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November 30th, 2020

Green Mountain Care Board
144 State Street
Montpelier, VT 05602

Submitted electronically via Public Comment Form.

Dear Chair Mullin,

Bi-State Primary Care Association appreciates the opportunity to provide comment in support of the proposed OneCare Vermont budget for FY2021.

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 primary care services to nearly 1 in 3 Vermonters. Of the 11 FQHCs in Vermont, 9 will be participating in the OneCare Vermont network in 2021, 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).

As noted in our comments regarding the FY2020 OneCare budget presentation, Vermont is moving towards a health care system that prioritizes keeping patients well, by empowering health care practices to be innovative in delivering coordinated care that values prevention and upstream investment in good health. 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. The ACO model can build this network. 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, and engage in thoughtful work around health care's role in the social determinants of health.

The COVID-19 public health emergency has underscored the importance of establishing stable payments separate from patient volume, investing in preventive and primary care that reduces the prevalence of chronic disease, and supporting equitable access to the means of achieving good health.

Over the past year, OneCare Vermont has worked to understand FQHCs' relationship with current health care reform efforts and what could improve the experience for them. This work has included surveys, multiple meetings with our CEO Council, individual meetings with FQHCs, participation in primary care-focused working groups and committees, and partnership on specific projects such as exploring how the ACO structure might support telehealth, food access, and patient engagement.

Responsibility for achieving Vermont's ambitious goals in health care reform is shared by many parties. We recognize that OneCare Vermont is part of a larger agreement requiring leadership from the Agency of Human Services and Green Mountain Care Board, with alignment from CMS, and we want to recognize that not all of our comments are within OneCare's power to change alone. The following comments assume ongoing strengthening of partnerships between the entities in the All-Payer Model and other stakeholders.

- We need to understand better what advanced alternative payments will look like for FQHCs, how this structure is an improvement over the current system, and how Vermont FQHCs will move into an advanced alternative payment model. Decoupling payment from patient volume and providing prospective payments that permit flexibility as practices design programs to meet their communities' health needs can be very attractive. However, we need a clear understanding of how FQHCs, with their unique payment structure, will participate successfully in an ACO that is a mix of practice types.
- Delivery reform efforts at the ACO cannot be disconnected from existing programs. Changing health care is complicated, but we add confusion with putting in place many different programs, different measures, different timelines, and sometimes different goals. FQHCs already struggle to match federal and state expectations, and with increasing administrative burden. Health care reform is meant to bring cohesion yet too often feels like it is simply layering more expectations onto already overburdened practices. We look forward to collaboration between OneCare and the Agency of Human Services building this coherent approach.
- Vermont needs to reach scale targets not simply because that is an expectation of the All-Payer Model agreement, but also because reform cannot succeed without bringing the majority of patients into the new system. At the same time, we cannot use the need to reach scale as an excuse for inaction, we have to develop strategies that work today, not just when we reach our participation goals.

- We need to stay focused on the core principles of health care reform and our end goals for value-based payment. This focus includes continuously engaging providers around shared values on how to deliver the best health care in Vermont, and measuring how far we have moved on the path towards a new system, what roadblocks remain, and the timeline for overcoming those roadblocks.

We appreciate OneCare Vermont's ongoing efforts to give a clear picture of where we stand with regards to goals, quality measures, and other performance indicators. The 2020 addition of an Annual Report to accompany the budget presentation to the Green Mountain Care Board helps with this communication. As noted earlier in these comments, we have also had considerable individual outreach and availability from OneCare to answer questions.

In our comments on last year's OneCare budget, Bi-State emphasized the need for clear statements and leadership from all involved in health care to affirm our state's interest in value-based care that supports higher quality care, forward-thinking primary and preventive care, and cost containment. We also think it is important to clearly articulate what ultimate success will look like, including specifics such as the previously-mentioned FQHC payment model. It is equally as important to build a strategy that bridges from here to there.

- As mentioned in the above bullet points, Vermont needs to pursue its scale targets while simultaneously prioritizing delivery reform efforts that do not require full scale to succeed. In particular this would favor initiatives most closely aligned with pre-existing programs and those with minimal administrative burden.
- Payment reform and delivery system reform need to move together hand-in-hand. One cannot follow the other in priority. We also need to manage timing issues around integrating payment and practice transformation. For example, funding for system improvements needs to occur at the time of making change, not long after the fact. The timeliness of data is critical as well. Our practices need data quickly in a format they can use to take action if the data reveals that action is needed.
- We truly appreciate the efforts of OneCare Vermont to collect feedback on their programs. However, this input cycle may not move quickly enough. Having lag times of one or two years between signals that change is needed and the ability to respond to those signals is simply too slow. We need a nimble structure of innovation where players across the system come together to make immediate, responsive change in their region, and we need a way for stakeholders in each region to engage with each other and then roll up to effective statewide change.
- An exhaustive regulatory process exists for tracking annual ACO performance. We need to recognize that not all work will match that structure. Sometimes a year-based process is too slow. Similarly, we cannot allow the annual review to disincentivize changes that take longer – much of the work in prevention and systemic change is on the time horizon of many years, even generations. Critical barriers to good health

such as inadequate diet, lack of transportation, marginal housing, and poverty, do not have quick fixes. An ACO has the potential to support our practices in addressing these root causes of poor health, if we can balance accountability with patience in tackling tough problems.

Bi-State urges the Green Mountain Care Board to approve the OneCare budget and to continue supporting public understanding of payment reform, delivery reform, and Vermont's pathway forward to improve the health care system. 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.

A handwritten signature in black ink, appearing to read 'Helen Labun', with a long horizontal flourish extending to the right.

Helen Labun
Director of Vermont Public Policy
Bi-State Primary Care Association