

Optimizing Specialty Care in Accountable Care

Strategies from the NAACOS Specialty Care Guidebook



October 10, 2025

Specialty Engagement Toolkit



- Developed to help VBP entities engage specialists in value-based care
 - Combines strategic guidance + practical tools (scorecards, trackers, dashboards, templates)
 - Sections can stand alone or integrate as a full toolkit
 - Provides stepwise approaches informed by experts and real-world case examples
 - Designed for different users: executive leadership, clinicians, analysts, and specialists
- Organized into six sections aligned with the lifecycle of specialist engagement:
 1. Defining Patient Populations, Entry Points, and Attribution
 2. **Data, Analytics, and Scorecards**
 3. Referrals and Networks
 4. Clinical Pathways and P4P
 5. Bundled Payments / Episodes of Care
 6. Advanced Specialty Care Arrangements

Section 2: Data, Analytics, and Scorecards



- Purpose
 - Turn fragmented specialty data into actionable scorecards that foster trust and drive improvement.
- Goals
 - Focus on measures specialists can influence, align with primary care, and support system-wide decisions.
- Best Practices
 - Engagement: Involve specialists early, identify champions, share clear multi-payer data, and focus on high-cost or high-variation specialties.
 - Governance: Align attribution and accountability and use structured peer review with regular meetings to maintain oversight.
 - Operations: Build or partner for analytics, apply actuarial intelligence, standardize workflows, and use multi-payer data with shadow bundles.
 - Sustainability: Maintain peer-to-peer conversations and adapt scorecards to include patient experience and referral patterns.

Specialist Performance Scorecard



- Excel-based & Customizable
 - Organizes metrics into cost, quality, utilization, and patient experience
- Visual & Intuitive
 - Traffic-light indicators show performance against benchmarks at a glance
- Actionable Detail
 - Drill-down functionality enables provider-level analysis
- Flexible Design
 - Add specialty-specific measures (e.g., surgical complications, imaging rates) to reflect local priorities
- Conversation Tool
 - Anchors peer-to-peer performance discussions and fosters trust through transparency

Specialty Care Guidebook


Section 2: Data, Analytics, and Scorecards

Overview

Specialty care is central to improving cost, quality, and outcomes in accountable care, as specialists account for a significant share of health care spending and influence care of patients with complex needs. This resource presents guiding principles and best practices for value-based care organizations looking to develop specialty care scorecards as a tool for optimizing specialist engagement. These stepwise approaches were developed based on feedback from a wide range of industry experts including specialists, clinical leaders, quality and data analysts, business strategists, financial experts, and key operational leaders. This section complements the Specialty Care Scorecard, highlighting useful approaches to

Scan to
access



B	C	D	E	F
 <h3>How to Use This Scorecard</h3> <p>This scorecard helps value-based payment (VBP) and other risk-bearing entities evaluate specialist performance across efficiency, quality of care, utilization, and patient experience. Enter your data in the Provider Result column, and the tool will automatically compare results to benchmarks. The Target Status column will display red, yellow, or green to show performance at a glance.</p> <p>Use this as a conversation tool with specialists. The goal is to support transparency and improvement in areas of opportunity. Start with 5–10 specialties that drive the highest cost or impact for your organization, and customize the metrics or benchmarks as needed to fit your population and priorities.</p> <p>The Core Scorecard includes general metrics that can be leveraged across specialties, while the Optional Specialty Metrics offer more detailed measures across various clinical conditions.</p>				
		Domain		How to Use It
				Broad area being measured (Efficiency, Quality of Care, Utilization, Patient Experience). Helps organize metrics into meaningful categories.
		Metric		Specific measure being tracked (e.g., referral acceptance rate, ED visits per 1,000). These are commonly used across VBP organizations and based on stakeholder input.
		Target/Benchmark		Standard or goal for the metric (e.g., ≥90% or ≤15%). Benchmarks may come from peers, regional markets, national registries, or best practices.



Optimizing Specialty Care in Accountable Care

NAACOS Fall Meeting
Oct 10, 2025

David Dempsey, President & COO Heartbeat Health
David.Dempsey@heartbeathealth.com

Cardiovascular disease is the #1 cause of death worldwide.

Availability of practicing cardiologists
46% of US Counties have no practicing cardiologist

- At least one cardiologist
- No cardiologists

48% of Adults

suffer at **least one** cardiovascular condition.

\$4 Billion

in annual costs.

\$2T by 2050

is the projected **total cost** of cardiovascular care in the U.S.

31% of all deaths

Heart Failure, Arrhythmias and Hypertensive Heart, cause the most deaths

The cascade of care for cardiovascular disease is riddled with **missed opportunities**.

Prediagnosis

Failure to **modify risk factors**

Failure to **elicit and follow people's goals & needs**

Failure to **diagnose**

Failure to **use proven first-line treatments**

Failure to **use advanced treatments**

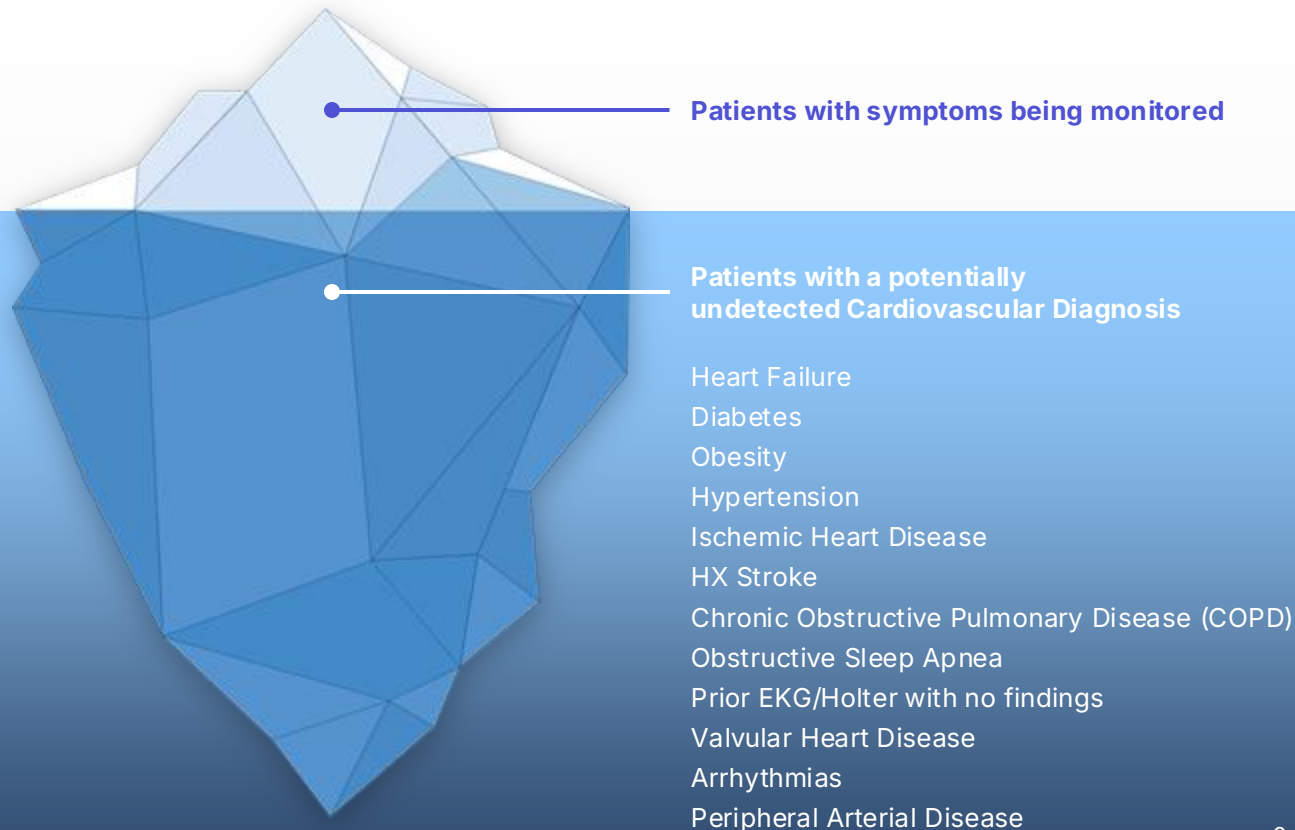
Failure to **provide supportive care**

Advanced disease

Current spend on cardiology may only be the tip of the iceberg.

Diagnosed

Undiagnosed



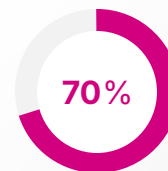
Many patients don't know that they have heart disease.



Howlett J, et al. Clinical practices and attitudes regarding the diagnosis and management of heart failure: findings from the CORE Needs Assessment Survey. ESC Heart Fail. 2018 Feb; 5(1): 172-183.

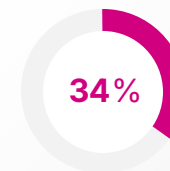
Howlett J, et al. Clinical practices and attitudes regarding the diagnosis and management of heart failure: findings from the CORE Needs Assessment Survey. ESC Heart Fail. 2018 Feb; 5(1): 172-183.

Internal analysis conducted by Heartbeat Health.



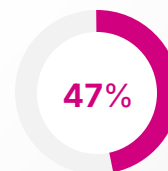
Untreated disease

Up to **70%** of patients that are referred to cardiology never make it.



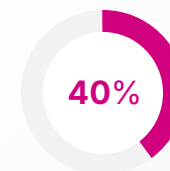
Lack of direct testing

34% of PCPs do not refer directly for echocardiogram.



Direct testing for arrhythmias

47% of PCPs were not comfortable ordering ECG monitors directly.

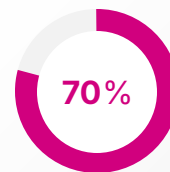


Lack of confidence diagnosing

60% of PCPs are not confident diagnosing heart failure with preserved ejection fraction (EF).

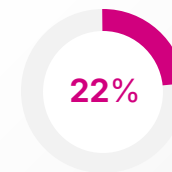
Many patients **don't** see a cardiologist.

Of those seen, **few** are on guideline-based therapy.



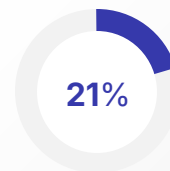
Untreated

Up to **70%** of patients that are referred to cardiology never make it.



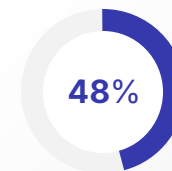
Heart Failure

22% of eligible heart failure patients are on guideline-based therapy.



Vascular Disease

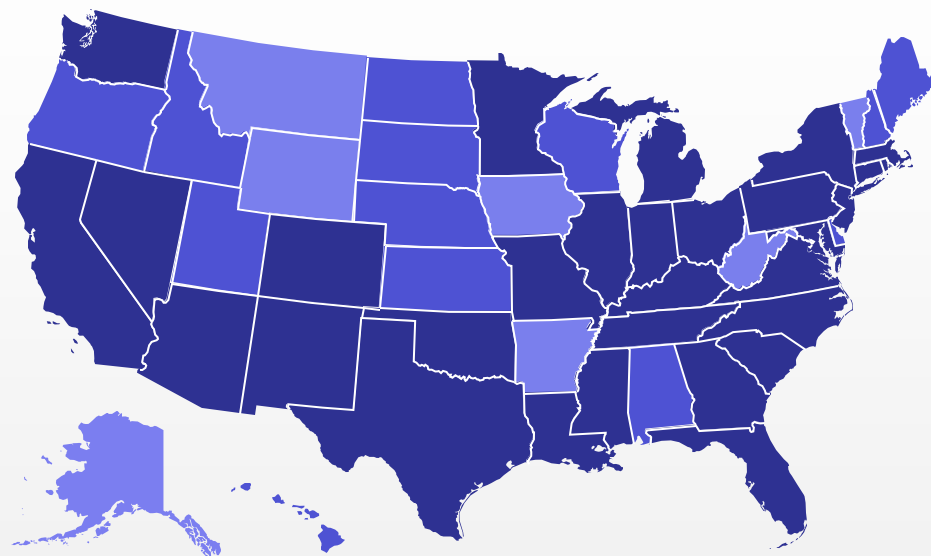
21% of eligible heart attack patients are adequately treated with beta blockers.



Atrial Fibrillation

41% of at-risk AFib patients are adequately prescribed anti-coagulation.

National coverage built to close gaps in care



Patient Interactions

1M+

Clinical team

750+

Active provider licenses

>1K



Geographic distribution of active clinical services (as of 2025)



Clinical and Diagnostic Services

Diagnostics for Early Disease Detection

Echo

cECG

Pulmonary function & home sleep testing

Ischemic testing (CCTA)

Vascular testing

Remote monitoring

Medication management & adherence

Care coordination

Transitional care



Virtual Cardiology Network supporting Value-based Care

Care model with proven history - we are embedded into MA, ACO, and at-risk primary care workflows

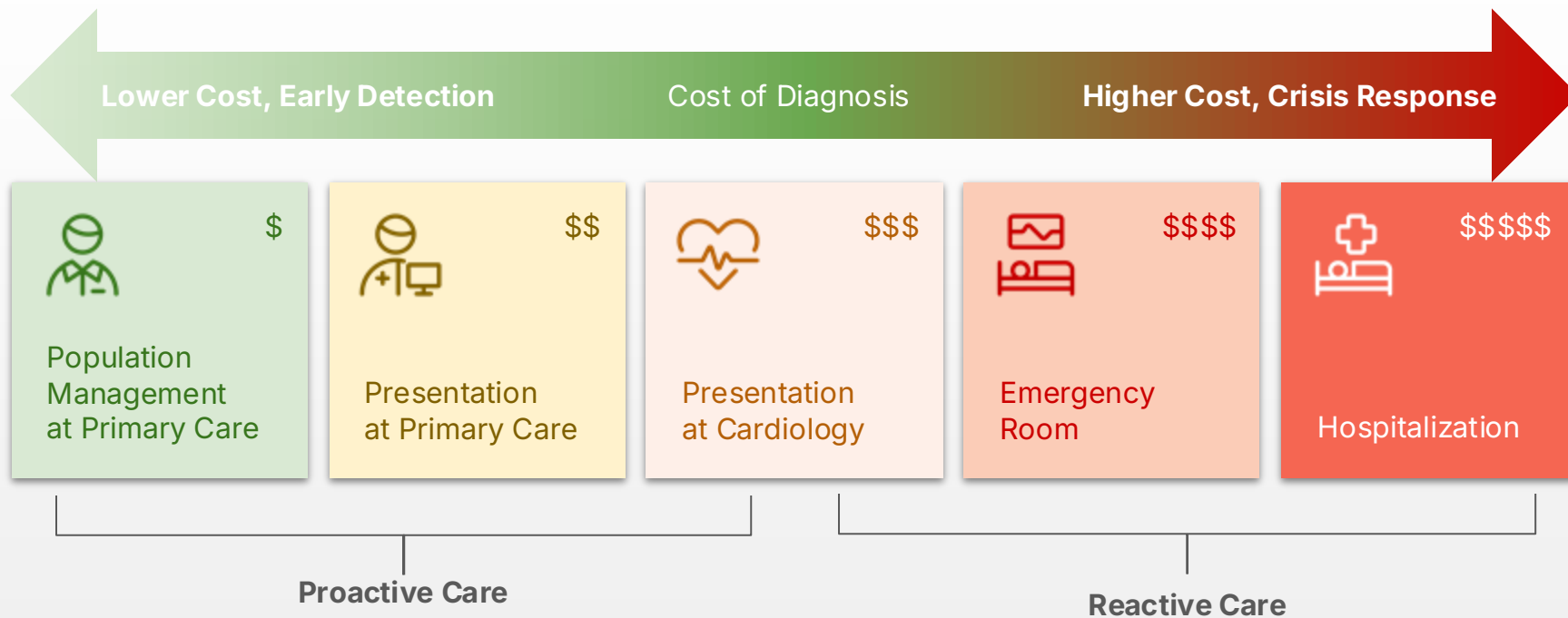
PMPM, encounter-based, and shared savings contracts

Specialty focused "WrapAround Care" for CHF, CAD, arrhythmias, valvular/vascular

Integrated with PCPs, in-home, diagnostics

Heartbeat Medical Group's clinical team includes MD, DO, NP, PA, RNs, sonographers and Heart Heroes (care coordinators) licensed to practice nationally

When and where a condition is diagnosed matters



From clinical needs to contractual partnership

Communication and definitions are key to building a lasting, scalable relationship



Heartbeat by the numbers...

EXTENSIVE EXPERIENCE



1M+

Patient encounters¹

HIGH PATIENT SATISFACTION



85+

All-time NPS¹

AVOID FACILITY FEES



Fee savings from
shifting site of service¹

PREVENT COSTLY ED VISITS



\$4,250+

Per episode²

CASE STUDY:



85%

Members at target BP³

CASE STUDY:

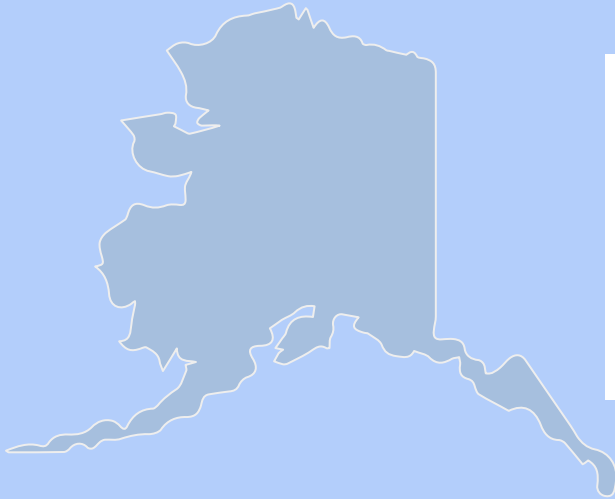


44%

Reduction in all-cause readmission⁴

1. Internal analysis conducted by Heartbeat Health 2023.
2. Reduction in Heart Failure Readmission and Expected Cost Savings in a SNF Population Following Implementation of a Virtual Cardiology Program. American College of Cardiology Scientific Sessions May 2021.
3. Internal analysis of sample of outpatient members with hypertension enrolled in remote patient monitoring program from 2017-2021.
4. *The Impact of a Virtual Cardiology Program for Post-Discharge Patients with Cardiovascular Disease: A Randomized Clinical Trial* (2023) (comparing patients receiving Heartbeat's virtual cardiology program with individuals receiving standard of care from their ambulatory cardiologists over a 90 day period).

Specialty Care from the Single-ACO-With-Specialists Perspective



Gene R. Quinn, MD, MPH

Chief Executive Officer - Envoy Integrated Health Network and ACO

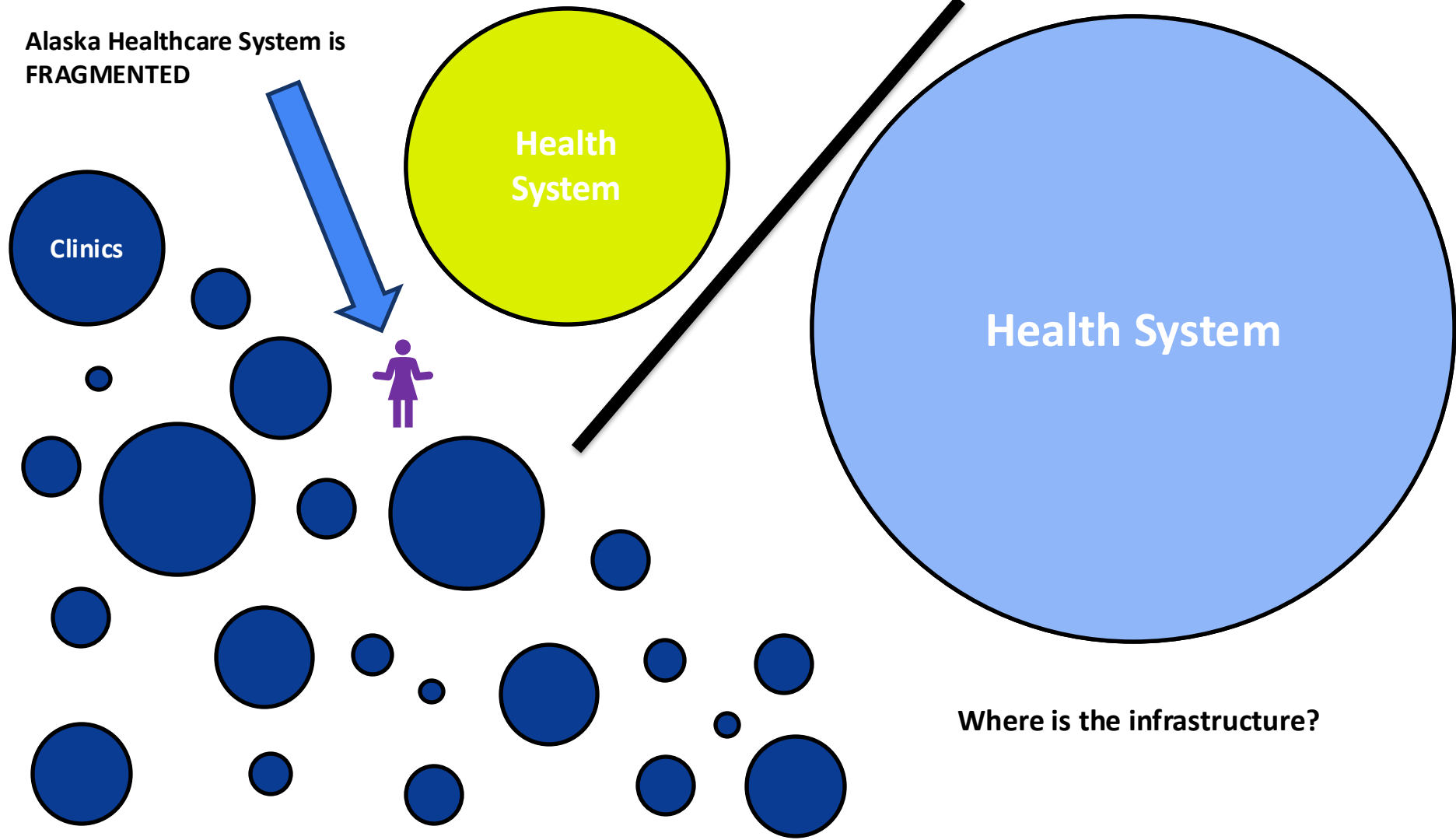
ALASKA vs. THE LOWER 48

IF ALASKA WERE PLACED ON TOP OF THE CONTINENTAL U.S., IT WOULD STRETCH FROM NORTHERN MINNESOTA DOWN THROUGH TEXAS, FROM THE PACIFIC OCEAN OFF THE CENTRAL CALIFORNIA COAST TO SAVANNAH, GEORGIA.



ALASKA'S AREA WOULD COVER 21%
OF THE LOWER 48 STATES.

Alaska Healthcare System is
FRAGMENTED



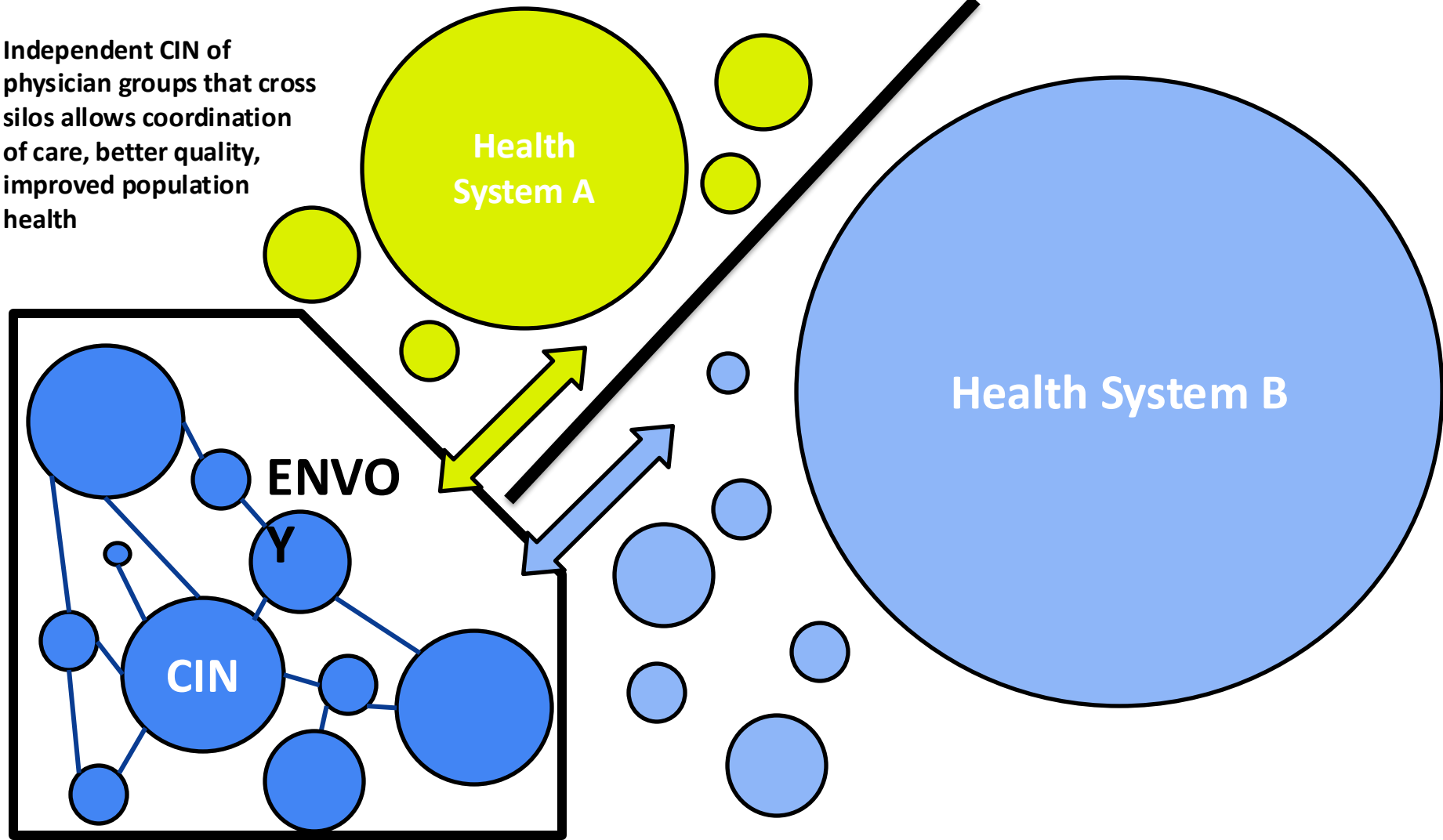
Health
System

Health System

Clinics

Where is the infrastructure?

Independent CIN of
physician groups that cross
silos allows coordination
of care, better quality,
improved population
health



Primary
Care

PCA Primary Care
Associates

Medical  Park
Family Care

 Independence Park
Medical Services



Denali
OB-GYN Clinic


ENVOY
INTEGRATED HEALTH

 ALASKA
FAMILY CARE
ASSOCIATES, LLC.



LaTouche
Pediatrics, LLC

 The
Children's
Clinic

 ALASKA INTERNAL MEDICINE + FERTILITY

 upstream
family
medicine

38 Member Practices
400+ Physicians

Medical Specialist

 ALASKA HEART &
VASCULAR INSTITUTE

 INTERNAL
MEDICINE
ASSOCIATES, LLC

 **ADLD**
ALASKA DIGESTIVE
& LIVER DISEASE

 **PEAK** NEUROLOGY
AND SLEEP MEDICINE, LLC

 alaska oncology
AND HEMATOLOGY, LLC

 ANCHORAGE & VALLEY
RADIATION
THERAPY
CENTERS

Allergy, Asthma and Immunology
Center of Alaska, LLC.

 ANCHORAGE
RADIATION
ONCOLOGY
CENTER

Denali Emergency
Medicine

 **AEMA**
ALASKA EMERGENCY
MEDICINE ASSOCIATES

Surgical Specialist

 **ORTHOPEDIC
PHYSICIANS**
ALASKA

 ALASKA
COLORECTAL SURGERY

 **ATACS**
Alaska Trauma &
Acute Care Surgery, LLC

 Anchorage Fracture
& Orthopedic Clinic

 ENT Specialists
OF ALASKA

 **ACENT**
ALASKA CENTER FOR
EAR NOSE AND THROAT

ALASKA
SURGICAL ONCOLOGY

 ANCHORAGE
For A New
Beginning **BARIATRICS**

ALASKA HEALTH
SERVICES, LLC

 **ALYESKA**
VASCULAR SURGERY

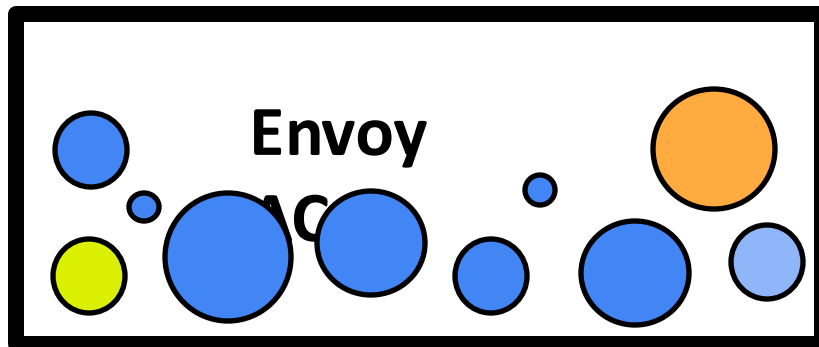
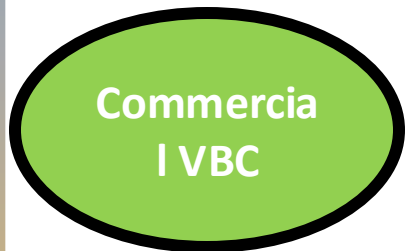
 ALASKA FACIAL PLASTIC SURGERY & ENT

 *Aurora Maternal
Fetal Medicine*

Engagement Baked Into Structure



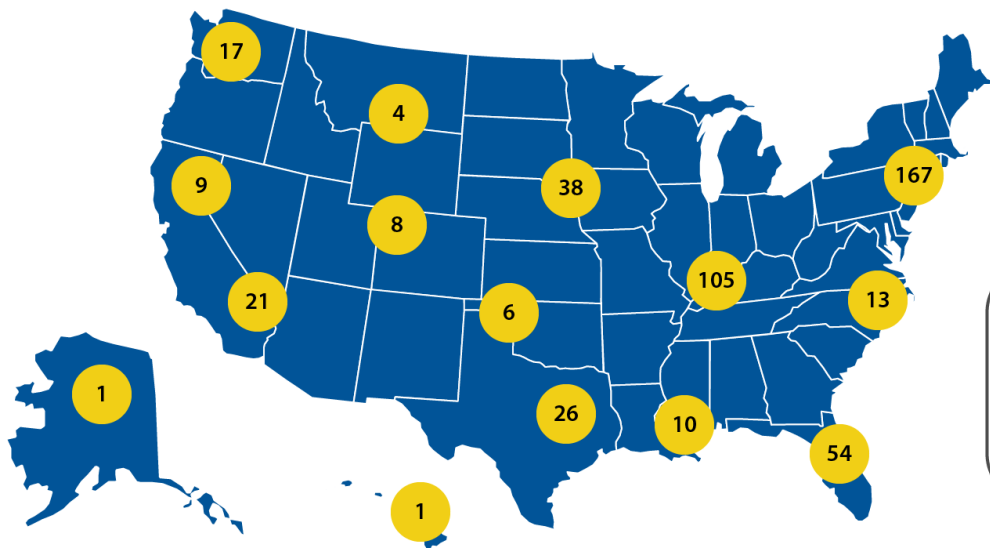
- **100% Physician-owned and Led**
- **Broad Representation from Medical Community**
- **Inclusive of Specialists and Primary Care**
- **Everyone Gets a Vote**
- **Mission > Money**



Envoy Integrated Health ACO



Accountable Care Organization (ACO) - 2024



480 Shared Savings Program ACOs are providing care to 10.8 million beneficiaries

#

Number of ACOs in the area.

NOTE: This area may cover organizations serving beneficiaries across multiple states.

Source: Performance Year 2024 Medicare Shared Savings Program Accountable Care Organizations



2024 Financial Reconciliation – First Year Results

- Envoy ACO Saved CMS \$7.6 million on our population of ~6,300
- Envoy's savings rate was 10.46%

Conclusion:

Value-Based Care models can decrease healthcare costs in Alaska while keeping quality and patient experience high.

Specialists Incentives - Business



- Specialists tend to want efficiency and/or volume
- Understand their business model
- Imaging, ASC, hospital relationships (private practice)

Specialists Incentives - Quality

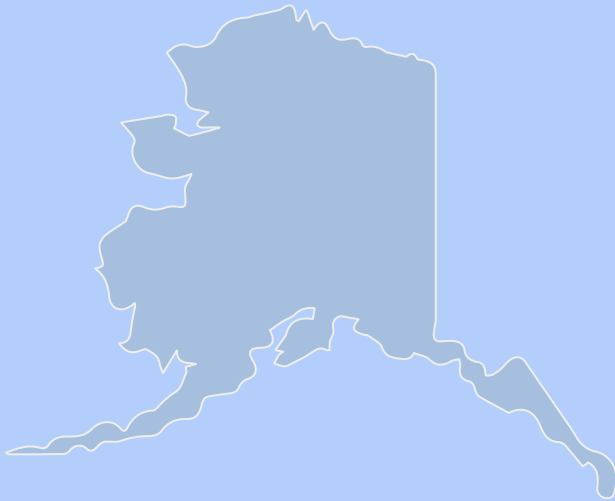


- Encourage communication between providers (cheaper than testing)
- Bundles and Episodic care – think early (before procedure)
- Dialogue for metrics
- Consider assessing capacity – **no clinic left behind**

Community > Money



- Money is fickle and easily quantified
- Might not attract groups that are aligned with your mission
- Building community creates norms and expectations
- Appeals to providers core values (usually that's good)



THANK YOU!

gquinn@alaskaheart.com



Leveraging Specialists Engagement to increase Value Capture

NAACOS Annual Fall Conference
October 2025

Value Based Services Platform

Managing Health, Quality and Total Cost of 2.4M Lives



18K+

Participating
Physicians



13

Networks | ACOs | CINs



2.4M

Managed Lives



117

Value-Based
Contracts



\$1.9B

Total value created



72

Participating
Hospitals

2 of 7

CMS ACO REACH
Health System
Participants
in the Nation

Value-based care success built on capabilities fine-tuned over decades of experience managing shared savings, shared risk, professional and global capitation across CMS, commercial and Medicaid contracts.



Network Management



Value Innovation



Data Management Infrastructure



Advanced Analytics



Clinical Programs



TPA/MSO

Why care about Specialty Care Engagement



Significant Healthcare Spending

Specialty care influences about 70% of healthcare costs¹, and typically functions as a blind spot in Value Based Care arrangements



Limited Specialist Engagement in PCP based models

- Only 38% of ACOs engage specialists² in quality improvement, revealing a gap in collaboration
- Fragmentation and lack of incentives hinder integration of Specialists in total cost of care models



Common Challenges:

- Attribution methodologies are complex and compete with PCP attribution
- Lack of Data transparency at specialty level due to complexity and heterogeneity of care provided
- Lack of core capabilities to drive operational implementation

1. [Trends in Engaging Specialists in Value-Based Care | Coker](#)

2. [Accountable Care Organization Initiatives to Improve the Cost and Outcomes of Specialty Care | AJMC](#)

Key Beliefs in Managing Care

Prevention

Prioritizing **Prevention** shifts the focus from reactive care to proactive health maintenance fostering healthier populations



Chronic Conditions

Managing underlying **Chronic Conditions** is the foundation for preventing unnecessary utilization



Emergency Department

The **Emergency Department** is the gateway to admissions and subsequent post-acute utilization. Reducing avoidable ED visits is necessary to prevent downstream utilization



Impactable Moments

Engaging patients at the most **Impactable Moment** drives improved outcomes and patient experience such as during transitions of care



Episodes of Care

While primary care providers are considered the quarterbacks, engaging specialists is necessary to effectively manage total cost of care. The framework of **Episodes of Care** provides actionable focus and drives outcome by the specialists



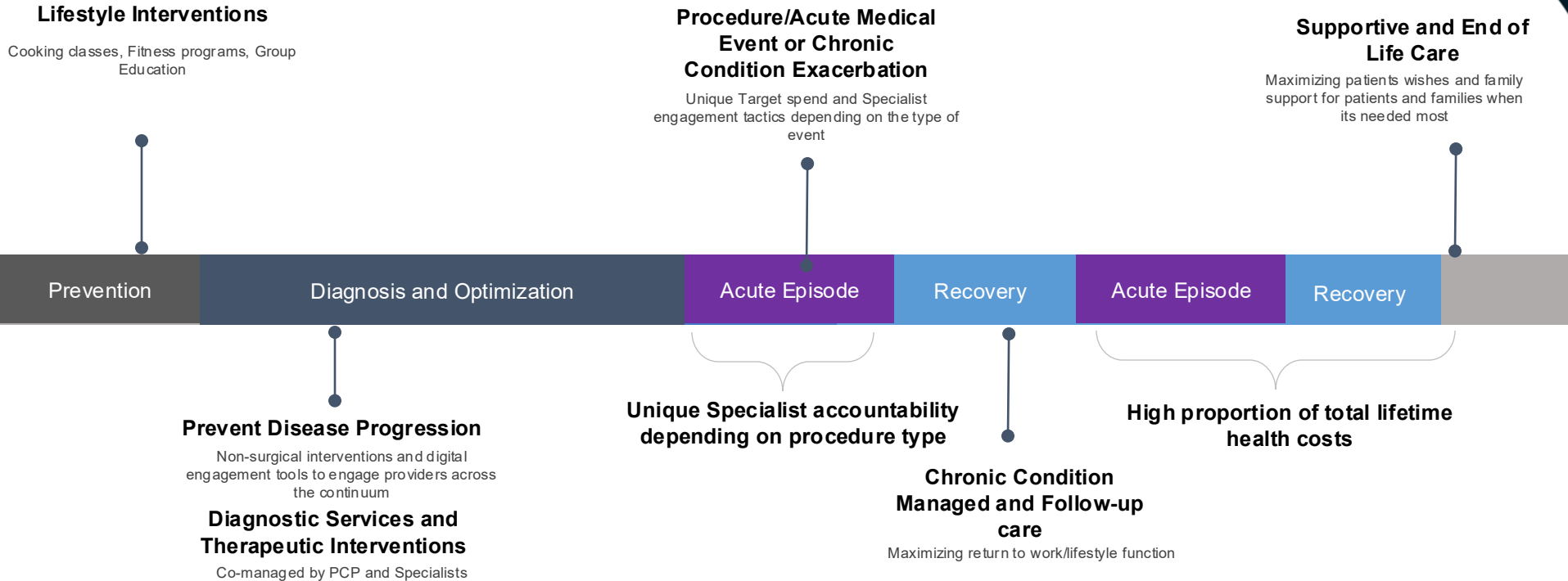
Tackling Waste

Low-value care unnecessarily drives up healthcare cost and can cause significant harm



Understanding the drivers of healthcare costs, we concentrate on the most impactful strategies to deliver high-value, patient-centered care.

Specialist Model Engagement Opportunities



Resource and incentives must match the effort needed to produce desired outcomes

Opportunities for Improved Outcomes and Engaging Specialists

Population Assessment Using Advanced Analytics

Profile

Disease Prevalence

Utilization of Services

Spend PMPM



The three main areas of opportunity in every population

High Cost of Unavoidable Care

Maternity

Cancers

Emergent Surgeries

Trauma

Unmanaged Chronic Conditions

Accelerated Care Advancement

Access Challenges & Specialty Coordination

Pharmacy Costs/Specialty Meds

Morbidity & Productivity Losses

Unnecessary Utilization

Low Value Care

Labs/Imaging

Designer Meds

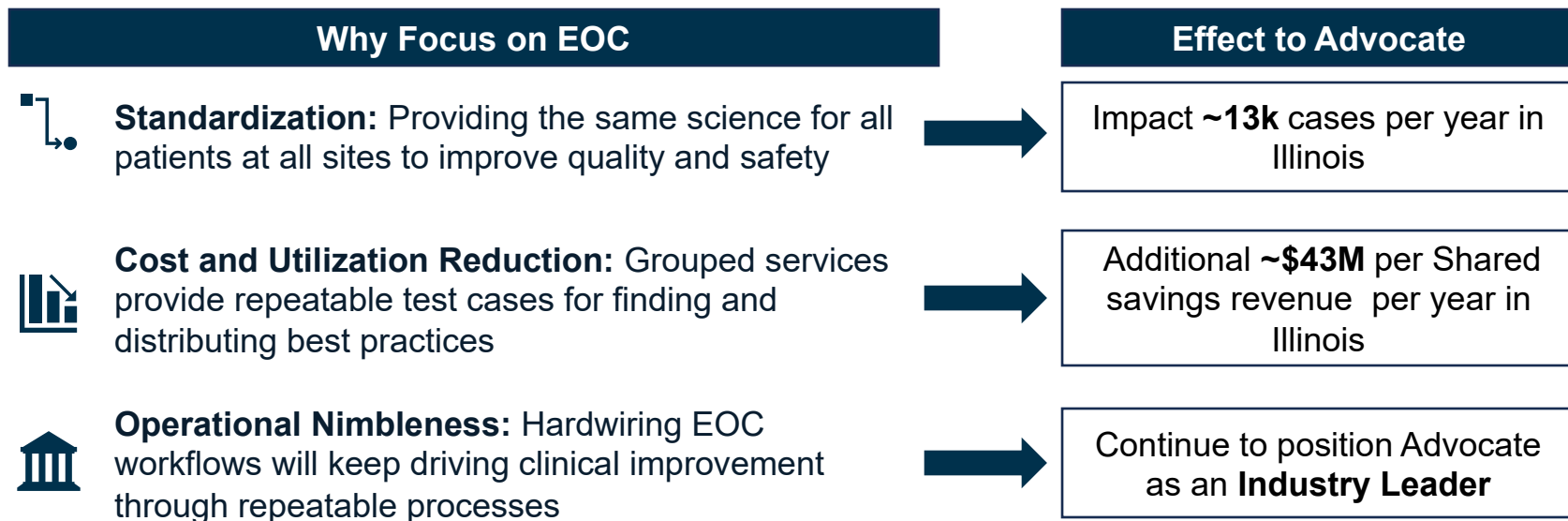
Duplicative & Unnecessary High-Cost Care



Lowering the total cost of care starts with tailored strategies for each segment

Episodes as Specialist Engagement Tool

Episodes of Care (EOC) provide a vehicle to close financials gaps and standardize clinical practice for more predictable outcomes. Goal: 100% of providers meet 100% of metrics 100% of the time



Chronic Condition Model: CKD Shared Savings

Unique pilot with WI Nephrology group to address high spend areas with opportunities for increased financial and quality improvement in the MSSP population

Model Construction

Benchmark requires a **2% savings** minimum based on historical total cost

Patients are attributed based on CKD Stage (3-5 using HCCs), MSSP assignment, and service rendered by a group provider in the Performance Year

Shared savings of 75% (group) and 25% (ACO) for any generated savings > 2%. Quality scores (6 measures) will be applied to savings (Year 1 pay for reporting)

Transplant costs are excluded.

Quality Measures

Stage 4	
CKD Education	Percentage of stage 4 patients with CKD education completed
Vein Mapping	Percentage of stage 4 patients with vein mapping completed
Transplant	Percentage of stage 4 patients with transplant episode
Stage 5	
Transplant	Percentage of stage 5 patients with transplant episode
Home Dialysis	Percentage of patients on home dialysis
Readmissions	30-day readmissions rate for Stage 5 patients

Early Results & Learnings



On track to achieve shared savings in first performance year, performance in ESRD is driving savings (overall 2.7% savings rate)



Continued technical alignment is needed to ensure coordinated care (standardizing workflows across shared sites)



Challenges with determining the best quality measures, some CKCC metrics are difficult to leverage ex: Optimal Dialysis start



Increase in transplant referrals in 2024 (18%)

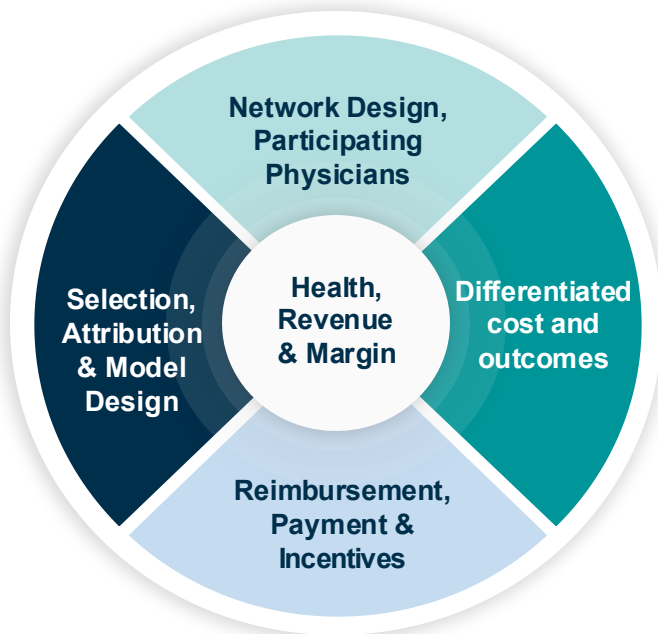


Increased operational strategic engagement in 2025 to improve access and operational efficiencies

Creating Outcomes, Value and Impact for Specialists ADVOCATEHEALTH

How we Create Specialist Value

Data Transparency | Aligned Incentives | Integrated Technology



How we Capture Value



Value of Incremental Reimbursement YoY by maximizing existing **Value Contracts**



Value from the **Nested Care Models, Condition Based Pilots, Longitudinal Interventions**



Value from the **Network design** that improves **Access** and streamlines operations and reduces patient leakage



Value from physician engagement through aligned incentives and integrated technology to expand to **commercial and Direct to Employer segments**



Value from **improved Patient Experience** getting patients to the right specialist at the right time