OneCare Vermont

**2018 Comprehensive Payment Reform (CPR) Pilot**
**Final Report to Green Mountain Care Board**

**Program Summary**
OneCare Vermont designed and implemented a program to transition independent primary care practices away from fee-for-service (FFS) reimbursement to a payer-blended per member per month (PMPM) payment model for all attributed lives. The purpose of this initiative, known as the Comprehensive Payment Reform (CPR) pilot, is to implement payment reform that results in a simpler and more predictable revenue stream, enhanced financial resources, and a reimbursement model that allows for clinical flexibility and innovation. Three primary care organizations, representing 8 practice sites agreed to participate in the 2018 pilot year and work collaboratively with OneCare on the initial design and continued enhancement of the program.

**Quality Outcomes**
All OneCare primary care organizations are expected to meet the requirements of the network-wide ACO clinical model, regardless of participation in the CPR Pilot. OneCare's annual quality collection results reflect an aggregate score for the entire network based on a random sample per measure as determined by each payer.

CPR participating organizations are also required to implement a quality improvement or service delivery improvement project during 2019. Below are project outcomes from the three participating organizations:

Thomas Chittenden Health Center's (TCHC) project goal was to improve access to mental health services by embedding a mental health practitioner in the primary care setting rather than relying on specialty referrals or visits to sites outside the primary care setting. With the additional funding from the CPR program, TCHC was able to invest in hiring a psychiatric nurse practitioner two days per week and provide psychiatric services to patients lacking health insurance coverage. TCHC was able to increase access to a mental health professional by 80%.

Primary Care Health Partners' (PCHP) project goal was to create a second diabetic group and define a curriculum for diabetes group visits for the St. Albans practice that could be replicated to their other practices. The practice created a curriculum and the group has achieved significant improvement in diabetes (e.g. HgA1c) and hypertension (e.g. blood pressure control) outcomes among the group members, who had been struggling to reach these goals for many years through the traditional office visit model. The CPR funding allowed PCHP the financial flexibility to initiate a Diabetic Group that would otherwise have been difficult to support in a Fee-for-Service model.

Cold Hollow Family Practice's (CHFP) project goal was to assess and improve practice operations. Facilitated by a relationship with OneCare, CHFP retained Vermont Program for Quality in health Care, Inc. (VPQHC) to perform a value stream analysis. The analysis, performed over the course of


2018, identified a set of issues, root causes and countermeasures. Implementation of the recommended action plan will result in a reduction in administrative burden for both providers and patients, reduce provider interruptions, and improve provider variance for similar services. Project implementation is anticipated to be completed during 2019.

**CPR Fixed Payments**

The 2018 CPR fixed payment was comprised of the following components: a Fee-for-Service equivalent, Population Health Management Payment ($3.25 PMPM), Care Coordination for High and Very High Risk Patients ($15 PMPM), and CPR Added Resources (variable amount to bring each organization to the modeled PMPM payment). In 2018, CPR organizations received fixed payment revenue of $[redacted] PMPM. This compares to $[redacted] if they participated in OneCare programs but outside of the CPR model. OneCare estimates that the PMPM that hospital-owned primary care would have earned for attributed lives if they participated in OneCare programs, but outside of a fixed payment model is $[redacted].

**Practice Experience**

The 2018 pilot year saw the successful conversion of three independent primary care organizations from fee-for-service to a payer-blended fixed payment model. The organizations were able to build the necessary infrastructure to make the conversion and realize the value of the predictable revenue stream and positive impact to the delivery of care.

Through ongoing dialogue with independent practitioners, OneCare recognized that some independent primary care practices needed additional time to build an infrastructure to fully convert to fixed payments. In response to the burden in setting up systems to facilitate two revenue streams (fixed payments for ACO-attributed patients and fee-for-service for non-attributed patients), OneCare added an option for partial capitation in 2019 as an on-ramp to full capitation.

OneCare continues to evolve the CPR Pilot, co-designing the model with input from independent primary care providers based on each performance year's experience.