

Dear Green Mountain Care Board,

As the extension to the All Payer Model is [assuredly a foregone conclusion](#), under the guise that loss of value based payment would be too disruptive, we must acknowledge the risks of maintaining those payments. If fee for service purportedly risks over-utilization, then VBP risks under-utilization.

With AHS's existential commitment to VBP as the basis for buoying this experiment forward, we must recall its [historical misfeasance in obscuring the risks](#) of [under-utilization](#). Moreover, against a backdrop of reports of long wait times and higher acuity care presenting to ED's and inpatient as Vermonter's struggle to access specialists, GMCB cannot ignore the public's interest in confirming that APM is aiding their receiving high value care at the right time at the right place.

To this end, the public calls upon GMCB to publish utilization rates by provider type for all payers dating to 2017 to the present. More importantly, GMCB should maintain a public dashboard that updates these trends at least quarterly if not monthly. The public has consistently cited this deficiency in the most basic reporting essential to evaluate not only the effectiveness of APM, but more importantly to verify that the [known risks of applying capitation](#) are not being realized as a second order effect.

Sincerely,

Robert L. Hoffman, MA, LPC, MPH