OneCare Vermont

2020
BUDGET PRESENTATION

to Green Mountain Care Board

onecarevt.org
10.30.19

2020 Value-Based Budget

Combined Healthcare Costs Under Value Based Care	$1,425,000,000
Less: Existing Healthcare Spending	- $1,363,000,000
OneCare Vermont Budget	$62,000,000
Less: Network Investment Payments	- $43,000,000
Less: Operating Costs	- $19,000,000
Gain (Loss)	$0

The Road to Value Based Care

Vermont's Health Care Reform Commitment

The ALL-Payer ACO Model

Agreement between CMS and the State (Agency of Human Services, Green Mountain Care Board, Governor's Office)

The Vehicles

Provider-led ACO(s) and Payers

The Drivers

Public private partnership; align state and payer policies; strategic investments by the state, payers, and providers; provider leadership; and scale

The Wins

START UP: Aligning care model, sharing risk and reward, population health payments, and enhancing flexibility

SHORT TERM: Shifting investments to prevention and primary care, paying for quality, investing in care coordination, reducing administrative burden, and aligning care delivery

LONG TERM: Improving access, improving population health, and stabilizing health care cost growth

OneCare Growth Supporting All Payer Model

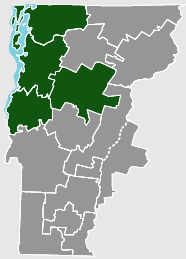
2017
YEAR 0

Programs

MEDICAID

29,100
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans

$2.4M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

- Care Coordination
- Primary Care
- VBIF

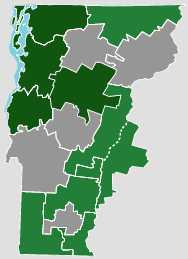
2018
YEAR 1

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMMC (self-funded)

112,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Springfield
Lebanon
Bennington
Windsor
Newport

$23M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

- RiseVT
- Blueprint Medicare
- SASH MH Pilot
- CPR
- SNF Waivers

plus programs from 2017

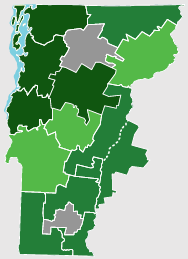
2019
YEAR 2

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMMC (self-funded)

160,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury

$36M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

- DULCE
- Innovation Fund

plus programs from 2017-2018

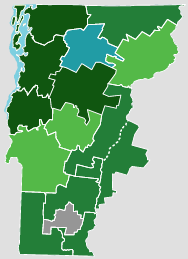
2020
YEAR 3

Programs*

MEDICAID
MEDICARE
BCBSQHP
MVPQHP
BCBS-ASO

250,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury
Morrisville

$43M
PAYMENTS TO PROVIDERS

NEW PROGRAMS

- Pharmacy
- Longitudinal Care
- PCP Engagement

plus programs from 2017-2019

* Anticipated for 2020

The Value of OneCare

Care Coordination

3,800 shared plans of care

3,000 vulnerable Vermonters actively making progress to goals

33% reduction in emergency dept. (ED) visits for Medicare patients actively supported

13% reduction in ED for Medicaid patients actively supported

Longitudinal Care Pilot Saves $1,150 per member per month

Enhancing Primary Care

Comprehensive Payment Reform: Increasing access to mental health services in practices

Sustaining Patient Centered Medical Home and Community Health Team funding for Medicare

Data Informed Care

91% of high and very high risk Medicare patients now have seen their primary care provider (6% increase)

Smarter Care

Shifting investments to prevention (RiseVT/DULCE)

Reducing high cost care

10% reduction in ED care for vulnerable populations

Better care & patient experience: third ACO in the country for utilization of Skilled Nursing Facility waiver

Eliminating prior authorization, enabling more time for clinical practice

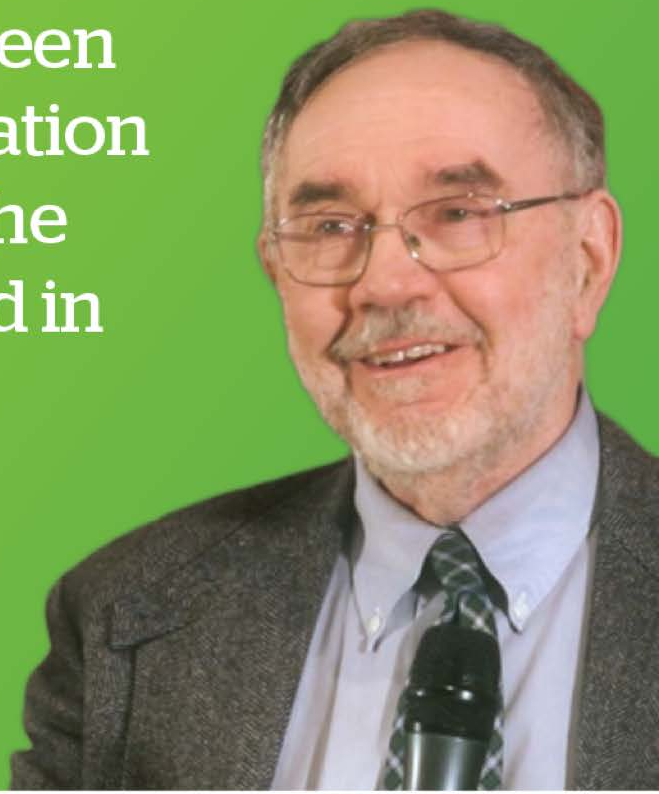
Value Based Payments

Predictable fixed payments for hospitals and primary care

System incentivized versus penalized for quality

"The Care Coordinators that we have hired through OneCare's program have been extremely beneficial. Care coordination has reduced the fragmentation of the health care system and has resulted in fewer hospitalizations."

-Joe Haddock, MD
Thomas Chittenden Health Center

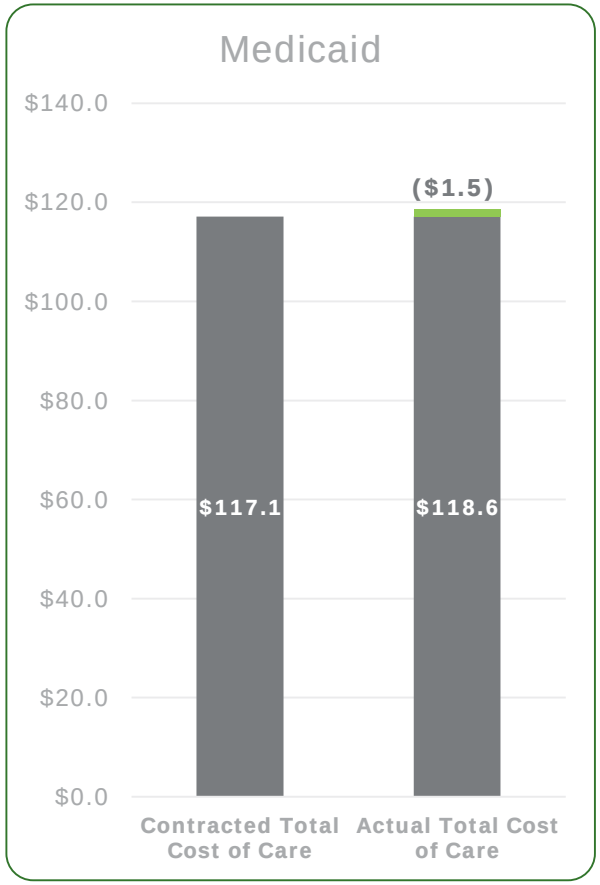


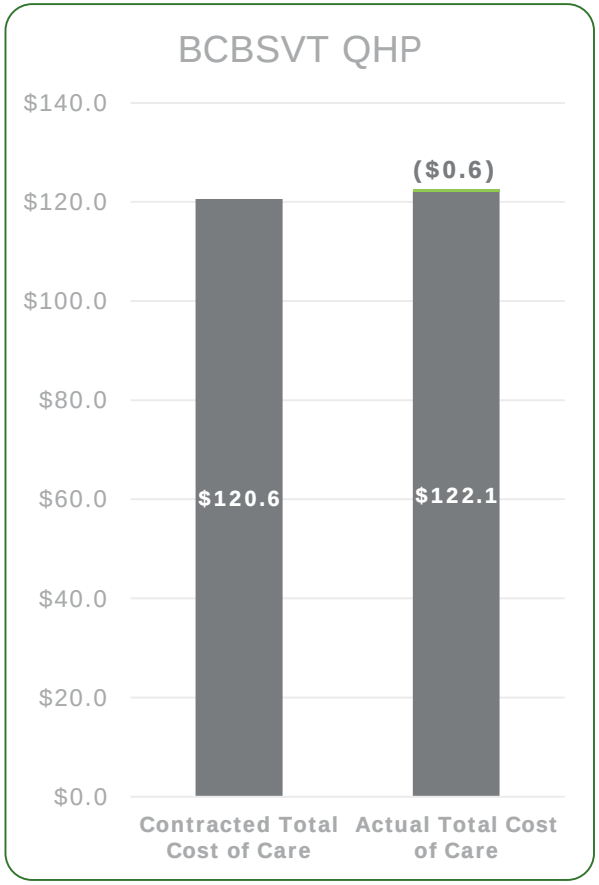
2018 Results Summary

2018 Value-Based Financial Results

** Reconciling payment amounts incorporate any applicable risk corridor constraints and/or sharing factors per contract terms

All chart numbers in millions





Reconciling Payment*	$13,345,337
% of TCOC	3.9%
Fixed Payment Performance	$0
Combined Result**	**$13,345,337**

Reconciling Payment *	($1,540,534)
% of TCOC	(1.3%)
Fixed Payment Performance	$7,663,309
Combined Result	**$6,122,776**

Reconciling Payment *	($645,574)
% of TCOC	(0.5%)
Fixed Payment Performance	$0
Combined Result	**($645,574)**

** OneCare was paid $7,776,760 of advanced shared savings throughout 2018. These dollars suppled OneCare with the cash flow for the Patient Centered Medical Home, Community Health Team, and SASH population health management payments.

2018 Quality Measure Performance

85% Medicaid 86% BCBSVT QHP 100% Medicare

Looking forward

In 2019, Medicare measures become aligned under APM.

In 2020, OneCare is working to align measures for new commercial programs.

OneCare continues to grow scale, likely impacting Quality Measure performance.

Caveats

OneCare's Network continued to grow from 2017 to 2018 so performance between years cannot be directly compared.

2018 was the first year of the new risk program with BCBSVT; measures changed to align with APM.

Benchmarks and measure specifications continued to vary by payer product preventing year-to-year and cross-payer comparisons.

Some new APM measures have small denominators statewide, making them subject to large percentage fluctuations while only representing a difference of a few patients.

2018 Quality Measure Performance Highlights

Strengths

- Patients report: receiving timely care, appointments and information[a,b]; feeling providers communicate well[a,b]; care is well coordinated
- 74% (90th %ile) of patients received appropriate follow-up (30-day) after ED visit for a mental health[b] concern
- Providers exceeded the 90th %ile benchmark for timely (7-day) follow-up after hospitalization for mental illness[c] (rate: 69%)
- 82% of the patients identified as tobacco users received a cessation intervention[a]
- Providers exceeded the 90th %ile benchmark for care of patients with diabetes[c] (rate: 23%[1])

Opportunities

- Patients would like more: health promotion and education and better access to specialists[a]
- Improve the rate of patients with hypertension[a,b,c] or diabetes[a,b] with their condition in good control
- Reduce all condition readmissions
- Improve screening for clinical depression and follow-up, when appropriate
- Increase the number of adolescents receiving well care annually[b,c]

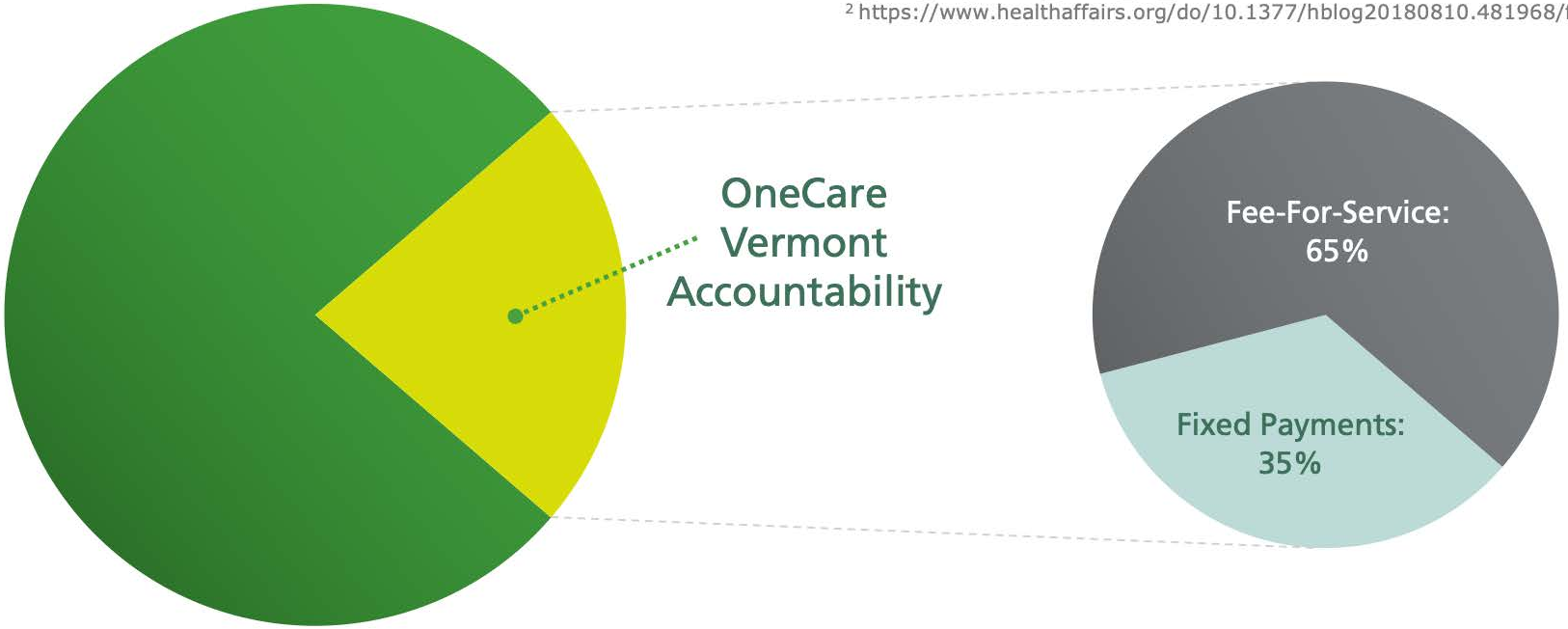
a = Medicare, b= Medicaid, c= BCBSVT QHP
1= lower score is better

ACO Programs Budget

Vermont's Healthcare Accountability

Healthcare Cost for Vermonters

[1] Statewide spending sourced from: https://gmcboard.vermont.gov/sites/gmcb/files/2017_Expenditure_Analysis_with_projections_March_27_2019.pdf
[2] https://www.healthaffairs.org/do/10.1377/hblog20180810.481968/full/



23% of healthcare costs for Vermonters are now in a value-based care model[1]

50% growth in financial accountability over 2019 budget

Vermont is 1 of 8 states with more than 20% of lives in an ACO program[2]

Existing Program Updates

Medicare

- Program continuing in similar configuration
- 3.9% trend rate on 2019 spend

Medicaid

- Program continuing in similar configuration
- Working on geographic attribution (outside submitted budget)

BCBSVT Qualified Health Plan (QHP) Program

- Will be piloting a fixed payment model likely starting in Q2

University of Vermont Medical Center Self-Funded Plan

- Move lives into the broader BCBSVT self-funded program

Potential New Programs

BCBSVT Self-Funded

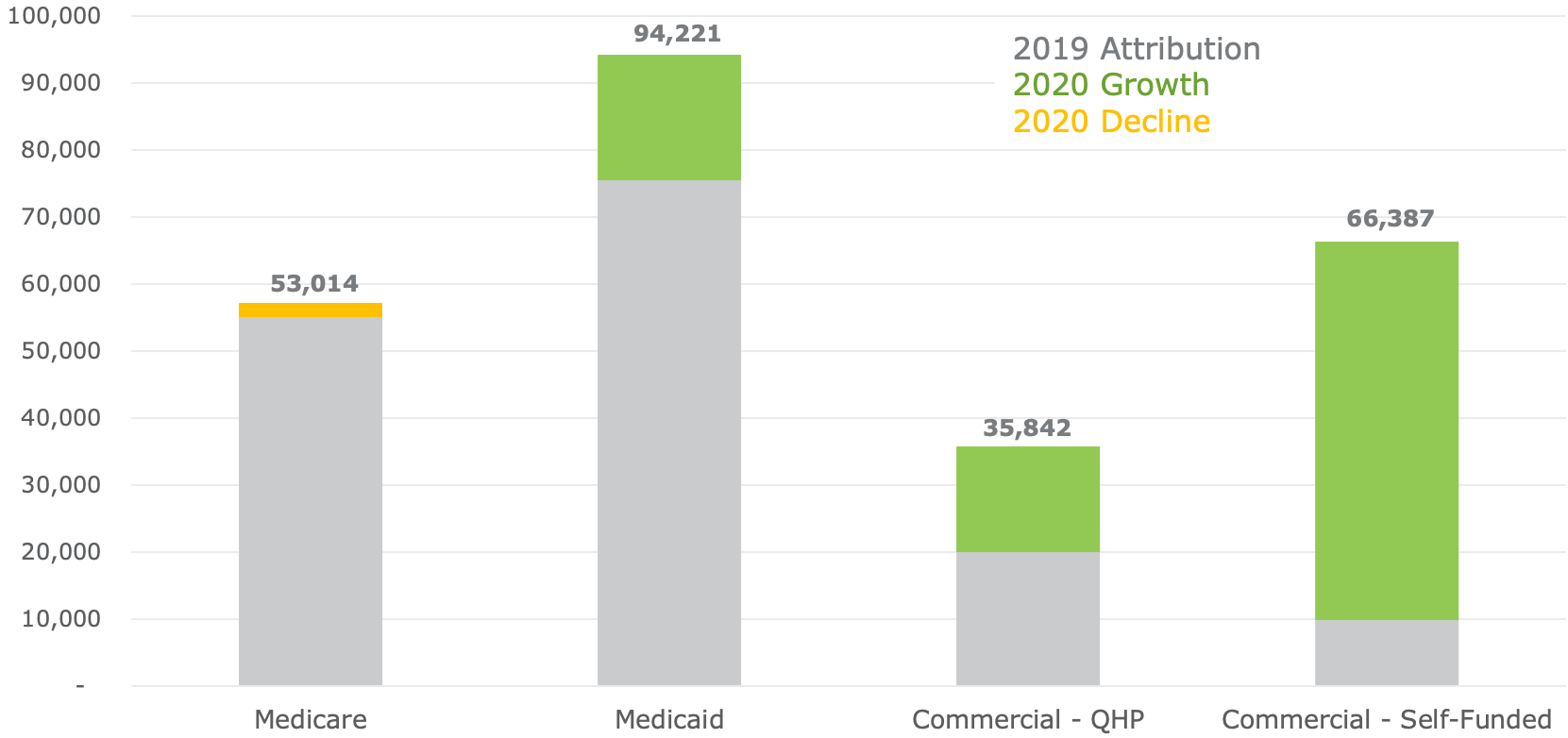
- Includes provider financial accountability
- Significant advancement into the commercial market

MVP QHP

- Upside only for Year 1
- Benchmark linked to Green Mountain Care Board filing
- Focus on alignment of clinical initiatives

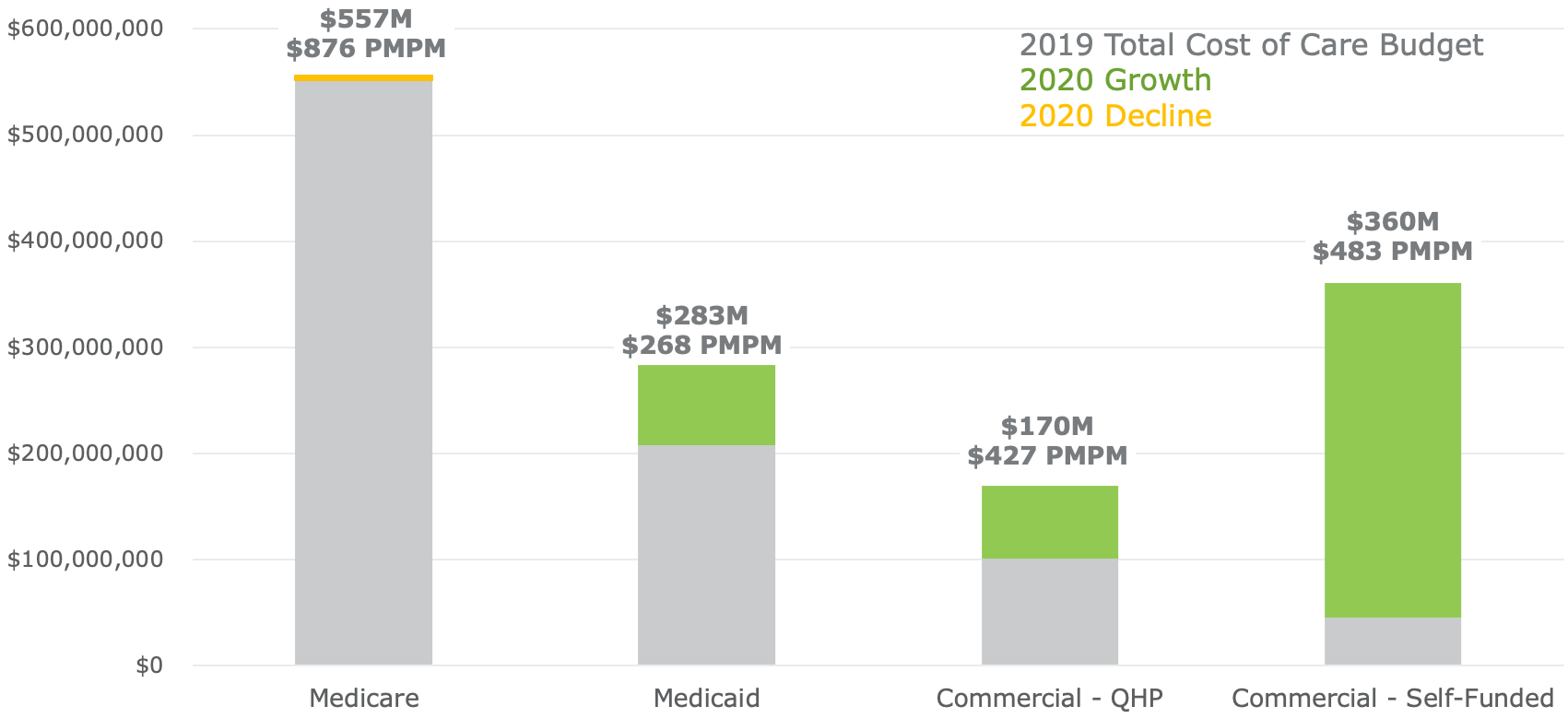
Further details of these programs remain in development.

47% Attribution Growth



- Most of the growth comes from the Self-Funded program and QHP expansion
- Small decline in Medicare due to the loss of a community
- Successful launch of Medicaid geographic attribution model will add ~20k lives

51% Combined Total Cost of Care Growth



- Most of the growth comes from the Self-Funded program and QHP expansion
- Small decline in Medicare due to the loss of a community

Total Risk

Program	Risk	% Outside Home Hospital	% Out of OCV Network
Medicare	$27,309,929	42%	21%
Medicaid	$11,313,787	37%	19%
Commercial QHP	$3,626,010	32%	28%
Commercial Self-Funded	$1,868,715	-	-
Total	**$44,118,442**	**39%**	**21%**

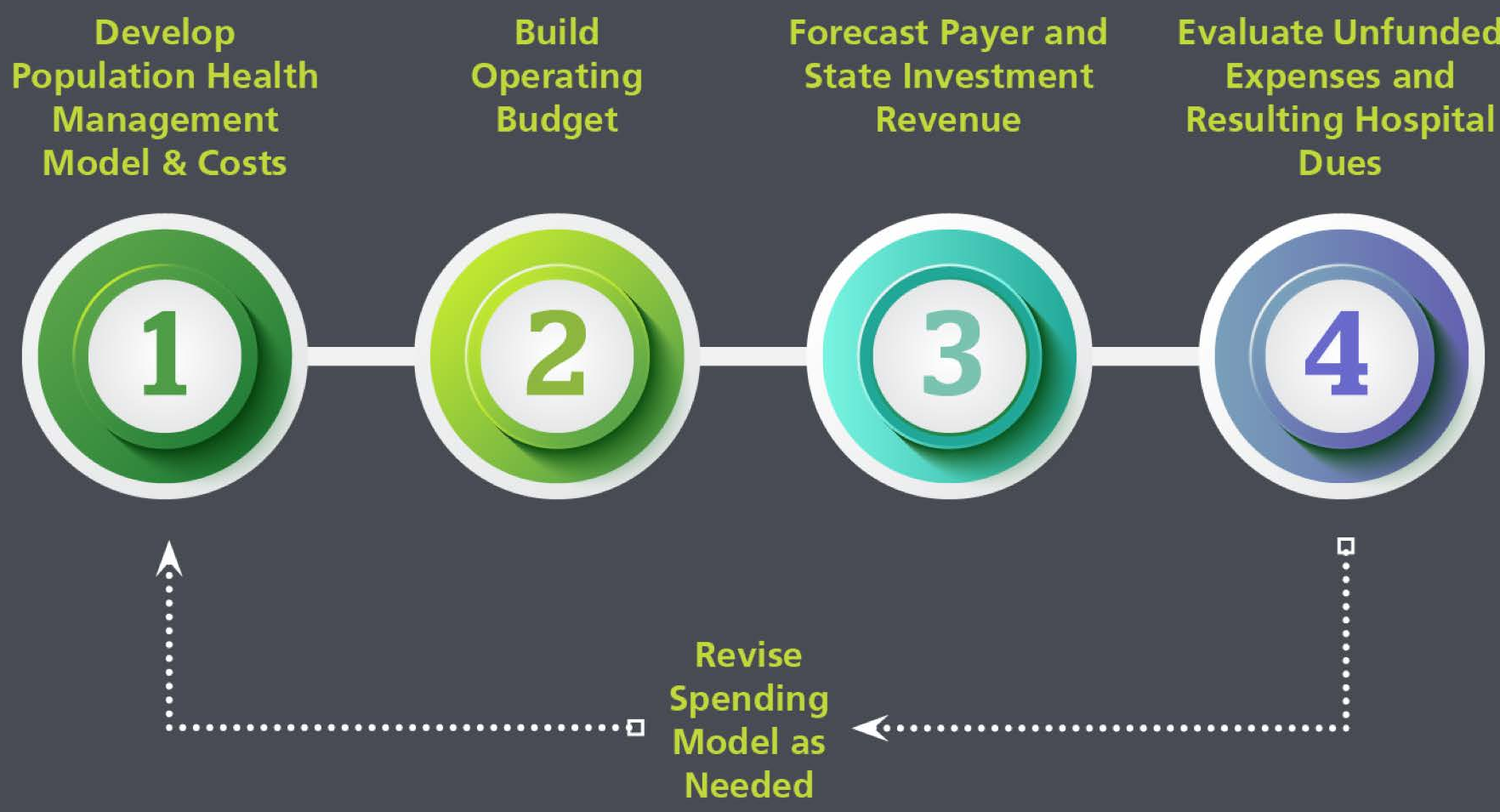
Hospitals are the primary risk-bearing entities in 2020.

The magnitude of risk, particularly in the Medicare program, represents a barrier to continued growth.

Reserving for risk is essential for the sustainability of two-sided accountability programs.

2020 OneCare Vermont Budget

Budget
Build Process



Population Health Management Investment Areas

Investment Area	Amount	Focus & Purpose
Care Coordination	$10,223,590	Payments designed to encourage enhanced coordination and communication of patient care across providers; DULCE initiative
Primary Care	$10,551,533	Payments to primary care intended to supply resources to focus on population health initiatives and the All Payer Model goals
Quality	$8,554,737	Incentivizing focus on quality with emphasis on All Payer Model goals
Primary Prevention	$1,031,752	Investments in RiseVT wellness initiatives that aim to build and maintain a healthy population
Specialty Care	$3,144,500	Development of specialized program models to enhance access to coordinated specialty care including mental health
Innovation	$1,367,580	Investments for innovative program pilots with the opportunity to improve care, generate savings and expand to other communities
Blueprint Programs	$8,242,374	Supports and Services at Home (SASH), Community Health Team (CHT) and Patient Centered Medical Home (PCMH) payments
Total	**$43,116,066**	Total funding opportunity; dependent on provider engagement and attribution

Population Health Management Investments Recipients

Provider Type	Amount	Programs
Primary Care Providers	$22,727,529	OneCare PMPM; Care Coordination Program; Value Based Incentive Fund; Comprehensive Payment Reform Program; Innovation Fund; Blueprint Programs
Specialty & Acute Care	$5,068,854	Specialist Program; Value Based Incentive Fund
Supports and Services at Home (SASH)	$3,968,246	Blueprint Programs
Designated Agencies / Mental Health	$3,398,514	Care Coordination Program; Value Based Incentive Fund; Specialist Program; Innovation Fund
Community Health Teams	$2,379,711	Blueprint Programs
Community Investments	$2,206,752	Primary Prevention; DULCE
Home Health Providers	$1,913,538	Care Coordination Program; Value Based Incentive Fund
To Be Determined	$917,505	Innovation Fund; Quality Enhancement Projects
Area Agencies on Aging	$535,415	Care Coordination Program
Total	**$43,116,066**	Total funding opportunity; dependent on provider engagement and attribution

Operating Expenses by Function

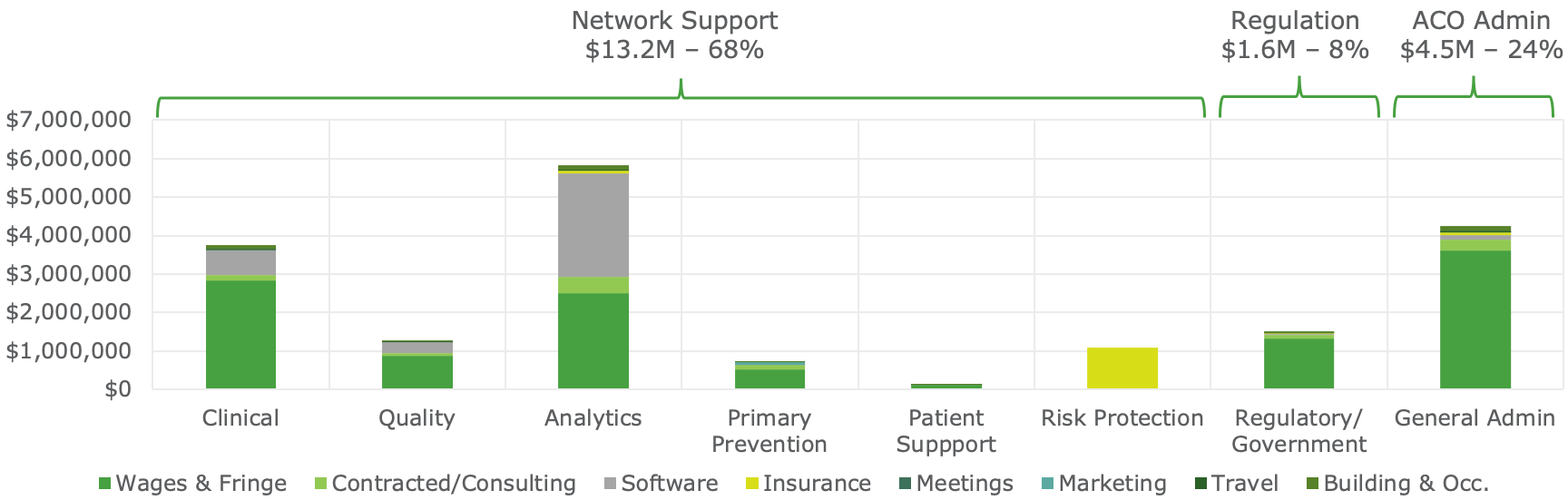
Expense	Amount
Salaries and Benefits	$11,776,602
Contracted Services	$1,173,970
Software	$3,726,889
Insurance	$150,000
Supplies	$188,830
Travel	$103,250
Occupancy	$456,859
Other	$485,500
Meetings	$35,700
Prof. Development	$103,238
Risk Protection	$1,075,912
Total	**$19,276,749**

Annual evaluation of current positions and expenses

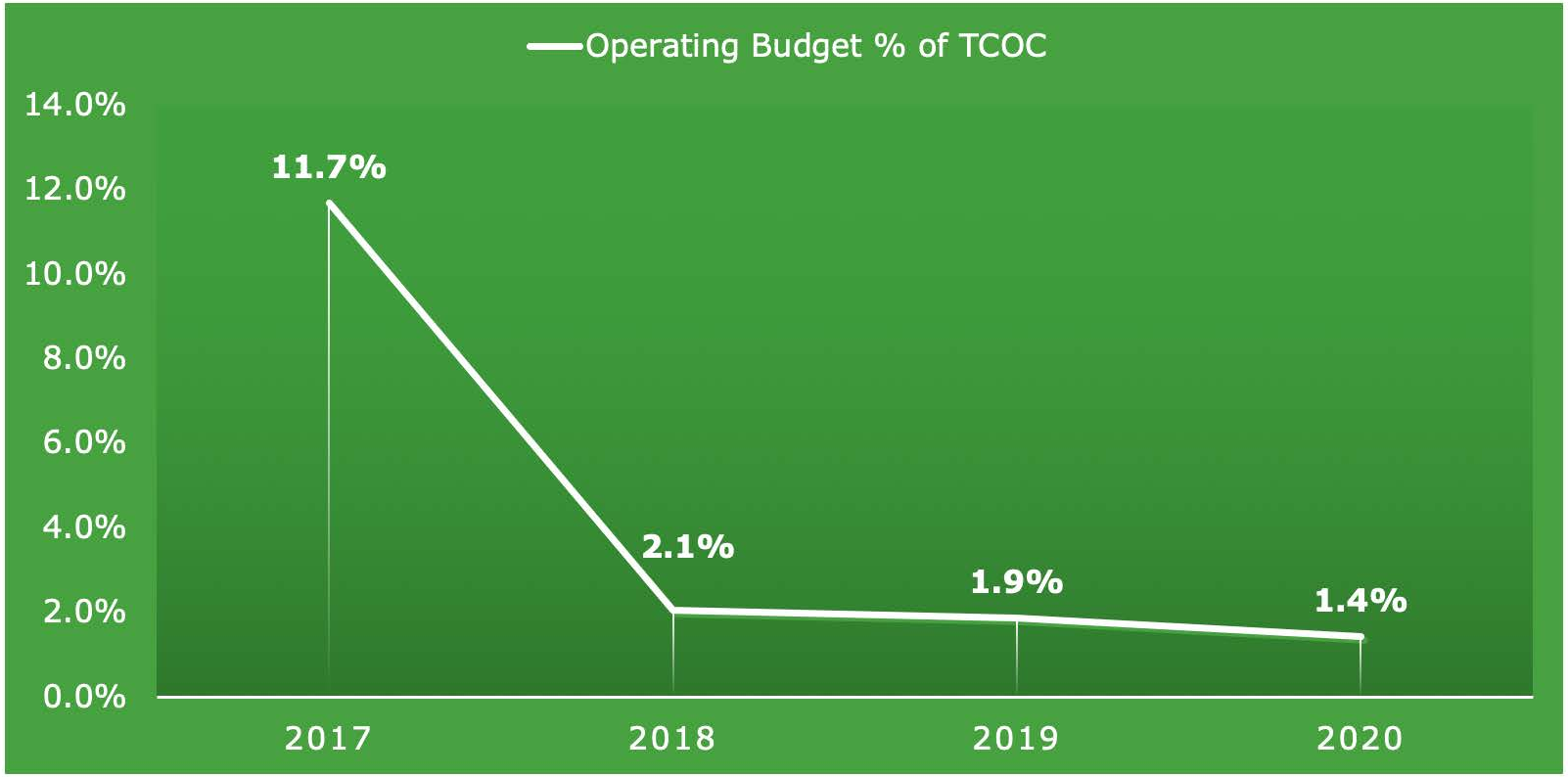
Overall expense management

Growth in key areas to meet the needs of the network

- Analytics
- Finance
- Legal



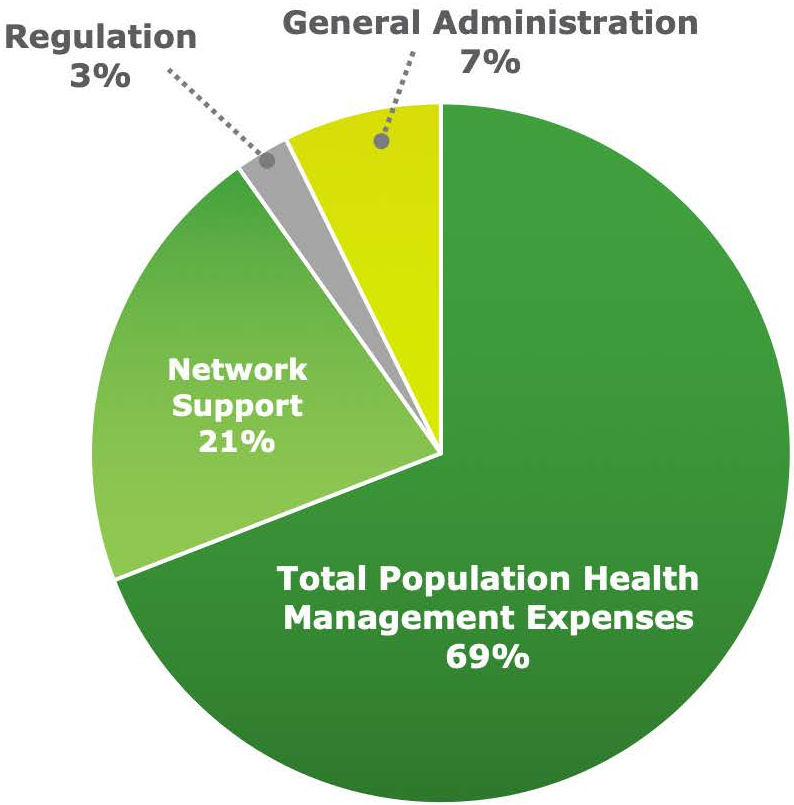
Economies of Scale



This demonstrates the economies of scale benefit from a single statewide ACO model.

Investments and Expense Summary

Expense Line	Budget
Care Coordination	$10,223,590
Primary Care	$10,551,533
Quality	$8,554,737
Primary Prevention	$1,031,752
Specialty Care	$3,144,500
Innovation	$1,367,580
Blueprint Programs	$8,242,374
Total PHM Expenses	**$43,116,066**
Network Support	$13,155,862
Regulation	$1,572,241
General Administration	$4,548,646
Total Operating Expenses	**$19,276,749**
Total OneCare Budget	**$62,392,815**



* Represents breakdown of $62 million of OneCare expenses

Healthcare Reform & HIT Breakdown

Delivery System Reform	2019 Amount	2020 Budget	YTY Change	2020 State Contribution*
Care Coordination	$375,000	$5,500,000	$5,125,000	$2,750,000
Mental Health	$0	$500,000	$500,000	$250,000
Primary Prevention	$1,100,000	$1,800,000	$700,000	$900,000
Health Information Technology (HIT)	$1,500,000	$0	($1,500,000)	$0
Delivery System Reform Total	**$2,975,000**	**$7,800,000**	**$4,825,000**	**$3,900,000**

Other State Investments	2019 Amount	2020 Budget	YTY Change	2020 State Contribution*
Health Information Technology (HIT)	$2,750,000	$3,500,000	$750,000	$630,000

OneCare Contribution	2019 Amount	2020 Budget	YTY Change
OneCare Fixed Payment Care Coord. Allocation	$5,125,000	$5,300,000	$175,000

Total	2019 Amount	2020 Budget	YTY Change	2020 State Contribution*
Healthcare Reform Investments	$6,600,000	$13,100,000	$6,500,000	$3,900,000
Health Information Technology	$4,250,000	$3,500,000	($750,000)	$630,000
Total	**$10,850,000**	**$16,600,000**	**$5,750,000**	**$4,530,000**

* Based on estimated state match rates with the federal government

Full OneCare Budget Summary

	Budget
Payer Program Investments	$10.7M
New Programs (Delivery Service Reform)	$6.0M
Existing Programs (Delivery Service Reform)	$1.8M
OneCare Fixed Payment Care Coordination Allocation	$5.3M
Health Information Technology (HIT) Investments	$3.5M
Other Investments	$2.3M
Hospital Contributions to Blueprint	$8.2M
Hospital Investments	$24.4M
Total Income	**$62.2M**
Population Health Payments to Providers	$43.1M
Network Support	$13.2M
Regulation	$1.6M
General Admin	$4.5M
Total Expense	**$62.2M**
Gain (Loss)	**$0**

Break-even budget

Budget incorporates no additional reserve development (2019 performance results will need to be evaluated)

Continued investment in the provider network

All Payer Model continues to rely on significant hospital investments

Challenges

- Foot in two canoes: System operating two business models
- Operational payer challenges with data and value based payments
- Magnitude of risk exposure for rural hospitals
- Expanding investments from the hospital systems as population grows
- Lack of health care policy and regulatory alignment
- Timing pressures

Population Health Management

Connecting Patients
To Primary Care

KEY Takeaway:

- Medicaid and Medicare patients are satisfied with their access to primary care services (CAHPS 2018)
- By June 2019, 8,384 (91%) of high and very high risk Medicare patients had a visit with primary care

Satisfaction rate with receiving timely care

KIDS

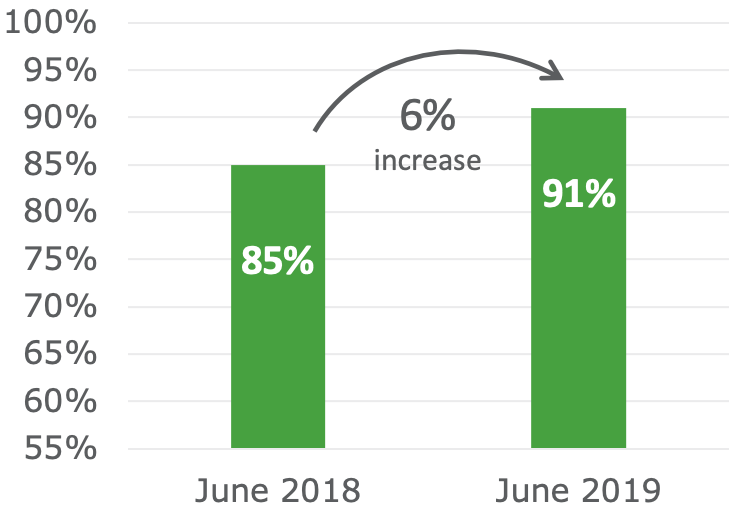
MEDICAID: **94%**

ADULTS

MEDICARE: **85%**

MEDICAID: **88%**

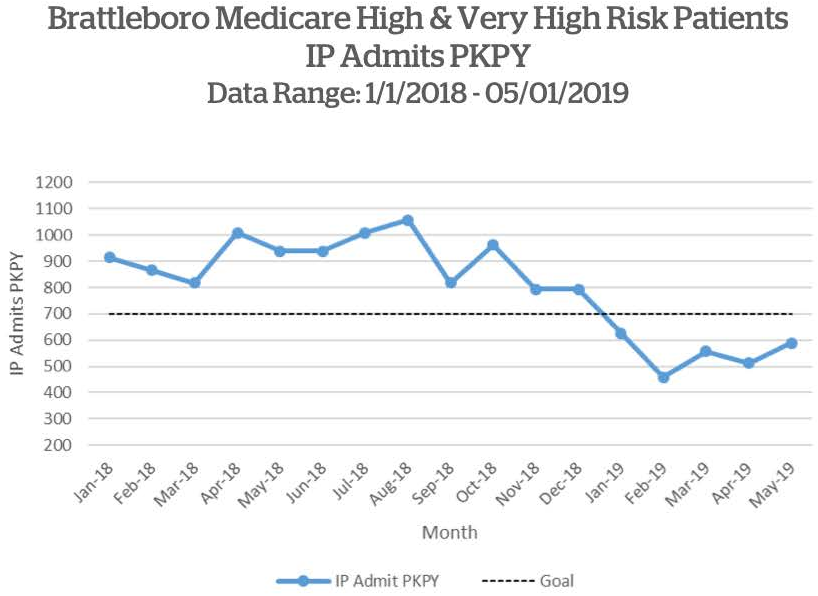
High/Very High Risk Medicare Patient Engagement with Primary Care

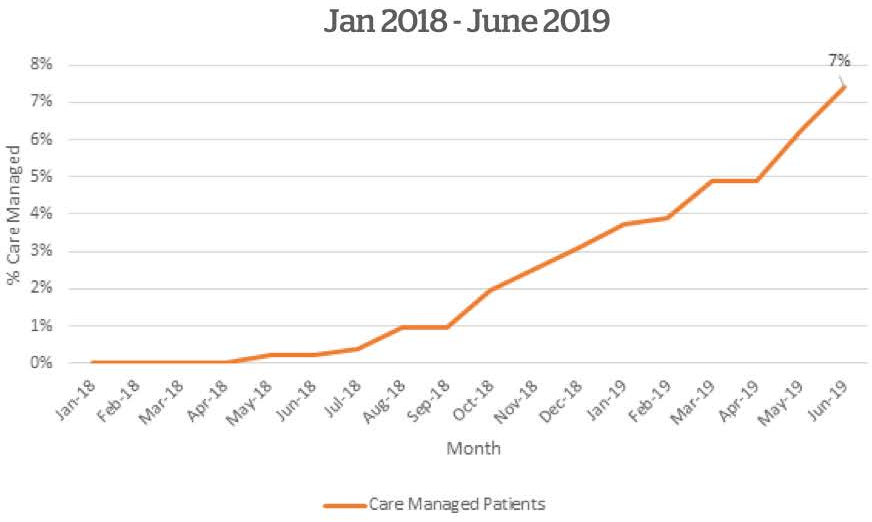


Improvement Story:
Brattleboro Health Service Area

KEY Takeaway:

Inpatient admissions are trending down among high/very high risk Medicare beneficiaries in the Brattleboro Health Service Area due to improved proactive care management.

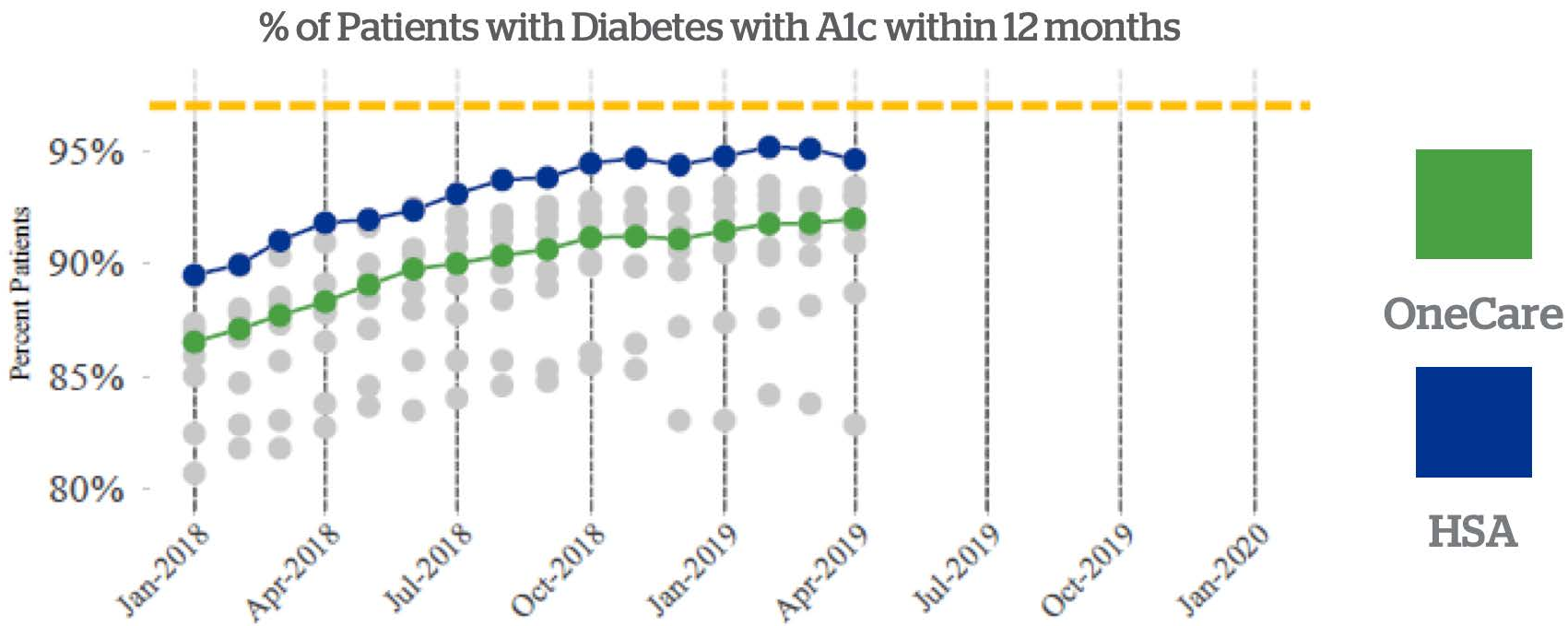




Improvement Story:
Berlin Health Service Area

KEY Takeaway:

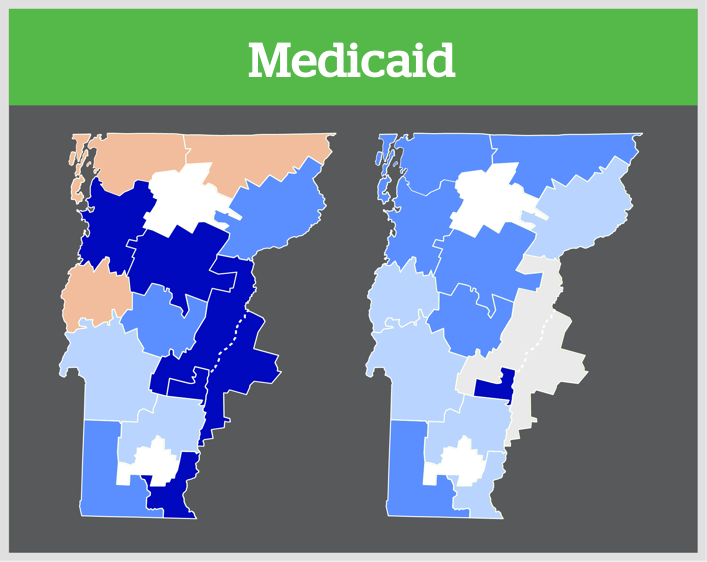
CVMC's focus on panel management and aligned provider incentives has resulted in a steady increase in the number of Medicaid patients with Diabetes with an A1c test across the Berlin HSA.



Improvement Story:
Network Emergency Department Utilization

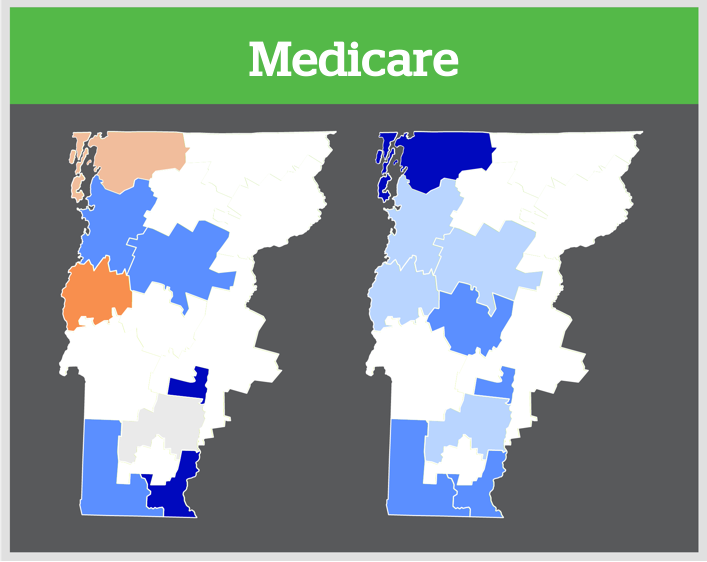
KEY Takeaway:

- OneCare develops tools to analyze clinical priorities and examine variation across its network
- Many communities have demonstrated >10% improvement in ED utilization PKPY* among high/very high risk patients



ED Visits for H&VH Risk Cohorts (PKPY)

High & Very High Risk Patients in Care Management %



ED Visits for H&VH Risk Cohorts (PKPY)

High & Very High Risk Patients in Care Management %

Difference from 2018 OCV Baseline

Clinical Priorities

- Improved by > 20%
- Improved by 10% to 20%
- Improved by up to 10%
- Worsened by less than 5%
- Worsened by 5% to 10%
- Worsened by 10% to 20%
- Worsened by >20%

**PKPY: per 1000 members per year*

Advanced Analytics Accelerate Healthcare Reform

Provide timely, useful reports

Use data to drive change and improve quality of care

Provide insights into individual and population health needs

Access to information about care received anywhere

Share data to reduce duplication of services and address gaps in care

Evaluate the impact of interventions and investments

Selected Highlights of OneCare's Strategies to Address APM Population Health Goals

Goal #1
Increase Access to Primary Care

- Invest in Primary Care (PHM, Care Coordination, Quality)
- Comprehensive Payment Reform (CPR) program for independent practices
- Test innovations such as the Building Strong Families clinic in Burlington's New North End
- Tools, data, and education on annual wellness visits
- Deploy a Patient Engagement toolkit and support practices to encourage primary care engagement

Goal #2
Reduce Deaths Related to Suicide and Drug Overdose

- Ongoing support of SASH / Howard Mental Health Pilot
- Innovation fund pilots addressing access to child psychiatry, avoiding readmissions for individuals with serious mental illness, creating urgent child psychiatric care outside of the ED in Bennington
- Ongoing support for suicide prevention training across the state.
- Focus on improving opioid prescribing practices and access to medication assisted treatment.

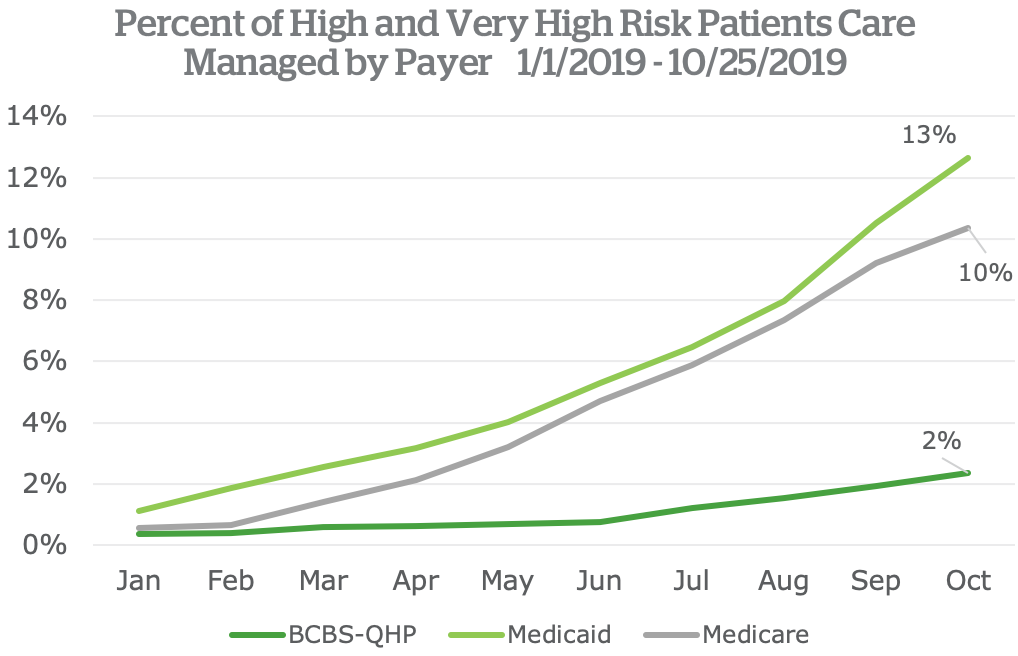
Goal #3
Reduce Prevalence and Morbidity of Chronic Disease

- Clinical education on Asthma and COPD
- Expansion of RiseVT to support health and wellness across communities
- Innovation fund pilots screening for diabetic retinopathy, cardiac & pulmonary prevention program, home-based care for patients with neurodegenerative disease
- Collaboration with VDH on creation of State Health Improvement Plan including focus areas and key actions

Key Care Delivery Transformation: Care Coordination

Six-fold increase in the number of patients actively care managed

- 504 in 2018 to 3,044 (as of 10/25/19)
- 11,360 individuals have been touched by OneCare's care coordination program thus far in 2019 YTD.
- 3,837 individuals have a shared care plan in place thus far in 2019 YTD.



75 organizations and more than 700 care coordinators* are working statewide to support person-centered care.

(*active Care Navigator users)

Care Coordination Impact
on Primary Care Engagement

KEY Takeaway:

- 99% of Medicaid and Medicare patients active in care management for ≥ 6 months have had a visit with primary care.
- Patients active in care management were well supported by their care team as evidence by a 15% increase in documented encounters.

99% of Medicaid and Medicare patients active in care management for ≥ 6 months are engaged with primary care.

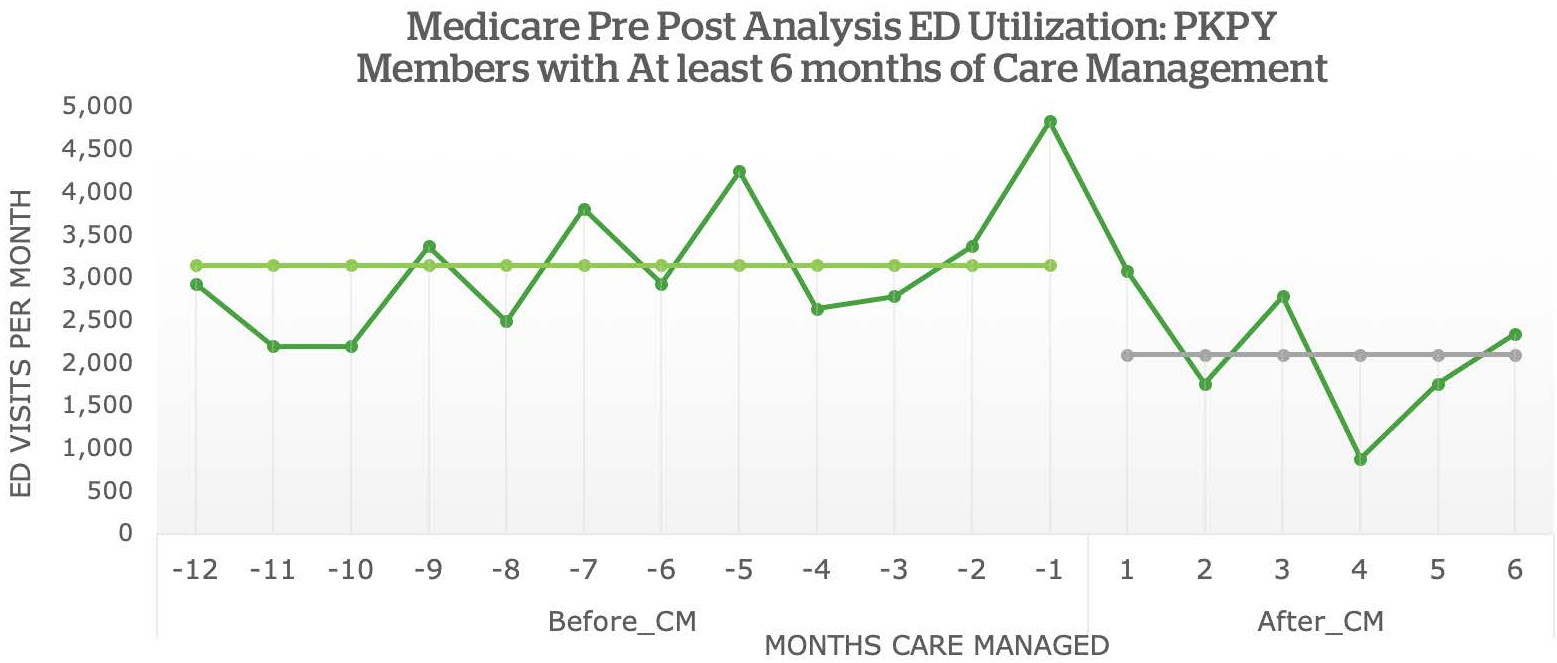
Medicaid

Medicare

Improvement Story:
Care Coordination Impact on ED Utilization

KEY Takeaway:

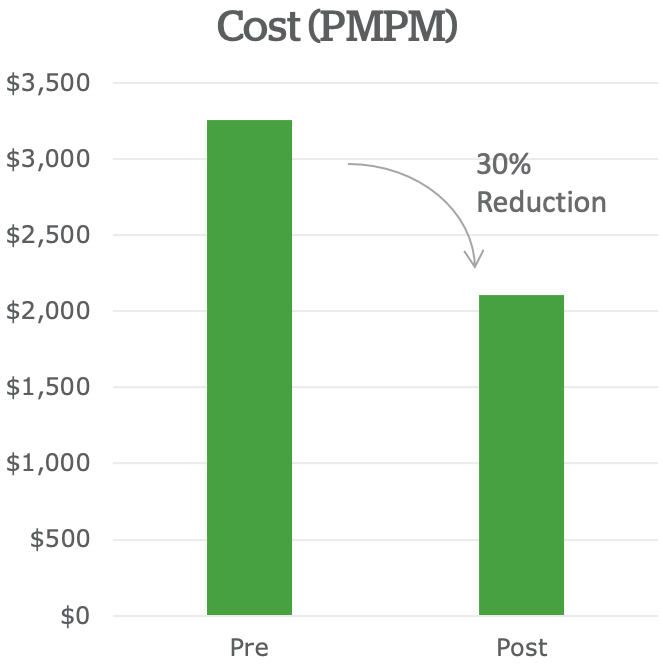
- 33% reduction (3,246 to 2,098 PKPY; P<.001) in ED utilization among care managed Medicare patients
- 13% reduction (1,774 to 1,534 PKPY; P<.001) in ED utilization among care managed Medicaid patients

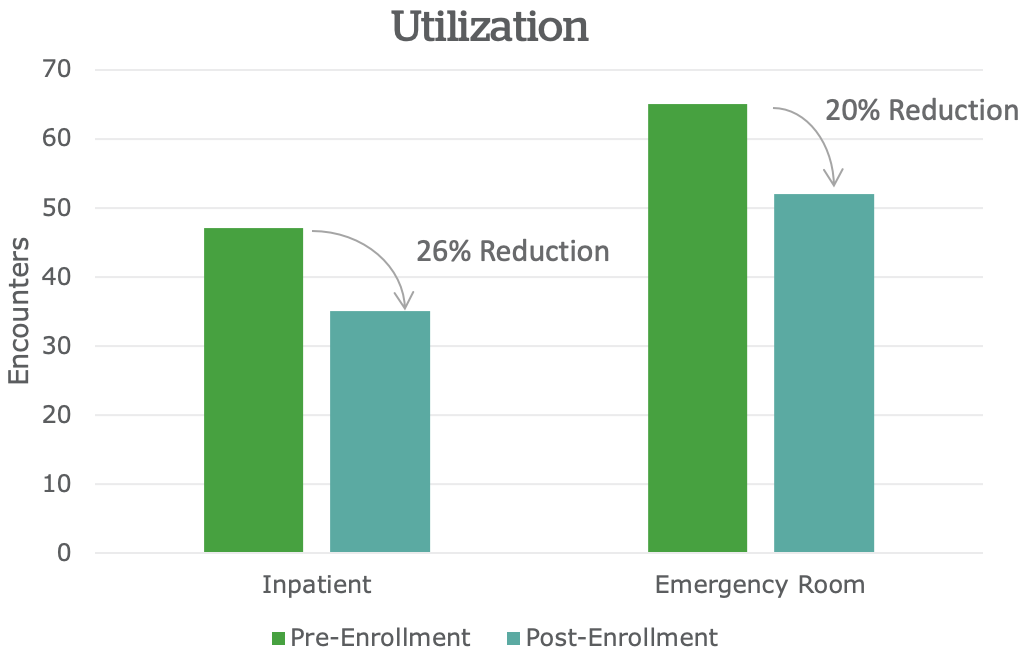


Improvement Story:
Care Coordination Impact on Cost and Utilization

KEY Takeaway:

- UVMHN HHH achieved decreases of: $1,150 PMPM, 26% in IP admits, and 20% in ED utilization in their longitudinal care pilot
- OneCare is investing to spread this change to nine additional HSAs in 2020





Advancing the Care Coordination Payment Model in 2020

Move from capacity building to paying for value

Accelerate engagement to support patient attainment of goals, and positive clinical and financial outcomes

Obtained broad stakeholder participation and buy-in

- 20 focus group participants statewide representing: area agencies on aging, Blueprint, designated mental health agencies, home health, primary care (FQHC, hospital, independent), SASH

Maintain payer and regulatory requirements

New Payment Model:

- Implementation April 1, 2020
- Increased PMPMs for lead care coordinator and care team based on active engagement
- Annual payments to lead care coordinator and care team for care conference completion
- Allow up to 12 months of capacity payments for new ACO entrants
- Same partners eligible for funding (PCP, AAA, DA, HH); SASH funded through OneCare contract

Key Enhancements Anticipated in 2020

- Increase number of Vermonters under an Aligned Care Model
- Advance the Complex Care Coordination Payment Model
- Embedded Clinical Pharmacists
- Longitudinal Care Pilot Expansion
- Mental Health Investments
- Improve Primary Care Engagement
- Invest in Innovation

2020 Budget Plan Supports:

Better Health and Wellness for Vermonters

Investments to Advance the All-Payer Model Care Goals

Payer and Attribution Growth in the All-Payer Model

Hospital Payment Reform

Primary Care and Community-Based Services Support

Continuity of Medicare Blueprint Funds

"Instead of working in silos, we can approach this as a system. We are developing stronger relationships."

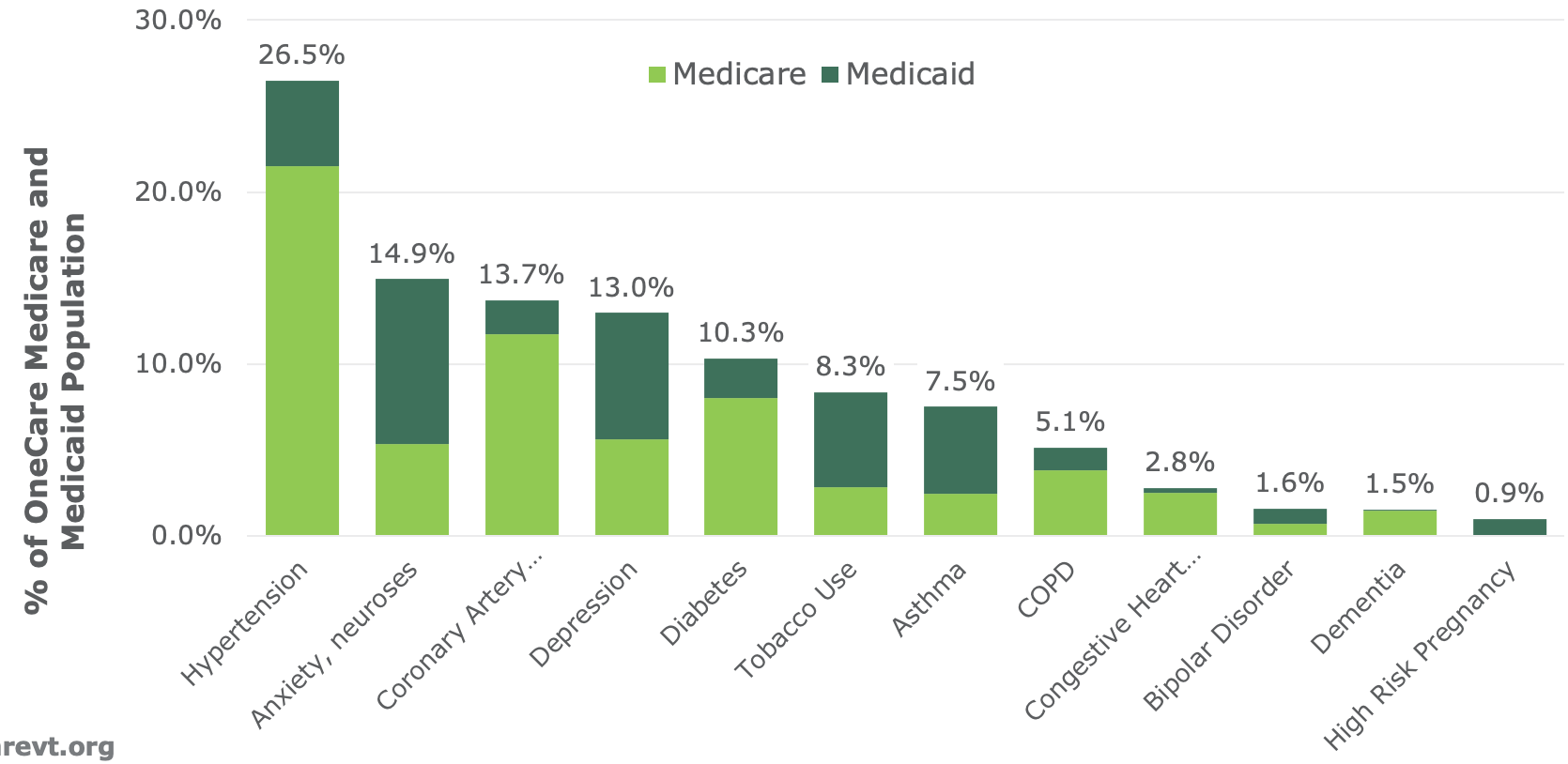
-Jill Lord
Mount Ascutney Hospital
and Health Center

Appendix

2019 Patient Demographics: OneCare Medicare and Medicaid Population Condition Prevalence

KEY Takeaway:

- Condition prevalence varies by payer population
- OneCare utilized condition prevalence to inform clinical priority setting and clinical education offerings



Clinical Education Supports
Care Delivery Transformation

FEB
INTERDISCIPLINARY GRAND ROUNDS: PEDIATRIC ADHD
53 Attendees

MAR
INTERDISCIPLINARY GRAND ROUNDS: SKILLED NURSING FACILITY
35 Attendees

MAY
INTERDISCIPLINARY GRAND ROUNDS: SEPSIS
Full day session
100 Attendees
INTERDISCIPLINARY GRAND ROUNDS: JUULING AND VAPING
70 Attendees

JUN
INTERDISCIPLINARY GRAND ROUNDS: IMPLEMENTING TRANSITIONAL CARE MANAGEMENT IN PRIMARY CARE
35 Attendees

JUL
NOONTIME KNOWLEDGE: UPDATE ON OPIOID PRESCRIBING AND TAPERING STRATEGIES
110 Attendees

AUG
NOONTIME KNOWLEDGE: ADVANCE CARE PLANNING THE GOOD, THE BAD & THE UGLY
55 Attendees

SEP
NOONTIME KNOWLEDGE: SEPSIS
40 Attendees
INTERDISCIPLINARY GRAND ROUNDS: LIFESTYLE MEDICINE & WELLNESS
25 Attendees

OCT
INTERDISCIPLINARY GRAND ROUNDS: ADOLESCENT HEALTH AND WELLNESS VISITS
40 Attendees

NOV
NOONTIME KNOWLEDGE: HUMAN TRAFFICKING
Upcoming Offering

DEC
NOONTIME KNOWLEDGE: HEP C
Upcoming Offering
INTERDISCIPLINARY GRAND ROUNDS: CONGESTIVE HEART FAILURE
Upcoming Offering

RISE VT

Embracing Healthy Lifestyles

AT NINE HOSPITALS SERVING 36 VERMONT COMMUNITIES IN 2019

- 16 program managers are embedded in local communities employed by Vermont's hospitals.
- Launched "Sweet Enough" - statewide campaign to reduce sugary beverage consumption in Oct. 2019.
- Goal: RiseVT in all 14 counties by end of 2020.
- Awarded $207,933 YTD in Amplify Grants directly to Vermont communities for health and wellness activities and systems change.

INNOVATIVE LOCAL PROJECTS:

- Snowshoes at libraries across Vermont.
- Numerous trail associations = more access to outdoor recreation.
- Schools promoting new nutrition, physical activity, and Vermont culture programs
- Evidence-based mindfulness programs for young children and teacher training.
- Farmers market programs.
- Community members offer their skills for local programs: "Community Track" in Morrisville.
- Rise and Walk programs engage community with hospital practitioners.

DULCE
Strengthening Families

Local Parent Child Centers employ family specialists who are embedded in the pediatric practice.

- Attend well-child visits from birth to six months.
- Support healthy growth and development
- Navigate social services
- Connect families to legal supports

Four new DULCE* sites started in September 2019 for a total of five pediatric practices using the model statewide.

*DULCE = Developmental Understanding & Legal Collaboration for Everyone

Investments in Innovation

Youth Psychiatric Urgent Care Model
Area of Impact:
Bennington HSA

Telemedicine and Home Health for ALS Patients
Area of Impact:
Statewide

Community Embedded Well Child Care "Building Strong Families Clinic"
Area of Impact:
Burlington HSA

Child Pyschiatric Consultation Clinic
Area of Impact:
Burlington HSA;
Statewide via telehealth

Ocular Telehealth in Primary Care
Area of Impact:
Middlebury HSA

Wellness Plus "Pre Hab" Cardiac and Pulmonary Program
Area of Impact:
Brattleboro HSA

TeleFriend Pilot: Addressing Mental Health at Home
Area of Impact:
Statewide

TeleCare Connection: Hospital to Home Transitions
Area of Impact:
Burlington HSA

Photo: Open House for the Building Strong Families Clinic

Tuesday, Sept. 24, 2019