

FOCUSING ON THE PATIENT

IN A TIME OF CHALLENGE AND CHANGE



About this Report

The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare and Medicaid Services (CMS). The authors assume responsibility for the accuracy and completeness of the information contained in this document.

About Accountable Care

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other healthcare providers who come together voluntarily to give coordinated, high-quality care to their patients. The goal is to provide the right care, at the right time, in the right setting.

UnityPoint Accountable Care* brings together a diverse group of healthcare providers, including hospitals, physicians and home health entities to deliver coordinated care, ensuring that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

When an ACO succeeds in both delivering high-quality care and spending healthcare dollars more wisely, it may share in the potential savings with CMS or commercial insurance providers.

**The legal name of UnityPoint Accountable Care is Iowa Health Accountable Care, L.C.*



UnityPoint Accountable Care

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Introduction

UnityPoint Accountable Care (UAC) is pleased to provide you with this Value Report covering 2019 and 2020, two very dynamic years in our continuing value-based care journey. While this information is being released later than previous reports, we believe it's more important than ever to take a moment to reflect on where we've been, so we can better plot a strong course for the future.

The past two years have challenged everyone in health care and the health sciences. **Our leadership team is extremely proud of how our team and network providers learned and innovated together throughout the worldwide COVID-19 pandemic to successfully manage our patients' health.** We were tested, and we all came through. We will continue to use and improve upon the lessons we learned from the COVID-19 pandemic.

As we view the landscape in mid-year 2022, we recognize a very important truth from the pandemic: **change is a constant.** We know now, more than ever, that we can never stand still and must continually challenge ourselves to do more for our patients and communities. We need to keep innovating, identifying barriers to care and finding ways to surmount them.

So, what can we take from the immediate past and our first full decade of our value-based care journey, to inform the work we are doing today and in the future?

- **We've proven the importance of value-based contracts for long-term financial stability.** In our Next Generation Accountable Care Organization Model contract, administered by the Centers for Medicare and Medicaid Innovation (CMMI), UAC earned shared savings of **\$41.9 million** in performance year 2019 and **\$28.2 million** in performance year 2020.

- **Steady and proven leadership is vital to success.** We have been successful navigating change and evaluating risks/rewards despite global adversities, our unique urban, suburban and rural geographies and the changing political and regulatory landscape. We'll continue to provide the right focus and insights to help our network be successful.
- **We continue to focus on the patient.** Access to care is vital. In response to the pandemic as well as other public forces, we have seen an explosion in telehealth services, home care services, community support services, virtual care and other expansions of our traditional health care delivery care continuum. These are welcomed changes, because traditional health care was unable to fully meet the needs of our increasingly diverse patients. Employers and payors have taken note of the changes and are looking for us to continue to drive innovation and leverage technology to deliver cost-effective and high-quality care.
- **We need to keep innovating in smart and scalable ways.** Our goal is to deliver "care everywhere," always putting the patient at the center, while building community partnerships to achieve larger and more permanent population health aims.
- **"Focusing on fundamentals" is more important than ever.** We need to continue to refine our data/information tools and fine-tune our medical record workflows. We must continue to develop effective use of our provider network, care management teams and other ancillary healthcare providers. We need to improve our ability to code for risk with high precision, bring in the appropriate patients for annual wellness visits and treat patients at the best level of

care to reduce unnecessary emergency department use and other high-cost services. And we must continue to build trust with all our providers as we continue to develop and strive for high-performing network capabilities.

We believe we have emerged from the past two years with a bond of trust, collaboration and a shared vision for how health care can work at its best. Our expansive network can take on risks and challenges even during the toughest times and still deliver high-quality health care achieving the Triple Aim.

Now, we're in our next chapter together: participation in the Centers for Medicare and Medicaid Services' Global and Professional Direct Contracting Model. Our current opportunities are truly exciting, building on what we've learned. The entire UAC team is working hard to deliver enhanced information and tools for our network this year as we make decisions about our path forward.

Please join us in celebrating our collective achievement and looking toward the future with confidence.



“The Triple Aim is an important north star for our physicians and healthcare team members as they navigate changes in healthcare infrastructure, payment models and even the pandemic. If we can focus on providing the best care for patients at the right time and in the right place, it makes it easier to know what work is on mission, and that is a powerful motivator. ”

Megan Romine, D.O., Interim CEO,
UnityPoint Accountable Care



Our Goal: To Advance the Triple Aim

The overall goal of the Triple Aim is to improve quality of care while finding ways to maintain or lower costs, and work in ways that lead to better patient outcomes, better value and healthier communities. Our focused approach hinges on collaboration, partnership, trust – and, ultimately, improved results that benefit our patients.

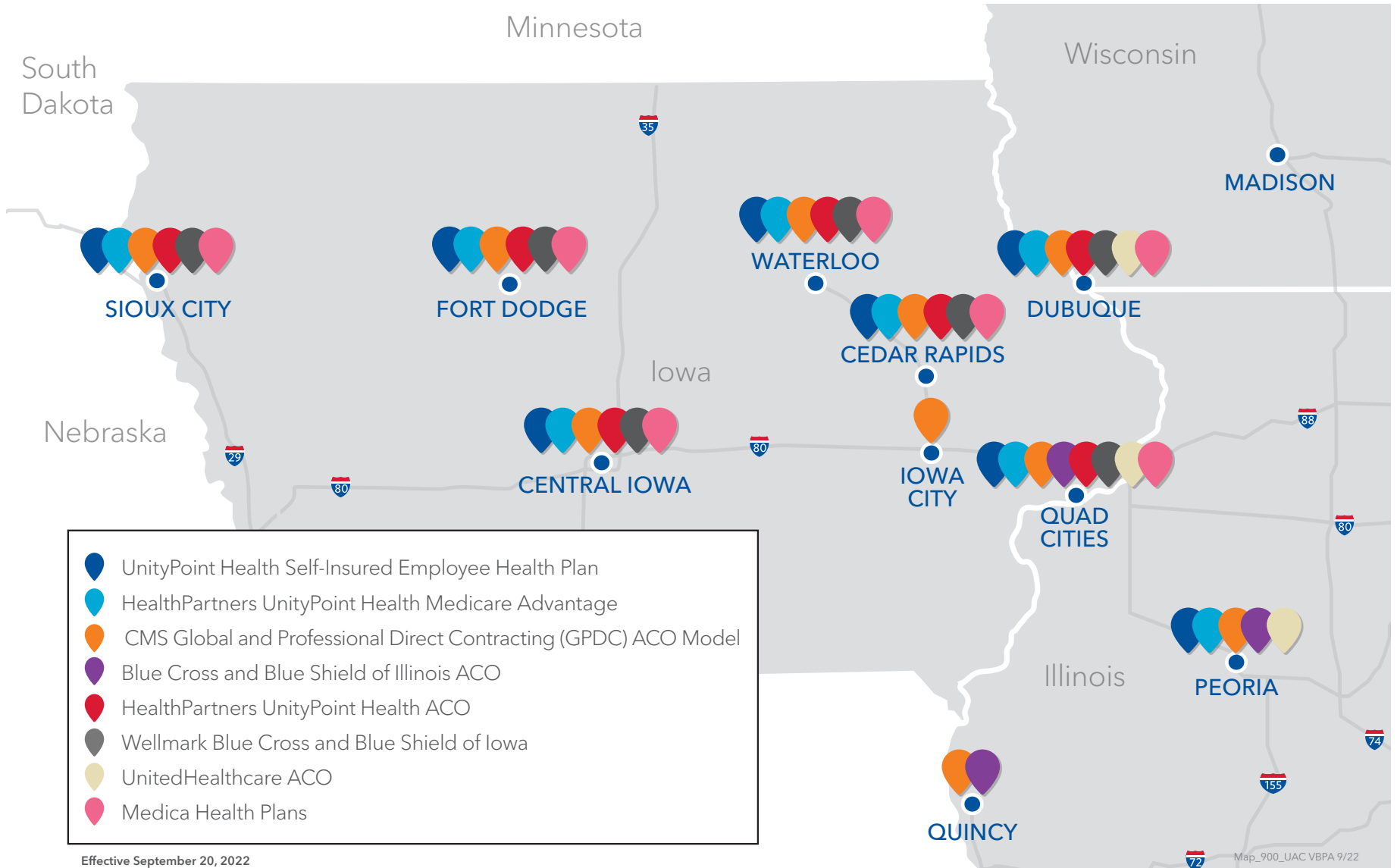
UnityPoint Accountable Care (UAC) has established quality metrics and analytic tools to help achieve better patient outcomes. Investment in healthcare technology, data analytics, care management and other patient-centered initiatives are

foundational, allowing us to best serve patients and communities through our network.

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



UnityPoint Accountable Care Value-Based Contracts



Quality Overview

The global pandemic challenged UnityPoint Accountable Care (UAC) to continue to balance our drive to improve individual patient outcomes while promoting the health and safety of our providers and patients. Although routine care became challenging due to patient volumes, paused elective procedures and limitations in testing and personal protective equipment, our network physicians and providers continued to provide high-quality care for our patients. For our patients in commercial contracts, we had minimal decreases in the percent receiving breast cancer screenings and routine diabetic A1c testing. Fortunately, with our emphasis on colon cancer screening, we increased the rate of patients receiving screenings in 2020. This success was due to a focus on shared decision-making between clinicians and patients and utilizing non-invasive testing where appropriate.



Next-Generation ACO Model Quality Performance

Overall Quality Scores

UAC received an overall quality score of **94.63 out of 100 in PY 2019**. UAC received an overall quality score of **98.75 out of 100 in PY 2020**.

Performance by Measure

Measure Number	Measure Name	UAC 2019 Performance Rate	2019 Mean Performance all NGACOs	UAC 2020 Performance Rate	2020 Mean Performance all NGACOs
PATIENT/CAREGIVER EXPERIENCE					
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	85.79	86.03	No survey*	
ACO-2	CAHPS: How Well Your Providers Communicate	92.97	94.11	No survey*	
ACO-3	CAHPS: Patients' Rating of Provider	91.58	92.75	No survey*	
ACO-4	CAHPS: Access to Specialists	81.32	80.97	No survey*	
ACO-5	CAHPS: Health Promotion and Education	60.79	60.46	No survey*	
ACO-6	CAHPS: Shared Decision Making	58.48	61.38	No survey*	
ACO-7	CAHPS: Health Status/Functional Status	76.66	74.49	No survey*	
ACO-34	CAHPS: Stewardship of Patient Resources	22.23	24.40	No survey*	
ACO-45	CAHPS: Courteous and Helpful Office Staff	92.82	93.05	No survey*	
ACO-46	CAHPS: Care Coordination	87.64	87.26	No survey*	
CARE COORDINATION/PATIENT SAFETY					
ACO-8	Risk Standardized, All Condition Readmission †	14.43	14.98	14.39	15.05
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions †	54.02	56.34	48.28	47.97
ACO- 43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator #91) †	1.70	1.72	0.96	0.87
ACO-13	Falls: Screening for Fall Risk	92.33	88.97	91.76	85.63

Measure Number	Measure Name	UAC 2019 Performance Rate	2019 Mean Performance all NGACOs	UAC 2020 Performance Rate	2020 Mean Performance all NGACOs
PREVENTATIVE HEALTH					
ACO-14	Influenza Immunization	90.27	76.98	90.11	76.05
ACO-17	Tobacco Use Assessment and Cessation Intervention	100.00	79.60	96.92	78.61
ACO-18	Depression Screening	87.58	73.00	78.52	70.66
ACO-19	Colorectal Cancer Screening	77.68	77.12	82.94	73.28
ACO-20	Mammography Screening	84.78	79.31	83.46	74.85
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	83.80	82.43	84.51	81.04
AT-RISK POPULATION					
ACO-40	Depression Remission at Twelve Months	6.38	11.82	0.00	11.41
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control †	9.02	11.43	9.82	13.95
ACO-28	Hypertension: Controlling High Blood Pressure	84.86	78.62	84.28	73.11
OVERALL QUALITY SCORE		94.63		98.75	

* In 2020, ACOs were not required to field the CAHPS survey due to the public health emergency. All ACOs were given 20/20 for the patient/caregiver experience metrics.

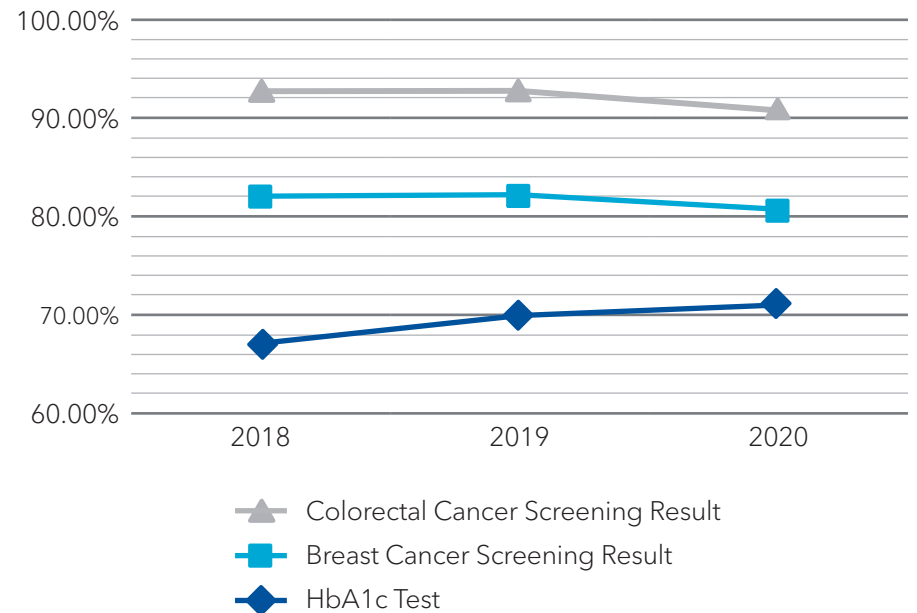
† For these measures, a lower score indicates better performance.

Commercial Value-Based Contracts

Commercial payors, on behalf of their employer customers and members, have continued to push ACOs for improvement in care delivery and the total cost of care. As all payors shift the risk for financial and quality results to providers, the performance expectation bar continues to rise. It is evident UnityPoint Accountable Care improved management of the patient's medical cost trend while maintaining or improving quality.

More challenges lie ahead as we tackle the rising health care spend by finding new ways to understand our patient population and their care needs, managing their chronic conditions and better engaging them in their care.

Commercial ACO Quality Key Performance Metrics





“Our strategy allows our providers to really think, “What is the best thing for our patients? What is the best thing for our communities?’ We don’t have to be bound by all the insurance policies and procedures. **We can do what we think is best.**”

- Steve Palmersheim, CFO, UnityPoint Clinic and UnityPoint Accountable Care

Financial Performance

In 2020, UnityPoint Accountable Care (UAC) achieved more than \$66 million in shared savings from government and commercial value-based contracts, including the Centers for Medicare and Medicaid Innovation's (CMMI) Next Generation ACO Model, United Healthcare, Wellmark Blue Cross & Blue Shield, Aetna, Blue Cross and Blue Shield of Illinois and the UnityPoint Self-Insured Health Plan.

UAC performance has been strong across all contracts where we are compared against national benchmarks, regional benchmarks and our own baseline performance (to demonstrate improvement). Success in the Next Generation ACO Model was due in part to a decrease in facility expenditures (5.01 percent annually), which included a decline in Skilled Nursing Facility (SNF) spend (1.65 percent annually) and acute inpatient spend (5.87 percent annually).

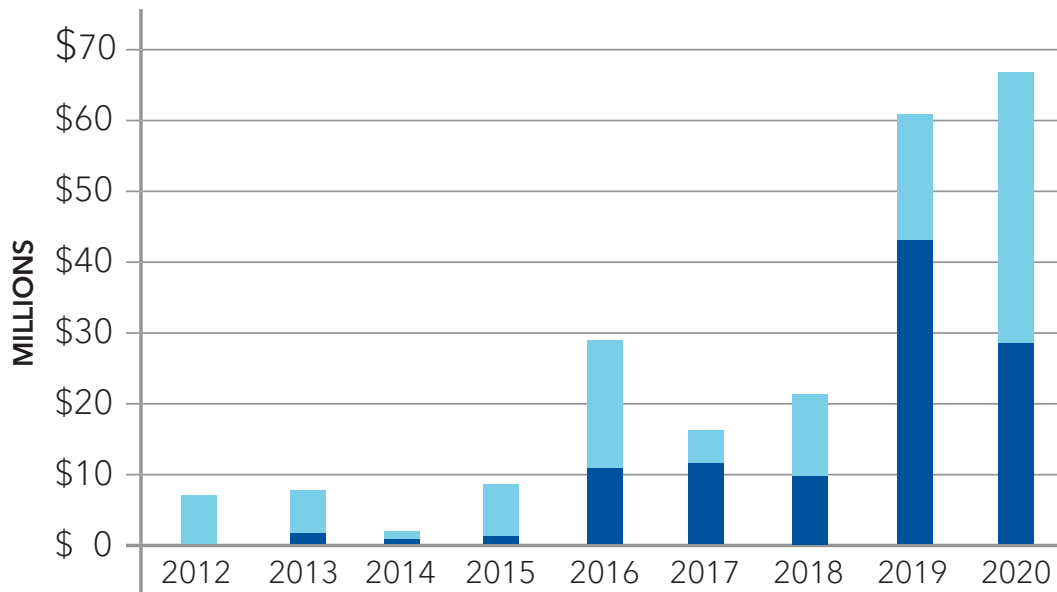
Additionally, UAC benefited from the application of a risk score floor that resulted in an increase in the benchmark of 3.5 percent. Maintaining focus on complete and accurate documentation is critical to ensure the risk score of the UAC patient population is reflected accurately and that patient care can be effectively managed.


As we look ahead, savings opportunities exist for reducing potentially avoidable acute admissions and emergency department visits, expanding Care at Home and palliative programs, limiting unnecessary advanced imaging scans and increasing our annual wellness visits for Medicare patients.

Shared Savings, Incentives and Care Coordination Payments

Contract	2013	2014	2015	2016	2017	2018	2019	2020	TOTAL
Government	\$1,220,000	\$304,268	\$707,039	\$10,527,767	\$11,478,688	\$9,534,791	\$42,844,519	\$28,266,520	\$104,883,593
Commercial	\$6,186,980	\$1,177,783	\$7,407,780	\$18,293,500	\$4,607,754	\$11,425,914	\$17,753,365	\$38,251,112	\$111,609,002
TOTAL	\$7,406,980	\$1,482,051	\$8,114,819	\$28,821,267	\$16,086,442	\$20,960,705	\$60,597,884	\$66,517,632	\$216,492,595

UAC Incentives Earned





“ Accountable care has been a tremendous opportunity to align the efforts of providers across the continuum of care to **focus on the patient, providing the right care, at the right time and in the best setting.** It has spurred innovation in home-based care, preventive care and chronic care management and it has saved patients, the government and employers money they can use for other important priorities. It has also allowed providers to create a sustainable path to invest in these innovations and participate in the value that is being created through these efforts. ”

P. Douglas J. Watson, Senior Vice President
and Chief Financial Officer,
UnityPoint Health



Care Coordination/Population Health

Through the 2019 and 2020 performance years, UnityPoint Accountable Care (UAC) continued to build on a strong foundation of care coordination and population health strategies. We successfully used benefit enhancements to provide post-discharge and care management home visits for those beneficiaries we serve in our CMMI Next Generation ACO Model.

Post-discharge home visits allow for assessment, medication reconciliation and assurance of appropriate follow up care for patients in transition after having been in a skilled nursing facility, emergency department or hospital. Care management home visits allow for assessment of patients and facilitation of appropriate care pathways for patients living at home with an identified need. The UAC network provided home visits for eligible patients in Cedar Rapids, Central Iowa, Waterloo and the Quad Cities.

In 2020, almost 3,000 home visits were performed via these two programs. These home visits allow our teams to meet patients where they are and perform meaningful assessments of both them and their environment. The benefits of these programs were highlighted during the 2020 COVID-19 public health emergency when we extended high quality, coordinated care to patients in the environment where they felt safest – their home.

Clinical Care Initiatives

Telehealth

As an organization with a large rural footprint, UnityPoint Accountable Care (UAC) has assisted its providers with utilizing telehealth in expanding access to care for our patients. We leveraged this existing infrastructure during the public health emergency to support our providers and patients in utilizing telehealth to safely connect to each other.

In 2020, UnityPoint Health (UPH) expanded telehealth care to patients residing in 816 zip codes, an increase of 39 percent from our 2019 reach. We provided telehealth consults to patients in 78 percent of rural Iowa zip codes. Additionally, we expanded telehealth hospitalist and specialty coverage to our critical access hospitals across the state.

In inpatient hospital units, telehealth hospitalist and critical care provider teams provided consultation and daily rounding to patients across the system. This allowed UnityPoint Health teams to effectively respond to surges of patient volumes where and when they occurred. Additionally, the telehealth team developed consultative abilities with our infectious disease, palliative care, cardiology, neurology and behavioral health service lines to provide virtual consultations. These consultations first expanded provider reach across multi-campus regions and laid the groundwork for providing cross-coverage across regions and even states.

To aid providers in this transition, the ACO offered education on performing, coding and billing for telehealth exams with specific information for those practicing in skilled nursing facilities or performing annual wellness visits. A tip sheet for providers was developed on how to perform and document a patient physical exam done through an audiovisual platform.



Clinical Education/Clinical Medical Education Credits

The UnityPoint Accountable Care (UAC) clinical team endeavors to provide practice and educational support for physicians, advanced practice providers and other clinicians across our network.

UAC staff coordinated the bi-monthly UAC newsletter to keep providers informed about practice-changing guidelines, upcoming CME opportunities, identified network performance opportunities and pertinent updates in contract and formulary changes. The UAC newsletter became increasingly important in 2020 as a forum to provide critical information about the practice changes brought about by the pandemic/public health emergency. Regular updates on telehealth flexibility, new waivers, coding and billing for services and other COVID-19 updates were provided via the newsletter. Providers were able to access thorough yet concise handouts on providing an annual wellness visit through telehealth and talking to patients about advanced care planning during the pandemic.

Patient engagement and shared decision-making discussions are critical to the success of physicians and other clinicians in providing high quality, value-based care. The UAC clinical team supports this work through the development of patient-facing materials to inform and guide conversations. In 2020, the team updated their guidance on “Where to Go for Care” to address the pandemic and highlight virtual options for connecting patients to their care teams.

Additionally, UAC supported regular CME and nursing clinical education opportunities offered at no cost to network participants. In 2020, the offerings included webinars on “PAMA and the Impact of Advanced Imaging” and “Choosing Wisely: Increasing Appropriate Advanced Imaging.” More than 200 continuing education credits were awarded for each of these webinars. The recordings are available on-demand for one year as non-CME education offerings.

The clinical team also continues to offer a host of clinical resources to use as guidance when caring for patients, which is made available to network providers via our provider portal. The resources include an annual wellness visit playbook, a urinary tract infection (UTI) care guide, immunization guides for influenza, pneumococcal and childhood immunizations and tip sheets on breast cancer screening, colorectal cancer screening, osteoporosis, well child visits and diabetes care.



Clinical Care Initiatives (Continued)

Colorectal Cancer Screenings

UAC joined other leading health care groups as an active participant in the American Medical Group Association (AMGA) three-year Collaborative for Performance Excellence. Our work in the Collaborative focused on improving rates of colorectal cancer screening for our populations.

ACO clinical staff coordinated the efforts of the ACO and our partners in this work. Efforts to improve screening rates have included ensuring gap lists are accurate for end users, identifying low performing clinics to evaluate and optimize workflows and coordinating with payors on coverage for colonoscopies in follow-up of positive, non-invasive screening tests such as FIT and FIT-DNA. Our work ahead will be in evaluating and mitigating the impact of the pandemic on delays in routine care, including colon cancer screening.

The ACO was recognized because of this work, identifying how social determinants of health and issues of health equity have a significant impact on the colorectal cancer screening rates of our population. Increasing awareness around this important topic and developing strategies to improve the screening rates of all the communities we serve will be at the forefront of our work going forward.

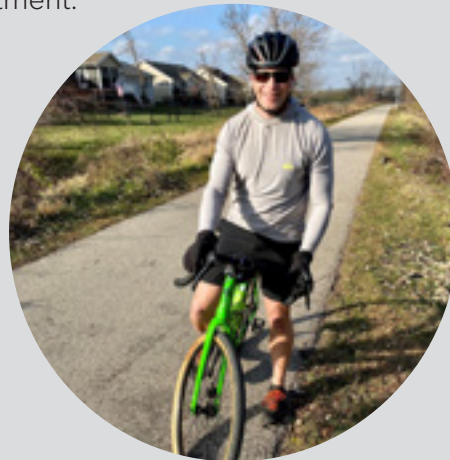
Telehealth

A Provider's Perspective

Dr. Cleve Younger, UnityPoint Health – Cedar Rapids Family Medicine Physician and Medical Director for multiple local and rural nursing homes in Cedar County, has seen tremendous value in the growth of telehealth adoption. “I drive less and can see more patients” he says. “More importantly, the care is improved when I can meet with the patient and other members of their care team at the same time.”

Dr. Younger recounted a recent story that exemplifies one of the ways telehealth can keep patients healthy. “One Sunday morning, I received an urgent call on my cell phone while I was on a bike ride,” he says. “A nursing home resident had fallen and lacerated her head. I was two hours away from the facility and 16 miles from home. Thankfully, I was able to virtually assess the patient using my phone. I was also able to work with the nursing home’s care team to create a treatment plan that kept the patient within the facility and avoided a long and costly transfer to a hospital emergency department.”

The value of telehealth is particularly high in counties where there is not a hospital within county borders.



The Patient's Perspective

Mark Eggers, of Muscatine, Iowa, has benefited from telehealth. Mark has Type 2 diabetes and works as a maintenance supervisor at a Catholic school. Being able to meet virtually has worked out great for me,” he says. “I’ve been able to set goals and develop diet and exercise plans just as I would have done in person. As a result, I’ve lost weight. Also, the convenience has been a big plus. I don’t have to get time off work or travel.”



Hospital to Home

When Kevin LaGree became seriously ill at the end of January, he found himself in the emergency room at Iowa Methodist Medical Center in Des Moines. After his care team identified he had sepsis and it was putting pressure on his heart, they admitted him to the hospital.

A few days into Kevin's stay, Dr. Peter Read, Medical Director for UnityPoint Care at Home Services, stopped by his hospital room to talk to him about transitioning to UnityPoint Acute Hospital Care at Home. Kevin was familiar with the concept of receiving care at home but wasn't aware it was available to him through UnityPoint Health.

"I was ready to come home, but I wasn't well enough to be home," Kevin said. "The hospital team did an extraordinary job, but the idea of being able to be at home and get high quality care made an enormous difference to me."

The Centers for Medicare and Medicaid Services (CMS) announced the Acute Hospital Care at Home program on November 25, 2020. UnityPoint Health was one of the initial six healthcare organizations across the nation approved to implement the new program. The UnityPoint Health Acute Hospital Care at Home program helps eligible patients – such as those with cellulitis, COPD, heart failure, pneumonia, dehydration, etc. – receive acute hospital level care in the home instead of staying in the hospital. As in a hospital setting, nurses and physicians stop

by to see the patient to check vitals, answer questions and provide care. Kevin was the first patient to participate in the program, which UnityPoint Health launched in 2021.

"This program allows patients to recover in a familiar place, which often leads to faster recovery time, increased mobility, better sleep, fewer complications and improved well-being," said Dr. Read.

As part of the customized plan developed for Kevin, his care team visited his home twice a day, for three days after he was transitioned from the hospital. In addition, he was provided with equipment to remotely monitor his pulse, blood pressure, weight and more throughout the day. This allowed his care team to quickly intervene if something was trending in the wrong direction. Kevin could also reach his care team via phone, no matter the time of day or night, if he ever felt off or had a question.

"In a sense, our condo became a wing of the hospital.

That is what really impressed us," Kevin said. "The quality and level of care was just as high as in the hospital. But unlike the hospital, I could sit in my recliner. I didn't have to wear a mask all the time. I was able to eat home-cooked meals and I slept better."

After a patient completes the Acute Hospital Care at Home program, the care team identifies what additional services may be needed to help manage the patient's health moving forward. These services could include referring a patient to home health, continuing



remote telemonitoring and/or requesting the patient frequently visits a provider. While a patient is being cared for under the Acute Hospital Care at Home program, their primary care provider can see their latest health information and medical documentation through electronic medical records. This helps keep the patient's provider in the loop on their health needs and recovery.

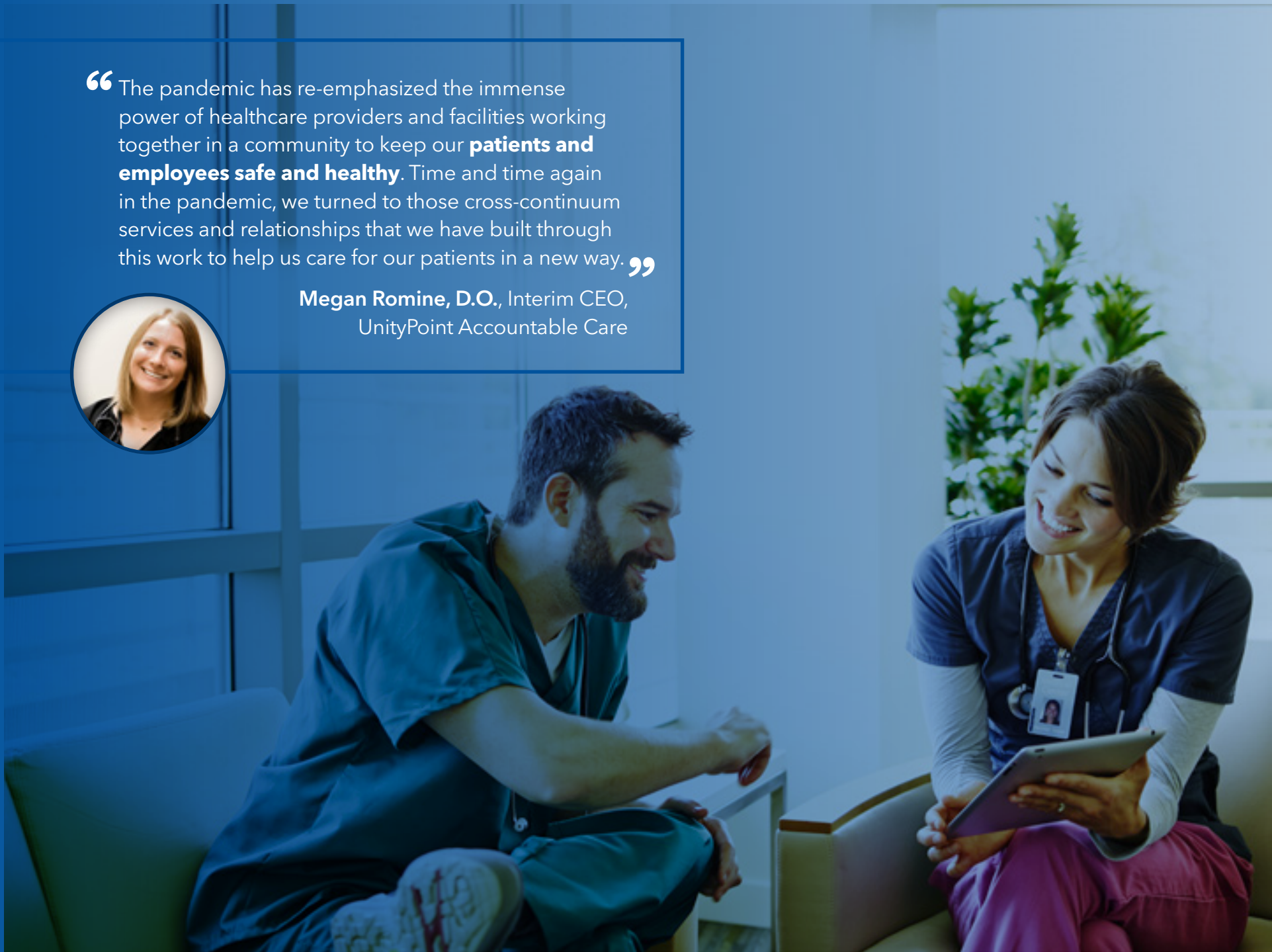
"For eligible individuals who find themselves in our hospital, this is a great opportunity to receive transformational care in a place that's most comfortable to them," said Dr. Read.

"It was wonderful. One of the greatest experiences I've had. Dr. Read and my care team were fantastic. Their support allowed me to be back in my house, and I think being home helped me heal faster," Kevin said.



“ The pandemic has re-emphasized the immense power of healthcare providers and facilities working together in a community to keep our **patients and employees safe and healthy**. Time and time again in the pandemic, we turned to those cross-continuum services and relationships that we have built through this work to help us care for our patients in a new way. ”

Megan Romine, D.O., Interim CEO,
UnityPoint Accountable Care



Post-Acute Care Network

“Coming Together” During the COVID-19 Pandemic

UnityPoint Accountable Care (UAC) has a nationally recognized, high-performing network of engaged skilled nursing facility partners who consistently deliver high-quality, high-value care for our patients. As a key component of our pandemic response, we were able to build on that network of high-performing skilled nursing facilities and expand that influence and collaboration to all facilities receiving or sending patients to our hospitals.

In response to the pandemic, a working group was quickly developed, including clinicians caring for patients in facilities, ACO post-acute care subject matter experts, legal and regulatory advisors and regional post-acute directors. The workstreams tackled by this group were broad and evolved as the pandemic progressed.

The initial focus was on sharing best practices in pandemic preparation and response. Dr. Clete Younger, Chair of the ACO Quality and Clinical Integration Council (QCIC) and a Cedar Rapids family medicine and geriatrics physician, lead his team in reaching out to each patient and family in his facilities to discuss and document their care plan and wishes in the event they contracted COVID-19. This work prepared patients, families, facility staff and the regional hospital once an outbreak occurred. This best practice was shared broadly throughout the system.

To promote telehealth, the workgroup developed telehealth guidance for both facilities and providers. These guidance documents included both regulatory guidance on the type of

telehealth visits allowed and practical guidance on platforms, workflow and billing. This workgroup was a conduit in keeping our Skilled Nursing Facility partners updated with timely information they needed to know on CMS and Iowa/Illinois state notices of infection prevention, quality and safety education, monitoring and control requirements.

As our regions saw increasing outbreaks in long-term care settings, the team advised on facility-specific issues related to Personal Protective Equipment (PPE) acquisition, infection prevention and cohort grouping of patients. As testing capacity increased for the system, the workgroup was an early advocate for routine screening of patients being discharged to congregate living facilities to facilitate appropriate cohort grouping and PPE conservation in the facilities. As public health emergency regulatory changes created flexibility, the team developed a process by which hospitals could designate hospital beds as skilled facility beds, allowing COVID-19 positive patients to convalesce in the hospital where PPE and staffing were more readily available. Ultimately, this workgroup recommended and helped establish a group purchasing arrangement that increased access to PPE for our facilities.

Post-Acute Care Network (Continued)

Minimum Network Criteria

Network criteria remains an important tool in the identification, assessment and selection of providers and facilities for participation in UnityPoint Accountable Care (UAC) value-based programs. As UAC continues its journey into value-based reimbursement, we recognize the need to continually evaluate our network expectations and standards in alignment with our overarching strategy.

In the fall of 2020, the UAC team reviewed and revised its network criteria with the intent to provide our governing bodies with a process that both meets the standards necessary for success, while creating a fair process to evaluate and place provider groups. Updated network criteria reflects best practice, patient-centered expectations that improve the network's ability to manage patients across the care continuum and maintain compliance with government and payor regulatory requirements.

During this development process, we were guided by the Patient-Centered Medical Home (PCMH) standards established by the National Committee for Quality Assurance (NCQA). These concepts served as the backbone to our network criteria and helped ensure our expectations are well aligned with the Triple Aim.

The ACO approached criteria design with several key areas in mind – operations, clinical care management and information technology. Within each of these categories, UAC developed a set of milestones and competencies – specific to provider or facility type – critical to a participant's success. As our ACO moves forward, participating providers will be continuously assessed for adherence to network criteria to ensure they're correctly aligned to programs and/or agreements and that ACO resources are effectively allocated for the network.

Network Utilization

One key component to the ongoing success of our ACO is the ability of our network providers and facilities to coordinate care and effectively manage patients throughout their care journey. This collaboration across the UnityPoint Accountable Care (UAC) network not only provides beneficiaries with a better overall experience, but care that's provided by UAC in-network providers also tends to be less costly for the patient and for our healthcare system.

The advantages of in-network utilization are particularly pronounced in our post-acute network. On average, an admission to one of our network's Skilled Nursing Facility (SNF) participants results in more than \$2,000 in reduced costs and a length of stay six days shorter than admissions that occur at SNFs outside of our network.

Our data also suggests the opportunity is significant for improvement beyond our post-acute network of facilities and providers. UAC currently accounts for roughly half of its attributed member spend, and much of this out-of-network spending occurs at higher cost providers or facilities. To address this, UAC will be including a network utilization metric in our 2022 performance incentive Funds Flow model. This metric is designed to promote transparency among our participants and encourage our providers to improve communication and coordination across our network. We believe this metric will continue to drive caregiver collaboration and result in lower-cost and higher-quality care for our patients and communities.





“ When asked ‘why did you go into health care,’ a nearly universal response from medical and nursing students is, ‘I wanted to help people. Unfortunately, the demands of increasing volume for profit were a stark reality after transitioning from student to professional practitioner. The ACO model, where quality is emphasized over quantity, allows me to feel like I did upon entering school. When people ask why it’s worth embracing the ACO model, my response is that it allows healthcare providers to really focus on helping a patient feel better because the financial model is aligned with the **best patient outcomes.** ”

Clete Younger MD, Family Medicine at Medical District,
UnityPoint Clinic - Cedar Rapids



Global and Professional Direct Contracting - Our Continuing Evolution

In 2021, we spent time preparing for new risk models from CMMI, so we can stay at the forefront of health care delivery transformation within our government value-based contracting programs.

In late February 2022, the Center for Medicare and Medicaid Innovation (CMMI), within the Centers for Medicare and Medicaid Services (CMS), announced changes to the Global and Professional Direct Contracting (GPDC) Model – the current Medicare value-based care model in which UAC providers participate. Prior to the announcement, UnityPoint Accountable Care (UAC) had met with congressional delegates about the importance of GPDC and informing CMMI discussions regarding revisions made to the program.

One of the many changes to the GPDC program is its name, which will now be the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health Model, known as the ACO REACH Model. CMMI and UAC have a continuing commitment to value-based care and UAC has begun assessing the new REACH Model as well as other value-based care programs to determine which is best for UAC for 2023 and beyond. Once a full assessment is completed by ACO staff, recommendations will be provided to UAC leadership and governing bodies.

During this time, it is critical that UAC and its provider network continue our important work in driving high performance within the 2022 GPDC Performance Year as no immediate changes are being made for 2022. UAC and its provider agreements remain in place, and we will continue to work closely together to maintain our track record of improving quality and reducing costs for patients as one of the longest continual CMMI ACO Model participants in the country.

Thank you for your support and continued commitment to the UnityPoint Accountable Care value-based care journey.

UnityPoint Accountable Care Governance Groups

UnityPoint Accountable Care (UAC) is a physician-led, integrated network of primary and specialty care providers dedicated to providing better health for communities, better health care experiences for individuals and more affordable care for all.

The UAC Board of Managers and its three governance councils have significant physician representation with varying areas of expertise.



Quality and Clinical Information Council (QCIC)



Dr. Clete Younger, Chair
Physician – Family Medicine
UnityPoint Clinic
Cedar Rapids Region



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



Dr. Jay Rosenberger
Physician – Internal Medicine
UnityPoint Clinic
Central Iowa Region



Dr. Himabindu Alla
Physician – Family Medicine
UnityPoint Clinic
Quad Cities Region



Dr. Tatsuzo Miakashi
Physician – Family Medicine
UnityPoint Clinic
Cedar Rapids Region



Dr. Shane A. Serfling
Emergency Physician
UnityPoint Health – Peoria
Peoria Region



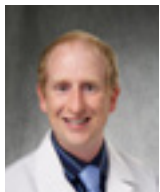
Dr. Temitope Awelawa
Physician – Pediatrics
University of Iowa Hospital & Clinics
Iowa City Region



Dr. Brian Nelson
Physician – Family Practice
Grand River Medical Group Family
Practice
Dubuque Region



Dr. Adam Swisher
Physician – Family Practice, Fort Dodge
UnityPoint Clinic
Fort Dodge Region



Dr. Nick Butler
Physician – Geriatrics & Family Medicine
University of Iowa Hospitals & Clinics
Iowa City Region



Dr. Stephen Pallone
*Associate Program Director and
Physician – Family Medicine*
Siouxland Medical Education Foundation
Sioux City Region



Dr. Katelyn Thompson
Physician – Psychiatry
UnityPoint Health – Fort Dodge,
Berryhill Center
Fort Dodge Region



Dr. Jason Losee
*Physician – Family Medicine,
Sergeant Bluff*
UnityPoint Clinic
Sioux City Region



Dr. Bhanu Ravindran
Physician – Internal Medicine, Moline
UnityPoint Clinic
Quad Cities Region



Dr. Ryan Tomlinson
*Physician – Internal Medicine
and Pediatrics*
UnityPoint Clinic
Central Iowa Region



Dr. Tom Luft
Physician – Family Medicine, Pekin East
UnityPoint Clinic
Peoria Region



Dr. Adam Roise
*Medical Director and Physician –
Family Medicine*
Northeast Iowa Family Medicine
Waterloo Region

Finance Council (FC)



Dr. Mark Belz – Chair
Physician – Nephrology
 Iowa Kidney Physicians, PC
 Central Iowa Region



Mike Heinrich
EVP, Chief Financial Officer
 UnityPoint Health – Cedar Rapids
 Cedar Rapids Region



Dr. John Peters
VP Chief Financial Officer
 Peoria Methodist Medical Center
 Peoria Region



Jane Arnold
*Senior VP of Operations and Regional
 VP of Ambulatory Operations*
 UnityPoint Health – Sioux City
 Sioux City Region



Mark Henrichs
Chief Financial Officer
 University of Iowa Health Care
 Iowa City Region



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



Dr. Larry Burr
Radiologist
 Radiology Consultants of Iowa, PLC
 Cedar Rapids Region



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



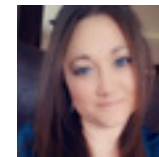
Dr. Jeff Quinlan
*Professor, Chair, and Department
 Executive Officer*
 University of Iowa Health Care
 Iowa City Region



Carol M. Cross
VP, Finance
 UnityPoint Health – Dubuque
 Dubuque Region



Katie Marchik
Chief Financial Officer
 UnityPoint Health – Trinity
 Quad Cities/Muscatine Region



Tammy Rattenborg
Financial Analyst
 UnityPoint Health – Fort Dodge
 Fort Dodge Region



Dr. Nathan Durick
Physician – Radiologist
 Advanced Radiology, SC
 Quad Cities/Muscatine Region



Tom Mathews
Chief Financial Officer
 UnityPoint Health – Des Moines
 Central Iowa Region



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



Zachary French
Vice President, Finance
 UnityPoint Health – Waterloo
 Waterloo Region



Dr. John Miller
*VP Medical Affairs & Physician –
 Family Medicine*
 Peoria Methodist Medical Center
 Peoria Region

Network Development Council (NDC)



Dr. Francis "Rocky" Kane—Chair
Physician - Family Medicine, Bettendorf
UnityPoint Clinic
Quad Cities/Muscatine Region



Dr. Matthew Stetter
Physician - Family Medicine, Morton
UnityPoint Clinic
Peoria Region



Dr. Katelyn Thompson
Physician - Psychiatry
UnityPoint Health Berryhill Center
Fort Dodge Region



Cathy Simmons
*Executive Director, Regulatory,
Government and External Affairs*
UnityPoint Health



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



Dr. Douglas Van Daele
Physician - Otolaryngology
University of Iowa Health Care
Iowa City Region

Board of Managers

The UnityPoint Accountable Care (UAC) 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 our population health strategy. The board receives reports and recommendations from the Quality and Clinical Integration Council, Finance Council and Network Development Council, as well as UAC and UnityPoint Health staff, to help fulfill its responsibilities. Consistent with the UAC vision of physician-led governance, the Board of Managers composition includes practicing physicians, both UnityPoint Health employed and independent physicians, as well as a Medicare beneficiary and consumer advocate, in compliance with government requirements.



Dr. Mark Belz, Board Chair
Physician - Nephrology
 Iowa Kidney Physicians, PC
 Specialist/FNDC Chair



Dr. Steve Herwig
Beneficiary Representative & Retired Physician—Otolaryngology
 Beneficiary Representative



Dr. Ronald Iverson
Physician - Endocrinology
 Grand River Medical Group
 Primary Care



Dr. Francis "Rocky" Kane
Physician - Family Medicine
 UnityPoint Clinic (Bettendorf)
 Primary Care



Mark Henrichs
Chief Financial Officer
 University of Iowa Health Care
 Academic Medical Center



Dr. Vinay Kantamneni
Physician - Nephrology
 Cedar Valley Medical Specialist
 Specialist



Aaron McHone
Operations Director, Behavioral Health
 UnityPoint Health
 Behavioral Health Service



Michelle Niermann
President and Chief Executive Officer
 UnityPoint Health - Cedar Rapids
 CEO Representative



Dr. Nora Philbin
Physician - Pediatrics
 UnityPoint Health, Peoria
 Pediatrics



Doug Watson
Chief Financial Officer, SVP
 UnityPoint Health
 Care Management/Population Health



Dr. Clete Younger
Physician—Family Medicine
 UnityPoint Clinic
 Post-Acute Care



“As an outsider coming into the system, I can tell you objectively, and with a lot of national comparison, **UnityPoint Accountable Care is doing a great job.** It’s contributing to our bottom line, it’s building capabilities that are advancing us and are the envy of many health systems across the nation, and it’s really delivering on the promise of what accountable care is supposed to deliver.”

Clay Holderman, Chief Executive Officer,
UnityPoint Health





Afterword

2022 is the ten-year anniversary of our value-based care journey.

Together, we have provided a decade of value to patients and our communities. As we cheer on this milestone, let's be thankful for all we've learned together and how positive our collaboration has been.

Our thoughtful work this year, for our strong commercial value-based care agreements and with CMMI's Global and Professional Direct Contracting Model, will prepare us for continued success in 2023 and beyond. As this is written, we are beginning work on how to best balance the available levels of risk with high-quality care delivery and stable financial returns. Our new "Network Pathways," debuting this year, is the start of a more customizable financial model for our providers and ancillary facilities.

During the pandemic, we saw our providers could still find ways to have the "right" interactions with patients in lower-cost settings but still provide great quality care. Yes, we had to work a bit harder to achieve great care coordination, but our strong network found new ways to provide the best experience for our patients. We innovated and trusted each other as we implemented changes in real-time, rising to the need.

Continuing to innovate in care delivery to meet patient needs is vital, including the need for enhanced behavioral health care across our geographical regions. Strong UnityPoint Health enterprise-wide investment in our Community-Based Mental Health Centers is already helping, but there is much more to do. Maximizing all aspects of our network is key to meeting patient needs, including using our independent providers and ancillary care managers to their full capability.

One important area of focus for our team this year is continued data integration and connectivity to provide the network with timely and actionable information to identify opportunities. We will also be working to enhance two-way communication between the patient and their providers. Innovative programs that have proven their worth in pilot form, such as remote monitoring, will be expanded to provide even greater benefit. You will also see a greater emphasis on continuing education for the network, both refreshers for care fundamentals and webinars, about new tools and information.

You can help by fostering and developing network collaboration and engagement and letting us know additional ways to support you. Reports from our analytics team continue to show we can lower costs and improve outcomes when we keep care delivery within the UAC network.

What won't change is our commitment. The UAC team will continue to "meet you where you are" and provide all that you and our patients need, for your continued success in value-based care.



UnityPoint Accountable Care Network Participants

UnityPoint Accountable Care Global and Professional Direct Contracting (GPDC) Participant and Preferred Providers

HealthPartners UnityPoint Health (HPUPH) Network Providers

