



OneCareVermont

**OneCare Vermont Accountable Care Organization, LLC  
Board of Managers Meeting Agenda  
November 13, 2018  
4:30 p.m. – 7:00 p.m.  
Central Vermont Medical Center – Conference Rooms 1 & 2**

<u>Time</u>	<u>Agenda Item</u>	<u>Presenter</u>
4:30 p.m.	Call to Order	Kevin Stone
4:32 p.m.	Approval of Minutes* <ul style="list-style-type: none"><li>October 16, 2018 Board of Managers Meeting</li></ul>	Kevin Stone
4:35 p.m.	CEO Updates <ul style="list-style-type: none"><li>Success Story</li></ul>	Todd Moore Sara Barry
4:45 p.m.	OneCare Committee Updates <ul style="list-style-type: none"><li>Executive Committee</li><li>Finance Committee* <i>Vote to Approve September Monthly P&amp;L</i></li><li>Patient and Family Advisory Committee</li></ul>	Kevin Stone Todd Keating Betsy Davis/Toby Sadkin
4:55 p.m.	CMO Update*	Norm Ward
5:05 p.m.	Program Updates <ul style="list-style-type: none"><li>2018 Program Performance Dashboard*</li></ul>	Tom Borys
5:20p.m.	Public Comment	Kevin Stone
5:25 p.m.	OneCare Board of Managers Executive Session	Kevin Stone
7:00 p.m.	Adjourn	Kevin Stone

\*Denotes Attachment

Attachments:

1. Draft of OneCare Board of Manager Minutes from October 16, 2018
2. September Financial P&L Report
3. 2018 YTD Payer Program Summary Dashboard Performance Report
4. CMO's Corner

***Note: Reasonable expenses of managers for attendance at board meetings may be paid or reimbursed by OneCare Vermont.***



## ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC

### BOARD OF MANAGERS MEETING

OCTOBER 16, 2018

#### MINUTES

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held on October 16, 2018 at OneCare Vermont.

#### I. Call to Order

Kevin Stone called the meeting to order at 4:37 p.m. and introduced Sierra Lowell, Manager in Medicaid Beneficiary seat that was vacated by Angela Allard. Mr. Stone also acknowledged and greeted a member of the public in attendance.

#### II. Minutes

The minutes from September 2018, were approved unanimously with noted corrections.

#### III. CEO Update

The Green Mountain Care Board (GMCB) and the Healthcare Advocate sent follow-up questions to the OneCare budget submission and responses were submitted today. Todd Moore informed the Board that OneCare’s budget hearing at the Green Mountain Care Board (GMCB) is scheduled for next week. Mr. Moore described the general format of the presentation. Mr. Stone informed everyone that he would attend the hearing and welcomed other Board Members to attend if their schedules permit.

#### IV. Committee Updates

*Executive Committee:* The committee discussed having more opportunity for substantive discussions during the monthly full board meetings given the significant work that is being done. There was discussion about the results of the 2017 Vermont Medicaid Next Generation (VMNG) program and the distribution of the savings. The committee also received updates on the All-Inclusive Population Based Payment (AIPBP) situation, the government relations services RFP. The topics of 2019 governance structure for OneCare Board and approach in 2019 for Medicare funded portion of the Blueprint payments which is paid out by OneCare.

*Finance Committee:* The Committee discussed the AIPBP issue and significant work that all of the hospitals are doing in examining their data in trying to determine the impact of the issue. The GMCB is aware of the issue. Karen Lee provided an update on commercial payer program negotiations. The Committee also discussed the benchmark calculation for Medicare, the final budget submission, and the 2017 program results for Medicare and BCBSVT. Finally, the August Financials PL were reviewed, which upon a motion being made and seconded, was approved by the Board unanimously.



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*Population Health Strategy Committee:* Dr. Steve Leffler shared that Dr. Mark Depman was departing the committee and proposed that Central Vermont Medical Center's new Chief Medical Officer, Dr. Patricia Fischer be appointed to join the committee. A motion was made to approve Dr. Fischer's appointment to the committee, which was seconded and approved by the Board unanimously.

### V. CMO Update

Dr. Norman Ward updated the board on clinical activities that are highlighted in the CMO's Corner document in the public packet. Dr. Ward also shared a concern with the Board that many of the communities are having a hard time finding a Regional Clinical Representative and asked the Board members to think about how they and OneCare might be able to help bolster participation.

### VI. Program Updates:

Tom Borys updated the Board on the YTD performance dashboard. Medicare is currently under the target through May, but utilization is a bit high in some categories. This will be monitored closely particularly, inpatient utilization is showing a 26% increase. OneCare is continuing to work with BCBSVT to reach an agreement on the 2018 target and performance against that target.

Sara Barry highlighted the 2017 performance for quality measures for Medicare Shared Savings Program (MSSP) and Blue Cross Blue Shield of Vermont (BCBSVT)

For BCBSVT, there was slight decline in quality from 2016, primarily attributable to variances in the all cause readmissions measure. Because the measure's denominator is low, a small number of readmissions resulted in no quality points being earned.

Information for scoring is pulled from claims based systems and one difficulty is lack of access to substance use claim because of Part 2 regulations. The report is on measures for 2017 programs, 2018 measures will be different.

For MSSP there was an 8% score decrease attributable to six measures moving from reporting only to payment measures. Nationally, other ACOs had similar experiences.

The 2018-2019 improvement strategy, already being implemented, is to provide education on measures and how to report them in plain English, as well as education around the changes in the Value Based Incentive Fund (VBIF), and the continued dissemination of the networks success stories.

In 2019 there will be 13 measures instead of 31, as recommended to and approved by the GMCB and the measures are in alignment with the All-Payer Model. In 2019 there will be three pilot Health Service Areas, which will participate in data and quality data abstraction for the VBIF to see how OneCare could tie variable performance to actual quality performance.

Ms. Barry highlighted the successes of the Diabetes Collaborative. OneCare will be working with Bi-State Primary Care Association to have the Diabetes Collaborative present at Bi-State's spring conference.

Mr. Borys reviewed the BCBSVT and Medicare financial results, and the final spend compared to the final target and benchmark for 2017.

### VII. Public Comment:



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A member of the public new to Vermont and in the pharmacy profession, offered that she was just in attendance to observe, and is excited about future opportunities to collaborate, especially around pharmacy.

VIII. Recess

IX. Executive Session

X. Voting

- a. The Executive Session Minutes from September 18, 2018 were approved unanimously.
- b. Motion to endorse the 2019 Medicare Blueprint Funding Strategy was approved by a supermajority.

XI. Other Business

There was no other business.

XII. Adjourn

Upon a motion that was seconded, the meeting adjourned at 7:00 p.m.



**Attendance:**

OneCare Board Members

- |                                                       |                                                       |                                                       |
|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Sierra Lowell     | <input checked="" type="checkbox"/> Steven Gordon     | <input checked="" type="checkbox"/> Joseph Perras, MD |
| <input checked="" type="checkbox"/> Lorne Babb, MD    | <input checked="" type="checkbox"/> Todd Keating      | <input checked="" type="checkbox"/> Judy Peterson     |
| <input type="checkbox"/> Jill Berry-Bowen             | <input checked="" type="checkbox"/> Steve LeBlanc     | <input checked="" type="checkbox"/> Toby Sadkin, MD   |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input checked="" type="checkbox"/> Steve Leffler, MD | <input checked="" type="checkbox"/> John Sayles       |
| <input checked="" type="checkbox"/> Betsy Davis       | <input type="checkbox"/> Judy Morton                  | <input checked="" type="checkbox"/> Kevin Stone       |
| <input checked="" type="checkbox"/> Tim Ford          | <input checked="" type="checkbox"/> Mary Moulton      |                                                       |
|                                                       | <input checked="" type="checkbox"/> Pamela Parsons    |                                                       |

OneCare Risk Strategy Committee

- |                                                         |                                      |
|---------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Tom Dee             | <input type="checkbox"/> Tom Manion  |
| <input checked="" type="checkbox"/> Jeffrey Haddock, MD | <input type="checkbox"/> Anna Noonan |

OneCare Leadership and Staff

- |                                                   |                                                   |                                                      |
|---------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Todd Moore    | <input checked="" type="checkbox"/> Tom Borys     | <input checked="" type="checkbox"/> Linda Cohen Esq. |
| <input checked="" type="checkbox"/> Vicki Loner   | <input checked="" type="checkbox"/> Sara Barry    | <input checked="" type="checkbox"/> Spenser Wepler   |
| <input checked="" type="checkbox"/> Karen Lee     | <input checked="" type="checkbox"/> Susan Shane   | <input checked="" type="checkbox"/> Amy Bodette      |
| <input checked="" type="checkbox"/> Norm Ward, MD | <input checked="" type="checkbox"/> Joan Zipko    |                                                      |
| <input checked="" type="checkbox"/> Greg Daniels  | <input checked="" type="checkbox"/> Martita Giard |                                                      |

# OneCare Vermont

## Statement of Assets, Liabilities and Equity

September 30, 2018

	Current Month	Previous Month	Change
Cash - Unrestricted	\$ 4,381,256	\$ 3,984,970	\$ 396,286
GMCB - Required Reserve Funding	\$ 1,100,000	\$ 1,100,000	\$ -
Additional Reserve Funding (CMS)	\$ 4,135,465	\$ 4,132,833	\$ 2,633
VBIF Funding	\$ 2,880,900	\$ 2,527,435	\$ 353,465
Advance Funding - VMNG	\$ 4,886,738	\$ 5,031,428	\$ (144,690)
Accounts Receivable	\$ 2,187,244	\$ 1,602,697	\$ 584,548
Prepaid Expense	\$ 89,557	\$ 764,753	\$ (675,195)
<b>Total Assets</b>	<b>\$ 19,661,161</b>	<b>\$ 19,144,115</b>	<b>\$ 517,046</b>
Unearned Revenue	\$ 304,898	\$ 960,572	\$ (655,674)
Accrued Expenses	\$ 379,003	\$ 135,097	\$ 243,907
Network Payable	\$ 8,278,094	\$ 6,358,704	\$ 1,919,390
Due to UVMHN - CMS Reserve Funding	\$ 4,124,849	\$ 4,124,849	\$ -
Due to UVMHC - CY18	\$ 5,722,181	\$ 7,694,003	\$ (1,971,822)
Due to DHH - CY18	\$ 802,136	\$ (179,108)	\$ 981,244
<b>Total Liabilities</b>	<b>\$ 19,611,161</b>	<b>\$ 19,094,117</b>	<b>\$ 517,045</b>
Capital Contribution UVMHC	\$ 25,000	\$ 25,000	\$ -
Capital Contribution D-H H	\$ 25,000	\$ 25,000	\$ -
<b>Total Equity</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>	<b>\$ -</b>
<b>Total Liabilities and Equity</b>	<b>\$ 19,661,161</b>	<b>\$ 19,144,117</b>	<b>\$ 517,045</b>

NOTE: This statement is created for the benefit of the member organizations of OneCare Vermont and is not representative of a GAAP Balance Sheet.

# OneCare Vermont

2018 P&L

September 30, 2018

	Current Month	OCV YTD Actual	YTD Budget	\$ Variance Fav/(Unfav)	% Variance Fav/(Unfav)	Annual Budget	Rise VT YTD Actual	Adk ACO YTD Actual
VMNG Revenue	\$ 248,482	\$ 2,363,368	\$ 2,350,764	\$ 12,604	0.5%	\$ 3,134,352	\$ -	\$ -
VMNG PHM Program Pilot - Complex CC	\$ 230,364	\$ 2,157,592	\$ 2,235,034	\$ (77,442)	-3.5%	\$ 2,980,045	\$ -	\$ -
BCBSVT Reform Pilot Support	\$ 58,360	\$ 566,712	\$ 750,000	\$ (183,288)	-24.4%	\$ 1,000,000	\$ -	\$ -
Self-Funded Pilot Revenue	\$ 81,909	\$ 508,635	\$ 806,922	\$ (298,287)	-37.0%	\$ 1,075,896	\$ -	\$ -
CMS Medicare Blueprint Replacement	\$ 648,063	\$ 5,832,570	\$ 5,821,875	\$ 10,695	0.2%	\$ 7,762,500	\$ -	\$ -
SOV PHM Program Pilot - Primary Prevention	\$ -	\$ -	\$ 1,125,000	\$ (1,125,000)	-100.0%	\$ 1,500,000	\$ -	\$ -
Informatics Infrastructure Support	\$ 291,667	\$ 2,625,000	\$ 2,625,000	\$ 0	0.0%	\$ 3,500,000	\$ -	\$ -
Other Grants/Contracts - RWJ	\$ -	\$ -	\$ 38,888	\$ (38,888)	-100.0%	\$ 51,851	\$ -	\$ -
Other Grants/Contracts - Adirondack	\$ 18,000	\$ 162,000	\$ 162,000	\$ -	0.0%	\$ 216,000	\$ -	\$ -
Other Grants/Contracts - Cigna	\$ 11,607	\$ 104,466	\$ 78,000	\$ 26,466	33.9%	\$ 104,000	\$ -	\$ -
Other Revenue	\$ 98,555	\$ 38,327	\$ -	\$ 38,327	0.0%	\$ -	\$ 308,925	\$ 624,955
Participation Fees	\$ 1,449,945	\$ 13,049,502	\$ 13,844,303	\$ (794,801)	-5.7%	\$ 18,459,071	\$ -	\$ -
<b>Total Income</b>	<b>\$ 3,136,951</b>	<b>\$ 27,408,172</b>	<b>\$ 29,837,786</b>	<b>\$ (2,429,614)</b>	<b>-8.1%</b>	<b>\$ 39,783,715</b>	<b>\$ 308,925</b>	<b>\$ 624,955</b>
Basic OCV PMPM	\$ 334,344	\$ 3,027,053	\$ 3,585,758	\$ 558,704	15.6%	\$ 4,781,010	\$ -	\$ -
Care Coordination	\$ 466,594	\$ 4,240,909	\$ 5,298,542	\$ 1,057,633	20.0%	\$ 7,064,722	\$ -	\$ -
PCP Comprehensive Payment Reform Pilot	\$ 57,773	\$ 538,567	\$ 1,350,000	\$ 811,433	60.1%	\$ 1,800,000	\$ -	\$ -
VBIF	\$ 350,316	\$ 3,269,987	\$ 3,228,917	\$ (41,069)	-1.3%	\$ 4,305,223	\$ -	\$ -
Community Program Investments	\$ 27,762	\$ 536,577	\$ 1,183,200	\$ 646,623	54.7%	\$ 1,577,600	\$ -	\$ -
Blueprint	\$ 648,376	\$ 5,835,387	\$ 5,821,875	\$ (13,512)	-0.2%	\$ 7,762,500	\$ -	\$ -
			\$ -					
Salaries/Fringe	\$ 705,398	\$ 4,735,699	\$ 4,937,994	\$ 202,295	4.1%	\$ 6,583,992	\$ 199,548	\$ 565,387
Purchased Services	\$ 286,871	\$ 712,755	\$ 634,325	\$ (78,431)	-12.4%	\$ 845,766	\$ 11,500	\$ -
Contract & Maintenance	\$ 105,333	\$ 2,425,826	\$ 2,194,100	\$ (231,726)	-10.6%	\$ 2,925,467	\$ -	\$ -
Lease & Rental	\$ 24,473	\$ 171,042	\$ 240,788	\$ 69,746	29.0%	\$ 321,051	\$ -	\$ -
Utilities	\$ 3,823	\$ 58,461	\$ -	\$ (58,461)	0.0%	\$ -	\$ 1,180	\$ -
Other Expenses	\$ 70,319	\$ 152,148	\$ 1,362,288	\$ 1,210,140	88.8%	\$ 1,816,384	\$ 96,697	\$ 59,568
<b>Total Expenses</b>	<b>\$ 3,081,383</b>	<b>\$ 25,704,411</b>	<b>\$ 29,837,786</b>	<b>\$ 4,133,376</b>	<b>13.9%</b>	<b>\$ 39,783,715</b>	<b>\$ 308,925</b>	<b>\$ 624,955</b>
<b>Net Income / (Loss)</b>	<b>\$ 55,569</b>	<b>\$ 1,703,762</b>	<b>\$ -</b>	<b>\$ 1,703,762</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**2018 Target to Actual Performance Dashboard**  
**OneCare Vermont Total**  
**Reporting Period: January-June 2018**

**Target to Actual Comparison: Expenditures PMPM Spend and Utilization Rates PKPY**

	Claims paid through 9/21/18		Claims paid through 9/28/18		Claims paid through 9/28/18	
	Cost	Utilitization	Cost	Utilitization	Cost	Utilitization
Inpatient	\$ (10.46)	44	\$ (2.36)	1	\$ 13.38	(1)
Outpatient	\$ (54.54)	981	\$ (12.16)	(1,899)	\$ 15.51	171
Professional	\$ (39.34)	263	\$ (3.04)	492	\$ (9.16)	377
DME	\$ (3.98)	(19)	\$ (1.33)	27	\$ (0.26)	18
Community Services	\$ 6.75	980	\$ 0.28	27	\$ (9.01)	27
Confidential Claims	\$ 57.35	N/A	\$ (5.43)	N/A	\$ -	N/A
<b>TOTAL (Gross)</b>	<b>\$ (44.21)</b>	<b>N/A</b>	<b>\$ (24.05)</b>	<b>N/A</b>	<b>\$ 10.46</b>	<b>N/A</b>

**Target to Actual Comparison: Expenditures PMPM Spend and Utilization Rates PKPY**

	Claims paid through 9/21/18		Claims paid through 9/28/18		Claims paid through 9/28/18	
	Cost	Utilitization	Cost	Utilitization	Cost	Utilitization
Inpatient	-4%	25%	-5%	3%	25%	-6%
Outpatient	-19%	3%	-17%	-32%	8%	5%
Professional	-23%	1%	-3%	4%	-5%	4%
DME	-25%	-1%	-20%	9%	-4%	8%
Community Services	6%	39%	8%	8%	-14%	43%
Confidential Claims	N/A	N/A	-22%	N/A	N/A	N/A
<b>TOTAL (Gross)</b>	<b>-12%</b>	<b>N/A</b>	<b>-10%</b>	<b>N/A</b>	<b>2%</b>	<b>N/A</b>

**Risk Settlement Status Summary (OCV Totals)**

	Claims paid through 9/21/18		Claims paid through 9/28/18		Claims paid through 9/28/18	
	Cost	Utilitization	Cost	Utilitization	Cost	Utilitization
Actual YTD Member Months		219,983		247,766		118,738
Target Total Cost of Care	\$	187,742,463	\$	61,350,208	\$	59,343,881
Actual Total Cost of Care	\$	178,016,843	\$	54,701,526	\$	60,586,405
<b>Under (Over) Target</b>	<b>\$</b>	<b>9,725,620</b>	<b>\$</b>	<b>6,648,682</b>	<b>\$</b>	<b>(1,242,524)</b>

**Formatting Guide:**

**Green - < 0%**

**Yellow - 0% < 5%**

**Red - > 5%**



### 11.13.18 OneCare Vermont CMO Corner

1. **Laboratory Subcommittee of CQAC 11.14.18** – This meeting will welcome lab administrators to the committee in addition to the clinical lab medical directors. The agenda will include a discussion of previous protocols for urine cultures, cardiac markers, and a new discussion of HIV and Hepatitis C screening best practices.
2. **Vermont Medical Society Annual Meeting 10.27.18** – Dr. Ward discussed OneCare Vermont's clinical programs and financial model with the Vermont Chapter of the American Academy of Family Physicians. The membership expressed concerns with ongoing practice demands of administrative burdens such as prior authorizations and electronic health record shortcomings, challenges with workforce recruitment and retention, and concerns with uncompensated demands on primary care in value based care models.
3. **CPR Pilot 10.22.18** – Meeting with 2 of 3 pilot practices reviewed financial outcomes year to date as well as a progress report on quality improvement consultation efforts with VPQHC.
4. **Accountable Care Learning Collaborative 10/23-24 - ACLC Member Event** – Dr. Ward has co-chaired the Health Information Technology workgroup that has crafted three “competency guides” relating to essential tasks for accountable care organizations to accomplish to be successful. (Assessing HIT strategy, Data aggregation strategy, obtaining an analytics and insight tool) The collaborative, of which OneCare Vermont and DH are members, focuses on issues of governance, finance, care delivery, and health information technology issues. We are having ongoing discussions with ACLC about possibly offering their Value Based Readiness Assessment tool to OneCare participants to gauge their organizations' understanding of value based contracting principles.
5. **End Stage Renal Disease Multidisciplinary Grand rounds – 11/6/18** – Dr. Jeff Rimmer (nephrology UVMHC) and Jayesh Shukla (dialysis program business leader), nursing, social work, nutrition, and one patient participated in a panel discussion about optimizing end stage renal disease care from a patient care and quality perspective as well as financial considerations. The patient presentation about his home hemodialysis treatment was very powerful. OneCare will be investigating how to improve the overall care of dialysis patients by optimizing the time that these patients spend in the dialysis centers.
6. **Dementia Diagnosis and Treatment Innovations:** OneCare has been meeting with several stakeholders to explore a “Hub and spoke” model for improved diagnosis, treatment, and supportive services for dementia. Participants include the Vermont Department of Health, UVMHC geriatrics, VAHHS, and the Alzheimer's Association. Discussions have centered on mapping out a potential strategy to improve the aspects above and promote clinician training, local resources for consultation, continued availability of academic center memory care expertise, and improved use/availability of patient and family supports. This follows from Dr. LaMantia's dementia care multidisciplinary grand rounds in May 2018.

7. **Medicare Next Generation Skilled Nursing Facility (SNF) waiver update:** With the availability of OneCare's phase one deployment of the Medicare Next Generation ACO benefit waiver (going to SNF after an observation or 1 or 2 day inpatient hospitalization) network participants are pushing for an accelerated expansion of using the waiver to allow direct from ED or direct from home admission to SNF. This will require examination of complex operational details for OCV to be consistent and compliant with the benefit waiver program.
8. **Non-invasive ventilator (NIV) use in COPD:** OneCare has been approached by Apria Health to investigate deploying non-invasive ventilators in the home to improve clinical outcomes for severe chronic obstructive pulmonary disease patients (fewer admissions related to decompensation, reduced readmissions, and improved quality of life.) We have initiated conversations with Dr. Ann Dixon, Chief of Division of Pulmonary Medicine, UVMHC, to design operational details that could promote more use of this modality in appropriate cases. The expectation would be to leverage this early experience and spread this practice to the broader OneCare network.



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**ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC**  
**BOARD OF MANAGERS MEETING**  
**NOVEMBER 13, 2018**

**MINUTES**

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held on November 13, 2018 by phone.

I. Call to Order

Kevin Stone called the meeting to order at 4:34 p.m.

II. Minutes

The minutes from October 16, 2018, were approved unanimously.

III. CEO Update

Todd Moore reminded Board members and committee chairs that details of negotiations are confidential and shouldn't be shared publicly.

Sara Barry shared a success story with the Board focusing on a medically complex patient with 28 health conditions and a pattern of one-week home and then three weeks in the hospital. The patient had been depressed, fearful, exhausted by many inpatient admits and transfers. Their goal was to stay at home but complexity made this challenging, possibly unlikely without strong team coordination. Intensive team-based care coordination began in August and the patient chose a nurse care coordinator from their primary care office as their lead care coordinator (LCC).

The local and referral hospitals collaborated to supply all equipment and surgical supplies that are needed. The LCC worked on coordinating services and prescriptions and addressing the individual's identified barrier of unmanageable out-of-pocket expenses. Multiple care conferences were held by phone and at the patient's home, involving home health, Choices for Care, Nurse Care Coordinators, neighbors, diabetic educator, spouse, pharmacy, etc. LCC organized a team to care for the spouse (also a patient of the practice though unattributed) who was experiencing other social and economic challenges and was asking for help. LCC identified existing social supports and arranged a plan for them to support couple with cooking and caregiving at the home, thus enabling more stable home and emotional support to help keep the patient out of hospital.

Early signs indicate a significant reduction in utilization: now 11+ weeks at home with no inpatient or emergency department admits and managing complexity successfully. The patient has accomplished several of their initial care plan goals and is making progress on several new goals.



IV. Committee Updates

*Executive Committee:* The Committee met by phone the previous week and discussed the presentation to the GMCB by the OneCare leadership team, formation and scheduling of meetings for the Governance Ad-Hoc Committee, and received an update on commercial payer negotiations.

*Finance Committee:* The Finance Committee is not scheduled to meet until the following evening, so there was no update to give. The Committee did endorse, by email vote the September monthly P&L for approval by the full Board. Upon a motion being made and second the September monthly financials were approved.

*Patient and Family Advisory Committee:* The committee met last Thursday, and in compliance with Rule 5, Julia Shaw and Amelia Schlossberg from the Office of the Healthcare Advocate (HCA) attended the meeting. They described the services their office provides to Vermonters, shared brochures with contact information and then asked OneCare staff to leave the room to allow them to speak with the committee members. They also asked Board members who attend the PFAC meetings, Toby Sadkin (Independent Primary Care Provider) and Betsy Davis (Medicare Beneficiary), to also leave the room during this time as well. The Board members expressed that they did not understand why they were asked to leave and that it made them uncomfortable.

After the meeting re-convened without the HCA there was a brief update about the Care Navigator mobile app that has been rolled out and an invitation for committee members to work with Robyn Skiff on refining this app for patient use.

V. CMO Update

Dr. Norman Ward updated the Board on clinical activities that are highlighted in the CMO's Corner document in the public packet. Dr. Ward also expanded on the different phases of implementation of the Skilled Nursing Facility (SNF) Waiver noting the difficulty of phase 2 and 3 (patients going directly from the emergency room or home to the SNF) as this requires validation that the patients' needs are not being met at home and are in need of being in the SNF.

VI. Program Updates:

Tom Borys updated the Board on the Year to Date Payer Program Summary Dashboard Performance that was included in the public packet. Dr. Joe Perras gave feedback that the data provided to the Windsor HSA in regards to performance is helpful in tracking against target as well as analyzing specific utilization and cost patterns of specific procedures.

VII. Public Comment:

There was no public comment.

VIII. Recess

IX. Executive Session

X. Voting

a. The Executive Session Minutes from October 16, 2018 were approved unanimously.



OneCareVermont

XI. Other Business

There was no other business.

XII. Adjourn

Upon a motion that was seconded, the meeting adjourned at 6:37 p.m.

DRAFT FOR APPROVAL



**Attendance:**

OneCare Board Members

- |                                                       |                                                    |                                                       |
|-------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Sierra Lowell     | <input checked="" type="checkbox"/> Steven Gordon  | <input checked="" type="checkbox"/> Joseph Perras, MD |
| <input type="checkbox"/> Lorne Babb, MD               | <input type="checkbox"/> Todd Keating              | <input checked="" type="checkbox"/> Judy Peterson     |
| <input checked="" type="checkbox"/> Jill Berry-Bowen  | <input checked="" type="checkbox"/> Steve LeBlanc  | <input checked="" type="checkbox"/> Toby Sadkin, MD   |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input type="checkbox"/> Steve Leffler, MD         | <input checked="" type="checkbox"/> John Sayles       |
| <input checked="" type="checkbox"/> Betsy Davis       | <input checked="" type="checkbox"/> Judy Morton    | <input checked="" type="checkbox"/> Kevin Stone       |
| <input type="checkbox"/> Tim Ford                     | <input checked="" type="checkbox"/> Mary Moulton   |                                                       |
|                                                       | <input checked="" type="checkbox"/> Pamela Parsons |                                                       |

OneCare Risk Strategy Committee

- |                                              |                                      |
|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Tom Dee             | <input type="checkbox"/> Tom Manion  |
| <input type="checkbox"/> Jeffrey Haddock, MD | <input type="checkbox"/> Anna Noonan |

OneCare Leadership and Staff

- |                                                   |                                                   |                                                      |
|---------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Todd Moore    | <input checked="" type="checkbox"/> Tom Borys     | <input checked="" type="checkbox"/> Linda Cohen Esq. |
| <input checked="" type="checkbox"/> Vicki Loner   | <input checked="" type="checkbox"/> Sara Barry    | <input checked="" type="checkbox"/> Spenser Wepler   |
| <input checked="" type="checkbox"/> Karen Lee     | <input type="checkbox"/> Susan Shane              | <input checked="" type="checkbox"/> Amy Bodette      |
| <input checked="" type="checkbox"/> Norm Ward, MD | <input type="checkbox"/> Joan Zipko               |                                                      |
| <input checked="" type="checkbox"/> Greg Daniels  | <input checked="" type="checkbox"/> Martita Giard |                                                      |