




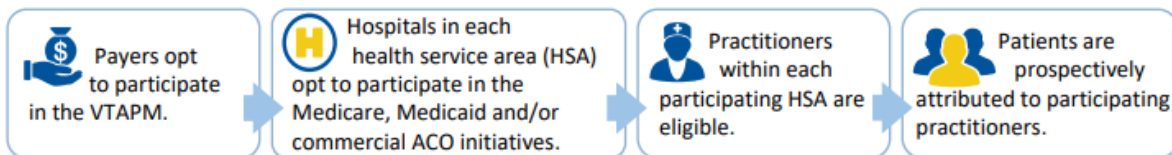


## Vermont ACO Fast Facts

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|---|---|---|
|  <p><b>Coordinated Care</b><br/>1 ACOs serving patients statewide.</p> |  <p><b>Improved Population Health</b><br/>62,392 Medicare beneficiaries in VT.</p> |  <p><b>Lower Costs</b><br/>\$686 gross spending reduction per Medicare beneficiary over 4 years, a net reduction of 5.7%</p> |
|---|---|---|

**Accountable Care Organizations (ACOs)** are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in delivering high-quality care and spending health care dollars more wisely, the ACO will share in the savings it generates with Medicare. In 2022, ACOs generated **\$4.3 billion** in gross savings of which **\$1.8 billion** was returned to the Medicare trust fund. ACOs have generated **\$21 billion** in gross savings over the last decade.

The **Vermont All-Payer Accountable Care Organization (ACO) Model (VTAPM)** was designed to test whether scaling an ACO structure across all major payers in the state can incentivize broad delivery system transformation to reduce statewide spending and improve population health outcomes. The model builds on nearly two decades of primary care and population health investments in Vermont and a statewide culture of reform.



A CMS [fact sheet](#) highlighting the program’s performance is available.