



OneCare March 2023 Medicare Benchmarking Report – Executive Summary

The updated benchmarking report includes adjustments as requested by the GMCB:

- Added a comparator to all Medicare ACOs combined (referred to as the National All ACO Cohort throughout). Similar to other cohorts, data have been actuarially adjusted to accommodate differences in population risk profiles and pricing.
- Incorporated 10th, 50th, and 90th percentiles for the National All ACO Cohort for each metric independently. The previous iteration compared Vermont healthcare delivery patterns as a system to other high-performing ACO systems demonstrating effective cost control.
 - The report is mostly structured such that low cost or utilization corresponds with a high percentile score (i.e., lower is better). It's important to note that lower is not always better across all metrics and some of the color formatting has been inverted accordingly.¹
- Updated the report with CMS data through Q2 of 2022, which resulted in approximately 10% more attributed beneficiaries to ACOs nationally.

The attached reports (2019-2021) demonstrate that Vermont providers generate excellent cost outcomes relative to both the National Peer ACO Comparison Cohort Average (20 ACOs deemed similar to OneCare) and National All ACO Cohort (513 ACOs).

- Total cost of care:
 - **8.0% lower** than the National Peer ACO Comparison Cohort Average in 2021 (**11.6% lower** for 2019; **13.8% lower** 2020).
 - **1.8% lower** than the National All ACO Cohort 90th percentile in 2021 (**6.1% lower** for 2019; **7.2% lower** 2020).

¹Example inverse metrics where higher PMPMs and utilization may indicate strong performance: Primary Care Visits/1000; Primary Care Cost of Care PBPM; Home Health Care Cost of Care PBPM; Percent of Members with an Annual Wellness Visit; Percent of Inpatient Admissions Discharged to Home Health; Percent of Members with a Primary Care Visit; Percent of Inpatient Admissions Discharged to Home Health; Percent of Members with a Primary Care Visit. More definitive conclusions on desired directionality requires detailed analysis of relational impact. For example, concluding that an increase to Home Health utilization is desirable should incorporate evaluation of Home Health's effectiveness reducing utilization at higher cost care settings such as ED or SNF.

These data align with and validate many of the other publicly available Medicare analyses² showing Vermont as one of the lowest cost states.

Other notable strengths include:

- Low inpatient facility spend *across all measured years*
 - Medical: **9.5% lower** than the National Peer ACO Cohort Average in 2021 and **13.0% lower** than the National All ACO Cohort 50th percentile in 2021.
 - Surgical: **11.1% lower** than the National Peer ACO Cohort Average in 2021 and **12.4% lower** than the National All ACO Cohort 50th percentile in 2021
- Low outpatient surgery spend *across all measured years*
 - Facility component **21.3% lower** than the National Peer ACO Cohort Average in 2021 and **18.2 % lower** than the National All ACO Cohort 50th percentile in 2021
 - Professional component **68.9% lower** than the National Peer ACO Cohort Average in 2021 and **75.4 % lower** than the National All ACO Cohort 50th percentile in 2021
- Low inpatient facility rehabilitation spend *across all measured years*
 - **70.4% lower** than the National Peer ACO Cohort average in 2021
 - **31.0% lower** than the National All ACO Cohort 90th percentile in 2021
- Low Part B pharmacy (combined outpatient and professional) spend *across all measured years*
 - **12.4% lower** than the National Peer ACO Cohort average in 2021
 - **2.7% lower** than the National All ACO Cohort 50th percentile in 2021
- Low preference sensitive or outpatient sensitive preventable admissions *across all measured years*
 - **44% lower** than the National Peer ACO Comparison Cohort Average in 2021
 - **29.5% lower** than the National All ACO Cohort 50th percentile in 2021
 - 14 of 15 measures of individual Preference Sensitive or Outpatient Sensitive Preventable Admissions per 1000 consistently demonstrated higher than average performance against both the National Peer ACO Comparison Cohort and National All ACO Cohort 50th percentile
- High percentage of inpatient admissions discharged to Home Health (higher is assumed to be better for this metric) *across all measured years*
 - **6.4% higher** than the National Peer ACO Comparison Cohort Average in 2021
 - **0.1% higher** than the National All ACO Cohort 90th percentile (shows up as the 10th percentile on the report due to the inverse nature of the measure) in 2021

Identified unfavorable cost and utilization dynamics include:

- High emergency department utilization and cost across all measured years

² [Medicare Reimbursements - Dartmouth Atlas of Health Care](#); [Medicare Spending Per Beneficiary | KFF](#)

- ED Visits/1000:
 - 36.6% higher than the National Peer ACO Comparison Cohort Average in 2021
 - 45.4% higher than National All ACO Comparison Cohort 50th percentile in 2021
- ED Cost of Care PBPM
 - 35.1% higher than the National Peer ACO Cohort Average in 2021
 - 49.2% higher than the National All ACO Cohort 50th percentile in 2021
- Low primary care utilization and rate of annual wellness visits *across all measured years*
 - Percent of members with a primary care visit
 - 13.6% lower than the National Peer ACO Cohort Average in 2021
 - 3.4% lower than the National All ACO Cohort 10th percentile in 2021 (shows up as the 90th percentile on the report due to the inverse nature of the measure)
 - Primary Care Visits/1000:
 - 18.7% lower than the National Peer ACO Comparison Cohort Average in 2021
 - 36.3% lower than the National All ACO Cohort 90th percentile in 2021 (shows up as the 10th percentile on the report due to the inverse nature of the measure)
 - Percent of members with an annual wellness visit (AWV):
 - 13.0% lower than the National Peer ACO Comparison Cohort Average in 2021 (Note a pattern of decreasing utilization of AWV from pre-pandemic (3.2% lower in 2019) to during pandemic (2020-2021))
 - 34.4% lower than the National All ACO Cohort 90th percentile (shows up as the 10th percentile on the report due to the inverse nature of the measure)

It is worth noting that while Vermont providers continue to generate extremely low Medicare costs relative to the comparison groups, the gap may be shrinking. The results in 2021, while still extremely favorable, were closer to the National Peer ACO Cohort Average and the National All ACO Cohort 90th percentile than in prior years. Further, access is likely a key contributor to many of the dynamics highlighted on the report. Low primary care utilization and high ED utilization, for example, may result from challenges accessing a primary care provider combined with comparatively easy access to an emergency department. Finally, post-acute care dynamics are mixed. Inpatient rehabilitation spend declined across the measured years, but skilled nursing costs grew from 11.9% higher to 27.1% higher than the National All ACO Cohort 50th percentile between 2019 and 2021. Home Health expenditures grew as well, but not in a way that offset the growing SNF costs.

As a next step, OneCare intends to outreach to other high-performing peer ACOs in areas that align with our clinical priorities and/or key performance indicators to identify possible best

practices and their applicability to the Vermont context. Particular emphasis in this outreach will be placed on pandemic-recovery efforts that may have stabilized or increased access to optimize the lowest cost, appropriate site of care (e.g. doctor on call, public education campaigns on use of primary and urgent care for non-urgent conditions).