Our Journey Toward Value-Based Health Care
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>3</td>
</tr>
<tr>
<td>Our Goal: To Advance the Triple Aim</td>
<td>5</td>
</tr>
<tr>
<td>Background: A Time of Transformation &amp; Transparency</td>
<td>6</td>
</tr>
<tr>
<td>Foundation for Success: Care Coordination</td>
<td>8</td>
</tr>
<tr>
<td>Building a Culture: Patient Centered &amp; Physician Driven</td>
<td>11</td>
</tr>
<tr>
<td>Quality &amp; Clinical Integration Council (QCIC)</td>
<td>12</td>
</tr>
<tr>
<td>Finance &amp; Network Development Council (FNDC)</td>
<td>14</td>
</tr>
<tr>
<td>UnityPoint Health Partners Board of Managers</td>
<td>16</td>
</tr>
<tr>
<td>Building a Strong Foundation for Sustainable Growth</td>
<td>19</td>
</tr>
<tr>
<td>Waivers: An Opportunity to Further the Triple Aim</td>
<td>22</td>
</tr>
<tr>
<td>Network Growth &amp; Development</td>
<td>23</td>
</tr>
<tr>
<td>Current Value-Based Arrangements</td>
<td>24</td>
</tr>
<tr>
<td>Current UnityPoint Health Partners Network Participants</td>
<td>28</td>
</tr>
<tr>
<td>Summary</td>
<td>31</td>
</tr>
</tbody>
</table>
Welcome

Over the past several years, the government, payers, employers, independent physicians, hospitals and systems like UnityPoint Health have all been working to prepare for the future. While doing so, it has been easy to observe that our industry is transforming at an accelerating rate. All indicators suggest the pace will only quicken. This year major insurers announced they will make claims data available in the public arena, for free. This decision not only brings market transparency to our doorstep but confirms tomorrow’s environment will require analytic sophistication, knowledge discovery, and a structure by which all parts of the continuum can consistently deliver high quality care at an affordable price.

This is the future upon which UnityPoint Health Partners was founded. That foundation is simple in concept, yet difficult to achieve. The ultimate goal is to serve as the framework by which physicians, hospitals, and other care continuum providers can work together in pursuit of the Triple Aim; better quality, better patient experience, at an affordable cost. We believe such an endeavor must be physician led and driven. Furthermore, success will require bridging traditional care silos.

Over the past year UnityPoint Health Partners has invited and engaged independent physicians, employed physicians, hospital leadership, and other continuum leaders throughout Iowa, Illinois, and Wisconsin. By working together through a physician led governance structure, much has been accomplished. Our Quality & Clinical Integration Council developed a standard set of quality metrics and began to identify and develop care protocols targeting triple aim opportunities. Our Finance & Network Development Council developed the groundwork to begin dialogue around cost of care opportunities. Our regional organized system of care committees have been instrumental in building a comprehensive network now exceeding 2,500 physicians. Each of these committees has energized local discussion on how to improve care during this dynamic time.

When we look back in several years, perhaps we will identify our current state as just the end of the beginning. The coming years will present new challenges and opportunities. For this reason we are proud to share our first annual UnityPoint Health Partners Progress Report. Within it, you will find important accomplishments that together, we can and should celebrate as well as an acknowledgment that there is much work still ahead.

Thank you to all who have engaged in this journey over the past several years. Your commitment is not only valued, but defines leadership.

Health care is changing. We are changing. Together we can achieve a healthier tomorrow.
“Our world is changing and the way we deliver health care and help take care of our patients is changing. We are in a new age of transparency and we must be able to prove and demonstrate our value to our patients and communities. Physicians have always been focused on quality and patient satisfaction, but the bar has been raised and physicians and other providers and community services must come together in a coordinated, efficient manner that leads us to the best outcomes.”

Dr. David Williams
Medical Director, UnityPoint Health Partners
Our Goal: To Advance the Triple Aim

The overall goal of clinical coordination is to improve the quality of care while finding ways to maintain or lower costs and work in ways that lead to better patient outcomes, value and healthier communities. The focused approach underway hinges on collaboration, partnership, trust and ultimately, improved results that benefit our patients. UnityPoint Health Partners has established quality metrics and analytics tools to help achieve better patient outcomes. Investment in health care technology, data analytics, care management and other patient centered initiatives are foundational to allowing us to best serve patients and communities through the UnityPoint Health Partners network.

UnityPoint Health Partners is a legal contracting entity that is physician-led and physician-governed. Its composition includes independent physicians, providers and groups as well as UnityPoint Health employed physicians and providers.

- **Better health** for our communities.
- **Better health care** for individual patients.
- **Better value** and more affordable cost of care for all.
Background: A Time of Transformation & Transparency

As we look at the current health care landscape, it is evident that change has come and there is much more to follow. As we prepare for the health care model of tomorrow, the need to come together for the greater good of our patients and communities is more important than ever. Transparency, care coordination, population management and value-based care are concepts that are forcing the industry to change the way we do things as providers, patients, and payers. Our focus has and will continue to be our patients. As we look more critically at the way we currently practice medicine, it is becoming more critical that we dig deeper by thinking and executing in a more proactive manner about the best way to care for our patients.

We must also look more holistically at our patients. We need to anticipate their needs, manage and treat chronic conditions and communicate with our patients and other providers involved with each patient in a way that can be measured and lead to the best possible outcome for each patient we serve. We have an opportunity to affect change and improve health care forever.

We will do this in part by educating, informing and engaging our patients, providers and community partners. Ongoing questions that will be asked of each and every one of us include: Are we adequately meeting the ever changing needs of our communities? Do we have the best structure in place to promote a patient-centered culture?

We will continue to seek new and innovative ways to engage our Board and Council’s to lead us toward providing the best care and value to our patients, better health care for our communities and an overall better patient experience for all.
In summary, our health care system is broken, our population as a whole is unhealthy, our country is aging, and we are spending health care dollars at an unsustainable rate. We are spending almost three times more money as a nation per capita on health care compared to most other countries, without better outcomes. The Affordable Care Act (ACA) requires quality reporting standards, provides opportunity to collaborate among providers within the health care system, empowers states to introduce health insurance exchanges, provides opportunity for health insurance premium assistance based on income, and expands health insurance coverage for more individuals. What this really means is that providers are going to be evaluated looking at outcomes and total cost of care for populations.

Performance incentives are available for physicians and hospitals but there will be increased risk as we move ahead. The health care of the future is focused on value instead of volume. Physicians and other providers and community resources will be able to better serve their patients and communities by looking at them in a more holistic and coordinated manner. Patients will benefit from coordinated and collaborative health care rather than the fragmented care that has been experienced for so long. Accountable Care Organizations are simply a framework and foundation to support the goals of the larger picture of improving health of patients, improving overall health care of populations of people and reducing costs and providing better value. Part of what makes UnityPoint Health Partners “accountable” is the transparency of performance and quality measures. Our promise to better coordinate care is a long term investment into the patients and communities served by UnityPoint Health Partners Network.

Source: Data from workshop presentations and discussions summarized in The Healthcare Imperative
Foundation for Success: Care Coordination

So many patients have had to face uncertainty and fragmentation in how they navigate their health care. UnityPoint Health Partners is committed to replacing this old way with a better one; a seamless, coordinated system that allows patients to more easily move between various sites of care. Hospitals, clinics, home care and other important parts of a patient’s overall health picture will now be more carefully aligned, allowing for providers to help patients make the decisions in their care that are evidence based and driven by data that can be measured. Simply, care coordination is a person-centered, interdisciplinary, team based approach to care that integrates health care and social support services to the needs, preferences and goals of each, individual patient.

Core Components of Care Coordination

UnityPoint Health discovered earlier than most that the best and most cost effective care would involve investment in infrastructure and fundamental change. By “getting in the game” earlier, UnityPoint Health Partners began work to systematically move toward value-based contracts and laying the foundation for population health management through the use of various pilot projects throughout the various regions. As a physician, I have been especially impressed with UnityPoint Health’s fundamental understanding of the need to figure out the most effective and efficient, not to mention evidence based, ways of managing health and health care. UnityPoint Health Partner’s leadership has demonstrated an ongoing commitment and openness. There is careful consideration given to outside the box as well as inside the box ways of pursuing the necessary workflow and delivery system redesigns that must happen in order for patients to become and stay healthy and for physicians and providers to perform at their best. This must all come together in concert with other providers and community resources, all of which are centered and coordinated around the patient.
Here is an example of how this work is being achieved through UnityPoint Health Partners:

Transitions to Home: Care Coordination

Dr. Christina Taylor
Board Certified Internist
Chief Quality Officer, The Iowa Clinic, P.C., West Des Moines, Iowa
Member of Quality & Clinical Integration Council (QCIC), Chair of the QCIC Care Coordination Subcommittee

Post-Acute Transition of Care Protocol: Timely and Appropriate Follow-Up and Communication

A product of an initiative brought forth by the Quality & Clinical Integration Council, the purpose of this protocol is to evaluate and improve transitions of care for patients who have experienced an acute episode and have been discharged to home. The goal is to provide a timely notification of Emergency Department discharges, hospital admissions and/or discharges of patients to Primary Care Providers (PCPs). Expected outcome of utilization of this protocol is to provide better care coordination through facilitation of a follow-up visit with a PCP within seven days following an acute episode. In addition to improved care coordination, this protocol is also designed to decrease overutilization of the Emergency Department as well as reduce 30-Day Readmission Rates.
Our physician-led governance structure is vital to our success and foundational to our culture of collaboration. We have developed an approach that focuses on innovative ways to effectively manage population health and coordinate care in a multidisciplinary way. As we progress toward achieving the Triple Aim for our patients and communities, the foundation has and will continue to be quality and care coordination across the entire network.

Our governance structure allows for innovative ideas to be properly vetted among primary stakeholders and approved and implemented in a way that allows for the most favorable outcomes for patients. In order to be most effective, UnityPoint Health Partners believes that there needs to be local decision-making as well as the benefit of having streamlined and clinically integrated processes based on shared experience and best practices.

Ultimately, successful innovations will improve quality and value. This concept and structure wraps essential infrastructure support, strategy and oversight around the regional governance while allowing flexibility that creates room for necessary variation due to nuances within each region. Each board, council and committee member and officer performs his or her duties as a fiduciary of UnityPoint Health Partners in good faith and in compliance with all applicable laws and regulations.
Quality & Clinical Integration Council (QCIC)

Purpose

The QCIC establishes the quality platform for UnityPoint Health Partners and provides recommendations to the UnityPoint Health Partners Board of Managers. This framework encompasses evidence-based medicine, population management and meaningful metrics for population health management and value based payer arrangements and development and execution of priorities that lead to significant change and improvement to the quality, cost and overall value of health care. This Council includes voting membership of providers from each region with the majority being practicing physicians.

Examples of Progress: 2013 Accomplishments

- Established common quality metrics
- Endorsed complete transparency among network peer groups
- Developed and began evidence-based care protocols
- Rolled out common care coordination pathways

We are all in the learning and planning phase of population health management. I am pleased with the willingness to share data around quality measures as we learn to manage a population. It is crucial to have provider engagement that leads us to break down barriers that perhaps in the past have kept us from working together more closely to better care for our patients and community. It isn’t about “us” as physicians but we have the responsibility to come to the table to discuss better and more effective, efficient ways of reaching and caring for patients and this includes being able to look transparently at data, processes and getting engaged in not only the conversation but the more difficult work of implementation of clinical workflows.

Dr. Christina Taylor
Board Certified Internist
Chief Quality Officer, The Iowa Clinic, P.C., West Des Moines, Iowa
Member of Quality & Clinical Integration Council (QCIC),
Chair of the QCIC Care Coordination Subcommittee
Council Members

Dr. Todd Langager, Council Chair
Physician – Cardiology & Electrophysiology
UnityPoint Clinic
Cedar Rapids Region

Dr. Ron Iverson
Physician – Endocrinology & Metabolism
Dubuque Internal Medicine, P.C.
Dubuque Region

Mary Ann Osborn, RN, MA
Regional Senior Vice President and Chief Care Coordination Officer
UnityPoint Health – Cedar Rapids
Cedar Rapids Region

Dr. Richard Schlepphorst
Physician – Pediatrics and Chief Medical Officer
Quincy Medical Group
Quincy Region

Dr. Christi Taylor
Physician – Internal Medicine
The Iowa Clinic
Central Iowa Region

Dr. Doug Dawson
Physician – Ear, Nose and Throat
UnityPoint Clinic
Quad Cities/Muscatine Region

Dr. Greg Johnson
Physician - Geriatrics and Medical Director of Care Transformation (Peoria)
UnityPoint Clinic
Peoria Region

Dr. Ramesh Raman
Physician – Endocrinology
Endocrine Associates of the Quad Cities
Quad Cities/Muscatine Region

Dr. Dustin Smith
Physician – Family Medicine
UnityPoint Clinic
Fort Dodge Region

Dr. Leah Johnson
Physician – Family Medicine and CEO/Residency Director, Siouxland Medical Education Foundation
Family Practice Medicine
Sioux City Region

Dr. Christopher Hill
Physician, Emergency Medicine
Medical Director, Allen Hospital ED
UnityPoint Health - Waterloo
Waterloo Region

Dr. Ravi Mallavarapu
Physician – Gastroenterology
Cedar Valley Medical Specialists
Waterloo Region

Dr. Megan Romine
Physician – Internal Medicine
UnityPoint Clinic
Central Iowa Region

Dr. Derek Clevendence
Physician – Family Medicine and Medical Director of Clinical Quality
Meriter Medical Group
Madison Region
Finance & Network Development Council (FNDC)

Purpose

The FNDC assists the UnityPoint Health Partners Board of Managers in formulating policy, providing recommendations and engaging in oversight of value-based payer contracting, financial operations and function, as well as provide leadership regarding network growth and development. This council includes voting membership of providers from each region.

2013 Accomplishments

• Formulation of shared savings distribution model

• Development of robust network of more than 2500 physicians and providers

• Development of ACO dashboard encompassing Medicare Shared Savings Program (MSSP), Pioneer ACO, Wellmark and UnityPoint Health Self-Insured Health Plan which allows monitoring, measurement and tracking of cost, quality and patient experience across the network

Dr. Dan Allen
Board Certified Internist
Regional Medical Director, UnityPoint Clinic, West Des Moines, Iowa
Member of Finance & Network Development Council

Our work is a focused effort around what is best for the patient. We are sitting at the table and having substantial and meaningful conversations about accountability in providing the right care to the right patients at the right time and in the right setting. The only way to really accomplish this and move the dial is to take a multidisciplinary approach. This is what I see happening at UnityPoint Health Partners, we are engaged as a team in improving and coordinating care for our patients and agree that transparency is a key component to collectively providing what our communities deserve from their health care providers.
Council Members

Joe Corfis, Council Chair
Senior VP & Chief Financial Officer
UnityPoint Health – Des Moines
Central Iowa Region

Milt Aunan
Vice President & Chief Financial Officer
UnityPoint Health – Cedar Rapids
Cedar Rapids Region

Dr. Dan Allen
Physician – Internal Medicine
Regional VP/Medical Director
Central Iowa
UnityPoint Clinic
(515) 241-2400

Dan Carpenter
Vice President & Chief Financial Officer
UnityPoint Health - Dubuque
Dubuque Region

Dr. Dan Glascock
Physician – Family Medicine
UnityPoint Clinic
Waterloo Region

Dr. Francis “Rocky” Kane
Physician – Family Medicine
John Deere Medical Group of the Quad Cities, P.C.
Quad Cities/Muscatine Region

Katie Pearson
VP, Marketing/Strategic Development
UnityPoint Health – Quad Cities
Chief Administrative Officer
UnityPoint Health – Trinity Bettendorf
Quad Cities/Muscatine Region

Rob Quin
VP & Chief Financial Officer
UnityPoint Health - Peoria
Peoria Region

Patty Williamson
Chief Financial Officer
Quincy Medical Group
Quincy Region

Shanin McCabe-Harding
Chief Executive Officer
Family Healthcare Siouxland
shanin.mccabe-harding@fhcsl.com
(712) 233-2487
Sioux City Region

Joan Pahl
Director of Finance & Treasury
Meriter Medical Center
jpa@meriter.com
(608) 417-5840
Madison Region

Dr. Dustin Arnold
Physician – Hospitalist, Director of Medical Affairs and Chief Medical Information Officer
UnityPoint Health – Cedar Rapids
Cedar Rapids Region

Mike Dewerff
Chief Financial Officer
UnityPoint Health – Fort Dodge
Fort Dodge Region

Chad Markham
Vice President, Clinics & Network Development
UnityPoint Health – Sioux City
Sioux City Region

Dr. Kalyana Sundaram
Physician - Cardiology
Cedar Valley Medical Specialists
Waterloo Region

Michael Stoll
President & Chief Operating Officer
Tri-State Independent Physicians Association, Inc.
Dubuque Region

Dr. Mark Belz
Physician – Nephrology
Iowa Kidney Physicians, P.C.
mbelz@iowakidney.com
(515) 241-5710
Central Iowa Region
As Chair of the Board of UnityPoint Health Partners, I am so impressed with the amount of dedication and effort from our staff and physician leaders to build UnityPoint Health Partners from the ground up. Now I am excited to see the fruits of our labor truly change the way we deliver care to our communities and improve the lives of our patients.

UnityPoint Health Partners
Board of Managers

Purpose

The UnityPoint Health Partners Board of Managers is committed to achieving the Triple Aim. The Board is responsible for approving the annual operation and capital budgets and for oversight and approval of population health strategy. The UnityPoint Health Partners Board of Managers receives reports and recommendations from its Quality & Clinical Integration Council and the Finance & Network Development Council as well as UnityPoint Health Partners and UnityPoint Health staff to help the Board fulfill its responsibilities. Consistent with the UnityPoint Health Partners vision of physician-led governance, the Board of Managers will ideally be made up of 9 physicians (5 Independent and 4 employed) and 6 non-physicians. The 6 non-physician members are appointees of the UnityPoint Health CEO and includes at least 1 Medicare beneficiary, as required by governmental regulations. There are currently open positions for independent physicians to serve on the UnityPoint Health Board of Managers.
Board Members

Dr. Doug Timboe, Board Chair
Physician – Family Medicine
UnityPoint Clinic
Central Iowa Region

Joe Corfits, Board Secretary/Treasurer
Senior VP & Chief Financial Officer
UnityPoint Health – Des Moines
Central Iowa Region

Dr. Kishore Karamchandani
Physician – Critical Care, Pulmonology & Sleep Medicine
UnityPoint Health - Peoria
Peoria Region

Don Ross
Medicare Beneficiary Representative
All Regions

Ted Townsend
President & Chief Executive Officer
UnityPoint Health – Cedar Rapids
Cedar Rapids Region

Dr. Dan Evans
Physician – Nephrology and Chair, Board of Directors
Quincy Medical Group
Quincy Region

Dr. Todd Langager, Board Vice Chair
Physician – Cardiology & Electrophysiology
UnityPoint Clinic
Cedar Rapids Clinic

Dr. Vinay Kantamneni
Physician – Nephrology
Cedar Valley Medical Specialist
Waterloo Region

Rick Seidler
President & Chief Executive Officer
UnityPoint Health – Quad Cities
Quad Cities/Muscatine Region

Dr. Timothy Ihrig
Physician & Medical Director – Palliative Medicine (Fort Dodge)
UnityPoint Health – Fort Dodge
Fort Dodge Region

Dr. Alan Kaplan
Senior VP & Chief Clinical Officer
UnityPoint Health
President & Chief Executive Officer
UnityPoint Clinic
Building a Strong Foundation for Sustainable Growth

Improvements in care coordination among providers, regardless of the provider’s employer, will lead us toward achievement of the Triple Aim. Here are some examples of our progress on the journey toward value-based health care.

- **Evidence-Based Care Protocols and Workflows**

  **Standardization of Imaging for Patients with Uncomplicated Low Back Pain.**

  The purpose of this protocol is to identify opportunities involving uncomplicated low back pain. This protocol is designed to standardize around the provision of imaging studies associated with diagnosis of acute, uncomplicated, low back pain.

- **Self-Reporting Options**

- **Measuring Quality with Data and Analytics**

  Current analytics capabilities include:
  Predictive modeling, identification and stratification of patients (high, rising and low risk), patient attribution, interoperability with different platforms and network providers, reporting, analysis and benchmarking, contract performance reporting, regional drill down, network and physician specific performance reporting by value based contract.

- **Development of a robust dashboard tool that allows the ability to drill down and identify opportunities related to cost, quality and patient experience**

- **Investment & Development of Infrastructure: Tools, Technologies & Clinical**

- **Electronic Health Record (EHR)**

- **Network Development & Growth Strategy**

- **Development & Utilization of Scorecard & Workflows**
Patient Centered Medical Home (PCMH)

Foundational to the concept of population health management, care coordination and the Triple Aim is what is known as the Patient-Centered Medical Home (PCMH). PCMH is a care delivery model that ensures that a patient receives the appropriate care and treatment at the appropriate time and in the appropriate setting and location. This is coordinated through the patient’s primary care provider and explained in a way that the patient understands. The patient’s primary care provider becomes the “medical home” of that patient. The objective is to have a centralized person and setting that facilitates partnerships and collaboration relating to that patient. Any and all care that a patient receives should link back to their primary care provider at their “medical home”. UnityPoint Health Partners believes that NCQA (National Committee for Quality Assurance) Level 3 Recognition is an important step toward building a strong foundation as we move further down the road toward value-based care and is committed to this effort. Through our value-based network, we are incentivizing our network providers, employed and independent, to pursue the NCQA Level 3 Designation.

PCMH NCQA Level 3 Designation Criteria Standards

Implementation of new processes or alteration of existing processes to comply and maintain monitoring PCMH 2011 standards

- PCMH 1: Access and Continuity
- PCMH 2: Identify and Manage Patient Populations
- PCMH 3: Plan and Manage Care
- PCMH 4: Provide Self-Care Support and Community Resources
- PCMH 5: Track and Coordinate Care
- PCMH 6: Measure and Improve Performance

Integrate care redesign concepts within clinical practice:

- Institute Daily Huddle
- Co-Locate Care Team
- Implement Care Packages
- Staff to Work to Fullest Extent of Licensure

See page 19 for an example of this

Implement continuous improvement methodology and use for concurrent implementation of core components PCMH standards and care redesign concepts:

- Train Staff in Adaptive Design and Other Supportive Tools as needed

Source: National Committee for Quality Assurance (ncqa.org)
The complexity of what lies before us is enormous and we must remain focused on patient outcomes, satisfaction and safety. Care coordination and the Triple Aim is simply a more coordinated approach between the various touch points that a patient has as they move along their journey. As we leave the fee for service world behind and embark toward one that is value based and more transparent and accountable than ever, we must understand the mission and be able to deliver results that are measurable and lead us to better outcomes for our patients. What it really all boils down to is the promise of compassionate, caring and comprehensive care for our patients. It’s not just about quality, or cost or improving the health of communities or improved clinical processes and outcomes. It’s about all of that and more. The old way of forcing patients and providers to navigate the medical maze is no longer our only option. The concept of patient centered medical homes is certainly a great start and is foundational to allowing patients to have a place they can call “home” and where their questions will be answered and they will be directed and supported along the way. That is really what I believe value-based care is really all about.

Dr. Ron Iverson
Board Certified Endocrinologist
Dubuque Internal Medicine, P.C., Dubuque, Iowa
Member of Quality & Clinical Integration Council

“...
Waivers: An Opportunity to Further the Triple Aim

With a focus on the chronically ill and medically fragile patients, Waivers around the Stark Law, Civil Monetary Penalties and Anti-kickback Statute have been used to support the transformational work that provides improved care coordination, patient experience, and health care cost control. Some of the Waivers in use include:

• An integrated chronic care disease management model deployed to focus on a consistent strategy to engage patients and create meaningful interactions with the care team.

• The services of Care Navigators provide support to the primary care physician in care planning and assessing health care utilization further supporting the concept of Patient Centered Medical Home.

• Transitional Care coordination by home care to monitor a high risk patient during the patient’s most vulnerable time after hospital discharge in order to prevent complications and readmissions without consideration of payer coverage.

As we continue to further the Triple Aim the use of waivers is being considered for more initiatives in the areas of technology, patient experience and satisfaction, mental and behavioral health integration, and targeted areas of care coordination.
Network Growth & Development

In each of our regions and communities, we are striving to form a comprehensive, high value, coordinated network to care for patients across the continuum of their health care needs. UnityPoint Health Partners currently supports a robust network of more than 2,500 physicians and providers and demonstrates the confidence in early and ongoing provider engagement by providing individualized attention, support and guidance related to things like clinical workflows and documentation which will lead to better outcomes and improved quality scores.

The health care of tomorrow is about collaborative effort and partnership for the greater good of the patient. Patients are already beginning to see data transparency and a shift in the culture of health care that is about consumerism and informed patient choices. Consumer-driven health care is a trend that encourages individuals to get the care they need while enabling patients to be more engaged. UnityPoint Health Partners is committed to and invested in the success of the network as a whole.
UnityPoint Health Partners participates in several value-based arrangements. Our structure has the flexibility necessary for providers to engage at various levels. This allows providers regardless of where they are on their journey toward value-based care, to become involved. Providers are encouraged to engage and participate as they become more comfortable with the various care coordination efforts. Our goal is to create a platform for collaboration that encourages collective effort to march in a common direction which points us toward the Triple Aim through development of a high performing network.

I have always strived for quality for my patients and I thought I was already doing the “Triple Aim,” but as I learn more, it has become clearer that we must be able to not only do it, but measure and prove it. Without data and analytics, it is difficult to manage and improve quality scores that lead us toward achieving the Triple Aim. As a Primary Care Physician, patients often ask me about the new world of health care and if I believe in “this,” my answer is simply, “It’s all about you!” Population Health and accountable care are simply vehicles to lead us toward healthier people, better value and better care. “This” (Value Based Health care) isn’t a gimmick, it’s a way for each and every person to be accountable about and for the care we provide.
MSSP is designed to improve patient outcomes and increase the value of care by promoting accountability for care, requiring coordinated care for all services and encouraging investment in infrastructure and redesigned care processes. The Shared Savings Program will reward those that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first. Participation is purely voluntary. (www.cms.gov)

We were 100% successful in reporting in all domains in pay for reporting in 2012 and 2013

- Held total cost of care flat in 2013
- Established a baseline of quality, cost & financial performance
- Began conducting webinars to provide SIHP providers with education to better understand the quality measures

Wellmark ACO:

- Achieved shared savings in 2012 and 2013
- Achieved quality targets in 2012 and 2013

Iowa Medicaid Wellness ACO:

- Partnered with Iowa Medicaid Enterprise (IME) in 2014 to expand health care to newly insured Iowans
- More than 8000 lives attributed to the IME Wellness ACO

UnitedHealthcare ACO

- Entered into value-based, shared savings arrangement with United Healthcare effective October 2014
- Includes self-funded, commercial, fully insured employers such as Deere & Company and Wells Fargo
306,373 Total Patients Served*
Value-Based Payer Arrangements Map

Contact us at (515) 241-3767 or ACO@unitypoint.org

*as of June 1, 2014

Medicare Pioneer ACO
Medicare Shared Savings Program
UnityPoint Health Self-Insured Employee Health Plan
Wellmark ACO
Iowa Medicaid Wellness ACO
United Healthcare ACO
BCBS Illinois Intensive Medical Home
Current UnityPoint Health Partners Network Participants

Providers

MULTIPLE REGIONS
UnityPoint at Home
UnityPoint Clinic
UnityPoint Hospice

CEDAR RAPIDS
Linn Community Care
Marengo Memorial Hospital Family Medical Clinic
OB-GYN Associates, P.C.
Physicians’ Clinic of Iowa, P.C.
Regional Family Health
UnityPoint Clinic
Virginia Gay Hospital clinics

CENTRAL IOWA
Blank Children’s Hospital-UnityPoint Health-clinics
Dennis P. Porto, M.D., P.C.
Des Moines Orthopaedic Surgeons, P.C.
Des Moines University Osteopathic Medical Center
Iowa Diabetes and Endocrinology Center
Iowa Digestive Disease Center, P.C.
Iowa Kidney Physicians, P.C.
Iowa Pathology Associates, P.C.
Iowa Radiology, P.C.
Iowa Surgery Center, P.C.
Medical Oncology and Hematology, P.C.
The Iowa Clinic, P.C.
UnityPoint Clinic
Willie C. McClaren, Jr, M.D., P.C.

DUBUQUE
Tri-State Independent Physicians Association, Inc.

FORT DODGE
UnityPoint Clinic

MADISON, WI
Meriter Clinics

PEORIA, IL
Proctor First Care
Proctor Medical Group
UnityPoint Clinic

QUAD CITIES
Advanced Radiology, S.C.
Davenport Surgical Group, P.C.
Digestive Disease Specialists, P.C.
Endocrine Associates of the Quad Cities, S.C.
Franklin Pediatrics, S.C.
Gordon Johnson, DO, P.C.
Great River Medical Group, P.L.C.
Heartland Clinic, LLC
Hematology and Oncology Care –
Costas L. Constantinou, M.D., P.C.
Hybrid Medical Group, L.L.C.
John C. Leno, M.D., S.C.
John Deere Medical Group of the Quad Cities, P.C.
Kevin C. Dodson, DPM
Kidney Care Quad Cities, L.L.C.
Metropolitan Medical Laboratory, P.L.C.
Neurology Group, P.C.
Orthopaedic Specialists, P.C.
Pediatric Group Associates, Inc.
QC OB/GYN Associates, S.C.
QC Medical Group and Weight Loss Clinic
Quad Cities Foot and Ankle Associates, P.C.
Quad Cities Pathologists, LLC
River Valley Family Practice, Ltd
Ronald B. Fiscella, M.D.
Stone Ridge Medical Group, S.C.
Sujatha Govindaiah, M.D., S.C.
The Robert Young Center for Community Mental Health
UnityPoint Clinic
Waterford Family Medicine

QUINCY, IL
Quincy Medical Group

SIOUX CITY
Family Health Care of Siouxland, P.L.C.
Floyd Valley Hospital Family Medicine Clinic
Prairie Pediatrics & Adolescent Clinic, P.C.
Siouxland Medical Education Foundation, Inc.
UnityPoint Clinic

WATERLOO
Annie M. Kontos, P.C.
Cedar Valley Medical Specialists, P.C.
Community Memorial Hospital Medical Clinic
Heartland Neurological Services, P.L.L.C.
John W. Musgrave, M.D.
Kettman Pranger Family Medicine, P.L.L.C.
Matthew J. Smith, M.D.
Medical Associates of Independence, P.L.C.
Northeast Iowa Medical Education Foundation, Inc.
Peoples Community Health Clinic, Inc.
Total Health of Iowa, Inc.
UnityPoint Clinic
Facilities

MULTIPLE REGIONS
UnityPoint at Home
UnityPoint Clinic
UnityPoint Hospice

CEDAR RAPIDS
Regional Medical Center
Jones Regional Medical Center
Marengo Memorial Hospital
UnityPoint Health - Cedar Rapids
Virginia Gay Hospital, Inc.

CENTRAL IOWA
Blank Children’s Hospital - UnityPoint Health
Edgewater, A Wesley Active Life Community, L.L.C.
Hearthstone, A Ministry of WesleyLife, L.L.C.
Iowa Radiology, P.C.
On With Life, Inc.
UnityPoint Health - Des Moines:
  Iowa Methodist Medical Center
  Methodist West Hospital
  Iowa Lutheran Hospital
  John Stoddard Cancer Center
  Wesley Community Services, Inc.
  Wesley Retirement Services, Inc.

DUBUQUE
UnityPoint Health - Finley Hospital

FORT DODGE
UnityPoint Health - Fort Dodge

MADISON, WI
Meriter - UnityPoint Health

PEORIA, IL
UnityPoint Health - Methodist | Proctor

QUAD CITIES
UnityPoint Health-Trinity

SIOUX CITY
Floyd Valley Hospital
UnityPoint Health - St. Luke’s

WATERLOO
UnityPoint Health - Allen Hospital
Community Memorial Hospital
Summary

At UnityPoint Health Partners, the focus of everything we do centers around the patients and communities we serve. In order to provide the best outcomes for each of our patients, there must be collaboration and teamwork among patients, payers, physicians as well as other providers and community resources. Our work serves as the foundation and framework for care coordination initiatives that lead to better health outcomes and better value. As we move along the path toward value-based health care and away from traditional fee for service methods, we will continue to strive toward excellence that begins and ends with our patients and is driven and led by our network physicians and providers.

Our current health care model is unsustainable. Patients will hold us more accountable than ever for quality and that quality will be considered collectively with little or no regard to the structures and payment models in place. Hospitals, hospital systems, independent and clinic-employed physicians, skilled nursing facilities, home health agencies, hospice agencies and other touchpoints that patient’s may encounter will all face similar challenges. These challenges hinge on market forces and concepts like transparency, consumerism, changing financial realities, and changing demographics. What is facing us all is not a financial exercise, but a clinical one. Everything we strive for at UnityPoint Health Partners is challenged with the task of overcoming the barriers and implementing fundamental change that our patients will not only experience, but be able to see and measure. Our focus will continue to be driven and led by physicians and providers as our success will be based on clinical performance and delivering high value care in an age of unprecedented transparency and available data analytics. Physicians and other providers, with the support of the community, employers and payers are motivated and ready to improve the way they take care of their patients and the community. UnityPoint Health Partners is here to help network partners to adapt to the market forces facing all of us. Together, we will provide better care for our patients, better health care for our communities and more value.

Join us on our journey to improving the way health care is delivered to our communities.

To learn more about UnityPoint Health Partners visit www.unitypoint.org/ACO or email us at aco@unitypoint.org