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Rural Innovation Profile

Vermont's All-Payer Accountable Care Organization Model

Mt. Ascutney Hospital and Health Center's Experience

What: Mt. Ascutney Hospital and Health Center (MAHHC) uses panel management, outcome metrics, and best practices to participate in Vermont's All-Payer Accountable Care Organization (ACO) Model. The Center for Medicare & Medicaid Innovation (CMMI), a component of the Centers for Medicare & Medicaid Services (CMS), operates the Vermont All-Payer ACO Model.

Why: To improve the quality of care Vermonters receive while controlling the state's health care spending.

Who: Vermont's dominant payers (Medicare, Medicaid, and commercial health plans) have partnered to test an alternative payment model statewide that requires health care organizations like MAHHC to innovate health care delivery and achieve shared goals.

How: Participation in the ACO has allowed MAHHC to implement strategies to better meet community needs ranging from prevention to complex care management.

Key Points

- Established as a joint effort between CMS and the state of Vermont, Vermont's ACO (OneCare Vermont) explores new ways to pay for health care services that control the state's health care spending and improve the health of Vermonters.
- As a participant in the joint effort, MAHHC has been steadily increasing the number of patients cared for under risk-based contracts (rather than fee-for-service), and uniting the physical health, mental health, and social services sectors to serve patients with complex needs.
- MAHHC is committed to the ACO's goal to include 90 percent of Medicare beneficiaries and 70 percent of "Vermont all-payer beneficiaries" (most Vermonters) in the ACO by December 31, 2022.

ABOUT MT. ASCUTNEY HOSPITAL AND HEALTH CENTER (MAHHC)

Mt. Ascutney Hospital, located in Windsor, Vermont, is a 25-bed Critical Access Hospital (CAH) with a distinct 10-bed physical medicine acute rehabilitation unit. Ottauquechee Health Center is located in Woodstock, Vermont. Both serve a population of about 21,000 people, including the central Vermont towns of Windsor and Woodstock, and surrounding communities in Vermont and New Hampshire. MAHHC is a members of the Dartmouth-Hitchcock Health system, providing seamless access to world-class specialty care.

MAHHC is strongly committed to community health programs designed to improve community health and well-being, utilizing efforts ranging from prevention to complex care management. Mt. Ascutney Hospital is a leader and member of the Windsor Health Service Area (HSA) Community Collaborative, Blueprint for Health Community Health Team, Planned Approach to Community Health (PATCH) team, Windsor County Substance Use Disorder Collaborative, Mt. Ascutney Prevention Partnership, Windsor Connection Resource Center, and others. See the Mt. Ascutney Hospital and Health Center 2020 Community Health Benefits Report for details.

HOW MAHHC PROVIDES CARE DIFFERENTLY AS AN ACO

An ACO (in this case, OneCare Vermont) prioritizes population health, quality of care, and cost of care. ACOs are voluntary coalitions of providers that come together to drive value in health care. This is in contrast to the traditional fee-for-service approach of caring for one patient at a time during an office or emergency department visit. Participating in OneCare Vermont requires an intentional effort to impact population health through panel management, outcome metrics, and best clinical care practices. Examples include identification and treatment of patients with chronic disease diagnoses such as diabetes, hypertension, chronic obstructive pulmonary disease, and congestive heart failure with proactive patient communication and best clinical practice implementation across the clinic and hospital.

The MAHHC team has developed systems of care coordination and care management that utilize a lead care coordinator, team members, and community partners. MAHHC uses tools that prioritize self-identified patient-centered goals involving social determinants of health. Care conferencing and weekly meetings with community partners facilitate the promotion of information and resource sharing, problem solving, and care coordination. The foundations of this work evolved over time with leadership from Vermont's Blueprint for Health and have continued through OneCare Vermont.

The Vermont Blueprint for Health, led by a state-level team within the Department of Vermont Health Access, designs community-led strategies for improving health and well-being, responding to emerging needs of Vermonters and the latest opportunities in health and human services reform. The work began with patient-centered primary care and community health, developed a hub and spoke model to treat opioid use disorder, and is now addressing social drivers of health. MAHHC has access to data and algorithms developed by Johns Hopkins University that include diagnoses, medications, inpatient, and

emergency department admissions and costs of care to determine risk and effectiveness of care coordination at a population level. MAHHC also developed and evolved an accountable community for health, Windsor HSA Community Collaborative, that brings community partners together to share information, resources, and data for joint quality improvement projects.

PANDEMIC CARE DELIVERY STRATEGIES

OneCare Vermont developed an algorithm that allowed MAHHC to identify the most vulnerable patients to operationalize patient outreach for patient education and access to care, specifically targeting patients who were unable to attend vaccination clinics. Unrelated to the ACO, the Hospital has developed best practice approaches to COVID-19 testing, vaccination, care flows (such as a respiratory clinic), inpatient care protocols, community education, and outreach while maintaining strictest use of PPE, distancing, screening, and provision of care.

Telehealth has also been adopted to some degree with specialists for emergency care. There is also direct access to specialists, which has been particularly helpful in providing mental health care services. Development and use of telehealth with patients in their homes can be especially important in rural environments but has posed challenges when internet access is unreliable, and patients are resistant to virtual visits.

CHALLENGES AND FINANCIAL IMPLICATIONS

Currently, MAHHC has approximately 1,500 Medicaid-attributed lives and 1,700 Medicare-attributed lives. MAHHC also has over 500 commercial payer-attributed lives. The small number of total lives being managed by the Hospital creates its own set of concerns where one medically complicated patient can negate a year of cost-control effort. This, coupled with the fact that MAHHC does not care for its sickest patients (they are treated at the regional academic medical center), adds to the difficulty in managing costs and care for the highest cost patients.

Serving New Hampshire and Vermont residents, MAHHC must manage both fee-for-service, per-member-per-month payments, and incentive payments for quality and value. The complexity and cost of dedicating expert resources to understanding and appropriately accounting for costs and revenues in this environment has been significant, especially for a relatively small health care organization. The expertise developed by CFO, David Sanville, and his team is a source of considerable pride; however, participating in OneCare Vermont has been demanding for both MAHHC finances and those managing the finances. The unpredictable nature of OneCare Vermont accounting has made yearly budgeting challenging. As a Critical Access Hospital, it has been difficult for MAHHC auditors to understand ACO economics and to advise how best to consider fixed payments in a cost-reporting environment. Administrative dues paid by MAHHC to both OneCare Vermont and its regulator (the Green Mountain Care Board) further strain finances.

MAHHC's participation in OneCare Vermont has also been challenged by financing and reimbursement methodologies. CMS is still examining how ACO payment models and cost-based reimbursement (current CAH payment system) interrelate. CMS has received MAHHC's feedback and may consider new rural ACO models that limit risk corridors (critical in rural hospitals with minimal operating margins) and lower administrative burdens to overtaxed rural hospitals.

Timely reconciliation/settlement of claims against medical expense targets between all involved parties (State of Vermont, CMS/CMMI, OneCare Vermont, and the providers) has been an issue, but improvements are being made. Budgeting risk levels that will be acceptable to the state regulatory board and reconciling internal claims experience to ACO costs were also difficult to design initially but are now more workable.

Communication of the patient care plan among community partners has also been challenging. The current platform, called Care Navigator, was implemented to facilitate communication. But users have found that the platform requires double documentation and is difficult to use. Although implementation of Care Navigator has been unsuccessful, community partners realize the importance of a system that allows safe and encrypted care coordination and collaboration between community partners within a patient-centered approach. Alternatives to Care Navigator are yet to be determined.

LOOKING TO THE FUTURE

MAHHC is committed to health care delivery system reform, and will continue to build an infrastructure that integrates with community partners to address patient-centered goals and social determinants of health. However, as a rural Critical Access Hospital with a break-even budget, MAHHC recognizes infrastructure development will be challenging. To remain at the forefront of health care delivery reform, they will continue to work with payers to develop value-based models that reimburse appropriately for small rural hospitals. New rural health care models that reward value-based outcomes are critical in communities where the majority of care is provided by small rural clinics and hospitals, but must also be sensitive to current rural hospital payment realities and resource limitations.

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