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Name

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Topic

Accountable Care Organization

Comment

I am submitting this comment in regard to the ACO/OneCare proposed budget for 2022, and it also applied to the request for the one year extension.

As the GMCB knows, the APM/ACO has repeatedly failed to meet even its own stated goals. These failures have apparently become obvious enough that the goalposts have been changed. We recently learned that the federal government has notified the state of Vermont that the enrollment targets for the all-payer model (and thus OneCare) are both “unattainable” and “unnecessary.”

While this is certainly a new way to set standards, it is hardly reassuring. Imagine if we applied this method to the certification of pilots, surgeons, accountants, electricians, etc. and simply altered the goalposts each time people could not meet stated criteria for competency.

Is it worth continuing a project with no consistent goals and endlessly changing goalposts?

I would ask that instead you rethink the value of this model and its basic assumptions, for there is much evidence that these underlying assumptions are themselves flawed. One of these key assumptions is that fee for service is one of the main drivers of cost in our health care system and that “value based payments” such as risk-adjusted capitated payments are a magic formula for curing our health care woes.

In fact, if we look at this comparatively, we would find that there is no evidence that one particular kind of payment system is superior to another. All payment systems can be gamed by some, but the tried and true way to control costs and expand access has always been a publicly financed universal system.

That’s the reason why regardless of payment methodology (fee for service, capitated payment, salary, etc.) most other wealthy countries have universal access and much lower administrative costs.

Here in Vermont, instead of containing costs or expanding access, the APM/ACO adds administrative costs and does nothing for the tens of thousands of Vermonters who, according to our own state data, are either underinsured or uninsured, and thus delay needed health care due to out of pocket costs.

I urge you to disband this complex and expensive and diversionary experiment and to think of ways to use our health care dollars directly for health care. There is no reason that we needed another middlemen in our health care system when we could have pooled our funds on health care for all instead.

