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TO: Green Mountain Care Board
RE: Comments on OneCare Vermont's 2023 ACO Budget
FROM: Julie Wasserman, MPH
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Accountable Care Organizations (ACOs) comprise hospitals, physicians, and other health care providers who coalesce to coordinate and improve care. Rarely, if ever, are ACOs the “payer”. Vermont’s sole ACO, OneCare, is unique in this regard. Not only is it a group of providers striving to provide coordinated care, OneCare is also the “payer” for health care services in Vermont. This confers unparalleled importance to OneCare’s role in Vermont’s health care system and, most critically, to the safeguarding of OneCare’s independence. Growing concerns have been voiced about OneCare being subsumed into the UVM Health Network and the potential for conflicts of interest that may ultimately arise.

Vermont’s All Payer ACO Model christened OneCare as the “payer” for health care services in 2017. Over the last six years, OneCare’s budget has grown to almost \$1.5 Billion (2023). Its financial universe is vast, encompassing all Vermont hospitals; most federally qualified health centers; hundreds of specialty and primary care physicians; skilled nursing facilities; and all Home Health Agencies, Area Agencies on Aging, and Community Mental Health Centers.

OneCare is owned by the UVM Health Network, and OneCare employees are UVM Medical Center employees. As the parent organization of OneCare, UVM Health Network exerts substantial control over the OneCare Board which is the decision-making body of the ACO. John Brumsted, as President and CEO of the UVM Health Network and CEO of UVM Medical Center, has been the Chair of the OneCare Board until recently. The new OneCare Board Chair is Anya Rader Wallack, who is Senior Vice President of UVM Health Network.

OneCare’s Board is not only chaired by the UVM Health Network, but its charter requires that 3 of the 21 Board members be appointed by the UVM Health Network. Major decisions require a two-thirds “Supermajority Approval” and stipulate that at least one of the votes be cast by a UVM Health Network appointee.

This gives UVM Health Network appointees outsized authority; they can defeat a decision supported by a supermajority of the Board by merely withholding their vote. (See OneCare’s Operating Agreement, Section 4.2.)

OneCare’s Board does not appear to fit the definition of an independent entity, nor does the ACO itself. OneCare data analysts have been transferred to UVM Health Network, OneCare data will soon be migrating to UVM Health Network’s data analytics platform *at no cost*, and UVM Health Network will be paying the salaries of OneCare data analysts beginning in 2023. OneCare’s data platform costs will also eventually transition to UVM Health Network.

To further amplify concerns, Anya Rader Wallack was Chair of the Green Mountain Care Board as was Al Gobeille, the latter having also served as Secretary of Vermont’s Agency of Human Services. Both individuals now have high-ranking jobs at UVM Health Network as does Cory Gustafson, former Commissioner of DVHA. Some have suggested that this represents a “revolving door” between State government and the UVM Health Network, leaving Vermonters with little confidence that the endeavor is operating in their best interests.

Since OneCare receives money from the payers (Medicare, Medicaid, Commercials), sets rates and pays the providers which include UVM Medical Center, Central Vermont Hospital, and Porter Hospital (all owned by UVM Health Network), the UVM Health Network will, in essence, be paying itself via its ACO. UVM Health Network already exercises substantial influence over Vermont’s health care system. How will the public’s interest be served by having UVM Health Network involved in how the ACO determines and allocates payments to Vermont providers, of which UVM Health Network is the largest?