



# OneCare Vermont

## 2023-2025 Strategic Plan

### Overview

OneCare Vermont is at a critical inflection point as we approach the end of the Vermont All-Payer Model extension and explore how best to support Vermont’s providers in the next evolution of health care reform. This strategic plan provides direction for the next few years and lays important groundwork for advancements in 2025 and beyond.

OneCare’s board identified **three areas of strategic focus necessary to successfully achieve these advancements:**

- **Payer relations**
- **Organizational effectiveness**
- **Provider accountabilities**

Each element is essential for driving outcomes and delivering results for both the ACO and its provider network.

After extensive discussion, the board approved this strategic plan in June of 2023. The board reviewed and reaffirmed the mission, vision, values and core capabilities that were adopted in 2021.

The members of OneCare’s board of managers – as representatives of 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. The implementation of this plan will result in increased efficiency and effectiveness that will best position the organization regarding the expected decision point in 2025 for the next evolution of health care reform in Vermont.

### Strategy Focus: Payer Relations

OneCare seeks to deliver consistent and aligned public and commercial payer value-based care contracts that meet the Quadruple Aim in health care: improve population health, enhance patient experience, increase provider satisfaction, and reduce cost of care. The value-based care contracts also facilitate provider-led payment reforms to advance care delivery transformation and reduce administrative burden.

### 2023 Strategic Planning Process

- In the first half of 2023, OneCare engaged in a strategic planning process to define a focused direction for the next few years.
- Input was gathered from a broad cross section of stakeholders including providers, healthcare associations, and other healthcare leaders throughout Vermont.
- A consultant conducted 30 stakeholder interviews and reviewed nine additional stakeholder surveys and achieved 100% participation.
- 85% of OneCare employees provided input into the strategic plan.

### Public Payer Strategy: Medicare

- Maintain open and direct communication with the State of Vermont and provide clear and reasonable requirements for provider participation in future state-led reform models, such as AHEAD.
- Apply to participate in an alternative Medicare ACO contract model offered through the federal government to ensure ongoing Medicare ACO participation in 2025.
- Decide, by spring 2024, on a Medicare contract model for 2025.

### Public Payer Strategy: Medicaid

- Offer statewide participation in the Vermont Medicaid Next Generation (VMNG) program in a manner that is materially similar to the current PY23 contract.
- Collaborate with the Department of Vermont Health Access (DVHA) to design and implement a global budget pilot for the 2024 performance year.
- Engage DVHA in dialog about contract innovations for 2026 and beyond.

### Commercial Payer Strategy

- Develop critical elements for ACO participation in any commercial contract arrangement to ensure consistent and aligned value-based care arrangements for OneCare's provider network.
- Maintain fidelity to the critical elements and deliver to the OneCare board any commercial commitments by August 2023.

## Strategy Focus: Organizational Effectiveness

OneCare will identify specific areas of opportunity to improve value and maximize cost and quality impact.

### Internal Organizational Effectiveness

- Develop and implement a multi-year action plan to clarify organizational accountabilities, strengthen operational capabilities, and measure performance relative to appropriate performance targets.
- Coordinate with UVMHN Population Health Service Organization (PHSO) to find and implement operational efficiencies and performance improvement opportunities.
- Evolve OneCare's population health investment strategy under future models designed to enhance capabilities to support success in value-based contracts.

A key strategy to maximize cost and quality impact will be to evolve the **Population Health Model (PHM)** and the **Comprehensive Payment Reform (CPR) Program** for primary care.

### Maximizing Cost and Quality Impact

#### Population Health Model (PHM):

- Maintain a provider-led and data-driven process to design and evolve performance measures and expectations.
- Advance annual provider performance-based expectations and incentives.
- Communicate annual provider expectations and clearly identify OneCare supports available to achieve established goals.

#### Comprehensive Payment Reform Program (CPR):

- Design and expand the program model beyond independent practices to incorporate FQHCs and hospital-owned primary care.
- Sustain financial support for primary care and evolve the program based on payer strategy.

### Strategy Focus: **Provider Accountabilities**

OneCare partners with over 5,000 health care providers to transform the state's health care system. For higher impact and improved outcomes, OneCare must transition from a "coalition of the willing" to a "coalition of the committed." To achieve this, OneCare must be clear and consistent in articulating provider expectations and available supports, while providers must commit to engaging in care delivery transformation, improvement activities, and accepting payment reforms. Domains of accountability and a clear set of incentives for performance and consequences for non-achievement will be established.

#### — Creating Deeper Accountability To Further Drive Improved Outcomes —

- Develop and implement a multi-year strategy to clarify provider expectations, accountabilities, and available supports.
- Incorporate provider accountabilities (e.g. citizenship, technology, care model, health equity, engagement, and cost and quality performance) into annual contracts.
- Define and communicate clear incentives as well as consequences for non-achievement (up to and including termination of participation).

### Mission, Values, and Core Capabilities

#### 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.

#### 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.

#### Core Capabilities

OneCare performs functions where economies of scale can be realized to benefit the entirety of the Vermont health care community who wish to participate in value-based care contracts. OneCare exists to allow health care providers to participate in value-based care contracts that look to facilitate improved provider network performance on cost and quality. The most critical functions OneCare will continue to perform to support providers 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.

##### 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.

##### 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.