



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting Agenda**

**August 18, 2020
4:30 p.m. – 6:30 p.m.
Teleconference Only**

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	John Brumsted, MD
4:31 p.m.	Consent Agenda Items* <i>Vote to Approve Consent Agenda Items</i>	John Brumsted, MD
4:32 p.m.	Welcome Members of the Public	John Brumsted, MD
4:35 p.m.	CEO Update* <ul style="list-style-type: none"> ▪ Correspondence from CMMI ▪ Government Relations ▪ Diversity and Equity Survey 	Vicki Loner
4:45 p.m.	Website Enhancements <ul style="list-style-type: none"> ▪ About Page ▪ Results Page 	Amy Bodette
4:55 p.m.	Public Comment Move to Executive Session	John Brumsted, MD
6:25 p.m.	Votes <ol style="list-style-type: none"> 1. Approve Executive Session Consent Agenda Items 2. Approve the Resolution Adopting Comprehensive Payment Reform PY 2021 Policy 	John Brumsted, MD
6:30 p.m.	Adjourn	John Brumsted, MD

*Denotes Attachments

Attachments:

1. Consent Agenda Items
 - a. Draft of OneCare Public Session Minutes from July 21, 2020
 - b. Board Committee Reports August 2020
 - c. Financial Statement Package June 2020
 - d. CMO Corner August 2020
2. CEO Update
 - a. Correspondence from CMMI
 - b. Public Affairs Report August 2020



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
July 21, 2020**

Minutes

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held remotely via video and phone conference on July 21, 2020.

I. Call to Order and Board Announcements

Board Chair John Brumsted, M.D., called the meeting to order at 4:35 p.m.

II. Executive Session

A Motion to move to Executive Session was made and seconded and was approved by a unanimous, supermajority vote.

III. Public Session

A Motion to move to Public Session was made and seconded and was approved by a unanimous, supermajority vote.

IV. Attendance

At 5:15 p.m., Dr. Brumsted welcomed members of the public in attendance: Sarah Tewksbury from the Green Mountain Care Board and Tom Derenthal.

V. Consent Agenda Items

The Board reviewed Consent Agenda Items including draft Public Session Minutes from June 16, 2020, April 2020 Financial Statements, and May 2020 Financial Statements. An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by Dr. J. Perras, seconded by Dr. S. Leffler and approved by a unanimous vote.

VI. OneCare Policies

Sara Barry, Chief Operating Officer, summarized the new Signature Authority Policy which requires approval from the Board. The Policy documents uniform standards related to contractual signing authority that legally binds OneCare and identifies who has the ability to exercise that authority. In previous years, the Board approved this as a resolution. Management identified that this should be a Policy rather than a resolution and seeks Board approval of the policy.

A Motion to Approve the Resolution to Adopt the Signature Authority Policy was made by S. LeBlanc, seconded by T. Keating and approved by a unanimous vote.

VII. CEO Update

Vicki Loner, Chief Executive Officer, updated the Board regarding public affairs and negotiations with CMMI. Ms. Loner noted the State of Vermont Auditor's Report and Michael Costa's op-ed describing how ACOs create predictable health care payments. In response to OneCare's request to modify the terms of the Medicare contract for Program Year 2020 due to the pandemic, CMMI agreed to allow the Exogenous Factors clause to be invoked dating back to January 2020. CMMI also stated that Program Year 2020 will be a reporting only quality year for the ACO and that the network will receive 100% credit if OneCare reports Quality Measures for Program Year 2020. CMMI did not agree to move to a true fixed payment model for Program Year 2021. An opportunity for discussion was offered.

VIII. 2021 Contracting

Sara Barry, Chief Operating Officer, presented the contracting timeframe, communication plan with Primary Care, and Core Programs for Performance Year 2021. Provider contracts are expected to be sent to the network the week of July 27, allowing recipient organizations 45 days to review the contract prior to the contract return deadline of September 11, 2020. At the June 16 Board of Managers meeting, the Board recommended that Management reach out to primary care providers and associations regarding changes to the Population Health Management Program for Program Year 2021. Management has contacted roughly 6 of the 25 organizations to date with most additional calls scheduled for the near future. In these conversations, organizations have been in support of moving quality incentive payments to within the Performance Year and understand the move to increased primary care cost accountability defined in the Population Health Management Policy. Management requests the Board deem Core Programs for Program Year 2021 to include Medicare, Medicaid, and BCBSVT QHP in advance of sending contracts to participants. An opportunity for discussion was offered.

A Motion to Approve the Resolution Deeming Core Programs for 2021 was made by J. Sayles, seconded by T. Keating and approved by a unanimous, supermajority vote.

IX. 2019 BCBS QHP Quality Measures Update

Tyler Gauthier, Director of Value Based Care, shared updated results of the Blue Cross Blue Shield of Vermont Qualified Health Plan (BCBS QHP) quality measures for 2019. Management worked collaboratively with BCBSVT to run statistical significance testing for Performance Year 2019 and updated the ACO's scores to reflect two bonus points earned for statistically significant improvements achieved in the areas of Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) and Hypertension: Controlling High Blood Pressure. Thus, OneCare's final BCBS QHP quality score for 2019 is 81%. CMS is currently finalizing its 2019 Quality Scorecard for the Medicare program and they will be available by early Fall.

X. Patient and Family Advisory Committee Update

Dr. Toby Sadkin, Co-Chair of the Patient and Family Advisory Committee reported the current and recent work of the Committee. The Committee is interested in learning how to align its work with Board. Recent Committee topics include providing a concise "elevator speech" that describes the ACO in straightforward language, the increase in telehealth visits due to COVID-19, and the Care Navigator care coordination platform. The Committee gave input regarding OneCare's core messages and a public-facing document describing OneCare to members of the Public Affairs team. In the future, the Committee would like to share input regarding the OneCare website, the care model, and specific clinical projects network organizations are undertaking. Dr. Susan Shane, Medical Director, serves as the liaison between the Committee and OneCare. An opportunity discussion was offered.

XI. Public Comment

There were no comments from the public.

XII. Votes

1. Resolution Regarding 2019 Program Settlement – Dr. J. Perras recused himself from the vote. **Approved by a Supermajority**
2. Executive Session Consent Agenda Items – **Approved**
3. Resolution Adopting Finance Policies – **Approved by a Supermajority**

XIII. Adjourn

Ms. Loner thanked the Board for the discussion and engagement.

Upon a Motion made by J. Sayles and seconded, the meeting adjourned at 6:24 p.m.

Attendance:

OneCare Board Members

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Dan Bennett | <input checked="" type="checkbox"/> Joe Haddock, MD | <input checked="" type="checkbox"/> Sierra Lowell |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input checked="" type="checkbox"/> Tomasz Jankowski | <input type="checkbox"/> Pamela Parsons |
| <input checked="" type="checkbox"/> Michael Costa | <input checked="" type="checkbox"/> Coleen Kohaut | <input checked="" type="checkbox"/> Joseph Perras, MD |
| <input checked="" type="checkbox"/> Betsy Davis | <input type="checkbox"/> Sally Kraft, MD | <input checked="" type="checkbox"/> Judy Peterson |
| <input checked="" type="checkbox"/> Tom Dee | <input checked="" type="checkbox"/> Todd Keating | <input checked="" type="checkbox"/> Toby Sadkin, MD |
| <input checked="" type="checkbox"/> Claudio Fort | <input checked="" type="checkbox"/> Steve LeBlanc | <input checked="" type="checkbox"/> John Sayles |

Steve Gordon

Steve Leffler, MD

OneCare Risk Strategy Committee

Jeffrey Haddock, MD

Brian Nall

Joe Woodin

Anna Noonan

Shawn Tester

OneCare Leadership and Staff

Vicki Loner

Norm Ward, MD

Linda Cohen, Esq.

Sara Barry

Susan Shane, MD

Tyler Gauthier

Greg Daniels

Amy Bodette

Spenser Wepler

Tom Borys

Martita Giard

Ginger Irish

Lucie Garand

DRAFT FOR APPROVAL



OneCare Board of Managers Committee Reports August 2020

Executive Committee (meets monthly)

The committee did not meet in August. The committee is next scheduled to meet September 3, 2020.

Audit Committee (meets quarterly)

At its August 13 meeting, the Audit Committee reviewed compliance standards for OneCare's data server. Management presented the status of its 2019 financial audit with independent audit firm PricewaterhouseCoopers. The Committee reviewed OneCare's Compliance Quarterly report which included status of the Compliance Work Plan, compliance training, and compliance policies. The committee is next scheduled to meet November 4, 2020.

Finance Committee (meets monthly)

At its August 12 meeting, the committee reviewed and approved the June 2020 Financial Statements. The 2019 Settlement projections were shared along with projections for the 2020 Settlement. Other items covered were the Medicare Total Cost of Care (TCOC), Medicare AIPBP Recon and the Medicaid TCOC. The CPR Policy, the budget, and the Performance Incentive Pool were discussed. The committee is next scheduled to meet September 9, 2020.

Population Health Strategy Committee (meets monthly)

At its August 3 meeting, committee members heard two presentations about Care Coordination efforts. The first included an overview of the Care Coordination Quality Control process and the second shared the 2019 Care Coordination Population Health Annual Report. The committee discussed the creation of the Primary Care Workgroup. Members were presented with a demonstration of the Performance Dashboard Companion App. The committee is next scheduled to meet September 8, 2020.

Clinical & Quality Advisory Committee (meets bi-monthly)

At its August 13 meeting, committee members were presented the Performance Dashboard Companion App, as well as the Population Health Management payment changes. Members heard an overview of the Prior Authorizations Waivers. The committee members shared reports from their Health Service Areas related to the COVID-19 pandemic. The committee is next scheduled to meet October 8, 2020.

Patient & Family Advisory Committee (meets monthly)

At its August 11 meeting, the committee members were presented results of the OneCare Telehealth Survey. The committee discussed the survey results and provided feedback regarding their experiences, their reactions, and their insights. The committee is next scheduled to meet September 10, 2020.

Pediatric Subcommittee (meets bi-monthly)

The committee is next scheduled to meet September 17, 2020.

OneCare Vermont
Statement of Financial Position
For the Periods Ended

	6/30/2020	5/31/2020	Variance
<u>ASSETS</u>			
Current assets:			
Unrestricted Cash	6,521,104	5,485,105	1,035,999
GMCB Reserve Funding	4,000,000	4,000,000	-
CMS Reserve-US Bank	5,990,498	5,990,447	51
VBIF-2018	549,244	132,024	417,220
VBIF-2019	7,024,651	7,024,651	-
VBIF-2020	2,820,276	2,715,400	104,877
Advance Funding-Medicaid	13,802,211	13,813,829	(11,618)
Undistributed Grant Funding	45,758	45,758	-
Undistributed Medicare - 2019	6,442,801	6,442,801	-
Cash - Total	47,196,544	45,650,015	1,546,529
Network Receivable	8,741,427	10,444,948	(1,703,521)
Network Receivable-Settlement	8,888,385	8,888,385	-
Other Receivable	4,935,411	2,796,362	2,139,049
Other Receivable-Settlement	2,296,222	2,296,222	-
Prepaid Expense	132,790	1,795,543	(1,662,753)
Property and equipment (net)	47,059	51,249	(4,191)
TOTAL ASSETS	72,237,837	71,922,724	315,113
<u>LIABILITIES AND NET ASSETS</u>			
Current liabilities:			
Accrued Expenses	16,001,592	15,767,944	233,647
Accrued Expenses -Settlement	8,084,548	8,084,548	-
Network Payable	10,809,633	10,802,221	7,412
Network Payable-settlement	3,561,523	3,561,523	-
Notes Payable	4,124,849	4,124,849	-
CTO Liability	561,462	502,582	58,880
Payroll accrual	4,078	(26,305)	30,383
Deferred Income	18,974,423	19,812,510	(838,087)
Deferred Grant Income	25,894	45,758	(19,864)
Due to Related Parties - UVMMC	3,263,119	2,097,492	1,165,626
Due to Related Parties - DHH	0	(1)	2
Total Liabilities	65,411,122	64,773,122	638,000
Net assets:			
Unrestricted - UVMMC	3,103,987	3,103,987	-
Unrestricted - DHH	3,103,987	3,103,987	-
Current Year Profit to Date	618,741	941,628	(322,887)
Total net assets	6,826,716	7,149,602	(322,887)
TOTAL LIABILITIES AND NET ASSETS	72,237,837	71,922,724	315,113

OneCare Vermont

Surplus & Loss Statement: YTD June 2020

	Annual Budget	June Actual	CM Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Fixed Prospective Payment Funding							
Hospital FPP - Medicare	\$ 219,868,930	18,822,309	18,322,411	499,898	\$ 111,438,149	109,934,465	1,503,684
Hospital FPP - Medicaid	\$ 166,395,797	13,592,733	13,866,316	(273,584)	\$ 82,392,352	83,197,898	(805,547)
Hospital FPP - BCBS	\$ 4,491,125	480,438	374,260	106,178	\$ 1,474,659	2,245,562	(770,903)
CPR FPP - Medicare	\$ 2,126,846	180,854	177,237	3,617	\$ 1,070,657	1,063,423	7,234
CPR FPP - Medicaid	\$ 2,496,946	221,096	208,079	13,018	\$ 1,332,773	1,248,473	84,300
Program Support - Medicaid CCC/DULCE	\$ 4,300,000	374,202	358,333	15,869	\$ 2,261,383	2,150,000	111,383
Total Fixed Prospective Payments Funding	\$ 399,679,643	33,671,633	33,306,637	364,996	\$ 199,969,973	199,839,822	130,151
Payor Contracts: Provider Support Funding							
PHM Program Support							
Program Support - Medicaid Trad \$3.25	\$ 3,000,410	259,123	250,034	9,088	\$ 1,563,689	1,500,205	63,484
Program Support - Medicaid Expanded \$1.75	\$ 415,385	34,986	34,615	371	\$ 211,937	207,693	4,245
Program Support - Blue Cross QHP \$3.25	\$ 720,798	57,060	60,066	(3,006)	\$ 360,315	360,399	(84)
Program Support - Blue Cross Primary \$3.25	\$ 3,161,780	-	263,482	(263,482)	\$ -	1,580,890	(1,580,890)
Program Support - MVP 3.25	\$ 360,025	31,671	30,002	1,669	\$ 291,671	180,012	111,659
Program Support - MVP CCC	\$ 46,872	3,745	3,906	(161)	\$ 34,495	23,436	11,059
Program Support - Addtl DSR Funding	\$ 3,900,000	1,399,689	325,000	1,074,689	\$ 1,399,689	1,950,000	(550,311)
Total Payer Contract Provider Support	\$ 11,605,269	1,786,275	967,106	819,169	\$ 3,861,796	5,802,635	(1,940,838)
Payor Contracts: Operations Support Funding							
Operations Funding - Medicaid Trad \$3.25	\$ 3,000,410	259,123	250,034	9,088	\$ 1,563,689	1,500,205	63,484
Operations Funding - Medicaid Exp \$5.00	\$ 771,430	64,974	64,286	688	\$ 393,598	385,715	7,883
Program Support - Medicaid HIT	\$ 2,800,000	233,333	233,333	(0)	\$ 1,399,998	1,400,000	(2)
Total Payer Contract Operations Support	\$ 6,571,839	557,430	547,653	9,776	\$ 3,357,285	3,285,920	71,365
Total Payor Contracts Funding	\$ 18,177,109	2,343,704	1,514,759	828,945	\$ 7,219,081	9,088,554	(1,869,474)
Other Funding							
Medicare Shared Savings/Blueprint	\$ 8,401,660	700,138	700,138	(0)	\$ 4,200,828	4,200,830	(2)
Robert Wood Johnson Grant	\$ 75,000	19,864	6,250	13,614	\$ 19,864	37,500	(17,636)
VBIF Reinvestment	\$ 33,000	-	2,750	(2,750)	\$ -	16,500	(16,500)
Miscellaneous Revenue	\$ 240,753	(35,949)	20,063	(56,012)	\$ 84,519	120,376	(35,858)
Total Other Funding	\$ 8,750,413	684,053	\$ 729,201	(45,148)	\$ 4,305,211	4,375,206	(69,996)
Participation Fees	\$ 19,706,093	8,877	1,642,174	(1,633,297)	9,303,249.82	9,853,046	(549,797)
Total Funding	\$ 446,313,258	36,708,266	\$ 37,192,771	(484,505)	\$ 220,797,514	\$ 223,156,629	\$ (2,359,115)
Hospital FPP							
Hospital FPP - Medicare	\$ 219,868,930	18,822,309	18,322,411	(499,898)	111,438,149	109,934,465	(1,503,684)
Hospital FPP - Medicaid	\$ 166,395,797	13,592,733	13,866,316	273,584	82,392,352	83,197,898	805,547
Hospital FPP - BCBS	\$ 4,491,125	480,438	374,260	(106,178)	1,474,659	2,245,562	770,903
Total Hospital FPP	\$ 390,755,851	32,895,480	32,562,988	(332,492)	\$ 195,305,160	\$ 195,377,926	\$ 72,766
CPR FPP							
CPR FPP - Medicare	\$ 2,126,846	180,854	177,237	(3,617)	\$ 1,070,657	1,063,423	(7,234)
CPR FPP - Medicaid	\$ 2,496,946	221,096	208,079	(13,018)	\$ 1,332,773	1,248,473	(84,300)
Total CPR FPP	\$ 4,623,792	401,951	\$ 385,316	(16,635)	\$ 2,403,430	2,311,896	(91,534)
Populations Health Mgmt Payment							
Complex Care Coordination Program	\$ 8,872,306	948,858	739,359	(209,499)	4,461,894	4,436,153	(25,741)
PCP Engagement Incentive Pmt - Medicaid Expanded	\$ 415,385	33,249	34,615	1,366	199,494	207,693	8,199
PCP Engagement Incentive Pmt - BCBSVT Primary	\$ 221,051	-	18,421	18,421	-	110,525	110,525
Value-Based Incentive Fund	\$ 5,640,553	104,877	470,046	365,170	2,820,276	2,820,276	(0)
Primary Prevention Programs	\$ 540,000	52,488	45,000	(7,488)	179,644	270,000	90,356
CPR Program Expense - OCV Funded	\$ 1,178,196	89,489	98,183	8,694	598,001	589,098	(8,903)
DULCE	\$ 300,000	-	25,000	25,000	47,175	150,000	102,825
Longitudinal Care	\$ 500,000	-	41,667	41,667	-	250,000	250,000
Network Reform Projects	\$ 1,480,321	42,436	123,360	80,924	380,092	740,161	360,069
PCHP Program Initiative	\$ 14,000	-	1,167	1,167	-	7,000	7,000
VBIF Quality Initiatives	\$ 33,000	-	2,750	2,750	-	16,500	16,500
PCMH Legacy Payments - Blueprint	\$ 1,993,092	166,091	166,091	-	996,546	996,546	-
CHT Block Payment - Blueprint	\$ 2,440,322	203,360	203,360	(0)	1,220,161	1,220,161	(0)
SASH - Blueprint	\$ 3,968,246	330,687	330,687	(0)	1,984,123	1,984,123	(0)
Howard/SASH	\$ -	-	-	-	18,333	-	(18,333)
VBIF Reinvestment	\$ -	-	-	-	-	-	-
PHM Expense	\$ 36,017,134	2,390,757	\$ 3,001,428	\$ 610,670	\$ 15,440,497	18,008,567	2,568,070
Salaries and Fringe							
Salaries and Fringe	\$ 8,442,999	725,574	703,583	(21,991)	4,195,299	4,221,500	26,200
Purchased Services	\$ 1,374,263	67,442	114,522	47,080	588,837	687,132	98,295
Contract & Maintenance							
Contract & Maintenance	\$ 155,250	11,955	12,938	982	(230,429)	77,625	308,054
Lease & Rental	\$ 383,015	41,626	31,918	(9,708)	206,345	191,507	(14,838)
Utilities	\$ 39,724	4,464	3,310	(1,154)	18,405	19,862	1,457
Other Expenses	\$ 4,521,229	491,904	376,769	(115,135)	2,251,228	2,260,615	9,386
Total Operating Expenses	\$ 14,916,480	1,342,965	\$ 1,243,040	\$ (99,925)	\$ 7,029,686	7,458,240	428,554
Total Expenses	\$ 446,313,258	37,031,153	\$ 37,192,771	\$ 161,618	\$ 220,178,773	223,156,629	2,977,856
Net Income (Loss)	\$ -	(322,887)	\$ -	(322,887)	\$ 618,741	-	618,741



OneCare Vermont Board of Managers

CMO Corner – August 2020

1. **Performance Dashboard Companion Application and Financial Snapshot** – The OneCare Vermont Analytics and Financial data teams have created two new tools for network analysis. The companion application allows rapid comparisons between HSAs, TINs, practices, and providers on a list of approximately 10 utilization and cost categories defined by Milliman code standards. A demonstration of the new application was favorably received by representatives of Southwest Vermont Medical Center on July 28, The University of Vermont Health Network on July 30, and Northeastern Vermont Regional Hospital on July 22. The new applications will be shared with all HSAs in the coming weeks as part of new Health Service Area quarterly consultation meetings.
2. **Noontime Knowledge** August 10 - Helen Labun from Bi-State Primary care presented an excellent session on addressing the “Digital Divide” in terms of improving access to excellent telehealth services for all patients including those with income, broadband access, cell access, hardware, and technical knowledge/support disparities. Helen has been an invaluable advocate for promoting excellent provision of telemedicine services during the COVID pandemic emergency.
3. **OneCare Vermont Primary Care Workgroup** – The Population Health Strategy Committee at its August 3 meeting discussed the methodology for the formation of a Primary Care Workgroup to review OneCare Vermont programs and their impact on primary care practices. This work arose in part from recent changes to the Population Health Management payments paid to attributing practices. A recruitment communication has been sent to the Board, the Population Health Strategy Committee and the OneCare Vermont Regional Clinician Representatives. A three meeting schedule is planned with a report of findings to the Board at its October meeting.
4. **IPRO Quality Improvement Network- Quality Improvement Organization** – Drs. Ward and Shane participated in the Community Coalition Leaders virtual meeting on July 7 which was organized by Healthcentric Advisors, Vermont’s CMS QIN-QIO contractor. Topics included cross continuum efforts to manage the COVID-19 pandemic (especially in relation to post-acute providers), caregiver and staff wellness efforts, telehealth deployment for behavioral health and palliative care in SNFs, and training materials for COPD, diabetes, and sepsis. In addition, there is hope that CMS will make available additional claims-based data reports that will permit facility benchmarking, trending, high utilizer analysis, and days to readmission or ED from SNF. Our intent is to stay well informed about the resources that CMS/Medicare is providing to fee for service Medicare providers. OneCare Vermont Medicare claims are included in the broader CMS analysis that includes non-ACO patients.

To: Barrett, Susan

Hi Susan –

I hope this finds you well. As we discussed, CMS is supportive of, and preliminarily approves, the GMCB's proposal to reduce the ACO benchmark risk corridor to support an increase in ACO Medicare beneficiary scale. Specifically, CMS is supportive of the following revisions to the risk corridor for PY 2021 and for consideration for PY2022:

1. 2.5% Risk Corridor with 80%/100% Shared Savings/Losses to maintain the current 2020 ACO network participants
2. 2.0% Risk Corridor with 80%/100% Shared Savings/ Losses to increase the current 2020 ACO network participants into at least one HSA/Hospital
3. 1.5% Risk Corridor with 80%/100% Shared Savings/ Losses to increase the current 2020 ACO network participants into every HSA in Vermont

CMS will work with our counsel to incorporate these revisions to an amended and restated 2021 ACO Participation Agreement.

Please let me know if you have any questions or concerns.

Best,

Fatema

Fatema Salam, MPH

Vermont All-Payer ACO Model Lead

State Innovations Group

Center for Medicare & Medicaid Innovation/CMS

c: [202.549.7619](tel:202.549.7619) e: fatema.salam1@cms.hhs.gov

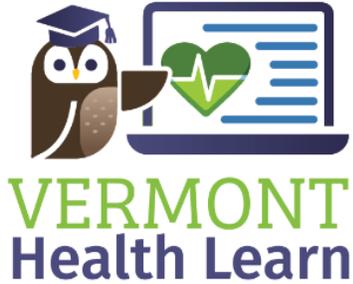


OneCare Vermont

Public Affairs Report | August 2020

Media Coverage

Online Health Learning Tool Connects Vermonters During Pandemic



**VERMONT
Health Learn**

A Collaborative
Online Learning System

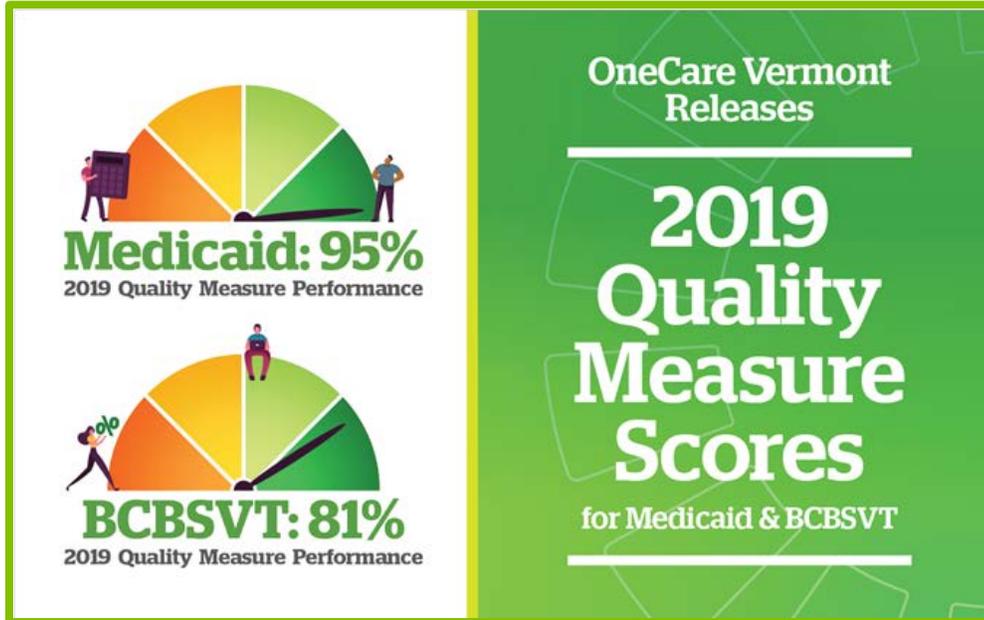
Created by OneCare Vermont,
the Vermont Department of Health, and
Vermont Blueprint for Health within the
Department of Vermont Health Access

“Vermont Health Learn is simple enough for just about anyone to use. This is incredibly important to the Diabetes Prevention Program because our participants come from a wide range of backgrounds, ages, education levels, and technological experiences.”

—**Rebecca O’Reilly**
Health Systems Program Administrator,
Vermont Department of Health

Vermont Business Magazine and **VT Digger** ran a press release about the launch of Vermont Health Learn. OneCare [partnered with statewide health organizations](#) to launch the online learning system for Vermonters and health care providers. Vermont Health Learn (VTHL) was developed in collaboration with the Vermont Department of Health and the Vermont Blueprint for Health. Though the decision to create the learning system was made before the pandemic began, its launch was well-timed. OneCare hosts and maintains VTHL and shares it with partner organizations. “Given the immediate needs brought about by the pandemic, it was very prudent of OneCare to reach out to share training and access to Vermont Health Learn,” said Rebecca O’Reilly, health systems program administrator with the Health Department. To learn more and to enroll in Vermont Health Learn courses open to the public, visit <http://catalog.vthl.org>.

Quality Measure Scores for Program Year 2019



VTDigger and **VTBiz** ran a [press release](#) covering OneCare’s announcement of quality scores achieved by our community of providers for the 2019 Performance Year. Quality measures help OneCare assess health care processes, outcomes, and patient perceptions linked to high-quality health care delivery. Quality measures are collected after each Performance Year and scored using national benchmarks and historical performance and are measured separately for each payer program. OneCare also recently updated our [results webpage](#) to share our quality results with the public and increase transparency. The Centers for Medicare and Medicaid Services noted the new format and clarity are more user friendly and clarifies OneCare’s results.

Health Catalyst Profiles OneCare’s COVID-19 Care Prioritization App

[Health Catalyst](#) recently interviewed Director of Value-Based Care Tyler Gauthier to learn more about OneCare's COVID-19 Care Coordination Prioritization tool, which helps providers identify patients at greatest risk for COVID-19. “The care coordination prioritization application is enabling our teams to identify and proactively engage high-risk patients. Teams can provide much needed social support, and can ensure patients receive needed medical care,” said Gauthier.

Value-Based Care can Address Social Determinants of Health

VTDigger recently featured an op-ed by Mark Crow about how value-based care can address the pervasive impact of social determinants of health on the wellbeing of Vermonters, particularly people of color. Crow said of OneCare, “the model has been in existence for just a few years and, while we still have a way to go, there has been real progress. Systemic change like this takes time though. But, if we truly want to improve population health and address health inequities, all while reducing health care costs, the value-based care approach seems most promising.” [Read the op-ed.](#)

Primary Care Practice Questions Payment Changes

The **Burlington Free Press** interviewed OneCare CEO Vicki Loner and Dr. Paul Reiss of Evergreen Family Health for a story about changes to population health management payments for program year 2021. Providers will be paid \$1.75 per patient per month and will have the opportunity to be paid up to \$4.75 per patient per month if the network is successful in meeting quality measures and cost targets. Loner said, "I don't look at it as a cut, I look at it as an opportunity we never offered before to share (in the revenue) when the system does well." [Read the story.](#)

Government Relations

Vermont Legislature Reconvenes August 25

The legislature is currently on a brief recess after an extended lawmaking session this spring and early summer to address legislative questions that arose due to the pandemic. OneCare is positioned to engage with the legislature when they reconvene on August 25, 2020.

Green Mountain Care Board

OneCare is currently preparing materials for its annual certification renewal. Materials are due to the Green Mountain Care Board on September 1, 2020. In addition, OneCare is following the budget approval process for hospitals in the state and is preparing its 2021 budget to present to GMCB in October.

Outreach and Advocacy

OneCare in Simple Terms

OneCare recently developed a [one-page document](#) to explain our work and the community of providers we serve in simple terms. The document is designed to help patients and members of the public better understand who OneCare is, what we do, and how we impact Vermonters. OneCare undertook a thorough writing, design, and draft process within our communications team, presented the document with the Patient and Family Advisory Committee for feedback, and shared it with the leadership team for final edits and review.

COVID-19 Care App Includes Patient Race for Medicare Patients

The recent deaths of George Floyd, Ahmaud Arbery, and Breonna Taylor have brought again to the surface our nation's systemic, institutionalized racism. We have seen how these issues directly relate to our work by the disproportionately high rates of COVID-19 fatalities in the Black American and Latinx populations. OneCare has taken one small step toward greater health equity in the face of the pandemic by adding a filter for race in the COVID-19 Care Coordination Prioritization tool for patients covered by Medicare. Providers and care team members can use the tool to identify patients at greatest risk for COVID-19, including Black, Latinx, and People of Color. For more information about how to access the tool and how to use the new filter, contact OneCare's analytics team at data@onecarevt.org.

Annual Wellness Visits in the Time of COVID-19

OneCare recently wrote a blog post about the importance of performing of annual wellness visits and how both Vermonters and providers are adapting this critical service to telehealth platforms. In [Annual Wellness Visits in the Time of COVID-19](#), Chief Medical Officer Dr. Norm Ward explains the benefits of these visits. “In the ‘old days’ a patient had to take off time from work, travel to the appointment using resources such as gasoline and wear on their vehicle. That’s a cost to both the employee and the employer. Then the patient arrives for their appointment and they have to sit and wait! If we do more visits by audio/video, everyone benefits. The dollars saved by society in terms of wasted time and energy is a plus,” he said.

Mask Wearing Resources for Vermonters

In advance of the August 1 requirement for Vermonters to wear masks in public to limit the spread of COVID-19 and protect the most vulnerable Vermonters, OneCare has curated [Vermont-based mask wearing resources](#) to support this important public health initiative. These resources are shared publicly on our website and with providers and collaborators in our digital newsletter, Network News.

Noontime Knowledge: Telehealth Presentation

OneCare Noontime Knowledge featured presenter Helen Labun, Director of Vermont Public Policy Bi-State Primary Care Association on August 10. Participants were introduced to resources for telehealth and key documents that provide details about recent policy changes related to COVID-19. Lessons learned in previous 'digital divide' and community development work in Vermont can inform how we approach patient access issues related to telehealth today. Participants learned different frameworks for considering how patients who are reluctant or novice telehealth adopters can be made comfortable with this option for accessing health care.

OneCare’s RiseVT Virtual Rise & Walk Event Keeps Vermonters Active

Health promotion is key to the mission of OneCare and our efforts to improve population health. We expanded our RiseVT program’s Rise & Walk initiative to include a virtual edition which will give providers an opportunity to connect with a statewide audience to promote wellness. Rise & Walk encourages Vermonters to register and pledge to walk 30-minutes, three times a week from July 27th-Aug 21st. The American Heart Association recommends 150-minutes of movement a week, so this challenge is a great way to jumpstart a walking habit or add to an existing physical activity routine. Typically, Rise & Walk is an in-person group walking program that kicks off each session with a quick talk from a healthcare provider on a range of health topics. In the virtual environment, participants will receive emails on Monday, Wednesday, and Friday with a recorded 5-minute health talk, supporting resources, and encouragement to get out and walk. Visit the [RiseVT Rise & Walk](#) page for more information.

2020 Quality Measurement Learning Materials Now on Vermont Health Learn

OneCare’s Quality Measures learning materials for the 2020 performance year are available on the [Vermont Health Learn](#) platform. An online course for each quality measure includes an overview, learning objectives, and key details. The course is designed to help our network gain the necessary education about quality measure specifications and the requirements to achieve success in meeting quality measurement standards. Information contained in the course provides in-depth details related to measure steward specifications, with measure descriptions and guidance through each claims-based and clinically-based measure. In addition, OneCare has created additional tools for each quality measure that outline numerator, denominator and exclusion criteria, as well as documentation and any additional guidance offered by the measure steward.

Upcoming Events

Vermont Suicide Prevention Symposium 2020 Online: Bringing Resiliency Into Focus

August 18; pre-symposium workshops August 12 and 13

OneCare is sponsoring the Vermont Suicide Prevention Symposium. The symposium will engage a broad array of stakeholders to expand community based and cross sector approaches to suicide. Professionals working within Public Health, Mental Health, Medical, Education, Social Service, Government, Veteran, Corrections, National Guard, Survivors of Suicide Loss, and anyone interested in preventing self-harm and suicide should attend.

[Register here.](#)

Care Coordination Training Series

Please join us for OneCare's monthly care coordination-related monthly webinar learning opportunity. The target audience includes those in a position to coordinate care on behalf of OneCare participating organizations. Each presentation will be 30-45 minutes to easily fit into the lunch hour. Have a suggestion for a topic? E-mail carecoordination@onecarevt.org.

Partnering with VCCI in service to the Medicaid Expanded Population

August 19, 12:00 pm - 1:00 pm

Identify how to engage the Medicaid Expanded Population. [More information.](#)

Motivational Interviewing: Steps and Care Skills

September 2, 12:00 pm - 1:00 pm

Provide a basic overview of the Spirit of MI, Skills, and OARS. [More information.](#)

Motivational Interviewing: Enhancing Motivation to Change

October 7, 12:00 pm - 1:00 pm

Provides a basic overview of the stages of change and an intervention for increasing activation and engagement. [More information.](#)

Follow Us

You can keep up with OneCare on our [blog](#), [LinkedIn](#), and [Twitter](#) (@OnecareVermont). We would greatly appreciate it if you like and share our content to help spread awareness.

Questions? Contact OneCare Public Affairs at public@onecarevt.org or 802-847-1346.