

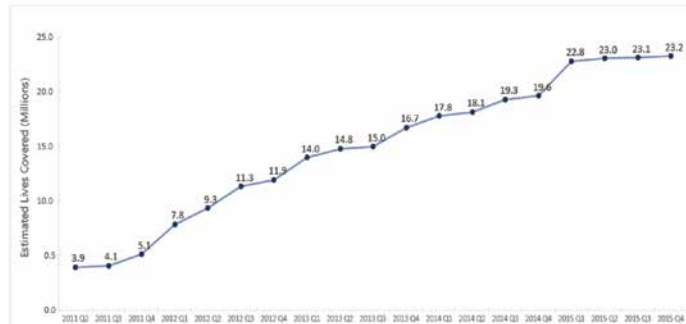


Accountable Care Organizations: A National Update

Growth in the number of Accountable Care Organizations (ACOs) in the United States has been dramatic over the past several years, leading the movement to change healthcare reimbursement from fee-for-service to rewarding cost-effective care and better meeting the needs of patients and populations. As of December 2015 there were 777 ACOs, up by 150 from June 2014. ⁽¹⁾ In 2013, the National Association of ACOs was founded in Washington, DC to foster the growth of accountable care models of care, among other goals. From an initial 60 ACOs three years ago, it now reports 140 ACO members from 27 states. ⁽²⁾ The adaptation of ACOs to the Medicaid program has occurred in 18 states (including Vermont). Results for 353 Medicare ACOs show that 97 of them earned bonuses for 2014 (\$422 million of the \$833 million savings they produced), which is a similar ratio to that of the 2013 results. ⁽³⁾

“ACOs alone likely cannot bend the trajectory of U.S. healthcare spending and deliver the quality improvement that federal officials are seeking,” says

Growth of Estimated ACO-covered Lives Over Time



Leavitt Partners

Dr. Kavita Patel, managing director of clinical transformations at the Brookings Institution’s Center for Health Policy. ⁽³⁾ This is attributed in part to the fact that Medicare patients can seek medical care outside the ACO’s hospital and medical groups. In acknowledgement of the difficulty of changing to the ACO model in three years, Medicare has increased the time before ACOs assume more financial risk.

Nevertheless, the increase in ACOs as a practical model has been meteoric, according to Risa Lavizzo-Mourey, MD, president and CEO of the Robert Wood Johnson Foundation. “In less than five years, ACOs have transformed from an academic idea to a tangible model that has been implemented across the U.S. By realigning financial structures and redirecting care delivery to be more patient-centered, ACOs have given providers more accountability in the care of their patients,” she asserts. ⁽⁶⁾

A review of early ACO results shows they are mixed, with much work remaining. Initial efforts to form ACOs have focused on primary care and experts see a second phase coming that must introduce specialists and post-acute providers to the networks. Incorporating dental care, which has been tried in a few

From the Editor

In this issue of *Primarily Vermont*, we take a look at Affordable Care Organizations both nationally and in Vermont, and also present our annual UVM Office of Primary Care and VT AHEC Network Report to the Community for July 2014-June 2015.

The *Report to the Community* provides highlights of our programs, in numbers as well stories about individuals who have benefitted, including some who were touched multiple times by AHEC’s workforce development pipeline programs.

At the end of FY15, we bid farewell to a successful 15-year endeavor to provide continuing education to Vermont’s school nurses, known as Grand Rounds for School Nurses. During those years, we collaborated with the Vermont Department of Health to offer approximately 80 free sessions for school nurses via Vermont Interactive Technology (VIT) sites statewide. The planned December 2015 closing of VIT was one factor in the discontinuation of the Grand Rounds, but budget and new identified priorities were also considered; for FY16 we are pleased to focus on developing an in-person New School Nurses Training Program.

As we celebrate the start of a new calendar and a fresh year ahead, we thank our many partners, collaborators and colleagues, and wish you and yours a happy and healthy new year. We look forward to working with you in 2016. This year also marks the 20th year since AHEC was first established in Vermont! Look for more about this milestone in future issues of *Primarily Vermont*.

Let it snow!

Elizabeth Cote, Director, UVM College of Medicine, Office of Primary Care and AHEC Program

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(Accountable Care continued from cover)

ACOs, as well as long term and mental health care will be other challenges on the horizon.

Leavitt Partners classifies ACO membership structures as: full spectrum integrated; independent physician group; physician group alliance; expanded physician group; independent hospitals; hospital alliance.⁽⁴⁾ Integration ranges from outpatient to inpatient to full spectrum.

Asked what is the most significant recent development for the ACO model, Richard Lopez, M.D., chief medical officer at Atrius Health in MA, one of the original Medicare Pioneer ACOs, commented that it is the federal government’s wholehearted embrace of the model through the Pioneer and Medicare Shared Savings Programs, as well as the more recent Next Generation ACO.⁽⁵⁾ In an interview with FierceHealthcare, Lopez said, “With CMS (Centers for Medicare and Medicaid Services) being able to demonstrate that the ACO approach has clearly saved CMS money and sustained or improved quality, I think that was a really significant event; if CMS wasn’t as committed and engaged then the momentum wouldn’t necessarily be as strong.”⁽⁶⁾

Keeping an ACO population healthy can imply more than an ACO may be able to deliver, and in a 2015 *Journal of Health Politics, Policy and Law* article, the authors point out that a traditional public health approach argues that “socioeconomic factors such as poverty, poor education, and inadequate housing affect the health of the population far more than medical care does, but the population health efforts that ACOs are now undertaking are largely not directed toward those factors.” They state that population health

as a term should be used to describe “the health of the entire population of people in a geographic area,” and that ACOs

“I think the legacy of ACOs is that they have fundamentally changed the way we think about caring for patients and how we do care for patients. There’s been this change in the way we deliver care that I don’t think is going to go away.”

–Richard Lopez, MD, chief medical officer at Atrius Health in MA, an original Medicare Pioneer ACO

and hospitals should probably focus on improving the health of the covered “population” of attributed patients. They do note that ACOs and hospitals could be key partners in population health organizations aimed at improving the health of the entire population of a geographic area in which they are located.⁽⁷⁾

The Institute for Healthcare Improvement suggests that future growth and effectiveness may be positively impacted by “creating a more robust learning system that fosters peer learning and problem solving, and creating more opportunities to convene representatives for the provider, payer and health information technology communities to discuss their respective assets and challenges and to collaborate on common solutions.”⁽⁸⁾

Dr. Lopez concludes his look into the future of ACOs by noting, “I think the legacy of ACOs is that they have fundamentally changed the way we think about caring for patients and how we do

care for patients. There’s been this change in the way we deliver care that I don’t think is going to go away.”⁽⁹⁾ ■

See “Ask Dr. Amidon” on page 7 for an update on Vermont’s largest ACO.

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PRIMARYLY VERMONT

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Editor: Elizabeth Cote, Director, UVM College of Medicine Office of Primary Care and AHEC Program, Arnold 5, 1 South Prospect Street, Burlington, VT 05401, (802) 656-2179, elizabeth.cote@uvm.edu

Associate Editor: Laurie Loveland, laureen.loveland@uvm.edu

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October 2015 Health Care Career Awareness Month Activities

Development and distribution of Health Care Career Awareness Month Toolkit for teachers, the Sophomore Summit at Castleton University, “A Day in the Life” job shadowing opportunities, and “There’s a Health Care Career for Everyone” presentations were some of the highlights of the Vermont AHEC Network promotion of October as Vermont’s Health Care Career Awareness Month.

This year, a toolkit of health career-related activities was prepared by UVM AHEC and provided to guidance counselors and teachers across Vermont, and posted at www.vthealthcareers.org. In a follow-up survey, several teachers said they used elements in the Toolkit and others said they planned to use it in the future.

Champlain Valley AHEC coordinated two “A Day in the Life” job shadowing

experiences for 24 students, including one at the Visiting Nurses Association of Chittenden and Grand Isle Counties for Chittenden County students, and one at Northwestern Medical Center in St. Albans for Franklin County students. Applicants outstripped capacity by more than three to one, and as one participant commented, “This program was all that I was expecting and more. I wouldn’t change anything!”

Southern Vermont Workforce Invest Board (WIB) sponsors a Sophomore Summit at Castleton University where over 500 high school sophomores from Rutland County high schools attend career workshops. This year, 90 of those students participated in health career-related workshops that were organized by Southern Vermont AHEC. Professionals from physical therapy, occupational therapy, athletic training, nursing and

emergency services led students in hands-on activities and provided them with health careers exploration resources. Southern Vermont AHEC also presented a health and career event at Bellows Falls Union High School for sophomores who participated in five different career workshops about pediatrics, health and fitness, emergency medicine, veterinary medicine, and geriatrics/pharmacy.

Northeastern Vermont AHEC participated in career fairs at North Country Career Center in Newport and Johnson State College and gave presentations on “There’s a Health Career for Everyone!” at Craftsbury Commons and Lyndon Institute.

The Vermont AHEC Network led workshops on health careers at the Women Can Do! Conference hosted at Vermont Technical College on October 15th. ■

2016 Agricultural Medicine Training

Registration is open for the spring 2016 training series “Agricultural Medicine: Occupational and Environmental Health for Rural Professionals” in Middlebury and online. The program is co-sponsored by the Vermont Farm Health Task Force and Champlain Valley AHEC.



The 48-hour comprehensive, multidisciplinary training is designed for medical practitioners, agricultural professionals, first responders and others with responsibility for the health and safety of farmers and rural citizens. Topics include: acute agricultural injuries; cancer in agricultural populations; zoonotic diseases; agricultural skin diseases; environmental and climate change issues; oral health in rural communities; vector-borne diseases; role of pharmacists in rural communities; respiratory diseases; child development and safety issues; agricultural pesticides; tools for integrating occupational health into established health care practices; and behavioral health issues.

The training occurs in four days on-site at the Middlebury Inn in Middlebury, Vermont, Monday, April 24 through Friday, April 24, plus six recorded webinars on important agricultural health issues. The 40 academic and practicing faculty come from Vermont, Iowa, New Hampshire, New York and North Carolina. Post-training certification is available through the University of Iowa College of Public Health. ■

To register: www.cvahec.org/resources/vt-farm-health-task-force

Web Site Resources

New Opioids Performance Dashboard

The Vermont Department of Health has established a performance dashboard on its web site to measure how well the Departments of Health and Public Safety, with community providers, are responding to the Opioid Addiction problem. The measures are available at: www.healthvermont.gov/adap/dashboard/opioids.aspx.

Report on Dental Sealants for Low-income Children

The Pew Charitable Trust has issued a follow-up report to its 2013 report evaluating states on their performance in sealing the teeth of low-income children. Dental sealants are clear plastic coatings that prevent tooth decay and take only a few minutes to apply to the chewing surfaces of permanent molars, the most cavity-prone teeth. The follow up report describes whether states have progressed on this goal over the last two years; the four benchmarks reflect the reach, efficiency, and effectiveness of the sealant programs. The report can be viewed at: www.pewtrusts.org.

Data on Supply of Office-based Primary Care Providers

The National Center for Health Statistics, Centers for Disease Control and Prevention has issued a Data Brief on the supply of primary care physicians per capita and the availability of physician assistants or nurse practitioners in primary care physicians’ practices in 2012. It showed that in 2012, four states (MA, RI, VT and WA) had a supply of primary care physicians higher than the national average of 46.1 per 100,000 population. It also shows that physician assistants and nurse practitioners are more prevalent in rural and underserved areas which have fewer primary care physicians. The information is available at: www.cdc.gov/nchs/data/databriefs/db151.pdf.

Fluoride Varnish in Primary Care Medical Practices

Tooth decay is the most common disease impacting children. Some young children do not receive routine preventive dental care from a dental provider yet most children receive primary medical care and well-child visits. It is now standard for medical providers to be involved in pediatric oral health: fluoride varnish has been proven to be a safe and effective method for preventing tooth decay in children and can be administered in the primary care office.

The UVM Office of Primary Care's **From the First Tooth** is an evidence-based pediatric oral health initiative promoting the oral health of infants, toddlers and preschool children (ages 6 months to the 6th birthday). The purpose of the initiative is to assist primary care medical providers with integrating the following as standard of care for young pediatric patients:

- Assess the oral health of young children
- Apply fluoride varnish to help prevent tooth decay
- Educate parents and caregivers about pediatric oral health
- Make dental referrals

The **From the First Tooth** continuing education program consists of one-hour,

interactive visits between a practice's clinical and administrative professionals and a physician or dental hygienist trainer. These trainings are delivered in the convenience of health care professionals' offices.

Educational Objectives

- Discuss the etiology of early childhood caries (ECC)
- Recognize the various stages of ECC
- Assess a child's risk of developing ECC
- Discuss the effects, sources, benefits and safe use of fluoride
- Describe the benefits and indications for fluoride varnish
- Perform an appropriate oral examination
- Demonstrate the application of fluoride varnish
- Advise parents on caries prevention and describe when to arrange dental referral
- Describe strategies for a successful office-based fluoride varnish program, including awareness of recent changes in CPT billing codes, ICD-10, reimbursement, and Affordable Care Act (ACA) implementation



Scheduling a Session

This free program, supported by funding from the DentaQuest Foundation, offers continuing education credit (CE/CME). Sessions can be scheduled for small groups that include a practice's clinical, administrative and billing staff members. Please contact Program Coordinator, Laurie McLean, at 802-656-2888 or laurie.mclean@uvm.edu to schedule a session. ■

Vermont AHEC Health Care Workforce Recruitment and Networking Day



In September, Vermont AHEC's Annual Health Care Workforce Recruitment and Networking Day attracted a record turnout, with nearly 350 attendees and 39 organizations at the UVM College of Medicine Hoehl Gallery. The event is intended to foster connections between health care organizations and health professions students, medical residents and fellows. Participants have the chance to discuss career opportunities, clinical rotations, and community-based projects.



FY2015 REPORT TO THE COMMUNITY (JULY 1, 2014 – JUNE 30, 2015)

Vermont Educational Loan Repayment: One Physician's Journey Home

The purpose of the Vermont educational loan repayment program is to increase access to care in underserved communities and to address the health professional shortages that cause disparities in access to health care. The program strategically responds to the most pressing health care workforce needs in the state and awards go directly to pay educational debt.

Mckaylyn Garrity Leclerc of Hardwick knew from the age of ten that she wanted to be a doctor, have a family, and be a good mother. The Vermont native is a family medicine physician at Northern Counties Health Care at the Hardwick Area Health Center, is married, and has two daughters.



She might not be in Hardwick if not for the Vermont Educational Loan Repayment Program: "It has helped significantly with finances because medical school is expensive," Dr. Leclerc comments adding, "Knowing that loan repayment was available was important because it allowed me to more comfortably accept a job at an FQHC (Federally Qualified Health Center) in a rural area."

Dr. Leclerc's path to Hardwick was not a direct one but it started when she was a child who had been born with a

congenital heart defect. She underwent heart surgeries at the ages of three, seven and sixteen. "While some people in my situation might have grown to fear doctors or dread hospitals, my time at Fletcher Allen Health Care (now the UVM Medical Center) had quite the opposite effect on me – it made me want to join the medical community." She enjoyed annual check-ups with her cardiologist which she says turned into mini-biology lessons. Born in Burlington but raised in Woodbury and Worcester, Leclerc reflects it is fortunate she enjoyed visiting her physicians because the trip from home to Burlington was 90 minutes long. "Although I have visited doctors all over the world, from New York City to Australia, I have never met a group of such

talented, compassionate doctors as those who have cared for me here."

Her journey began with an undergraduate Bachelor of Arts degree in biology from Middlebury College which included a year abroad at James Cook University in Australia, followed by a master of arts in secondary science education from The City College of New York. Leclerc taught biology, health and environmental science classes in a New York City public high school before she returned to Vermont

to earn a post-baccalaureate premedical certificate. As a medical student at UVM, she completed a Family Medicine clinical rotation at the Hardwick Area Health Center where she now works, and was a Freeman Medical Scholar. Following graduation from UVM in 2012, she entered a Family Medicine residency at Concord Hospital in New Hampshire, through the NH Dartmouth Family Medicine Residency.

When it was time to seek the job she had dreamed of since she was a child, Dr. Leclerc followed up with the AHEC Freeman Physician Placement Specialist, Melissa Liebig, who connected her with rural practices in Vermont that were seeking a family medicine physician. Her thanks to Liebig were expressed when she wrote, "It is so amazing to have this support in my job search! It makes the whole thing a lot less stressful and mysterious!" The loan repayment program helped 'seal the deal' at the Hardwick Area Health Center: Dr. Leclerc is currently in a two-year service contract in exchange for \$30,000 (a combination of federal/state and employer matching funds) per year (\$60,000 total) in loan repayment.

Asked about her position, she exclaims, "I love it! The people here – both staff and patients – are wonderful. I'm so thankful for AHEC's support over the years and the loan repayment award." ■

Vermont Academic Detailing Program

The Vermont Academic Detailing team presented 94 educational sessions during 2014-15, including sessions at the Rural Health Symposium, Bridging the Divide Conference, and the Vermont Nurse Practitioners Conference, with the majority of sessions delivered in primary care practices throughout Vermont.

Academic Detailing sessions present an objective overview of what evidence from

studies shows about various drugs, and non-drug therapies used to treat a medical condition. An academic detailer will visit a primary care office anywhere in Vermont to present the latest evidence-based prescriber support and education for managing common but challenging primary care conditions. Participants earn one Continuing Medical Education (CME) credit per session. The Vermont Academic Detailing Program

is funded through a Vermont Department of Health grant; there is no pharmaceutical company sponsorship associated with the program.

In spring 2015, a new session option on Stroke Prevention in Atrial Fibrillation was added to the offerings; additional topics are planned in 2016. ■

CollegeQuest to Health Careers

CollegeQuest to Health Careers is an academic enrichment and college preparation program designed to prepare disadvantaged Vermont high school students for college admission and degree completion in a health-related field of study. In 2015, the five-week residential program was held on the Randolph campus of the Vermont Technical College (VTC). Upon completing CollegeQuest, students received college credit from VTC and a stipend to put toward college.



The 2015 CollegeQuest class during their tour of the University of Vermont Campus.

“CollegeQuest has taught me the skills necessary to get into and to be successful in college. It has also taught me about possible career paths in health care that I never knew about. It has given me a taste of college life encompassing the social and academic facets.”

— A 2013 CollegeQuest participant

CollegeQuest is part of the health care workforce development pipeline of the Vermont AHEC Network. The program was developed based on the research-based assumptions that students raised and educated in rural and underserved communities are likely to practice in similar communities, and that disadvantaged students face additional barriers to post-secondary achievement. The program involves a structured curriculum, a trained team of undergraduate students who function as resident-assistance staff, and a rich interaction with health professionals and educators who make up the faculty.

Students completed a rigorous program

of 150 hours of instruction in Human Biology, Planning for College, and Health Careers Exploration. Classroom and laboratory study of human biology took advantage of VTC’s Nursing Program lab facilities and patient simulator. CollegeQuesters researched and mapped out in-depth college and career pathway plans, advised by Outreach Counselors from the Vermont Student Assistance Corporation (VSAC) and the Vermont AHEC Network. The students toured college campuses including UVM, Johnson State College, and Southern Vermont College. Job shadows, tours and workshops at Gifford Medical Center, Central Vermont Medical Center, and Rutland Regional Medical Center were part of their career exploration.

CollegeQuest intentionally structures academic and recreational activities and resident life to impart fundamental concepts related to social and emotional learning to students. Self-awareness, stress-management, self-care, social awareness, understanding of cultural diversity, constructive community living and effective team function are all taught through content related to pre-professional training and college preparation.

Since its inception in 2012, CollegeQuest has served 94 Vermont students: 97%

(n=91) will be the first in their family to earn a college degree; 71% (n=67) live in households with incomes below 185% of the federal poverty level; 23% (n=22) identify as non-white; and 17% (n=16) identify as new Americans. Of this diverse body of students,

“(CollegeQuest) helped to solidify what roommates, friendships and relationships would be most conducive to the support of learning and overall well-being.”

— A 2013 CollegeQuest participant

96% (46 of 48) were registered for college in the fall after their senior year and 91% of students (22 of 24) remain enrolled in their second year of college. Outcomes data on the 2015 CollegeQuest program is being analyzed now, and updated longitudinal data relating to college admissions, persistence, and graduation rates will be available in the future. ■

Summer Youth Programs: MedQuest and Advanced MedQuest

AHEC Summer 2015 Programs introduced 118 high school students to health care careers during MedQuest, 15 additional students to in-depth looks at a health career through Advanced MedQuest, and 23 students through CollegeQuest (see CollegeQuest story).

This year, the Champlain Valley AHEC altered the format and focus of its MedQuest to support students' personalized learning plans (PLPs) and align instruction with the Vermont Agency of Education's developing Programs of Study (POS) design framework within the health/medical career cluster (i.e., sector) covering grades 9-12. Rather than two, full-week sessions, there were three four-day sessions that accommodated more students (60). Students participated in one of three



Casey Munns of Mount Mansfield Union High School, participates in a pharmacy workshop in the newly-designed Champlain Valley AHEC Therapeutic Services session. It took place at the Albany College of Pharmacy and Health Sciences Colchester, VT campus.

MedQuest this past summer turned the program from a six day offering to four days, with the director meeting individually with participants to match them with a specifically tailored job shadow experience. For these students, often from the state's most rural areas, job shadowing at a Vermont hospital allowed them to see new things and provided new information as they consider their educational pathways and future careers. One student wrote, "Shadowing a neurologist was an amazing experience and helped me to see a path I want to pursue."

The Northeastern Vermont AHEC's MedQuest at Johnson State College introduced 20 participants to activities such as a vitals workshop, CPR certification, mock Ebola outbreak and management drill using the hospital simulation lab, suturing

workshops using pig feet, a paramedic's real-life "save" story, blood typing, a laparoscopic surgery simulator workshop as well as dissection of a sheep's heart. In response to this array of experiences, students wrote, "[Because of MedQuest], I started taking advanced science courses and college level sciences;" "I learned a lot about pharmacy in particular and how I think that is a field in which I could thrive;"

"MedQuest allowed me to truly discover what I am interested in, what I am good at, and what best suits me." ■



Jasmin Dickinson, from Bennington, VT, Kyle Diezel, from Pittsford, VT and Emily Castillo, from Chester, VT learning about casting.

"[Because of MedQuest], I started taking advanced science courses and college level sciences."

campus: Therapeutic Services, Diagnostic Services, or Counseling and Mental Health Services. The MedQuest Therapeutic Services camp most resembled the historical, general MedQuest format with exploration of careers in the fields of nursing, pharmacy, respiratory therapy, and dentistry. MedQuest Diagnostic Services included medical laboratory sciences, phlebotomy and ultrasound areas to identify and analyze disease and injury. Students in the Mental Health Services camp completed a Mental Health Awareness project and earned certification in Youth Mental Health First Aid. A former high school student participant in Champlain Valley AHEC's Job Shadow Day and MedQuest returned to be a staff member of the 2015 MedQuest Therapeutic Services program. She notes that, "The specific health

career I originally thought I wanted is not the one I have been pursuing for a while now, and the switch came as a result of job shadowing and talking to a variety of health care professionals. I am confident in the path I am pursuing thanks to everything I have learned and observed."

The Southern Vermont AHEC celebrated its 15 year anniversary of offering MedQuest, serving 553 students, of whom 192 returned for a second experience in Advanced MedQuest. Innovation in Advanced

"Shadowing a neurologist was an amazing experience and helped me to see a path I want to pursue."

Office of Primary Care and Vermont

Pipeline

Pipeline programs reached 3,473 students, of which 1,332 were disadvantaged or minority students.

The activities include:

- 295 job shadow experiences.
- Classroom presentations to 747 students.
- Reached 2,328 students at career fairs.
- Focus on Health Careers Conference for 22 high school students from Champlain Valley region.
- 22 students in a health career club.
- 123 students at the Sophomore Summit Conference.
- 118 students attended MedQuest.
- 15 students attended Advanced MedQuest.
- 23 students completed CollegeQuest.
- 13 adult learners attended Health Career presentations.

Health Professions Students

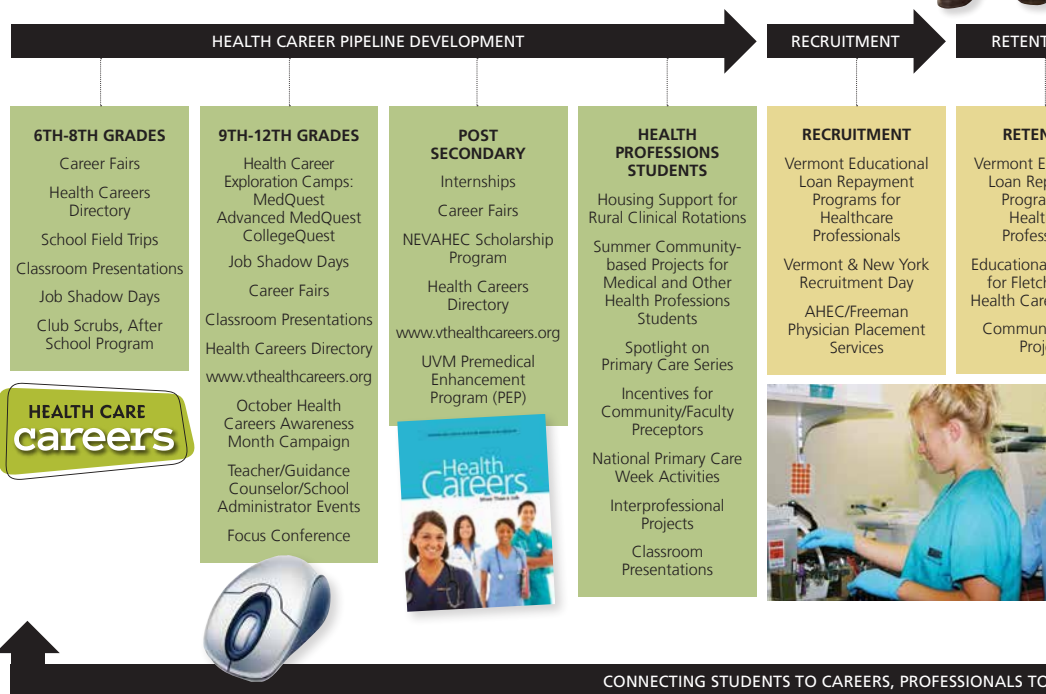
- 21 students were mentored and participated in job shadowing in the Pre-Medical Enhancement Program (PEP).
- Worked with 79 UVM College of Medicine family medicine clerkship students and served as a resource for their required community projects.
- 44 students received AHEC housing during clinical rotations or summer projects.
- 13 MedQuest alums in health career-related college programs completed paid internships as part of the College Student Internship program (C-SHIP) in southern Vermont.
- 474 participants attended 8 Spotlight on Primary Care series sessions for medical students.

UVM Office of Primary Care and the Vermont Area Health Education Centers (AHEC) Program

Encouraged by the State Legislature, UVM established the Office of Primary Care (OPC) in 1993 to focus the College of Medicine's commitment to primary care and community outreach in Vermont. OPC is actively involved in enhancing networks of community-based faculty, in strengthening teaching and research programs, and in preparing the workforce for the future.

The OPC was awarded federal funding to establish a statewide AHEC program in 1996, including three regional centers (Northeastern Vermont AHEC in St. Johnsbury, Champlain Valley AHEC in St. Albans, and Southern Vermont AHEC in Springfield), each a 501c-3 non-profit organization. Together, the Vermont AHEC Network is increasing the supply, geographic distribution, and education of Vermont's healthcare workforce, and providing a link between UVM's health professions training programs and Vermont's communities. The Vermont AHEC Network is a true academic-community partnership.

In FY 2015, the UVM OPC and VT AHEC Network provided 3,473 Vermont youth with health care careers experiences, worked with 171 providers precepting health professions students, delivered continuing education to 3,815 health care professionals, and placed 15 physicians in Vermont communities.



- 260 attendees networked with representatives of 13 hospitals and 13 other organizations at Vermont Recruitment Day 2014.
- A presentation of the documentary "The Hungry Heart" about Vermont's opiate addiction problem was attended by 29 UVM PEP and Pre-Med Club students.
- 171 Vermont preceptors of medical students were awarded continuing education funds through the Community Preceptor Recognition Program.
- Sponsored a Suture Clinic with the US Army for 38 UVM undergraduate students interested in a health care career.

- ### Recruitment and Retention
- Administered the Vermont Educational Loan Repayment Program for physicians and LPNs, advanced physician assistants, and faculty/educators in total \$970,000.
 - Administered the (fee)

AHEC Network 2014-2015 Highlights



Overarching Aims

HEALTHCARE WORKFORCE
VT AHEC will improve access to high quality health care by promoting an appropriate and adequate healthcare workforce in Vermont.

COMMUNITY HEALTH SYSTEMS
VT AHEC will be engaged with, and responsive to, community health care needs throughout the state.

vtahec.org



CONTINUING EDUCATION & QUALITY IMPROVEMENT (QI) Behavioral Health & Primary Care Conference Clinical Updates Rural Health Symposium Geriatrics Conference Motivational Interviewing Grand Rounds for School Nurses Academic Detailing Program in Wise Prescribing LNA & Direct Care Worker Trainings Opioids Prescribing QI Military Veterans' Health	WORKFORCE, RESEARCH & PLANNING Nursing Workforce Summaries Primary Care Practitioner Workforce Snapshot 	TOOLS & RESOURCES FOR PRACTITIONERS CME Incentives for Preceptors Clinical Diagnostic Tools Primarily Vermont Newsletter Cultural Competency Manual and Training Resource Directories (Mental Health, Substance Abuse) PTOHelp.org Farm Health Task Force Interprofessional Learning Summits Professional Collaboratives	IMPROVING COMMUNITY SYSTEMS OF ACCESS & HEALTHCARE COORDINATION Public Health/Primary Care/School Nurses Forums Mental Health/Dental Health and Primary Care Integration Integrating Healthcare and Community Resources Patient Education Initiatives Community-based Collaborations and Partnerships Respond to Emerging Needs Members of Blueprint Community Health Teams Pharmacists in Blueprint Pilot	SUSTAINING VT AHEC NETWORK Statewide Strategic Planning on Health Care Pipeline Collaborative Educational Program Development Shared Resources and Capacity Joint Staff Training 
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Continuing Education

148 continuing education courses were offered to 3,815 participants. These include:

- 109 attendees at the Vermont Geriatrics Conference.
- 56 attendees at Bridging the Divide: Fostering collaboration between primary care and pharmacists.
- 440 participants (397 were school nurses) took part in Grand Rounds for School Nurses at Vermont Interactive Technologies (VIT) sites.
- 635 participants attended 94 Academic Detailing sessions in 13 of Vermont's 14 counties.
- The Cultural Competency Manual for Healthcare Professionals (www.cvahec.org) was maintained.

Community-Based

For news from Vermont's three regional Area Health Education Centers, check out their community-based web sites:

- Champlain Valley AHEC:
www.cvahec.org
St. Albans (802) 527-1474
- Northeastern Vermont AHEC:
www.nevahec.org
St. Johnsbury (802) 748-2506
- Southern Vermont AHEC:
www.svahec.org
Springfield (802) 885-2126

COMMUNITIES, AND COMMUNITIES TO BETTER HEALTH. 2015

Loan Repayment Program (SLRP) for primary care practitioners and dentists at FQHCs/RHCs.

- There were 318 applicants for ELR/SLRP.
- 140 applicants received ELR/SLRP award offers averaging between \$5,000-\$20,000.
- Educational debt of applicants ranged from \$4,761 to \$612,555. Average (mean) debt of primary care practitioners: \$128,842; dentists: \$228,418.
- Educational debt of all ELR/SLRP applicants totaled \$27,254,034.
- Placed 15 physicians (7 in primary care and 8 in specialty care); 10 were placed in rural counties, three of them in FQHCs/RHCs.
- 130 Freeman Medical Scholars are currently serving Vermonters.

Future Dental Hygienist Emerges from AHEC Pipeline

Craig Smith of Barre, VT is a freshman at the University of New England in Biddeford, ME where he is studying for his Bachelor of Science degree in dental hygiene.

In Barre, his elementary teachers saw a potential college student in him as a sixth grader, so they referred him to a Vermont Student Assistance Corporation (VSAC) GEAR UP counselor who told Craig about AHEC's MedQuest program. He probably did not realize it at the time but he was started on his future career path.

In ninth grade, Craig interviewed a Barre dental hygienist for a class assignment to write a career essay. Subsequently, Craig attended MedQuest at Lyndon State College through the Northeastern Vermont AHEC. "In MedQuest I job shadowed a dentist and the dentist was so happy I was there; the dental practice team made me feel very welcome and I connected right away with the patients," Craig recalls.

The summer before his senior year in high school, Craig participated in the six-week CollegeQuest program at the College of St. Joseph in Rutland. "In CollegeQuest,

we had many panel presentations on careers, including a panel of dental health professionals. I was immersed in their conversation which reinforced what I felt in the dentist's office. All of the panelists felt so good about what they were doing for patients and the importance of oral health in overall health."

"MedQuest and CollegeQuest were the best summers I've enjoyed in my life," Craig declares. "It was a great environment – happy, energetic – it was great!" During his senior year, Northeastern Vermont AHEC health careers coordinator Kim O'Connor arranged an independent study for Craig with Richard Venmar, DMD, of Barre. After watching Dr. Venmar for several weeks, he moved to observing the dental hygienists and says he knew that was what he wanted to do. "I liked the routine of the dental hygienists and their focus on education and prevention," Craig remarks.

Now attending his top-choice college, Craig says of the University of New England: "I really love the school because they want you to succeed." He is the first in his family



Craig Smith in dissection workshop during MedQuest 2013.

to attend college for four years with a career plan; Craig says his family is so proud of his efforts. He would like to return to Vermont to work after graduation. And of his career exploration experiences he enthuses: "AHEC helped me so much; they basically achieved my dream for me!" ■

Projects with Health Professions Students

The regional AHECs work directly with UVM medical, nurse practitioner, graduate-level social work, and public health students to design and execute interprofessional, community-based projects. Community-based projects provide students an opportunity to: apply their classroom learning to the field, connect with different geographic areas of Vermont, learn about rural primary care and populations, and dig into a relevant, pressing community issue; during FY15, opioids and addiction emerged as a theme.

A Champlain Valley AHEC summer project focused on opioid addiction and the treatment process for pregnant women in Chittenden County. Two master's level social work students developed a resource guide for mothers and clinicians titled "Opiate Addiction and Pregnancy: Find Help in Chittenden County." The guide offers information on where to get help and

treatment options during pregnancy.

The Southern Vermont AHEC sponsored a project with two second year UVM medical students who interviewed two dozen people in recovery and wrote up the interview content. It afforded the students an opportunity to observe and learn about the recovery process from those who were directly involved.

The Northeastern VT AHEC mentored two medical students and one nurse practitioner student in an interprofessional project called "Beyond Hub and Spoke." The goal of the project was to create an on-line community and professional resource in St. Johnsbury for the treatment of and recovery from opiate addiction. This project is being replicated during FY16 in three other communities throughout Vermont with interprofessional teams of medical students, social workers and nurse practitioners. ■



Adrienne Jarvis, UVM social work student, left, and Judy Wechsler, CVAHEC Education Resource Coordinator, right, worked with Simone Cote, UVM MSW student (not shown) on the "Opiate Addiction and Pregnancy" booklet.

PEP for UVM Undergraduate Students

Current Premedical Enhancement Program (PEP) student Colby McGinn of Brattleboro has benefitted from AHEC programs since he was in the tenth grade, and each experience validated for him that he wants to become a physician.

Born and raised in Brattleboro, he is currently a sophomore in the University of Vermont Honors College where he is majoring in math. He has had exposure to the world of medicine from his parents: his father is an ophthalmologist and his mother is a practice manager at the hospital in Brattleboro. "I feel very fortunate that I've always known what I wanted to do," he remarks. But, "it's easy to profess an interest in being a doctor; AHEC's MedQuest and C-SHIP programs affirmed that is what I want to do."

Colby attended a MedQuest summer camp at the SIT campus in Brattleboro while still a sophomore in high school, during which he job shadowed professionals at four different hospitals, including the Veterans Administration Clinic in Springfield. The Advanced MedQuest experience at Fletcher Allen Health Care (now the UVM Medical Center) enabled him to shadow specialists in dermatology, surgery, anesthesia and endocrinology. Once he graduated from high school and became a college student, he applied to Southern Vermont AHEC's College Student Internship Program (C-SHIP) for a paid internship. His internship was a collaboration with Brattleboro Memorial Hospital (BMH) and the Brattleboro Area Prevention Coalition in which he developed a questionnaire, distributed it to physicians and pharmacists (and in some cases, interviewed them) to gauge interest in a collaborative meeting to discuss opioid prescribing issues. He also job shadowed several physicians at BMH.

At the end of his freshman year, Colby applied to the UVM Premedical Enhancement Program (PEP).^{*} He was accepted, and Colby describes the program as being "like MedQuest on steroids." He notes, "The opportunities presented by just being in the program are an advantage; I can build connections that I might not otherwise be able to." Colby marvels at how interested and excited people are to teach: "the teachers and mentors I've had have been really great," he says. This fall, he job shadowed a surgeon in the Operating Room at the UVM Medical Center as well as attended Grand Rounds.

Colby enjoys giving back, too. He has been a volunteer at both BMH and currently, in the ICU Family Waiting Area at the UVM Medical Center. Last summer, he talked to MedQuest students about the undergraduate college experience.

"I want to thank everyone at AHEC for allowing me to do everything I've been able to do: it honestly couldn't have been better!"

^{*}PEP students must have a cumulative Grade Point Average (GPA) of 3.5 after their first two semesters at UVM, and a 3.5 GPA in math and science classes. They must submit a letter of recommendation and complete an interview. It's a competitive process for a maximum of 10 new PEP students a year. Once accepted to the program, students are expected to meet GPA requirements, take required pre-medical classes, attend two medical seminars per semester and log the required time with their physician mentors. Students who successfully complete the rigorous three year PEP and meet MCAT score requirements, will be invited for an admissions interview at the College of Medicine; those who do well in their interviews will be recommended for acceptance. ■



Colby McGinn, left, with PEP student Ben Kagan in a Suturing Clinic for undergraduates at UVM.

Physician Placement Program

The Physician Placement Program recruits physicians to workforce shortage areas of Vermont, with an emphasis on rural and underserved areas. To accomplish this, the AHEC Freeman Physician Placement Specialist, Melissa Liebig, works with graduates of the UVM College of Medicine, as well as UVM Medical Center residents and fellows to match them with Vermont hospitals and practices where they are needed.

AHEC successfully placed 15 new physicians in Vermont practices during the 2014-2015 fiscal year: seven in primary care, and eight in specialty care. Ten physicians were placed in rural counties (Addison-1; Caledonia-1; Franklin-3; Orleans-2; Rutland-2; Washington-1), with three placed at an FHQC or RHC (rural/underserved). All 15 (100%) were UVM COM grads and/or UVM Medical Center residents or fellows. As of December 2015, 127 physician openings were posted with the UVM AHEC Program: 55 in primary care (FM, IM, Ped, Ob/Gyn) and 72 in specialty care (of the 72, nine are Psychiatry).

The Physician Placement Program responds to Vermont state physician recruitment needs, links to and leverages complementary programs, such as educational loan repayment, and is a credible and reliable resource for Vermont recruiters and physicians. ■

Vermont's Future of Nursing 2015 Data Dashboard

The 2015 Data Dashboard has been compiled to give an overview of Vermont nurses' educational background, practice, leadership, and supply and demand.

Drawn from the Vermont State Board of Nursing Relicensure Survey, the Dashboard is available at www.vtahec.org. ■



Delta Dental Partners with AHEC and the Educational Loan Repayment Program

Two Vermont dentists received community educational loan repayment match funds from Delta Dental Plan of Vermont for FY15. The recipients are **Ronald St. John, DMD**, who practices general dentistry at Island Pond Health and Dental Center in Island Pond, Vermont; and **Cheyenne E. Warren, DDS**, who practices general dentistry and dental surgery at The Health Center in Plainfield, Vermont.

This marks the fifth year that Delta Dental has contributed to the success of the Vermont Educational Loan Repayment Program for Dentists through matching funds. The educational loan repayment program is administered by the University of Vermont College of Medicine Area Health Education Centers (AHEC) on behalf of the State of Vermont. The purpose of the program is to recruit and



Ronald St. John, DMD



Cheyenne Warren, DDS

retain dentists in Vermont and increase access to oral health care for Medicare and Medicaid patients and other vulnerable populations. Award recipients sign a service obligation contract and practice a minimum of 20 clinical hours per week at designated sites. ■

The University of Vermont Office of Primary Care and Area Health Education Centers Network gratefully acknowledges its supporters:



- Brattleboro Memorial Hospital
- Central Vermont Medical Center
- Copley Hospital
- Delta Dental of Northern New England
- DentaQuest Foundation
- Department of Health and Human Services Health Resources and Services Administration (HRSA) Bureau of Health Workforce
- Gifford Medical Center
- Grace Cottage Hospital
- Mt. Ascutney Hospital and Health Center
- North Country Hospital
- Northeastern Vermont Regional Hospital
- Northwestern Medical Center
- Rutland Regional Medical Center
- Southwestern Vermont Medical Center
- Springfield Hospital
- State of Vermont and Vermont Department of Health
- University of Vermont College of Medicine
- University of Vermont Medical Center
- Vermont's Congressional Delegation
- Vermont State Legislature

We thank our many partners and collaborators who enrich our efforts to ensure enough health care providers serve Vermont residents.



Two New Grant Projects Underway: Panel Management, Opioid Prescribing QI

The University of Vermont Office of Primary Care (OPC) received two new grants in collaboration with the Vermont Department of Health (VDH).

A Panel Management project will develop system-based approaches to population management of hypertension in order to improve the health of patients; these data-driven strategies will be adoptable in primary care settings across Vermont. Pilot testing will occur at three primary care sites.

Charles D. MacLean, MD, Associate Dean for Primary Care, notes that hypertension is under-recognized and undertreated. “Panel management involves a team performing a variety of tasks to improve the health of the population including: data extraction; analysis and presentation; patient outreach; patient education and activation; patient follow-up; and medical management. A panel management team, identified and assembled by each practice, may include a physician, nurse, medical assistant, and front desk personnel. Patients may also be referred to other members of the Medical Home and Blueprint Community Health Team, such as a health coach, dietician, or social worker,” he explains.

“Our approach to panel management is based on the Agency for Healthcare Research and Quality (AHQR) Practice

Facilitation Handbook Training Modules for New Facilitators and Trainers (Knox & Brach 2013 AHQR Publication No. 12-0046-EF) and Savarimuthu et al, Developing a toolkit for panel management: Improving hypertension and smoking cessation outcomes in primary care at the VA (BMC Family Practice 2013, 14:176),” states MacLean.

A second new project is a four-year Opioid Prescription Quality Improvement grant aimed at reducing the illicit use of opioids in Vermont. The UVM OPC will work with VDH Alcohol and Drug Abuse Programs and the Vermont Blueprint for Health to assess and develop strategies to improve opioid prescribing in Vermont.

“By leveraging the Vermont Prescription Monitoring System (VPMS) and other epidemiological resources at the VDH, the outreach and educational expertise of the UVM OPC and its Vermont Academic Detailing Program, and using the quality improvement facilitation and practice support of the Blueprint, we will provide expertise to help improve reporting using the VPMS, and we will train practices, in collaboration with the Blueprint, regarding the responsible prescribing of opioids,” MacLean notes. ■

News Briefs

VERMONT

UVM Medical Center and Huntington’s Disease Designation

The University of Vermont Medical Center’s Frederick C. Binter Center for Parkinson’s Disease and Movement Disorders is one of 29 centers in the U.S. to be named a “Center of Excellence” by the Huntington’s Disease Society of America (HDSA). To receive the designation, HDSA Centers must provide an “elite team” approach to care and research, with patients having access to experts in neurology and psychiatry. Other designees include Stanford University, Duke University, the Cleveland Clinics and Johns Hopkins University.

CVPH New Family Medicine Residency Celebrates Milestones

Champlain Valley Physicians Hospital of the UVM Health Network celebrates a \$1 million gift from the Miner Foundation, national accreditation, and the development of an administrative team to administer its new Family Medicine Residency, for which it will welcome the first cohort of residents next summer. The residency was created in 2013 to help address a looming primary care provider crisis in the North Country, as studies show that 60% of all Family Medicine residents set up practice within 100 miles of the community where their residency was completed.

Vermont Medical Society Elects and Honors

The Vermont Medical Society elected **James Hebert, MD** as its new president at the annual meeting this fall in Stowe. Dr. Hebert is a general surgeon at the University of Vermont Medical Society. **Wendy Davis, MD** was named president-elect and **Mark Levine, MD** is the new vice president.

William V. Raszka, MD received the Distinguished Service Award for his outstanding work in clinical medicine and medical education. Dr. Raszka is Director of the Pediatric Infectious Disease Service at the UVM Medical Center’s Children’s Hospital. **John W. Valentine, MD**, of Central Vermont Medical Center was named Physician of the Year for the exemplary and respectful care he has given to his patients and their families as an oncologist and hematologist for the past 35 years. **Rev. Beth Ann Maier, MD**, of Berlin, received the Physician Award for Community Service for her deep commitment and insights into the needs of children and families with special health and developmental needs. **Judy Geer** and **Richard Dreissigacker**, owners of Concept2 of Morrisville, received the Citizen of the Year Award for developing rowing machines currently used in homes, schools and gyms worldwide, and for promoting fitness and health at their firm and in their community.

New Opioid Treatment Program in Bennington

A new medication-assisted treatment program for opioid dependence opened recently at United Counseling Service (UCS) in Bennington. It is a collaboration between UCS, Southwestern Vermont Medical Center,

and the Hawthorne Recovery Center to offer a solution for high-risk Bennington community members in need of intensive treatment for addiction recovery. The program is the first of its kind in the state and varies from the traditional system, offering not only medically-assisted treatment with observed dosing, but also biological, psychological and social assessments, random required urine screening, group therapy, case management and client counseling. It will serve up to 30 patients in the first year.

Smoking Effects on Disadvantaged, Mental Health Patients

Recently published research from the University of Vermont examines the effects of smoking cessation on smokers who suffer from depression, bipolar disorder, anxiety and post-traumatic stress disorder. **Diann Gaalema, Ph.D.**, assistant professor of psychiatry states, "Smoking prevalence rates among individuals with mood disorders are two- to three-fold higher than those in the general population." She adds, "In addition, smokers with affective disorders are more likely to be nicotine dependent, initiate daily smoking earlier, and smoke more cigarettes per day than those without psychiatric comorbidity."

A separate review tracked smokers who suffered serious cardiac events such as heart attacks and heart surgery and the rates at which they were referred to, attended and completed a cardiac rehabilitation program. Results show smokers did get referred for cardiac rehab more often than nonsmokers but were less likely to show up for and much less likely to finish the exercise regimen. In response to this finding, a long-term study is being planned to examine how financial incentives influence low-income heart patients' participation in cardiac rehab.

UVM Medical Center in Top Academic Medical Center Ranking

The University of Vermont Medical Center ranked 16th in the nation overall, and 8th nationwide in ambulatory care performance, in the 2015 UHC Quality and Accountability Study. UHC is an alliance of nearly all of the 120 academic medical centers in the United State. It is the fifth consecutive year that UVM Medical Center was ranked in the top 20 for hospital care which looks at patient safety, low rates of complications and readmissions and overall efficiency of care; the medical center improved on its own quality scores from the previous year. In a separate ranking the study also determined that the medical center ranked #2 in supply chain performance excellence. In the past three years, The UVM Medical Center and its partners in the University Health Network have collectively saved and/or avoided \$33 million in the cost of supplies, purchased services and equipment acquisition.

RRMC, SVMC Renew Magnet Status

Rutland Regional Medical Center (RRMC) and Southwestern Vermont Medical Center (SVMC) had their credentials renewed for a program that recognizes excellence in nursing. The Magnet recognition, a voluntary accreditation awarded by the American Nurses Credentialing Center, was renewed at RRMC for the first time and at SVMC in Bennington for the third time. Rutland Regional first became a Magnet hospital in 2010 and SVMC was first designated in 2002. They are the only two hospitals

that have received the designation in Vermont. Out of almost 6,000 health care organizations in the U.S., there are 375 with the Magnet designation.

NATIONAL

National Strategy to Combat Antibiotic-Resistant Bacteria

The Centers for Disease Control and Prevention (CDC) estimates that antibiotic-resistant bacteria cause at least two million illnesses and 23,000 deaths each year in the United States. To support President Obama's Executive Order and the White House's National Strategy to Combat Antibiotic-Resistant Bacteria, the CDC is addressing the threat in four areas:

- Slow the development of resistant bacteria and prevent the spread of resistant infections
- Strengthen national one-health surveillance efforts to combat resistance
- Advance development and use of rapid and innovative diagnostic tests for identification and characterization of resistant bacteria
- Improve international collaboration and capabilities for antibiotic resistance prevention, surveillance, control and antibiotic research and development.

25 States Ban Powdered Alcohol

In 2014, several states began to ban powdered alcohol before it was even approved for sale, including Vermont. In August, New York State banned it as well, making 25 states that have banned sales of the product being marketed by one company as "Palcohol," with four other states enacting legislation that puts it under existing alcohol statutes so it can be regulated. It has received the approval of the Treasury Department's Alcohol and Tobacco Tax and Trade Bureau for its labels, which is the final regulatory step before the product could be sold in stores. Opponents of powdered alcohol fear it will make underage and binge drinking easier, and some note that it can lead to unsafe levels of intoxication if it is mixed incorrectly or ingested in its powdered form.

Rural Adults Lack Dental Care in U.S.

"Rural adults reported poorer dental care utilization and greater loss of permanent teeth than their urban counterparts," according to a 2015 Rural Health Research Center report. The report states that "The lower availability of dentists in rural communities may contribute to this situation," and notes the "need for policies and programs to increase dental insurance coverage for adults with low socioeconomic status."

2014 Overdose Deaths Exceed Auto Accident Deaths

Fatal drug overdose deaths killed nearly 50,000 Americans in 2014, a new high, and more than were killed in auto accidents, according to the *New York Times* (December 18, 2015) which used figures from the Centers for Disease Control and Prevention. Most of the deaths involved heroin or prescription narcotic painkillers in 2014. Twice as many Americans died from drug overdoses in 2014 as in 2000. ■

Ask Dr. Amidon:

How is Vermont's Largest Accountable Care Organization (ACO) Faring?

By JOHN R. BRUMSTED, MD, CEO OF UVM MEDICAL CENTER AND BOARD MEMBER OF ONECARE VERMONT ACO WHICH WAS CO-FOUNDED BY UVM MEDICAL CENTER AND DARTMOUTH-HITCHCOCK HEALTH IN 2012



How many people are covered in OneCare Vermont?

OneCare Vermont has 125,000 covered lives across its Medicare, Medicaid and Commercial shared savings programs. We have an extensive statewide network of Vermont providers and Dartmouth-Hitchcock who are committed to improving healthcare and the patient experience and driving towards affordability for Vermonters.

What are the empiric measures that show OneCare is succeeding?

We have proven success in improving quality and controlling costs. We are pleased with our performance on the quality scorecards which are a major element of the ACO model. For Medicare, our first program, we have been able to improve measured quality across 33 measures by 7.7% with 11 out of 14 service areas in Vermont increasing their scores. The Medicaid and Commercial programs also contain substantial quality measurement and we have completed the initial year of scoring. The establishment of comprehensive sets of quality measures monitored by ACOs and their providers is in itself a major demonstration of the value of the ACO model. Our Medicare rate of spending growth has been at generational lows and our costs per beneficiary are well below national average. In our Medicaid ACO program, we qualified for a share of over \$7M of savings generated against expected Vermont expenditures.

The goal of OneCare is to receive 80 percent of revenue for keeping patients healthy rather than being paid a fee for service. What methods will enable that goal to be reached?

Our goal at the University of Vermont Health Network is to ensure 80 percent of our revenue rewards value, meaning low cost and high quality, rather than volume. I worry about an extended period of mixed incentives and have therefore set bold goals to embrace the reformed model. We see OneCare as a major component of achieving this goal as the ACO model expands and continues to lead value-based reform across Vermont.

What does it mean that OneCare has been selected by the federal government to participate in the next phase of the reform effort?

The current ACO programs will evolve their accountability for the total cost and quality of populations. This will be in the form of capitated, or per person, budgets across a population. This will allow us to move away from fee-for-service as the exclusive underlying method to flow revenue to health care providers. We are proud that OneCare was selected among a limited number of ACOs nationally to enter the federal government's most advanced model, the Next Generation ACO program. This program represents the most favorable terms and level of innovation for a Medicare ACO. OneCare's selection is a strong acknowledgement of the capabilities we have developed and success achieved to date

How will patients experience this sea change in payment incentive?

The new revenue model will allow us to connect our often-fragmented system around the needs of our patients. We are investing in ways to engage differently with patients to improve access, coordination, quality and the patient experience. The reformed approach also means we will better live up to the "health" component of the term "health care" because we will have equally strong incentives for keeping people healthy as we do on delivering high quality, low cost care when needed. ■

In memory of one of UVM's finest teachers, Dr. Ellsworth Amidon (1906-1992). When difficult questions arose, the response often was "Ask Dr. Amidon." Dr. Amidon was the first chair of the Department of Medicine at the UVM College of Medicine and at Mary Fletcher Hospital, where he was also the medical director.





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Calendar

JANUARY

28-31 *Physician Assistant Academy of Vermont Winter Conference. Stowe Mountain Lodge, Stowe, VT. Register at: www.paav.org/registration.html.*

FEBRUARY

20 *Vermont Occupational Therapy Association Annual Conference, Rutland Regional Medical Center, Rutland, VT. Contact: vikidelmass@yahoo.com*

MARCH

31-4/1 *Vermont Nurse Practitioners Association Conference. StoweLake in Stowe, VT. Register at: www.vtnpa.org*

APRIL

2 *Vermont State School Nurses' Association Spring Conference, Hotel Coolidge, White River Junction, VT. Contact: spring-conf@vssna.org*

12 *Blueprint for Health*. Sheraton Conference Center, Burlington, VT.*

13 *Vermont AHEC 2016 Geriatrics Conference.* The Essex, Essex, VT.*

25-29 *Agricultural Medicine Training, The Middlebury Inn, Middlebury, VT. Contact: www.cvahec.org*

MAY

13 *Child Psychiatry in Primary Care*. DoubleTree Hotel, Burlington, VT.*

31-6/3 *Family Medicine Review Course*. Sheraton Conference Center, Burlington, VT.*

NOVEMBER

4 *Bridging the Divide: Primary Care and Public Health Conference.* The Essex, Essex, VT.*

* For more information call: UVM College of Medicine Continuing Medical Education at (802) 656-2292, or go online to <http://cme.uvm.edu>.