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Topic

Accountable Care Organization

Comment

I'm in private practice but have extensive and ongoing experience leading and consulting with healthcare systems in the US and internationally as professor emeritus at the University of Michigan.

OneCare simply isn't working, and I believe the only solution if it is to be saved is for the Green Mountain Care Board to have line-item control over its budget.

We're in a tight situation where there is neither a true government health care system nor a competitive market.

The gross shortage in Vermont of less profitable but important specialties from Psychiatry to Physiatriy to Neurology is evidence that the ACO is not taking a serious government-like role in looking at societal costs like work disability.

There is no competitive market for specialty and major surgical care and yet we do not see OneCare working on obvious interventions that can cut utilization. For example, the local universities both still work on an outdated model of spine surgeons screen patients for the very surgery they're paid to do. Yet a study we did (Fox, Haig et al. Spine) found that having non-surgeons screen surgical cases cut surgery by 30% with concomitant cost savings. In many other fields an ACO that hires specialists to help primary care clinicians 'not' need their services works, but we see none of this. Obviously OneCare is powerless to direct its owners

to do these things that cut cost.

Even where there is a competitive market--in primary care--it is clear OneCare has failed to capitalize on the disruptive innovator that the independent doctors have become. Data shows they're less cost, better quality than the Universities, yet OneCare actually pays them less money and we see no effort by OneCare or its owners to emulate this successful model by either encouraging more independent practice or restructuring university practices to be financially similar to independent practices.

So OneCare seems to be an ACO does not serve the government and society's greater needs, does not work to cut costs in ways proven to do so elsewhere, and does not emulate local models for successful quality and cost cutting. Given that OneCare is run by competent leaders, it is apparent that either it needs to go away or it needs to be structured in such a way that the GMCB can impartially hear of potential innovations and require responsiveness.

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