

# ACO Board of Directors Meeting, February 2021 - SUBJECT TO CHANGE

Feb 15, 2021 5:30 PM - 6:30 PM EST

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# **NOTICE OF MEETING**

## **NORTH BROWARD HOSPITAL DISTRICT**

### **ACO BOARD OF DIRECTORS**

The ACO Board of Directors of the North Broward Hospital District will be held on Monday, February 15, 2021, at 5:30 PM through communications media technology in accordance with North Broward Hospital District's Resolution FY21-09. The purpose of this Board meeting is to review and consider any matters within the Board's jurisdiction.

This public meeting may be accessed by dialing (650) 479-3208, and when prompted, use the Meeting Access Code 180 481 6645 and set your phone to MUTE.

Any person who decides to appeal any decision made by the ACO Board with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Meeting Name: ACO Board of Directors  
Date February 15, 2021  
Start Time: 5:30 pm  
Held via WebEx

**EXHIBIT II**

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AGENDA (subject to change)

- I. Notice of Meeting
  - II. Call to Order K. Foster
  - III. Roll Call D. Tomon
    - Keith Foster, MD, President
    - Jon Albee
    - Aldo Calvo, MD
    - Modesto Gato
    - Husman Khan, MD
    - Joshua Lenchus, DO
    - Avinash Persad, MD
  - IV. Public Comments
  - V. Approval of ACO minutes dated January 13, 2021 K. Foster
  - VI. Open Board Positions G. Goldsmith
  - VII. Broward Health System Update A. Goldsmith
  - VIII. Corporate Compliance: Conflict of Interest Annual Survey B. Kozik
  - IX. Medicare ACO G. Goldsmith
    - A. Medicare ACO Application N. Ortiz
  - X. Subcommittee Updates:
    - A. Clinical Practice Guidelines and Protocols Dr. Calvo/G. Malcolm
      - 1. New Guidelines for Board Approval
        - a. 2020 COA Medication Review Guideline
        - b. 2020 COA Pain Assessment Guideline
        - c. 2020 COA Depression Screening Guidelines
      - B. Clinical Outcomes and Utilization
      - C. Infrastructure & Data Analytics
      - D. Patient Engagement
        - Payer Quality Reports
      - E. Physician Recruitment
- XI. Board Member Comments – Open Forum

Meeting Name: ACO Board of Directors  
Date February 15, 2021  
Start Time: 5:30 pm  
Held via WebEx

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**EXHIBIT II**

- XII. Next ACO Board Meeting :Next ACO Board of Director's meeting will be held on March 10, 2021 at 5:30 PM via WebEx.
- XIII. Adjournment

**Broward Health ACO Services, Inc.**

**2021 Clinical Practice Guidelines and Performance Metrics**

**Care of Older Adults – Pain Assessment**

This guideline refers to the annual Care of Older Adults pain assessment screening, intended for patients ages 66 and older. The specific metric will identify all patients ages 66 and older who have completed a pain assessment once per calendar year.

A. Applicability: Broward Health ACO (BHACO) recognizes that some of the adopted guidelines and metrics (or specific components of each) may not apply to certain providers and/or practices. The guidelines and metrics noted in this document are applicable to Family Medicine and Internal Medicine physicians. The metric is also subject to the volume threshold noted under the metric itself.

B. Metric and Guidelines:

1. Metric: The metric used to determine adherence to the guideline will be considered met if the percentage of patients ages 66 and older and have completed a pain assessment (**Code 1170F**).
2. Quality Measure: The goal is to increase the proportion of pain assessments for all patients 66 years of age and older. Pain assessment can be completed using standardized measurement tools in electronic health record followed by utilization of Category II code **1170F**.
3. Description: Percentage of patients 66 years of age and older who had a pain assessment during the measurement period.
  - Denominator: Patients 66 years of age and older by the end of the measurement year.
  - Numerator: Patients who completed pain assessment in outpatient setting or who have evidence of at least one pain screening or a pain management plan during the measurement year.
  - Guidance: Pain assessment completed as part of care in an inpatient setting does not meet the requirements for this metric.
4. Exclusions/Exceptions: If a practice does not see and treat at least 5 patients meeting the age criteria, they may be excused from this metric, and the remaining metrics for other applicable conditions will be weighted equally. Even if excused from the metric due to patient volume threshold not being met, health care providers should still follow these treatment guidelines whenever applicable.
  - Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

\* CPT Category II Code for Pain Assessment is **1170F**

\*\*Code for Pain severity quantified – pain present is **1125F**

\*\*\*Code for Pain severity quantified – NO pain present **1126F**

\*\*\*\*Code for Plan of care to address pain documented is **0521F**

**Broward Health ACO Services, Inc.**

**2021 Clinical Practice Guidelines and Performance Metrics**

**Depression Screening**

This guideline refers to the screening for depression. Since Major Depressive Disorder is the second leading cause of disability worldwide, it is recommended that all patients 12 years of age and older be screened for clinical depression using a standardized instrument. The specific metric will identify all patients ages 12 and older who have completed an annual screening for depression. If a positive screen is identified, providers are expected to address with additional follow up, which is addressed in separate guideline.

A. Applicability: Broward Health ACO (BHACO) recognizes that some of the adopted guidelines and metrics (or specific components of each) may not apply to certain providers and/or practices. The guidelines and metrics noted in this document are applicable to Family Medicine and Internal Medicine physicians. The metric is also subject to the volume threshold noted under the metric itself.

B. Metric and Guidelines:

1. Metric: The metric used to determine adherence to the guideline will be considered met if the percentage of patients ages 12 and older and have undergone a screening for depression\* using Patient Health Questionnaire-2 (PHQ2) or Patient Health Questionnaire-9 (PHQ9)\*\* is at or above 90%.
2. Quality Measure: The goal is to increase the proportion of screening for depression for all patients 12 years of age and older. The specifications are taken from NQF 0418 – Depression Screening and Follow-up for Adolescents and Adults (DSF).
3. Description: Percentage of patients 12 years of age and older who had a screening for depression during the previous year. Completion of PHQ2 will satisfy this metric.
  - Denominator: Patients 12 years of age and older by the end of the measurement year.
  - Numerator: Patients who received a screening for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.
  - Guidance: Patients with an established diagnosis of major depressive disorder\*\*\* will be excluded. All other patients should be screened using PHQ-2.
4. Exclusions/Exceptions: If a practice does not see and treat at least 5 patients meeting the age criteria, they may be excused from this metric, and the remaining metrics for other applicable conditions will be weighted equally. Even if excused from the metric due to patient volume threshold not being met, health care providers should still follow these treatment guidelines whenever applicable.
  - Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.
  - Exclude patients with a diagnosis of Major Depressive Disorder\*\*\*
5. Related Sources: The following sources have been incorporated into the development of this metric and guideline and provide more detailed information on exclusions and metric.
  - National Quality Forum (NQF) 0418 – Depression Screening and Follow-up for Adolescents and Adults (DSF).

\* CPT Code for PHQ-9 is **96127**, which is used for visits other than Medicare Annual Wellness Visits

\*\*Procedure code for 15 minute positive depression screening is **G0444**. Code for follow-up plan is **G8431**.  
*Please note: G0444 is allowed ONE TIME PER YEAR*

\*\*\*Procedure code for negative depression screening is **G8510**. Follow up plan is not required for this.

\*\*\*Z13.1 is the ICD-10 code for a screening for depression

**Broward Health ACO Services, Inc.**

**2021 Clinical Practice Guidelines and Performance Metrics**

**Care of Older Adults – Medication List and Review**

This guideline refers to the annual Care of Older Adults screening, intended for patients ages 66 and older. The specific metric will identify all patients ages 66 and older who have completed an annual review of all medications with their physician. If patient is not taking any medications, documentation of this fact is also evidence of medication review.

- A. Applicability: Broward Health ACO (BHACO) recognizes that some of the adopted guidelines and metrics (or specific components of each) may not apply to certain providers and/or practices. The guidelines and metrics noted in this document are applicable to Family Medicine and Internal Medicine physicians. The metric is also subject to the volume threshold noted under the metric itself.
- B. Metric and Guidelines:
1. Metric: The metric used to determine adherence to the guideline will be considered met if the percentage of patients ages 66 and older and have all medications listed (**Code 1159F**) **and** completed a full medication review (**Code 1160F**).
  2. Quality Measure: The goal is to increase the proportion of medication review for all patients 66 years of age and older. A review of all of a member's medications, including prescription medications, over-the-counter (OTC) medications and herbal or supplemental therapies.
  3. Description: Percentage of patients 66 years of age that have all medications listed and complete a full medication review during the measurement period. Utilization of codes 1159F **and** 1160F will satisfy.
    - Denominator: Patients 66 years of age and older by the end of the measurement year.
    - Numerator: Patients who completed medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year AND the presence of a medication list in the medical record.
    - Guidance: Medication List\* and Medication Review\*\* do not replace the need for Medication Reconciliation following discharge from hospital (**1111F**).
  4. Exclusions/Exceptions: If a practice does not see and treat at least 5 patients meeting the age criteria, they may be excused from this metric, and the remaining metrics for other applicable conditions will be weighted equally. Even if excused from the metric due to patient volume threshold not being met, health care providers should still follow these treatment guidelines whenever applicable.
    - Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

\* CPT Category II Code for Medication List documented in record is **1159F**

\*\* CPT Category II Code for Medication Review is **1160F**



# BROWARD HEALTH ACO COMMITTEE UPDATES



# CLINICAL OUTCOMES AND UTILIZATION



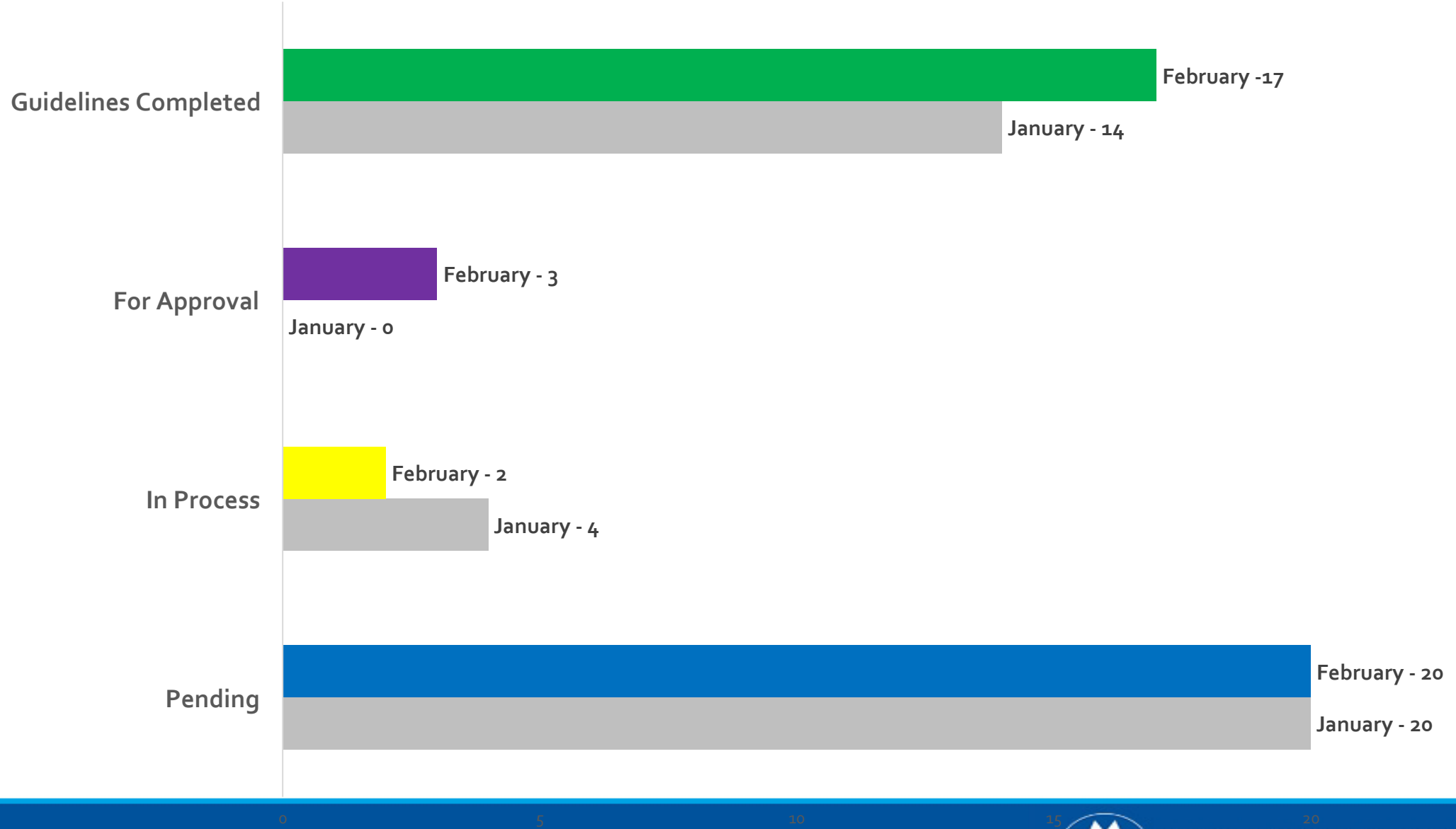
# Florida Blue - Quality

FL BLUE	Benchmark	Aug-17	Nov-17	Feb-18	May-18	Aug-18	Dec-18	Feb-20	May-20	Jun-20	Jul-20	Aug-20
Breast Cancer Screening	75.6%	76.0%	76.0%	75.8%	75.9%	64.2%	65.4%	72.5%	74.5%	73.6%	73.8%	74.3%
Cervical Cancer Screening	70.4%	76.8%	76.6%	73.3%	74.5%	65.4%	63.2%	75.7%	76.4%	76.1%	78.2%	78.3%
Diabetes - HgA1c Completed	87.7%	91.7%	90.5%	91.9%	90.8%	85.0%	86.9%	88.9%	87.9%	86.8%	87.2%	86.9%
Diabetes - Nephropathy	88.0%	95.1%	95.7%	95.9%	87.9%	89.3%	85.3%	92.8%	89.7%	90.1%	91.7%	91.2%
Generic Dispensing Rate	87.3%	82.0%	83.0%	83.0%	82.5%	83.0%	81.6%	82.0%	83.5%	84.2%	84.5%	86.1%
			Same as peer			Better than peer		worse than peers				

# CLINICAL GUIDELINES COMMITTEE



# Clinical Guidelines Progress



# INFRASTRUCTURE AND DATA ANALYTICS



## ACO Module

- Kick off scheduled for May 2021
- Goal is establish foundation as part of application for MSSP
- Provide reporting mechanism to CMS as well as analytics and tracking

## Cost and Utilization Module

- Kick off rescheduled for April 2021

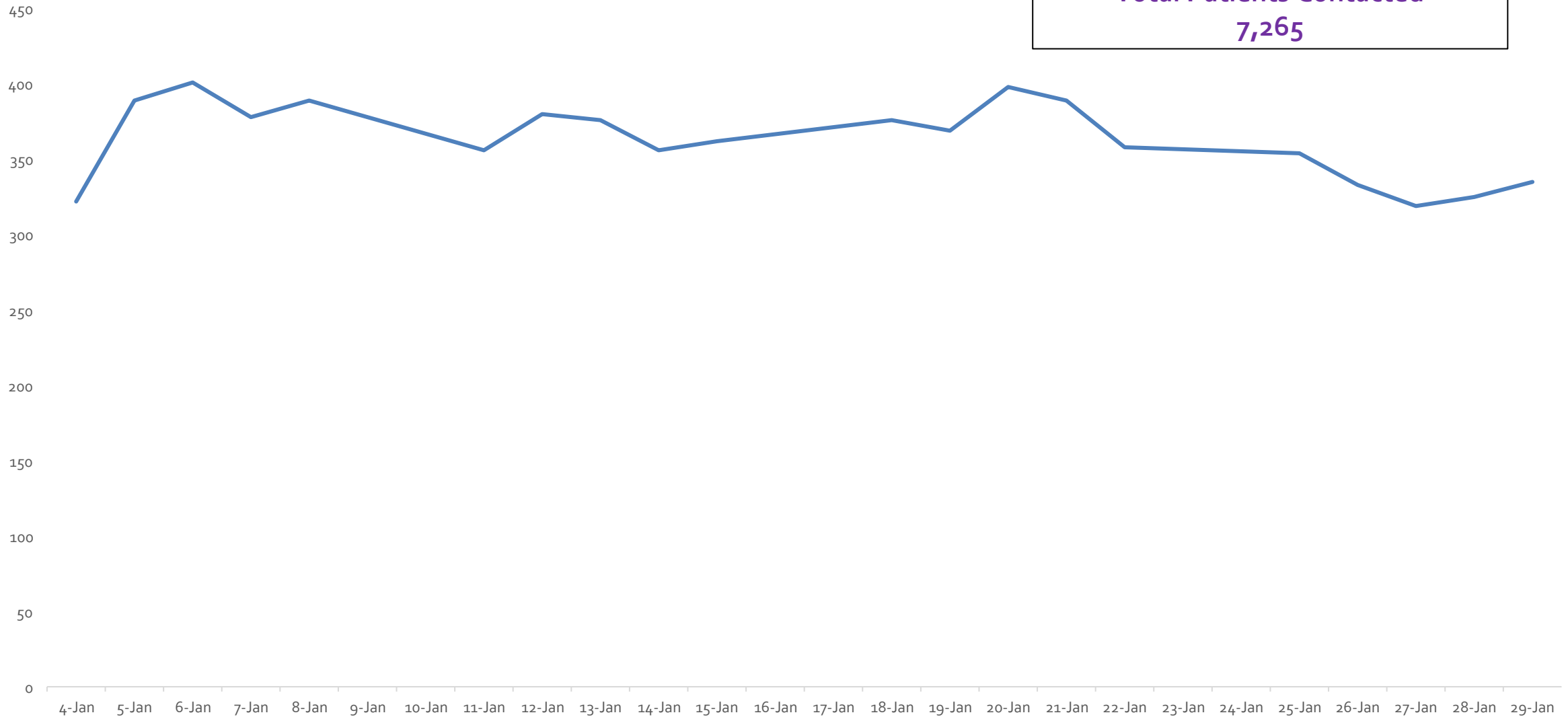
# PATIENT ENGAGEMENT



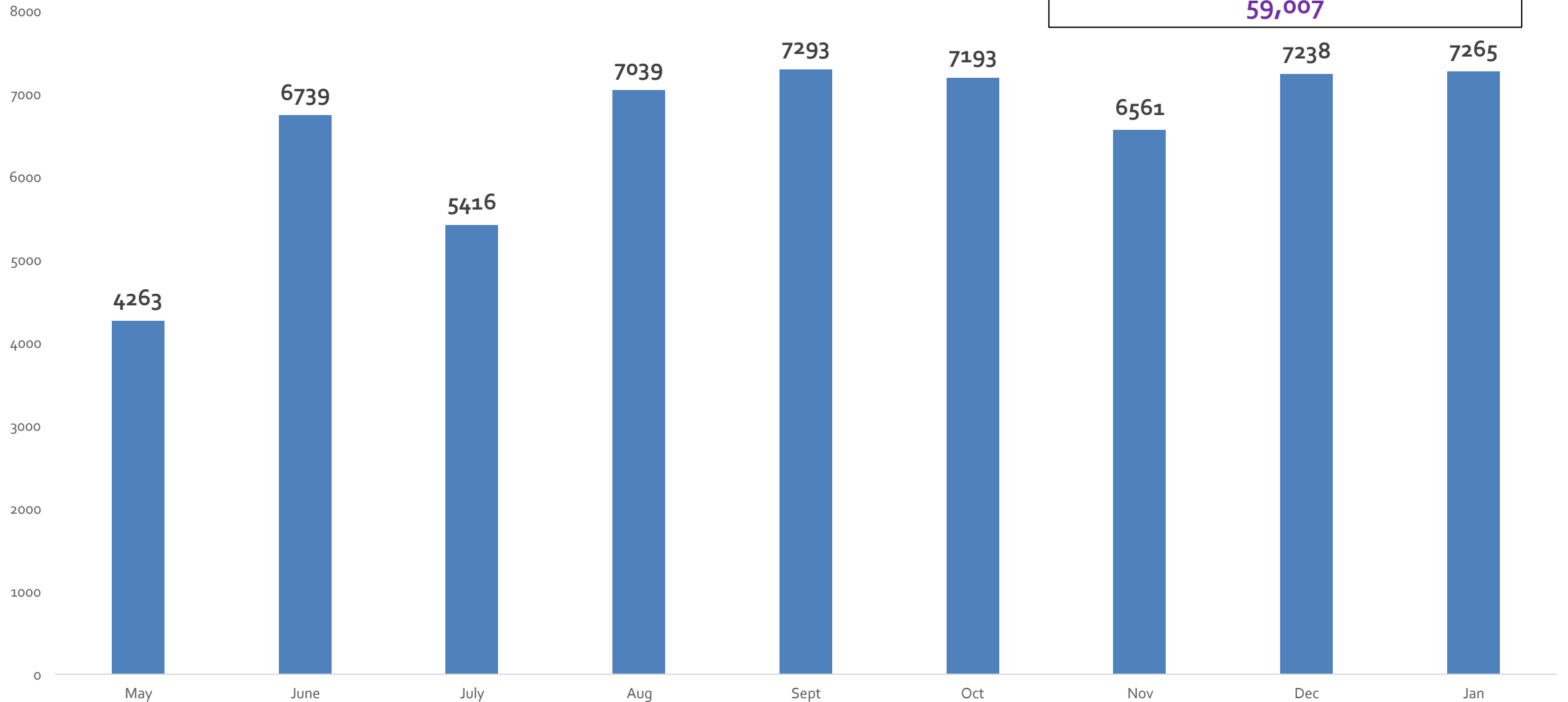


# Number of Patients Called Jan 4 - Jan 29

Total Patients Contacted  
7,265

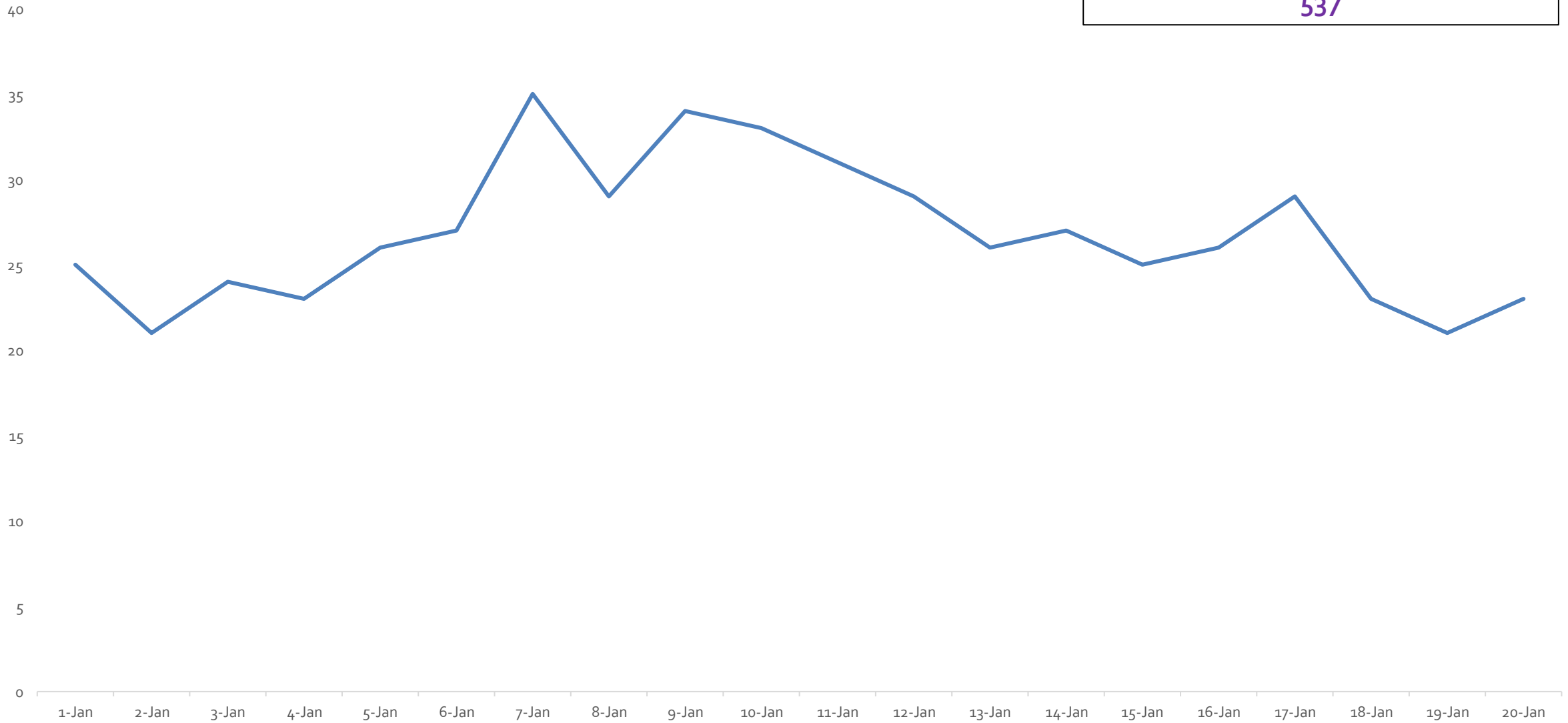


## Number of Patients Called May 2020 - Jan 2021



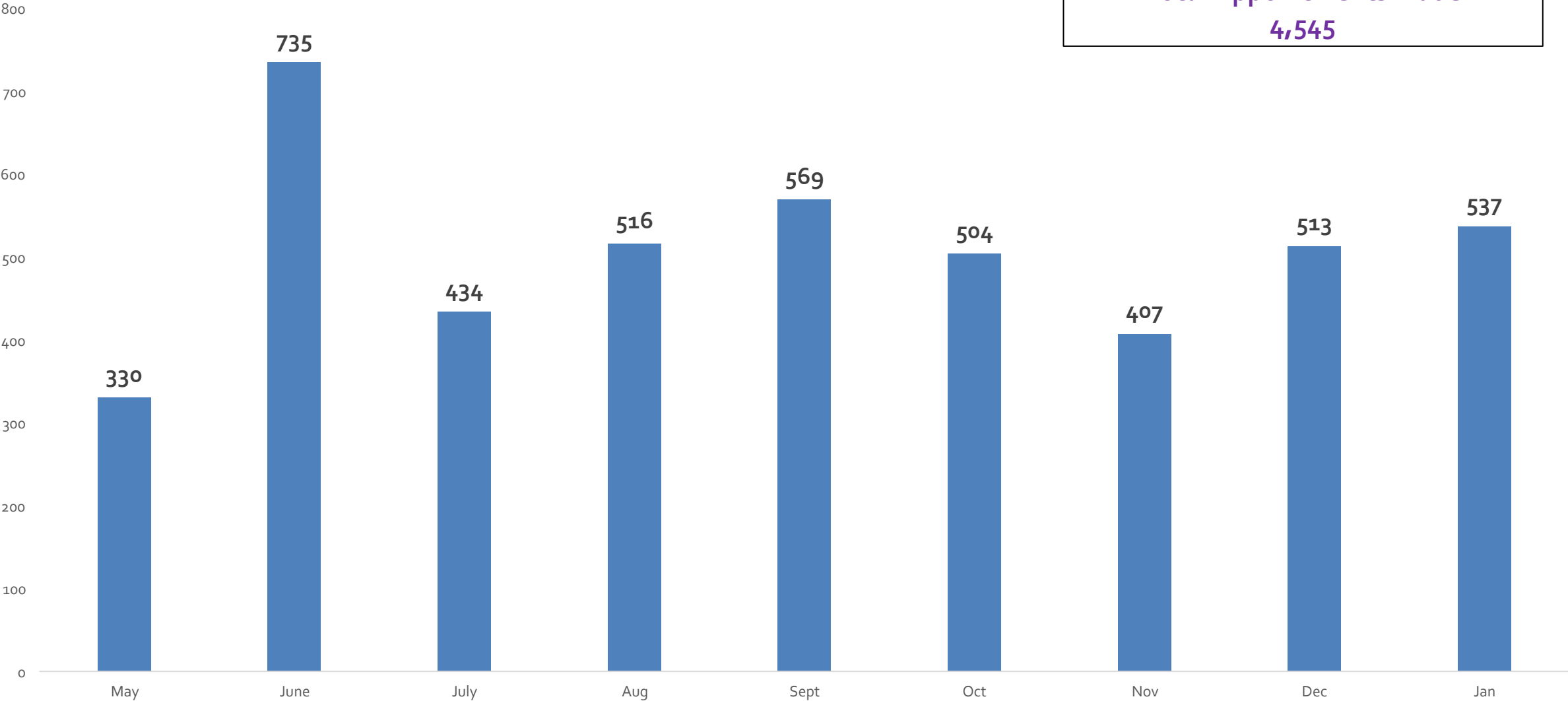
# Number of Appointments Made Jan 4 - Jan 29

**Total Appointments Made**  
**537**



# Number of Appointments Made May 2020 - Jan 2021

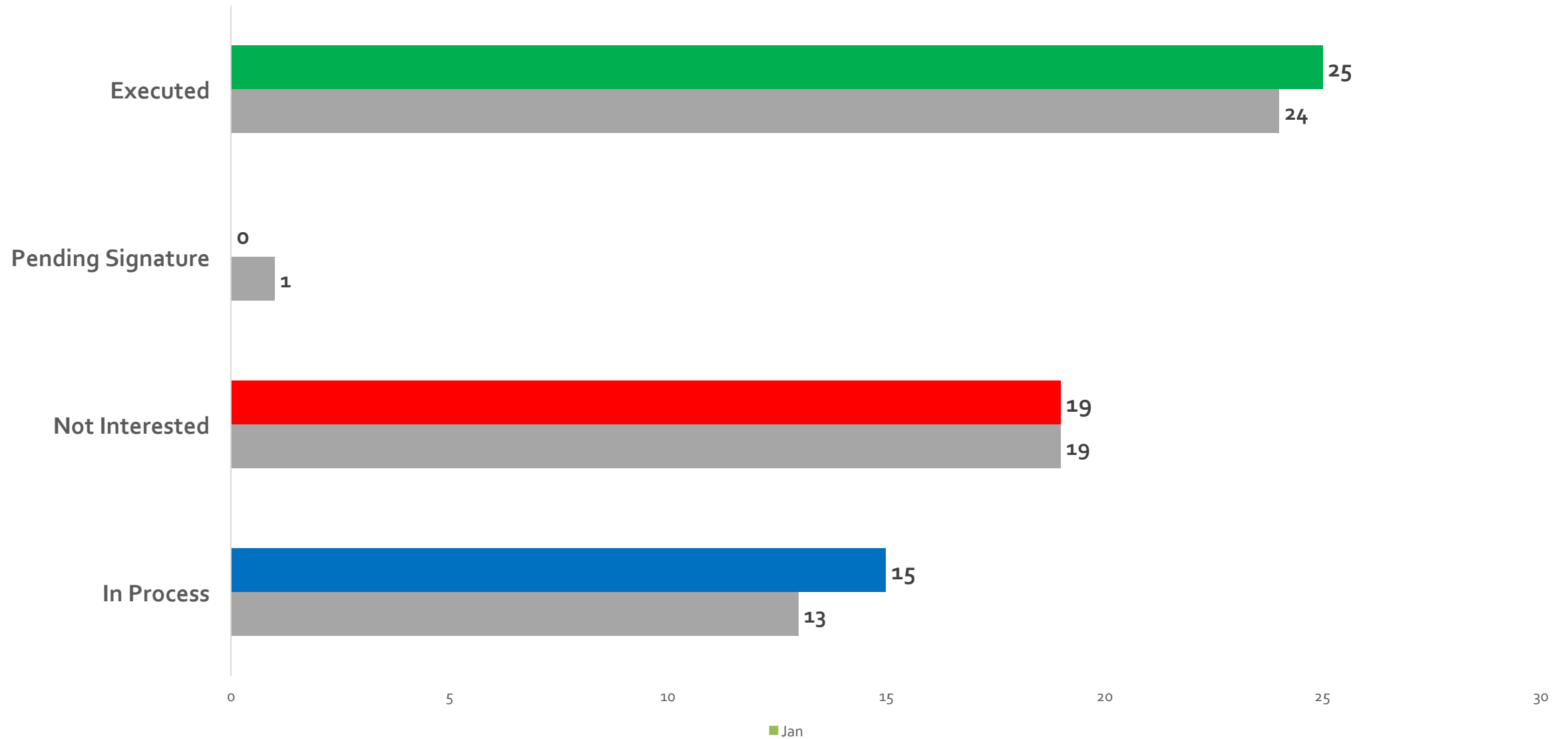
**Total Appointments Made**  
**4,545**



# PHYSICIAN RECRUITMENT UPDATE



# Physician Contracting Progress



# Physician Refusal Reasons

