



OneCare Vermont (“OneCare”) is pleased to provide a status update on activities addressing childhood adversity through its Network. OneCare is actively exploring multiple dimensions through which we can best address childhood adversity including opportunities to improve systems alignment and integration, coordination of care, and advancing data-driven approaches to population health management. In this report we will briefly outline activities under each of these strategies.

Systems Alignment and Integration

OneCare’s Statewide Pediatric Clinical Representative, Dr. Richard “Mort” Wasserman, met with the Agency of Human Services (AHS) Director of Trauma Prevention and Resilience Development in early April to begin to identify areas of mutual opportunity and interest. OneCare was able to provide detailed information on activities underway in the healthcare system related to childhood adversity and the Director shared future goals for her work across the Agency to promote alignment and integration. One area of interest, described below, is on developing a common vision and goals for systematic sharing of data and information across organizations to support person- and family-centered care. OneCare is also exploring expanded collaborations with other state partners such as the School Nurse Liaison of the Vermont Department of Health (VDH). Through feedback from participating Health Service Areas (HSA), OneCare has identified a desire to bring school nurses closer to the care teams supporting high and very high risk individuals in our care model. Currently operational challenges in addressing this request (e.g. legal requirements for information sharing) must be overcome. In the meantime, we are expanding collaborations around areas of mutual interest such as addressing the needs of children and adolescents with Attention Deficit Disorder and tobacco exposure.

OneCare is also actively working with the Mental Health & Health Care Integration Director at the Department of Mental Health and the Director of Quality at a local Federally Qualified Health Center to explore new opportunities in promoting NEAR science – Neurobiology, Epigenetics, ACES, and Resiliency - training to health and human services professionals through the creation and dissemination of resources. This has the potential to align professionals across disciplines with new knowledge, resources, and techniques to promote resiliency in both the workforce and among the clients/patients served. If this initiative expands, one unique offering OneCare may facilitate in future years is the hosting of materials on an eLearning platform currently under development. This is intended to be a free repository of tools, resources, and educational modules to support sharing of best practices across organizations and communities.

OneCare continues to identify opportunities through informal discussions with providers and in more formal settings such as our clinical governance committees to identify best practices and facilitate sharing of information about local activities in support of identification of social determinants of health that impact health outcomes and quality of life. OneCare is considering hosting an Interdisciplinary Grand Rounds session on screening for social determinants of health in October 2019 and is gathering feedback from our network on the potential focus areas and possible speakers. Interdisciplinary Grand Rounds bring together providers, continuum of care and/or community-based organizations, and patient/caregiver representatives to discuss



strategies that have been employed locally to improve alignment and integration of care. They often lead to robust dialog across provider types and among different areas of the state to facilitate dissemination of best practices.

Coordination of Care

The cornerstone of OneCare's care model is a strong relationship between the patient/caregiver and his/her patient centered medical home. The care model promotes outreach and engagement of individuals in primary care, identification and segmentation of the population by risk, and community-based care teams that can support individuals and families in the identification of person-centered goals of care then documented and supported in a shared care plan tool.

OneCare's four quadrant care model currently has a pediatric-friendly shared care plan tool that was enhanced in 2018 through input from pediatric-serving healthcare providers. In the pediatric population, there is a need to address two-generational approaches to the identification of risk, such as stressors in the family that may lead to adverse childhood outcomes. Currently, care team members use tools such as Camden Cards and Eco Maps to identify social, economic, legal, or other risks as well as to map an individual/family's strengths (e.g. relationships, resources, social connections in the community). At the request of OneCare's Pediatric Subcommittee, we are exploring possible adaptations to the pediatric complex care coordination program for 2020. Possible adaptations under consideration include risk stratifying the pediatric population separate from the adult population for each payer program; using a claims-based pediatric medical complexity risk stratification tool instead of the Johns Hopkins ACG tool; testing of other social determinant of health screening tools (e.g. Hunger Vital Signs, CMS 10); carving out specific funding in the complex care program for pediatrics, among others. OneCare will continue to investigate these opportunities through a Pediatric Work Group over the second half of 2019 in order to inform any operational changes for 2020 implementation.

OneCare is also collaborating with the VDH and Vermont Legal Aid to spread the DULCE model to four additional sites through a partnership among local patient centered medical homes and Parent Child Centers. This is one site more than originally planned in OneCare's Population Health Management investments and was made possible through creative collaboration with VDH to fund a fourth site. Through the DULCE implementation, OneCare is investing in sending 15 local team members to a national training in Washington DC where the focus will be on reducing toxic stress in early childhood through proactive screening, outreach, and connection to community services. Families participating under the DULCE program will receive comprehensive social determinant of health screening with a unique emphasis on the legal needs that might cause family stress or uncertainty.

Under its primary prevention program, RiseVT, OneCare is exploring grant-making related to trauma prevention through local community investments. In addition, OneCare is exploring educational opportunities for the AHS Director of Trauma Prevention & Resilience Development to provide trauma-informed care training to the RiseVT Program Managers.



Advancing Data-Driven Approaches Population Health Management

As reported previously to the Green Mountain Care Board, OneCare is exploring the potential of a partnership with Algorex Health to build, test, and validate three age-specific risk models to help capture social determinant of health risk. The pediatric model is currently the furthest along in development having undergone two major development phases. The next step is to test the efficacy of the refined pediatric risk model in two large pediatric practices and gather feedback on the value of the model and the ways in which it may (or may not) improve identification of individuals/families that may be at increased risk and benefit from additional care coordination supports. In addition, OneCare has begun working with Algorex on an "ACEs Proxy Score." In the proof of concept stage, the intention is to explore improved identification of patients at risk (e.g. children in state custody) to improve the timeliness and communication with providers about their change in status and needs that may benefit from enhanced supports.

Further, leadership from OneCare and the AHS are exploring possibilities to build a data and systems-driven collaboration to develop the legal and operational pathways to integrate social needs data within OneCare to develop collaborations across medical and human services providers to better identify individuals that could benefit from enhanced services and supports, reduce duplication and enhance individual's experience of care, and align and integrate health and human services supports in local communities. OneCare and AHS are exploring a national funding opportunity that provides technical assistance and financial support, helping expedite this work. Funding determinations will be made in late summer.

Finally, OneCare continues to work through its clinical committees to identify and track clinical priority areas of focus across the ACO Network. In 2019, quality measures that address childhood adversity include:

- Emergency department visit rates for pediatric patients with asthma
- Emergency department rates for high and very high risk cohorts
- Engagement of high and very high risk patients in care coordination
- Medicaid and Commercial patients age 12-21 with a well-care visit within 12 months
- Medicaid and Commercial patients with developmental screening
- Engagement of three pediatric-serving practices in the DULCE program

OneCare continues to educate its Network around the quality measure specifications, current performance and benchmarks (as available) and targets. At the end of April OneCare is conducting a deep-dive training on the quality measures with the All Field Team staff, particularly focused on the Blueprint Practice Facilitators and the ACO Clinical Consultants to make sure that these community-facing staff are aligned in their knowledge, expectations, and resources available to support improvement activities within and across organizations and HSAs.