



OneCare Vermont

ACO Insights



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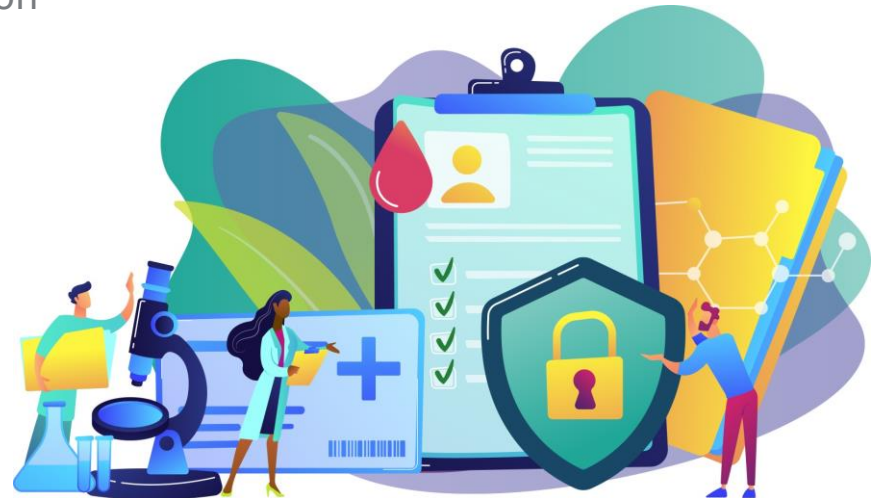
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OneCare Core Capability: Network Performance Management

Metric 1: Patient Prioritization Support from OneCare

Care coordination is the basis for improving clinical outcomes, improving the patient experience, and reducing cost of care. Resources to support care coordination efforts statewide are limited and not always interconnected. Actionable data is critical when making meaningful change. OneCare provides support to providers by supplying care coordination training and sharing prioritized lists of patients who are high risk who may benefit from care coordination.

—Year-To-Date—

11

**Care Coordination
Education Courses***

that were attended
by a total of

311
individuals



—In The Last Month—

57 organizations

were provided with care coordination prioritization tools for
facilitating outreach to Vermonters in these specific categories:



**Frequent use of
the emergency
department**



22.81%

of organizations
engaged using
this tool



**High inpatient
hospital
utilization**



14.04%

of organizations
engaged using
this tool



**High medical,
mental health,
and/or social needs**



17.54%

of organizations
engaged using
this tool

*offered by OneCare, through a combination of self-service course offerings and instructor led trainings



OneCare Core Capability: Network Performance Management

Metric 2: Achieving Outcomes for High Risk Individuals

OneCare provides tools, funding, and care coordination expertise to support care coordination activities. Coordinating care has been shown to reduce unnecessary utilization of health care services. By tracking progress in key performance indicators including emergency department utilization, inpatient utilization, and readmission rates; OneCare can help determine if the care coordination program is having the expected effect.



OneCare **tracks progress** towards **key performance indicators** for health service areas that engage with the care coordination program.

The Three Key Performance Indicators

Inpatient
Utilization

Emergency Department
Utilization

Readmission
Rates



OneCare Core Capability: Data and Analytics

Metric 1: Identify and Support Potential Opportunities for Change

OneCare's analysts use data and analytics to identify potential opportunities for changes in workflow or improvement in quality of care. OneCare interacted with community health services areas (HSAs) to determine where data could support improvement efforts.



This map represents
the level of
engagement of
participating
organizations
within each HSA
as determined by
OneCare Analytics.

When organizations identify opportunities to use data OneCare is able to share those successes across the state.

**In the last six months,
15 organizations**
learned about data-driven
efforts that worked at other
organizations in Vermont.

As a result of these efforts, organizations are engaging around key focus areas identified by OneCare :

- Care for chronic conditions
- Elder care (geriatrics)
- Prevention (primary & clinical, more screenings etc)
- Access to care
- Utilization of services
- Care management
- Health Inequities



OneCare Core Capability: Data and Analytics

Metric 2: Support Primary Care and Panel Management Efforts

OneCare works to bring focus to specific clinical priorities and provides data to track improvement in these areas.

Quality Focused Areas

determined by OneCare in 2021:

Hypertension

Diabetes

Depression Screening

Developmental Screening

54 primary care organizations

were provided with data to help them understand how they are doing compared to national benchmarks on these quality focus areas. Incentives are tied to providing higher quality of care.



98% of organizations

scored above the set benchmark or higher in the first round of data collection for at least one measure

84% of organizations

scored above the more ambitious stretch goal in the first round of data collection for at least one measure



OneCare engages with organizations performing below the target to work on

IMPROVEMENT PLANS

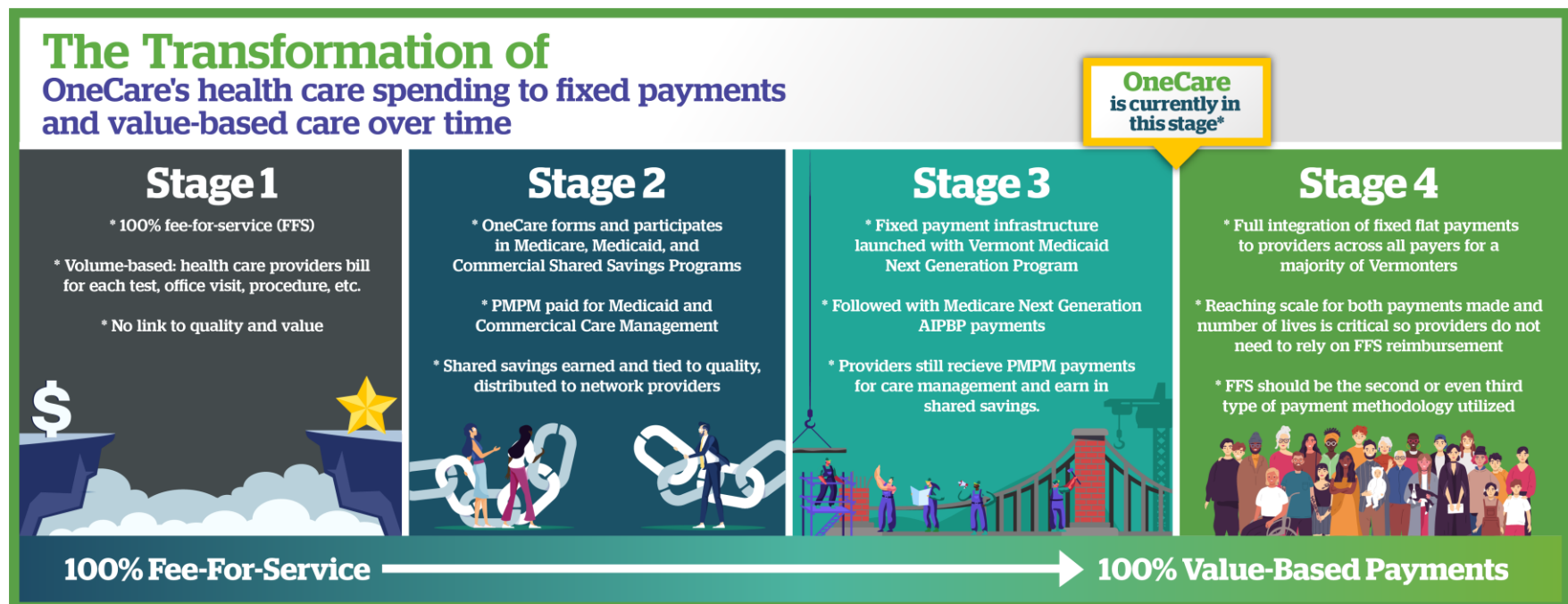




OneCare Core Capability: Payment Reform

Fixed Payment Transformation

Healthcare providers have historically been paid on a fee-for-service basis for each visit or procedure. OneCare sought to change this by paying certain providers monthly fixed payments to care for their patients. This helps shift the focus to delivering the best care, not the most care.



* OneCare works with/oversees multiple programs (e.g., Medicare, Medicaid), some of which are at the end of stage 3, and some of which are in stage 4; this placement represents an approximate combined average of where these programs currently are in this transition to value-based care.

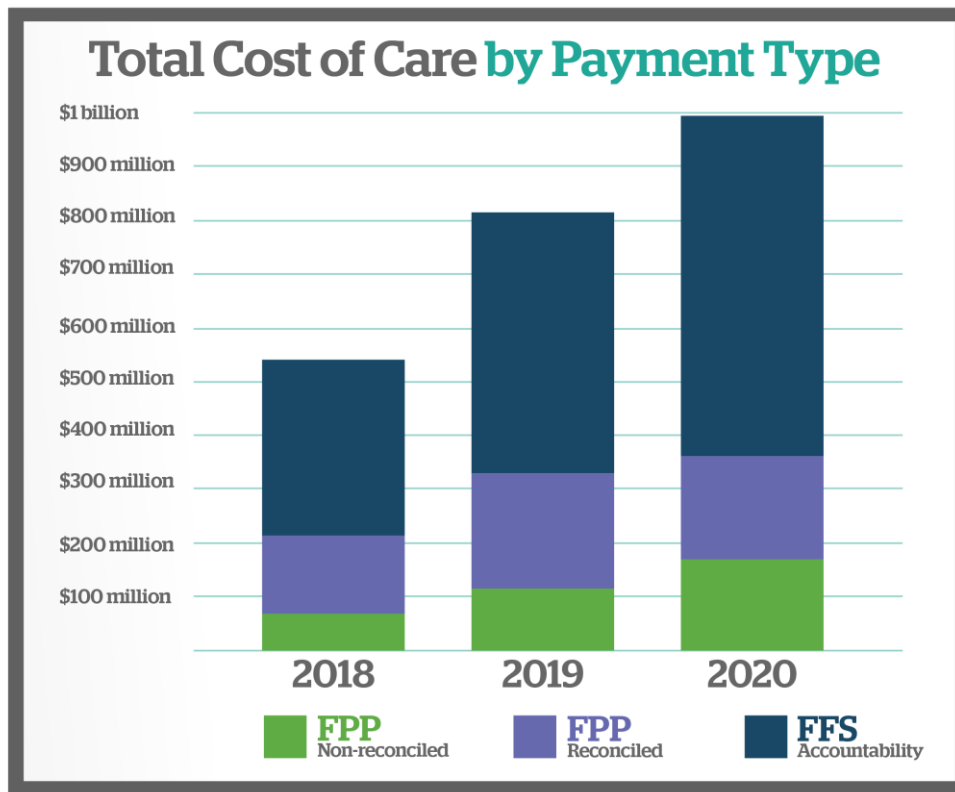
CHART SOURCE: Health Care Payment Learning Action Network Updated All Payer Model Framework



OneCare Core Capability: Payment Reform

Primary Metric: Fixed Payment Transformation, Continued

OneCare Vermont is leading the effort to move the health care system to a value-based financial model that rewards high-value care over volume. Part of our strategy is to also change the way providers are paid. OneCare facilitates these changes on behalf of its network providers.



The Story Behind This Chart

OneCare distributes two types of “fixed prospective payments” (FPP) to health care providers: **FFP non-reconciled** and **FFP reconciled**.

FFS represents fee-for-service dollar amounts paid directly from payers (e.g., Medicaid) to health care providers but OneCare is accountable (responsible) for these costs.

Over time, growing the total health care costs in a value-based model and moving more provider reimbursement to fixed payments will help to shift away from the fee-for-service payment structure and incentivize activities that aim to manage overall health care costs and keep populations healthier.