



# OneCare Vermont

## Strategic Plan Summary

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# 2021-2023

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**Our Vision: A trusted, equitable health care system where patients and providers work together to achieve optimal health and an exceptional care experience for all.**



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## Message from the OneCare Board of Managers and CEO

### Dear valued reader,

We, the members of OneCare's Board of Managers — as representatives of our local health care providers — and OneCare's team, are deeply committed to transforming Vermont's health care system to one that is equitable, provides exceptional care experiences, and aligns payments with high quality of care.

Together, your health care providers and the staff at OneCare Vermont are tackling a pressing issue of our time — turning the tide from an unsustainable model with health care spending on the rise and quality of care stymied, to a model that reduces health care costs and supports our providers to give the best care they were trained to deliver.

We are thankful for the level of engagement throughout this strategic planning process, where we came together with committed stakeholders to identify strategies to achieve meaningful payment and delivery reform for our state and Vermonters. We are confident in our ability to advance our mission through the strategies honed during this thoughtful planning process — and by focusing on and executing OneCare's core capabilities:

- 1) Network performance management
- 2) Data and analytics
- 3) Payment reform

This strategic plan will guide our future work toward our mission and vision, keeping us focused on our providers' top priorities in the health care system transformation process.

We hope this document will provide a clear understanding of who we are and what we want to achieve as an organization. Here you will find an executive summary of our strategic plan, a refreshed mission, vision, and values, and an outline of our focus areas that describe the organization's capabilities, goals, and anticipated outcomes, and how they are supportive of the state of Vermont's health care reform goals.

Working together and guided by a shared strategy and vision, we can transform our health care system to one that is better for all.

Respectfully,

**OneCare Board of Managers and  
Vicki Loner R.N.C., MHCDS, CEO**



## Committed Stakeholder Participants

### Planning Team Members

- Kevin Stone, Senior Consultant, Helms Company
- Vicki Loner, CEO, OneCare
- Amy Bodette, Director of Public Affairs, OneCare
- Ginger Irish, Communications Strategist, OneCare

### Stakeholder Participants

#### OneCare Board of Managers

Representing provider types from the full continuum of care from throughout the state and consumers

- Dan Bennett – CEO, Gifford Health Systems
- Bob Bick – CEO, Howard Center
- John Brumsted, MD – CEO, UVM Health Network
- Michael Costa – CEO, Northern Counties Health Care, Inc.
- Betsy Davis – Retired Home Health Executive, Medicare Consumer Representative
- Tom Dee – CEO, Southwestern Vermont Medical Center
- Claudio Fort – President and CEO, Rutland Regional Medical Center
- Steve Gordon – CEO, Brattleboro Memorial Hospital
- Todd Keating – Former Executive Vice President and CFO, UVM Health Network
- Coleen Kohaut – Owner and Administrator, Franklin County Rehab Center, LLC
- Sally Kraft, MD – Vice President of Population Health, Dartmouth-Hitchcock Health
- Steve LeBlanc – Chief Strategy Officer, Dartmouth-Hitchcock Health
- Sierra Lowell – Nursing Student, Medicaid Consumer Representative
- Pamela Parsons – Executive Director, Northern Tier Center for Health (NOTCH)
- Joe Perras, MD – CEO, Mt. Ascutney Hospital and Health Center
- Robert Pierattini, MD – Chair of Psychiatry, UVM Medical Center
- Toby Sadkin, MD – Primary Care Health Partners
- John Saroyan, MD – Hospice Medical Director, Bayada Home Health Care
- John Sayles – CEO, Vermont Foodbank, Commercial Consumer Representative
- Adriane Trout, MD – Thomas Chittenden Health Center
- Rick Vincent – Executive Vice President and CFO, UVM Health Network

#### OneCare Patient and Family Advisory Committee

- Representing the experiences Vermonters and their families have in the health care system

#### OneCare Employees

- Over 71% of OneCare employees, representing every department within OneCare

#### All Payer Model Signers

- Agency of Human Services – Mike Smith, Secretary; Ena Backus, Director of Health Reform; and Cory Gustafson, Commissioner, DVHA
- Green Mountain Care Board – Kevin Mullin, Chair; Jessica Holmes, Member; and Susan Barrett, Executive Director

#### Provider Members and Associations

- Bi-State Primary Care Association – Georgia Maheras, Vice President of Policy and Strategy; and Helen Labun, Director, Vermont Public Policy
- VNAs of Vermont – Jill Olson, Executive Director
- Vermont Association of Hospital and Health Systems – Jeff Tieman, President and CEO; and Mike Del Trecco, Senior Vice President of Finance and Operations
- Vermont Care Network/Vermont Care Partners – Simone Rueschemeyer, Executive Director
- Vermont Health Care Association (SNF) – Laura Pelosi, Policy and Regulatory Affairs
- Vermont Medical Society – Jessa Barnard, Executive Director
- Vermont Child Health Improvement Program – Wendy Davis, MD, Professor of Pediatrics; and Breana Holmes, MD, Associate Professor of Pediatrics

#### Business Community

- Vermont Business Round Table – Lisa Ventriss, President and CEO

#### Payer Participants

- Blue Cross Blue Shield of Vermont – Don George, President and CEO

## Executive Summary

### Strategic Planning Process

In the first half of 2021, OneCare staff and its board of managers engaged in a strategic planning process to define a focused direction for the next three years. To launch the process, McKinsey Associates provided the board with national data on ACO trends and capabilities to provide a perspective on best practices of ACOs.

A consultant worked with the management team to create a structured interview guide which was used to conduct 40 stakeholder interviews, where interviewees had also sought out input from other vested stakeholders in their organization in advance of the interview.

To ensure OneCare staff engagement, a survey was created to mirror external interview questions and was sent to OneCare employees, with 71% of employees completing the survey. Thematic findings from the interview and survey results were identified and discussed at the OneCare Board of Managers' strategic planning retreat and at a OneCare full staff meeting.

As part of the process, a subset of the board and representative team members from each department at OneCare met to review and refresh the language of the organization's mission, vision, and values, which was reviewed, modified, and approved by the full board in April 2021.

### Mission, Vision, and Values

**Mission:** OneCare partners with local health care providers to transform Vermont's health care system to one that focuses on health goals by providing actionable data and innovative payments that foster better outcomes for all.

**Vision:** A trusted, equitable health care system where patients and providers work together to achieve optimal health and an exceptional care experience for all.

**Values:** Collaboration, Excellence, Innovation, Equity, Communication, and Integrity

### Strategic Plan Core Strategies and Capabilities

#### Strategy Focus #1:

OneCare and its health care provider partners will work together to continuously improve health outcomes.

**Core Capability:** Network Performance Management

#### Strategy Focus #2:

OneCare will elevate data and analytics capabilities to support health care provider partners.

**Core Capability:** Data and Analytics

#### Strategy Focus #3:

OneCare and its health care provider partners will work together to move toward a system that pays for value.

**Core Capability:** Payment Reform

### Our Commitment

OneCare and our local health care provider partners are committed to communicating the benefits of this partnership and its impact on the health of Vermonters.





# OneCare Vermont

## Strategic Plan Overview 2021-2023

### 1 Who We Are

**OneCare is an Accountable Care Organization (ACO), owned and operated in Vermont to serve Vermonters.**

ACOs, like OneCare, represent a cooperative effort of providers who have pooled their resources and expertise to deliver care that is better coordinated, yielding better health outcomes and greater satisfaction. OneCare does not deliver care, but provides resources and support to the providers that care for patients. OneCare partners with your local health care providers, and provides core supports for them as they change the way they deliver care and accept increasing accountability for the cost and quality of care. OneCare supports providers through **three key core capabilities: network performance management, data and analytics, and payment reform.**

### 2 Mission, Vision, & Values

#### **Mission:**

OneCare partners with local health care providers to transform Vermont's health care system to one that focuses on health goals by providing actionable data and innovative payments that foster better outcomes for all.

#### **Vision:**

A trusted, equitable health care system where patients and providers work together to achieve optimal health and an exceptional care experience for all.

#### **Values:**

**Collaboration:** We actively build a culture of partnership & teamwork.

**Excellence:** We passionately pursue excellence using data-driven results and a quality focus.

**Innovation:** We lead through innovation, use courage to challenge existing systems, and act as a catalyst for reform.

**Equity:** We seek out and attend to health disparities so that everyone can attain their full health potential.

**Communication:** We share information and ideas directly and clearly.

**Integrity:** We are honest, ethical, and transparent in all that we do.

### 3 Strategies, Goals, & Anticipated Outcomes

**Strategy Focus #1: OneCare and its health care provider partners will work together to continuously improve health outcomes.**

■ **GOAL:** Ensure a high quality, equitable system that continuously strives to improve health care delivery and outcomes.

#### **Anticipated outcomes:**

- Tools and payment incentives designed to support provider change.
- Increased patient satisfaction and quality of care.

**Strategy Focus #2: OneCare will elevate data and analytics capabilities to support health care provider partners.**

■ **GOAL:** Deliver actionable data to healthcare providers in support of better health care.

#### **Anticipated outcomes:**

- Improved health care information and decisions for providers.
- Better care outcomes for patients.

**Strategy Focus #3: OneCare and its health care provider partners will work together to move toward a system that pays for value.**

■ **GOAL:** Evolve value based care contracts to move away from fee-for-service.

#### **Anticipated outcomes:**

- Predictable payments and programs for providers.
- Care plans designed around individual patient needs.

## 4 About Our Core Capabilities

OneCare performs certain functions where scale economies are important or where a common approach is necessary to serve all participating providers. OneCare exists to facilitate improved provider network performance on cost and quality. The most critical functions OneCare should provide are:



### Core Capability #1: Network Performance Management

OneCare partners with thousands of local health care providers to break down silos in care. Working more like a system enables better coordination and communication among various members of your care team. Effective care coordination is a cornerstone of lowering unnecessary health care costs, improving outcomes, patient experience, and caregiver experience.

#### ■ Objectives:

- Provide targeted support to communities to enhance care coordination efforts and performance.
- Establish clear expectations and resources for the participating delivery system to assure communities focus on common critical areas.



### Core Capability #2: Data and Analytics

OneCare provides health care providers with data, funding and best practices across the state so that our family, friends, and fellow Vermonters, no matter where they live, get better care.

Sharing comprehensive health information, regardless of where you receive care, will help all members to provide better and more consistent care.

#### ■ Objectives:

- Provide more focused, actionable data and insights to network; gather information on changes they are making to succeed under value-based care contracts in 2021 and beyond.
- Evolve cost, quality, and utilization reporting to primarily push, rather than pull, information to the network; ensure self-service tools are available for advanced network needs in 2021 and beyond.



### Core Capability #3: Payment Reform

OneCare works with insurers and providers to change how health care services are paid. Under this model, providers get regular fixed predictable payments for each person instead of getting paid for each test or service they perform, and are rewarded based on quality outcomes. This allows health care providers the freedom to focus on what their patients may need.

#### ■ Objectives:

- Increase the proportion of value based contracts that have true fixed payments in 2022 and beyond.
- Streamline and increase participation in Comprehensive Payment Reform (CPR) in 2022 while evolving primary care programs to allow for broader future participation.

# Strategic Plan Alignment with Vermont's APM Improvement Plan





## Strategy Focus #1

# OneCare and its health care provider partners will work together to continuously improve health outcomes

**Health Outcomes = Impacting Quality and Satisfaction**



**\*Both Capabilities also support the state's APM improvement goals of delivering actionable data that brings about quality improvement activities to drive better care and outcomes**

**Short Term:** Recommendation #15 Improve integration and strengthen collaboration for people with complex needs

**Long term:** Statewide culture of continuous improvement

# OneCare will elevate data and analytics capabilities to support health care provider partners

**Analytics** = Meaningful health care data insights



**\*Both Capabilities also support the state's APM improvement goals of delivering actionable data that bring about activities to drive better care**

**Short Term:** Recommendation #10 identify cost growth drivers, Recommendation #13 elevate data  
**Long term:** Advance system wide goals such as improving health equity, reduce chronic disease and reducing death due to suicide or drug overdose



## Strategy Focus #3

# OneCare and its health care provider partners will work together to move toward a system that pays for value

**Value** = Cost, quality, and predictability



\*Both Capabilities also support the state's APM improvement goals of **increasing the percentage of Medicare & commercial payments tied to value**

**Short Term:** Recommendation #4: Establish a path for the Medicare payment model to mirror Vermont Medicaid fixed prospective payments AND Recommendation #8: Prioritize increasing the percentage of fixed prospective payments

**Long term:** Create more predictable value-based payments

# Strategic Workplan

## Network Performance Management

**Goal: Ensure a high quality, equitable system that continuously strives to improve health care delivery and outcomes**

Strategies and Tactics	Timing
<b>Strategy 1: Evaluate ACO investments with an enhanced focus on success in core population health programs</b>	
Tactic 1: Provide the BOM a list of programs and investments to consider as part of 2022 investment strategy	Short Term
Tactic 2: Review outcomes and determine core clinical and care coordination programs and investments for 2022	Long Term
<b>Strategy 2: Engage the Network in refining the care model and OneCare clinical committees to maximize performance under value based contracts</b>	
Tactic 1: Form stakeholder group to develop process to evaluate care coordination approach, payments, barriers, and tools to collect data	Short Term
Tactic 2: Identify approach to evaluate clinical committees for purpose and effectiveness	Short Term
Tactic 3: Propose new/revised clinical committee structure and charge(s) consistent with strategic direction	Mid Term
Tactic 4: Propose new/revised care coordination and payment models	Mid Term
Tactic 5: Develop and implement a transition communication plan to share expectations for any changes related to the care coordination program, payments, and evaluation	Mid Term
<b>Strategy 3: Engage with Agency of Human Services (AHS) as part of the improvement plan to strengthen collaboration for people with complex needs</b>	
Tactic 1: Partner with AHS to pilot test a model of social determinant of health data integration to better identify individuals that could benefit from enhanced services, interventions, or support	Short Term
Tactic 2: Collaborate with Director of Health Reform to identify areas of mutual interest and align resources where possible	Long Term
<b>Strategy 4: Develop deeper connection between prevention and clinical programs to increase impact on diabetes and hypertension quality measures</b>	
Tactic 1: Develop a plan to align prevention and clinical programs and expand clinical practice outreach and engagement in focus areas	Short Term
Tactic 2: Integrate current prevention initiatives with agreed upon clinical prevention focus areas	Mid Term
Tactic 3: Evaluate clinical prevention activities and outcomes with a focus on hypertension and diabetes quality measure impact	Long Term



# Strategic Workplan Deliverables

## Data and Analytics

**Goal: Deliver actionable data to healthcare providers in support of better health care**

Strategies and Tactics	Timing
<b>Strategy 1: Identify strategies to refine OneCare's tools and methods to deploy data and analytics</b>	
Tactic 1: Explore collaboration opportunities with Members for data tools and analytics and provide recommendations for next steps	Short Term
Tactic 2: Gather network input, develop a framework and accompanying list, and present to Board on data and analytic needs	Short Term
Tactic 3: Form data and analytics steering committee to guide actions and gather network feedback	Short Term
Tactic 4: Leverage data and analytics steering committee to refine and evolve OneCare's tools and methods	Long Term
<b>Strategy 2: Identify and implement best practice methods to share information with the network</b>	
Tactic 1: Evaluate mechanisms for network data sharing	Short Term
Tactic 2: Develop a plan to replace the OneCare Portal	Mid Term
Tactic 3: Implement a replacement for the OneCare Portal	Long Term
Tactic 4: Provide network with enhanced reporting on quality metric opportunities that would enhance patient outcomes and success under value based care contracts	Long Term
<b>Strategy 3: Refine reporting to meet evolving network needs</b>	
Tactic 1: Create a data and analytics action plan, to include management of data, reporting, and support for interpretation and performance	Mid Term
Tactic 2: Review and refine Key Performance Indicators (KPI) for provider and ACO performance	Mid Term
Tactic 3: Set and monitor specific targets associated with overall performance goals	Long Term
Tactic 4: Develop and implement policy and process to hold participants accountable for achieving targets	Long Term
Tactic 5: Implement components of data and analytics action plan, to include management of data, reporting, and support for interpretation and performance	Long Term

## Strategic Workplan Deliverables

### Payment Reform

**Goal: Evolve value based care contracts to move away from Fee for Service**

Strategies and Tactics	Timing
<b>Strategy 1: Develop, negotiate, and deliver on payer programs that include a true fixed/predictable payment model</b>	
Tactic 1: Set guidelines and process for discussions concerning the APM waiver renewal	Short Term
Tactic 2: Gather stakeholder input, finalize, and implement new financial reports	Short Term
Tactic 3: Engage with stakeholders to work on APM and/or Medicare payer strategy	Mid Term
Tactic 4: Develop road map to evolve commercial payer strategy plan	Long Term
Tactic 5: Continue to evaluate and convene stakeholders on APM (2.0) and Medicare payer strategy	Long Term
Tactic 6: Evaluate payer contracts for consistency with participants needs and reform evolution	Long Term
Tactic 7: Establish plan for capitated-type payment arrangements for select provider types, care bundles, and conditions	Long Term
Tactic 8: Expand risk and reward corridors over time to create a sustainable source of funding and investments	Long Term
Tactic 9: Execute on new commercial payer strategy	Long Term
<b>Strategy 2: Expand participation in a comprehensive primary care program</b>	
Tactic 1: Refine and streamline Comprehensive Payment Reform (CPR) program processes for independent practices into CPR for 2022	Short Term
Tactic 2: Evolve comprehensive primary care program to allow for broader network participation for 2023 (FQHC, hospital owned)	Long Term



# 2021 Strategic Plan Results: Summary

## Summary

*Updated as of May 2023*

OneCare engaged in a rigorous process to create a **2021 strategic plan**. In addition to updating the mission, vision, and values, the OneCare board defined focus areas that describe the organization's capabilities, goals, and anticipated outcomes, and how they are supportive of the state of Vermont's health care reform goals. In addition to this summary, detailed results are available.

For context, during the period of the 2021 strategic plan, the pandemic presented once-in-a-lifetime challenges to OneCare's network of participants and to health care reform. Despite those challenges, OneCare rose to the occasion by unifying a fragmented health care system, measuring and improving quality, and transitioning to value-based care, all to improve Vermont's health care system during an unprecedented time.

Over 5,000 providers in OneCare's participant network delivered higher quality care, while also providing savings to over 200,000 Vermonters. OneCare converted one billion dollars of existing health care dollars to value-based care, realized millions in health care savings, and invested over one hundred million dollars in primary care.

## 2021 Strategic Plan Detailed Results

### Core Capability One: Payment Reform

#### Goal: Evolve value-based care contracts to move away from fee-for-service

The core strategy for the **payment reform goal** was to develop, negotiate, and deliver on payer programs that include a fixed and predictable payment. OneCare worked through challenges with external stakeholders and accomplished several key tactics.

OneCare continues to work with the Department of Vermont Health Access (DVHA) to evolve the Medicaid program towards a more inclusive attribution and fixed payment model that would allow providers to treat all Medicaid beneficiaries under the OneCare value-based arrangement. OneCare also contracted with a network surgery center for a Medicaid fixed payment for 2023.

There was an increased commitment to expanding risk and reward corridors to create a sustainable source of funding and investments. 2023 risk corridors were expanded in the Medicare and Medicaid programs and a two-sided risk arrangement was introduced with MVP Health Plan (MVP).

OneCare's Comprehensive Payment Reform (CPR) program was advanced to a tiered payment model incorporating a stronger focus on mental health services in the primary care setting. Continued development of the CPR program will focus on provider/participant needs.

And finally, there has been a renewed focus on gathering stakeholder input to finalize and implement new financial reports.

New finance reporting was presented as part of the 2023 Health Service Area consultations with additional reporting being made available throughout the year.

## 2021 Strategic Plan Results: Summary

### Core Capability Two: OneCare Network Performance Management

**Goal: Ensure a high-quality, equitable system that continuously strives to improve health care delivery and outcomes**

OneCare successfully deployed four strategies identified in the 2021 strategic plan in order to meet the **network performance management goal**.

The first strategy was to evaluate ACO investments in core population health programs. OneCare addressed this tactic by providing the board with proposed programs and investments based on a review of outcomes to determine core clinical and care coordination programs and investments for 2022.

The next strategy focused on engaging the OneCare participant network in refining the care model and OneCare clinical committees to maximize performance under value-based contracts. Tactics included the formation of a stakeholder group to evaluate and propose revised care coordination and payment models, with a communication plan to share changes and expectations. To further support this strategy, OneCare evaluated its existing clinical committees and revamped its approach to better draw input from OneCare's participant network members and to better align with OneCare's strategic direction. OneCare also began analyzing available data to identify health disparities and shared this information through local health service area consultations.

The third strategy was to engage with AHS as part of the improvement plan to strengthen collaboration for people with complex needs. OneCare successfully partnered with AHS to pilot test a model of social determinant of health data integration to better identify individuals that could benefit from enhanced services, interventions, or support. Additionally, OneCare collaborated with **its** director of payment reform to identify areas of mutual interest and align resources where possible.

The fourth strategy was to develop deeper connection between prevention and clinical programs to increase impact on diabetes and hypertension quality measures. OneCare met this strategy by implementing a plan to integrate current prevention initiatives with agreed upon clinical prevention focus areas. These focus areas are present within OneCare's 2023 Population Health Model (PHM) and are currently part of planning discussions for 2024 program design.

Through a robust and diverse approach, OneCare succeeded in numerous activities in support of its goal to ensure a high quality, equitable system that continuously strives to improve health care delivery and outcomes. Through many lessons learned, the team is prepared to advance this work in the near- and long-term future.



# 2021 Strategic Plan Results: Summary

## Core Capability Three: Data and Analytics

**Goal: Increase provider understanding of ACO's value and their active engagement in messaging this value**

OneCare successfully deployed three strategies identified in the 2021 strategic plan in order to meet the **data and analytics goal**.

The first data analytics strategy required OneCare to identify strategies to refine tools and methods to deploy data and analytics. To increase value and create operational efficiencies, OneCare's analytics staff members transitioned to the University of Vermont Health Network (UVMHN) Data Management Office (DMO) in support of the development of a new data analytics platform. Additionally, as part of the revised clinical committee structure, OneCare created a data analytics subcommittee reporting to the OneCare Population Health Strategy Committee.

The next strategy was to identify and implement best practice methods to share information with the OneCare participant network. Tactics included evaluating legal and compliant mechanisms for network data sharing, which resulted in a plan to launch the new data analytics platform through a contracted data analytics services arrangement through the UVMHN DMO. During the transition to the new tool, OneCare continues to serve its participant network through the reporting of key outcomes. We anticipate that identifying actionable data will better support value-based contracts through the new analytics platform. This strategy has long-term components which will continue over the next several years.

The third strategy was to refine reporting to meet evolving OneCare participant network needs. To meet this need, OneCare engaged an academic research team to perform literature review, research, and key stakeholder interviews to inform a list of **key performance indicators** (KPIs) ultimately approved by OneCare's board. The KPIs are serving as a guide for new report development for the OneCare participant network to improve these key outcomes. The final tactic was to develop and implement policy and process to hold OneCare network participants accountable for achieving performance targets, which OneCare realized through the development of its 2023 PHM program.

The fourth strategy was to identify and implement best practice methods to share information with the OneCare participant network. The specific tactic was to replace the OneCare Portal. With OneCare's evolving analytics needs and data protections, this strategy was tabled in favor of focusing efforts on the new data analytics platform, including its ability to provide secure and compliant links to key information to drive outreach and care gap closures. These new information sharing methods will be deployed beginning fall 2023.

The last strategy was to refine tools and methods to deploy data and analytics by leveraging the data and analytics steering committee. This committee is informing the design and prioritization of reports in the new data analytics platform. OneCare will continue to fully deploy best practices and optimal data analytics efforts within the OneCare participant network.