



Case STUDY

 **Learning Systems**
for Accountable Care Organizations

OneCare Vermont ACO: Innovation Fund

This case study describes the development and implementation of OneCare Vermont’s Innovation Fund, which distributes grants to local organizations to help improve the quality, cost, and care experience for state residents. Through the Innovation Fund, OneCare was able to tap into the creative insights of its provider community and to find and support diverse, cutting-edge ideas to improve priority outcomes and transform care delivery. OneCare used a systematic approach to solicit, evaluate, and support ideas for innovative programs, attracting 81 proposals and awarding over \$1 million to eight diverse projects in 2019. OneCare’s experience may be informative for accountable care and health care organizations seeking to launch or expand grant-making programs that foster innovation and support health system transformation.

BACKGROUND

OneCare Vermont became a Medicare accountable care organization (ACO) in 2013. Its mission, as a statewide population health organization, is to enhance the effectiveness of patient- and family-centered care for all Vermonters and to optimize the delivery of care, with the goal of improving outcomes and patient experience in support of a sustainable health care system with a predictable rate of growth.

The ACO participated in Track 1 of the Medicare Shared Savings Program and later in the Next Generation ACO model before switching to the Vermont All-Payer ACO model. The Vermont All-Payer model supports the development of a unified, statewide approach to health care reform by encouraging collaboration between Medicare, Medicaid, and commercial payers.¹ This two-sided risk model aligns incentives to achieve three population health goals: (1) increase beneficiaries’ access to primary care, (2) reduce the prevalence of chronic disease in the population, and (3) reduce deaths by suicide and drug overdose. The Green

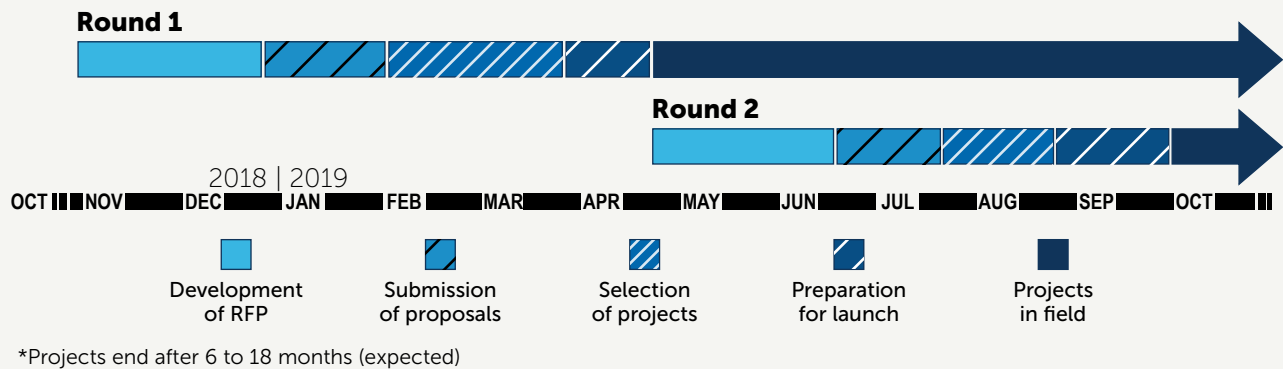
Mountain Care Board² oversees the Vermont All-Payer model in partnership with the Vermont Agency of Human Services and CMS.

As of September 2020, OneCare serves more than 250,000 beneficiaries covered by Medicare, Medicaid, or commercial insurance. The ACO’s network includes 14 hospitals, each located in a unique health service catchment area, as well as 133 primary care practices, 276 specialty care practices, 9 federally qualified health centers, 27 skilled nursing facilities, 10 home health agencies, 11 mental health and substance abuse agencies, and 5 Area Agencies on Aging across the state.

INNOVATION FUND OVERVIEW

OneCare had a long-standing interest in supporting innovation among providers and believed that innovation could catalyze improvement in care and care delivery. The ACO had no shortage of ideas—organizations frequently reached out with project proposals—but it lacked a systematic way to respond to them. Through the Innovation Fund, OneCare created a structured approach to solicit and

Figure 1
Process and timeline for Innovation Fund



choose proposals, thereby ensuring that it was investing in projects with the best chance of positive impact, according to criteria that OneCare established.

The OneCare Innovation Fund’s grant cycles had five phases: (1) developing a request for proposals (RFP) to solicit applications, (2) giving applicants time to prepare proposals, (3) selecting projects using a competitive process and defined criteria, (4) contracting and preparing for launch, and (5) monitoring projects in the field. The hallmark of the program was that grants should fund *innovative* projects that were significantly different from the normal standard of care and were not covered by other payments, such as the ACO’s care management payments. In addition, projects should be scalable and sustainable, likely to improve key outcomes, and in line with OneCare’s areas of interest.

“With the Innovation Fund, OneCare is supporting its network of providers as they imagine the future of health care for Vermonters.”

—Sara Barry, Chief Operating Officer, OneCare

In launching the Fund, OneCare staff chose to offer two rounds of funding so that potential applicants would have multiple opportunities to design and develop their proposals. For the first round, OneCare released its RFP in December 2018 and made awards in March 2019. For the second round, OneCare released the RFP in June 2019 and made awards in August of that year; this timeline is shown in Figure 1.

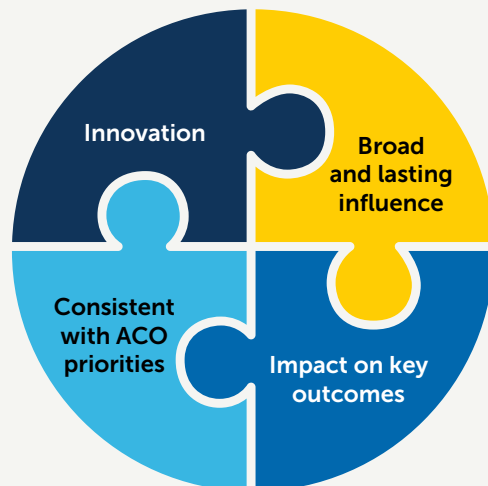
Tyler Gauthier, OneCare’s Director of Value-Based Care, oversaw the project. Assisting him were staff with a range of backgrounds: legal review, contracting, compliance, quality improvement, and communications. OneCare’s Population Health Strategy Committee, which included representatives of diverse stakeholder groups, provided strategic direction to the Fund, including shaping the conceptual framework and selecting projects to be funded.

DESIRED ATTRIBUTES OF PROJECTS TO BE FUNDED

Through the Fund, OneCare sought both to improve the priority outcomes of quality, patient experience, population health, and cost and to promote health system transformation by supporting novel projects with the potential for significant impact. OneCare defined a conceptual framework, consisting of four broad attributes of projects to be funded: innovation, broad and lasting influence, impact on key outcomes, and consistency with organizational and strategic priorities (Figure 2). These elements were communicated to potential applicants via the RFP, used to guide project selection, and revisited when OneCare assessed proposed changes to projects.

Innovation. OneCare believed that the greatest impact would come from funding projects that represented radical departures from

Figure 2
Conceptual framework for projects to be funded



the standard approach to delivering health care and that were not supported by the current payment system. The Fund would not invest in incremental improvement or in services covered by other payments.

Broad and lasting influence. To optimize overall impact, OneCare sought projects that were sustainable and scalable. Sustainable projects could continue beyond the funded period, either because the Fund would cover a one-time start-up cost or because other funding sources were potentially available following proof of concept. Scalable projects had the potential to extend their reach to new sites, populations, or services. OneCare further amplified the influence of funded projects by sharing successes and best practices with outside audiences.

Impact on key outcomes. OneCare funded projects that (1) sought to improve the outcomes of health care quality, patient experience of care, population health, and per capita cost and (2) supported transformation to a value-based delivery system. To increase impact, OneCare prioritized projects that were tailored to higher-risk patients, believing these patients typically have worse outcomes and higher costs compared with lower-risk patients. OneCare also selected projects that used strategies that were supported with evidence of effectiveness. Finally, to support transformation and facilitate progress towards an efficient system, OneCare sought projects that involved partnerships and collaboration to develop and advance integrated systems of care.

Consistency with ACO priorities. OneCare was particularly interested in projects that were consistent with its other internal programs and improvement activities. The ACO’s priority areas included the following:

- Improving access to care
- Improving prevention, screening, and treatment of behavioral health conditions
- Advancing care coordination for high-risk patients by addressing social determinants of health
- Improving the health of patients with multiple chronic conditions
- Slowing the incidence of chronic disease
- Improving patients’ care experience
- Transforming systems of care by increasing alignment or integration among organizations

- Using technology to provide care in new and different ways
- Eliminating inequalities in health

REQUESTING PROPOSALS AND SELECTING PROJECTS

OneCare realized that a competitive RFP process conferred two critical advantages over a more informal process to find and fund novel projects. First, using an RFP enabled OneCare to communicate systematically with potential applicants about how the ACO would support innovation and the characteristics of projects they sought to fund.³ Second, a competitive process enabled OneCare to evaluate projects relative to defined criteria and one another, thereby ensuring that the ACO’s resources supported the most promising projects.

Preparing the RFP

OneCare prepared an RFP that discussed the overarching goal of the fund, described the characteristics of projects sought, and prescribed a format for proposals. The ACO released the first RFP in late December 2018 and offered two informational sessions in early January 2019 so that potential applicants could learn more about the RFP and Fund. OneCare released the second RFP in early June 2019.

“Developing an innovation fund allowed us to systematically collect and evaluate ideas—relative to each other, relative to our core objectives, and for sustainability. We wanted to rapidly test many different things.”

—Tyler Gauthier, Director of Value-Based Care, OneCare

Response to the RFP

The RFP attracted many proposals from a diverse set of organizations; OneCare received 42 proposals in Round 1, and 36 in Round 2, for a total of 78 proposals. These 78 proposals came from 36 lead applicants, which included academic medical centers, community hospitals, federally qualified health centers (FQHCs); physician practices specializing in family medicine, home health agencies; and agencies that serve special populations, such as people with intellectual disabilities and mental health needs (Figure 3). Providers were

Figure 3

Number of proposals received by type of lead applicant



interested in the Fund; two-thirds of the hospitals and half of the FQHCs in the ACO's network submitted applications. In keeping with OneCare's goal of promoting partnerships, many proposals involved several partners.

Evaluation criteria and process

Building on its conceptual framework, OneCare developed criteria to evaluate proposals and select the most promising for funding. The criteria included 50 to 150 points associated with each of the following five domains (Figure 4):

- 1. Level of innovation** refers to whether a project is novel, impactful, and distinctive in terms of community, population, or type of applicant.
- 2. Proposal quality** includes a project's scalability and sustainability.
- 3. Alignment with the Fund's goals** refers to a project's potential to improve key outcomes, support system transformation, and encourage provider collaboration. Reviewers also considered the feasibility of achieving the stated objectives within the project period.
- 4. Alignment with ACO priorities and strategies** refers to whether a project reflects one or more of OneCare's overall focus areas or strategies.
- 5. Soundness of budget** refers to the adequacy and realism of the requested funding amount.

Members of OneCare's Population Health Strategy Committee, with the requisite clinical and policy backgrounds, evaluated proposals relative to the evaluation criteria. In making final selections, they also sought to create a portfolio of projects that was diverse in terms of geographic location, target population, innovative service, and type of lead organization.

Projects selected

OneCare ultimately selected and funded eight projects intended to serve diverse populations, including children, adults with chronic conditions, people with behavioral health conditions, and refugees (Figure 5).⁴ In many instances, the projects delivered services to the full community, not just to OneCare patients. Taking both lead applicants and their partners into account, funds reached a variety of types of organizations, including academic medical centers, a children's hospital, a community hospital, a behavioral health organization, and home health agencies. OneCare offered one-on-one feedback to unsuccessful applicants as part of the notification process, with an eye toward strengthening their future proposals and maintaining relationships.

Figure 4
Five domains used to evaluate proposals

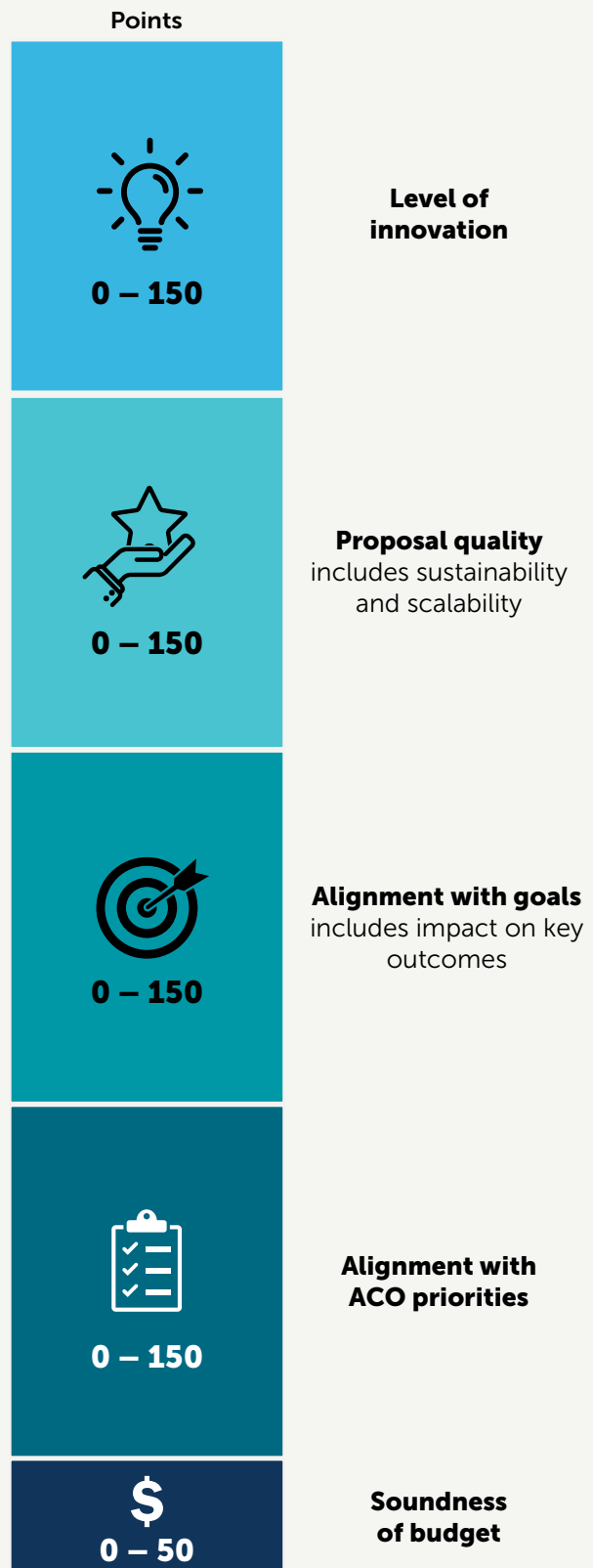


Figure 5
Projects funded by the Innovation Fund

Project name	Intended population
<p>Round 1</p> <p>Youth Psychiatric Urgent Care Model (PUCK) Emergency services tailored to the needs of adolescents, an alternative to a hospital emergency department (ED)</p> <p>Ocular Telehealth in Primary Care Equipment for local clinicians to capture retinal images and access a remote specialist to read them</p> <p>Community-Embedded Well-Child Care for Refugee Communities (or Building Strong Families) Group visits and community services to address both acute health care needs and root causes of medical conditions</p>	<p>Children and adolescents in urgent psychological distress</p> <p>Adults with diabetes served by rural health clinics</p> <p>Refugee and immigrant families</p>
<p>Round 2</p> <p>Wellness Plus Services to promote wellness and prevent chronic conditions</p> <p>TeleFriend Personalized follow-up care delivered by remote clinicians via a specialized tablet</p> <p>Child Psychiatry Consultation Clinic Access to a remote specialist for psychiatric evaluation and consultation, delivered in conjunction with local clinicians</p> <p>TeleCare Connection Remote monitoring of vital signs, customized reminders, nightly in-person check-in, and access to 24-hour remote support</p> <p>Telemonitoring and Home Health Collaboration for ALS Patients In-home care and access to remote specialists</p>	<p>Adults at risk for developing cardiovascular and pulmonary disease</p> <p>Individuals recently discharged from inpatient psychiatric treatment</p> <p>Children with behavioral health needs</p> <p>Individuals returning home after a hospital stay with history of frequent ED use or home health use</p> <p>Patients with amyotrophic lateral sclerosis (ALS)</p>

SUPPORTING PROJECTS IN THE FIELD

After selecting the projects, OneCare finalized contracts to establish mutual expectations regarding performance and payments and to create a process for ongoing project monitoring. The contracts included milestones, a schedule of payments, and initial monitoring metrics, which might also be relevant to program evaluation. OneCare also used its communications platform to publicize the lessons learned and successes from projects, and thereby amplifying impact.

Monitoring projects and responding to change

In monitoring, OneCare sought to ensure that funds were being used appropriately and to support grantees by making necessary adjustments in light of changing circumstances. OneCare required

regular quarterly progress reports to keep in touch with projects and stay informed on obstacles or changes in circumstances. These reports presented outcomes metrics, when possible; described progress toward goals; identified emerging issues and made proposals to address them; and noted plans for the next quarter. Grantees were also required to prepare and submit final reports at the end of the project period.

OneCare developed procedures to enable grantees to be creative in response to new insights and changing circumstances, while safeguarding the mission of the Fund. When necessary, OneCare worked with grantees one-on-one to assess possible project modifications, applying the same criteria used for project selection. For example, one project initially focused on bringing immigrant families together at its facility. When group visits became impossible because of COVID-19, OneCare approved a modified design of working with families individually. Another

project provided in-person visits to people at risk of developing chronic disease. When such visits became difficult because of the public health emergency, OneCare allowed the grantee to pause operations until conditions became more favorable. In another example, OneCare approved a paramedicine project, but it soon became clear that the project was untenable because of staff turnover and licensing challenges. The grantee proposed an alternate project related to care coordination, but OneCare determined that the alternative did not fit the Fund's innovation criterion and terminated the grant.

Measuring progress and impact

OneCare required projects to define and report on outcomes metrics, to the extent possible; not only would such metrics enable OneCare to monitor progress, but after project completion, they might also provide evidence to inform decisions about whether to continue or expand operations. Throughout the grant program, OneCare pursued the best metrics available but was also flexible and realistic in light of data limitations and changing circumstances. Some applicants proposed metrics with readily available data sources, such as counts of services or clients. However, other proposed metrics required data with limited accessibility. For example, several grantees initially proposed metrics on emergency department visits, but they could neither access the data directly nor rely on OneCare, which only had data on patients of the ACO, whereas many projects served all eligible Vermonters. In these cases, OneCare and the projects selected substitute measures, such as qualitative and patient-reported data.

As projects evolved, metrics evolved with them. For example, OneCare approved updated metrics when a project that offered care to adolescents in crisis was successful enough to expand the number of schools and age groups served midway through the project period.

Sharing knowledge and successes

OneCare used its communications channel to inform wider audiences about the work of the Fund and to share progress, highlight innovations, and describe best practices. Once projects were selected, the OneCare communications team developed a press release to draw attention to the new project. These press releases, which included short project descriptions and quotes from OneCare and grantees, informed articles released by local news outlets.⁵

The communications team also published blog posts about the projects on the OneCare website. For example, a blog post from October 2019 described an open house held at the clinic for refugee families, and another post in July 2020 described how services had been adapted in response to families' changing needs and the pandemic.⁶

OneCare also used its virtual "Noontime Knowledge" sessions to disseminate best practices from one of the Fund's projects, TeleCare Connection. These sessions offered regular opportunities

for Vermont clinicians to learn about improvements in health care delivery and to receive credits toward continuing education requirements. To maximize impact and reach, staff from the TeleCare program presented their insights and findings, and OneCare staff moderated the discussion.⁷

REFLECTIONS AND LESSONS LEARNED

After two years of running the program, OneCare reflected on its successes and challenges. The ACO noted the following lessons learned, which might help other organizations that are considering grant making:

- **Know what you're looking for.** Early on, OneCare staff invested significant time in fleshing out the conceptual framework, particularly the working definition of "innovation." Innovation Fund staff agreed that this clarity and precision about goals was helpful throughout the project.
- **Consider a competitive RFP process, with a single round of funding every one or two years.** The competitive RFP process generated a rich set of proposals and helped OneCare select the most promising applicants. But staff at OneCare found that juggling several overlapping grant cycles was time consuming, particularly given the contract modifications required by unforeseen events in 2020. Staff agreed that a single round of grants each year, or even one round every two years, would be more efficient.
- **Be realistic and flexible about measurement.** OneCare recognized that metrics for the desired outcomes were not always available because of data limitations and that, in some cases, metrics should evolve alongside programs and circumstances. Even when measurement challenges precluded highly structured evaluations, OneCare saw that projects could still yield valuable insights into best practices, promising avenues for future programs, and anecdotal evidence of success.
- **Recognize that grant-making is a team sport.** Mr. Gauthier described the ideal staffing model as a dedicated staff person to coordinate the grant program, supported by a diverse team, including people with legal, compliance, quality improvement, and analytics backgrounds. This team should be involved from the start.

NEXT STEPS

OneCare staff continue to monitor ongoing projects and look forward to receiving final reports once projects are complete. They continue to share their success and publicize best practices through education and social media. OneCare has not budgeted for another round of grants this year because of fiscal pressures related to the COVID-19 public health emergency, but it would consider another round later. Mr. Gauthier reported that a few people contact him each month to share project ideas and ask when the next RFP will be released.

ENDNOTES

¹For more information on Vermont's All-Payer ACO Model, visit <https://innovation.cms.gov/innovation-models/vermont-all-payer-aco-model>.

²For more information on the Green Mountain Care Board, visit <https://gmcboard.vermont.gov/>.

³OneCare's RFP for the second round of funding is available at <https://www.onecarevt.org/apply-to-the-aco-innovation-fund-second-round/>.

⁴A ninth project, focused on paramedicine, was initially selected but was ultimately not funded, because of implementation challenges.

⁵OneCare's first-round press release is available at <https://www.onecarevt.org/wp-content/uploads/2019/06/2019-Innovation-Fund-press-release.pdf>. The second-round press release is available at <https://www.onecarevt.org/innovation-fund-round-2/>.

⁶OneCare's blog posts on Building Strong Families and PUCK are available at <https://www.onecarevt.org/?s=building+strong+families> and <https://www.onecarevt.org/?s=PUCK>.

⁷For an example of slides from a knowledge session, see these slides from the TeleCare Connection: <https://www.onecarevt.org/wp-content/uploads/2020/09/Noontime-Knowledge-PowerPoint-Presentation-Telecare-Connection.pdf>

About the ACO Learning Systems project

This case study was prepared on behalf of CMS's Innovation Center by Marian Wrobel of Mathematica under the Learning Systems for ACOs contract (HHSM-500-2014-000341/HHSM-500-T0006). CMS released this case study in February 2021. We are tremendously grateful Tyler Gauthier and Maureen Fraser of OneCare Vermont for participating in this case study.

For more information, contact the Vermont All-Payer Model Learning System at ACOLearningActivities@mathematica-mpr.com

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