

Scale

What is Scale?

- The percentage of Vermonters whose insurer is participating in an ACO program that qualifies as a Scale Target ACO Initiative and whose providers are opting into the model
- Designed to ensure that a critical mass of Vermont’s population is engaged in the APM– and hence, that providers have a real opportunity to change their care delivery and business models to support value, not volume and a migration from treating episodic illness to prevention.

How is Vermont doing relative to scale targets?

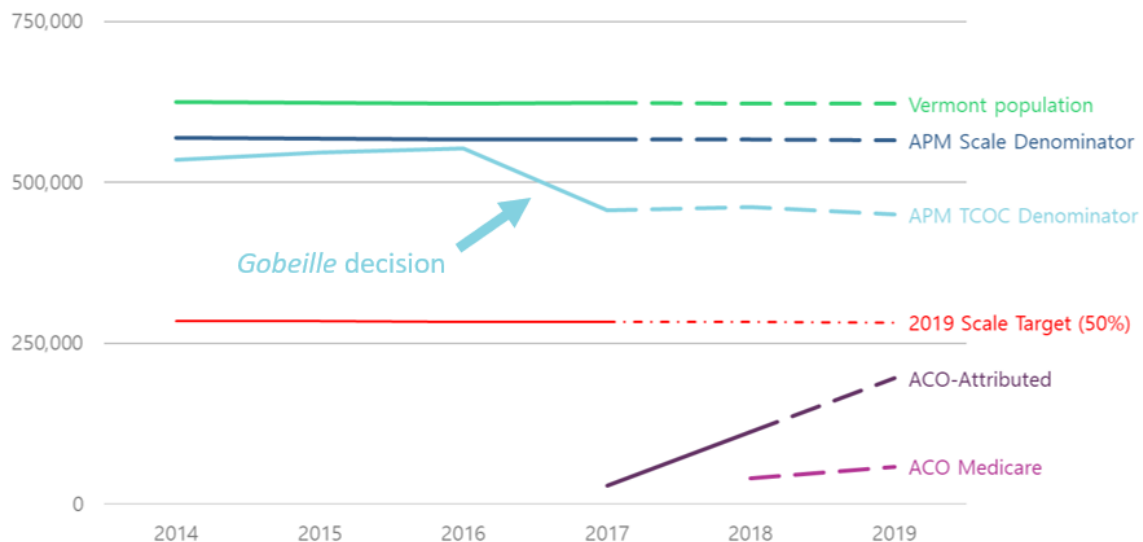
- Vermont did not meet scale targets in the first year of the All-Payer Model. Due to not meeting the requirements, state partners conducted a survey over the summer of 2019 and produced a [scale target memo](#). Barriers were identified and strategies were suggested to achieve scale in the future.

Scale Targets per APM Agreement (Actuals)	PY1 (2018)	PY2 (2019)	PY3 (2020)	PY4 (2021)	PY5 (2022)
All-Payer Scale Target	36% (20%)	50% (31%)	58% (~48%)	62%	70%
Medicare Scale Target	60% (36%)	75% (48%)	79% (~46%)	83%	90%

Scale strategies identified by APM stakeholders documented in the [scale target memo](#) include:

- Design an option for primary care practices to join without a hospital partner
- Offer multiple risk models based on hospital size and readiness
- Improve clarity of contracts with FQHCs (e.g. expectations, deliverables, attribution methodology)
- Offer or facilitate network-based telehealth opportunities to smaller providers
- Continue to improve Care Navigator to allow use for all patients (not just ACO-attributed) and reduce burden of duplicate record-keeping by allowing uploads from existing EMR systems

Scale and APM Populations



Gobeille Decision: A lawsuit that eliminated the requirement for self-funded payers to report data to VHCURES.