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November 12th, 2019

Green Mountain Care Board  
144 State Street  
Montpelier, VT 05602

Dear Chair Mullin,

Bi-State Primary Care Association appreciates the opportunity to provide comment in support of the proposed OneCare Vermont budget for FY2020.

Established in 1986, Bi-State Primary Care Association promotes access to primary and preventive care services for all Vermonters through our network of members. This network includes federally qualified health centers (FQHCs), Planned Parenthood clinics, and clinics for the uninsured. Our members provide their communities with primary medical, dental, substance use disorder treatment, and mental health services, regardless of insurance status or ability to pay. We cover every county in Vermont. Our members provide these primary care services to 1 in 3 Vermonters, including 37% of Vermont Medicaid enrollees, 32% of Vermont Medicare enrollees, and the majority of uninsured Vermonters. Of the 11 FQHCs in Vermont, 8 will be participating in the OneCare Vermont network in 2020, and three sit on the OneCare Board of Directors: Northern Counties Health Care, Northern Tier Community Health (NOTCH), and Gifford Medical Center (which serves in their critical access hospital capacity).

There is broad agreement in Vermont that we need to move towards a health care system that prioritizes keeping patients well, uses the best data to deliver effective and low-cost care, and ensures that a value-based system of care reaches all Vermonters equitably. Our FQHCs have long focused on primary and preventive care, and bringing comprehensive services to underserved populations in Vermont. It is our mission and part of what defines our federal designation. However, to have the greatest positive impact on the lives of Vermonters we can't deliver this care alone, we need a strong network that encompasses multiple provider types and covers the entire state. A successful ACO can shift providers who may have once been competitors into a collaborative approach, share high quality data and data analysis, redirect payment systems to align with our state's values, invest in innovation, and engage in thoughtful work around health care's role in the social determinants of health. We hope to achieve these benefits through OneCare Vermont.

We recognize that it is too early to know if OneCare Vermont will achieve its ambitious goals. They are still working to reach the right scale to make change, and we are pleased to see a significant increase in costs flowing through the ACO predicted for 2020, reaching 23% of total health care costs and reflecting a 47% increase in attributed lives. We welcome the robust growth

in the commercial market participation that this budget reflects, including the self-funded market. We see in this budget other indications that we are on the right track:

- Prioritizing primary care. As a primary care association, we naturally look first to whether the ACO is in fact increasing investments in primary care. OneCare has reported a 6% increase in high and very high risk Medicare patients seeing their primary care providers (91% of patients), and 99% of actively managed complex care Medicare and Medicaid patients seeing their primary care providers. They also report that in the population health management areas, more than half of the payments, \$22.7 million, will go to primary care providers. The GMCB primary care spend analysis showed flat investment from 2012 - 2017 and we will be looking for upticks to begin to appear as we analyze years of active ACO participation. We know that tracking primary care spending as we transition to a value-based model may become more difficult, and we welcome OneCare's participation in the Primary Care Investment Working Group to ensure that we can all agree on the best methodology.
- Investment in data analysis and support for OneCare network members. Bi-State is home to the Vermont Rural Health Alliance, which provides detailed data support to FQHCs using UDS, EMR, and claims data. We look forward to exploring how we can support data-sharing and analysis that reaches farther than our own network, looking across provider types.
- Investment in innovations that can be scaled statewide. As with all OneCare programs, the Innovation Fund is new and there has not been time to see its impact. As early projects are completed, we will be engaged in how the lessons learned can inform work throughout Vermont. We anticipate that the ACO network model will allow the most valuable lessons learned from these innovation projects to be scaled throughout the state, avoiding the too-familiar trap of pilot projects that, even when promising, never fully progress beyond the pilot stage.
- Support for care coordination and a technical platform for managing patient information across organizations. The demand for better care coordination support, including a platform for securely sharing patient health information across organizations, is one we have heard loudly over the years. The Care Navigator asset is a tool to meet this need, but our members are challenged with this additional administrative layer that adds to an already high administrative burden. We know that OneCare is working on solutions to implementation issues around Care Navigator. We also know that the increased familiarity with the platform that comes with increased use will help alleviate some issues over time. We congratulate OneCare on being selected by the Center for Health Strategies as a top national program in integrated care for people with complex needs.

FQHCs face a particular challenge in joining the OneCare network. Carrying an FQHC designation means that our members must comply with over 90 additional federal regulations, a detailed annual data reporting requirement that's different from all other performance reports, site visits every three years by federal regulators to carefully review how they adhere to their guidelines, and a specially negotiated reimbursement system. It is very difficult to then map an

entirely new ACO system, which is itself in a state of constant evolution, on top of the existing obligations - especially for our smallest practices. This problem would present itself with any health care reform effort, it is not unique to OneCare. However, it does make us particularly vulnerable to significant new requirements being added to the ACO or sudden changes of course that require revising already-tenuous workflows built around managing multiple demanding models at once.

OneCare Vermont is a single organization attempting to create far-reaching change in the profoundly complicated health care sector. They are attempting this in a state with a very small population that leaves little room for error - we need almost everyone participating to reach scale. Bi-State does see things that we would like to be done differently, that is part of the process of developing new ways of caring for our communities. However, we find that it is difficult to have conversations about adjusting the model when it often feels as if, in the public sphere, we are re-arguing the already-decided point to pursue value-based payment reform and do so through a contract with an all-payer ACO. The difficulty is exacerbated by a demand for lightning-quick turn-around times in performance, as if we can solve some of the toughest health care problems in one or two years. This atmosphere creates a sense of uncertainty in how to move forward and trepidation in investing in solving long-term problems. We appreciate the work of OneCare and the Board in managing those pressures and allowing Vermont to continue to make bold progress in health care reform. We appreciate the opportunity to become more involved in improving the broader public dialogue around this issue.

Bi-State urges the Board to approve the OneCare budget and to continue its work building public understanding of payment reform, delivery reform, and Vermont's pathway forward to improve the health care system. We support ongoing efforts towards collaboration and cooperation between the many groups engaged in health care transformation. We rely on regulatory entities such as the Green Mountain Care Board to build a stable, consistent foundation for this work and hope that you will continue to do so as we face the challenges ahead.

Thank you for considering our comments. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'gm' followed by a long horizontal flourish.

Georgia Maheras, Esq.  
Vice President, Policy and Strategy