The Journey Continues
2014-2015 Value-Based Care Report

UnityPoint Health Partners
Over the past year, we have continued to experience a brisk evolution of the healthcare industry. While the Affordable Care Act helped to catalyze the change, the Sustainable Growth Rate repeal cemented the industry transformation to one that will ultimately require all providers to be engaged in taking financial risk and to account for populations.

With that future clearly in view, UnityPoint Health® Partners (UPHP) must now become the collaborative platform for quality, patient experience, and total cost of care performance. Much has been accomplished in the past year, including deepening the engagement of the UPHP network, increasing physician leadership in governance, making key decisions about taking risk, and advancing our work to become a true clinically integrated network.

All of the above provides focus to several key objectives in the coming year. We must aggregate electronic health record, claims, and billing data from providers across the network and turn that data into actionable information. We must begin to use clinical care pathways and best practices as directed by both independent and employed physician leadership within UPHP. We must find flexible ways to help physician groups begin to take reasonable financial risk. Most importantly, our collective efforts must lead to improved Triple Aim performance.

Our success will hinge on two things: our physician leadership and our ability to execute.

UnityPoint Health Partners will continue to commit the required specialized resources and investment of capital to support this transformation. We will continue to work tirelessly, leaning on the principles of collaboration, physician-driven leadership, and doing what is necessary to achieve results. The journey continues.
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The journey continues.”

Kevin Vermeer
Chief Executive Officer, UnityPoint Health Partners
President & Chief Strategy Officer, UnityPoint Health
Our Goal: To Advance the Triple Aim

The overall goal of care 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 experiences, value and healthier communities. The focused approach underway hinges on collaboration, partnership, trust and ultimately, improved results that benefit our patients. Under the guidance of engaged physicians, UnityPoint Health Partners (UPHP) 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 our network.

UPHP 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.
2014-2015 Results

Quality Performance – Government ACO Contracts

Positive examples of UnityPoint Health Partners’ quality performance can be seen in our recent experience with our government ACO contracts. We report quality measure data under both a Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO) contract and a Pioneer ACO contract. This process requires us to satisfactorily report 33 quality measures for a sample of Medicare patients attributed to our ACO(s) as a precursor to be eligible to receive shared savings. The quality measures span four quality domains and reflect priorities of the National Quality Strategy. The measure sets under these domains address quality objectives such as preventive health, patient safety, patient and caregiver engagement, at-risk population management, and care coordination.

We have processes and support staff in place to collect and report data from both employed and independent physician practices. We have contracted with an approved survey vendor to administer the CGCAHPS survey and have taken an active role to engage network providers in this work. We work with providers to prepare for quality reporting through various educational and assessment opportunities. The strategy ensures ACO providers understand the role they have in supporting success in quality reporting. We successfully reported quality measure data for all three performance years for both government ACO contracts. In addition, the quality performance standard has been met for both MSSP and Pioneer contracts for the past two years.

Quality reporting for 2014 included submitting data for a sample of 4,350 MSSP patients and 2,993 Pioneer patients. Review of the data for measures reported through the GPRO web interface shows that we have met at least the minimum attainment level (30th percentile) for these measures for both the MSSP and Pioneer ACO. The table on pages 8-9 show our 2014 MSSP measured performance compared to our 2013 performance.

Our past experience demonstrates organizational commitment, leadership, and the resource allocation necessary to build clinical integration while continuing successful reporting of quality measure data for our value-based contracts.
Overall Value-Based Contract Performance

UnityPoint Health Partners has been striving to improve upon the Triple Aim since its creation in 2012. In three years, we have received approximately $3.8 million in shared savings as a result of meeting total cost of care targets in our value-based arrangements. In that same timespan, UPHP has also earned $8.9 million related to provider performance in various quality programs. As evidenced by the UnityPoint Health Self-Insured Health Plan’s (SIHP) performance (see page 10), UPHP’s overall quality performance has improved year over year, due to the collaboration of providers and the enhancement of current and new workflows within the clinics.

Participants in the Pioneer and Medicare Shared Savings Program will use those programs to prime the market for more desirable provider-led Medicare Advantage products. The longer an ACO has participated the better they are performing:

- 32% of April 2012 ACOs are receiving savings
- 19% of January 2013 ACOs are receiving savings

Meanwhile, relatively strong-performing MSSP programs continue to be those that are built upon clinically-integrated networks that have spent time “shrinking to reliability”—ensuring that high performing physicians and practices are celebrated and low performing participating practices drop out. ACOs with clarity of strategic purpose are winning, regardless of the absolute value of their earned bonuses.

Tom Cassels
The Advisory Board
Washington DC
## 2014 MSSP Performance Survey/Claims Metrics

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>MSSP 2013</th>
<th>MSSP 2014</th>
<th>2013 vs 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO #1</td>
<td>Getting Timely Care, Appointments, and Information</td>
<td>80.66</td>
<td>84.78</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #2</td>
<td>How Well Your Doctors Communicate</td>
<td>93.32</td>
<td>91.86</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #3</td>
<td>Patients’ Rating of Doctor</td>
<td>91.46</td>
<td>91.72</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #4</td>
<td>Access to Specialists</td>
<td>85.05</td>
<td>85.43</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #5</td>
<td>Health Promotion and Education</td>
<td>55.18</td>
<td>57.69</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #6</td>
<td>Shared Decision Making</td>
<td>73.72</td>
<td>74.98</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #7</td>
<td>Health Status/Functional Status</td>
<td>72.28</td>
<td>74.07</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #8</td>
<td>Risk Standardized, All Condition Readmissions †</td>
<td>14.62</td>
<td>15.37</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #9</td>
<td>ASC Admissions: COPD or Asthma in Older Adults †</td>
<td>1.12</td>
<td>1.05</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #10</td>
<td>ASC Admission: Heart Failure</td>
<td>1.16</td>
<td>1.14</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #11</td>
<td>Percent of PCPs who Qualified for EHR Incentive Payment</td>
<td>64.03</td>
<td>84.99</td>
<td>▲</td>
</tr>
</tbody>
</table>

*No Shared Savings Program ACO is in Performance Year 3 for the 2014 reporting year (UPHP MSSP 2014 = PY2)*

† Measure is scored such that a lower rate is indicative of better performance

Indicates Performance is < 30th percentile

Performance < 30th percentile

† Lower = better performance

Pay for Reporting

Pay for Performance
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>MSSP 2013</th>
<th>MSSP 2014</th>
<th>2013 vs 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO #12</td>
<td>Medication Reconciliation</td>
<td>98.80</td>
<td>99.63</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #13</td>
<td>Falls: Screening for Fall Risk</td>
<td>21.23</td>
<td>48.55</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #14</td>
<td>Influenza Immunization</td>
<td>52.00</td>
<td>62.81</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #15</td>
<td>Pneumococcal Vaccination</td>
<td>61.10</td>
<td>66.15</td>
<td></td>
</tr>
<tr>
<td>ACO #16</td>
<td>Adult Weight Screening and Follow-up</td>
<td>65.88</td>
<td>62.39</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #17</td>
<td>Tobacco Use Assessment and Cessation Intervention</td>
<td>92.79</td>
<td>90.81</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #18</td>
<td>Depression Screening</td>
<td>20.05</td>
<td>60.94</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #19</td>
<td>Colorectal Cancer Screening</td>
<td>77.65</td>
<td>68.47</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #20</td>
<td>Mammography Screening</td>
<td>72.27</td>
<td>67.32</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #21</td>
<td>Adults blood pressure screening</td>
<td>48.73</td>
<td>37.75</td>
<td>▼</td>
</tr>
<tr>
<td>Diabetes Composite</td>
<td></td>
<td>36.36</td>
<td>33.56</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #22</td>
<td>Hemoglobin A1c Control (HbA1c) (&lt;8 percent)</td>
<td>76.69</td>
<td>72.44</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #23</td>
<td>Low Density Lipoprotein (LDL) (&lt;100 mg/dL)</td>
<td>58.97</td>
<td>58.44</td>
<td></td>
</tr>
<tr>
<td>ACO #24</td>
<td>Blood Pressure (BP) &lt; 140/90</td>
<td>80.89</td>
<td>81.33</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #25</td>
<td>Tobacco Non Use</td>
<td>82.75</td>
<td>83.11</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #26</td>
<td>Aspirin Use</td>
<td>85.82</td>
<td>94.19</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #27</td>
<td>Diabetes HbA1c poor control (&gt;9 percent) †</td>
<td>14.92</td>
<td>14.22</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #28</td>
<td>HTN blood pressure control (&lt; 140/90)</td>
<td>78.90</td>
<td>79.57</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #29</td>
<td>IVD complete lipid profile and LDL control &lt; 100mg/dl</td>
<td>56.57</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>ACO #30</td>
<td>IVD use of Aspirin or other antithrombotic</td>
<td>89.20</td>
<td>94.43</td>
<td>▲</td>
</tr>
<tr>
<td>ACO #31</td>
<td>HF Beta-Blocker Therapy for LVSD</td>
<td>71.19</td>
<td>87.22</td>
<td>▲</td>
</tr>
<tr>
<td>CAD Composite</td>
<td></td>
<td>65.78</td>
<td>63.82</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #32</td>
<td>Drug Therapy for Lowering LDL Cholesterol</td>
<td>71.60</td>
<td>70.91</td>
<td>▼</td>
</tr>
<tr>
<td>ACO #33</td>
<td>ACE/ARB Therapy for Patients with CAD and DM and/or LVSD</td>
<td>77.78</td>
<td>77.18</td>
<td>▼</td>
</tr>
</tbody>
</table>

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† Measure is scored such that a lower rate is indicative of better performance
Indicates Performance is < 30th percentile
Evolution of the Self-Insured Health Plan (SIHP) Value-Based Arrangement

In 2013, pay-for-reporting metrics were used to incent physicians to share data and join our value-based journey. In 2014 we moved into a shared savings contract in an effort to reduce the total cost of care while still focusing on preventative quality metrics.

Over the past two years we have learned that quality metric performance alone will not reduce healthcare spending. Utilization patterns must change as well. As such, emergency department and advanced imaging utilization metrics were added to the 2015 value-based payer arrangements. Additionally, a patient experience component has been integrated into the contract, helping to fulfill a Triple Aim focus.

<table>
<thead>
<tr>
<th>Metric</th>
<th>2013 Result</th>
<th>2014 Result</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Adult BMI</td>
<td>32%</td>
<td>55%</td>
<td>+23%</td>
</tr>
<tr>
<td>*Child BMI</td>
<td>28%</td>
<td>75%</td>
<td>+47%</td>
</tr>
<tr>
<td>*Diabetes: HgA1C &lt;8%</td>
<td>73%</td>
<td>70%</td>
<td>-3%</td>
</tr>
<tr>
<td>*HTN: Blood Pressure Control &lt;140/90</td>
<td>79%</td>
<td>84%</td>
<td>+5%</td>
</tr>
<tr>
<td>**Breast Cancer Screening</td>
<td>76%</td>
<td>83%</td>
<td>+7%</td>
</tr>
<tr>
<td>**Colorectal Cancer Screening</td>
<td>44%</td>
<td>51%</td>
<td>+7%</td>
</tr>
<tr>
<td>**Pediatric Well Child Visits - 15 months</td>
<td>60%</td>
<td>60%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Self-Reported metrics ** Claims-based metrics
Patient Experience

*MSSP Patient Experience Scores*

UnityPoint Health Partners ranked above the 50th percentile of all Medicare Shared Savings Program (MSSP) Accountable Care Organizations in eight of ten domains surveyed.

Feedback from patients and their families is vital to direct our strategy for improving patient experience. Good communication is key to decreasing patient anxiety and concerns.

The theme of the 2015 Leadership Symposium for UnityPoint Health was “Unity begins with you.” When all physicians, employees and leaders across the network embrace this credo we will own the moment and do what is right for our patients, their families, and all whom we serve.

2015 also marked the first annual “Own the Moment” Patient Experience Conference. Almost 400 leaders across the network gathered to understand the feedback from patients and recognize the need to move forward collaboratively in response to our current performance.

UnityPoint Health Partners is committed to building an infrastructure that allocates human and financial resources for improving the experience of those we serve. And, we want to insure that these endeavors are supported by a culture of excellence and accountability that is reinforced at all levels of leadership and throughout the network.

To see performance for all MSSP quality metrics, go to unitypoint.org/aco and click on “Quality Measures”.
Greater Reporting Transparency

As we move forward, it is critical to put into practice what our physician leadership has endorsed: full data transparency. High performing organizations know that sharing performance results drives performance.

In 2016 we will fulfill our physicians’ request and begin to share quality, patient experience and total cost of care performance. In a financial risk-based environment, caregivers need to be armed with this information to make the best informed choices about who to refer to or which site of care to recommend.

The goal is to observe rapid performance optimization across the network in a way that allows all physicians and sites of care to consistently demonstrate the highest level of performance. When this is achieved, UnityPoint Health Partners will be able to successfully differentiate itself and its members in the marketplace.
Countless patients have had to face uncertainty and fragmentation in how they navigate their health care. UnityPoint Health Partners is committed to evolving this old way with a better one – a seamless, coordinated system that allows patients to more easily move between various sites of care.

Physician alignment into clinically-integrated networks is a crucial component of coordinated care. Hospitals, clinics, home care and other services will now be more carefully integrated, allowing for providers to help patients make the decisions in their care that are evidence-based and data-driven.

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.
Using Data to Improve Care - Childhood Obesity Screening

An example of the use of transparent data to drive quality improvement throughout UnityPoint Health Partners’ network is the improvement in childhood obesity screening. Childhood obesity is unquestionably on the rise in the US, and its future impact on overall population health cannot be overemphasized. Having conversations about childhood obesity during pediatric visits, and offering support and strategies to improve diet and physical activity, are important strategies to help curb this trend.

UnityPoint Health Partners began to measure network performance on childhood obesity screening in 2013. That year, in the UnityPoint Health Self-Insured Health Plan (SIHP) population, providers screened for childhood obesity 28 percent of the time during pediatric well child visits. This data was transparently shared with all provider groups. Our network utilized this information, emphasized the importance of obesity screening, developed workflows that allowed this important data to be captured in the patient record, and dramatically improved this performance metric. In 2014, network performance for the same population improved to 75 percent, a 47 percent improvement in one year.
Clinical Care Pathways

As we strive to improve patient centered care, developing clinical care pathways has been identified as a core clinical competency. Clinical care pathways are a foundational process which will allow evidence-based, standardized care throughout all care settings.

This work is being led by a multidisciplinary, cross regional team of physicians and clinicians. Our formal definition of clinical care pathways is:

“A clinical care pathway is a standardized, evidence based, multidisciplinary approach which identifies an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for our patient population across the care continuum. As part of this process, we strive to collaborate with a vendor(s)/partner(s) to align order sets, clinical decision support, protocols, policies, and procedures to the standardized clinical care pathways, with an ultimate goal to efficiently implement these standardized clinical care pathways to optimize patient outcomes.”

A group of physician leaders is currently engaging leading health systems and vendors with experience and success in this important work. We hope to utilize a partner to enhance our efforts to provide evidence-based, high quality, consistent care across the network.
EpicCare Link

Emergency department (ED) utilization was identified as an area of opportunity for UnityPoint Health Partners based on comparison of current utilization to national benchmarks. The UnityPoint Health Partners Finance & Network Development Council (FNDC) decided to perform an in-depth analysis on ED visits that were considered “potentially avoidable” in an effort to reduce unnecessary ED utilization. Using UnityPoint Health Self-Insured Health Plan data, each region was tasked with identifying trends, themes, and opportunities for improvement. These findings were brought forth and discussed by the FNDC, which resulted in new ideas to address performance across the entire UnityPoint Health Partners network. EpicCare Link was one of those ideas.

To better coordinate care and educate patients on access points, providers need to know when their patients have been seen in the hospital or emergency department. When a patient has a hospital or ED visit, EpicCare Link provides real-time notification to the patient-identified provider’s inbox and gives them view access for the patient’s chart. UnityPoint Health Partners is offering EpicCare Link to all network providers in order to receive real-time notifications of patient admissions and discharges when patients are seen in UnityPoint Health hospitals. Currently, UnityPoint Health Partners has provided EpicCare Link to ten independent provider groups.

UnityPoint Health Partners is excited to offer EpicCare Link to any interested provider. If your provider group would like to learn more about this opportunity, please contact us at ACO@unitypoint.org.

“Having access to EpicCare Link has dramatically improved our ability to coordinate care for both our current residents and new patient referrals. It allows us to have access to vital, accurate and up-to-date health information, ensuring a positive and seamless transition from UnityPoint Health to Bartels Woodland Terrace.”

Teresa Krueger
Bartels Woodland Terrace Administrator

Bartels Woodland Terrace is part of Bartels Lutheran Retirement Community, a SNF/long-term care provider located in Waverly, Iowa.
UnityPoint Health Partners Connect Physician Portal

We are excited to announce the communication portal UnityPoint Health Partners Connect (UPHP Connect) for all ACO network providers to better support care coordination efforts and the Triple Aim (Better health care for individual patients, better value and more affordable cost of care for all, better health for our communities).

Provider groups have the advantage of accessing a secure web-based platform allowing users to:

- Review provider group level utilization reports, financial and quality performance reports as well as other documents, videos, resource materials and links that support care coordination and population health management
- Utilize a customized provider directory that is searchable for all ACO network providers
- Obtain information through a main communication hub, allowing providers to view the value-based contracts
New Associate Medical Directors

In 2015, UnityPoint Health Partners added two associate medical directors who maintain clinical practice while focusing their talents on their medical leadership role half-time. Dr. Chris Hill, an Emergency Medicine physician in Waterloo, Iowa started in June 2015. Dr. Julia Jenkins, a Family Medicine physician in Johnston, Iowa started in July 2015.

Dr. Chris Hill

Dr. Julia Jenkins
Network Development has acquired a new tool, Quest Analytics, to help give clarity to our goal to achieve network adequacy for UnityPoint Health Partners.

Quest Analytics is the tool used by CMS to verify network adequacy for Medicare Advantage networks, setting Quest Analytics as a trusted national standard. The Quest Analytics Suite allows the UnityPoint Health Partners team to assess network adequacy utilizing the current ACO data allowing for accurate personalized analysis. This tool looks at network adequacy based on time and distance formulas that are customizable to fit our needs.

UnityPoint Health Partners has shared the results of current adequacy with each region to help focus our efforts to fill network gaps. We have adapted the tool’s output into an easy-to-read scorecard. The scorecard shows which populations have network gaps and can be utilized to help further enhance care quality for all patients across a region. The tool is very flexible. In addition to high-level adequacy it can drill down to the zip code level. Quest Analytics Suite is a powerful asset to the UnityPoint Health Partners team, providing quick and accurate assessment of the network.
Waterloo Market – Network Adequacy Example

**Bremer County**
In Bremer County, there are 532 SIHP Members.
For Infectious Disease care, 96.1 percent of members have adequate provider coverage. There are 21 members outside of adequate time/distance parameters. The average distance to the two providers in the surrounding regions is 67.6 miles.
There are no Vascular Surgery providers in the county. 71.1 percent of members are within 75 miles and 100 minutes of a provider. The average distance for a member is 70.9 miles to the two providers within range.

**Grundy County**
In Grundy County, there are 338 members in the self-insured health plan (SIHP).
Allergy providers have 100 percent adequacy. There are no providers are in the county, but there are two within the region. The average distance is 21.8 miles.
For Primary Care, there are 16 provider locations in the county. 100 percent of employees are within 30 miles of a provider, with an average distance of 4.4 miles.

**Black Hawk County**
In Black Hawk County, there are 1,611 SIHP Members.
There are 228 Primary Care provider locations in the County. 92.9 percent of the employees in the plan are within 10 miles of a provider, with an average travel distance to provider of 2.6 miles.
There are no Radiation Oncology providers in the service area. The average distance to see a radiation oncologist is 98.5 miles.
UnityPoint Health Partners has increased efforts to engage in post-acute delivery of care and services by forming a network of high performing partners. To establish this network, priority was placed on partnerships with skilled nursing facilities (SNFs). To standardize our approach in this area, physicians approved several tools to guide the process. These tools include minimum network criteria for SNFs and guiding the selection of high performing providers, an exception process, which establishes a network relationship with SNF’s who currently are not meeting or fall below the minimum criteria. A SNF dashboard was created to provide quality and cost data, guiding the selection process and monitoring of outcomes. Through these efforts we more than doubled our SNF network membership from 2014 to 2015.

**Development of skilled nursing facility minimal network criteria and exception process**

- Minimum standard criteria for joining UnityPoint Health Partners post-acute care network
- Focus on patient experience, care coordination, hospital and emergency department utilization, facility capabilities, quality, cost of care and communication
- Collaborative approach as we work to build a high-performing network in post-acute care services
- Exception process also established as a collaborative approach to work with facilities not currently meeting, or falling below minimum network criteria, establishing a clear path and time frame for alignment

**Post-Acute Care dashboard launch (see sample on facing page)**

- Tracks discharges from UnityPoint Health Partners network hospitals to skilled nursing facility for patient destination intelligence
- Provides information on cost per day, length of stay, total cost per admission, and volume to each unique skilled facility, from our hospital discharges
- Highlights the frequency with which facilities are sending their patients to the emergency department, as well as the percentage requiring a hospital readmission
Post – Acute Skilled Care Scorecard (Skilled Nursing Facilities)
Waivers

Participation in the Medicare Shared Savings Program (MSSP) provides UnityPoint Health Partners (UPHP) the opportunity to offer waivers if they are reasonably related to the purposes of MSSP, which are to:

- Promote accountability for quality, cost and overall care
- Manage and coordinate care
- Encourage investment in infrastructure and redesigned care processes for high-quality and efficient service delivery for patients

Since entering into the MSSP in 2012, a number of waivers have been implemented. A few of the newest waivers include:

**Transitional Care Management (TCM)**

As part of promotion of a holistic patient-centered approach at the time of discharge from an acute care inpatient hospitalization, UPHP created a waiver focused on Transitional Care Management (TCM). The waiver affords an incentive if a network provider completes transitional care management services for the high- and moderately-complex patient and the patient does not experience an unplanned readmission. The incentive is in addition to the enhanced reimbursement the provider receives from many payers. To date, our data shows that the patients who receive TCM services have a significantly lower readmission rate than those who do not receive TCM services.

**Electronic Health Record Program (Epic)**

Access and exchange of clinical information on a real-time basis across the UPHP network is critical to effectively achieve a clinically integrated network. To facilitate the movement toward clinical integration UPHP is providing the opportunity for independent physician partners to participate in a waiver that allows them access to an Electronic Health Record system through a UnityPoint Health contract. The expectation is that this arrangement will allow for better integration and sharing of care plans for all patients, including Medicare beneficiaries, which will shorten the decision-making process, provide efficient service delivery to patients as well as cost savings by avoiding duplication of services.
Patient Experience Survey (Press Ganey)

Patient experience is a significant focus for UPHP and one arm of the Triple Aim. Recognizing that there are financial and administrative barriers to implementing a survey within some physician practices, UPHP created a waiver that allows for access to a selected vendor-administered survey tool and subsidizes a portion of the total cost. This arrangement further promotes accountability for quality of UPHP patients by allowing UPHP to evaluate trends and identify potential network opportunities to improve patient experience. Currently there are 44 independent practices that have implemented or are in the process of implementing the vendor-administered survey tool.

Behavioral Health

It is well recognized that there is a shortage of mental and behavioral health services in our communities and nationally. To help alleviate the shortage UPHP instituted a waiver that allows a PCP to make clinic space available at a rate below fair market value to a mental or behavioral health provider for the purposes of assessment, treatment, and coordinated care planning. In doing so, a mental and behavioral health provider is integrated into the care team and seamless, consistent care is delivered to the patient.

Data Analytics Software (OptumOne)

As UPHP moves toward a clinically integrated network, it becomes critical that all participating providers have access to the same comprehensive information created by data generated from multiple providers and multiple clinics. To support that need, in 2016 UPHP will be making available the opportunity for a participating provider group to provide and access data through a common software program. The software combines disparate data sources into a single patient record. This information allows a provider group to identify if medical tests have already been performed, identify gaps in care, and understand overall utilization and costs.
## Our Value-Based Contracts

<table>
<thead>
<tr>
<th>Medicare Shared Savings Program/Pioneer</th>
<th>Wellmark ACO</th>
<th>UnityPoint Health Self-Insured Health Plan (SIHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnityPoint Health Partners (UPHP) did not meet the Medicare Shared Savings Program or the Pioneer ACO financial targets for the 2014 performance year; however, UPHP has realized savings in the Pioneer ACO the past two years. UPHP continued to experience issues with the calculation around risk score capping and national trend in these contracts. UPHP intends to take the learnings from the success in the Pioneer ACO and pursue entry into the Next Generation ACO program, as the financial calculations have been modified favorably to encourage greater success.</td>
<td>UPHP once again performed better than the 2014 Wellmark Trend financial target, resulting in shared savings for the network. Additionally, UPHP performed well in the Value Index Score component which rewards providers for their performance in certain quality measures. This marks UPHP’s third year in the Wellmark ACO; UPHP has achieved both shared savings and quality incentives each year.</td>
<td>The UnityPoint Health Self-Insured Health Plan (SIHP) did not meet target on our global per member, per month (PMPM) target, primarily due to specialty pharmacy use and high-cost utilization, particularly oncology services. The SIHP did meet its target on two of three claims-based metrics. Overall network participation increased, and we improved performance from the prior year in the majority of the quality metrics. In 2015, utilization metrics for various points of care have been incorporated to help reduce the total cost of care.</td>
</tr>
<tr>
<td>Iowa Medicaid ACO</td>
<td>UnitedHealthcare</td>
<td>Blue Cross Blue Shield of Illinois</td>
</tr>
<tr>
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<tr>
<td>UHP began participating in the Iowa Medicaid ACO in April of 2014. This pay-for-performance arrangement includes provider incentives for ensuring Iowa Health and Wellness Plan members complete a Health Risk Assessment and annual wellness exam. In 2014, UHP providers earned incentive dollars related to the completion of these Healthy Behavior activities. Currently, UHP has approximately 10,000 Iowa Health and Wellness Plan lives attributed to its providers. Additionally, providers are measured on their improvement of the Value Index Score (VIS) quality measures on this population. UHP also earned quality incentives for their VIS performance in the first year of participation.</td>
<td>In the fourth quarter of 2014, we began our first year of participation in the UnitedHealthcare ACO. Currently, there are 1,700 PCPs and Specialists participating, with approximately 71,000 UnitedHealthcare fully insured or self-funded customers included. At the time of this publication we do not have the financial results for our first year. Early indicators are that we are not doing as well as desired with costs. Efforts are underway to understand the root causes. However, we are maintaining our high quality care as demonstrated by our consistent achievement of an average of 95 of 100 possible points each quarter.</td>
<td>Beginning January 1, 2016, UHP will begin a three-year ACO agreement with Blue Cross Blue Shield of Illinois. This agreement is applicable to any UHP Participating Provider Group that participates in a BCBSIL PPO or Blue Choice contract and provides care to BCBSIL members who reside in select counties in Illinois and Iowa.</td>
</tr>
</tbody>
</table>
Evolution of the governance structure for UnityPoint Health Partners

Over the past year, UnityPoint Health Partners made several important changes to its governance structure. We added more physicians to our Board of Managers and Finance and Network Development Council (FNDC). We revised the charters for the Quality and Clinical Integration Council (QCIC) and FNDC to better streamline decision-making, also allowing for effective sub-committee creation (such as one for SNF/Post-Acute Care). And, an Advisory Team was created, comprised of executive leaders of independent physician groups across the network to provide valuable input and guidance on key issues, such as data sharing, risk model development and network evolution.
Quality & Clinical Integration Council (QCIC)

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 health 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 nearly all being practicing physicians.

QCIC 2014-15 Accomplishments

- Established five network priorities:
  - Common quality metrics
  - Furthering Patient-Centered Medical Home initiatives and intensive home medical initiatives
  - Post-discharge outpatient visit
  - Keeping care within the UnityPoint Health Partners network
  - Identify PMPM (Per Member Per Month) opportunities
- Developed the first network common care protocol and algorithm that follows HEDIS recommendations for treating low back pain
- Enhanced care coordination with focus on the post-acute discharge outpatient visit with guidelines for patients with discharges from the hospital back to the clinics
  - This work included development of EpicCare Link, providing physicians with read-only access to that inpatient stay or emergency visit medical record
- Endorsed full transparency for data of network providers
- Approved waivers, vetting their enhanced impact on quality and patient experience
  - Examples include Transitions in Care Management, the patient experience survey and behavioral health waivers
- Approved standard network quality metrics and targets to improve quality results and standards throughout the network
- Endorsed the creation of a clinical care pathways subcommittee to develop standard, evidence-based care protocols throughout the network; also recommended Diabetes and COPD as focus areas for initial clinical care pathways
- Approved the 2015-2016 Self Insured Health Plan (SIHP) quality metrics and targets
- Endorsed 11 quality metrics to be included in the UnitedHealthcare value-based contract
- Approved the 2015 Shared Savings Model

QCIC 2015-16 Goals

- Clinical Care Pathway deployment
- A single set of payer quality metrics
- Develop simplified and standardized metrics for specialists
QCIC Members

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

Dr. Derek Clevidence
Physician – Family Medicine
Medical Director of Clinical Quality
Meriter Medical Group
Madison Region

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

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

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

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

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

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

Dr. Adam Roise
Physician, Family Medicine
Medical Director
Northeast Iowa Family Medicine
Waterloo Region

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

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

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

Dr. Robert Stewart
Physician – Critical Care & Pulmonology
UnityPoint Clinic
Sioux City Region

Dr. Christi Taylor
Physician – Internal Medicine
The Iowa Clinic
Central Iowa Region
Finance & Network Development Council (FNDC)

The FNDC is concerned with the total cost of care performance, network adequacy, payer contracting, waivers, forecasts and budgeting, funds distribution and reporting/integrity. This Council includes voting membership of providers from each region with nearly all being practicing physicians.

**FNDC 2014-15 Accomplishments**

- Developed 2014 and 2015 Shared Savings distribution models
- Entered into UnitedHealthcare and Iowa Wellness Plan VBPAs
- Added 56 new provider groups to the UPHP Network
- Developed minimum network criteria and multi-region provider group approval process
- Patient experience survey tool waiver
- Transitional Care Management (TCM) participation waiver
- Mental health care coordination waiver
- Electronic health record waiver
- Risk modeling
- Next Generation ACO review

**FNDC 2015-16 Goals**

- Measure and obtain an adequate provider network with focus on the Post-Acute network
- Develop minimum network criteria for Skilled Nursing Facilities (SNFs)
- Develop models for downside risk
- Reduce utilization of ED and advanced imaging
- Enter into new value-based arrangements
- Create an advisory team to further network engagement
FNDC Members

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

Dr. Dan Allen
Physician – Internal Medicine
Regional VP/Medical Director
UnityPoint Clinic
Central Iowa Region

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

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

Dr. Mark Belz
Physician – Nephrology
Iowa Kidney Physicians, P.C.
Central Iowa Region

Dr. Joseph Compton
Physician—Internal Medicine
Dubuque Internal Medicine
Dubuque Region

Dr. Elizabeth Day
Physician – Critical Care Pulmonologist and Chief Medical Information Officer
UnityPoint Health – Fort Dodge
Fort Dodge Region

Beth Erdman
Chief Financial Officer
Meriter Medical Group
Madison 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

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

Dr. Michael Piplani
Chief Medical Officer—Physician
Siouxland Community Health Center
Sioux City Region

Rob Quin
Vice President and Chief Financial Officer
UnityPoint Health – Peoria
Peoria Region

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

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

Dr. Lincoln Wallace
Physician – Family Medicine
UnityPoint Clinic
Medical Director
Trinity Pioneer ACO
Fort Dodge Region

Patty Williamson
Chief Financial Officer
Quincy Medical Group
Quincy Region
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 and Clinical Integration Council and the Finance and 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 seats include 9 physicians (5 Independent and 4 employed) and 6 non-physicians. The 6 non-physician members are appointees of the UnityPoint Health CEO and include 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.
In 2015 the UnityPoint Health Partners Advisory Team was formed. This team is made up of executive leaders from various independent physician groups from across Iowa, Illinois and Wisconsin as well as the CFO from UnityPoint Clinic. The purpose of this collaborative team is to advise UPHP leadership on the development of risk-sharing models, how to improve data sharing, and what concepts in value based contracts successfully drive performance. In addition this group has discussed how the SGR repeal will impact physician groups and how to advance UPHP to meet the requirements of a clinically integrated network. The learning and feedback from this group has proven invaluable in advancing the work of UPHP in a way that resonates with independent physicians.
Closing Thoughts

The first years of our journey have been filled with learning and many successes. And there are a number of exciting developments underway for 2016, including:

- UnityPoint Health Partners (UPHP) will incorporate fee schedules in messengered participation opportunities.
- We will bring OptumOne data aggregation online, providing utilization analysis, physician profiling, predictive analytic models, and risk analysis.
- We will develop incentives around a Medicare Advantage product to launch in January 1, 2017.
- We anticipate being one of 20 organizations in the country selected to participate in the Next Generation ACO program, which will introduce downside risk for nearly 60,000 Medicare lives.

- We will begin using risk-sharing models with network groups in a flexible and meaningful way to help all prepare for future risk taking to meet governmental requirements.
- We will upgrade our web portal, including a new facility directory to aid provider groups in referring patients within the ACO network.
- A clinical improvement team will be built to work with network participants to assist with improving performance.
- UPHP will meet network adequacy requirements in nearly all of its markets, enabling it to serve as a coordinated network for various insurance products including Medicare Advantage, commercial and exchange products.

Your continued contributions and support are vital to helping us achieve these important goals!

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 e-mail us at aco@unitypoint.org
## Providers

### MULTIPLE REGIONS
- UnityPoint Clinic

### CEDAR RAPIDS
- Linn Community Care
- Marengo Memorial Hospital and clinics
- OB-GYN Associates, P.C.
- Physicians’ Clinic of Iowa
- Radiology Consultants of Iowa, P.L.C.
- Regional Family Health
- Virginia Gay Hospital clinics
- UnityPoint Health - Cedar Rapids

### CENTRAL IOWA
- Allergy and Asthma Associates, PC
- Blank Health Providers
- Des Moines Orthopaedic Surgeons
- Des Moines University Osteopathic Medical Center
- East Village Foot & Ankle Surgeons
- Eyerly Ball
- Iowa Diabetes and Endocrinology Center
- Iowa Endoscopy Center, Inc.
- Iowa Head & Neck, PC
- Iowa Kidney Physicians
- Iowa Pathology Associates, PC
- Iowa Radiology, P.C.
- Iowa Surgery Center, PC
- Koch Facial Plastic Surgery & Spa
- McClairen, Willie C. Jr., M.D.
- Metro Oncology and Hematology Associates
- Metro Anesthesia & Pain Management, LLC
- Pediatric and Adult Allergy, P.C.
- Porto, Dennis P., M.D.

### DUBUQUE
- Tri-State IPA
- Cornerstone Family Practice
- Dubuque Family Practice
- Dubuque Internal Medicine
- Dubuque Pediatrics
- Tri-State Family Practice
- UnityPoint Health - Finley

### FORT DODGE
- Stewart Memorial Hospital Clinics
- UnityPoint Health – Fort Dodge

### MADISON, WI
- Meriter Medical Group
- Meriter - UnityPoint Health

### PEORIA, IL
- Methodist Medical Group
- Proctor Medical Group
- Proctor First Care
- UnityPoint Health – Methodist | Proctor

### QUAD CITIES
- Advanced Radiology, SC
- Cardiovascular Medicine, PC
- Caring Dermatology, PC
- Davenport Surgical Group, PC
- Digestive Disease Specialists
- Dodson, Kevin C., D.P.M.
- Eastern Iowa Gastroenterology, PLC
- Endocrine Associates of the Quad Cities
- Fiscella, Ronald B., M.D.
- Franklin Pediatrics
- Gastrointestinal Clinic of the Quad Cities
- Govindaiah, Sujatha, M.D., S.C.
- Great River Medical Group
- Hammond Henry Hospital
- Heartland Clinic, LLC
- Hematology & Oncology Care
- Hybrid Medical Group
- John Deere Medical Group
- Johnson, Gordon, D.O., P.C.
- Kidney Care Quad Cities, LLC
- Leno, John, M.D., SC
- Metropolitan Medical Lab
- Orthopaedic Specialists, P.C.
- Pediatric Group Associates
- Purighalla Neuroscience & Spine Institute
- QC Medical Group and Weight Loss Clinic
- Quad Cities Foot and Ankle Associates, PC
- Quad Cities Nephrology Associates, P.L.C., L.L.C.
- Quad Cities Pathologists, LLC
- Regional Health Partners, LLC
- River Valley Family Practice, Ltd.
- Stone Ridge Medical Group
- The Robert Young Center for Community Mental Health
- Trinity Medical Center-Quad Cities
- Trinity Medical Center-Muscatine
- Urological Associates, P.C.
- Virdi Eye Clinic
- Waterford Family Medicine
## Facilities

### QUINCY, IL
- Quincy Medical Group

### SIOUX CITY
- Family Health Care of Siouxland
- Floyd Valley Hospital Family Medicine Clinic
- Prairie Pediatrics
- Siouxland Community Health Center
- Siouxland Hospitalists PLLC
- Siouxland Medical Education Foundation
- St. Luke’s Health Resources
- St. Luke’s Regional Medical Center of Sioux City

### WATERLOO
- Allen Memorial Hospital
- Black Hawk Grundy Mental Health Center, Inc.
- Cedar Valley Medical Specialists
- Cedar Valley Neuropsychology
- Community Memorial Hospital Medical Clinic-Sumner
- Family Foot Health Care, PLC
- Grundy County Memorial Hospital (CAH)
- Heartland Neurosurgical Services, PLLC
- Kettman Pranger Family Medicine
- Kontos, Annie M., P.C.
- Medical Associates of Independence
- Musgrave, John W., M.D.
- NE IA Medical Education Foundation
- Peoples Community Health Clinic (FQHC)
- Physical Medicine and Rehabilitation Associates of NE Iowa, Inc.
- Psychiatric Associates of Northeast Iowa, P.C.
- Smith, Matthew J., M.D.
- Total Health of Iowa, Inc.
- Waverly Health Center

### MULTIPLE REGIONS
- UnityPoint at Home
- UnityPoint Hospice

### CEDAR RAPIDS
- Jones Regional Medical Center
- Regional Medical Center
- Marengo Memorial Hospital
- Virginia Gay Hospital, Inc.
- UnityPoint Health - Cedar Rapids – St. Luke’s Hospital

### CENTRAL IOWA
- Calvin Community
- Edgewater, A Wesley Active Life Community, L.L.C.
- Hearthstone, A Ministry of WesleyLife, L.L.C.
- Iowa Endoscopy Center, Inc.
- Iowa Pathology Associates, PC
- Iowa Radiology, P.C.
- Lifeworks
- Norwalk Nursing and Rehabilitation Center
- On With Life, Inc.
- Prairie Vista Village
- UnityPoint Health - Des Moines:
  - Blank Children’s Hospital
  - Iowa Lutheran Hospital
  - Iowa Methodist Medical Center
  - John Stoddard Cancer Center
  - Methodist West Hospital
- Wesley Community Services, Inc.
- Wesley Retirement Services, Inc.

### DUBUQUE
- UnityPoint Health - Finley Hospital

### FORT DODGE
- Stewart Memorial Hospital
- UnityPoint Health – Trinity Regional Medical Center

### MADISON, WI
- Meriter - UnityPoint Health

### PEORIA, IL
- UnityPoint Health - Methodist | Proctor

### QUAD CITIES
- Hammond Henry Hospital
- UnityPoint Health – Trinity
- Trinity Bettendorf
- Trinity Moline
- Trinity Muscatine
- Trinity Rock Island

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

### WATERLOO
- Community Memorial Hospital
- Grundy County Memorial Hospital
- Buchanan County Health Center
- UnityPoint Health – Allen Hospital
- Waverly Health Center