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

May 16, 2023
4:30 p.m. – 6:30 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
4:33 p.m.	Consent Agenda Items* *(p. 3-12)* *Motion and Vote to Approve Consent Agenda Items – Supermajority Required*	Anya Rader Wallack
4:32 p.m.	Governance* *(p. 13-16)* § Population Health Strategy Committee Nomination *Motion and Vote to Appoint Member of the Population Health Strategy Committee – Supermajority Required*	Anya Rader Wallack
4:34 p.m.	HSA Spotlight: UVMHN Population Health Services Organization* *(p. 17-30)*	Jessica Moschella Greg Carlow
5:05 p.m.	Public Comment Move to Executive Session* *(p. 31)* *Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required*	
6:28 p.m.	Votes 1. Approve Executive Session Consent Agenda Items - Supermajority Required 2. Possible Vote: Approve Appointment of Interim CEO – Supermajority Required	Anya Rader Wallack
6:30 p.m.	Adjourn	Anya Rader Wallack

*Denotes Attachments

Attachments:

1. Consent Agenda Items (with Cover Page)

a. Draft OneCare Public Session Minutes April 18, 2023
b. Board Committee Reports May 2023
c. Financial Statement Package
d. CMO Quarterly Report

2. Resolution to Appoint Member to the Population Health Strategy Committee
    a. Tracy Upton Resume
3. HSA Spotlight: UVMHN Population Health Services Organization
4. Resolution to Move to Executive Session
5. Public Affairs Report May 2023 *(FYI only)*

OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Session

May 16, 2023

Agenda Item	Reason for Review and Request for Approval
a. Draft OneCare Public Session Minutes April 18, 2023	Review and approval of prior month's minutes.
b. Board Committee Reports May 2023	Summary of Board subcommittee meetings from the past month.
c. Financial Statement Package	Approval of OneCare's most recent financial statements as recommended by the Finance Committee.
d. CMO Quarterly Report	Updates from the Chief Medical Officer.

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
April 18, 2023
Public Session 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 April 18, 2023. Public access was also available at the OneCare Offices in Colchester, Vermont.

I. Call to Order and Board Announcements

Board Chair Anya Rader Wallack called the meeting to order at 4:33 p.m.

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

Chair Wallack welcomed members of the public in attendance and offered the opportunity to introduce themselves.

III. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from March 21, 2023; (2) Board Committee Reports April 2023; (3) 2023 Corporate Goals Q1 Status Report; (4) Summary of Policies; and (5) 05-06-PY23 ACO Network Payer Program Participation PY 2023.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by D. Bennett, seconded by T. Dee and approved by a Supermajority.

IV. 2023 HSA Consultation Progress

Carrie Wulfman, MD and Chief Medical Officer at OneCare, gave an update on the progress of HSA consultations this year. She introduced what Health Service Area (HSA) consultations are and the efforts of OneCare to make them more collaboration-based. They take place across the state of Vermont and have an average of 25 participants per consultation. She went over the agenda for these meetings which includes identifying strengths and opportunities for each area.

Dr. Wulfman then presented a summary of quarter one and showed an example of HSA summaries which include Population Health Model metrics with some positive trends.

DRAFT FOR APPROVAL

The Board expressed interest in how this data can be shared with the public to help show the impact of OneCare and requested an update in six months. They also recommended broadening the invitations to these consultations and showing progress comparisons from HSA to HSA and entity to entity, as this provides healthy competition.

V. Public Comment

There was no public comment.

VI. Move to Executive Session

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

VII. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by Supermajority**

VIII. Adjournment

The meeting adjourned at 6:21 p.m.

Attendance:

OneCare Board Managers

Present:

Dan Bennett	Shawn Tester	Toby Sadkin, MD
Bob Bick	Jen Gilwee, MD	John Sayles
Coleen Condon	Leslie Ferrer	Adriane Trout, MD
Betsy Davis	Steve LeBlanc	Teresa Fama, MD
Tom Dee	Sierra Lowell	Anya Rader Wallack
Stuart May		

Absent:

Judi Fox	Michael Costa	Tom Huebner

B. Bick joined the meeting at 4:50 p.m.

L. Ferrer joined the meeting at 4:50 p.m.

S. May joined the meeting at 5:00 p.m.

OneCare Risk Strategy Committee

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Absent:

Steve Leffler, MD		

OneCare Leadership and Staff

Present:

Vicki Loner	Amy Bodette	Kellie Hinton
Sara Barry	Aaron Perry	Carrie Wulfman, MD
Alida Duncan	Lucie Garand	Tom Borys
Greg Daniels		

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OneCare Board of Managers Committee Reports

May 2023

Executive Committee (meets monthly)
The committee nominated a network participant representative to the Population Health Strategy Committee, discussed employment matters, and provided management with direction for the upcoming May Board meeting. The committee is next scheduled to meet on June 1, 2023.

Finance Committee (meets monthly)
At its May 10 meeting, the committee welcomed new member Jessa Barnard to the committee. The April meeting minutes and the Quarter 1 Financial Statements were reviewed and approved by the committee. The committee discussed OneCare's recent presentation to GMCB and reviewed and discussed changes to the 2023 Medicare targets. The committee then explored possible strategies to address the 2022 anticipated gains and discussed a new policy on managing reserves. The policy was recommended to advance to the full Board. Committee members discussed the end of the public health emergency (May 11, 2023) and its potential impact on Medicaid redetermination. Finally, the committee thanked Vicki Loner for her contributions to OneCare. The committee is scheduled to meet next on June 14, 2023.

Population Health Strategy Committee (meets monthly)
At its May 8 meeting, the committee was presented with an overview of the bi-annual HSA Consultations. There was an update on the Primary Care Mental Health Initiative and a discussion and review of the PHM 2024 proposed measures. The meeting wrapped up with a brief update on ADT and Arcadia. The committee is next scheduled to meet on June 12, 2023.

Patient & Family Advisory Committee (meets monthly)
At its April 25 meeting, the committee was presented with an overview of the Mental Health Screenings Initiative following the regular Board of Managers and Public Affairs updates. There was next an update on the Care Coordination Workgroup and Focus Group work happening. The meeting ended with an update on the recruitment for the PFAC group. The committee is next scheduled to meet on May 30, 2023.

Audit Committee (meets quarterly)
The Audit Committee met on April 14th. Earnest and Young was invited to the meeting and presented their audit plan for the 2022 financial statement audit. Additionally, a compliance work plan status update was presented. There were no recommendations made to the BOM regarding either topic. The committee is next scheduled to meet on June 30, 2023.

OneCare Vermont
Statement of Financial Position

For the Periods Ended	**3/31/2023**	**2/28/2023**	**Variance**	**Explanation**
ASSETS				
Current assets:				
UNRESTRICTED Funds	7,951,400	11,420,867	(3,469,467)	
OCV Reserve Funding	-	-	-	
Advanced Medicaid Funding	17,821,453	17,774,918	46,535	
VBIF Reserves	1,646,987	1,646,987	(0)	
Deferred For Specific Use	4,945,126	322,954	4,622,172	added DTF operating expenses
Unspent Passthrough Funds	1,379,789	2,275,567	(895,778)	release of blueprint restriction
accountability pool $ Held	2,245,901	2,123,649	122,252	AP monthly deduction
Total Cash	35,990,656	35,564,941	425,714	Timing
Network Receivable	63,345	0	63,345	PHM2 Base Pmt Recon outstanding
Network Receivable-Settlement	4,506,355	4,506,355	-	Current balance is 2021 Medicaid settlements and 2022 esstimated settlements.
Other Receivable	8,524,313	62,673	8,461,640	MVP Q1 receivable + $8M AIPBP increase Q1
Other Receivable-Settlement	15,745,664	15,745,664	-	Balance consists of 2021 and 2022 settlement amounts owed to OCV from DVHA. (recevied in April)
Prepaid Expense	298,996	791,092	(492,097)	One month Blueprint prepaid in MARCH; normal amort hitting
Property and equipment (net)	23,005	23,595	(590)	routine depreciation
TOTAL ASSETS	**65,152,333**	**56,694,321**	**8,458,012**	
LIABILITIES AND NET ASSETS				
Current liabilities:				
Accrued Expenses - Accounts payable	969,359	939,386	29,973	Timing of accruals at month end.
Accrued Expenses Deliverables	55,860	55,860	-	Longitudinal Care AMENDMENTS EXECUTED IN MARCH
Accrued PHM Expenses (payors)	18,459,865	19,208,823	(748,958)	Recognition of 1 month of Adv Shared Savings less change in advance Medicaid Deposit
Accrued Expenses	19,485,084	20,204,069	(718,985)	
Accrued Expenses -Settlement	13,976,692	13,976,692	-	Balance consists of 2022 settlements due to BC and Medicare AIPBP
Network Payable	11,913,452	4,287,806	7,625,646	Primary driver of increase is $8.1M in retro payments owed to the network for the Medicare FPP. Paid out in May
Network Payable-settlement	4,364,534	4,364,534	-	Balance consists of 2021 Medicaid settlements plus 2022 settlement estimates for all payors
Notes Payable	-	-	-	
CTO Liability	458,657	463,538	(4,881)	normal activity
Payroll accrual	296,054	211,289	84,765	normal activity
Deferred Income	1,820,108	1,820,108	-	
Deferred Grant Income	-	-	-	
Due to Related Parties - UVMMC	3,525,995	2,693,760	832,234	normal activity: salary, fringe, operating expenses processed by UVMMC
Due to Related Parties - DHH	-	-	-	
Due to Related Parties - UVMHN	381,366	-	381,366	new account for activity with the Health Network, not UVMMC
Total Liabilities	**56,221,941**	**48,021,796**	**8,200,145**	
Commitments and Contingent Liabilities				
Net assets:				
Members' equity			-	
Retained Surplus	7,940,109	7,940,109	-	
Year to Date Surplus/(Loss)	990,283	732,417	257,867	YTD net income 2023
Total net assets	**8,930,392**	**8,672,525**	**257,867**	
TOTAL LIABILITIES AND NET ASSETS	**65,152,333**	**56,694,321**	**8,458,012**	

OneCare Vermont

Surplus & Loss March 2023

	YTD Actual Gross	YTD Budget	YTD Variance (Un) Favorable	Drivers	Explanation
Fixed Prospective Payments Funding	121,225,427	111,562,585	9,662,842	Dollars (↑), Attribution (↑) slightly	Medicare FPP is up $2m due to a recalculation by CMS/Lewin that led to an increase in the AIPBP payments. Also, Medicaid is higher than budget in the early months as budget is straightline and attrition reduces payments as the year goes by. UVM SF transactions not in place yet ($100k). Offset by increase in Medicaid PRSP.
Payor Contracts Funding	1,945,279	1,986,007	(40,728)		
Other Funding	2,661,282	2,411,479	249,803	Contract Terms (entry pending)	Interest revenue earned much higher than budget due to higher interest rate at 3.5%
Settlement Income	-	-	-		
Deferred Participation Fees (prior year)	-	141,802	(141,802)	Timing - no spend, budget straightline	No spend YTD
Participation Fees	4,957,111	4,957,111	0	flat	
Total Funding	**130,789,099**	**121,058,983**	**9,730,116**	See above	**FPP increase due to (1) adjustment by CMS in what was originally used for budget. Error found, actual reflects adjustment; (2) Medicaid budget straightline, but early months are highest due to attrition occuring over the year; (2) Interest income is up $250k. Offset by no deferred income spending.**
Fixed Payments	121,026,439	111,201,751	(9,824,689)	Timing of spend (DVHA portion)	Same story as FPP Revenue. Higher due to increase in CPR spend vs budget since no charging to DVHA has occurred to date.
Populations Health Mgmt Payment	2,923,155	3,047,897	124,742	Attribution (↓)	PHM Base Pmts PCPs - budgeted attribution 170k, vs actual 158k, offset by higher than budgeted PHM Bonus pmts (100% vs 80%)
Blueprint Funding	2,386,408	2,386,479	71	Timing	Timing
DULCE	-	36,341	36,341	Timing	No spend YTD; contracts not executed yet
Longitudinal Care	-	99,750	99,750	Timing	No basis for accrual - contract not executed
Network Reform Projects - Innovation Funds	-	17,417	17,417	Timing	No spend YTD. 1 project remains - deliverable due soon.
Network Reform Projects - VBIF Backfill	-	37,500	37,500	Timing	No specified arrangement yet.
SNF SUPPORT	-	50,325	50,325	Timing	No specified arrangement yet.
MH Screening	-	409,535	409,535	Timing	Policy approved in April. Accrual will start in Q2
VBIF Quality Initiatives	-	74,060	74,060	Timing	No spend YTD. Working on plan to distribute
Other PHM Programs	27,071	-	(27,071)	Spend not Budgeted	One time payment to CPR practices to help with transition to FFS for Blue Cross.
Other PHM Programs	27,071	724,928	697,857	Contract Status/Timing	See above
Settlement Expense	-	-	-		
PHM Expenses	**126,363,073**	**117,361,054**	**(9,002,018)**	**Attribution/Rate and Timing of Spend**	**Primary driver FPP payments and increased CPR spend, offset by lack of spend on other programs due to timing of execution.**
	-				
Salaries, payroll taxes and fringe benefits	1,858,931	2,014,994	156,062	Timing	Two vacant positions (1 VBC, 1 Compliance). Offset by timing of payments made in Q1 that were budgeted straightline
Consulting, legal and purchased services	845,200	936,483	91,283	Incurred Costs (↑) -Legal	Largest drivers of favorability are: no spend in the evaluaition contract ($125k budgeted Q1); debarment, NW Navigator and portal spend have not occurred ($40k). Offset by higher than budgeted legal work ($46k) and timing due to Leonine contract ($20k)
Software, licenses and maintenance	480,904	433,737	(47,167)	Incurred Costs (↓)	Timing of the Care Navigator $65k spend occuring in Q1, budgeted straightline, and $35k
Travel, supplies, other	250,707	312,715	62,008	Incurred Costs (↓)- software, GMCB	Professional development, advertising and books/dues/subcriptions all underbudget with very little spend to date
Operating Expenses	**3,435,743**	**3,697,929**	**262,186**	Incurred Costs (↓)	
Total Expenses	**129,798,815**	**121,058,983**	**(8,739,832)**		
Net Income (Loss)	**990,283**	**(0)**	**990,283**		**Biggest driver is lack of planned spend in expenses, offset by increase in interest income. $724k**

OneCare Vermont

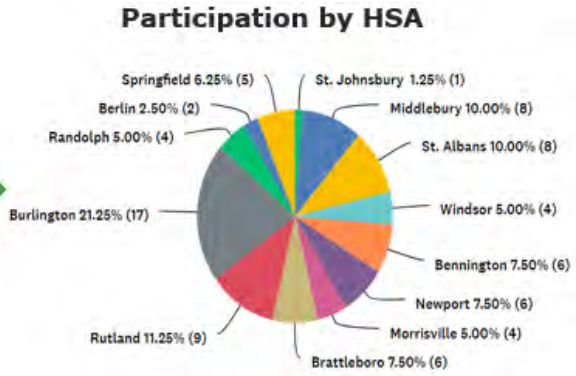
Report from the Chief Medical Officer
— Carrie Wulfman, MD —

Q2 2023

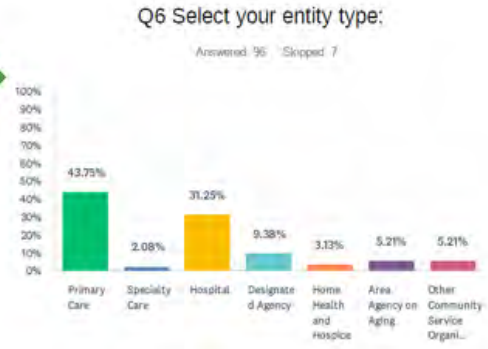
Health Service Area Spring Rounding

Health Service Area (HSA) Executive Consultations were successfully shared at OneCare Vermont's fourteen HSAs during our spring biannual rounding. The sessions were supported by the OneCare Value-Based Care (VBC) team and well-attended by leaders from across the care continuum per HSA. Attendees represented primary care, hospitals, designated agencies for mental health, area agencies on aging, home health and hospice agencies, Blueprint for Health, state healthcare entities, and others. Roles present included administrative, clinical, and quality. The ACO network of participants received clinical quality and financial performance updates, and were encouraged to engage in conversation about the results.

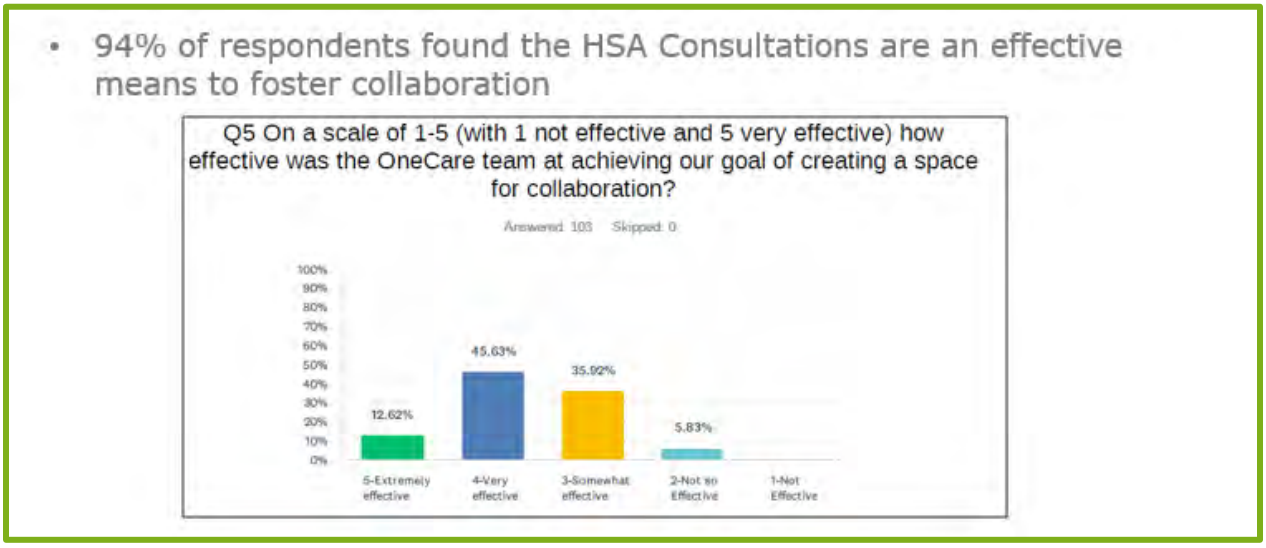
- A total of 103 individuals across all the HSA's completed the survey
- Breakdown of participation by HSA
  - St. Johnsbury and Brattleboro have low survey completion rates due to not reserving time in the meeting to complete the survey



- Breakdown of participation by entity type:



The local population health teams' quality improvement and care coordination projects were showcased by our VBC Team in order to highlight areas of progress. A short survey taken by 66% of the 155 participants indicated that 94% overall found these consultations insightful. The feedback received will be assimilated into our 2023 fall rounding, where we plan to present the 2024 Population Health Model (PHM) goals as well as an up-to-date progress report on this year's work. The OneCare VBC team deserves praise for this well-organized spring rounding, and for driving implementation of the 2023 PHM.



Mental Health Screening Initiative for Primary Care

In addition to the mental health integration incentives this year for OneCare's independent primary care practices participating in our Comprehensive Payment Reform (CPR) innovative model (see last CMO report), OneCare is offering a one-time mental health screening initiative of $1.6 million total for all primary care practices who implement or improve on a protocol to administer depression and suicide screening for patients age twelve and older, and who report the results electronically. There will be two payments, one in May for establishing the screening protocol (based on attestation) and a second in December related to referral to treatment for those patients screening positive. At the current time, approximately 80% of OneCare primary care participants have attested that they will participate in this initiative.

While rate of mental health screening is not the end goal for this year and screening alone does not fix our mental health crisis, supporting primary care to work on overall screening processes and follow-through for positive screens will hopefully supplement other work in the state such as the Zero-Suicide project supported by the Vermont Department of Mental Health.

Value-Based Care Webinars, Promoting Best Practices

In March, OneCare Quality Improvement Specialists Cathy Vogel and Esther Halden hosted the first quarterly quality webinar related to our network's focus on value-based care. More than 50 attended and the discussion was robust. The topic for quarter one was "PHM- Annual Wellness Visits" and the network-wide webinar spotlighted three participant primary care practices; a solo practice (Dr. Eric Seyferth), a pediatric practice (Green Mountain Pediatrics), and an FQHC practice (Springfield Health Center/North Star Health.)

Themes for success that were identified, based on the peer-to-peer sharing in this webinar, include:

- Take every opportunity to do wellness visit check-in with patients including pharmacy contact, sick/acute visits, phone calls
- Set culture of wellness as priority
- Utilize patient outreach reminders, such as automated reminders for staff in the EHR, maximize EHR messaging
- Understand patient population who hasn't been seen in 2-3 years

A link to the webinar can be found here: https://youtu.be/eEIKeEZD6j0

OneCare will host the second best-practices webinar in late June, with a focus on "Emergency Department (ED) Revisits." This will showcase a few of our primary care participants who are succeeding at reducing potentially avoidable ED visits. By sharing our learnings and successes, we create relationships in addition to spreading best practices

If you have questions about any of the clinical or quality work with which we are engaged, please reach out to me at the email or phone number below.

Thank you for your support and dedicated work.

Carrie Wulfman, MD
Chief Medical Officer, OneCare Vermont
carrie.wulfman@onecarevt.org
802-989-3161

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing New Member to the Population Health Strategy Committee
May 16, 2023

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 candidate, hereby appoints Tracy Upton to the Population Health Strategy Committee.

Tracy Upton, RN

PO Box 596, Wallingford, Vermont 05773 – 802-236-8239(C) – tracy.uptonvt@gmail.com

Professional Summary

Disciplined, motivated registered nurse with strong clinical knowledge base. Dynamic leader who values collaboration with internal and external stakeholders. Goal oriented professional proficient in prioritizing and completing tasks in a timely manner, yet flexible to multitask when necessary.

Licenses and Certifications

- Registered Nurse, State of Vermont Lic number. 026.0022988
- AHA Basic Life Support(BLS) Certification

Community Leadership

- Board Member- Rutland County Free Clinic
- Rutland Community Collaborative
  - Core Team Committee member
- OneCare Vermont Committee Member
  - Quality & Care Model Subcommittee

Professional Highlights

- 2019 American Academy of Ambulatory Care Nursing Conference Poster Co-Author "Community Wide Care Management"-Poster chosen as a "Top Ten" entry
- 2018 Vermonters Taking Action Against Cancer -Impact Award recipient
- 2018 Community Health Centers Clinical Employee of the Year
- EMR Clinical Coordinator- Lead the selection, implementing and maintaining electronic health record.
- 16 years of experience as office-based nurse-patient centered focus and strong clinical judgment
- Patient Centered Medical Home Practice Facilitator –Led practices to NCQA Level III recognition
- Coordination and Management of Organizational Level and Practice based Quality Improvement Projects
- Developed the role of Clinical Leads and mentored staff at clinical practice sites

Skill Highlights

- Organizational skills
- Exceptional ability to think critically
- Strong capability to reach problem resolution
- Functions at a high level of autonomy
- Workflow management
- Excellent communication skills both written and verbal
- Experienced in management of clinical database and analysis of data for improved patient care
- Policy and program development
- Great ability to educate, demonstrate and teach the new technologies.
- Collaborates well with others to meet desired clinical goals and outcome

Tracy Upton, RN

PO Box 596, Wallingford, Vermont 05773 – 802-236-8239(C) – tracy.uptonvt@gmail.com

Professional Experience

Community Health Centers of the Rutland Region

Director of Clinical Operations December 2021-Present

Provides clinical leadership and operational oversight to the primary care clinics at Vermont's largest FQHC. Supports team members through coaching and education to promote a coordinated, collaborated clinical delivery environment that results in high quality patient centered care within the framework of the Triple-Aim. Partners with site Practice Managers and Associated Medical Directors to ensure staffing and scheduling meet daily clinical needs. Provides direct supervision to the clinical informatics team to ensure clinical data is collected in a discreet manner so data can be utilized to make data-driven decision to support clinical and operational decisions. As a member of the Executive Team, collaborates with other senior leadership on setting strategic priorities and long term goals aimed at fulfilling the organization vision and mission.

Director of Quality January 2013-December 2021

Managed and coordinated organization-wide efforts to ensure that performance management and quality improvement programs were developed and executed. Provided a planned, systematic approach to identifying, designing, measuring, prioritizing, and monitoring all quality improvement activities and made recommendations for future improvements based on the data. Regularly reported the status of performance and quality improvement efforts and impacts. Responsible for understanding the data and reporting requirements of our external stakeholders, redesigning workflow as needed to ensure accurate and consistent data capture. Collaborated with stakeholders on the design of clinical IT infrastructure required to support the performance and quality improvement systems. Led the development of and implementation of telehealth workflows and utilization at the beginning of the COVID-19 pandemic.

CHCRR Pediatrics/Pediatric Associates August 1996 to January 2013

Registered Nurse

Performed all tasks with a patient-centered focus while seeking opportunities for improvement in workflow and patient care and satisfaction. Actively participated in the selection of the practice electronic health record. Lead the practice in the design and development of templates of care and clinical workflows. Educated and supported staff in the use of the electronic health record. Collaborated with providers to develop Quality Improvement Projects when improvement opportunities were identified. Coordinated and managed the call schedule for eight providers and maintained the daily office schedule for six providers.

Tracy Upton, RN

PO Box 596, Wallingford, Vermont 05773 – 802-236-8239(C) – tracy.uptonvt@gmail.com

Rutland Area Visiting Nurse and Hospice September 2003 to 2012

Pediatric High-Tech Nursing

Delivered high-quality compassionate nursing care to high risk patients in home based setting.

Collaborated with health care team in case management and medication management.

Childbirth Educator

Developed and facilitated a multi-class program to provide education to expectant parents on pregnancy, preparation for childbirth, and infant care.

Maternal/Child Health Outreach and Lactation Counselling

Communicated with mothers in the postpartum period to offer support and coordinate services if needed. Provided postpartum assurance and lactation advice and support.

Education

Castleton University 1996 Nursing –**Associates in Science**

The University of Vermont Health Network Overview of the Population Health Services Organization (PHSO)

May 16, 2023

Jessica Moschella, SVP High Value Care
Greg Carlow, AVP Population Health Services

THE University of Vermont HEALTH NETWORK

Overview

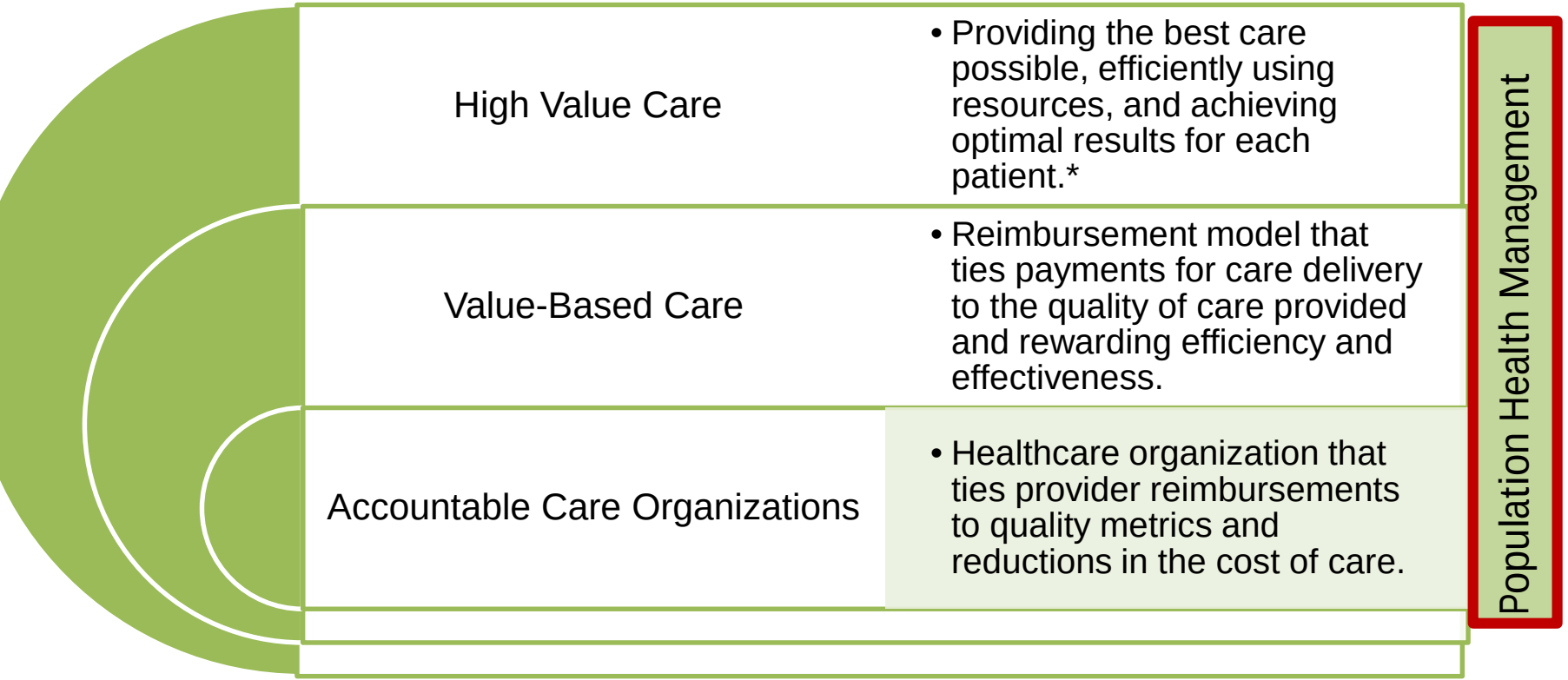
Context

- Contextualize High Value Care (HVC) and UVM Health Network Priorities
- Provide an overview of the Population Health Services Organization (PHSO)

Objective

- Understand the UVMHN investment in a PHSO
- Orientation to current state PHSO services and next steps
- Discuss impact on UVMHNs HVC goals

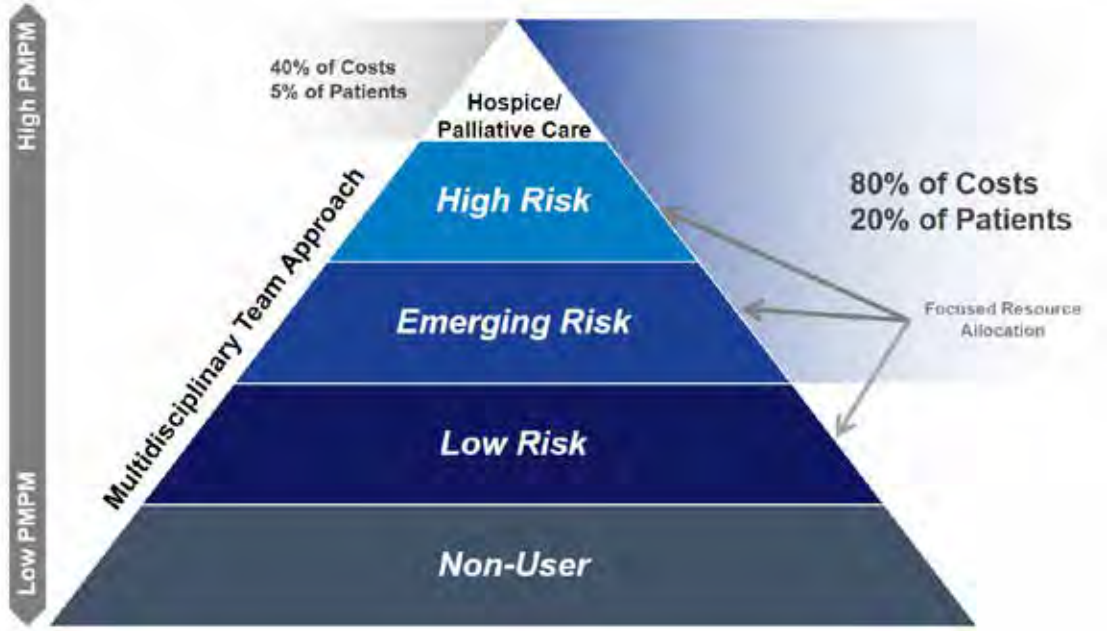
High Value Care Framework



* Razmaria AA. High-Value Care. *JAMA.* 2015;314(22):2462. doi:10.1001/jama.2015.16990.

Translated into Populations and Proactive Care

Member identification and risk stratification ensures that resources and interventions are allocated to those members whose outcomes and costs are more likely to be impacted.



*PMPM: Per Member Per Month

Population Health Management Framework

Population Health Management strategy provides whole-person, data driven care as a essential tool for improving outcomes and optimizing utilization

Member Identification

Who is the population?

Population Stratification

Who can be impacted?

Member Attribution

Who is responsible?

Care Interventions

How is care provided?

Care Delivery & Staffing

What staff is needed?

Program Evaluation & Reporting

Is care effective?

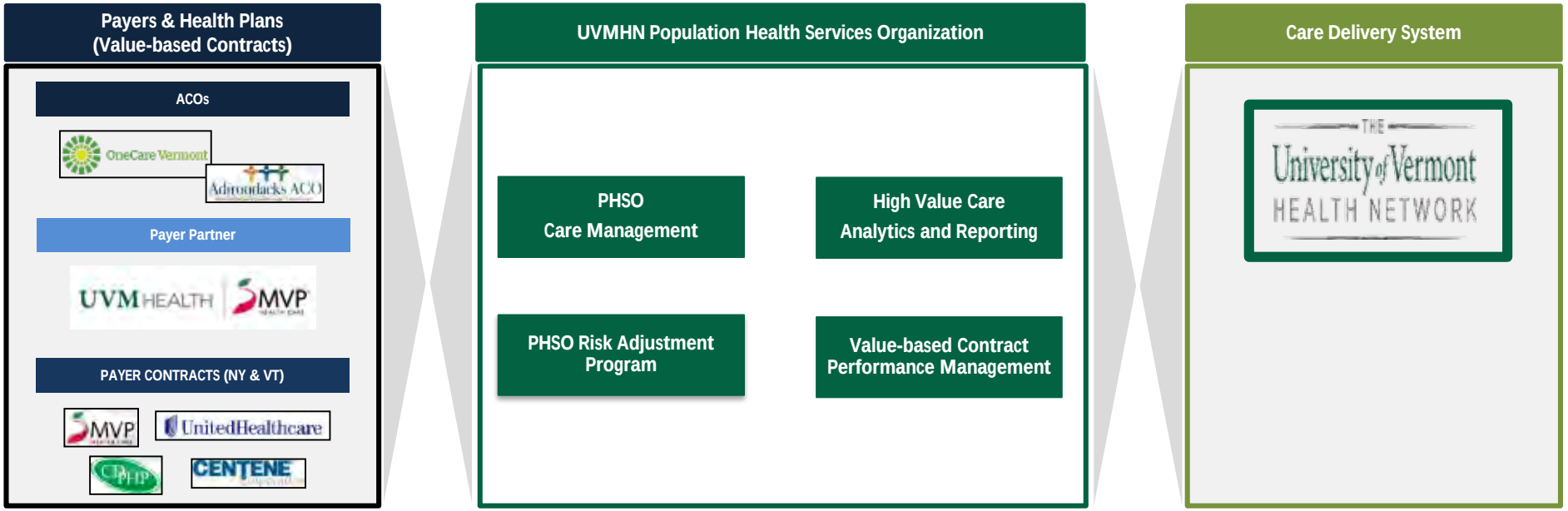
Enabling Resources & Support

HVC Analytics; IT; Network & Provider Engagement;

Quality Improvement/Performance Improvement; & Funds Flow

UVMHN Population Health Services Organization (PHSO)

The PHSO works at the intersection of UVMHNs Value-based Contracts (VBCs) and Care Delivery ensuring an evidence-based and equitable approach to Population Health Management



PHSO HVC Analytics

Foundation of all UVMHN HVC initiatives;
Enables proactive interventions and data-driven decision making

- Clinical, claims and other data sources are aggregated to provide insights:
  - Quality Performance
  - Patient Needs & Risk Stratification
  - Network & Provider Performance
  - Financial & Contract Performance
  - Risk Coding Performance
  - HVC Delivery and Point of Care insights
- Data insights to support HVC clinical and business decisions
- HVC program monitoring & evaluation
- Data-driven performance improvement identification and prioritization

PHSO Care Management

Evidence-based Care Management improves outcomes, supports care teams, and drives performance in HVC

- Standardization ensures equitable access to CM regardless of payer, practice size, geography
- Investment by UVMHN to establish a network-wide PHSO Care Management:
    - Evidence-based and NCQA accredited
    - Resources proportional to the number of attributed lives
    - Aligned with Blueprint
- Standardizes:
    - CM team structure & case loads
    - Oversight and management
    - Patient Eligibility and Proactive Identification
    - Workflows and Documentation
    - Monitoring & evaluation

PHSO Care Management

Process KPIs	Outcome KPIs
Patients Enrolled	ED Visits/1000
Patient Graduated	UC Visits/1000
Assessment & Plan of Care w/ in 30 Days	IP Admits/1000
Engagement Rate	Unplanned IP Readmits/1000
Panel Profiles (risk, demographics)	Avoidable ED
Community Referrals	Avoidable IP
Caseloads	Quality Measures Performance
	Patient Satisfaction

PHSO CM Patient Experience to Date

Question	% Strongly Agree or Agreed
1. The CM explained their role so I understood it clearly	97% ↑
2. The CM treated me with respect and courtesy	98% ↑
3. The CM was easy to reach when I needed help or had questions	90% ↑
4. The CM spoke with me in ways that were easy to understand	97% ↑
5. I understand my health concerns better	92% ↑
6. I can manage my health more independently	84% ↑
7. I know when to ask for help	92% ↑

- "They made sure that I was able to understand, and took time to go page by page. I could tell that they cared about my children."
- "This is something we could not do without- hands down"
- "Compassionate understanding. Excellent treatment. I will ever be grateful. Thank you all."
- "If I didn't understand what she meant, she would go over everything again until I did understand."
- "Quick response if I needed her. Personable, so I felt free and safe to share complaints. Good job!"
- "I am happy to have this sort of thing available to me."
- "This is important."

*****Over 1,000 surveys were mailed to patients who had received care management services in 2022. All of those surveyed were enrolled before September 2022. We sent surveys in Chinese, May-May, Vietnamese, Bosnian, Ewe, Nepalese, Russian, Somali, Spanish, Swahili, and Arabic*

ARROWS INDICATE TREND LINE FOR RESULTS

PHSO Risk Adjustment

- Accurate and compliant documentation of patient conditions is a critical component of HVC Performance:
  - Accurate risk stratification and patient needs identification
  - Drives Risk Adjustment strategies (i.e., risk adjusted analytics, risk adjusted panels)
  - Ensures risk-based revenue supports patients needs
- PHSO Risk Adjustment program launched Nov. 2022 (3 Primary Care Clinics)
- Includes prospective, concurrent, and retrospective support
  - Prospective: Pre-visit chart review for clinical evidence of Suspect Conditions
  - Concurrent: Real-time coding support for providers
  - Retrospective: Review of documentation to ensure compliance and coding accuracy
- Provider-specific feedback and opportunity identification

PHSO Risk Adjustment – Suspect Condition Opportunities

Nov 2022 – May 12, 2023

Practice	Number of Reviews	Suspected Conditions Opportunities
UVMHN Total	**7137**	**1478**

PHSO VBC Performance Management

Dedicated people, process, and technology to improve performance on existing VBCs; Align incentives with improved patient outcomes and lower cost of care

- Align VBC performance measures with UVMHN clinical priorities
- Standardize payer relationships and reporting
- Real-time VBC Performance monitoring
- Identify and prioritize areas of opportunities to maximize financial incentives
- Credit for clinical work already completed
- Embed data into clinic workflows
- Review and vet new and existing VBCs
- Reduce provider and care team burden
- Increase VBC Performance Transparency across UVMHN

What's Next?

Questions and Discussion

OneCare Vermont Accountable Care Organization Board of Managers Resolution to Move to Executive Session May 16, 2023

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) subjects that are or use trade secret information; (2) status of ongoing contract negotiations; (3) personnel matters.

OneCare Vermont

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Media Coverage

CEO of OneCare, Vermont's accountable care organization, to depart

May 4, 2023, VTDigger

Announcement of Vicki Loner's departure from OneCare and that next steps will be determined at May 16th board meeting.

OneCare Vermont CEO stepping down

May 4, 2023, WCAX

Announcement of Vicki Loner stepping down from CEO of OneCare. In this coverage, OneCare is described as the "lynchpin to the reform experiment sparked by the Affordable Care Act" and notes that OneCare has been under a microscope, facing criticism about transparency and outcomes.

Blue Cross and Blue Shield of Vermont to affiliate with Michigan counterpart

May 1, 2023, VTDigger

May 3, 2023, Mountain Times

OneCare is mentioned in this coverage in reference to BCBSVT not contracting with OneCare in 2023 and that contracting with OneCare in 2024 will remain a local management decision.

Government Relations

State Legislative Update

The legislature is speeding to the finish hoping to wrap up its duties and adjourn by May 12th. S.37 and H.89 bills focusing on Protections for Health Care Providers offering reproductive and gender affirming care were both passed and signed by the Governor on May 10th. S.36, the Healthcare Workplace Protection Bill has passed both the senate and the house and is awaiting the Governor's signature. S.47, a bill relating to the transport of individuals requiring psychiatric care, is in the final stages of passage in

the Senate. Many of the bills focusing on healthcare interstate compacts for specific provider types that are advancing, including counseling, physical therapy and audiology are now on the Senate side are also in the final stages of passage and expected to be delivered to the Governor for his Signature. OneCare was originally slated to testify to the House Healthcare Committee the first week of May but due to the expedited and busy schedule of being on the house floor many committees delayed or canceled testimony for the remainder of the session.

Green Mountain Care Board

At its April 12th meeting the GMCB had a roundtable discussion focusing on Healthcare Consolidation and at its April 19th meeting it Board hosted a roundtable discussion on Sustainability of Primary Care in Vermont including representatives from Bi-State Primary Care, HealthFirst, the Vermont Medical Society, and various practicing providers. At the same meeting the Board was also provided an update by the Agency of Human Services on the status of the Healthcare Workforce Strategic Plan. At its May 3rd meeting the GMCB had another roundtable discussion on reference-based pricing and then the Staff presented their analysis of OneCare's revised 2023 PY budget. On May 5th OneCare Leadership presented the updated 2023 budget to the GMCB. GMCB Staff will continue to review and have already followed up with additional questions and requested additional information and will present their additional evaluation and recommendations on May 17th with a potential Vote by the board scheduled for May 24.

Outreach and Advocacy

Events, Shares, Articles, and Resources

OneCare was proud to sponsor the Howard Center's 6th annual conference, Breaking Barriers: Finding Purpose & Possibilities Together. They had an excellent line-up of presenters. You can view the speakers and their slide decks here: Howard Center Annual Conference 2023 – Howard Center

We recently finalized updates to our quality webpage on our website to fully reflect the exciting work that is happening in this area. You can learn more about the work and the amazing team here: Quality Performance - OneCare Vermont (onecarevt.org)

OneCare's Patient and Family Advisory Committee is seeking new members. Our aim is to build a committee that is inclusive and representative of the communities across Vermont. If you know someone who could be a good fit for this committee, learn more and send them this link: Careers - OneCare Vermont (onecarevt.org)

United Counseling Services is hosted an open house for its Psychiatric Urgent Care for Kids (PUCK) program on May 11 from 4-6 pm. OneCare is proud to have provided seed money to support the PUCK program and are thrilled to see it thriving today, providing a safe alternative to the emergency department so that children in crisis can receive appropriate treatment and care in a therapeutic setting. Learn more about the open house and PUCK's work: https://fal.cn/3y8nM

Follow Us

You can keep up with OneCare on our blog, LinkedIn, and Twitter (@OnecareVermont) 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.