OneCareVermont

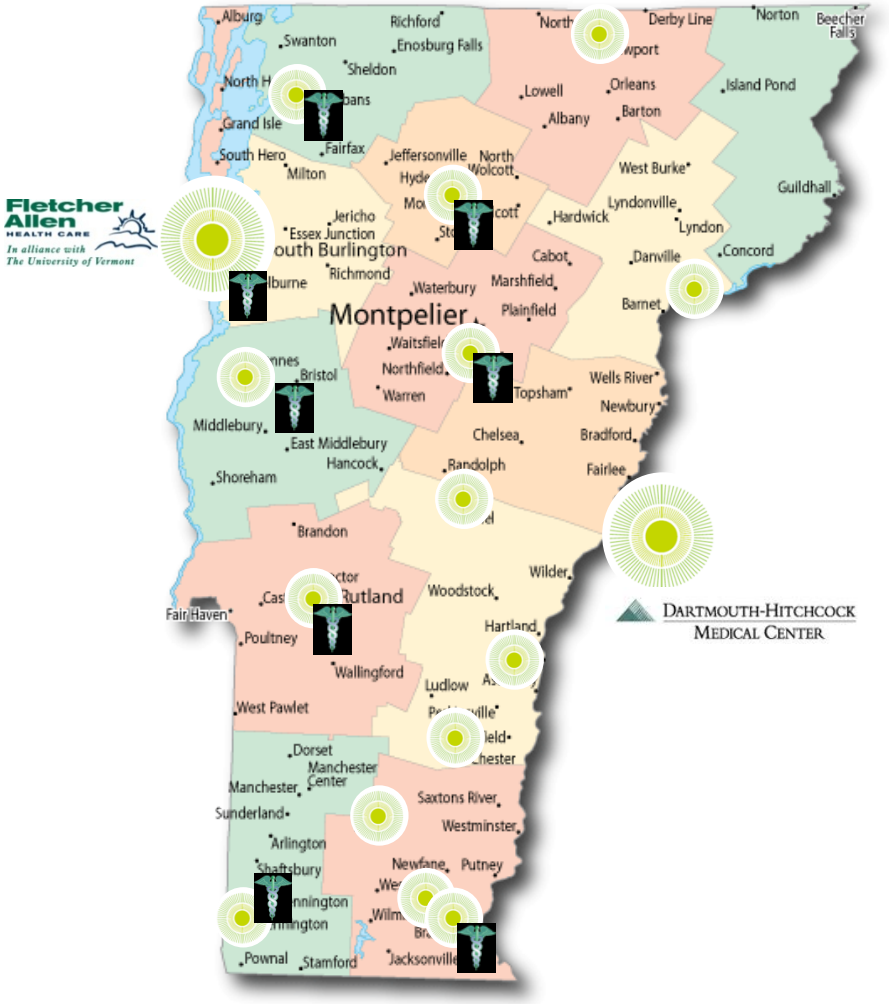
Update

Barbara Walters, D.O. ,MBA
Chief Medical Officer OneCare Vermont
Executive Medical Director
Dartmouth Hitchcock
Pioneer ACO

OneCare – Organizational Update

OneCare Vermont ACO

OneCareVermont



Hospitals with Employed Attributing Physicians

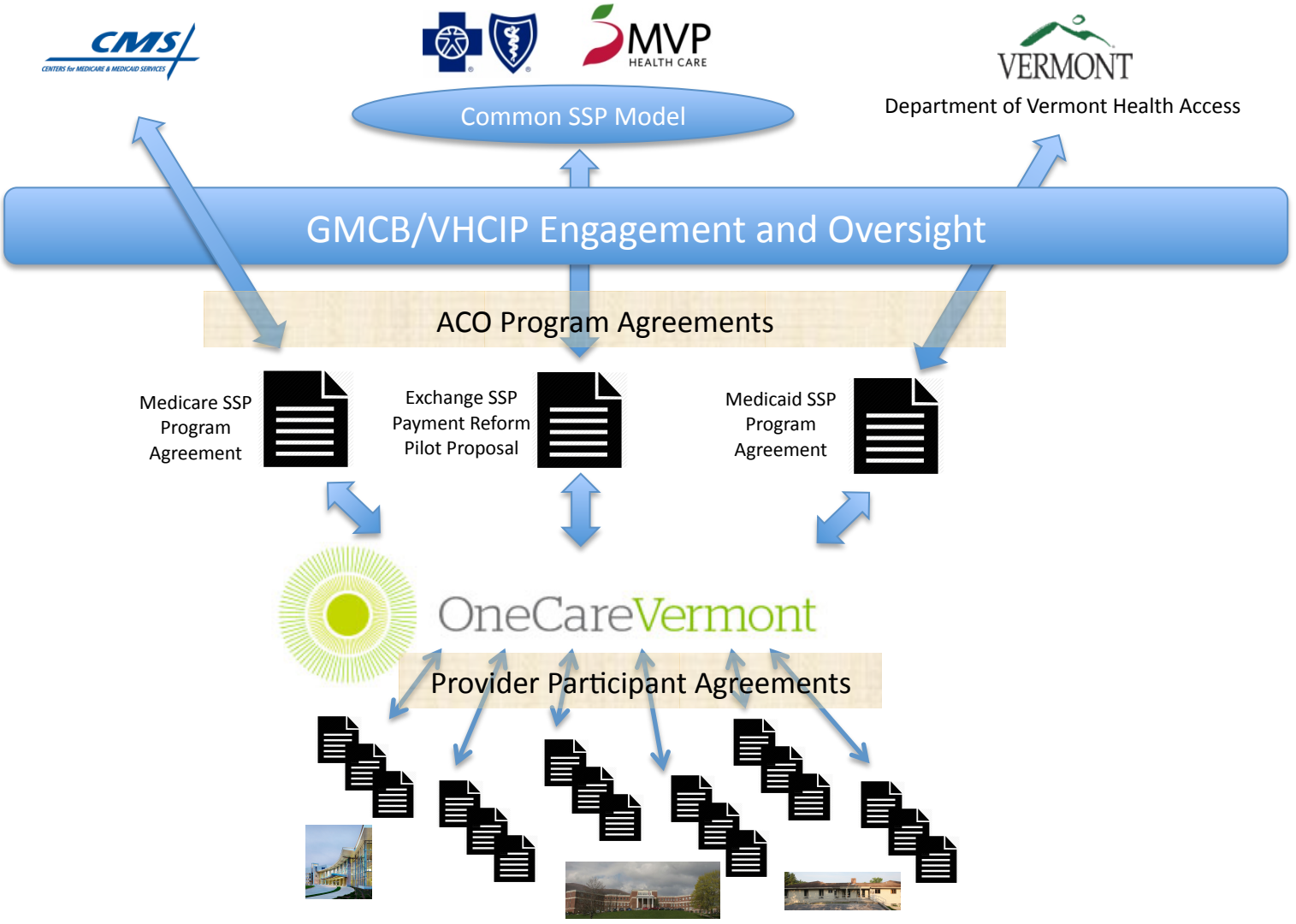
Significant Attribution from Community Physicians

Statewide and Continuum of Care ACO Provider Network

- Academic Medical Centers (Fletcher Allen and Dartmouth)
- Every hospital in the state
- 325 of Vermont's Primary Care MDs
- Large majority of specialists
- 3 Federally Qualified Health Centers
- 5 Rural Health Clinics
- Statewide VNA, SNF and Mental Health and Substance Abuse participants

Becoming a Multi-Program ACO

OneCareVermont



OneCare Governance Model

OneCareVermont

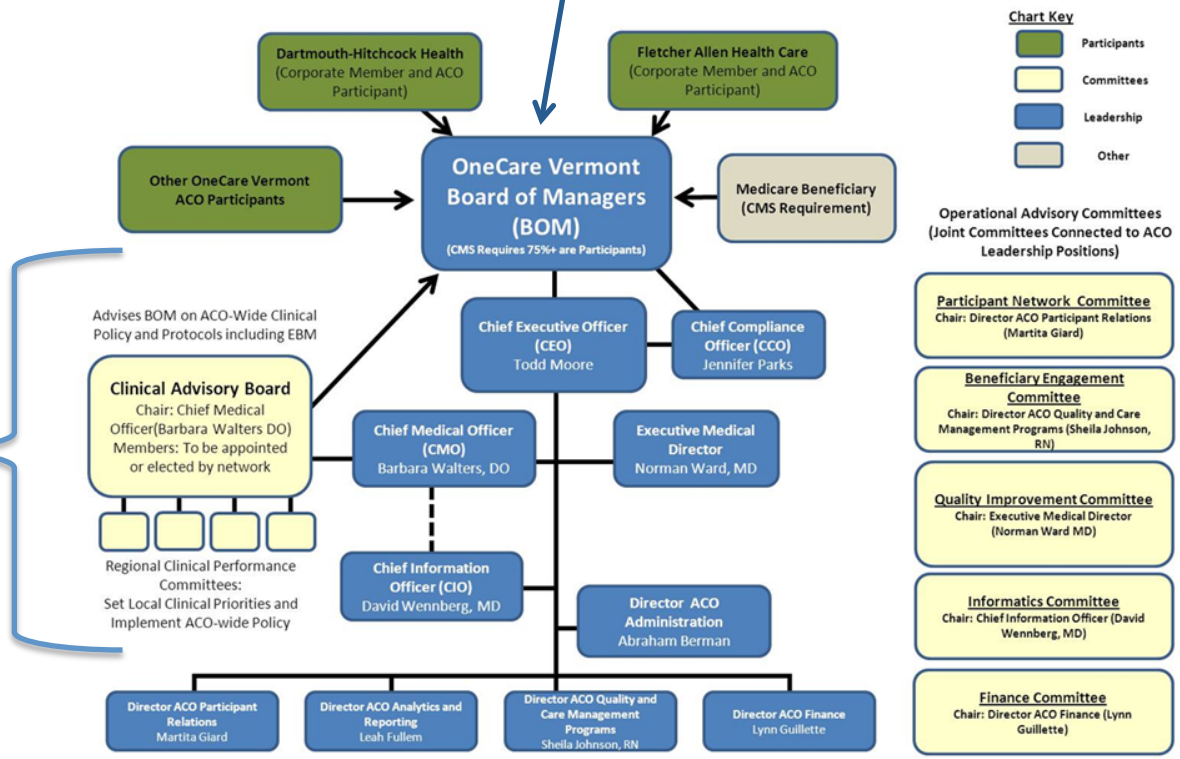
2014 – Implementing Three Advisory Group Model

Clinical Advisory Board
Co-Chairs: CMO/EMD OCV
Members: Appointed/nominated by participants

Participant Leadership Council
Chair: CEO OCV
Members: CEOs/equivalent of Organizational Participants

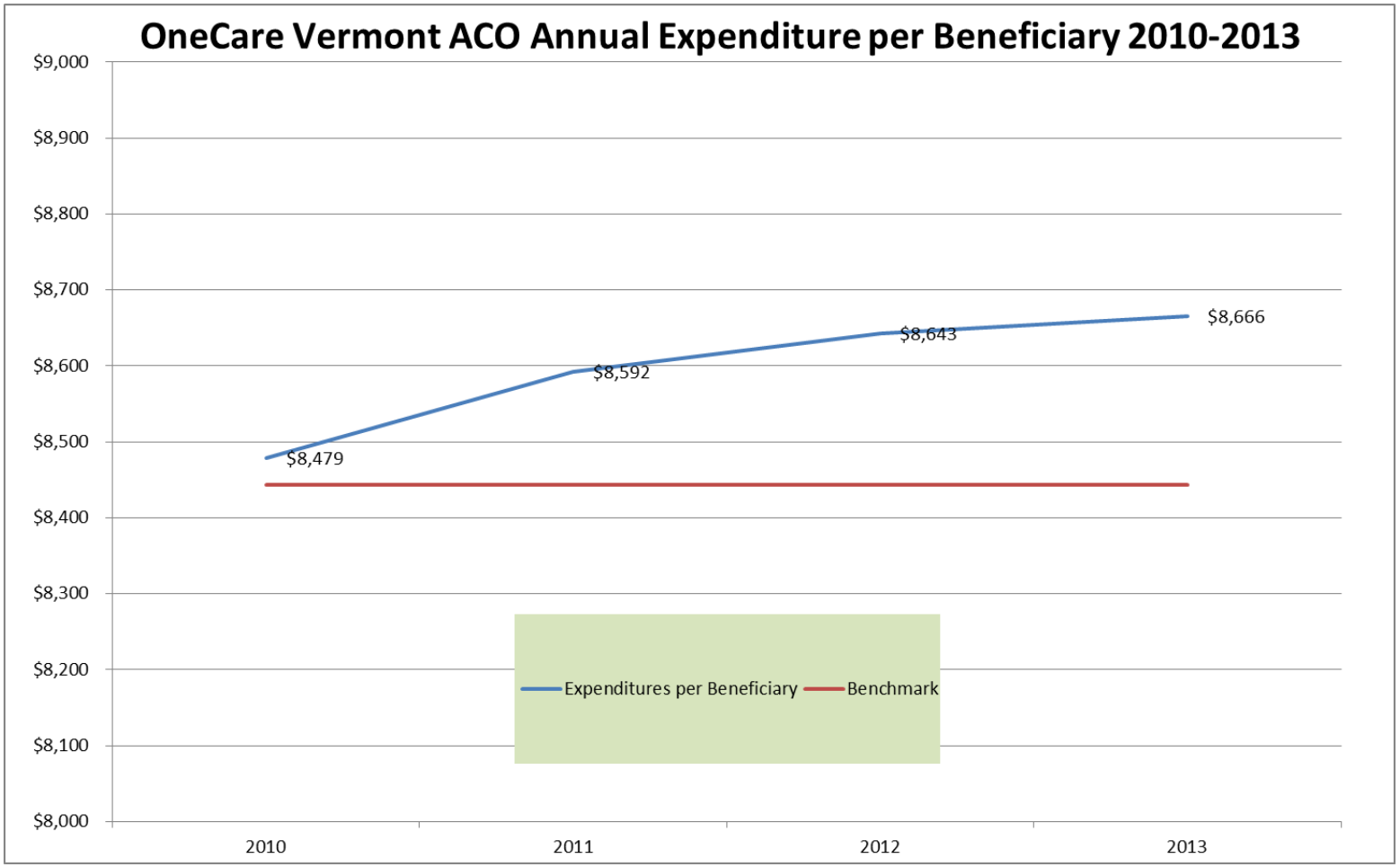
Consumer Advisory Group
Chair(s): TBD
Members: Eight Consumers; selection process in progress

2014 – Implementing Expanded Governance Model



Medicare Spending per Beneficiary

OneCareVermont



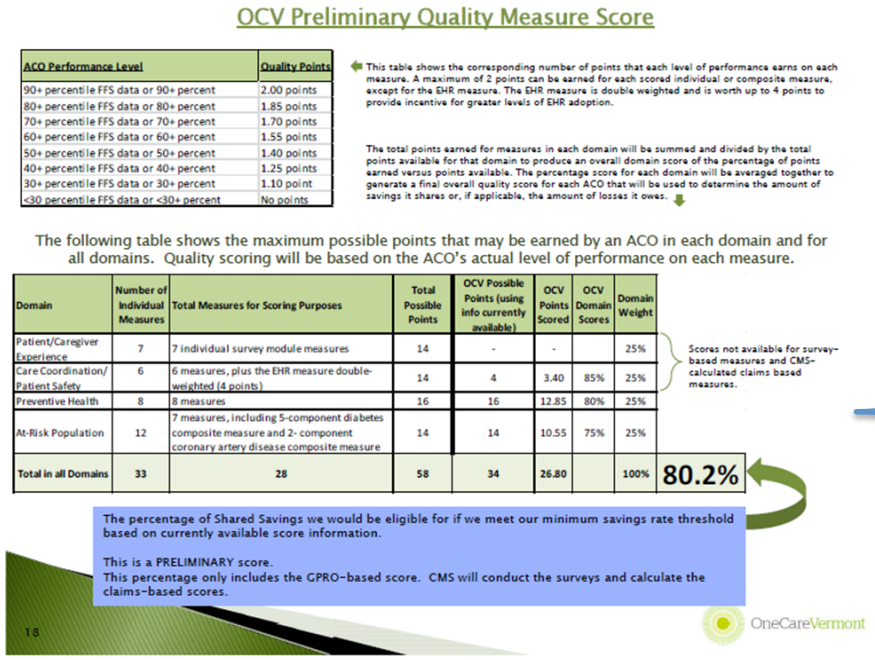
NOTE: Benchmark is (i) a 10%-30%-60% Weighted Average of 2010/2011/2012 and (ii) Risk Score and Patient-Type Adjusted

OneCare – Clinical Update

Fletcher Allen HEALTH CARE
In alliance with The University of Vermont

Measuring 2013 Quality - MSSP

OneCareVermont



OCV Preliminary Quality Measure Score

ACO Performance Level	Quality Points
90+ percentile FFS data or 90+ percent	2.00 points
80+ percentile FFS data or 80+ percent	1.85 points
70+ percentile FFS data or 70+ percent	1.70 points
60+ percentile FFS data or 60+ percent	1.55 points
50+ percentile FFS data or 50+ percent	1.40 points
40+ percentile FFS data or 40+ percent	1.25 points
30+ percentile FFS data or 30+ percent	1.10 point
<30 percentile FFS data or <30+ percent	No points

This table shows the corresponding number of points that each level of performance earns on each measure. A maximum of 2 points can be earned for each scored individual or composite measure, except for the EHR measure. The EHR measure is double weighted and is worth up to 4 points to provide incentive for greater levels of EHR adoption.

The total points earned for measures in each domain will be summed and divided by the total points available for that domain to produce an overall domain score of the percentage of points earned versus points available. The percentage score for each domain will be averaged together to generate a final overall quality score for each ACO that will be used to determine the amount of savings it shares or, if applicable, the amount of losses it owes.

The following table shows the maximum possible points that may be earned by an ACO in each domain and for all domains. Quality scoring will be based on the ACO's actual level of performance on each measure.

Domain	Number of Individual Measures	Total Measures for Scoring Purposes	Total Possible Points	OCV Possible Points (using info currently available)	OCV Points Scored	OCV Domain Scores	Domain Weight
Patient/Caregiver Experience	7	7 individual survey module measures	14	-	-		25%
Care Coordination/ Patient Safety	6	6 measures, plus the EHR measure double-weighted (4 points)	14	4	3.40	85%	25%
Preventive Health	8	8 measures	16	16	12.85	80%	25%
At-Risk Population	12	7 measures, including 5-component diabetes composite measure and 2- component coronary artery disease composite measure	14	14	10.55	75%	25%
Total in all Domains	33	28	58	34	26.80		100%

Scores not available for survey-based measures and CMS-calculated claims based measures.

80.2%

The percentage of Shared Savings we would be eligible for if we meet our minimum savings rate threshold based on currently available score information.

This is a PRELIMINARY score.
This percentage only includes the GPRO-based score. CMS will conduct the surveys and calculate the claims-based scores.

18

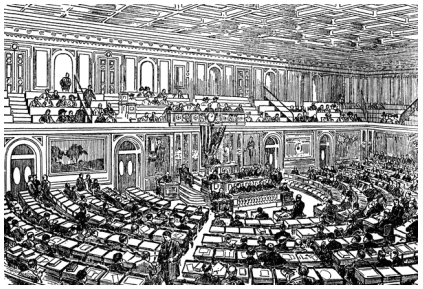
OneCareVermont

- Process
  - New type of quality reporting for much of OneCare network
  - It is not an insignificant task to educate practices on collection of performance measures that are characterized by complex definitions with numerous exclusion criteria that require sophistication
- Results
  - We scored an 80.2% out of 100% for the clinical measures we had to collect (22 of the 33 measures)
- Initial Conclusions
  - Medicare "bar" is quite high
  - Despite major historical efforts to improve diabetes care, scoring successfully on the 5 element diabetes composite was very difficult.

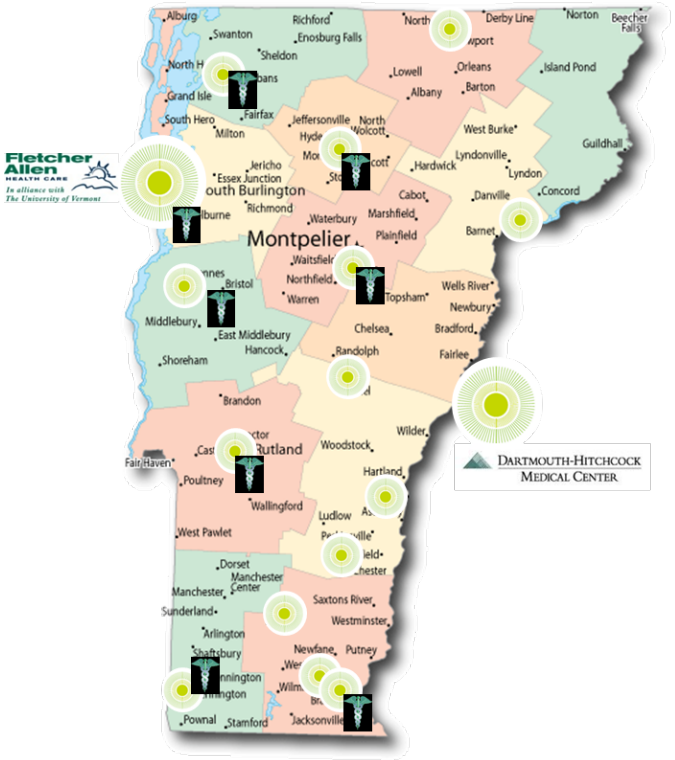
Clinical Governance Model

OneCareVermont

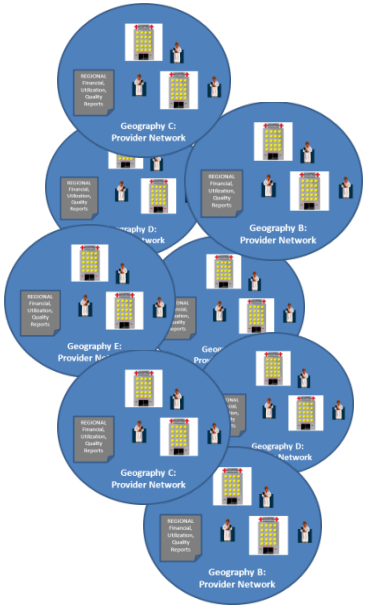
Statewide Clinical Advisory Board (CAB)



The largest statewide physician leadership group in Vermont



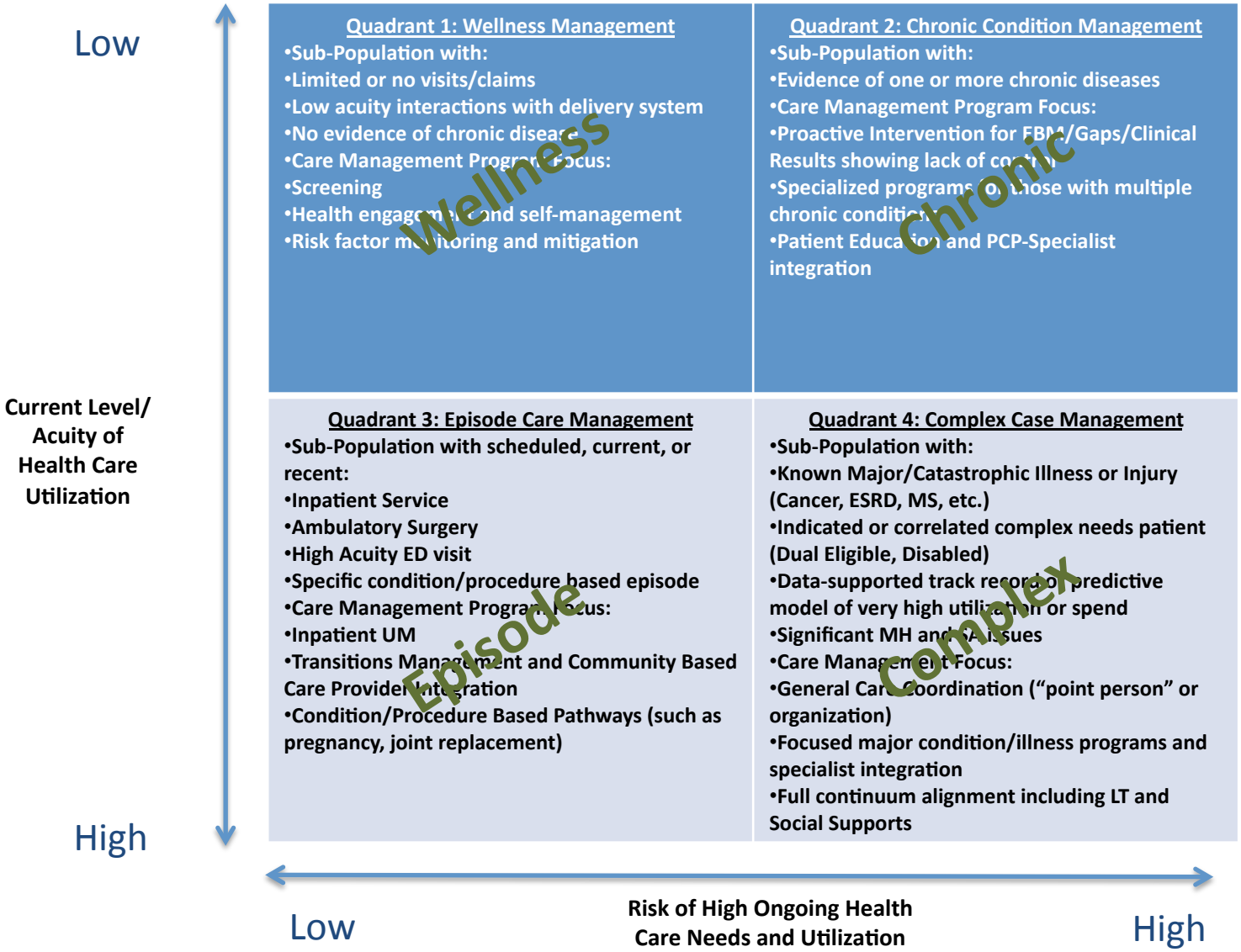
Regional Clinical Performance Committees (RCPCs)



Local "Continuum of Care" groups focused on Analysis and Priorities for Improvement

Taking a Population Approach

OneCareVermont



OneCare 2014 Clinical Initiatives

OneCareVermont

- OCV to deploy quality improvement and project management personnel to each HSA to promote delivery system change in the areas of improved transitions of care, cross continuum communication, increased priority on preventive and chronic care service delivery.

- Our data capabilities are putting into the hands of each TIN the names of their high risk patients and/or who need attention in a variety of clinical areas (ED, readmissions, performance on 22 MSSP clinical measures).

- Most recent CAB proposals from May 9, 2014 meeting prioritized attention to
  1. Performance measure improvement for preventive and chronic care
  2. Analysis and intervention on frequent emergency department utilizing patients
  3. Community wide interdisciplinary/interagency root cause of patients with frequent admission and high readmission rates.

- Currently convening pediatric statewide expertise for our Medicaid and commercial contracts represents rapid response to our new responsible populations.

- We seek to employ part time physician champions in each HSA to help lead our RCPC.
  - The lack of protected time for physician champions to dedicate energy to community organization of the continuum of care has been lacking.