

SHARED SAVINGS PROGRAM PUBLIC REPORTING TEMPLATE

ACO Name and Location

Duke Connected Care, LLC
Previous Names: N/A
3100 Tower Blvd, Ste 1100
Durham, NC 27707

ACO Primary Contact

Primary Contact Name: Jennifer Smith
Primary Contact Phone Number: 919-613-9719
Primary Contact Email Address: Jennifer.Smith730@Duke.edu

Organizational Information

ACO Participants:

| ACO Participants | ACO Participant in Joint Venture |
|--|----------------------------------|
| Beckford Avenue Medical Center, P.A. | N |
| BLUE RIDGE DERMATOLOGY ASSOCIATES | N |
| CAROLINA EAR NOSE & THROAT PA | N |
| Carolina Family Health Centers, Inc | N |
| CAROLINA PRIMARY CARE AND WOMEN'S HEALTH, PA | N |
| CARY CHILDRENS CLINIC PC | N |
| CARYMED PRIMARY CARE PA | N |
| DLP CENTRAL CAROLINA MEDICAL GROUP LLC | N |
| DLP Maria Parham Medical Center, LLC | N |
| DLP Maria Parham Physician Practices, LLC | N |
| DLP PERSON PHYSICIAN PRACTICES LLC | N |
| DLP Wilson Physician Practices, LLC | N |
| DUKE HEALTH INTEGRATED PRACTICE INC | N |
| Duke University Affiliated Physicians Inc | N |
| Duke University Health System Inc | N |
| IMPACT HEALTHCARE, P.A. | N |
| Lincoln Community Health Center, Inc. | N |
| NORTH CAROLINA DERMATOLOGY ASSOCIATES PLLC | N |
| North State Medical Center, PA | N |
| PERSON FAMILY MEDICAL CENTER INCORPORATED | N |

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|---|---|
| Primary Medical Care | N |
| Private Diagnostic Clinic, PLLC | N |
| Roxboro Medical Associates, P.A. | N |
| SOUTHPOINT FAMILY MEDICINE, PLLC | N |
| SOUTHWEST DURHAM FAMILY MEDICINE, PLLC | N |
| Sundar Internal Medicine Associates, PA | N |
| TRIANGLE KIDNEY ASSOCIATES PLLC | N |
| TRIANGLE PRIMARY CARE ASSOCIATES, PLLC | N |
| WILSON MEDICAL GROUP, PLLC | N |

ACO Governing Body:

| Member First Name | Member Last Name | Member Title/Position | Member's Voting Power (Expressed as a percentage) | Membership Type | ACO Participant Legal Business Name, if applicable |
|-------------------|------------------|-----------------------|---|--------------------------------|--|
| John | Yeatts | Chair | 14% (1/7) | ACO participant representative | Duke Connected Care |
| Kevin | Shah | Manager | 14% (1/7) | ACO participant representative | Duke University Affiliated Physicians |
| Adia | Ross | Manager | 14% (1/7) | ACO participant representative | Duke University Health System |
| Blake | Cameron | Manager | 14% (1/7) | ACO participant representative | Duke Health Integrated Practices |
| Michael | Lipkin | Manager | 14% (1/7) | ACO participant representative | Duke Health Integrated Practices |
| Francis | Aniekwensi | Manager | 14% (1/7) | ACO participant representative | Beckford Avenue Medical Center |
| Abrahan | Chaparro | Manager | 14% (1/7) | ACO participant representative | Carolina Family Health Centers |

Key ACO Clinical and Administrative Leadership:

ACO Executive: John Yeatts, MD, MPH
Medical Director: John Yeatts, MD, MPH
Compliance Officer: Colleen Shannon, JD
Quality Assurance/Improvement Officer: John Paat, MD

Associated Committees and Committee Leadership:

| Committee Name | Committee Leader Name and Position |
|--|------------------------------------|
| Operating Committee | Vacant |
| Beneficiary Representative Committee | Jennifer Smith, Chair |
| Performance Improvement Subcommittee | John Paat, MD, Chair |
| Payer Strategy & Contracting Subcommittee | Stuart Smith |
| 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 2022: \$13,976,853
- Performance Year 2021: \$0
- Performance Year 2020: \$16,715,924
- Performance Year 2019: \$14,169,583
- 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 2022
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 75%
- Performance Year 2021: NA
 - 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

2022 Quality Performance Results:

Quality performance results are based on the CMS Web Interface collection type.

| Measure # | Measure Name | Collection Type | Rate | ACO Mean |
|-----------------|---|-----------------|-------|----------|
| CAHPS-1 | CAHPS: Getting Timely Care, Appointments, and Information | CAHPS for MIPS | 77.98 | 83.96 |
| CAHPS-2 | CAHPS: How Well Your Providers Communicate | CAHPS for MIPS | 93.11 | 93.47 |
| CAHPS-3 | CAHPS: Patients' Rating of Provider | CAHPS for MIPS | 92.20 | 92.06 |
| CAHPS-4 | CAHPS: Access to Specialists | CAHPS for MIPS | 69.40 | 77.00 |
| CAHPS-5 | CAHPS: Health Promotion and Education | CAHPS for MIPS | 66.78 | 62.68 |
| CAHPS-6 | CAHPS: Shared Decision Making | CAHPS for MIPS | 59.49 | 60.97 |
| CAHPS-7 | CAHPS: Health Status/Functional Status | CAHPS for MIPS | 74.10 | 73.06 |
| CAHPS-8 | CAHPS: Care Coordination | CAHPS for MIPS | 84.74 | 73.06 |
| CAHPS-9 | CAHPS: Courteous and Helpful Office Staff | CAHPS for MIPS | 92.76 | 91.97 |
| CAHPS-11 | CAHPS: Stewardship of Patient Resources | CAHPS for MIPS | 25.56 | 25.62 |
| Quality ID# 001 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1] | Web Interface | 8.53* | 10.71 |
| Quality ID# 110 | Preventive Care and Screening: Influenza Immunization | Web Interface | 91.16 | 77.34 |
| Quality ID# 112 | Breast Cancer Screening | Web Interface | 83.78 | 78.07 |
| Quality ID# 113 | Colorectal Cancer Screening | Web Interface | 75.76 | 75.32 |
| Quality ID# 134 | Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan | Web Interface | 76.52 | 76.97 |

| | | | | |
|-----------------|--|-----------------------|---------|--------|
| Quality ID# 226 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Web Interface | 82.35 | 79.27 |
| Quality ID# 236 | Controlling High Blood Pressure | Web Interface | 77.43 | 76.16 |
| Quality ID# 318 | Falls: Screening for Future Fall Risk | Web Interface | 98.99 | 87.83 |
| Quality ID# 370 | Depression Remission at Twelve Months | Web Interface | 5.56* | 16.03 |
| Quality ID# 438 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | Web Interface | 90.88 | 86.37 |
| Quality ID# 479 | Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1] | Administrative Claims | 0.1420* | 0.1510 |
| Quality ID# 484 | Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1] | Administrative Claims | 30.32* | 30.97 |

** For these measures, a lower performance rate is indicative of better performance.*

For previous years' Financial and Quality Performance Results, please visit: [Data.cms.gov](https://data.cms.gov)

Payment Rule Waivers

Skilled Nursing Facility (SNF) 3-Day Rule Waiver:

- Our ACO uses the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612.

Waiver for Payment for Telehealth Services:

- Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.61.

Fraud and Abuse Waivers

- On April 6, 2023, the DCC Board of Managers approved a participation waiver for the fiscal year 2024 operating budget funded by Duke University Health System. The funding provides for expenses related to personnel, services, goods, and facilities to support care coordination, beneficiary and provider engagement, and analytics services.
- On April 25, 2022, the DCC Board of Managers approved a participation waiver for the fiscal year 2023 operating budget funded by Duke University Health System. The funding provides for expenses related to personnel, services, goods, and facilities to support care coordination, beneficiary and provider engagement, and analytics services.
- On May 6, 2021, the DCC Board of Managers approved a participation waiver for the fiscal year 2022 operating budget funded by Duke University Health System. The funding provides for operating and capital expenses related to personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.
- On March 30, 2020, the DCC Board of Managers approved a participation waiver for the fiscal year 2021 operating budget funded by DUHS. The funding provides for operating and capital expenses related to personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.
- On May 2, 2019, the DCC Board of Managers approved a participation waiver for the fiscal year 2020 operating budget funded by DUHS. The funding provides for operating and capital expenses related to personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.
- On May 10, 2018, the DCC Board of Managers approved a participation waiver for the fiscal year 2019 operating budget funded by DUHS. The funding provides for operating and capital expenses related to personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.
- On May 11, 2017, the DCC Board of Managers approved a participation waiver for the fiscal year 2018 operating budget funded by DUHS. The funding provides for operating and capital expenses related to

personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.

- On April 9, 2016, the DCC Board of Managers approved a participation waiver for the fiscal year 2017 operating budget funded by DUHS. The funding provides for operating and capital expenses related to personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.
- On April 14, 2015, the DCC Board of Managers approved a participation waiver for the fiscal year 2016 operating budget funded by DUHS. The funding provided for operating and capital expenses related to personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.
- On January 13, 2015, DCC's Board of Managers approved a participation waiver for operating budgets for fiscal years 2014 and 2015 funded by DUHS. The funding provided for operating and capital expenses related to personnel, services, goods, and facilities to support improved care coordination, beneficiary and provider communications and engagement, and analytics services.
- On Dec 19, 2013, DCC's Board of Managers approved a pre-participation waiver for start-up expenses in an operating budget that were funded by Duke University Health System (DUHS). The arrangement provided in-kind staffing from DUHS for MSSP application and start up activities, and funding of legal and consulting services, and membership and meetings of the National Association of ACOs.