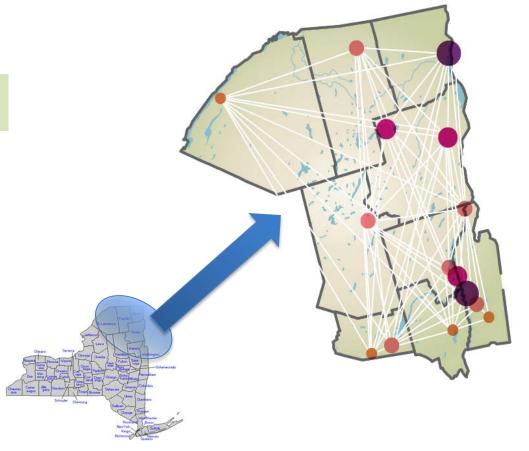


THE JOURNEY TO VALUE BASED PAYMENT - CAN YOU FIND YOUR WAY?

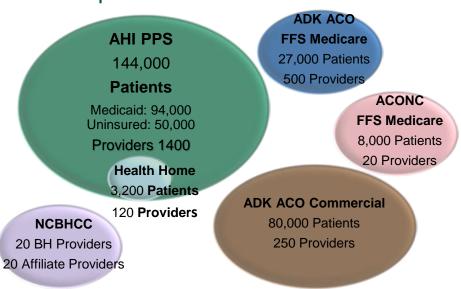
Todd Moore, CEO Karen Ashline, Associate Vice President **Upstate NY Population Health Region**

AHI PPS	ADK ACO/ Medical Home	Health Home	
Clinton	Clinton	Clinton	
Essex	Essex	Essex	
Franklin	Franklin	Franklin	
Fulton (east)	Hamilton	Hamilton	
Hamilton	Warren	St. Lawrence	
St. Lawrence (east)	Washington	Saratoga (north)	
Saratoga (north)		Warren	
Warren		Washington	
Washington			



The Current North Country VBP/Population Health Landscape

Population and Providers



Payers

AHI PPS	ADK ACO	ACONC
NY Medicaid Fidelis MCO	Medicare (MSSP) NY Medicaid BSNENY CDPHP Empire BCBS Empire UHC Excellus Fidelis MVP	Medicare MSSP



An Accountable Care Organization is:

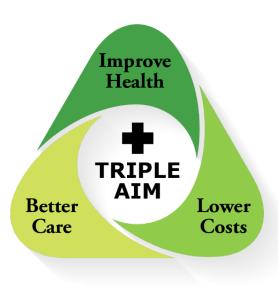
... a voluntary network of health care providers who work together to provide:

Better individual patient experience of care

Improved health of people in their care

Lower health care costs





... an organization that is committed to:

Provide coordinated, high quality care

Collaborate on the best way to improve the health of their patients

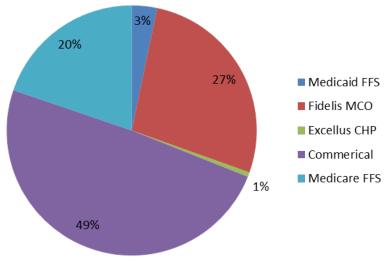
Meet high quality standards on a fixed budget

Built on a Base of the Patient-Centered Medical Home (PCMH) and Population Health Management (PHM) Concepts



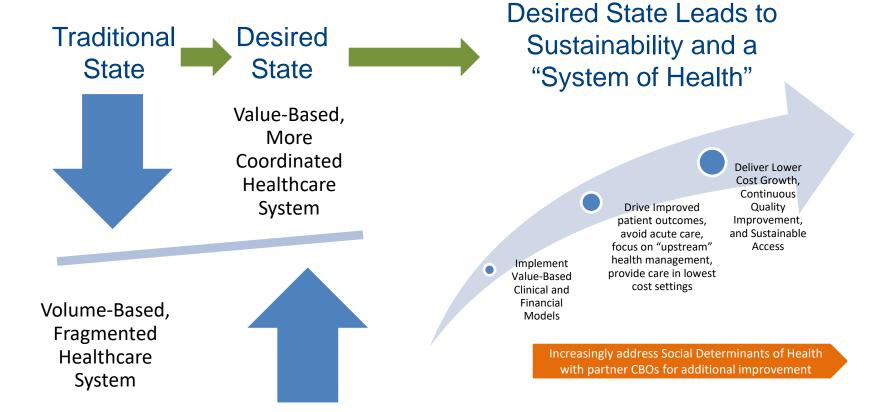
Adirondacks ACO

- Founded in 2013 and started with Medicare Shared Savings Program (MSSP) in 2014
- Corporate members are UVMHN Champlain Valley Physicians Hospital (CVPH) and Hudson Headwaters Health Network (HHHN)
- Large regional network and representational Board
- Common CEO and some integrated operations with OneCare Vermont ACO
- 2018 status: Year 5 of upside-only MSSP <and> newly-established contracting entity for medical home/population-based risk hybrid (7 Contracts)
- All current contracts/programs end in 2020: Discussions happening on possible multi-payer aligned program as next step (provisional name: North Country System of Health Program)



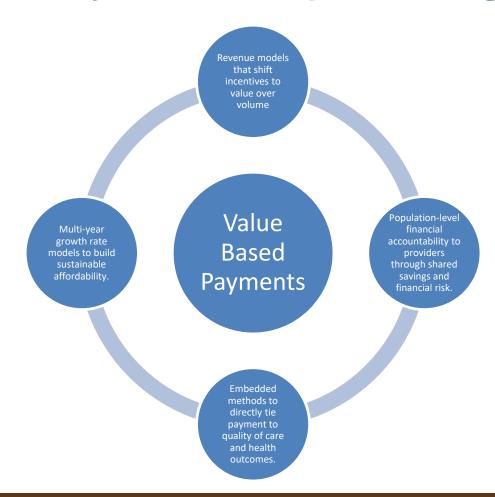


Value Not Volume





Value Based Payments – Important Ingredient





Is the VBP trip worth the effort?

- Affordability crisis likely makes it unavoidable at some level.
- Improved population-based programs <and> patient-centered care planning does make sense to most/all providers and CBOs.
- There is a track record of VBP which shows enhanced quality and a decrease in avoidable utilization.
- Moving toward "risk" accountability allows providers more flexibility and influence over healthcare spending and their future
- But....
 - Moving to true "risk" accountability by providers is new and scary.
 - Enhanced population health management infrastructure can be costly.
 - There is tension between provider coordination/alignment and autonomy.
- Bottom Line to Consider: What is the benefit to providers? What is the benefit to hospitals? What is the benefit to CBOs? What is the benefit to consumers/patients?



What are the sights and roadblocks along the way?

The sights:

- Patient Centered Care
- Improved Quality Outcomes
- Care Management Supports
- Integrated Delivery System
- Access to Population-Based Claims Data
- Improved CBO Collaboration
- Supports to address the SDH

The roadblocks:

- Patient Engagement
- Too Many Quality Markers
- Care Management Costs
- Bearing and Allocating risk
- Access to More (Complete) Data
- Levels of Engagement
- Resources Variability



The Journey in Vermont

Vermont's Health Care Reform Landscape: All Payer Accountable Care Organization Model (APM)

- Federal Government/State of Vermont program from 2017-2022
- Voluntary program participation for providers and payers in Vermont
- Agrees on cost control targets for health spending growth for Vermonters
- Emphasizes population health management
- Plans for 70% of Vermonters in ACO by 2022



Green Mountain Care Board Provides Oversight:

- ✓ Certifies ACOs
- ✓ Reviews and approves ACO budgets
- ✓ Monitors and oversees activities of ACOs

APM Goal 0	APM Goal 1	APM Goal 2	APM Goal 3	APM Goal 4
Target Health Care Cost Growth at Level of General inflation	Improve Access to Primary Care	Improving Screening and Treatment for Mental Health and Substance Use Disorder	Reduce Deaths from Suicide and Drug Overdose	Reduce Prevalence and Morbidity of Chronic Disease (COPD, DM, HTN)



The Journey in Vermont



2018-2019 OneCare Network

Newport* St. Albans University of Vermont St. Johnsbury* Burlington Montpelier Middlebury Randolph* Dartmouth Windsor* Rutland* Springfield Bennington* Brattleboro

2019: 180.000-190.000

> -Medicaid **Adding Participating Providers**

> -Medicare **Adding Participating Providers**

-Commercial **Adding Payer Contracts**

-Self-Insured **Expanding 2018 Pilot**

10 Hospitals 13 in 2019

91 Primary Care Practices

222 Specialty Care Practices

2 FQHCs (with Multiple Sites) 5 in 2019

21 Skilled Nursing Facilities

8 Home Health Agencies

6 Designated Agencies for Mental Health and Substance Use

5 Area Agencies on Aging



^{*} Vermont Medicaid Next Generation only

The Journey in Vermont



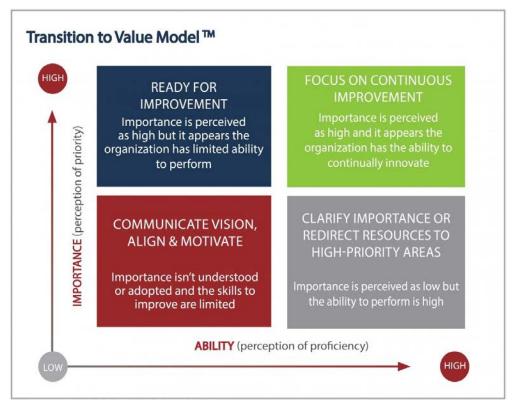
Central Components of PHM Model



OneCare Population Health Approach to Care Coordination: A Plan for Every Person



Assessing where you are...



Source:







Can you find your way? Is this journey worth it to you?

- Leveraging resources available utilize partnerships and capitalize on the opportunities..
- Navigating the roadblocks avoid being lost...and distracted along the way...
- Provider Engagement is key...
- Build Care Management capabilities...
- Utilize Team Based Care...
- Best Advice: Set bold, impactful vision and seek support...





Todd Moore, CEO Karen Ashline, Associate Vice President