



# OneCare Vermont Accountable Care Organization Board of Managers Resolution

September 17, 2019

**BE IT RESOLVED** by the Board of Managers (the “Board”) of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) as follows:

OneCare participates in the Vermont All Payer ACO Model Vermont Medicare ACO Initiative and the Vermont Medicaid Next Generation Program. The Secretary of the Department of Health and Human Services by and through CMS, and the Department of Vermont Health Access, have provided certain waivers of federal and state fraud and abuse laws in connection with the Vermont All Payer ACO Model (“APM”), the Fraud and Abuse Waiver Notice for Vermont ACO Initiative..

The Participation waivers are available only when, among other things, the governing body of the ACO has reviewed and made a determination that the arrangements are reasonably related to ACO Activities. ACO Activities include:

- Promoting accountability for quality of care to Attributed Lives;
- Promoting accountability for cost of care to Attributed Lives;
- Promoting accountability for overall care to Attributed Lives;
- Managing and coordinating care for Attributed Lives;
- Encouraging infrastructure investment;
- Encouraging investment in re-designed care processes for high quality and efficient services delivery;
- Carrying out any obligation or duty under the Vermont ACO Initiative or the Vermont Medicaid NextGen Program (together “Programs”);
- Direct patient care to Attributed Lives;
- Promoting evidence based medicine;
- Promoting patient engagement;
- Reporting on quality and cost measures for Attributed Lives;
- Coordinating care with telehealth, remote monitoring and other technologies for Attributed Lives;
- Establishing and improving ACO clinical systems;
- Establishing and improving ACO administrative systems;
- Meeting Programs quality standards;
- Evaluating patient health for Attributed Lives;
- Communicating clinical knowledge to Attributed Lives;
- Communicating evidence based medicine; and



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- Developing standards for patient access and communication including to medical records.

OneCare, in furtherance of its strategic goals and in pursuit of ACO Activities, established an Innovation Fund and solicited proposals for delivery system innovations that could be funded with the Fund and promote the ACO's interests. All submitted proposals were vetted by a panel of reviewers that included OneCare staff and members of the Population Health Strategy Committee of the Board. The proposals selected by the reviewers were presented to the Population Health Strategy Committee who recommended a subset to the full Board. The full Board then voted to proceed with funding the selected projects that best suited the needs of the ACO and its communities.

The OneCare Board of Managers has duly authorized the arrangements below and made a bona fide determination that each arrangement is reasonably related to one or more of the above ACO Activities. In invoking these waivers, no determination has been made that these arrangements are prohibited by any law or regulation. The descriptions of the relevant arrangements are set forth below for the purpose of OneCare availing itself of the protections afforded under the ACO Participation Waiver.

1. **TeleFriend Pilot Project: An Automated Tele-Health Intervention** – The Brattleboro Retreat, a OneCare Participant, will run this project that is intended to reduce re-hospitalization rates of patients with serious mental illness (SMI) by providing post-discharge support. The Brattleboro Retreat will provide 60 discharging patients the TeleFriend tablet, a wireless, automated, handheld device, similar to an iPad, with touch screen navigation and a cellular connection. The TeleFriend tablet uses an automated, customized platform to provide education, teach illness self-management, prompt use of coping strategies, and monitor symptoms on a daily basis. This is combined with a project clinician and is intended to detect early warning signs of decompensation that may lead to re-hospitalization without support. The Retreat's project staff will identify and enroll patients, provide them the tablet and training on TeleFriend, monitor the patient's use of the device over 30-days, and provide follow-up and service coordination as needed. Patient responses on the tablet are forwarded to a secure server, hierarchically arranged by risk level and reviewed by the project clinician reviews each weekday. The clinician follows an established protocol for responding to early signs of potential relapse, and contacts participants with high- or moderate-risk responses by phone or text message to discuss the need for immediate mental health treatment or to prompt the use of coping strategies and to assess psychiatric status. The clinician notifies the participant's community provider of any observed risk responses. In addition, the clinician calls participants if more than 48 hours elapse without completion of a tablet



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session. The clinician documents all participant interactions. This arrangement is established in an Innovation Funds Agreement between OneCare and Brattleboro Retreat.

2. **Moving Care and Cost Upstream with Mobile Integrated Healthcare** – This project will be run by OneCare Participant Northwestern Medical Center, Inc. (“NMC” in partnership with Cold Hollow Family Practice, P.C. (“Cold Hollow”), also a OneCare Participant. This is a Community Paramedic (“CP”) program that will extend care coordination to patients with medium, high and very high risk, as well as barriers to accessing primary care. The goals of this program include reducing emergency room utilization and enhancing care coordination. Initially, working with the NMC emergency department, the project team will connect patients with the CP as they are discharged from the emergency department. The CP will provide acute care assessment and chronic disease management and administer prescribed medicinal treatments ordered by a provider and delivered in the home setting. The treatment orders may come from the patient’s primary care provider (“PCP”) or NMC. For urgent care, the CP will assess patients using Point-of-Care devices, relay results to the patient’s PCP, urgent or emergency care providers. Eventually, the project expects that the patients will be referred to the CP by the PCP, rather than the ED. There will likely be referrals between NMC and Cold Hollow or affiliated providers. This arrangement is established in an Innovation Funds Agreement between OneCare and NMC.
3. **Child Psychiatry Consultation Clinic** – This project will be run by the Community Health Centers of Burlington, Inc. (“CHCB”), a OneCare Participant. CHCB will operate a Child Psychiatry Consultation Clinic (“CPCC”), conducting diagnostic psychiatric evaluation and consultation for pediatric patients. The goals of this program including wait time reductions for psychiatric evaluation and ongoing mental health care. There will be consultation with Vermont pediatricians and primary care providers and treatment recommendations will be made. Patients will be referred to the CPCC by their primary care providers (“PCP”). At the CPCC, children and caregivers will be by a Child Psychiatrist for two, one-hour consultations. PCPs and therapists are welcome to attend these consultations either in person, via phone, or via telemedicine. Consultations will result in psychiatric assessment notes and clear, categorical, step-wise recommendations being sent to the pediatrician or PCP. The project team will also utilize HIPAA compliant technology to being offering tele-psychiatry consultations, as appropriate, and will assess this modality for potential further utility and increased geographic availability. This arrangement is established in an Innovation Funds Agreement between OneCare and CHCB.



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4. **TeleCare Connection** – This project will be run by OneCare Participants HowardCenter, Inc. (“HowardCenter”) and the University of Vermont Health Network Home Health and Hospice (“UVMHN HHH”). The goals of the project include preventing avoidable re-admissions, facilitating safe, early discharges from inpatient care and enhancing care coordination. The partners will combine HowardCenter’s Safety Connection program, a remote monitoring technology and professional staff program that provides overnight support, with the UVMHN HHH’s Tele-monitoring Program, that uses remote technology to monitor vitals such as blood pressure and oxygen levels with a tablet device – this will result in TCC, 24 hour remote monitoring with in person professional support for patients transitioning to home. . Medium, high and very high risk patients (OneCare’s Population Health Approach model) being discharged from the University of Vermont Medical Center (“UVMHC”) will receive 24-hour access to tele-care, through TCC. . This arrangement is established in an Innovation Funds Agreement between OneCare and the Applicants.