

# 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
CARY CHILDRENS CLINIC PC	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
Primary Medical Care	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 PRIMARY CARE ASSOCIATES, 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
Kevin	Shah	Chair	14% (1/7)	ACO participant representative	Duke University Affiliated Physicians
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
Jonthan	Bae	Manager	14% (1/7)	ACO participant representative	Duke University Hospital
Verrappan	Sundar	Manager	14% (1/7)	ACO participant representative	Sundar Internal Medicine Associates
David	Halpern	Manager	14% (1/7)	ACO participant representative	Duke University Affiliated Physicians

### *Key ACO Clinical and Administrative Leadership:*

ACO Executive: Kevin Shah, MD

Chief Operating Officer: Daniel Costello, MPA

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, Chair
CIN Development & Credentialing Subcommittee	Paul Mosca, 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:*

#### Third Agreement Period

- Performance Year 2025: N/A
- Performance Year 2024: \$18,644,549
- Performance Year 2023: \$13,611,708
- Performance Year 2022: \$13,976,853

#### Second Agreement Period

- Performance Year 2021: \$0
- Performance Year 2020: \$16,715,924
- Performance Year 2019: \$14,169,583
- Performance Year 2018: \$0

#### First Agreement Period

- Performance Year 2017: \$9,483,194
- Performance Year 2016: \$0
- Performance Year 2015: \$0
- Performance Year 2014: \$0

### *Shared Savings Distribution:*

#### Third Agreement Period

- Performance Year 2025
  - 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 2024
  - 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 2023
  - Proportion invested in infrastructure: 0%
  - Proportion invested in redesigned care processes/resources: 25%
  - Proportion of distribution to ACO participants: 75%
- Performance Year 2022
  - Proportion invested in infrastructure: 0%
  - Proportion invested in redesigned care processes/resources: 25%
  - Proportion of distribution to ACO participants: 75%

#### Second Agreement Period

- 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

#### First Agreement Period

- Performance Year 2017
  - Proportion invested in infrastructure: 0%
  - Proportion invested in redesigned care processes/resources: 25%
  - Proportion of distribution to ACO participants: 75%
- 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

### *2024 Quality Performance Results:*

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

Measure ID	Measure Title	Performance Rate (%)	Collection Type	Current Year Mean Performance Rate (Shared Savings Program ACOs) (%)
CAHPS-1	Getting Timely Care, Appointments, and Information	79.93	CAHPS for MIPS	83.70
CAHPS-2	How Well Providers Communicate	95.27	CAHPS for MIPS	93.96
CAHPS-3	Patient's Rating of Provider	92.87	CAHPS for MIPS	92.43
CAHPS-4	Access to Specialists	71.74	CAHPS for MIPS	75.76
CAHPS-5	Health Promotion and Education	71.90	CAHPS for MIPS	65.48
CAHPS-6	Shared Decision-Making	54.87	CAHPS for MIPS	62.31
CAHPS-7	Health Status and Functional Status	74.30	CAHPS for MIPS	74.14
CAHPS-8	Care Coordination	87.54	CAHPS for MIPS	85.89
CAHPS-9	Courteous and Helpful Office Staff	93.61	CAHPS for MIPS	92.89
CAHPS-11	Stewardship of Patient Resources	28.71	CAHPS for MIPS	26.98
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) *	5.19	Web Interface	9.44
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	91.17	Web Interface	68.60
Quality ID#: 112	Breast Cancer Screening	85.67	Web Interface	80.93

Quality ID#: 113	Colorectal Cancer Screening	90.27	Web Interface	77.81
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	77.62	Web Interface	81.46
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	83.33	Web Interface	79.98
Quality ID#: 236	Controlling High Blood Pressure	78.30	Web Interface	79.49
Quality ID#: 318	Falls: Screening for Future Fall Risk	99.00	Web Interface	88.99
Quality ID#: 370	Depression Remission at Twelve Months	6.67	Web Interface	17.35
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	91.41	Web Interface	86.50
Measure #479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups *	0.1490	Administrative Claims	0.1517
Measure #484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions *	35.30	Administrative Claims	37.00

\* 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 16, 2025, the DCC Board of Managers approved a participation waiver for the fiscal year 2026 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 to improve performance.
- On May 2, 2024, the DCC Board of Managers approved a participation waiver for the fiscal year 2025 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 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.