

ACO Name and Location

Physician Quality Partners, LLC
1505 Doctors Circle
Building B
Wilmington, North Carolina 28401

ACO Primary Contact

<i>Primary Contact Name</i>	Lydia Newman, MPP
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Organizational Information

ACO participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Intracoastal Internal Medicine, PA	N
New Hanover Regional Medical Center	N
Carolina Healthcare Associates, Inc.	N

ACO governing body:

Member			Member's Voting Power	Membership Type	ACO Participant TIN Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Beste	Janalynn	MD, Chair	1	ACO Participant	NHRMC
Brown	Philip	MD	1	ACO Participant	NHRMC
Boyd	Andre		1	ACO Participant	NHRMC
Leonard	Andre	MD	1	ACO Participant	Intracoastal Internal Medicine, PA
Lewis	Charmaine	MD	1	ACO Participant	Carolinas Healthcare Associates, INC
Simms	David		1	Medicare Beneficiary	
Smith	William	MD	1	ACO Participant	Carolinas Healthcare Associatiates, INC

Key ACO clinical and administrative leadership:

Lydia Newman, MPP	ACO Executive
Amy Messier, MD	Medical Director
Kimberly Busenbark	Compliance Officer
Diana Amedy, BSN, RN	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
Operating Committee	Charin Hanlon, MD, Chair
Compliance Committee	Lydia Newman, MPP, Chair
Utilization Subcommittee	Amy Messier, MD, Chair
Quality Improvement Subcommittee	Diana Amedy, BSN, RN

Types of ACO participants, or combinations of participants, that formed the ACO:

- Hospital employing ACO professionals

Shared Savings and Losses**Amount of Shared Savings/Losses**

- First Agreement Period
 - Performance Year 2016, \$0

Shared Savings Distribution

- First Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A

Quality Performance Results

2016 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	77.64	79.9
ACO-2	CAHPS: How Well Your Providers Communicate	93.15	92.63
ACO-3	CAHPS: Patients' Rating of Provider	92.55	91.93

ACO-4	CAHPS: Access to Specialists	81.27	83.52
ACO-5	CAHPS: Health Promotion and Education	64.64	60
ACO-6	CAHPS: Shared Decision Making	73.89	75.28
ACO-7	CAHPS: Health Status/Functional Status	74.88	71.82
ACO-34	CAHPS: Stewardship of Patient Resources	26.54	27.52
ACO-8	Risk-Standardized, All Condition Readmission	14.65	14.7
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	18.17	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	50.36	53.2
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	74.27	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	60.39	59.81
ACO-9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	7.59	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	14.73	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	80.56	82.72
ACO-39	Documentation of Current Medications in the Medical Record	96.74	87.54
ACO-13	Falls: Screening for Future Fall Risk	91.6	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	83.09	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	82.94	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	91.3	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	95.74	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	87.04	53.63
ACO-19	Colorectal Cancer Screening	61.33	61.52
ACO-20	Breast Cancer Screening	88.51	67.61

ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented	51.92	76.84
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	86.08	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	6.8	18.24
ACO-41	Diabetes: Eye Exam	52.8	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	73.28	70.52
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	84.92	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	96.88	88.67
ACO-33	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – for patients with CAD and Diabetes or Left Ventricular Systolic Dysfunction (LVEF<40%)	85.14	79.67

Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low samples.

- For 2016 Quality Performance Results please visit: <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/2016-Shared-Savings-Program-SSP-Accountable-Care-O/3jk5-q6dr/data>

Note: In the Quality Performance Results file(s) above, search for “Physician Quality Partners, LLC” to view the quality performance results. This ACO can also be found by using the ACO ID A20168 in the public use files on data.cms.gov.

Payment Rule Waivers

- No, our ACO does not use the SNF 3-Day Rule Waiver.

Physician Quality Partners, LLC

ACO Participation Waiver Documentation for Hospital Quality and Efficiency Program (HQEP)

Parties Involved: Physician Quality Partners (PQP), New Hanover Regional Medical Center (NHRMC), Moore Orthopaedics PA, Carolina Sports Medicine and Ortho Specialists PA, Cape Fear Sports Medicine PA, Bowling Jack W Jr MD, Ortho Wilmington PA, Emerge Ortho

Additional orthopedic practices and providers may be added to this program as deemed appropriate and necessary, by PQP and NHRMC.

Start Date: August 1, 2015 **End Date: Ongoing**

Description/Purpose of the Arrangement:

PQP has developed a program, in conjunction with NHRMC to provide quality based incentive payments to certain members of the NHRMC medical staff in the orthopedic service lines. Under this arrangement, NHRMC has entered into a contract whereby NHRMC will provide funding to PQP in return for the ACO administering the quality program, overseeing performance, and distributing compensation to providers who meet specified quality benchmarks. These benchmarks are approved by the PQP Board of Managers to ensure high quality care of individuals undergoing surgery, or follow-up care from the orthopedic service line. The PQP Board of Managers will review the goals and effectiveness of the program periodically to determine whether the quality goals should be adjusted, to help ensure the program meets the intended purpose of increasing the quality of care provided to individuals receiving orthopedic services while avoiding unnecessary costs associated with events like readmission, post-surgical blood clots, and other usually preventable concerns.

All compensation provided under HQEP is related to the ability of the individual provider to meet the stated quality goals. Payments are not made based on number of services provided or referral to NHRMC. Moreover, providers participating in HQEP are in no way guaranteed or provided any preference in assigning or referring patients.

Items, Services and/or goods included:

Compensation under HQEP is provided in the form of a bonus payment. Some quality goals are measured and paid on a quarterly basis, while others are longer term goals and paid out annually. These payments are made irrespective of whether or not the ACO is able to achieve shared savings under the Medicare Shared Savings Program.

All compensation provided under the HQEP is based on fair market value as to the services provided and does not take into account the volume or value of referrals or other business generated by any provider. Compensation will be actively monitored and adjusted on at least an annual basis, and is reviewed by a third party to ensure appropriate fair market value rates are used. Moreover, providers participating in HQEP are in no way guaranteed or provided any preference in assigning or referring patients.

Relation to Purposes of the Medicare Shared Savings Program

In order for this program to move forward, the PQP Board of Managers must make and duly authorize a bona fide determination, consistent with each member's duty under 42 CFR 425.106(b)(3), that the arrangement is reasonably related to one of the stated purposes of the Shared Savings Program. Please select at least one of the following **and then describe how this program is reasonably related to that purpose:**

Promoting accountability for the quality, cost and overall care for a Medicare patient population as described in the Shared Savings Program: The HQEP is intended to provide a financial incentive to

members of the NHRMC medical staff under the orthopedic service line based on their ability to increase the quality of care provided to individual while lowering costs by avoiding care associated with events such as readmission, post-surgical blood clots, and other usually preventable concerns. This compensation is intended to incentivize additional accountability for the quality and cost of care for individuals receiving services under the orthopedic service line.

Managing and Coordinating care for Medicare Fee-For-Service beneficiaries through an ACO, or

Encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery for patients, including Medicare beneficiaries.

Authorization by Governing Body

Method of Authorization (select one):

Date: September 2, 2015

Unanimous Written Consent

Governing Body Vote documented accordingly a resolution adopted by the Board of Managers during the 9/2/2015 meeting

Physician Quality Partners, LLC

ACO Participation Waiver Documentation for Hospital Quality and Efficiency Program (HQEP)

As discussed, and noted, when initially implementing the ACO's Participation Waiver for the Hospital Quality and Efficiency Program (HQEP) waiver, Physician Quality Partners, LLC (PQP) has decided to expand the Hospital Quality and Efficiency Program (HQEP) to include additional areas of practice. All other elements of the program remain unchanged though additional benchmarks will be created as appropriate for the neurosurgical, anesthesiology and pathology practices being added.

Parties Being Added to the HQEP: Atlantic Neurosurgical and Spine Specialists, PA, Coastal Neurosurgical Associates, PA, Port City Neurosurgery and Spine, PA, Southeast Anesthesiology Consultants, PLLC, Wilmington Pathology Associates

Start Date: January 1, 2017

End Date: Ongoing

Authorization by Governing Body

Method of Authorization (select one):

Date: August 3, 2016

Unanimous Written Consent

Governing Body Vote documented accordingly a resolution adopted by the Board of Managers during the August 3, 2016

Physician Quality Partners, LLC

ACO Participation Waiver Documentation

Parties Involved: Physician Quality Partners and J. Arthur Doshier Memorial Hospital

Start Date: November 1, 2017

End Date: October 1, 2020 (the “Initial Term”)

After the Initial Term, this Agreement will automatically renew for successive three (3) year terms. The program will be reviewed at least annually to ensure compliance with waiver requirements and a continued focus on promoting accountability for the quality, cost and overall care in southeastern, North Carolina, including the Medicare patient population, and encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery for patients, including Medicare beneficiaries.

Description/Purpose of the Arrangement:

Physician Quality Partners, LLC (PQP), is a Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO), actively engaged in fulfilling the purposes of the MSSP through improvements in care coordination and quality, as well as cost savings . Due to its developing experience and expertise as an Accountable Care Organization actively engaged in care and quality improvement initiatives, PQP has agreed to provide assistance to J. Arthur Doshier Memorial Hospital (Doshier) and to work, in partnership with ACO Participant New Hanover Regional Medical Center (NHRMC), to help Doshier identify and achieve operational, clinical, and quality improvements and efficiencies, while lowering growth in the overall cost of care provided within its community.

The purposes of this arrangement are to support the delivery of quality and cost efficient healthcare services, including through increased cooperation between PQP and Doshier for improved care coordination. There are no agreements or expectations for patient referrals,

and all medical decisions will continue to be made based on the preferences of the patient and the medical judgement of the provider.

Items, Services and/or goods included:

PQP will work with Doshier through consulting and support services based on PQP's experience with promoting accountability for quality, cost and overall care, and improving quality of care while lowering costs through investments in infrastructure and redesigned care processes. This consulting and support services include, but are not necessarily limited to:

1. Working collaboratively with Doshier senior leaders to identify opportunities where NHRMC services and affiliated physicians might be effectively integrated with existing Doshier services and physicians eliminating the need for patients to travel;
2. Assisting with development of programs to provide care locally, rather than needing to transfer patients to tertiary care facilities;
3. Collaborating with Doshier to assess service area volumes and create plans to meet identified needs of the community.
4. Assessing service lines for opportunities to expand and facilitate quality care, advising on recommended data collection and analysis, as well as assistance with development and implementation of community outreach strategies;
5. Review of transfer logs to determine whether transfer was appropriate and in the best interest of the patient, and/or whether additional training or equipment could enable Doshier to keep the patient closer to home in the future;
6. Communicate with clinical leaders at Doshier to determine level of service from specialists providing services at Doshier and provide strategies to address any needs or concerns;
7. Facilitate coordinated marketing in communities that expresses NHRMC and Doshier's aligned strategies supportive of care coordination that keeps quality care local.
8. Performance of a recruitment needs assessment to determine what primary care and specialist physicians are appropriate for Brunswick County. The NHRMC Director of Physician Relations may provide support and assistance in connection with this assessment, as well as recruitment of healthcare professionals. Doshier will retain full responsibility for contracting with and providing incentives for those physicians it determines to recruit.
9. Doshier will participate in the Carolinas Shared Services Purchasing Agreement that NHRMC participates in through Carolinas HealthCare System ("CHS") so as to benefit from group purchasing discounts. PQP shall provide further details prior to commencement.

Community Outreach. PQP shall act as a resource to Doshier to assess community health needs and develop outreach efforts supportive of overall population health management goals. PQP may participate as appropriate in Doshier's community outreach efforts. Such efforts by Doshier

may include, for example, screenings, education, health fairs, and related services for which a patient provider relationship need not be established.

Continuity of Care. PQP shall procure or perform a joint review with Doshier of existing processes for patient transfer, referral, and acceptance to determine the need or opportunities for improvements, as reasonably requested and no less than every two years.

Education and Service Excellence. PQP shall arrange for Doshier to have access to educational opportunities in partnership with NHRMC for Doshier and its staff (with remote access to the extent reasonable and appropriate). PQP shall facilitate sharing of knowledge and experience in adoption of shared strategies and implementation of service and operational excellence principals within NHRMC (for example, leadership development initiatives).

Information Technology. PQP shall provide information regarding technology packages utilized by PQP and NHRMC for clinical and operational services and, upon request from Doshier, shall inquire of each applicable vendor to PQP and NHRMC whether Doshier, as an affiliate pursuant to this Affiliation Agreement, is entitled to a discount or any other special considerations. PQP shall coordinate any information technology- related sharing or cost-savings initiatives provided to Doshier pursuant to this Agreement. Doshier will provide reasonable access and connectivity to imaging and other diagnostic records of NHRMC patients who have received diagnostic testing at Doshier, so as to avoid unnecessary duplication of services and to provide clinicians with more comprehensive patient information, provided that NHRMC covers the cost of such connectivity.

Order Sets and Protocols. PQP shall provide order sets, protocols for treatment of medical conditions by service line, and evidence-based treatment guidelines, as maintained by NHRMC and requested by Doshier.

Operating Policy and Procedure. PQP shall provide access to specific NHRMC Operating Policy and Procedure as reasonably requested by Doshier.

Financial/Economic Terms

Base services will be provided for \$50,000 annually, paid on a monthly basis at \$4,166.67, based on estimated fair market value for such services. Additional support services will be provided at an amount mutually agreed upon by the Parties. Such amount will consider the estimated hours of services and PQP costs related to Executive, Upper Level & Director/Manager level staffing allocated to such services.

Relation to Purposes of the Medicare Shared Savings Program

In order for this program to move forward, this Governing Body must make and duly authorize a bona fide determination, consistent with each member’s duty under 42 CFR 425.106(b)(3), that the arrangement is reasonably related to one of the stated purposes of the Shared Savings Program. Please select at least one of the following and then describe how this program is reasonably related to that purpose:

- Promoting accountability for the quality, cost and overall care for a Medicare patient population as described in the Shared Savings Program,
- Managing and Coordinating care for Medicare Fee-For-Service beneficiaries through an ACO, or
- Encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery for patients, including Medicare beneficiaries.

This affiliation agreement supports the development of a collaborative relationship to support overall care improvement, coordination of care, and cost reduction for all patients, including Medicare beneficiaries. PQP’s experience and growing expertise in promoting accountability for quality, cost and overall care, and in investing in infrastructure and redesigned care processes to improve quality of care and lower costs will provide Doshier with relevant information to evaluate current processes, identify opportunities for improvement, and work to on quality, cost effective care delivery for its patients. The improvements in training and technology will allow Doshier to provide care to a larger group of patients without the need for transfer to other facilities, thus also providing efficiencies and cost savings.

Authorization by Governing Body

Method of Authorization (select one):

Date: 11/1/2017

 Unanimous Written Consent

 X Governing Body Vote documented accordingly in the meeting minutes