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OFFICE OF THE STATE AUDITOR

To: Kevin Mullin, Chair, Green Mountain Care Board
From: Doug Hoffer, State Auditor
Date: 23 October 2019
Subject: Evaluating Reporting on OneCare's Community-Based Initiatives
Cc: Andrew Stein, Deputy State Auditor
Geoffrey Battista, Government Research Analyst

The memorandum has been revised following discussions with the Green Mountain Care Board's Chair and Executive Director. Anyone wishing to see the original memo should contact the Auditor's Office.

The Green Mountain Care Board (GMCB) mandates OneCare Vermont[1] to "collaborate with community-based provider organizations…as necessary to enhance coordination of services for enrollees and reduce duplication of services."[2] OneCare must "monitor and evaluate…the effectiveness of [these] policies and procedures" and report progress to the GMCB during its annual certification and budget review.

Few organizations aside from the Designated Agencies, Home Health Agencies, and Area Agencies on Aging received funds directly from OneCare in FY 2018.[3] The State's Blueprint for Health[4] (Blueprint) received $2.2 million for community health teams. The non-profit Support and Services at Home[5] (SASH) received $3.7 million.[6] These two sums came from public funds that were received by OneCare and directed by the Department of Vermont Health Access.[7] OneCare also provided $169,447 to RiseVT, a non-profit supported by OneCare and local health care providers.[8] [9] Other funds went to hospitals and primary care providers that participate in OneCare.

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1 OneCare Vermont is Vermont's only accountable care organization. It is a network of health care providers who coordinate with health and human service stakeholders to improve public health outcomes and lower health care expenditures.

2 See: GMCB Rule 5.206(a),5.206(c), 5.403(a)(16)(18)(19) and 18 V.S.A. § 9382(b)(1)(F)(H)(I)(J).

3 OneCare Vermont, "Population Health Programs Grid," October 1, 2018.

4 Blueprint for Health is a unit within the Department of Vermont Health Access. It collaborates with health and human service providers to design community-led interventions that improve health and well-being.

5 Support and Services at Home is a non-profit entity administered by Cathedral Square, Vermont's largest regional housing organization. It coordinates the resources of social service agencies, community health providers, and housing organizations to support Vermonters who choose to live independently at home.

6 OneCare Vermont, "Appendix 5.4: 2018 Pop Health Investments," October 1, 2018.

7 See: Contract #32318 and Contract #34070 between the Department of Vermont Health Access and OneCare Vermont Accountable Care Organization, LLC.

8 RiseVT promotes healthy lifestyle choices, such as good diet and exercise, by supporting projects and programming in local communities.

9 Email from Amy Bodette to Geoffrey Battista, August 19, 2019.

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The Vermont Health Care Advocate's Office[10] (HCA) has the right to receive copies of all budget review materials and fully participate in the review process.[11] During the FY 2019 review, the HCA expressed concerns about the accuracy of OneCare's reporting[12] on community-based initiatives:

> "*OneCare lists over five pages of community programs which it is supposedly involved.* ***The HCA heard from providers whose initiatives are included in the narrative that OneCare has had no involvement in some of these programs.*** [Emphasis added by SAO.] *When given the opportunity to clarify, OneCare declined to answer our questions...The Board cannot assess these factors if OneCare does not provide clear and complete information about its involvement in community programs throughout the state. OneCare should be required to support its claims with verifiable and reliable evidence*."[13]

The State Auditor's Office (SAO) evaluated the HCA's claims. We submitted questions to Blueprint, SASH, and OneCare between June and July 2019. Their responses helped clarify how OneCare collaborates with community organizations.[14] SAO meetings with the GMCB and OneCare provided additional context.[15] The SAO also met with the HCA to discuss its claims and any context it could provide.[16] The HCA could not disclose the providers who voiced the concerns without their consent,[17] so the SAO could not identify or validate specific claims.[18]

The SAO was able to validate most of the activities in the budget narrative. OneCare promoted the adoption of Care Navigator (its care coordination software) in multiple health service areas (HSAs). It also worked with partners to harmonize care procedures and data collection across HSAs. It contracted Clinical Consultants, who reside in network hospitals and undertake OneCare responsibilities part-time. These consultants facilitated regional meetings where local and state stakeholders could discuss how to improve outcomes at the patient, provider, regional, and state levels.

As required by the GMCB, OneCare collaborated with other agencies to address the socioeconomic factors that shape health, including (but not limited to) adverse childhood experiences, substance abuse disorder, and poor access to healthy food. Blueprint and SASH received payments directly through OneCare to address these issues. OneCare funded a care coordination pilot project undertaken by Cathedral Square (SASH's largest regional housing affiliate) and the Howard Center (a non-profit human services provider). It also funded RiseVT's expansion beyond Franklin and Grand Isle Counties. Finally,

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[10] The HCA is a State-contracted office administered by Vermont Legal Aid. It advocates for the rights of health care consumers (patients) according to duties set out in statute. See: 18 V.S.A. § 9603.

[11] See: 18 V.S.A. § 9382(b)(3)(A).

[12] OneCare Vermont. "2019 ACO Budget Submission," October 1, 2018, 45-50.

[13] Memo from the Office of the Health Care Advocate (HCA) to the Green Mountain Care Board (GMCB), November 9, 2018, 3.

[14] Emails to Geoffrey Battista from Beth Tanzman (Blueprint, 7/5/19), Molly Dugan (SASH, 7/9/19) and Amy Bodette (OneCare, 8/19/19).

[15] Meetings between the SAO and GMCB staff June 4, 2019 and SAO and OneCare staff July 31, 2019.

[16] Meeting between Geoffrey Battista and HCA (Mike Fisher, Julie Shaw). July 12, 2019.

[17] The confidentiality of this information is protected under 18 V.S.A. § 9605.

[18] OneCare tends to support community initiatives with payments to large fund recipients, such as Blueprint and SASH. The large fund recipients collaborate with, provide grants to, and sub-contract with smaller community organizations. It is possible that smaller organizations did not know that funds for their initiatives came through OneCare. This disconnect may explain the claims made by multiple community providers to the HCA.

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OneCare organized trainings and symposia on health issues for diverse stakeholders, such as health professionals, local authorities, and the public.

Despite these findings, the SAO was unable to connect several budget narrative activities to those on the ground. We did not find evidence of the following activities:

1. Writing prescriptions for produce in the Windsor HSA;
2. Deepening engagement with the care coordination model in the Newport HSA,
3. Providing patients with community supported agriculture shares and food preparation education in the Newport HSA;
4. Focusing on housing as a social determinant of health, specifically housing for homeless families and rent support through community partners in the St. Albans HSA;[19] and
5. Establishing a multidisciplinary group to increase use of palliative care and pulmonary rehab in the Bennington HSA.

OneCare could not describe these activities in any detail. It said the list was compiled "by Clinical Consultant staff based on their local knowledge of initiatives in their local communities."[20] OneCare did not request "specific documentation of each effort" reported by its consultants, so it cannot validate the content of the narrative.[21]

The SAO concludes that **OneCare did not satisfy the GMCB's criteria concerning community-based initiatives**[22] **because OneCare did not reliably monitor or accurately report these initiatives**. It is impossible for OneCare or the GMCB to demonstrate a causal relationship between community-based initiatives and health care outcomes without knowing which individuals received services and where and when the interventions took place.[23] These data would allow researchers to isolate the impact of initiatives on outcomes, subject to variables outside OneCare's control.

The evidence suggests that the GMCB would benefit by adopting more rigorous standards concerning how ACOs monitor and report community-based initiatives. These standards would provide the GMCB, OneCare, and Vermonters with the information necessary to evaluate the cost-effectiveness of the $15.5 million devoted to the community-based initiatives in its FY 2018 budget.

I would like to thank the management and staff at the GMCB and OneCare for their cooperation throughout the course of this inquiry.

And I thank Geoffrey Battista who was the principal investigator

[19] This activity does not correspond with OneCare's "social determinants of health" performance measures.

[20] Email from Amy Bodette to Geoffrey Battista, August 19, 2019.

[21] Ibid.

[22] See: GMCB Rules 5.206(a), 5.206(c), 5.403(a)(16)(18)(19) and 5.406(16)(17)(19).

[23] Pawson, R., T. Greenhalgh, G. Harvey, and K. Walshe. "Realist Review--a New Method of Systematic Review Designed for Complex Policy Interventions." *Journal of Health Services Research & Policy* 10 Suppl 1 (July 2005): 21–34. https://doi.org/10.1258/1355819054308530.

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