

SHARED SAVINGS PROGRAM PUBLIC REPORTING TEMPLATE

ACO Name and Location

Duke Connected Care, LLC
Trade Name/DBA: Duke Connected Care, LLC
3100 Tower Blvd, Ste 1100
Durham, NC 27707, USA

ACO Primary Contact

Jennifer Smith, *Director, Marketing Communications*
(919) 613-9719
DukeConnectedCare@Duke.edu

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Beckford Avenue Medical Center, P.A.	No
BLUE RIDGE DERMATOLOGY ASSOCIATES	No
CARY CHILDRENS CLINIC PC	No
DUKE HEALTH INTEGRATED PRACTICE INC	No
Duke University Affiliated Physicians Inc	No
Duke University Health System Inc	No
IMPACT HEALTHCARE, P.A.	No
Lincoln Community Health Center, Inc.	No
NORTH CAROLINA DERMATOLOGY ASSOCIATES PLLC	No
North State Medical Center, PA	No
Primary Medical Care	No
Roxboro Medical Associates, P.A.	No
SOUTHPOINT FAMILY MEDICINE, PLLC	No
SOUTHWEST DURHAM FAMILY MEDICINE, PLLC	No
Sundar Internal Medicine Associates, PA	No
TRIANGLE PRIMARY CARE ASSOCIATES, PLLC	No

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, Voting Member	14.2% (1/7)	ACO participant representative	Duke University Affiliated Physicians Inc
Blake	Cameron	Voting Member	14.3% (1/7)	ACO participant representative	Duke Health Integrated Practices Inc
Michael	Lipkin	Voting Member	14.3% (1/7)	ACO participant representative	Duke Health Integrated Practices Inc
Francis	Aniekwensi	Voting Member	14.3% (1/7)	ACO participant representative	Beckford Avenue Medical Center, P.A.
Jonthan	Bae	Voting Member	14.3% (1/7)	ACO participant representative	Duke University Health System Inc
Verrappan	Sundar	Voting Member	14.3% (1/7)	ACO participant representative	Sundar Internal Medicine Associates, PA
David	Halpern	Voting Member	14.3% (1/7)	ACO participant representative	Duke University Affiliated Physicians Inc

Key ACO Clinical and Administrative Leadership:

ACO Executive: Daniel Costello

Compliance Officer: Daniel Costello

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 <i>Director, Marketing Communications</i>
Performance Improvement Subcommittee	John Paat, MD, ACO <i>Quality and Safety, Duke Health Integrated</i>
Payer Strategy & Contracting Subcommittee	Stuart Smith <i>Chief Financial Officer</i>
CIN Development & Credentialing Subcommittee	Paul Mosca, MD, PhD <i>Chief Quality Officer, Duke Quality Network</i>

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: \$18,644,549.24
- Performance Year 2023: \$13,611,708.91
- Performance Year 2022: \$13,976,853

Second Agreement Period

- Performance Year 2021: \$0
- Performance Year 2020: \$16,715,924.30
- Performance Year 2019: \$14,169,582.97
- Performance Year 2018: \$0

First Agreement Period

- Performance Year 2017: \$9,483,193.82
- 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: 0%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 75%
- Performance Year 2024
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 75%
- 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 #	Measure Title	Collection Type	Performance Rate	Current Year Mean Performance Rate (Shared Savings Program ACOs)
321	CAHPS for MIPS	CAHPS for MIPS Survey	6.77	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.149	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	35.3	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	99	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	91.17	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	83.33	79.98
113	Colorectal Cancer Screening	CMS Web Interface	90.27	77.81
112	Breast Cancer Screening	CMS Web Interface	85.67	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	91.41	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	6.67	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	5.19	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up plan	CMS Web Interface	77.62	81.46

236	Controlling High Blood Pressure	CMS Web Interface	78.3	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	79.93	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.27	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	92.87	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	71.74	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	71.9	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	54.87	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	74.3	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	87.54	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.61	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	28.71	26.98

**For Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [Quality ID #001], Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [Measure #479], and Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], a lower performance rate indicates better measure performance.*

**For Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], patients are excluded if they were attributed to Qualifying Alternative Payment Model (APM) Participants (QPs). Most providers participating in Track E and ENHANCED track ACOs are QPs, and so performance rates for Track E and ENHANCED track ACOs may not be representative of the care provided by these ACOs' providers overall. Additionally, many of these ACOs do not have a performance rate calculated due to not meeting the minimum of 18 beneficiaries attributed to non-OP providers.*

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.