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       1. Payer Quality Reports
   E. Physician Recruitment Update
XI. Board Member Comments – Open Forum
XII. Next ACO Board Meeting: Wednesday, July 14, 2021 at 5:30 PM
XIII. Adjournment
NOTICE OF MEETING

ACO BOARD OF DIRECTORS

The ACO Board of Directors of the North Broward Hospital District will be held on Monday, June 7, 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.
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 May 12, 2021     K. Foster

VI. Broward Health System Update       A. Goldsmith

VII. Medicare ACO Application Update      G. Malcolm/N. Ortiz

VIII. Legal Expense Update             G. Malcolm

IX. Board Structure Update            N. Ortiz

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

    A. Clinical Outcomes and Utilization

    B. Clinical Practice Guidelines and Protocols

        • Review approved 2020 updated Guidelines for Board Approval

            1. 2021 Breast Cancer Screening
            2. 2021 Diabetes Management -- Compliance with Statin Therapy
            3. 2021 Diabetes Management HbA1C -- Good Control
            4. 2021 Diabetes Management – Retinopathy Screening

    C. Infrastructure & Data Analytics
D. Patient Engagement
   • Payer Quality Reports

E. Physician Recruitment

XI. Board Member Comments – Open Forum
   • ACO Website Update
   • Meeting platform moving to Teams

XII. Next ACO Board Meeting: July 14, 2021 at 5:30 PM via WebEx.

XIII. Adjournment
ACO BOARD OF DIRECTORS MEETING
May 12, 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 President 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
Avinash Persad, MD

Not Present: N/A

Additionally Present: Alisa Bert, ACO Officer, VP Financial Services; Jerry Del Amo, Deputy General Counsel; Gavin Malcolm, Director, Population Health; Nicholas Ortiz, Sr. Associate, General Council; Lucia Pizano-Urbina, Director, AVP, Focus Arrangements Auditing, Corporate Compliance

IV. PUBLIC COMMENTS: None

V. APPROVAL OF ACO MINUTES – (EXHIBIT I)

Chair Foster entertained a motion to approve the May 12, 2021 ACO Board Meeting Minutes.

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

Approve the minutes dated May 12, 2021.

Motion carried unanimously.
VI. **BROWARD HEALTH SYSTEM UPDATE:** Tabled

VII. **MEDICARE ACO APPLIATION UPDATE:** Mr. Malcolm reported he will be spending time with the primary attorney on the application today.

VIII. **LEGAL EXPENSE:** Mr. Malcolm reported:

- $8,400 has been spent of the approved $30,000 legal budget
- Policies and Clinical Guidelines are being reviewed with Mr. Ortiz
- Mr. Ortiz reported legal is working with outside counsel on updating the ACO bylaws to conform to the CMS requirements for Medicare.

IX. **BOARD STRUCTURE:** Mr. Ortiz reported:

In conjunction with revising the bylaws to account for the Medicare ACO, we are also looking at adding more flexibility to the Board structure and operations.

X. **SUBCOMMITTEE UPDATES:** Mr. Malcolm reported:

A. Clinical Outcomes and Utilization:

- Deferred May 2021 – No New Data from Payers. Updates will be provided at the next Board meeting

B. Clinical Guidelines Committee

New Guidelines for Board Approval:

1. BMI in Children and Adolescents 3.2021
2. COA Advance Care Planning Guidelines 3.2021
3. Spirometry in COPD 3.21
4. Adult BMI 4.2021
5. Childhood Immunization Status 4.2021

Chair Foster entertained a motion to approve the six (6) new guidelines.

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

Approve the New Guidelines titled above.

Motion carried unanimously.
Clinical Guidelines Progress for May:
- Completed = 21
- For Approval = 6
- In Process = 2
- Pending = 20

The subcommittee has begun the annual review of the established guidelines since the inception of this Board to ensure they are up to date.

Florida Blue and Cigna’s Review of Metrics are tied to shared savings, and in order to receive 100% assurance savings position, 95% of the Metrics need to be met. There is gradation and a sliding scale, of which, is in the language of the provider participation agreements.

Review of Executive Dashboards:
- Preliminary for Cigna and Florida Blue
- Validation continues but provides image of the internal tracking that is available to staff and executive leadership. As data becomes available, based on feedback from the Board, whether it is something they want presented during the monthly ACO meetings.

- Cost utilization is important because “out of network” refers to Non-Broward Health Facilities and in an ACO does not necessarily mean the least expensive option that saves the most and helps the physicians may not be at a Broward Health facility.

Mr. Malcolm proceeded to review and report on Cigna and Florida Blue utilization.

C. Infrastructure & Data Analytics

D. Patient Engagement

**April**
- Number of Patients called = 7,763
- Total Patients contacted to date* = 81,016  *better than any metric available
- Appointments made = 599
  - This number is very positive in terms of making sure our patients are seeing their physicians, whether Broward Health or Community Physicians, closing care gaps, which increases our quality metrics
- Total Appointments made to date = 6,404

E. Physician Recruitment

**May Contracting Progress:**
- Executed = 27
XI. BOARD MEMBER COMMENTS / OPEN FORUM

At the last meeting, Mr. Albee expressed concerns about not finding ACO information on the Broward Health website.

- Mr. Malcolm demonstrated how to navigate to the ACO loading page from the browardhealth.org website. The page describes Broward Health ACO services and Board meeting information. The site being worked on to reduce searching by changing the URL.
- Site will include Board of Directors page with photos soon

Mr. Albee is happy the site is moving in the right direction—making it engaging, simple to find and is looking forward to the next steps showcasing the story of our ACO.

Chair Foster thanked Mr. Malcolm for bringing this back to the Board and stated it is a huge step forward.

XII. NEXT ACO BOARD MEETING:

Next ACO Board of Director’s meeting will be held on June 9, 2021 at 5:30 PM via WebEx.

XIII. ADJOURNMENT: 6:36 PM

Dr. Lenchus moved to adjourn.

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

Adjourn the May ACO Board of Directors meeting.

Motion carried unanimously.
# Cigna - Quality

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<tbody>
<tr>
<td>CAD - Taking a Statin</td>
<td>73.6%</td>
<td>69.1%</td>
<td>71.4%</td>
<td>69.0%</td>
<td>78.7%</td>
<td>71.2%</td>
<td>72.9%</td>
<td>65.6%</td>
<td>82.4%</td>
<td>84.9%</td>
<td>85.7%</td>
<td>83.3%</td>
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<tr>
<td>Diabetes - Retinopathy</td>
<td>36.9%</td>
<td>29.9%</td>
<td>31.0%</td>
<td>38.6%</td>
<td>44.7%</td>
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<td>55.4%</td>
<td>58.2%</td>
<td>47.8%</td>
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<tr>
<td>Diabetes - Good HbA1c control</td>
<td>73.1%</td>
<td>70.4%</td>
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<td>76.6%</td>
<td>80.7%</td>
<td>78.7%</td>
<td>80.4%</td>
<td>81.8%</td>
<td>82.4%</td>
<td>83.6%</td>
<td>84.0%</td>
<td>80.9%</td>
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<tr>
<td>Diabetes - Taking a Statin</td>
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<td>71.1%</td>
<td>86.6%</td>
<td>86.6%</td>
<td>79.2%</td>
<td>82.9%</td>
<td>81.6%</td>
<td>79.3%</td>
<td>83.1%</td>
<td>89.9%</td>
<td>92.6%</td>
<td>90.5%</td>
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<tr>
<td>Hypertension^^</td>
<td>70.9%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>76.6%</td>
</tr>
<tr>
<td>Depression Screening^^</td>
<td>2.1%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Adolescent Well Care</td>
<td>59.2%</td>
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<td>71.9%</td>
<td>73.6%</td>
<td>63.7%</td>
<td>66.7%</td>
<td>71.0%</td>
<td>71.7%</td>
<td>71.7%</td>
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<td>61.8%</td>
<td>58.7%</td>
</tr>
<tr>
<td>Pediatric - Well Child (15 mos)</td>
<td>83.3%</td>
<td>76.7%</td>
<td>78.9%</td>
<td>83.8%</td>
<td>95.0%</td>
<td>88.0%</td>
<td>83.3%</td>
<td>86.9%</td>
<td>84.9%</td>
<td>82.1%</td>
<td>88.9%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>77.2%</td>
<td>81.6%</td>
<td>80.6%</td>
<td>83.6%</td>
<td>83.8%</td>
<td>84.0%</td>
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<td>85.2%</td>
<td>86.7%</td>
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</tr>
<tr>
<td>Chlamydia Screening</td>
<td>51.0%</td>
<td>62.5%</td>
<td>58.7%</td>
<td>55.7%</td>
<td>56.0%</td>
<td>56.2%</td>
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<td>55.9%</td>
<td>72.1%</td>
<td>78.1%</td>
<td>60.5%</td>
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<tr>
<td>Generic Dispensing Rate</td>
<td>87.3%</td>
<td>79.3%</td>
<td>85.7%</td>
<td>86.3%</td>
<td>87.1%</td>
<td>87.7%</td>
<td>87.8%</td>
<td>88.2%</td>
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<td>88.5%</td>
<td>88.5%</td>
<td>87.7%</td>
</tr>
<tr>
<td>ED Utilization - visits per 1000</td>
<td>217</td>
<td>231</td>
<td>202</td>
<td>210</td>
<td>225</td>
<td>226</td>
<td>229</td>
<td>220</td>
<td>227</td>
<td>200</td>
<td>193</td>
<td>143</td>
</tr>
</tbody>
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^^ Represents a new metric from Cigna that was not previously measured.
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<thead>
<tr>
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<tr>
<td>Breast Cancer Screening</td>
<td>75.6%</td>
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<td>64.2%</td>
<td>65.4%</td>
<td>72.5%</td>
<td>74.5%</td>
<td>73.6%</td>
<td>73.8%</td>
<td>74.3%</td>
<td>75.4%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>70.4%</td>
<td>73.3%</td>
<td>74.5%</td>
<td>65.4%</td>
<td>63.2%</td>
<td>75.7%</td>
<td>76.4%</td>
<td>76.1%</td>
<td>78.2%</td>
<td>78.3%</td>
<td>79.2%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Diabetes - HgA1c Completed</td>
<td>87.7%</td>
<td>91.9%</td>
<td>90.8%</td>
<td>85.0%</td>
<td>86.9%</td>
<td>88.9%</td>
<td>87.9%</td>
<td>86.8%</td>
<td>87.2%</td>
<td>86.9%</td>
<td>88.1%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Diabetes - Nephropathy</td>
<td>88.0%</td>
<td>95.9%</td>
<td>87.9%</td>
<td>89.3%</td>
<td>85.3%</td>
<td>92.8%</td>
<td>89.7%</td>
<td>90.1%</td>
<td>91.7%</td>
<td>91.2%</td>
<td>90.7%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Generic Dispensing Rate</td>
<td>87.3%</td>
<td>83.0%</td>
<td>82.5%</td>
<td>83.0%</td>
<td>81.6%</td>
<td>82.0%</td>
<td>83.5%</td>
<td>84.2%</td>
<td>84.5%</td>
<td>86.1%</td>
<td>85.3%</td>
<td>86.9%</td>
</tr>
</tbody>
</table>

Better than peer | worse than peers | Same
Clinical Guidelines Progress

Guidelines Completed
- June - 27
- May - 21

For Approval
- June - 4
- May - 6

In Process
- June - 4
- May - 2

Pending
- June - 20
- May - 20

0 5 10 15 20 25 30

Broward Health
### Review of Metrics tied to shared savings

<table>
<thead>
<tr>
<th>FL BLUE</th>
<th>Benchmark</th>
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<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>75.6%</td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>70.4%</td>
</tr>
<tr>
<td>Diabetes - HgA1c Completed</td>
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</tr>
<tr>
<td>Diabetes - Nephropathy</td>
<td>88.0%</td>
</tr>
<tr>
<td>Generic Dispensing Rate</td>
<td>87.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cigna</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAD - Statin compliance</td>
<td>74.0%</td>
</tr>
<tr>
<td>Diabetes - Retinopathy Screening</td>
<td>36.9%</td>
</tr>
<tr>
<td>Opioid Medication with MED 120mg/day (18 &amp; older)</td>
<td>TBD</td>
</tr>
<tr>
<td>Assess for presence of health disparities and develop &quot;appropriate&quot; improvement plan</td>
<td>TBD</td>
</tr>
<tr>
<td>Diabetes - HbA1c 8.0% (good control)</td>
<td>73.1%</td>
</tr>
<tr>
<td>Diabetes - Statin compliance</td>
<td>86.7%</td>
</tr>
<tr>
<td>Depression Screening (12 and older)</td>
<td></td>
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<tr>
<td>Adolescent Well Visits</td>
<td>61.7%</td>
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<tr>
<td>Hypertension/Blood Pressure Control (140/90)</td>
<td>74.7%</td>
</tr>
<tr>
<td>Screening for SDOH (18 and older)</td>
<td>TBD</td>
</tr>
<tr>
<td>Well-Child 15 mos Visit</td>
<td>83.3%</td>
</tr>
<tr>
<td>Prior Authorizations submitted via any ePA tool for specialty medications (50%)</td>
<td>50.0%</td>
</tr>
<tr>
<td>Generic Dispensing Rate</td>
<td>88.9%</td>
</tr>
<tr>
<td>Provider access of RTBC (10% of providers)</td>
<td>10.0%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>77.2%</td>
</tr>
<tr>
<td>Chlamydia Screening (adolescent)</td>
<td>58.9%</td>
</tr>
<tr>
<td>CAHPS question &quot;best provider possible&quot; (9-10)</td>
<td>TBD</td>
</tr>
</tbody>
</table>
2021 ANNUAL GUIDELINE REVIEW

• 2021 Breast Cancer Screening
• 2021 Diabetes Management Compliance with Statin Therapy
• 2021 Diabetes Management - HbA1c Good Control
• 2021 Diabetes Management – Retinopathy Screening
Broward Health ACO Services, Inc.

2021 Clinical Practice Guidelines and Performance Metrics

Breast Cancer Screening**

This guideline addresses the population and timing of breast cancer screening through mammogram. The measure is percentage of women 50-74 years of age who had a mammogram biennially to screen for breast 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 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 women 52-74 years of age who had a mammogram to screen for breast cancer within the last 24 months is equal to or greater than 78%. 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 50-74 years of age who had a mammogram to screen for breast cancer biennially. The specifications are taken from United States Preventive Services Task Force.

3. Description: Percentage of patients ages 50 to 74 at the close of the measurement period that were screened for breast Cancer through mammogram.
   - Denominator: Women 50 to 74 years of age.
   - Numerator: Women who received a mammogram to screen for breast 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 who meet the age and gender requirements 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 with a history of bilateral mastectomy. The measure also excludes patients who use hospice services or are enrolled in an institutional special needs plan or living long-term in an institution or at home in lieu of placement any time during the measurement year.
   - If clinical situations are identified which suggest screening options other than traditional mammography such as MRI or ultrasound, these will be documented by the physician.
   - 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.
5. **Practice Guideline Detail**: Health care providers will follow B and C recommendations from the US Preventive Services Task Force regarding Breast Cancer Screening. The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. (B recommendation). The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years. (C 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.
   - NQF Portfolio 2372: Breast 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

Diabetes Management – Compliance with Statin therapy**

This guideline refers to the management of Diabetes and specifically patient compliance with statin therapy in patients with Type 1 or Type 2 Diabetes. It is required that health care providers follow all components of the guideline. The specific metric will identify all patients with type 1 or type 2 diabetes ages 40 to 75, and document the percentage that are prescribed and adhere to statin-medication therapy.

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 diabetes 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 adherent with prescribed statin-containing medications is equal to or greater than 84%. BHACO’s Clinical Outcomes and Utilization Committee is committed to treat most patients with diabetes aggressively.
2. Quality Measure: The goal is to increase the proportion with type 1 or type 2 diabetes patients that are prescribed and adherent with statin-containing medications. The specifications are taken from NQF 0059 – Comprehensive Diabetes Care.
3. Description: Percentage of patients 40 to 75 at the close of the measurement period that were prescribed and adherent with statin-containing medications.
   - Denominator: Individuals between 40 and 75 years of age as of the beginning of the measurement period with diabetes mellitus 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 Type 1 or Type 2 diabetes should be included in the denominator of the measure. Patients with a diagnosis of secondary diabetes due to another condition should not be included. Patients with a diagnosis of Type 1 or Type 2 diabetes 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 with a diagnosis of diabetes, 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 statin-induced myalgia, statin intolerance, 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.

- 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.

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) #0059 Comprehensive Diabetes Care: Adherence to Statins for Individuals with Diabetes Mellitus
- NQF Portfolio 0545: Adherence to Statins for Individuals with Diabetes Mellitus
- Centers of Disease Control (CDC) Diabetes Report Card, 2017

** This performance metric is tied to shared savings performance as per Broward Health ACO provider agreements.
2021 Clinical Practice Guidelines and Performance Metrics

Diabetes Management – Hemoglobin A1c Good Control: 8%**

This guideline refers to the management of Diabetes and specifically the management of Hemoglobin A1c levels in patients with Type 2 Diabetes. It is required that health care providers follow all components of the guideline. The specific metric will identify all patients with type 2 diabetes ages 18 to 75, and document the percentage who have a Hemoglobin A1c less than 8.0%.

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 diabetes 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 with a Hemoglobin A1c < 8.0% is greater than or equal to 75%. BHACO’s Clinical Outcomes and Utilization Committee is committed to treat most patients with diabetes aggressively.

2. Quality Measure: The goal is to increase the proportion with type 2 diabetes patients with a Hemoglobin A1c less than 8.0%. The specifications are taken from NQF 0059 – Comprehensive Diabetes Care.

3. Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c < 8.0% during the measurement period.
   - Denominator: Attributed patients 18-75 years of age with a diagnosis of type 2 diabetes.
   - Numerator: Patients 18-75 years of age whose most recent Hemoglobin A1c level is < 8.0%, taken during the measurement period.
   - Guidance: Only patients with a diagnosis of Type 2 diabetes should be included in the denominator of the measure. Patients with a diagnosis of secondary diabetes due to another condition should not be included. Patients with a diagnosis of Type 2 diabetes 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 with a diagnosis of Type 2 diabetes, 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.
   - 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.

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) #0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Good control (< 8.0%).
• NQF Portfolio 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
• Centers of Disease Control (CDC) Diabetes Report Card, 2017

** 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**

**Diabetes Management – Retinopathy eye exam**

This guideline refers to the management of Diabetes and specifically annual retinopathy screening in patients with Type 1 or Type 2 Diabetes. It is required that health care providers follow all components of the guideline. The specific metric will identify all patients with type 1 or type 2 diabetes ages 18 to 75, and document the percentage who have completed an eye screening for diabetic retinal disease or have evidence of existing retinal disease or blindness.

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 diabetes guidelines and metrics noted in this document are applicable to Pediatric, 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 with a documented diabetic retinopathy screening exam is greater than or equal to 40%. BHACO’s Clinical Outcomes and Utilization Committee is committed to treat most patients with diabetes aggressively.
   2. **Quality Measure:** The goal is to increase the proportion with type 1 or type 2 diabetes patients that have a diabetic retinopathy eye exam completed. The specifications are taken from NQF 0059 – Comprehensive Diabetes Care.
   3. **Description:** Percentage of patients 18-75 years of age with diabetes who had an eye screening for diabetic retinal disease.
      - Denominator: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.
      - Numerator: Patients who received an eye screening for diabetic retinal disease. This includes people with diabetes who had the following:
        - A retinal or dilated eye exam by an eye care professional (optometrists or ophthalmologist) in the measurement year
        - A negative retinal exam or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
        - Bilateral eye enucleation anytime during the patient’s history through December 31 of the measurement year
      - Guidance: Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of the measure. Patients with a diagnosis of secondary diabetes due to another condition should not be included. Patients with a diagnosis of Type 1 or Type 2 diabetes 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 with a diagnosis of diabetes, 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.
   - 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 blindness or diabetic retinopathy disease documented
   - Exclude patients with bilateral enucleation documented

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) #0059 Comprehensive Diabetes Care: Diabetes Eye Exam (retinal) Performed
   - NQF Portfolio 0055: Comprehensive Diabetes Care: Diabetes Eye Exam (retinal) Performed
   - Centers of Disease Control (CDC) Diabetes Report Card, 2017

** This performance metric is tied to shared savings performance as per Broward Health ACO provider agreements.
INFRASTRUCTURE AND DATA ANALYTICS
Cost and Utilization Module

- Utilization of standardized prices to allow utilization
- Dashboards should be live for July 2021 Board Meeting
- Validation of non-ACO contracts is present project

Automation

- Work with Dr. Calvo to automate Category II codes based on physician documentation
- Hope is to improve documentation for BH physicians while reducing strain on physicians
Patients Contacted
May 2021

Total Patients Contacted
6,367
Number of Patients Called
May 2020 - May 2021

Total Patients Contacted
87,383
Number of Appointments Made
May 2020 - May 2021

Total Appointments Made
6,922
Physician Contracting Progress

- **Executed**: 30 (May 27 - June 28)
- **Pending Signature**: 1 (May 1 - June 1)
- **Not Interested**: 28 (May 19 - June 19)
- **In Process**: 27 (May 18 - June 18)
Physician Refusal Reasons

- Active in another ACO: 53%
- Concerns re Payment: 21%
- Other - contract language: 16%
- No reason given: 10%

Legend:
- Purple: Active in another ACO
- Yellow: Concerns re Payment
- Blue: Other - contract language
- Red: No reason given