

A new GMCB Public Comment has been received on 04/22/2024.

**Name:** Paul Parker, MD MPH

**Topic:** Accountable Care Organization

**Comment:** I am writing to you in my capacity as a general pediatrician and in reference to my experience with OneCare. I have been very disappointed by what I have seen and experienced during OneCare's tenure. I don't see that OneCare has done anything to improve quality of care for my patients. I have a Master's degree in epidemiology so I have some idea of how a program should be functioning when performing quality assessments. Quite frankly, my impression is that no one at OneCare has any idea how to do that. Several examples. OneCare has no idea what the baseline quality of care is provided at my office. No baseline assessment was ever done. Any subsequent assessment has no baseline for comparison. Some of the metrics employed by OneCare range from nonsensical to redundant. For example, one of the metrics employed by OneCare was care of pediatric hypertension. Pediatric hypertension is a relatively rare condition. In my practice of approximately 2000 patients, I have one patient with hypertension. How could monitoring care of this condition shed any light on the quality of care of patients in a pediatric practice?? Another example includes monitoring of how well practices do in screening for adolescent depression. Had OneCare done any baseline assessment they would have known that we were already doing these screenings, yet they required me to spend hours doing chart reviews to, in the end, demonstrate that 99% of our adolescent patients were screened. This was pointless, a significant administrative burden, and OneCare consumed significant health care dollars in administrative expenses (that could have and should have gone to direct patient care). When I suggested that OneCare assess cost efficiency of patient care by practice they were not interested. The amount insurance companies spend per patient by practice could be one significant indicator of quality of care, health of patients and financial efficiency of the practice. For instance, a practice which prioritizes access to in-office care (as my practice does) minimizes the number of patient visits to the emergency room. A practice that is discriminating in ordering laboratory tests and imaging spends less insurance money per patient. Practices that provide good care have lower hospitalization rates. These all manifest in expenditure per patient. I assume that being under the umbrella of UVMHC, OneCare did not want to demonstrate in real numbers the fact that care rendered at UVMHC primary care practices cost insurance companies significantly more than at independent practices. The amount that OneCare spends on "Leadership" (\$3 million per year and in 8 years of OneCare operating, assumedly \$24 million) would be a lot of "direct healthcare." The total administrative budget of OneCare dwarfs leadership salaries. Imagine how many primary care positions in underserved areas of rural Vermont could have been funded with hundreds of millions of dollars! We know that health outcomes are directly impacted by access to primary care. What exactly are we doing here!? Ill-conceived and enormously expensive "experiments" such as OneCare cost society dearly. The cost of healthcare and health insurance in Vermont is ridiculous. Our healthcare dollars should not be depleted on exorbitant CEO salaries and administrative costs. If the goal is to provide quality of care over quantity of care, an ill-conceived "hybrid" ACO approach is most obviously not the way to go. A pure capitated system would be a better bet. At a minimum, minimizing administrative costs will be essential at controlling costs and freeing up dollars for real healthcare. (Consider the fact that one-fifth of health care expenditures in the U.S. are related to administrative costs, five to twelve times the per capita expenditure in European healthcare systems). OneCare is a failed and very expensive experiment. Please do not approve another iteration of this ill-conceived and poorly executed fiasco.

**Post Comment:** Yes