Vermont SIM Initiative

Pre-SIM Landscape

**Medicaid Managed Care**
Through its “Global Commitment” 1115 waiver, Vermont functions as the managed care entity for its Medicaid enrollees.

**Health Information Exchange**
Established in 2007 through the Office of the National Coordinator for Health Information Technology to support meaningful use.

**Patient-Centered Medical Home Model**
All major commercial and public payers have participated in Blueprint for Health since 2008.

**Green Mountain Care Board**
Independent entity tasked with expanding health care reform and moderating costs through regulation, innovation, and evaluation.

**Accountable Care Organizations**
Two ACOs began full-year participation through the Medicare Shared Savings Program in 2013.

**Strategies**
Symbols represent strategies that build on efforts that pre-date SIM.

**Expand ACO models**
Vermont piloted new Shared Savings Programs for its Medicaid and commercially insured populations, that later evolved into an all-payer ACO model.

**Support practice transformation**
Vermont supported providers via innovation grants and learning collaboratives.

**Incentivize quality**
Vermont implemented a pay-for-performance program to improve quality and better support Blueprint for Health providers financially.

**Strengthen health data infrastructure**
Vermont invested in EHR expansion and HIE connectivity and implemented a behavioral health data repository, event notification system, and telehealth pilots.

**Reach**
As of December 2016

Nearly half (46%) of Vermont’s total Medicaid population was served by the state’s ACO model.

**ACO**
- Medicaid: 46%
- Commercial: 13%
- Medicare: 44%

**PCMH**
- Medicaid: 23%
- Commercial: 56%
- Medicare: 20%

Award: $45 million

**Medicaid Managed Care**
- 23% of state population

**Health Information Exchange**
- 56% of state population

**Patient-Centered Medical Home Model**
- 20% of state population

**Green Mountain Care Board**
- 70%

**Accountable Care Organizations**
- 37%

**ACO = accountable care organization; EHR = electronic health record; HIE = health information exchange; PCMH = patient-centered medical home**
Vermont’s efforts were accelerated by the prior foundation of reforms and the existing infrastructure.

Wide-scale, state-based reforms require willingness to adapt to evolving priorities and needs.

Stakeholder engagement requires significant staff resources and is critical to gaining buy-in and sustaining momentum for reforms.

Because the Medicaid SSP builds on and complements Vermont’s strong existing health reform initiatives, including the Blueprint for Health, positive results cannot be attributed solely to ACO and SIM Initiative efforts.

Attributing comparison group providers who participated in the commercial SSP could bias the results to the null. Attributing comparison group providers who chose not to participate in any ACO could bias the results away from the null.

Population changes (e.g., Medicaid expansion) may have affected the Medicaid SSP and comparison groups differently. This was mitigated through propensity score weighting of the samples each year to balance on key characteristics.

Lessons Learned

- Vermont’s efforts were accelerated by the prior foundation of reforms and the existing infrastructure.
- Wide-scale, state-based reforms require willingness to adapt to evolving priorities and needs.
- Stakeholder engagement requires significant staff resources and is critical to gaining buy-in and sustaining momentum for reforms.

ACO = accountable care organization; CG = comparison group; ED = emergency department; PBPM = per beneficiary per month; SSP = Shared Savings Program