ACO Board of Directors Meeting, July 2021 - SUBJECT TO CHANGE

ACO Board of Directors

Jul 14, 2021 5:00 PM - 6:30 PM EDT

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Meeting Name: ACO Board of Directors **EXHIBIT II**
Date July 14, 2021
Start Time: 5:30 pm
Held via WebEx

AGENDA (subject to change)

I. Notice of Meeting

II. Call to Order — K. Foster

III. Roll Call — D. Tomon

Keith Foster, MD, Board President
Jon Albee
Aldo Calvo, MD
Husman Khan, MD
Joshua Lenchus, DO
Avinash Persad, MD

IV. Public Comments

V. Approval of ACO minutes dated June 7, 2021 — K. Foster

VI. Broward Health System Update — A. Goldsmith

VII. Legal Expense Update — G. Malcolm

VIII. Medicare ACO Application Update — G. Malcolm/N. Ortiz

IX. Board Structure Update — N. Ortiz

X. Subcommittee Updates: — Dr. Calvo/G. Malcolm

A. Clinical Outcomes and Utilization

B. Clinical Practice Guidelines and Protocols

- New 2021 Guidelines for Board Approval
    1. 2021 CAD – Compliance with Statin Therapy
    2. 2021 Cervical Cancer Screening
    3. 2021 Chlamydia Screening
    4. 2021 Hypertension Management

C. Infrastructure & Data Analytics

D. Patient Engagement - Deferred
   - Payer Quality Reports

E. Physician Recruitment

XI. Board Member Comments – Open Forum
   - ACO Website Update

XII. Next ACO Board Meeting: August 18, 2021 at 5:30 PM via WebEx.

XIII. Adjournment

ACO BOARD OF DIRECTORS MEETING
June 7, 2021 – 5:30 PM

The Regular meeting of the ACO Board of Directors was held electronically via WebEx video conference.

I. NOTICE

Notice of this meeting is attached to the official Minutes as EXHIBIT I. The official Agenda for this meeting, as presented for the consideration of the Board, is attached to the Minutes as EXHIBIT II and EXHIBIT III.

II. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Foster, M.D. at 5:35 PM.

III. ROLL CALL:

BOARD MEMBERS

Present: Keith Foster, M.D. President
Jon Albee
Aldo Calvo, MD
Husman Khan, MD
Joshua Lenchus, DO

Not Present: Avinash Persad, MD

Additionally Present: Alisa Bert, ACO Officer, VP Financial Services; Gavin Malcolm, Director, Population Health; Nicholas Ortiz, Sr. Associate, General Council; Lucia Pizano-Urbina, Director, AVP, Focus Arrangements Auditing, Corporate Compliance; David Weisman, VP, Managed Care

IV. PUBLIC COMMENTS: None

V. APPROVAL OF ACO MINUTES – (EXHIBIT 11)

Chair Foster entertained a motion to approve the May 12, 2021 ACO Board Meeting Minutes.
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MOTION: It was moved by Mr. Albee, seconded by Dr. Calvo to:

Approve the minutes dated May 12, 2021.

Motion ***carried*** unanimously.

VI. BROWARD HEALTH SYSTEM UPDATE: Mr. Goldsmith reported:

The last ninety-days have been busy and productive since Mr. Strum's arrival. We have visited all the hospital regions along with many community organizations leaders and through our kick-off plan. We are working on strategic planning and where we see the future and vision of Broward Health.

Volumes at the hospitals are coming back as we are seeing an increase in patient and pediatric visits to where they are almost to the budget.

The System has started to move to in-person meetings and events. We are looking at holding events with community physicians in the neighborhood to showcase the ACO, our journey, and talk about our accomplishments. These would be held every other month to engage and encourage physician participation. We will need help from our physicians to recruit within the organization to increase the ACO membership.

We are going to start the hiring process for a leader of the ACO. This Board will be included in those meetings going forward.

VII. MEDICARE ACO APPLIATION UPDATE: Mr. Malcolm reported:

Policies and Clinical Guidelines are being reviewed by outside legal, Ackerman, who are aware of the deadline to submit a letter of intent to Medicare. Everything is on track and moving timely with no concerns.

VIII. LEGAL EXPENSE: Mr. Malcolm reported:

- $8,370 has been spent for May of the approved $30,000 legal budget

IX. BOARD STRUCTURE: Mr. Ortiz reported:

Modifications are being made to the ACO bylaws, recommended by Ackerman, in order to accommodate the Medicare ACO. Additional modifications are being reviewed to allow more flexibility to the Board structure and operations. These will be presented to the Board as the language solidifies.

X. SUBCOMMITTEE UPDATES: Mr. Malcolm reported:

A. Clinical Outcomes and Utilization:

- Cigna Quality: measures through December 2020 were presented and reflected the year ended very positive with all measures exceeding the market benchmarks

- Florida Blue Quality: measures through October 2020 were presented which reflected we exceeded in the cervical cancer screening measure and remained the same in all other benchmark metrics

B. Clinical Guidelines Committee:

Clinical Guidelines Progress for June:

- Completed = 27
- For Approval = 4
- In Process = 4
- Pending = 20

Mr. Malcom reviewed the metrics tied to shared savings; pointing out the newly added metrics that went into effect April 2021. We are waiting on these market benchmarks that have yet to be determined.

Discussion continued on the review and updated 2020 updated Clinical Guidelines for Board Approval:

- 2021 Breast Cancer Screening
- 2021 Diabetes Management -- Compliance with Statin Therapy
- 2021 Diabetes Management HbA1C -- Good Control
- 2021 Diabetes Management – Retinopathy Screening

Dr. Lenchus suggested changes to a few bullet points in the Retinopathy Screening Guidelines. Pending the change, he approved all updated 2020 Guidelines.

Chair Foster entertained a motion to approve updated 2020 Clinical Guidelines with noted changes.

MOTION: It was ***moved*** by Dr. Calvo, ***seconded*** by Mr. Albee to:

Approve the updated 2020 Clinical Guidelines listed in Section X (B) of the minutes

Motion ***carried*** unanimously.

C. Infrastructure & Data Analytics

Cost Utilization Module: ACO contract components are validated and now we are working on the non-ACO contract components. This is a system-wide initiative and anticipate the dashboards to go live in July. Once live, the dashboards will be presented to the Board on an on-going basis.

Automation: Dr. Calvo has been working with IT to automate Category II codes that are based on physician documentations and risk scores. Ultimately, this automation will improve documentation for Broward Health physicians and reduce strain so they can take care of their

patients. Once completed internally, the community physicians will be trained. And now post-COVID, we can get out and into other physicians' offices to get them onboard so they can be successful as well as they will have access to the HealtheRegistries.

D. Patient Engagement

May: There was a drop off at the end of the month due to Memorial Day, and we were down 2 nurses as reflected:

- Number of Patients called = 6,367
  - Dr. Lenchus asked what percentage of patients does the seven to eight thousand represent. Mr. Malcolm answered 10% of the whole which includes ACO and non-ACO patients. He has been working with IT to split out the ACO population to increase this efficiency.
- Total Patients contacted to date = 87,383
- Appointments made = 518
- Total Appointments made to date = 6,922
  - This number represents revenues for our community partners and health services, not to mention bringing patients back in to see their physicians

E. Physician Recruitment

June Contracting Progress:

- Executed = 28
- Pending Signature = 1
- Not Interested = 19
- In Process = 18

Physician Refusal Reasons: No changes from May report

- Active in other ACO – 53%
- Concerns regarding payment – 21%
- Other - Contracting Language -16%
- No reason given -10%

Dr. Calvo proposed to reach out to some of the departments of medicine and respective hospitalists to socialize the ACO amongst these groups with quick presentations virtually or in person. Chair Foster agreed and commented the June Medical Staff meeting is coming up and this can be discussed. Mr. Goldsmith added to include Broward Health Coral Springs in these visits.

XI. BOARD MEMBER COMMENTS / OPEN FORUM

ACO website update: Mr. Malcolm reported the site is progressing nicely with the great feedback from Mr. Albee.

- Summer intern, Madeline, will be working on the website to make two branches: one focused on the providers, the other focused on patients.
- We are working with marketing to improve content

Further updates will be provided to the Board as the site develops

Microsoft Teams: Broward Health is no longer utilizing the WebEx virtual platform; therefore, the July ACO Board meeting will be on Microsoft Teams. A link will be included in the meeting invitation with instructions to download the app and join the meeting.

XII. NEXT ACO BOARD MEETING:

The next ACO Board of Director's meeting will be held on July 14, 2021 at 5:30 PM via Microsoft Teams.

XIII. ADJOURNMENT : 6:36 PM

Chair Foster moved to adjourn.

MOTION It was ***moved,*** by Mr. Albee ***seconded*** by Dr. Calvo to:

Adjourn the June ACO Board of Directors meeting.

Motion ***carried*** unanimously.

BROWARD HEALTH ACO COMMITTEE UPDATES

CLINICAL OUTCOMES AND UTILIZATION

Florida Blue - Utilization

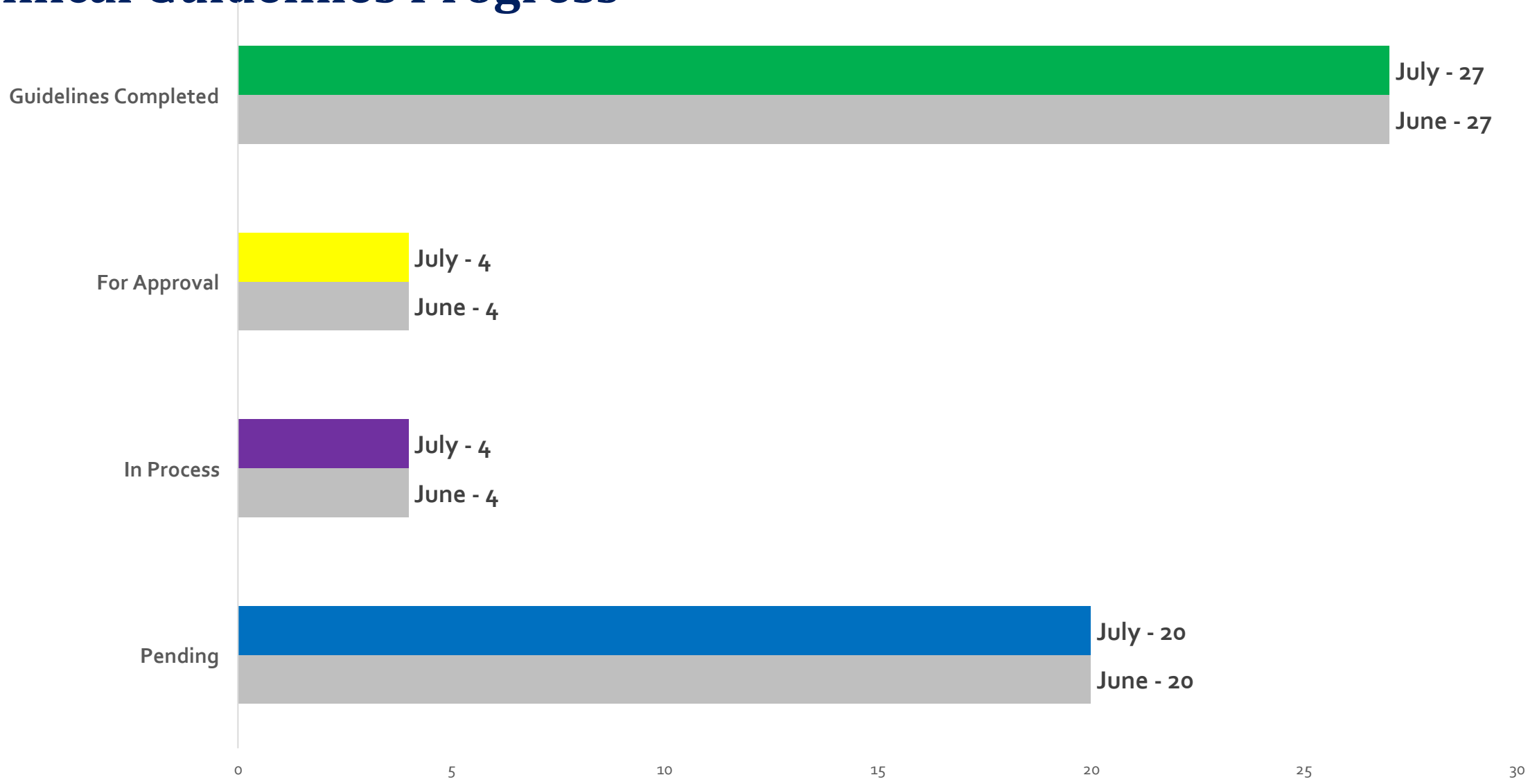
AcuteCare - Outpatient	$73.41	$70.68	3.9%	$79.21	$80.70	-1.9%
ASC	$13.90	$14.13	-1.6%	$11.41	$11.34	0.6%
Non-Acute Facility	$15.41	$12.77	20.6%	$13.43	$13.04	3.0%
Specialists	$107.30	$106.70	0.6%	$100.87	$101.82	-0.9%
Ancillary	$55.86	$49.15	13.7%	$56.96	$49.12	16.0%
Primary Care Physician	$26.64	$26.70	-0.2%	$30.08	$30.91	-2.7%
Capitation	$3.30	$3.26	1.0%	$3.70	$3.40	8.9%
Brand Drugs	$121.16	$142.51	-15.0%	$122.07	$101.36	20.4%
Generic Drugs	$14.93	$16.21	-7.9%	$14.21	$15.12	-6.0%

Florida Blue - Utilization

Utilization						
	Provider			Market		
Metric	Current	Prior	Trend	Current	Prior	Trend
Attributed Member Months	91,018	96,890	-6.1%	2,659,697	2,535,262	4.9%
Average Risk Score	2.1880	2.2333	-2.0%	1.8929	2.0453	-7.5%
Admits per 1,000	70.13	71.33	-1.7%	51.24	58.95	-13.1%
Medical	37.30	37.03	0.8%	26.47	28.63	-7.5%
Surgical	21.62	24.02	-10.0%	16.38	19.85	-17.5%
Maternity	9.75	9.41	3.6%	7.63	9.32	-18.1%
Psych	0.66	0.61	7.5%	0.39	0.63	-38.4%
Readmission Rate	11.8 %	11.5 %	2.3%	10.0 %	10.5 %	-4.9%
Inpatient Days per 1,000	320.62	276.67	15.9%	238.23	260.35	-8.5%
Inpatient Average Length of Stay	4.57	3.88	17.9%	4.65	4.42	5.3%
Visits per 1,000						
Non-Primary Care Physician	5,980.43	6,206.64	-3.6%	5,543.51	6,069.59	-8.7%
AcuteCare - Outpatient	521.03	511.00	2.0%	541.20	617.43	-12.3%
ASC	78.04	90.03	-13.3%	67.70	79.29	-14.6%
Specialists	5,381.36	5,605.61	-4.0%	4,934.61	5,372.87	-8.2%

CLINICAL GUIDELINES COMMITTEE

Clinical Guidelines Progress



Broward Health ACO Services, Inc.

2021 Clinical Practice Guidelines and Performance Metrics

Atherosclerotic Cardiovascular Disease – Compliance with Statin therapy**

The National Committee for Quality Assurance (NCQA) recommends statin therapy for patients who have clinical atherosclerotic cardiovascular disease (ASCVD)*. The American College of Cardiology and American Heart Association (ACC/AHA) guidelines state that statins of moderate or high intensity are recommended for adults with established clinical ASCVD.

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 Primary Care 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 with a diagnosis of ASCVD that are adherent with prescribed statin-containing medications is equal to or greater than **80%**. BHACO's Clinical Outcomes and Utilization Committee is committed to treat most patients with coronary artery disease aggressively.
    2. Quality Measure: The goal is to increase the proportion with ASCVD patients that are prescribed and adherent with statin-containing medications. The specifications are taken from NQF 0074 – Coronary Artery Disease (CAD) Lipid Control.
    3. Description: Percentage of patients 18 and older at the close of the measurement period that were prescribed and adherent with statin-containing medications.
        - Denominator: Individuals at least 18 years of age as of the beginning of the measurement period with diagnosis of ASCVD and at least two prescriptions for statins during the measurement period (12 consecutive months).
        - Numerator: Individuals in the denominator with at least two prescriptions for statins with a Proportion of Days Covered (PDC)^ of at least 0.8 for statins.
        - Guidance: Only patients with a diagnosis of ASCVD and those prescribed statins should be included in the denominator of the measure.
    4. Exclusions/Exceptions:
        - If a practice does not see and treat at least 5 patients with a diagnosis of ASCVD, 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 must still follow these treatment guidelines whenever applicable.
        - Patients are excluded if statins are contraindicated for reasons including but not limited to active hepatic disease, unexplained persistent elevations in aminotransferase levels or if the patient is pregnant or breastfeeding. All clinical exclusions will be clearly documented in the Electronic Health Record.

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) #0074 Coronary Artery Disease (CAD): Lipid Control

** This performance metric is tied to shared savings performance as per Broward Health ACO provider agreements.

*ICD-10 code for Cardiovascular Disease is I25 – please note this does not include specifiers

^Percentage of Days Covered (PDC) calculates the ratio of number of days the patient is covered by the medication in a period to the total number of days in the period. Therefore, PDC can also calculate the number of days the patient is covered by multiple medications in a period by the total number of days in the period. In virtually all circumstances, the measurement period is calendar year (January – December).

Broward Health ACO Services, Inc.

2020 Clinical Practice Guidelines and Performance Metrics

Cervical Cancer Screening**

This guideline addresses the population and timing of cervical cancer screening. The measure is percentage of women 21 - 65 years of age who undergo relevant screening for cervical cancer.

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 Primary Care 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 women 21-65 years of age who had a screen for cervical cancer within the last 27 months is equal to or greater than **75%**. BHACO's Clinical Outcomes and Utilization Committee is committed to screen patients proactively for all relevant conditions as indicated by risk and other factors.
2. Quality Measure: Increase the percentage of women 21–65 years of age who were screened for cervical cancer using either of the following criteria:
    - Women age 21–65 who had cervical cytology performed every 3 years.
    - Women age 30–65 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. The specifications are taken from United States Preventive Services Task Force.
3. Description: Percentage of patients ages 24 to 65 at the close of the measurement period that were screened for cervical cancer within the last three years.
    - Denominator: Women 24-65 years of age as of the end of the measurement year.
    - Numerator: The number of women who were screened for cervical cancer.
    - Guidance: Patients who are attributed to a practice by insurance payer or self-selection should be included in the denominator even if they have not yet been seen by the practice.
4. Exclusions/Exceptions:
    - If a practice does not see and treat at least 5 patients 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 must still follow these treatment guidelines whenever applicable.
    - This measure excludes women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during their medical history through the end of the measurement year.
5. Practice Guideline Detail: Health care providers will follow recommendations from the US Preventive Services Task Force regarding Cervical Cancer Screening. The USPSTF recommends The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5

years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). (Category A)

6. 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.
    - Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement (2018)
    - NQF Portfolio 0032: Cervical Cancer Screening

** This performance metric is tied to shared savings performance as per Broward Health ACO provider agreements.

Broward Health ACO Services, Inc.

2021 Clinical Practice Guidelines and Performance Metrics

Screening for Chlamydia**

This guideline addresses the population and timing of chlamydia screening for women who are at increased risk for infection. The United States Preventive Services Task Force (USPSTF) recommends screening for chlamydia for sexually active females aged 24 and younger and in older women who are at increased risk for infection (B Recommendation). For the purposes of quantifying success, this guideline focuses on the percentage of sexually active women aged 16 - 24 years of age.

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 Primary Care Physicians. The metric is also subject to the volume threshold noted under the metric itself.

A. Metric and Guidelines:
   1. Metric: The metric used to determine adherence to the guideline will be considered met if the percentage of women 16 to 24 years of age are screened for early detection is equal to or greater than **65%** on an annual basis.
   2. Quality Measure: Increase the percentage of women aged 16 to 24 years of age. The specifications are taken from United States Preventive Services Task Force.
   3. Description: Percentage of female patients aged 16 to 24 years of age at the close of the measurement period that were screened for chlamydia.
      - Numerator: Women aged 16 – 24 who received chlamydia screening by the end of the measurement period.
      - Denominator: Women aged 16 to 24 years of age at the end of the measurement period.
      - Guidance: According to the USPSTF, age is a risk factor for chlamydial infections, with the highest infection rates occurring in women aged 20 to 24 years. Other risk factors include new or multiple sex partners, a sex partner with concurrent partners, or a sex partner with a sexually transmitted infection (STI); inconsistent condom use among persons who are not in mutually monogamous relationships; previous or concurrent STI; and exchanging sex for money or drugs.
   4. Exclusions/Exceptions:
      - Woman who are not sexually active may be excluded from this measure provided that is documented in the medical record.
   5. Practice Guideline Detail: Health care providers will follow B recommendations from the US Preventive Services Task Force regarding Screening for chlamydia. The USPSTF recommends screening for women aged 24 years or younger (B recommendation).
   6. 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.
      * United States Preventive Services Task Force – Chlamydia and Gonorrhea Screening (Grade B Recommendation).

* Screening for chlamydia and other STIs utilizes ICD-10-CM code Z11.3

^*Chlamydia trachomatis ICD-10 code is A74.9*

** This performance metric is tied to shared savings performance as per Broward Health ACO provider agreements.

Broward Health ACO Services, Inc.

2021 Clinical Practice Guidelines and Performance Metrics

Hypertension Management**

This guideline refers to the management for patients diagnosed with hypertension, immediately and for treatment in the long term. It is recommended that health care providers follow all components of the guideline. The specific metric will identify all patients ages 18-85 who have the diagnosis of hypertension, (greater than 140/90 for 18-60 and 150/90 for 60-85) and document the percent of this population who have achieved a blood pressure of less than 140/90 or 150/90, based on age. Broward Health ACO follows the recommendation of the Eight Joint National Committee (JNC 8) for these age-based distinctions.

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 Primary Care 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 **80%** of the identified population with hypertension has achieved a blood pressure reading of less than 140/90 for ages 18-59 and 150/90 for ages 60 and up.
    2. Quality Measure: The goal is to increase the percentage of patients with the diagnosis of hypertension that has been adequately treated as evidenced by measurements at their most recent office visit. The specifications are from Hypertension control – CMS 165v4 – NQF 0018.
    3. Description: The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.
        - Denominator: Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year.
        - Numerator: The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient between the ages of 18-59, both the systolic and diastolic BP must be <140/90 (adequate control). For patients aged 60 and older, both the systolic and diastolic BP must be < 150/90.
        - Guidance: Only patients with a diagnosis of hypertension should be included in the measure.
    4. Exclusions/Exceptions:
        - If a practice does not see and treat at least 5 patients with a diagnosis of hypertension, 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 must still follow these treatment guidelines whenever applicable.
        - Patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.
        - Patients who are undergoing peritoneal or hemodialysis treatments at any time during the measurement year, regardless of when the services began.

5. Practice Guideline Detail: The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.

6. 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) #0018: Controlling high blood pressure
    - United States Preventive Services Task Force (USPSTF) High Blood Pressure in Adults: Screening (2015)
    - Eighth Joint National Committee (2014)

** This performance metric is tied to shared savings performance as per Broward Health ACO provider agreements.

*ICD 10 code for primary hypertension is I10. This does not incorporate specifiers or secondary hypertension.

INFRASTRUCTURE AND DATA ANALYTICS

HCC Module – in validation

- Will provide ability to improve documentation of risk – raises PMPM revenue and assists in predictive modeling

- Prompts physicians for suspected and existing diagnoses and enables coding to follow more effectively

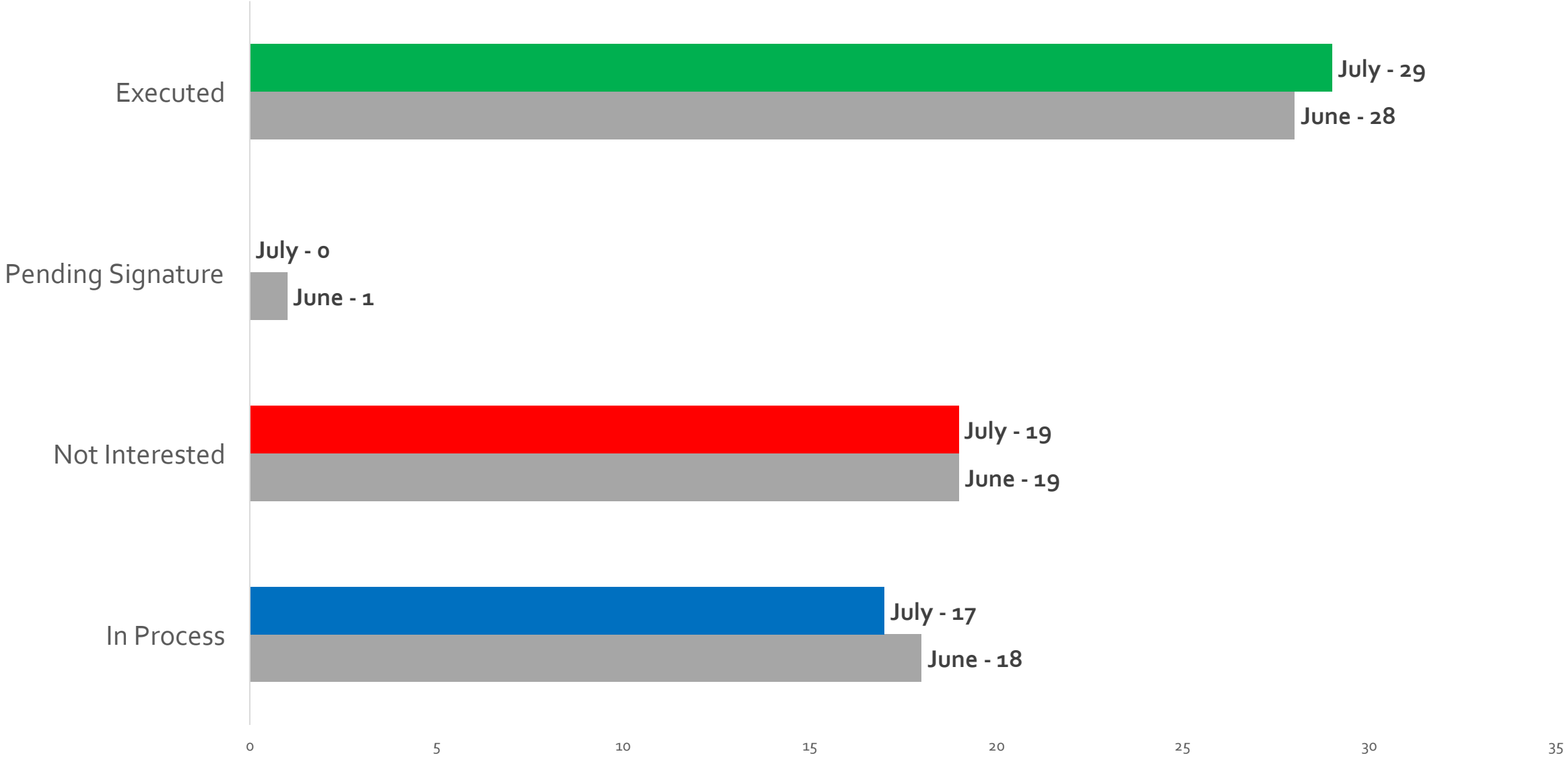
ACO Webpage

- Request for feedback on Board bios for inclusion in the web page

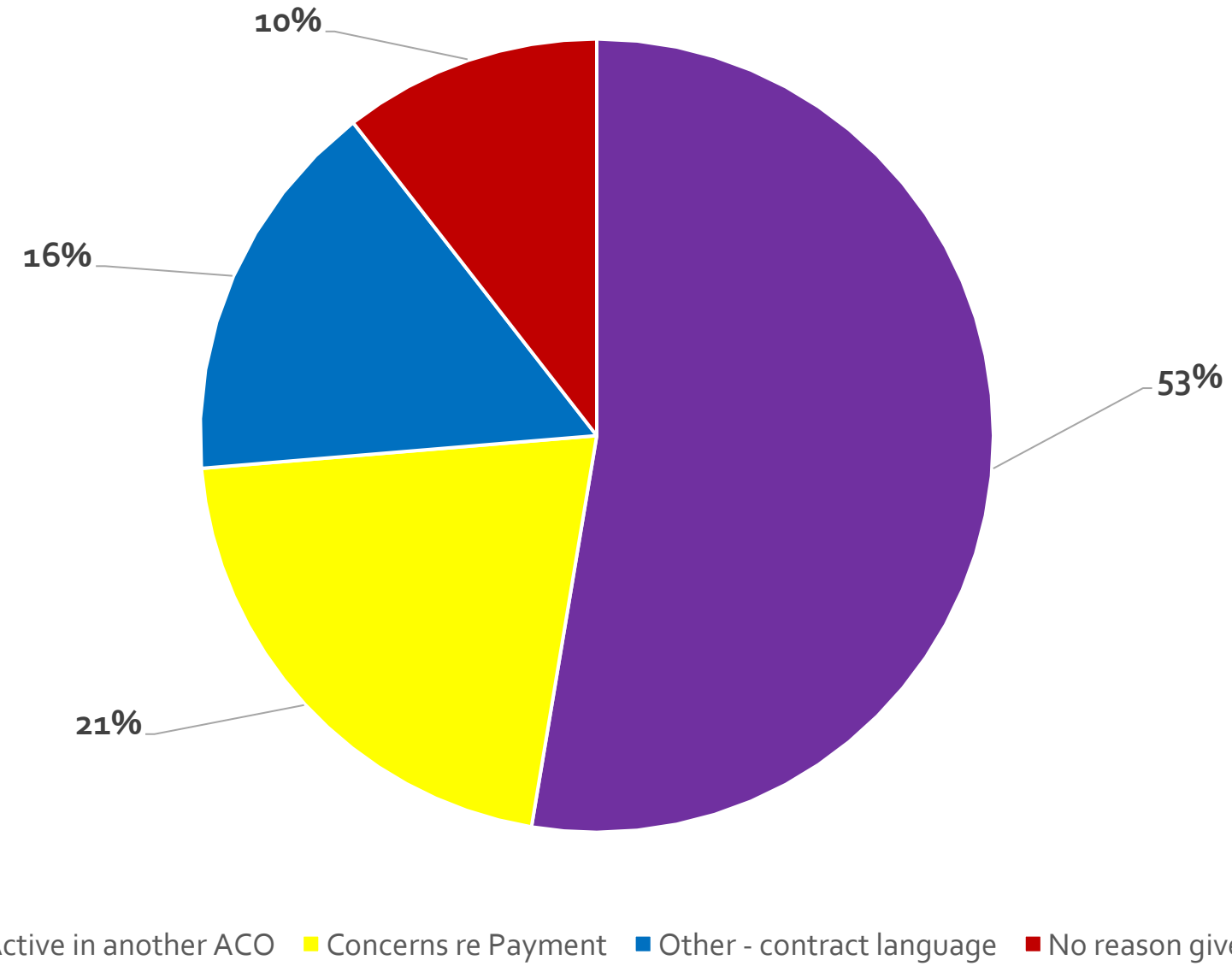
- Great assistance from compliance and marketing

PHYSICIAN RECRUITMENT UPDATE

Physician Contracting Progress



Physician Refusal Reasons



Physician Outreach

- Met with Team Health Hospitalists to address inpatient utilization
- Will be attending Internal Medicine/Family Medicine meetings at all four hospitals
- Collaborating with business development at all four hospitals for dinners with community physicians
- Finalizing ACO web page to have provider-focused section