

## **ACO BOARD OF DIRECTORS MEETING** **March 14, 2022 5:30PM**

The Regular meeting of the ACO Board of Directors was held electronically via TEAMS 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 5:32 PM.

### **III. ROLL CALL:**

#### **BOARD MEMBERS**

*Present:* Keith Foster, M.D. President  
Jon Albee  
Jerry Capote, MD  
Joshua Lenchus, DO  
Avinash Persad, MD

*Additionally Present:* Alisa Bert, ACO Officer, VP Financial Services; Alex Fernandez, Chief Financial Officer; Gavin Malcolm, Director, Population Health; Alessi Rodriguez, Coordinator Clinical Integration and Operations; Gerald Del Amo, Deputy General Counsel; Nicholas Ortiz, Sr. Associate, General Counsel

### **IV. PUBLIC COMMENTS:** None

### **V. APPROVAL OF ACO MINUTES – (EXHIBIT 11)**

Chair Foster entertained a motion to approve the January 12, 2022 ACO Board Meeting Minutes.

**MOTION:** It was ***moved*** by Jon Albee, ***seconded*** by Dr. Capote to:

**Approve the minutes dated February 9, 2022**

Motion ***carried*** unanimously.

### **VI. BROWARD HEALTH SYSTEM UPDATE** Mr. Fernandez reported: There is a new interim at Broward Health Coral Springs. Judith Frum will be the interim

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CEO at Broward Health Coral Springs as Randy Grossman has stepped down. She is the COO at BHMC and has background as a nurse. There will be a national search for a full time CEO for the hospital.

There is a new cardiac campaign that is intended to be more nostalgic, focusing on the physicians at younger ages and what they are doing now. Mr. Fernandez noted this could be representation of the physicians playing video games as a child and now completing interventional cardiology procedures.

Business plans and strategic planning has started as of February 2022 and will be working for the next three years and that all hospitals have made good progress.

Mr. Fernandez noted that during the legislative session and that the current budget does not look positive for safety net hospitals. It is anticipated that there would be a \$23 million cut to the Broward Health budget since the entire source of funding for safety net hospitals has been cut by the Florida legislature.

In the hospitals, labor continues to be a challenge across the nation and the state. There are significant expenses paying traveling nurses. Broward Health has just announced a \$10 million market adjustment for nurses and respiratory therapists in the hope of retaining talent and working through these challenges.

Mr. Fernandez noted that Broward Health and United are during negotiations and this has been picked up by the media. A termination letter has been issued to United to work out a deal. Broward Health has operated in good faith but continues to be paid below market rate for services provided. The termination will go into effect April 1.

## **VII. MEDICARE ACO UPDATE Mr. Malcolm reported:**

On March 11, Alex Fernandez, David Weisman and Gavin will meet to review the financial viability of proceeding with the Medicare ACO application. There have been ongoing discussions with legal about provider agreement. Gavin will be attending webinars to better understand the changes that have recently come up for the new model to ensure that any application is done with full understanding of the risks and benefits of seeking Medicare ACO status.

Mr. Ortiz noted that CMS announced last week that they are making changes to the ACO model structure and that the application deadline has been moved to April 22 (it had been June in previous years). He noted that there is ongoing work to fully understand the impact on the system but that his preliminary assessment is that there are no immediate concerns. He noted that the initial application process is more involved than previous iterations.

## **VIII. LEGAL EXPENSE UPDATE Mr. Ortiz reported that there were no new expenses over the last month.**

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**IX. MEDICARE ACO PROVIDER UPDATE** Mr. Ortiz reported:

The proposal is an amendment to the existing provider agreement and is required to bring community physicians in as providers. Mr. Ortiz noted that the amendment was drafted Mr. Ortiz stated that the main topic for discussion is distribution of shared savings. He stated that his expectation is that it would be done the same as is done with the commercial ACO but that it is up to the discretion of the Board.

Mr. Fernandez raised concern about proceeding with the ACO provider agreement until final decision is made about applying for Medicare status. Mr. Malcolm noted that one of the components of the initial application process is the requirement to determine the number of covered lives and to obtain data on the FFS Medicare beneficiaries that are served by the physicians outside of Broward Health. Mr. Malcolm noted that while a final decision has not been made to enter into an agreement with CMS, obtaining data on the number of patients, their risk scores, and the physician performance is important to have a full picture of the risks and benefits. Recommended presenting it to the physicians that the decision has not been made but that the agreement is required. Mr. Ortiz noted that the provider agreement used to be required as part of the initial application, which would be the reason to provide this as well.

Mr. Fernandez expressed concern about proceeding with the application without full understanding of the financial risk and benefits to the ACO. Chair Foster asked Mr. Ortiz if he could assist with providing a model to determine the risks. Mr. Del Amo noted that this would be a business decision and not something that legal could provide other than feedback from outside counsel about experiences of their other clients. Mr. Malcolm noted that efforts to model the potential ROI and risks will be complicated without having the physician data but that something can be put together to determine the risks and benefits. Mr. Fernandez acknowledged this and will work with Mr. Malcolm and Mr. Weisman to model potential risks and benefits.

Chair Foster asked if this information could be provided ahead of the next meeting to make determination to proceed with the application and allow the team sufficient time to complete the application in time for the application. Mr. Fernandez agreed to proceed with the application process but recommended that the application not be submitted until there is a better understanding of the financial recommendation.

Mr. Weisman recommended the possibility of joining another existing ACO to reduce overhead costs. Chair Foster asked if Mr. Weisman would be able to model the benefits of joining another ACO. Chair Foster stated that he is comfortable providing the group meeting March 11 the power to proceed and make a determination on how best to proceed. Jon Albee supported this plan. There were no objections from the Board.

Voting on the Medicare ACO provider agreement was tabled until better understanding of whether Broward Health ACO will proceed with applying to become a Medicare ACO.

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

- A. **Clinical Outcomes and Utilization:** For Cigna, no additional updates from last month's meeting. The update should be provided by the next Board meeting. All but one quality metric is in the green. Pediatric well child visits dropped but it was due to one patient. Depression screening remains a challenge for Cigna to measure.

Mr. Malcolm noted that for Cigna utilization the report is the same as last months. ER visits per 1,000 is below the market and has a 6.9% improvement against the market. Mr. Malcolm noted the Potentially Avoidable ER visits per 1,000 is slightly higher than the market but the ratio has improved by 17.7% from the last quarter against the market. The ACSC ER visits is well below the market, showing a 33.1% improvement from last quarter at 6 visits per 1,000. The High Utilization ER visits is also below the market with a 66.7% improvement from last quarter and 6 visits per 1,000. Mr. Malcolm reviewed the Avoidable visits to the ER by physician, noting opportunities with some community physicians. Mr. Malcolm noted that RN Connect has been presented to these physicians as opportunities.

For Florida Blue, all quality metrics are at or above the market for the month of August 2021. Mr. Malcolm noted that nephropathy screening has been replaced by colorectal cancer screening and the ACO is exceeding the market at this time in that metric. Generic Dispensing Rate improved to 83.3% Cervical Cancer screening is above the market and overall, the group is higher than the market.

- B. **Clinical Guidelines:** Mr. Malcolm noted that there are two guidelines for review but that they are not new, simply being adjusted due to changes in the insurance contract. Mr. Malcolm noted that the Clinical Guidelines committee has indicated that they do not feel a vote is required when there are changes in which guidelines are attached to shared savings, only when there is substantive change and/or a review.

Chair Foster entertained a motion to approve the January 12, 2022 ACO Board Meeting Minutes.

**MOTION:** It was *moved* by Jon Albee, *seconded* by Dr. Persad to:

- 2022 Diabetes Management – Nephropathy Screening
- 2022 Colorectal Cancer Screening

Motion *carried* unanimously.

- C. **Infrastructure and Data Analytics:** Mr. Malcolm noted on March 10, Broward Health is completing the Stage 6 Validation for HIMSS and that this is a very positive step forward for the system and Broward Health ACO.

Mr. Malcolm noted that the process continues CRM implementation with team-specific breakouts.

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Mr. Malcolm noted that the validation of the Cost and Utilization module was completed this morning and will be helpful in tracking costs.

- D. **Patient Engagement:** Mr. Malcolm reviewed trend of annual visits since 2017. Mr. Malcolm noted 2021 continues to show improvements year over year with 3,000 more visits completed from last year. Mr. Malcolm noted that 2022 data lags due to waiting for claims.
- E. **Physician Engagement:** Mr. Malcolm noted there is one pediatrician that just joined the ACO and is very engaged and that the signature of her agreement should be routing through the process for final execution.

Mr. Malcolm noted ongoing outreach continues to proceed and that a list of targeted physicians has been identified through work with Alex and David and that this will be addressed.

Mr. Malcolm has noted that there has been no change in refusal reasons. Mr. Malcolm noted the importance of adding physicians because this leads to greater number of patients and in turn, greater opportunity for shared savings.

Mr. Malcolm notes that there is one community physician still pending for distribution and that he has been out of the office, but efforts continue to meet with him to review the results and provide his distribution from Florida Blue.

Mr. Malcolm noted that the ACO Newsletter will be going out in March and Dr. Khan will be recognized for his contributions and award that he received.

Dr. Lenchus inquired about the shift in physicians that are active with other ACOs. He requested a report moving forward and asked if there is a metric to measure conversion from those that are active in another ACO. Mr. Malcolm noted that the refusal reasons noted previously is from outreach that was completed last year. Dr. Lenchus stated that he would like to see record of physicians that move over from another ACO or are considering it.

## XI. **BOARD MEMBER COMMENTS**

There were no comments.

## XI. **ADJOURNMENT:** 6:04PM

Chair Foster entertained a motion to adjourn.

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

**Adjourn the March 2022 ACO Board of Directors meeting.**

Motion *carried* unanimously.

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The next ACO Board of Director's meeting will be held on April 13, 2022 at 5:30 PM via Microsoft Teams.

DRAFT