



Trinity Health

Designing an Effective ACO Board Structure: How to Leverage your Board and Management Teams for Improved Decision-Making and Outcomes

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Trinity Health

Today's Objectives

- Discuss different board structures by ACO type
- Learn how structures can enable engagement and improve performance
- Discuss best practices on how to use Boards to be more effective in decision-making, communication and management

Panel Speakers

- Dan Bair – Regional Executive Director of Trinity-Health Mid-Atlantic's CIN
- Michael Barbati – VP Government and Value-Based Programs at Advocate Aurora Health
- Brandon Webb, MD – Medical Director of OneHealth Nebraska ACO

Background

- CMS governance requirements
 - The governing body must have responsibility for the oversight and strategic direction of the ACO and holding ACO management accountable for the ACO's activities
 - 75% control of the ACO's governing body must be held by ACO participants or designated representatives
 - Must include a Medicare beneficiary representative served by the ACO who does not have a conflict of interest with the ACO. For ACO REACH, there must also be a consumer advocate role.

Multiple Ways to Compose Board Structures

Single Contract
Management

Multi-Contract
Management

Health System
Owned

Physician Owned

Joint Ventures,
Investor Owned,
Other Arrangements

Why is this important?

- Designing an effective board and committee structure can lead to more effective communication, decision-making and execution.
- Clearer delineation of responsibility and authority
- Stronger engagement with participants if they are given proper voice at Board and committee levels

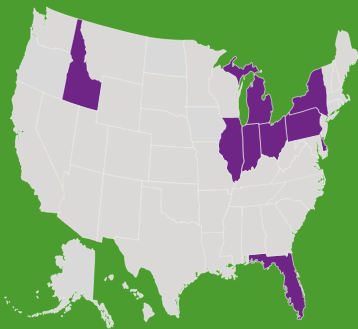
Overview of Trinity Health Integrated Care

Trinity Health Integrated Care LLC

11 CINs

- Albany
- Boise
- Columbus
- Delaware
- HCFL
- Loyola
- Langhorne
- SEPA
- South Bend
- Syracuse
- West Michigan

9 STATES



Providers

7.4K

BENEFICIARIES

155K

PARTICIPANT TINS

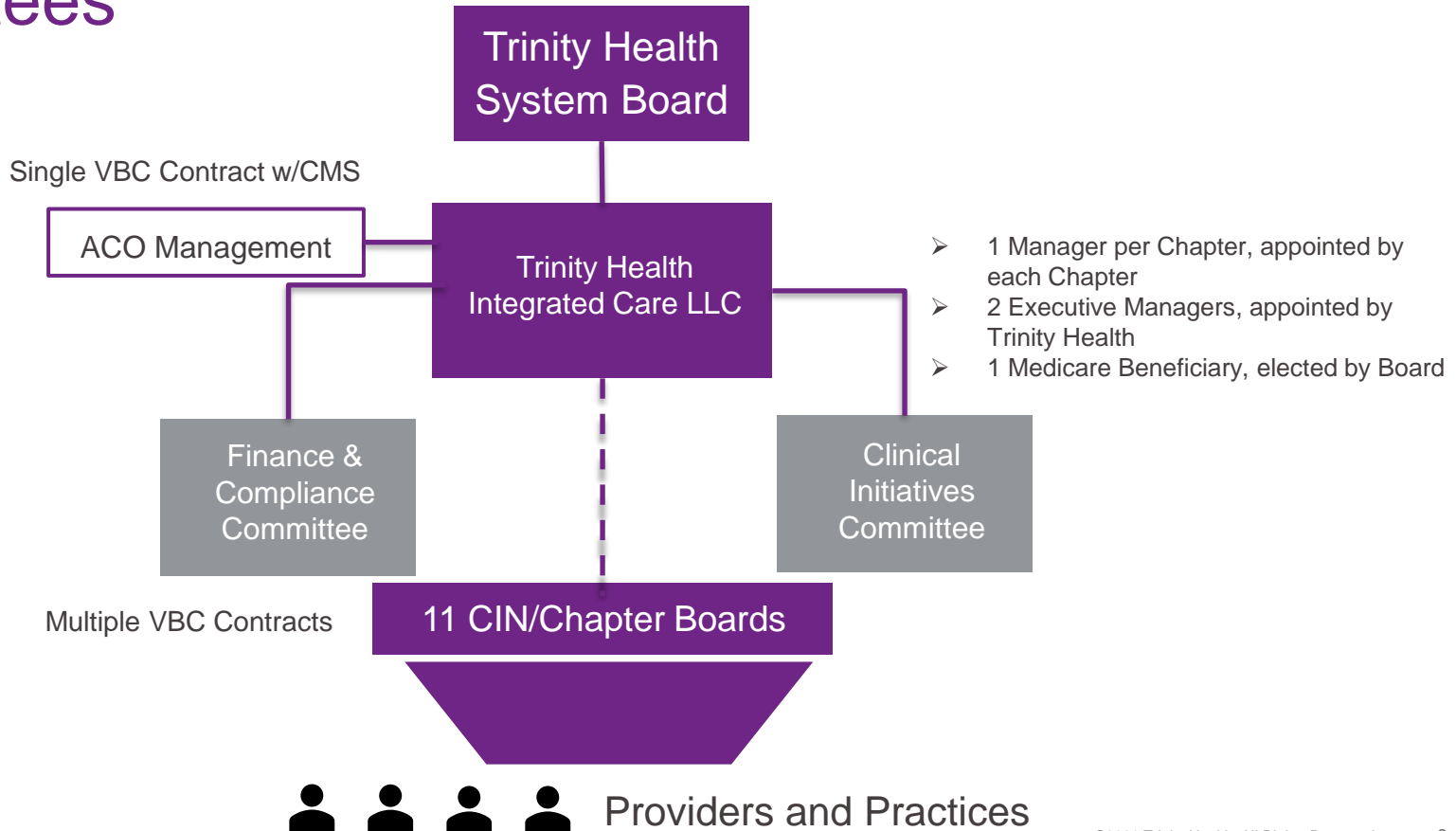
200

SNF AFFILIATES

63

Trinity Integrated Care, LLC (THIC), is an Enhanced ACO is a wholly owned subsidiary of Trinity Health, Inc.

Trinity Health Integrated Care Board and Committees





Trinity Health

Trinity Health Mid-Atlantic Clinically Integrated Network

Dan Bair
NAACOS Fall 2022 Conference

Trinity Health Mid-Atlantic (THMA) CIN



205 PCPs

600 Specialists

Total = 805 Physicians

Attributed Lives = 40,385



235 PCPs

693 Specialists

Total = 923 Physicians

Attributed Lives = 39,614



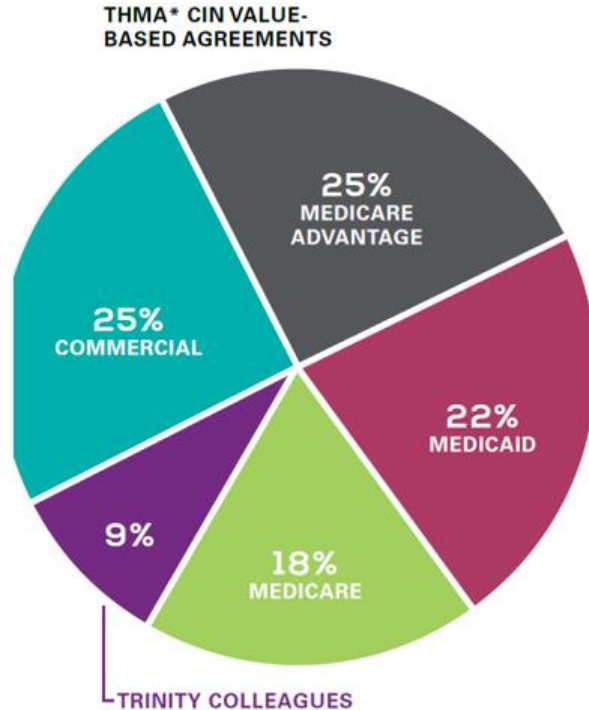
60 PCPs

35 Specialists

Total = 95

Attributed Lives = 10,733

THMA CIN Value-Based Agreements 2021



THMA ATTRIBUTION PROFILE

Risk Medicare

20,252

Non Risk Commercial

19,085

Non Risk Medicare Advantage

11,217

Non Risk Medicare

7,877

Non Risk Trinity Health Colleagues

3,910

Risk Medicare Advantage

1,237

Trinity Health Mid-Atlantic CIN – Current/Future State

- Currently three (3) separate CIN entities, each with individual and distinct TIN, Governing Body, and Operating Agreement;
- THMA CIN administrative and operational functions have been centralized and regionalized as of 2020;
 - Care Coordination;
 - Quality/Practice Transformation;
 - Data/Analytics;
- Exploring future state that would involve consolidation of the existing three (3) CIN entities into one (1) entity with common TIN, Governing Body, and Operating Agreement;

Recommendations for Ideal CIN Board & Committee Structure/Compliment

Proposed THMA CIN Governance Structure – Incorporating the Best from Each Existing Operating Agreement

- Governing Board:
 - 17 total members (12 Physician Class “P” and 3 Health System Class “H”)
 - 6 independent affiliated physician members (2 from each existing CIN market)
 - 6 Trinity Health Medical Group (THMG) members (2 from each existing CIN market)
 - 5 Trinity Health Mid-Atlantic Executives (1 is the “Member” President and is designated Ex Officio)
- Quality Committee:
 - 9 total members
 - 6 independent affiliated physician members (2 from each existing CIN market)
 - 3 THMG members (1 from each existing CIN market)
- Credentials Committee
 - At least 5 total Class “P” members from the Governing Board
- Finance/Contracting Committee
 - This function will be fulfilled by the CIN Regional Leadership Team (RLT) which includes both Physician and Executive Leadership

CIN Governing Board Actions Requiring Majority Approval

- The following CIN Board actions require the approval of a majority of both the Class H Directors and the Class P Directors:
 - Changes to the composition of the Network Board;
 - Changes to the Network Board nomination process;
 - Strategic plans and budgets;
 - Appointment of the Network's President;
 - Approval of physician clinical integration initiatives;
 - Approval of the Network's managed care contracts;
 - Approval of the Network's Membership and Credentialing Criteria; and
 - Approval of Network's Performance Incentive Programs.

Effective Case Uses of Governing Board Influence

Delaware Care Collaboration (DCC) – Wilmington, DE

- Conducting a Value-Proposition Assessment Workshop:
 - Convened a work group of DCC board members around what value-added services would be of importance to our ACO/CIN-participating physician practices to support their success and business viability;
 - Identified a few practice pain points as follows:
 - Lack of availability of specialty physician services (psychiatry, substance abuse, neurology, endocrinology, etc.);
 - Physician burnout caused by ever-increasing administrative requirements payers;
 - Several solutions implemented to support lack of availability of specialty physician services;
 - Telepsychiatry options;
 - Specialty physician directory for CIN-participating physicians.



Delaware Care Collaboration (DCC) – Wilmington, DE

- Selecting the best governmental APM:
 - DCC participated in Track 1, then Basic Track MSSP, for a total of 6 years, earning shared savings only 1 year;
 - ~8,000 attributed beneficiaries;
 - Lofty Minimum Savings Rate Target (-3.0%+);
 - Volatile Actual Savings Rate (-2.0% to -10.9%+);
 - DCC Governing Board decided to explore joining Trinity Health Integrated Care (THIC) Enhanced Track MSSP for 2021;
 - THIC earned shared savings 5 years running;
 - ~82,000 attributed beneficiaries 2021;
 - ~155,000 attributed beneficiaries 2022;
 - Self-selected Minimum Savings Rate Target (-0.5%);
 - Stable Actual Savings Rate (-2.8% to -3.9%)

Quality Health Alliance (QHA) – Langhorne, PA

- Influencing CIN physician activity and attitudes:
 - QHA Board structure comprised of equal number of independent and employed medical group Board members, as well as equal number of PCP and specialty physician Board members;
 - Has helped CIN participants to feel empowered to communicate issues and concerns comfortably through our variety of Board member types;
 - **Example:** One QHA Board member is the Lead Physician for a large Ophthalmology group, when diabetic eye exam reports not returned on a regular basis, the PCPs spoke up and QHA leveraged this physician Board member to exert influence at the Ophthalmology practice level.
 - Has allowed QHA to permeate value-based initiatives to all CIN participants effectively through ample representation of all key stakeholder groups;
 - **Example:** QHA Board members have acted as advocates in the field networking and encouraging their peer CIN physician practices to embrace our care coordination teams and invest in quality resources where feasible;

Advocate Aurora Health

NAACOS Board Governance Panel Discussion

BY THE NUMBERS



27 HOSPITALS

500+ SITES OF CARE



Top 12

NOT-FOR-PROFIT
HEALTH SYSTEM



Top 10

IN QUALITY AMONG
NATIONAL HEALTH
SYSTEMS



75K

TEAM MEMBERS

22K

NURSES

10K

PHYSICIANS



3M UNIQUE
PATIENTS

**1.3
M** VALUE-
BASED
LIVES



53

INTEGRATED HEALTH &
SAFETY MEASURES
TRACKED



\$2.5B+

COMMUNITY BENEFITS
IN 2020



10K

VOLUNTEERS

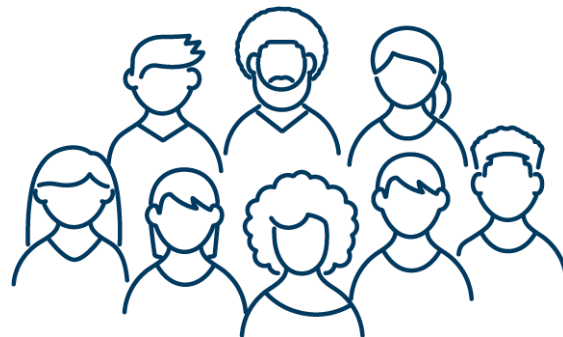


1.2M+

LIVEWELL APP
DOWNLOADS

Our Population

Caring for 1.3 million lives
in 40+ value-based contracts



Commercial
Shared Savings
577K lives



Commercial
HMO
221K lives



Medicare Shared
Savings Program
179K lives



Medicare
Advantage
106k lives



Advocate Aurora
Team Members
106K lives



Managed
Medicaid
87K lives



Medicare
Bundles
10K lives

AAH Medicare Shared Savings Programs

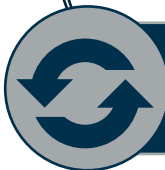
<u>Illinois</u>	<u>Wisconsin</u>
<p>Advocate Physician Partners Accountable Care Inc. (APPAC)</p> <p><u>Basic Level E</u></p> <ul style="list-style-type: none">• 103,370 Beneficiaries• 401 TINs• 10 Hospitals• 5,000+ clinicians• Advanced Alternative Payment Model (AAPM)• Start date: 2012	<p>Aurora Accountable Care Organization, LLC (AACO)</p> <p><u>Enhanced</u></p> <ul style="list-style-type: none">• 67,956 Beneficiaries• 11 TINs located in the greater Milwaukee area• 16 Hospitals• 5,000+ clinicians• Advanced Alternative Payment Model (AAPM)• Start date: 2017

\$414 million in generated savings since joining program in 2012

Board Composition



Physician-led Governance Structure



Quarterly Meetings



Beneficiary Rep is recruited through board recommendations and vetting



Pluralistic approach of employed/independent physician groups

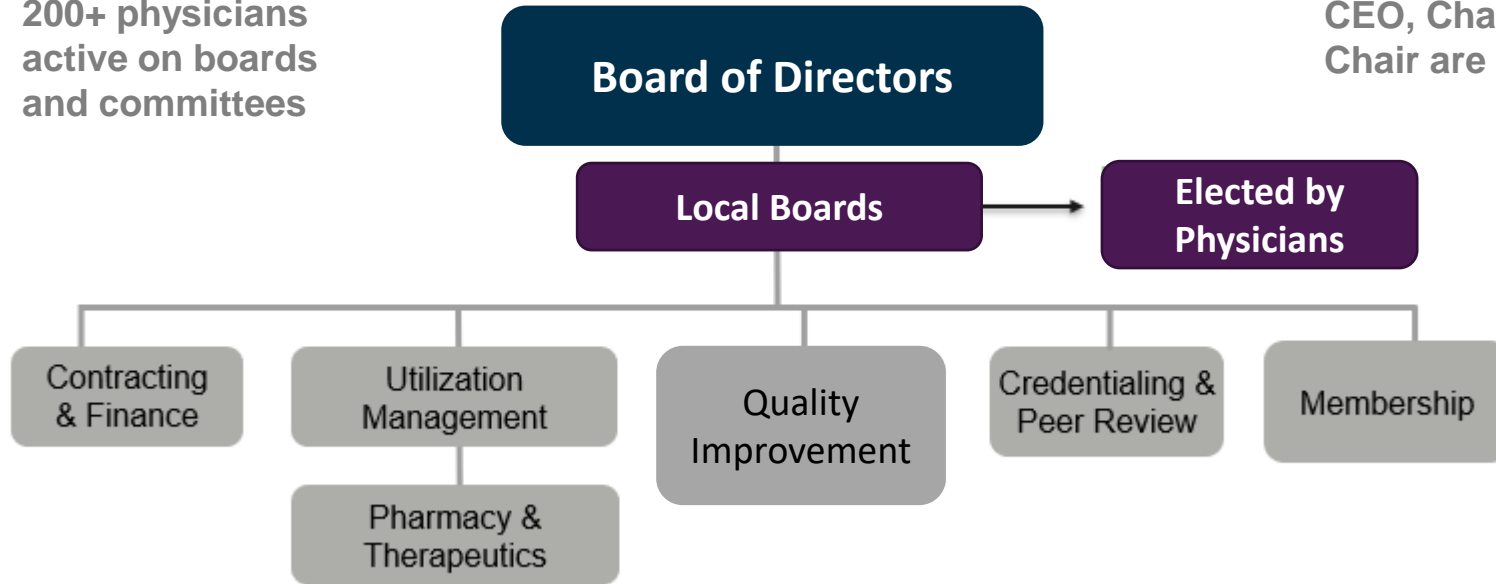
Decision Making



200+ physicians
active on boards
and committees

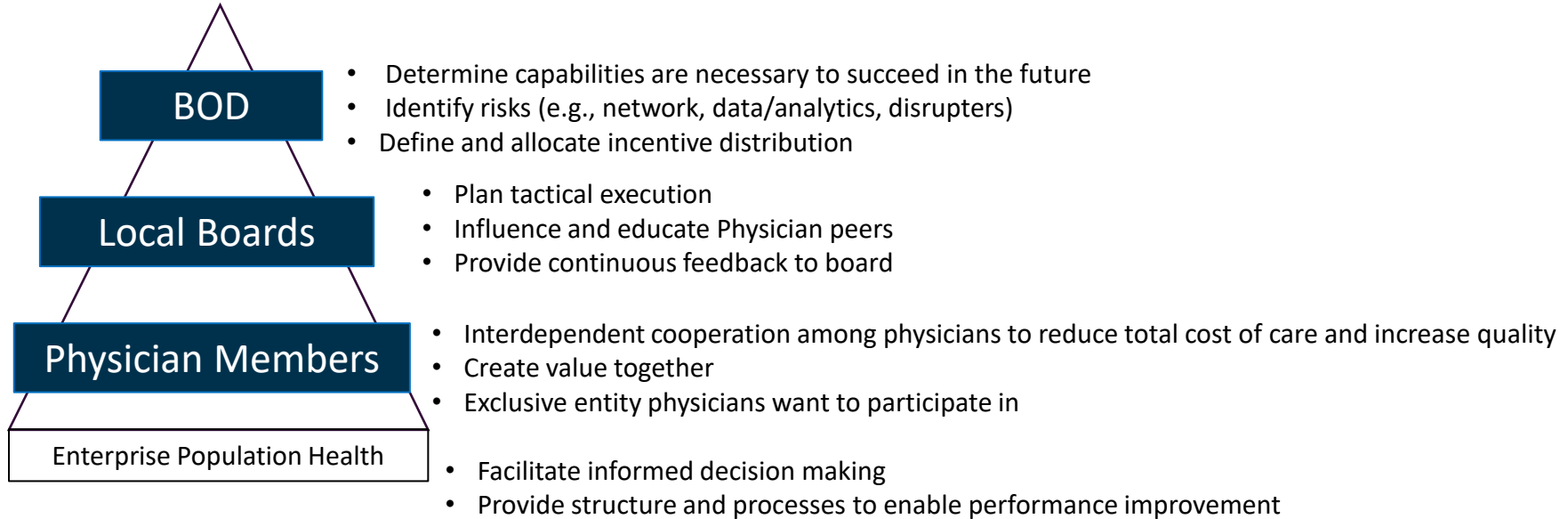


CEO, Chair & Vice
Chair are physicians



Accountability

Clear **roles** of Board of Directors and member practices



Board Decision Making

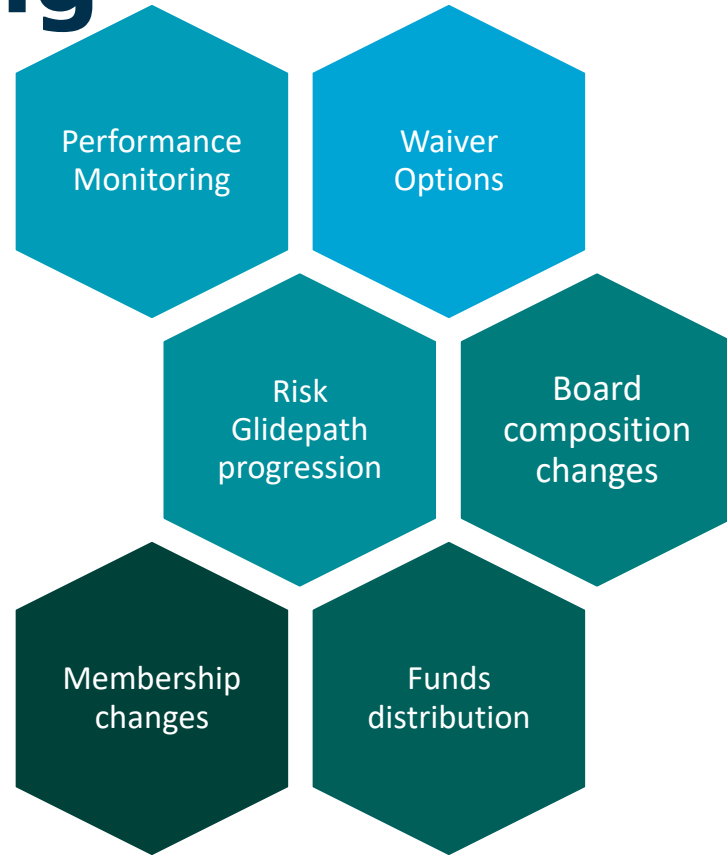
Situation: Should we transition our Basic Level E to Enhanced early than 2025?

Data and Discussion: Data analysis presented to the board

- Benchmark Years for 2023 Enhanced are 2020-2022
Benchmark Year for 2024 Enhanced Track are 2021-2023
- Risk score changes
- Savings Impacts

Recommendation: Put off the early transition to Basic Level E until 2024 and reassess the transition in 2023 when more variables are known.

Decision: Vote occurs (Quorum must be present)



OneHealth

N E B R A S K A



ACO Board Structure

Brandon Webb, MD

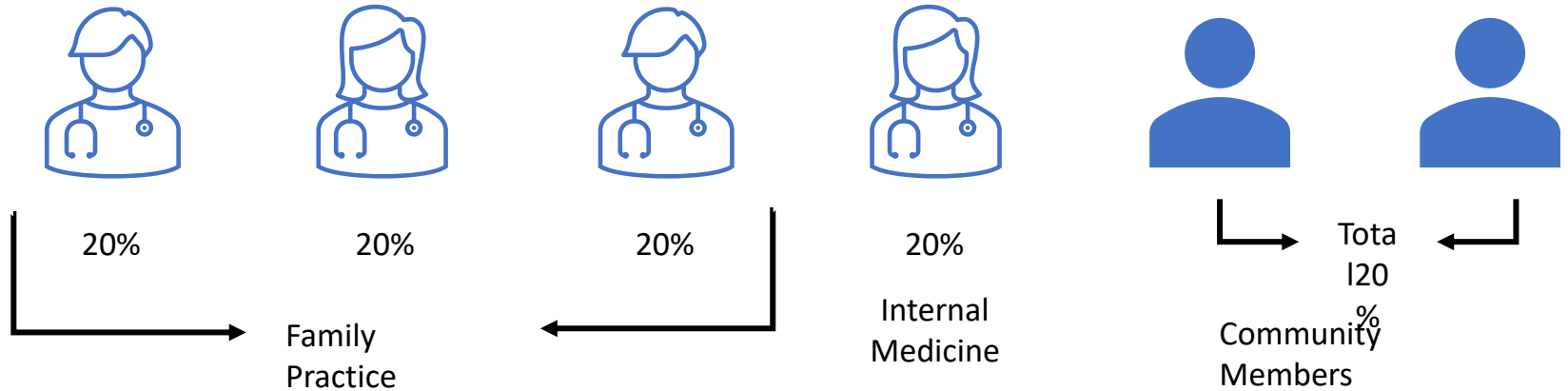
NAACOS - September 8, 2022

- 21 clinic ACO within a 75 clinic IPA
- 21 TIN Commercial ACO - ~35,000 Attributed Lives
- 8 TIN MSSP Track E ACO - ~10,000 Attributed Lives
- Primary Care – FP/IM/OB/Peds including 1 FQHC & 1 Family Medicine Residency Program
- 4 Communities – Auburn, Crete, Grand Island, Lincoln
- Formed in 2016, 1st Contract MSSP January 1, 2017

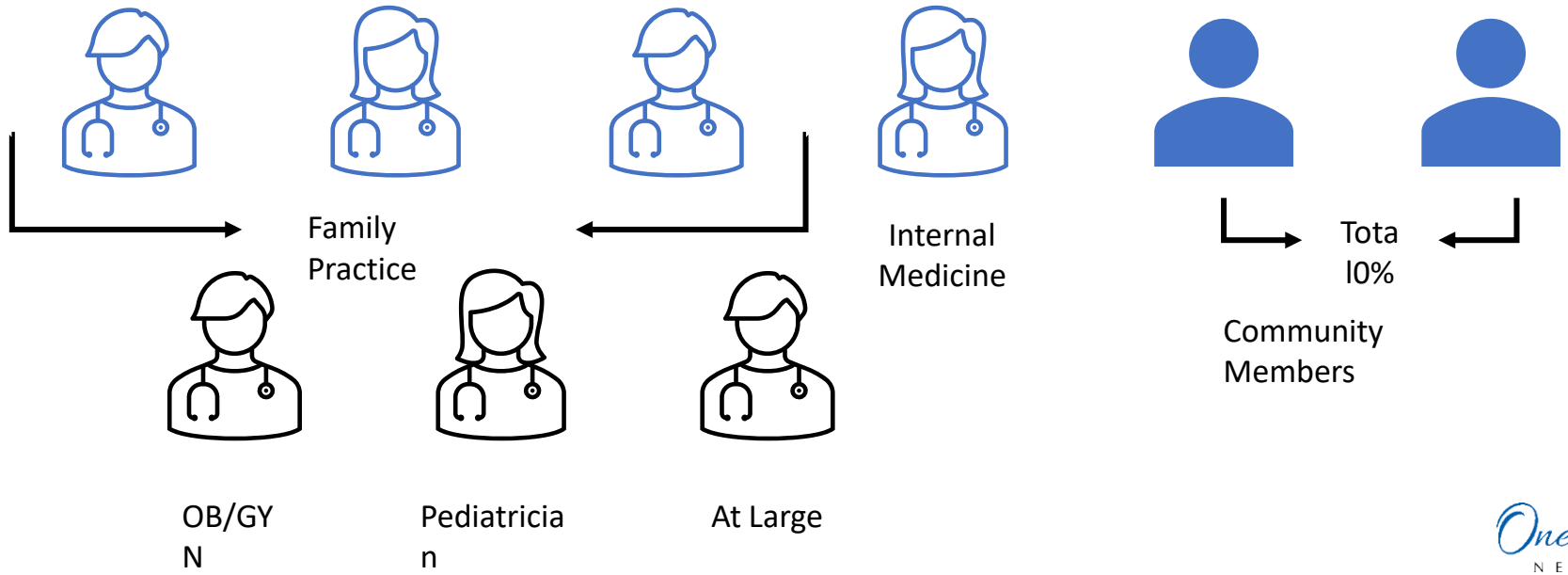
OneHealth ACO Board Structure

- Two boards functioning as one
- MSSP: 4 MD's or DO's (80% voting), 1-2 community members (20% voting)
- BCBS: 7 MD's or DO's (4 are the MSSP board members, others must be 1 OB/GYN and 1 Pediatrician as well as 1 At Large member)
- Boards meet together but vote individually based on decision
- All Board members are providers from member clinics

MSSP Board



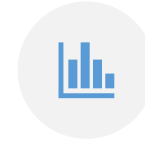
BCBS Board



OneHealth ACO Board Functions



High level
decisions



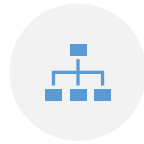
Determine
MSSP track



Determine
Commercial
VBC risk
level



Budget
evaluation
and
approval



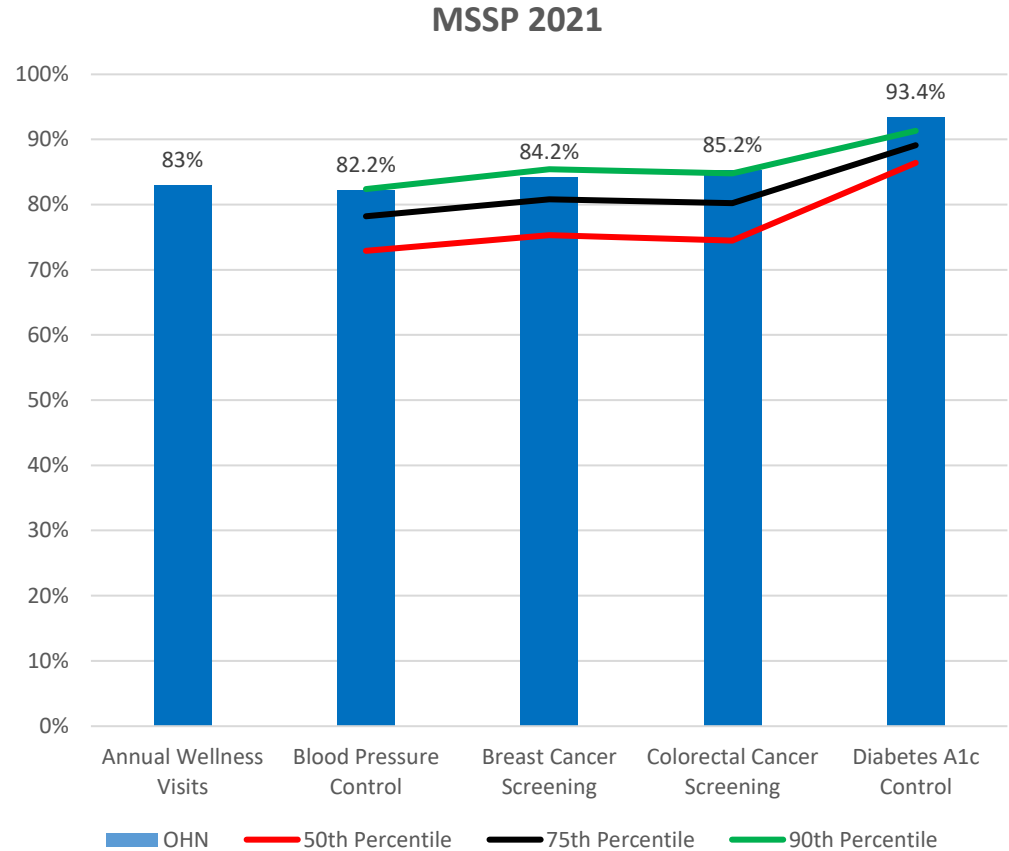
Direct OneHealth
employees functions
(5 employees/3.5
FTE)

Clinical Engagement

- Doctors are owners of the ACO, board directors, as well as clinicians/owners of their own practices
- Inherent aligned motivations which create clinical and financial success
- Each clinic has a Lead Provider as well as Care Coordinator(s) to achieve clinical goals and keep track of risk coding and spending
- Monthly meetings of Lead Providers and Care Coordinators to show progress and learn from our best performers
- Not a top down strategy; give clinics freedom to achieve quality and cost goals in the ways that best suit each clinic

MSSP 2021

- Annual Wellness Visits: 83%
- Blood Pressure Control: 82.2%
- Breast Cancer Screening: 84.2%
- Colorectal Cancer Screening: 85.2%
- Diabetes A1c Control: 93.4%



OneHealth Nebraska ACO Guiding Principles

1. We will send our patients the same place we would send our mom or our kids. We will not sign contracts that limit our ability to do so.
2. Our goal is to improve the health of our patients and lower their healthcare costs, but quality comes first.
3. Our contracts will be clearly understandable and something we would be comfortable sharing publicly.
4. Contracts will provide sustainable funding to clinics so they can provide great care to patients and provide a pleasant work environment for clinic staff.
5. Rewards will be shared equitably with all members.

WHY?

Why?

It's Just Plain Good
Patient Care

It improves the Health of
the Entire Community

You Get Style Points If
You're the Best!

You Can Get Paid Better
On ACO Contracts

30 Hours CME/Part IV
MOC

OneHealth Nebraska ACO MSSP

Year	Per Pt Budget	Person Years	Total Budget	Total Spend	Savings/ Loss	%	Shared Savings
2017	\$9,124	8,544	\$77,962,475	\$76,847,805	(\$1,114,670)	-1.43%	\$0
2018	\$9,565	10,964	\$104,877,062	\$103,315,167	(\$1,561,895)	-1.49%	\$0
2019	\$9,625	7,022	\$67,580,616	\$67,733,482	\$152,866	0.23%	\$0
			\$250,420,153	\$247,896,454	(\$2,523,699)	-1.01%	\$0
Agreement 2							
2020	\$9,240	12,423	\$114,785,356	\$109,542,825	(\$5,242,531)	-4.57%	(\$2,539,151)
2021 Est	\$10,309	9,245	\$96,966,454	\$91,454,538	(\$5,511,916)	-5.68%	(\$2,755,958)

Questions & Discussion