

Shared Savings Program Public Reporting Template

ACO Name and Location

Duke Connected Care, LLC
Previous Names: N/A
3100 Tower Blvd, Ste 110
Box 104301
Durham, NC 27707

ACO Primary Contact

<i>Primary Contact Name</i>	Devdutta Sangvai, M.D., M.B.A.
<i>Primary Contact Phone Number</i>	919.613.9719
<i>Primary Contact Email Address</i>	devdutta.sangvai@duke.edu

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Beckford Avenue Medical Center, P.A.	N
Blue Ridge Dermatology Associates	N
Carolina Family Health Centers, Inc	N
Cary Children's Clinic PC	N
DLP Maria Parham Medical Center, LLC	N
DLP Maria Parham Physician Practices, LLC	N
DLP Wilson Physician Practices, LLC	N
Duke University Affiliated Physicians Inc	N
Duke University Health System Inc	N
Internal Medicine of Wakefield	N
Lincoln Community Health Center, Inc.	N
North State Medical Center	N
Primary Medical Care	N
Private Diagnostic Clinic, PLLC	N
Roxboro Internal Medicine & Pediatrics, P.A.	N
Roxboro Medical Associates, P.A.	N

Sundar Internal Medicine Associates, PA	N
Triangle Community Physicians, PA	N
Vance Family Medicine, P.A.	N

ACO Governing Body:

Member			Member's Voting Power –Expressed as a number	Membership Type -	ACO Participant Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Sangvai	Devdutta	Chair	1	ACO participant representative	N/A
Anderson	John	Member	1	ACO participant representative	Duke University Affiliated Physicians Inc
Owens	Thomas	Member	1	ACO participant representative	Duke University Health System Inc
Blake	Cameron	Member	1	ACO participant representative	Private Diagnostic Clinic, PLLC
Lipkin	Michael	Member	1	ACO participant representative	Private Diagnostic Clinic, PLLC
Aniekwensi	Francis	Member	1	ACO participant representative	Beckford Avenue Medical Center, P.A.
Klein	Kombiz	Member	1	ACO participant representative	Triangle Community Physicians, PA

In lieu of a Medicare beneficiary representative on its Governing Body, Duke Connected Care (DCC) received permission from CMS to create a separate Beneficiary Representative Committee (BRC) consisting at least three Medicare beneficiaries served by DCC. The BRC is responsible for making recommendations to the Governing Body regarding several key functions and areas, including establishing physician participation standards; endorsing a quality assurance and improvement plan; endorsing a patient engagement plan; and endorsing a clinical performance incentive plan, which includes a means of ensuring the meaningful commitment of participants and providers and the distribution of any shared savings to participants. All BRC recommendations are made directly to the Governing Body for its review and comment.

Key ACO Clinical and Administrative Leadership:

Devdutta Sangvai, MD, MBA	ACO Executive
John Anderson, MD, MPH	Medical Director
Colleen Shannon, JD	Compliance Officer
John Paat, MD	Quality Assurance/Improvement Officer

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Operating Committee	John Anderson, MD, MPH, Chair
Beneficiary Representative Committee	Aaron West, Chair
Performance Improvement Subcommittee	John Paat, MD, Chair
Payer Strategy & Contracting Subcommittee	Bill Schiff, MHA, Chair
CIN Development & Credentialing Subcommittee	Harry Phillips, MD, Chair

Types of ACO Participants, or Combinations of Participants, That Formed the ACO:

- Federally Qualified Health Center (FQHC)
- ACO professionals in a group practice arrangement
- Hospital employing ACO professionals
- Networks of individual practices of ACO professionals
- Rural Health Clinic (RHC)

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Second Agreement Period
 - Performance Year 2020: \$23,006,864
 - Performance Year 2019: \$19,217,065
 - Performance Year 2018: \$0
 - Performance Year 2017: \$9,483,194
- First Agreement Period
 - Performance Year 2016: \$0
 - Performance Year 2015: \$0
 - Performance Year 2014: \$0

Shared Savings Distribution:

- Second Agreement Period
 - Performance Year 2020
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2019
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 25%

- Proportion of distribution to ACO participants: 75%
 - Performance Year 2018
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
 - Performance Year 2017
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 75%
- First Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
 - Performance Year 2015
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
 - Performance Year 2014
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A

Quality Performance Results

2020 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	NA ¹	NA ¹
ACO-2	CAHPS: How Well Your Providers Communicate	NA ¹	NA ¹
ACO-3	CAHPS: Patients' Rating of Provider	NA ¹	NA ¹
ACO-4	CAHPS: Access to Specialists	NA ¹	NA ¹
ACO-5	CAHPS: Health Promotion and Education	NA ¹	NA ¹
ACO-6	CAHPS: Shared Decision Making	NA ¹	NA ¹
ACO-7	CAHPS: Health Status/Functional Status	NA ¹	NA ¹
ACO-34	CAHPS: Stewardship of Patient Resources	NA ¹	NA ¹

ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91)	0.83 ²	0.95
ACO-13	Falls: Screening for Future Fall Risk	97.24	84.97
ACO-14	Preventive Care and Screening: Influenza Immunization	84.82	76.03
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	90.32	81.67
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	57.20	71.46
ACO-19	Colorectal Cancer Screening	70.36	72.59
ACO-20	Breast Cancer Screening	83.40	74.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	91.33	83.37
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	12.21 ²	14.70
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	72.18	72.87
ACO-45	CAHPS: Courteous and Helpful Office Staff	NA ¹	NA ¹
ACO-46	CAHPS: Care Coordination	NA ¹	NA ¹

For Previous Years' Financial and Quality Performance Results, Please Visit data.cms.gov.

1. CMS waived the CAHPS for ACOs reporting requirement for Performance Year 2020 and will assign all ACOs automatic credit for each of the CAHPS survey measures within the patient/caregiver experience domain (85 FR 84472).
2. For the following measures, a lower performance rate is indicative of better performance: ACO-8, ACO-27, ACO-38, ACO-43
3. Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low sample size. The Centers for Medicare & Medicaid Services (CMS) also waived the requirement for ACOs to field a CAHPS for ACOs survey for PY 2020 through the Physician Fee Schedule Final Rule for Calendar Year 2021. Additionally, CMS reverted ACO-8 Risk-Standardized, All Condition Readmission and ACO-38 Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions to pay-for-reporting, given the impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE) on these measures.

Payment Rule Waivers

- Yes, our ACO does use the SNF 3-Day Rule Waiver.