



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

June 21, 2022
4:30 p.m. – 6:35 p.m.
Zoom Meeting

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	Anya Rader Wallack
4:31 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public	Anya Rader Wallack
4:32 p.m.	Consent Agenda Items* (p. 3 - 14) <i>Motion and Vote to Approve Consent Agenda Items – Majority Required</i>	Anya Rader Wallack
4:33 p.m.	Governance* (p. 15) <i>Motion and Vote to Approve Resolution Appointing Board Manager and Finance Committee Member – Supermajority Required</i>	Anya Rader Wallack
4:35 p.m.	APM Extension Task Force	Vicki Loner
4:40 p.m.	Care Coordination Progress Report* (p. 16 - 35)	<u>Primary Presenter:</u> Carrie Wulfman, MD <u>Additional Presenters:</u> Matt McLaughlin Tracey Mongeon
5:10 p.m.	Public Comment Move to Executive Session* (Resolution p. 36) <i>Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required</i>	Anya Rader Wallack
6:30 p.m.	Votes <ol style="list-style-type: none"> 1. Approve Executive Session Consent Agenda Items – Supermajority Required 2. Approve Resolution Adopting 2023 Network Participation Variance Request – Supermajority Required 3. Approve Resolution Adopting 2023 Medicare AIPBP Participation – Supermajority Required 	Anya Rader Wallack
6:35 p.m.	Adjourn	Anya Rader Wallack

*Denotes Attachments

Attachments:

1. Consent Agenda Items
 - a. Draft OneCare Public Session Minutes May 17, 2022
 - b. Board Committee Reports June 2022
 - c. Financial Statement Package April 2022
 - d. Public Affairs Report June 2022
 - e. Summary of Policies
 - f. 06-03 Policy Management
2. Governance
 - a. Resolution Appointing Board Manager and Finance Committee Member
3. Care Coordination Progress Report Presentation
4. Resolution to Move to Executive Session



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
May 17, 2022
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 May 17, 2022.

I. Call to Order and Board Announcements

Board Chair Anya Rader Wallack called the meeting to order at 4:31 p.m.

II. Welcome Incoming Board Chair

Vicki Loner, Chief Executive Officer, welcomed incoming Board Chair Anya Rader Wallack.

III. Welcome Board Managers, Invited Guests, and Members of the Public

Chair Wallack welcomed members of the public in attendance and asked them to introduce themselves.

IV. Consent Agenda Items

As part of the distributed pre-meeting materials, the Board received Consent Agenda Items including: (1) Draft OneCare Public Session Minutes April 14, 2022; (2) Board Committee Reports May 2022; (3) Financial Statement Package March 2022; (4) Public Affairs Report May 2022; and (5) CMO Quarterly Report Q1 2022.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by S. May, seconded by T. Dee, and approved by supermajority. A. Wallack abstained from the vote. Dr. A. Trout was not present for the vote.

V. Governance

Chair Wallack presented the resolution to appoint Cynthia Turner for a three-year board term renewal in the BCBSVT Beneficiary seat. Board Managers described their support.

A Motion to Approve the Resolution Appointing Board Manager was made by J. Sayles, seconded by K. Cross, and approved by supermajority. Dr. A. Trout was not present for the vote.

VI. Southwestern Vermont Health Care Value Based Incentive Fund: Working to Beat the Benchmarks

Dr. Carrie Wulfman, Chief Medical Officer, introduced the invited representatives from the Bennington Health Service Area (HSA) to present their excellent ACO quality improvement work. The presenters from Southwestern Vermont Health Care were Katharine Green, BSN, RN, Clinical Quality & Data Management at DH Putnam Medical Group; Pam Duchene, PhD, APRN-BC, Vice President Patient Care Services and Chief Nursing Officer; and Caitlin Tilley, BSN, RN, CEN, Director of Care Coordination and Blueprint Program Manager. Ms. Green, Ms. Duchene, and Ms. Tilley described their work with OneCare to improve quality results for Value Based Incentive Fund measures for patient Hemoglobin A1C Management, depression screening and follow-up, and patient blood pressure. These improvement projects are supported by data provided by OneCare, ongoing collaboration with OneCare staff, and quarterly HSA Executive Consultations. There is opportunity for OneCare to continue building relationships with HSA providers and to develop real-time attestation for attributed patients.

The Board discussed the value and education provided by the OneCare leadership team at the quarterly HSA Executive Consultations and clarified age ranges for pediatric quality measure benchmarks.

VII. Public Comment

There were no comments from the public.

VIII. Move to Executive Session

A Motion to Approve the Resolution to Move to Executive Session was made by C. Fort, seconded by S. LeBlanc and was approved by a unanimous vote.

IX. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by Supermajority.**
2. Approve Resolution Adopting Policies – **Approved by Supermajority.**

X. Adjournment

Upon a Motion made by J. Sayles, seconded by C. Condon, and approved by a unanimous vote, the meeting adjourned at 6:22 p.m.

Attendance:

OneCare Board Managers

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Dan Bennett | <input checked="" type="checkbox"/> Claudio Fort | <input type="checkbox"/> Toby Sadkin, MD |
| <input type="checkbox"/> Bob Bick | <input checked="" type="checkbox"/> Jen Gilwee, MD | <input checked="" type="checkbox"/> John Sayles |
| <input checked="" type="checkbox"/> Coleen Condon | <input checked="" type="checkbox"/> Tom Huebner | <input checked="" type="checkbox"/> Adriane Trout, MD |
| <input type="checkbox"/> Michael Costa | <input checked="" type="checkbox"/> Steve LeBlanc | <input type="checkbox"/> Cynthia Turner |
| <input checked="" type="checkbox"/> Kristi Cross | <input checked="" type="checkbox"/> Sierra Lowell | <input type="checkbox"/> Rick Vincent |
| <input checked="" type="checkbox"/> Betsy Davis | <input checked="" type="checkbox"/> Stuart May | <input checked="" type="checkbox"/> Anya Rader Wallack |

Tom Dee

S. LeBlanc joined the meeting at 4:35 p.m.

T. Dee joined the meeting at 4:35 p.m.

Dr. A. Trout joined the meeting at 4:45 p.m.

OneCare Risk Strategy Committee

Dean French, MD

Brian Nall

Shawn Tester

Steve Leffler, MD

OneCare Leadership and Staff

Vicki Loner

Amy Bodette

Linda Cohen, Esq.

Sara Barry

Josiah Mueller

Lucie Garand

Greg Daniels, Esq.

Derek Raynes

Alicia Jacobs, MD

Carrie Wulfman, MD

Jodi Frei

Ginger Irish

Tom Borys

L. Garand joined the meeting at 5:21 p.m.

Invited Guests

Katharine Green

Pam Duchene

Caitlin Tilley

Jim Trimarchi



OneCare Board of Managers Committee Reports

June 2022

Executive Committee (meets monthly)

The committee did not meet in June. Committee members conducted business electronically to nominate a board manager for and At Large seat to serve a three-year term and a current board manager to serve on the Finance Committee. The committee is next scheduled to meet on July 7, 2022.

Finance Committee (meets monthly)

At its June 8 meeting, the May meeting minutes were reviewed and approved by the members. The April Financial Statements were then reviewed and approved. The committee heard an overview of the 2023 BCBSVT Target Proposal from Milliman. Next, a discussion was held around the 2023 Medicare AIPBP and 2022 MVP Target Analysis. Committee recommended for approval the 2021 VBIF Payout and 2022 Medicaid FPP St. Albans Change. The committee also discussed the status of the Medicare 2021 Settlement and 2023 Medicaid FPP opportunities. The committee next scheduled to meet July 13, 2022.

Population Health Strategy Committee (meets monthly)

At its June 13 meeting, the committee heard an update on the governance Subcommittees and Workgroups under the Committee's purview and reviewed the charter review for the newly formed Waivers & Innovations Workgroup. There was a conversation held with members around a draft of OneCare's key performance indicators. The committee also discussed the staffing shortages at Skilled Nursing Facilities. The committee next scheduled to meet July 11, 2022.

Patient & Family Advisory Committee (meets monthly)

At its meeting May 24, the committee met with OneCare Board Chair Anya Rader Wallack and Vice Chair Tom Huebner to discuss health care and the ACO's work. The committee discussed work underway by the OneCare Board of Managers and in public affairs and opportunities to become more diverse and inclusive within the committee itself. The committee next scheduled to meet June 28, 2022.

Audit Committee (meets quarterly)

At its May 26 meeting, the Audit Committee discussed the Chief Compliance and Privacy Officer Quarterly Report. The committee also recommended for approval the Annual Compliance Work Plan. The committee is next scheduled to meet June 28, 2022.

OneCare Vermont
Statement of Financial Position
For the Periods Ended

	4/30/2022	3/31/2022	Variance
<u>ASSETS</u>			
Current assets:			
UNRESTRICTED Funds	4,046,117	6,383,090	(2,336,973)
OCV Reserve Funding	4,000,000	4,000,000	-
Advanced Medicaid Funding	14,850,386	14,894,848	(44,462)
VBIF Reserves	2,886,774	2,669,905	216,868
Deferred For Specific Use	369,152	504,483	(135,331)
Unspent Passthrough Funds	4,805,974	2,055,778	2,750,196
accountability pool \$ Held	2,597,454	2,440,859	156,596
Total Cash	33,555,856	32,948,963	606,893
Network Receivable	101,253	28,595	72,658
Network Receivable-Settlement	2,947,940	581,094	2,366,845
Other Receivable	910,774	107,549	803,225
Other Receivable-Settlement	7,559,846	22,956,707	(15,396,861)
Prepaid Expense	2,387,460	1,074,729	1,312,731
Property and equipment (net)	34,938	35,629	(691)
			-
TOTAL ASSETS	47,498,067	57,733,267	(10,235,200)
<u>LIABILITIES AND NET ASSETS</u>			
Current liabilities:			
Accrued Expenses	1,379,565	1,348,077	31,488
Accrued Expenses -Settlement	7,417,717	7,417,717	-
Network Payable	4,536,389	4,237,957	298,432
Network Payable-settlement	3,701,771	15,983,990	(12,282,219)
Notes Payable	-	-	-
CTO Liability	515,302	523,261	(7,959)
Payroll accrual	355,325	278,957	76,367
Deferred Income	18,032,471	16,603,971	1,428,500
Due to Related Parties - UVMMC	3,532,917	3,644,365	(111,448)
Due to Related Parties - DHH	-	-	-
Total Liabilities	39,471,458	50,038,297	(10,566,839)
Net assets:			
Members' equity	25,000	25,000	-
Retained Surplus	8,001,610	7,669,970	331,639
Total net assets	8,026,610	7,694,970	331,639
TOTAL LIABILITIES AND NET ASSETS	47,498,067	57,733,267	(10,235,200)

OneCare Vermont

Surplus & Loss Statement: April 2022

	Annual Budget	Current Month			YTD Actual	YTD Budget	YTD Variance
		Actual	Monthly Budget	Month Variance			
Fixed Prospective Payments Funding	438,968,088	37,018,027	36,580,674	437,353	148,417,132	146,322,696	2,094,436
Payor Contracts Funding	10,460,595	967,803	871,716	96,087	3,476,312	3,486,865	(10,553)
Other Funding	10,315,103	756,165	859,592	(103,427)	3,024,661	3,438,368	(413,707)
Settlement Income	-	-	-	-	-	-	-
Deferred Participation Fees (prior year)	792,485	39,368	66,040	(26,672)	175,278	264,162	(88,883)
Participation Fees	19,623,500	1,635,292	1,635,292	(0)	6,541,167	6,541,167	(0)
Total Funding	480,159,771	40,416,655	40,013,314	403,341	161,634,549	160,053,257	1,581,292
Fixed Payments	436,766,526	36,859,134	36,397,210	(461,923)	147,774,603	145,588,842	(2,185,761)
Populations Health Mgmt Payment	9,512,724	788,710	792,727	4,017	3,161,392	3,170,908	9,516
Complex Care Coordination Program	5,905,659	491,775	492,138	363	1,967,101	1,968,553	1,452
Value-Based Incentive Fund	1,000,000	83,333	83,333	0	333,333	333,333	0
Blueprint Funding	9,073,982	756,165	756,165	(0)	3,024,661	3,024,661	(1)
PCP Engagement Incentive Pmt - Medicaid Expanded	-	-	-	-	-	-	-
PCP Engagement Incentive Pmt - BCBSVT Primary	-	-	-	-	-	-	-
Self-Management Network Payments	-	-	-	-	-	-	-
Primary Prevention Programs	155,000	20,024	12,917	(7,107)	35,021	51,667	16,646
DULCE	204,485	-	17,040	17,040	-	68,162	68,162
Fixed Payment Allocation - Medicaid	-	-	-	-	-	-	-
Longitudinal Care	399,000	-	33,250	33,250	-	133,000	133,000
Network Reform Projects - Innovation Funds	369,434	-	30,786	30,786	-	123,145	123,145
Network Reform Projects - Mental Health Initiatives	147,550	-	12,296	12,296	-	49,183	49,183
Network Reform Projects - Chronic Kidney Disease	23,165	-	1,930	1,930	-	7,722	7,722
VBIF Quality Initiatives	1,164,708	-	97,059	97,059	-	388,236	388,236
Other PHM Programs	2,463,342	20,024	205,279	185,255	35,021	821,114	786,094
Settlement Expense	-	-	-	-	-	-	-
PHM Expenses	464,722,233	38,999,141	38,726,853	(272,289)	156,296,111	154,907,411	(1,388,700)
Salaries, payroll taxes and fringe benefits	9,368,623	696,457	780,719	84,261	2,769,830	3,122,874	353,044
Consulting, legal and purchased services	1,366,121	103,202	113,843	10,642	378,089	455,374	77,285
Software, licenses and maintenance	2,683,279	193,410	223,607	30,197	775,527	894,426	118,900
Travel, supplies, other	2,019,514	92,805	168,293	75,488	403,804	673,171	269,368
Operating Expenses	15,437,538	1,085,874	1,286,462	200,587	4,327,250	5,145,846	818,596
Total Expenses	480,159,771	40,085,016	40,013,314	(71,701)	160,623,361	160,053,257	(570,104)
Net Income (Loss)	-	331,639	-	331,639	1,011,188	0	1,011,188



OneCare Vermont

Public Affairs Report

June 2022

Media Coverage

Phil Scott rebukes Vermont health board, calls for ‘active oversight’ from executive branch

[June 3, 2022, VTDigger](#)

This article covers Governor Scott’s letter to the Green Mountain Care Board (GMCB) which accompanied his signature on S.285, the bill that gives the GMCB more than \$4 million to develop a plan for setting hospital budgets that are more patient and community-inclusive focused. OneCare is mentioned in the description of the GMCB as one of the entities it regulates.

Inside the search for new Green Mountain Care Board members

[June 1, 2022, VTDigger](#)

An overview of the search for new GMCB members, OneCare is mentioned as one of the entities the GMCB oversees and is described as, “almost synonymous with health care reform in Vermont.”

Q&A with New Board Chair, Anya Rader Wallack

[May 11, 2022, OneCare Vermont Blog](#)

To announce the new leadership on our OneCare’s board of managers, this Q&A with new board chair, Anya Rader Wallack, gives an overview of Wallack’s background and her vision for moving health care reform forward in Vermont.

Q&A with New Board Vice Chair, Tom Huebner

[June 9, 2022, OneCare Vermont Blog](#)

This Q&A with new board vice chair, Tom Huebner, provides an overview of his background and health care expertise, as well as Huebner’s perspective on what’s needed now and in the future to transform health care in Vermont.

Government Relations

State Legislative Update

The 2022 Vermont Legislative Session adjourned sine die on Thursday, May 12, 2022. There was no scheduled Veto Session which means the Governor would need to call lawmakers back to address any vetoes, specifically the state budget.

[S.285](#) passed both the House and Senate on May 10. The bill focuses on health care reform initiatives, data collection, and access to home- and community-based services.

The Governor signed the bill but included a message back to the house voicing concerns over the GMCB's work on health policy and the upcoming hospital budget review. He is tasking DFR and AHS to provide additional oversight of the GMCB's work while also tasking them with convening a provider and payer stakeholder group to start to discuss and plan for the next All-Payer Model Agreement. The full text of his letter back to the legislature can be found [here](#).

Green Mountain Care Board

On May 11, GMCB staff [presented](#) their analysis of OneCare's updated 2022 Budget. The staff proposed edits to the benchmarking tool order as originally proposed as well as recommending approval of the revised budget. The Board approved the staff's recommendations.

On May 25, GMCB Staff [presented](#) their required federal update on the All-Payer Model. The presentation and reports covered 2020 Statewide Health Outcomes and Quality of Care Results, 2020 Total Cost of Care Results, and 2021 Scale Targets and Alignment Preliminary Results. All of the GMCB's federal reports on the All-Payer Model Total Cost of Care and Quality can be found [here](#).

On June 8, the GMCB staff presented a [preview](#) of ACO Budget Guidance and Certification for All-Payer ACOs, while presenting the [final recommended](#) ACO Budget Guidance for Medicare only ACOs. Public comment is open through June 20. The GMCB staff will present All-Payer ACO Budget Guidance and Certification at its June 15 meeting.

Outreach and Advocacy

RiseVT Amplify Grant Program Wrap-up

RiseVT is finishing up a successful granting period. Throughout the first six months of the year, we have given out 24 grants that have improved local infrastructure for walking and biking, increased access to healthy foods, and expanded opportunities for Vermonters to be physical activity. Prominent projects include installing new crosswalks in multiple communities, providing supplies for gardening projects to address food insecurity, and supporting school programming to increase physical activity and promote equity and inclusion. The RiseVT team is proud to have amplified local community assets that support health and wellbeing.

Supporting Access to Reproductive Health Alongside Other Vermont Health Care Organizations

In early May, OneCare announced it was proud to stand along with other prominent Vermont health care organizations in support of access to reproductive health in light of the draft Supreme Court opinion on Roe v. Wade. Read the signed statement at:

https://vtmd.org/client_media/files/Coalition_Statement_Roe_v._Wade_2.pdf.

OneCare Chief Medical Officer's Report

OneCare was excited to post its first report from our chief medical officer, Dr. Carrie Wulfman. The report includes updates on committee reorganization and health service area executive consultations, and her initial impressions of the people behind OneCare. Stay tuned for more CMO reports as we work to bring about reform in health care: <https://www.onecarevt.org/cmo-report-q1-2022>.

Follow Us

You can keep up with OneCare on our [blog](#), [LinkedIn](#), and [Twitter](#) (@OneCareVermont) and with OneCare's primary prevention program RiseVT on [Facebook](#), [Instagram](#), and [YouTube](#). We would greatly appreciate it if you like and share our content to help spread awareness.

Questions? Contact OneCare Public Affairs using the [Contact Us](#) form on our website or email us at public@onecarevt.org.



Board of Managers Summary of Policy Changes

Public Session

June 2022

OneCare leadership has reviewed and recommends the following policies for approval by the Board of Managers.

- **06-03 Policy Management**
 - **Purpose:** To establish uniform guidelines for the development, review, approval, and management of OneCare policies.
 - **Key Changes:** This policy was amended to remove the requirement for Board Chair signature since policies are approved by the Board and documented in the meeting minutes. For convenience, the effective date is retroactive to May 1, 2022 to align with the start of the new Board Chair's term. Additional edits are for the purpose of improved clarity.
 - **Committee Endorsement:** N/A

Policy Number & Title:	06-03 Policy Management
Responsible Department/s:	Operations
Author:	Joan Zipko, Director, Operations
Original Implementation Date:	January 1, 2017
Revision Effective Date:	May 1, 2022

- I. **Purpose:** To establish uniform guidelines for the development, review, approval, and management of OneCare Vermont (“OneCare”) policies.
- II. **Scope:** Applicable to the OneCare Workforce as stated in this Policy.
- III. **Definitions:** Capitalized terms have the same definition as defined in OneCare’s *Policy and Procedure Glossary*.
- IV. **Policy:** To document expectations for the management and operations of OneCare and effective ACO programs, OneCare develops and maintains written policies for each department, team, or functional area (collectively “functional area”) in compliance with its obligations under the Vermont All-Payer Accountable Care Organization (“ACO”) Model Agreement (“VAPAM Agreement”) and applicable federal and state laws, rules, and regulations, as well as with its obligations under agreements with Payers and other contracts related to the furtherance of the ACO business model.

1. Development of New Policies

The director of each functional area, in collaboration with their direct supervisor and any relevant subject-matter experts (“SME”) and stakeholders, will assess the need for, and define the scope of, any new or materially updated policies. The Chief Compliance and Privacy Officer (“CCPO”), and/or OneCare’s legal counsel (“Legal Counsel”) may also identify the need for policies in an operational area and will work with the appropriate leader(s) to develop the policies as needed.

2. Review and Update of Existing Policies

The director of each functional area, in collaboration with their direct supervisor and any relevant SMEs and stakeholders, will perform reviews of all active Policies annually, as well as on an interim basis, when warranted. The CCPO and/or Legal Counsel will participate in the interim review processes where there are compliance or legal issues, or otherwise upon request. The Chief Operating Officer (“COO”), Chief Medical Officer (“CMO”) and Vice President, Finance will participate in the review processes where they are a required signatory and may otherwise participate upon request or at his/her discretion.

- a. Annual Review: All policies shall be reviewed on an annual basis and updated as needed.
- b. Interim Review: Policies may be reviewed and updated outside of the annual review cycle if warranted by changes in: federal or state law, rules or regulations, related policies, terms of an ACO Program Agreement or a contract related to ACO business operations, program changes, at the direction of the Board, or other unforeseen circumstances.

3. Compliance & Legal Review

The CCPO and Legal Counsel shall review all new or updated policies while in final draft form (“final draft policy”). The CCPO and Legal Counsel shall review the final draft policy to ensure compliance with federal or state law, rules or regulations, related policies, ACO Program Agreements and any other

contract related to ACO business operations. If changes to the Policy after compliance and legal reviews have taken place, the CCPO and Legal Counsel will review those changes before the policy is signed.

4. OneCare Executive Approval

After completion of Compliance and Legal review, Policies must be approved by the Chief Operating Officer (“COO”), Chief Medical Officer (“CMO”) or Vice President, Finance in accordance with subject matter of the Policy. Following this OneCare executive approval, policies can proceed to any applicable BOM Committee for endorsement and the Board of Managers for approval.

5. Retirement of Policies

If a policy is determined to be obsolete due to a change in federal or state law, rules or regulations, a term of an applicable contract, or change in program design, retirement of that policy shall be requested of the Board of Managers.

6. Management of Policies

The Director, Operations is responsible for managing the processes by which OneCare develops, reviews, retires, and archives policies; providing internal and external access; providing Workforce training; and monitoring adherence to this policy to inform process improvements.

V. Review Process: This Policy shall be reviewed annually and in accordance with the terms of this Policy.

VI. References:

- OneCare’s Policy and Procedure Glossary
- GMCB Rule 5.000: Oversight of Accountable Care Organizations
- OneCare’s ACO Program Agreements with Payers

VII. Related Policies/Procedures:

- 06-01 Record Retention Policy
- 005-46 Management of Policies Procedure

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

Director, Operations

Date

Chief Operating Officer

Date



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing Board Manager
June 21, 2022

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

The Board, having reviewed and discussed the recommendations of the Nominating Committee and the qualifications of the candidates, hereby elects to seat the following:

- A. Shawn Tester, an at-large manager effective July 1, 2022, for a three-year term ending on July 1, 2025; and
- B. Tom Huebner to the Finance Committee.

OneCare Community Care Coordination: Evaluating Our Progress

Carrie Wulfman, CMO

Tracey Mongeon, Care Coordination Program Administrator

Matt McLaughlin, Population Health Analyst

With contributions from

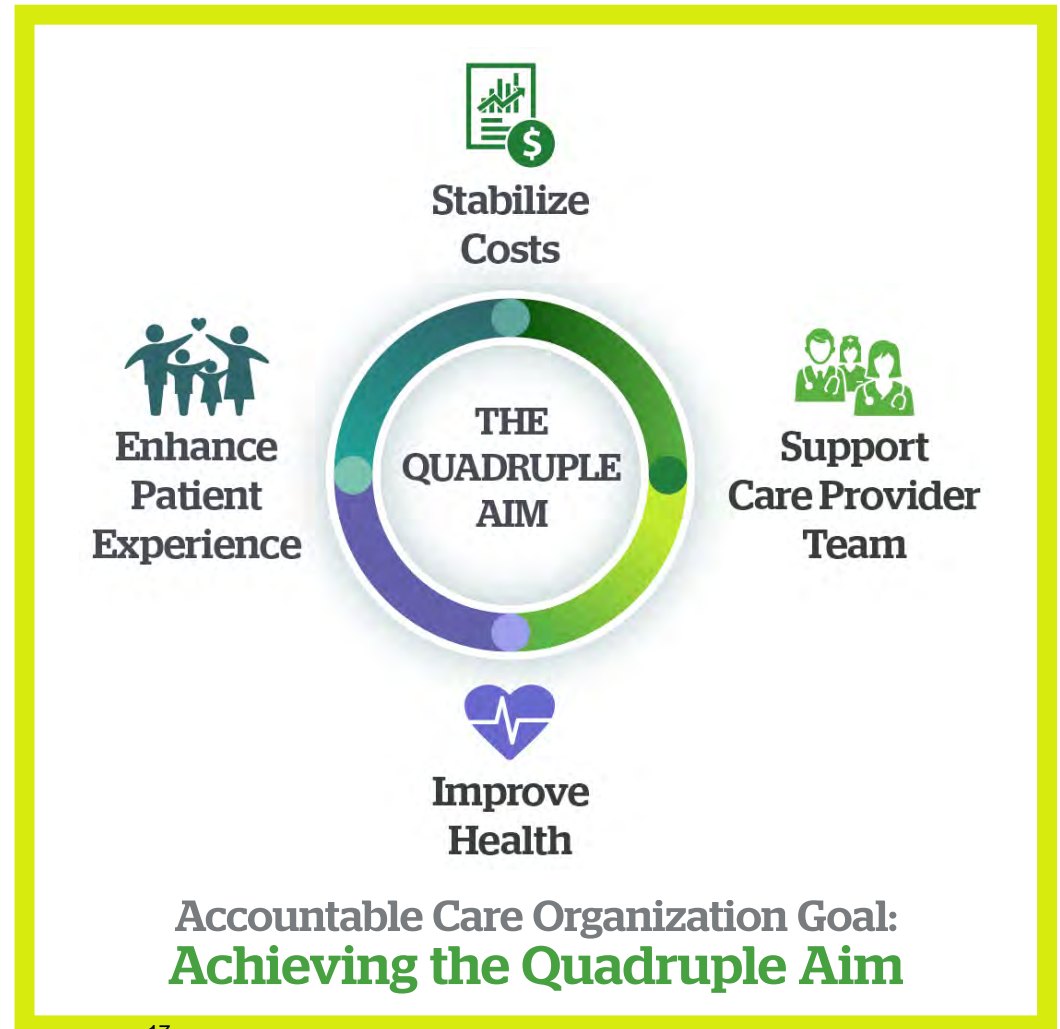
Jodi Frei, Asst. Director ACO Population Health Model Integration

Josiah Mueller, Director of Value Based Care

The Quadruple Aim

Where does Care coordination fall in this model?

- ✓ Care coordination is not a stand-alone program or department
- ✓ Care coordination is a required element for health care reform



Care Coordination vs Care Management: What are we measuring?

Defining Care Coordination:

Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.

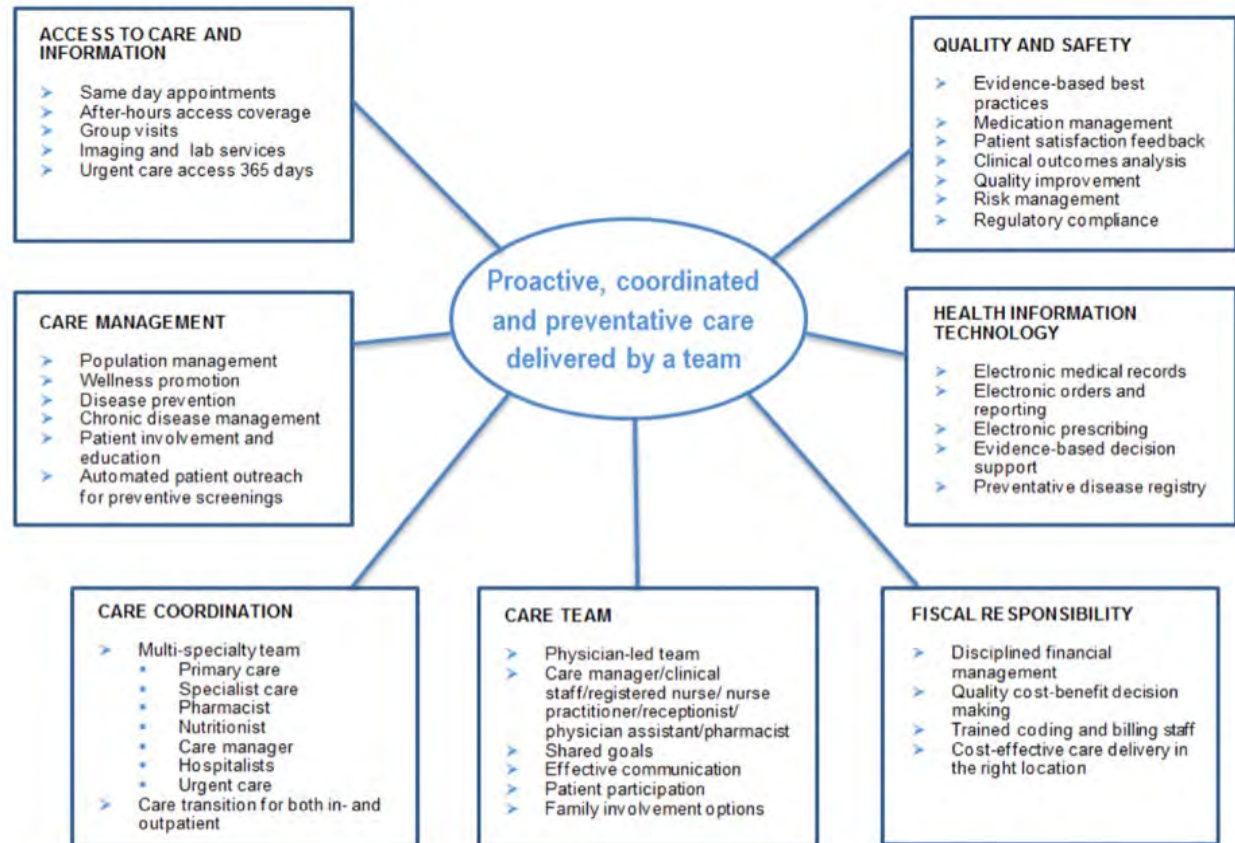
Defining Care Management:

Care management is a promising team-based, patient-centered approach “designed to assist patients and their support systems in managing medical conditions more effectively.”³ It also encompasses those care coordination activities needed to help manage chronic illness.

Care Management/Care Coordination

Figure 2: Overview of PCMH attributes delivered at Bend Memorial Clinic, USA

Evaluation of the PCMH model shows that it brings a 20% reduction in hospital admissions and a 12% reduction in readmission rates among its beneficiaries (22). Criticism of the model suggests that in highly fragmented systems, integration among providers might not happen unless reimbursement mechanisms specifically incentivize integration (23).



Source: Adapted from (21)

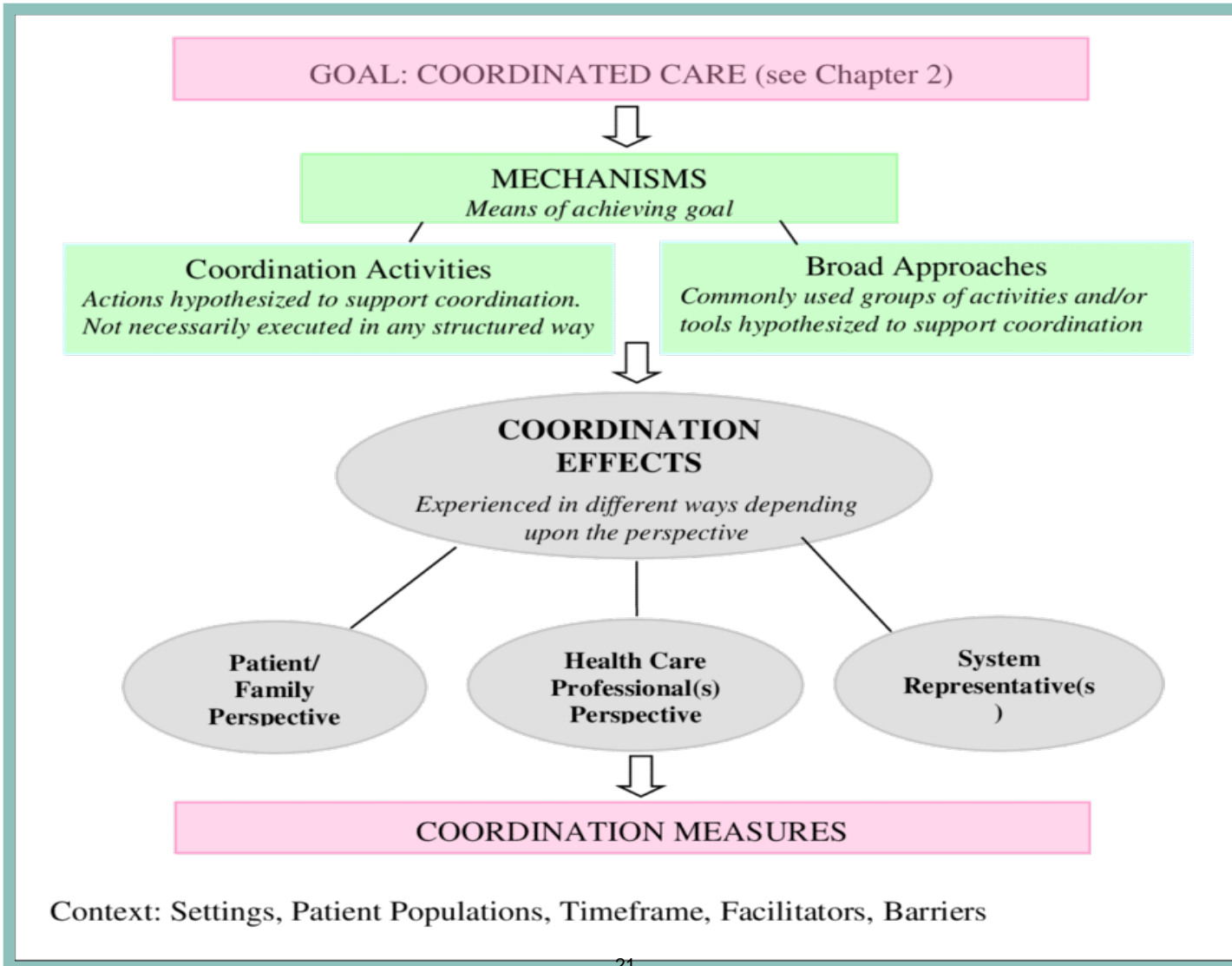
Coordination of Care

A moment to pause and reflect:

- As a patient, do you need/want your care managed?
- As a patient, do you need/want your care coordinated?



AHRQ's Framework for Measuring Coordinated Care



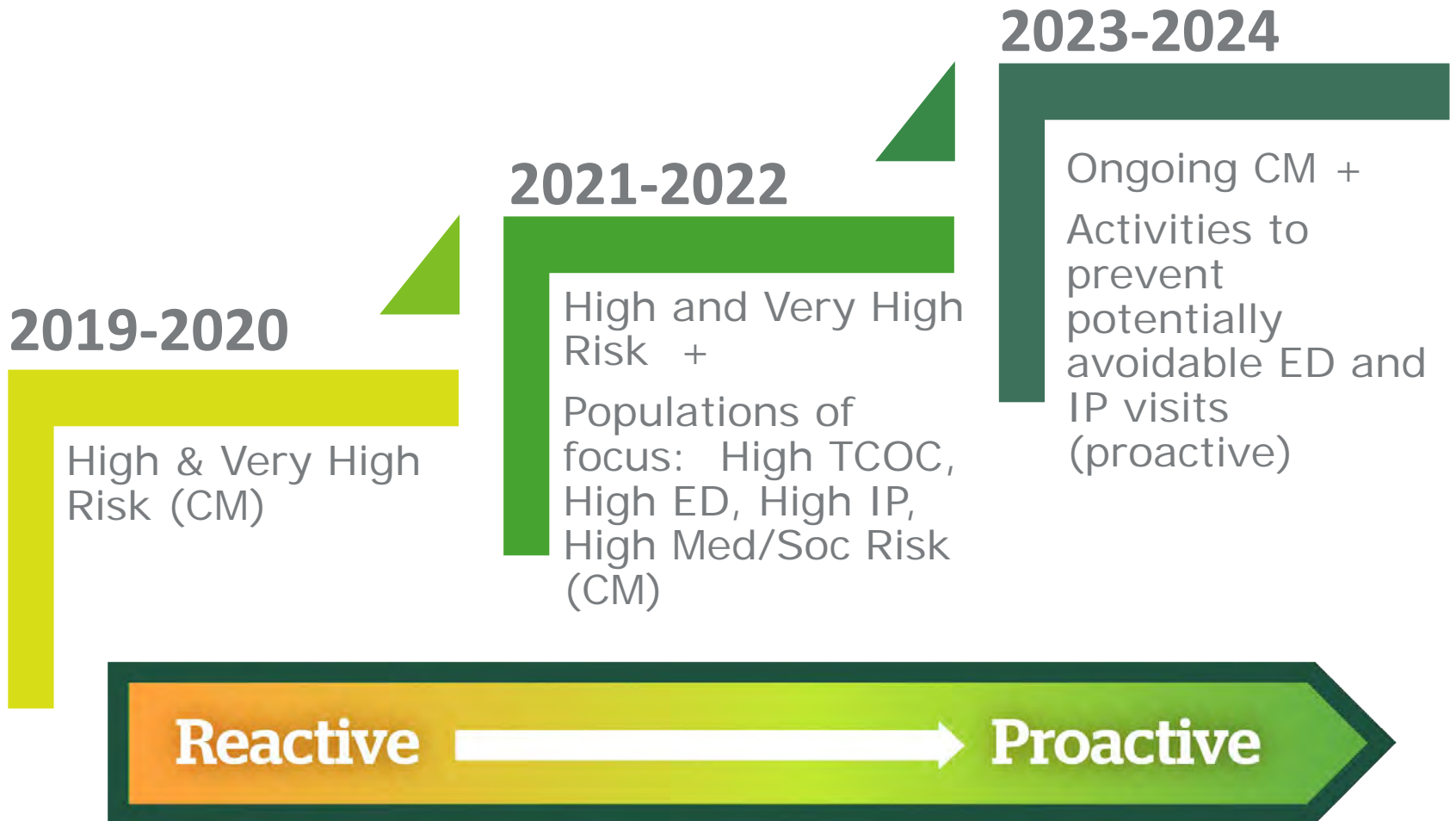
Evolution of OneCare's Requirements and Oversights for Care Coordination



- Care coordination financial support from our payers is substantial
- 2020 strategic plan maintains care coordination within the network performance management core capability
- What do we require?

Evolving Accountabilities

-activities are additive



CM=Care Management

Progress Report: Care-Managed Rate, 1 of 2

Percentage of each focus group care managed

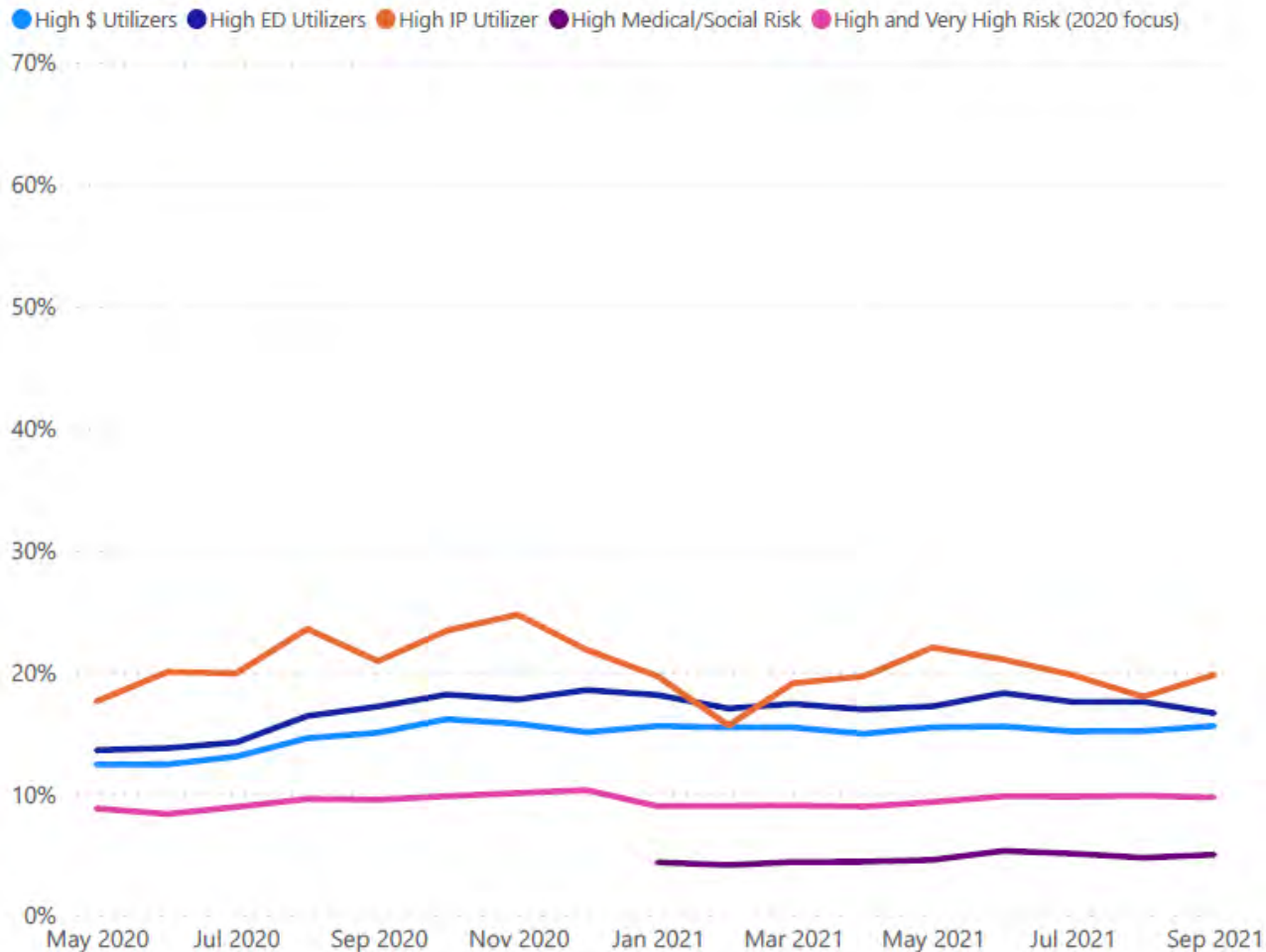


Chart 1 of 2:
Members continuously attributed in 2020 and 2021

<-- % of each focus group care managed

* Only eligible months included in calculation. Medicaid Expanded excluded

Progress Report: Care-Managed Rate, 1 of 2

Percentage of all care managed members in each focus group

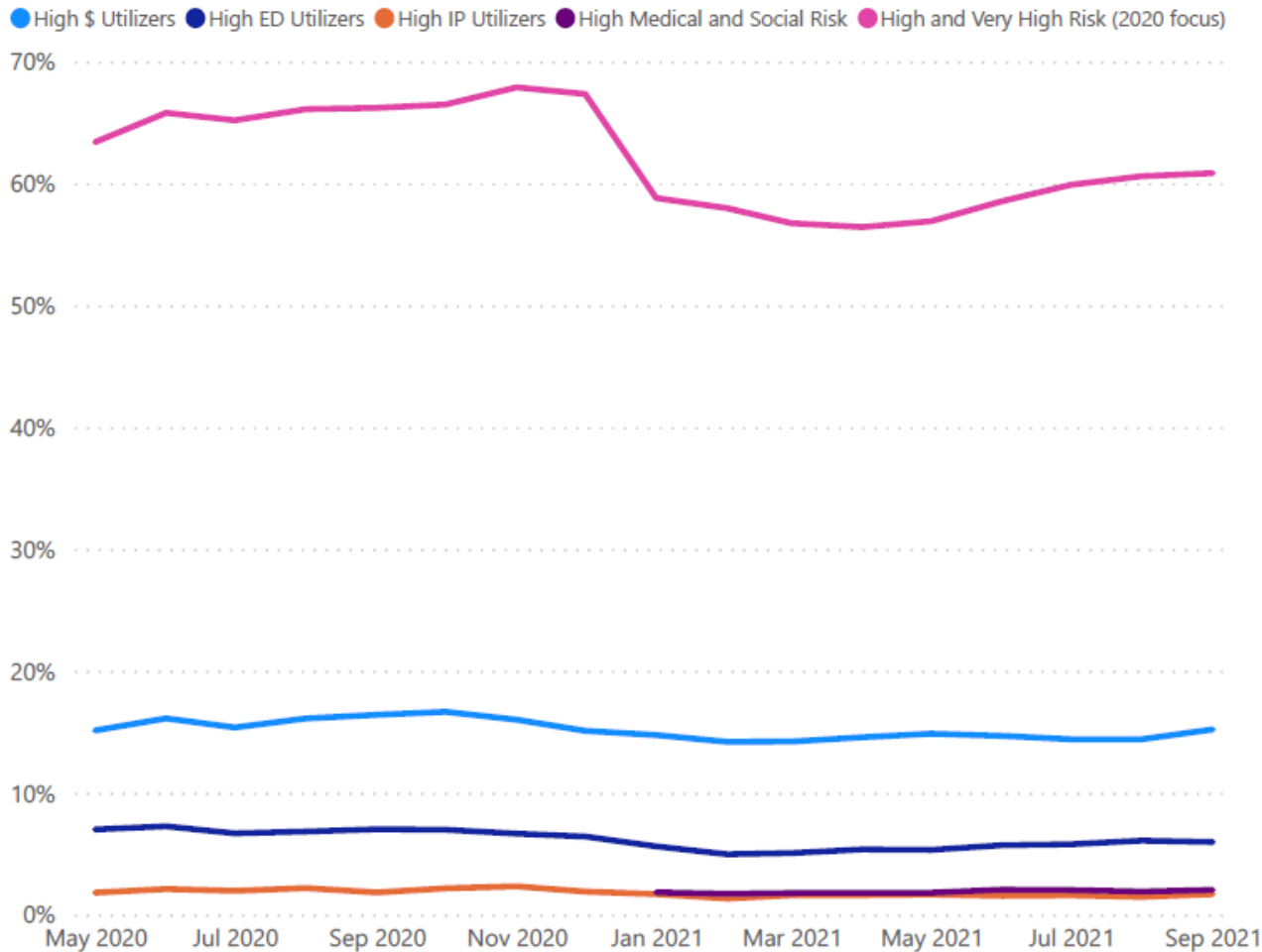


Chart 2 of 2:
Members continuously attributed in 2020 and 2021

<-- % of all care managed members in each focus group

Progress Report: Methodology and Analysis

How we understand our program

Operational Monitoring
Process Metrics App

Executive Monitoring
Performance Dashboard

In-depth Learning
Annual Analysis

Evolution of analyses

2020 Descriptive Analysis

2021 Statistical Analysis

2022 Improved Statistical

Current Evaluative Approach

Control Matching

Identify a control group that is similar to the care managed population using **Propensity Score Matching**

Difference in Difference

Care-managed cohort

Matched cohort



Regression Analysis

Multiple Linear Regression for each outcome of interest **controlling for potential confounders**

Findings



No statistically significant relationship between the care managed cohort (mostly made up of high but not highest acuity members) and inpatient admits, ED visits, avoidable ED visits, PCP visits or PCP telehealth visits.



The N was too small to allow for good matches with populations of focus



Care management enrollment and total cost of care are positively correlated



Impact analysis shows that the key characteristic of those care managed members seeing the greatest reduction in TCOC is high inpatient utilizer status

Research

Literature Review:

- Multiple studies showing positive impact of CC
- JAMA 2019: Same results as our study
- Compelling percentages of inpatient admissions related to unmet
- SDoH needs

Overriding Theme:

- Avoidable Inpatient & ED
- SDoH
- Timeliness of Post Acute
- Intervention
- Level of Intensity

Objective:

To identify patient perceptions and social barriers to care related to readmission.

Methods:

Prospective cohort study of 202 respondents readmitted within 30 days of hospital discharge from 2 inpatient adult medicine units at Massachusetts General Hospital, Boston, Massachusetts between January 2012 and January 2016.

Results:

Few participants indicated that their readmission was due to unattainable health care after discharge. Almost half indicated that they needed more general assistance to stay well outside the hospital. Those reporting a barrier related to at least 2 measures of social determinants of health were more likely to have preventable readmissions (34% vs 17%, $P = .006$). Participants with a history of homelessness or substance use disorder were more likely to have preventable readmissions (44% vs 20%, $P = .04$ and 32% vs 18%, $P = .03$, respectively).

Conclusion:

Strengthening nonmedical support systems and general social policy may be required to reduce preventable readmissions.

[Social Factors and Patient Perceptions Associated With Preventable Hospital Readmissions - PMC \(nih.gov\)](#)

Network Observations in 2021

Network Adjustments

- Pandemic
- Enhanced Areas of Focus
- Shift in reporting resources
- Staffing Deficits

Network Resiliency

- *Maintained 15% care managed rate throughout 2021
- Increased engagement in Joint Core Team Meetings
- Network-wide engagement in Care Coordination Implementation Specialist led trainings
- Proactive measures to create a reporting template

*Based on Medicaid Traditional Cohort

Perception of Care Survey: 1 of 2



Participant Perception of Care Coordination Survey

Patient Name:

Date Completed with Patient:

Please select the 1 word that is closest to how you feel about each sentence.

I have one person on my team that is identified as my primary contact (often referred to as lead care coordinator).

- Yes
- No

I am invited to meetings where my needs and my health are talked about.

- Never
- Sometimes
- Often
- Always

I am treated like I am an important part of my own care team by the people involved in my care.

- Never
- Sometimes
- Often
- Always

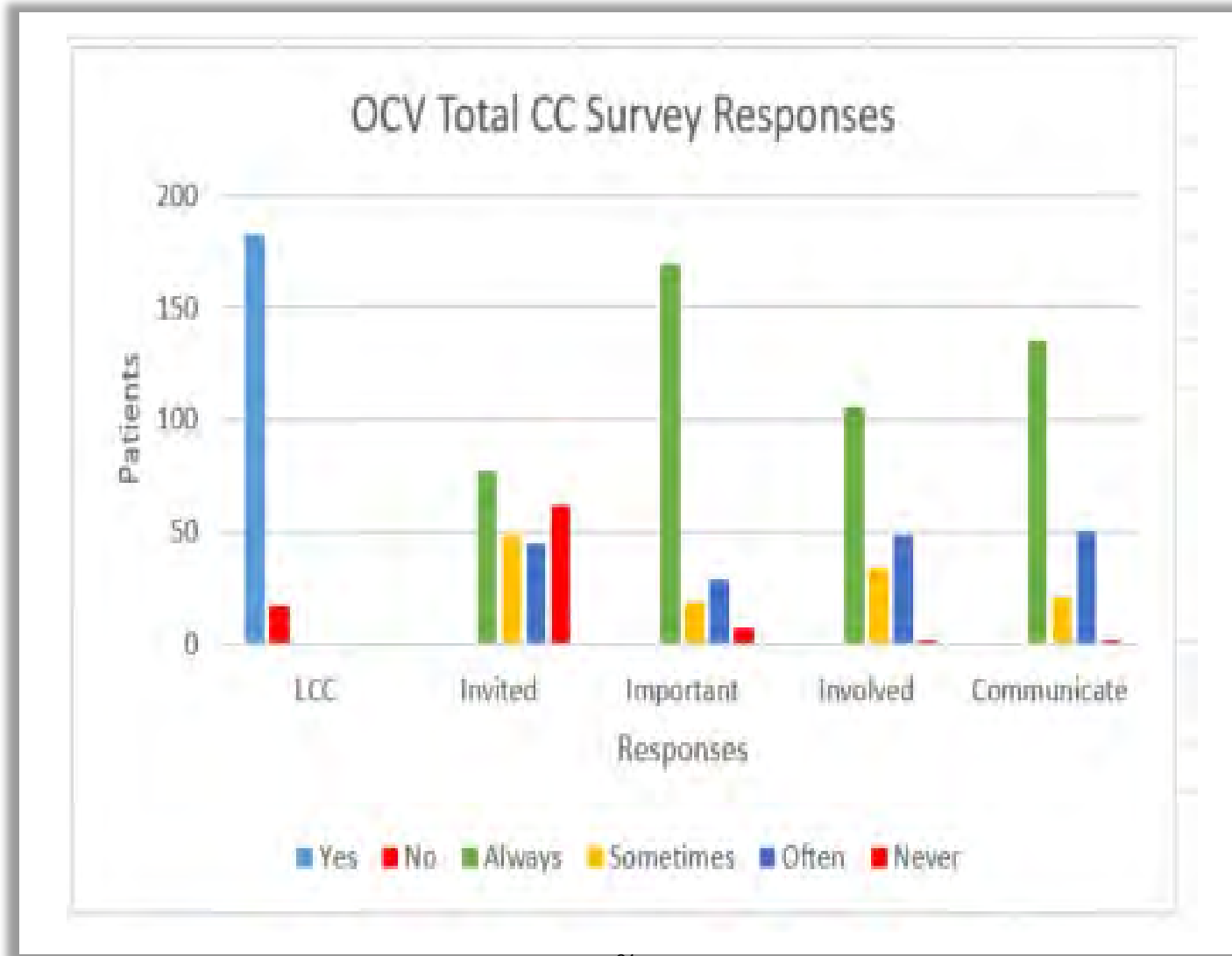
People involved in my care ask me what I think about things related to my health and support.

- Never
- Sometimes
- Often
- Always

The people involved in my care communicated about my needs and goals.

- Never
- Sometimes
- Often
- Always

Perception of Care Survey: 2 of 2



Next Steps

- 1. Evaluation results and recommendations to BoM (has already been presented at PHSC)**
- 2. Care Coordination Workgroup met April and May**
 - Further explore research, best practices
 - Goals and Data collection for 2023 (evaluation in mind)—choosing claims-based metrics
 - Choose short-term goals that propel us towards long-term goals
- 3. Oversight and Accountability Sessions**
- 4. Update 2023 Care Coordination Guidance Document**
- 5. Include more patient and family input**

Care Coordination: *Continuum of maturation*

- Establishing care coordination outcome measures
- Building infrastructures (PHSO, Regional clinical teams, team-based care models)
- IT opportunities (ADT, HIE, EHR communication)
- Policy and PHM evolution, increasing accountability
- Building community-wide relationships ongoing (Blueprint teams, HSA consultations)



The Care Model:

Who needs it?

Discussion





OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing Board Manager
June 21, 2022

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

The Board will now move into executive session in order to discuss subjects that are outside of the scope of the ACO’s public meetings. For this meeting those include: (1) subject that are or use trade secret information; and (2) status of ongoing contract negotiations.