Medicaid and Medicare patients active in care management for ≥ 6 months have had a visit with primary care.

Patients active in care management were well supported by their care team as evidence by a 15% increase in documented encounters.

99% of Medicaid and Medicare patients active in care management for > 6 months are engaged with primary care.

Medicaid Medicare
Improvement Story: Care Coordination Impact on ED Utilization

KEY Takeaway:

- 33% reduction (3,246 to 2,098 PKPY; P<.001) in ED utilization among care managed Medicare patients
- 13% reduction (1,774 to 1,534 PKPY; P<.001) in ED utilization among care managed Medicaid patients
KEY TAKEAWAY:

- UVMHN HHH achieved decreases of: $1,150 PMPM, 26% in IP admits, and 20% in ED utilization in their longitudinal care pilot
- OneCare is investing to spread this change to nine additional HSAs in 2020

**Cost (PMPM)**

- Pre: $3,500
- Post: $2,500 (30% Reduction)

**Utilization**

- Inpatient: 26% Reduction
- Emergency Room: 20% Reduction
Advancing the Care Coordination Payment Model in 2020

Move from capacity building to paying for value

Accelerate engagement to support patient attainment of goals, and positive clinical and financial outcomes

Obtained broad stakeholder participation and buy-in

- 20 focus group participants statewide representing: area agencies on aging, Blueprint, designated mental health agencies, home health, primary care (FQHC, hospital, independent), SASH

Maintain payer and regulatory requirements

New Payment Model:

- Implementation April 1, 2020
- Increased PMPMs for lead care coordinator and care team based on active engagement
- Annual payments to lead care coordinator and care team for care conference completion
- Allow up to 12 months of capacity payments for new ACO entrants
- Same partners eligible for funding (PCP, AAA, DA, HH); SASH funded through OneCare contract
Key Enhancements Anticipated in 2020

- Increase number of Vermonters under an Aligned Care Model
- Advance the Complex Care Coordination Payment Model
- Embedded Clinical Pharmacists
- Longitudinal Care Pilot Expansion
- Mental Health Investments
- Improve Primary Care Engagement
- Invest in Innovation
2020 Budget Plan Supports:

Better Health and Wellness for Vermonters

Investments to Advance the All-Payer Model Care Goals

Payer and Attribution Growth in the All-Payer Model

Hospital Payment Reform

Primary Care and Community-Based Services Support

Continuity of Medicare Blueprint Funds
“Instead of working in silos, we can approach this as a system. We are developing stronger relationships.”

-Jill Lord
Mount Ascutney Hospital and Health Center
2019 Patient Demographics: OneCare Medicare and Medicaid Population Condition Prevalence

**KEY TAKEAWAY:**

- Condition prevalence varies by payer population
- OneCare utilized condition prevalence to inform clinical priority setting and clinical education offerings
Clinical Education Supports
Care Delivery Transformation

FEB
INTERDISCIPLINARY GRAND ROUNDS: PEDIATRIC ADHD
53 Attendees

MAR
INTERDISCIPLINARY GRAND ROUNDS: SKILLED NURSING FACILITY
35 Attendees

MAY
INTERDISCIPLINARY GRAND ROUNDS: SEPSIS
Full day session
100 Attendees
INTERDISCIPLINARY GRAND ROUNDS: JUULING AND VAPING
70 Attendees

JUN
INTERDISCIPLINARY GRAND ROUNDS: IMPLEMENTING TRANSITIONAL CARE MANAGEMENT IN PRIMARY CARE
35 Attendees
NOONTIME KNOWLEDGE: UPDATE ON OPIOID PRESCRIBING AND TAPERING STRATEGIES
110 Attendees

AUG
NOONTIME KNOWLEDGE: SEPSIS
40 Attendees
INTERDISCIPLINARY GRAND ROUNDS: LIFESTYLE MEDICINE & WELLNESS
25 Attendees

SEP
INTERDISCIPLINARY GRAND ROUNDS: ADOLESCENT HEALTH AND WELLNESS VISITS
40 Attendees

OCT
NOONTIME KNOWLEDGE: HUMAN TRAFFICKING
Upcoming Offering

NOV
INTERDISCIPLINARY GRAND ROUNDS: CONGESTIVE HEART FAILURE
Upcoming Offering

DEC
NOONTIME KNOWLEDGE: HEP C
Upcoming Offering
AT NINE HOSPITALS SERVING 36 VERMONT COMMUNITIES IN 2019

• 16 program managers are embedded in local communities employed by Vermont’s hospitals.

• Launched “Sweet Enough” - statewide campaign to reduce sugary beverage consumption in Oct. 2019.

• Goal: RiseVT in all 14 counties by end of 2020.

• Awarded $207,933 YTD in Amplify Grants directly to Vermont communities for health and wellness activities and systems change.

INNOVATIVE LOCAL PROJECTS:

• Snowshoes at libraries across Vermont.

• Numerous trail associations = more access to outdoor recreation.

• Schools promoting new nutrition, physical activity, and Vermont culture programs.

• Evidence-based mindfulness programs for young children and teacher training.

• Farmers market programs.

• Community members offer their skills for local programs: “Community Track” in Morrisville.

• Rise and Walk programs engage community with hospital practitioners.
Local Parent Child Centers employ family specialists who are embedded in the pediatric practice.

- Attend well-child visits from birth to six months.
- Support healthy growth and development
- Navigate social services
- Connect families to legal supports

Four new DULCE* sites started in September 2019 for a total of five pediatric practices using the model statewide.

*DULCE = Developmental Understanding & Legal Collaboration for Everyone
Investments in Innovation

Youth Psychiatric Urgent Care Model
**Area of Impact:** Bennington HSA

Telemedicine and Home Health for ALS Patients
**Area of Impact:** Statewide

Community Embedded Well Child Care
“Building Strong Families Clinic”
**Area of Impact:** Burlington HSA

Child Psychiatric Consultation Clinic
**Area of Impact:** Burlington HSA; Statewide via telehealth

Ocular Telehealth in Primary Care
**Area of Impact:** Middlebury HSA

Wellness Plus “Pre Hab” Cardiac and Pulmonary Program
**Area of Impact:** Brattleboro HSA

TeleFriend Pilot: Addressing Mental Health at Home
**Area of Impact:** Statewide

TeleCare Connection: Hospital to Home Transitions
**Area of Impact:** Burlington HSA