

Since its founding in 2014, Aledade has helped community health centers (CHCs) across the country deliver high-quality patient care and earn shared savings as a result. In the 2022 Medicare Shared Savings Program (MSSP) performance year, 99% of our member CHCs earned shared savings, totaling \$53.5 million.

In this paper, we review the challenges faced by CHCs in meeting various quality requirements, Aledade's unique approach to quality, and the progress our member CHCs have made in integrating quality into their workflows.

Community health centers have evolved significantly in recent years, no longer primarily focused on serving the uninsured. Through Medicaid expansion and the rise of Medicare Advantage enrollment, the rate of uninsured individuals is at an all-time low nationally. According to the National Association of Community Health Centers (NACHC), just 1 in 5 CHC patients are uninsured, while 61 percent have public insurance such as Medicare, Medicaid or CHIP.

CHCs maintain their role as a "safety net" for underserved patients who often have social needs that impact their health. Regardless of insurance status, CHCs strive to deliver quality care to all, but historically were not financially rewarded adequately for their efforts. Today, value-based care contracts are turning that tide by offering financial incentives that reward clinical outcomes and care rather than volume of services.

"CHCs have been in the mindset of seeing as many patients as they possibly can in order to break even," said Rayhaan Adams, Director, Attribution & Wellness. "But through value-based care contracts with payers, they have the freedom to spend more time with patients, often who have significant disease burden and experience barriers to care, without worrying about how much time they're spending or how many more patients they need to get through the door."



"CHCs have been in the mindset of seeing as many patients as they possibly can in order to break even, But through value-based care contracts with payers, they have the freedom to spend more time with patients, often who have significant disease burden and experience barriers to care, without worrying about how much time they're spending or how many more patients they need to get through the door."

 Rayhaan Adams, Director, Attribution & Wellness





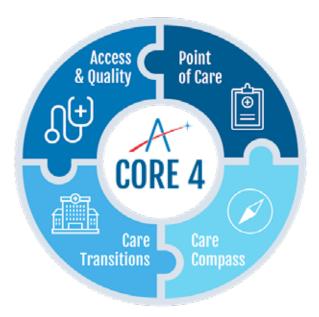
Decreased hospitalizations and emergency department visits by 12% and 7% per 1,000, respectively



Controlled hypertension, with 62.5% of attributed MSSP patients with controlled and timely blood pressure



Earned an average of >\$376K in shared savings payments as a result of delivering costefficient, high-quality care



*Metric based on performance in 2022 MSSP. Past performance may not be indicative of future results. Shared savings revenue is not quaranteed.

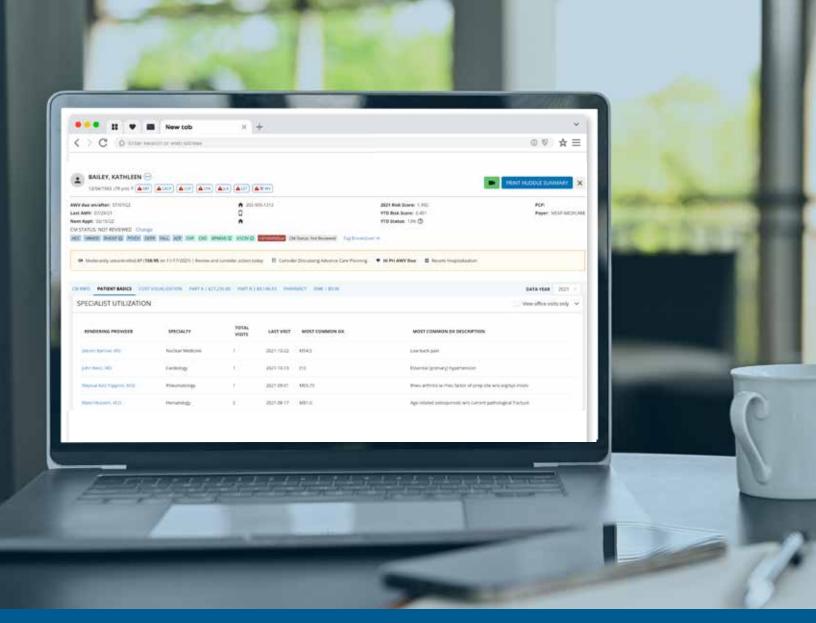
These contracts also incentivize teams to focus on measured aspects of quality. A challenge CHCs face is measuring and documenting quality, because "quality" is defined differently by various funding organizations and insurers like the Uniform Data System, the Healthcare Effectiveness Data and Information Set (HEDIS), Medicaid, the Medicare Shared Savings Program (MSSP), Medicare Advantage Star Ratings and commercial payers. Measure sets differ based on target populations, organizational priorities, reimbursement models, data availability and region. CHCs must document these measures in different systems, leading to non-uniform workflows and increased administrative workloads.

The Core 4:

A streamlined approach to quality

All practices and community health centers in Aledade ACOs are supported by practice transformation specialists (PTSs) who provide workflow support to staff who are managing the complexities of quality measures across value-based care contracts.

The basis of this support is the Core 4, a methodology that streamlines the complexity of ACO work into four competencies that increase positive health outcomes and achieve savings: "CHCs are used to juggling a lot of quality measures, but what they don't realize is that whether we're talking about MA Stars, UDS measures or MSSP, it's all rooted in the Core 4," said local medical director and CHC clinician Kevin Koehler, MD.



The Aledade App offers unique utility among other population health tools.

The Aledade App, which ACO members use to track their value-based care work, was built with the Core 4 as its foundation.

With 49 sources of Admission, Discharge and Transfer (ADT) information from health care providers around the country, the App overlays a health center's existing EHR to deliver insight from beyond the clinic's four walls. Rather than offering a "batting average" of quality across the patient panel, the App scans each patient's comprehensive healthcare record to identify and flag potential care gaps that can be addressed in the clinic.

Unlike other population health platforms that use cryptic proprietary methodologies, the App's integration with the Core 4 gives clinicians and staff a clear understanding of why patients are flagged as at-risk. The result: a unified approach to meeting quality measures, backed by both people and tech resources.

"Aledade's focus on the 'Core 4' principles provided a roadmap for maximizing shared savings to the health care system as well as our share of those savings," said Michael S. Maxwell, MD, CEO of North Olympic Healthcare Network.

Quality Matrix:

viewing quality through a different lens

CHCs face the unique challenge of seeing patients less regularly than traditional primary care offices. Underserved patients, who often make up a majority of a CHC's population, may visit health care providers less often due to barriers like transportation, cost and lack of awareness. These barriers can result in underserved patients seeking care only when symptoms are severe, impacting the frequency of their visits compared to patients with easier access to health care.

To optimize each visit, Aledade's PTS team helps CHC staff leverage the App and enhance their workflows to efficiently address multiple quality measures. For example, if a patient has come in for their AWV, this is an opportunity to also review quality measures required by UDS. To make this approach actionable, Aledade works with CHCs to complete a customized Quality Matrix. This one-page tool, using colors and symbols, lays out quality measures from the CHC's funding sources across a given population to highlight where overlaps occur.

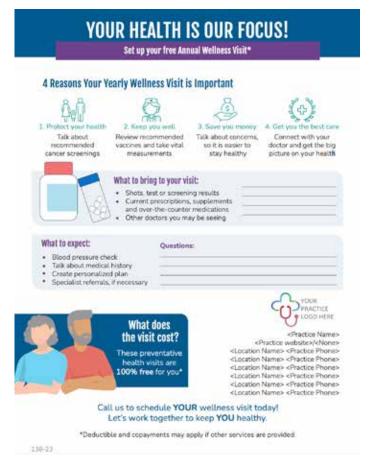
"We use it with the entire clinical staff because it's not one person doing quality: it's every team member as part of the quality team. So, they need to know and understand how this impacts the work that they do," said Cathy Cordova, Program Manager, Quality Support.

An example of one overlapping measure is Breast Cancer Screening. This quality measure is in many Medicare Advantage plans, part of the MSSP, a measure in the UDS and is also a preventive screening reviewed as part of the Annual Wellness Visit (AWV) for Medicare beneficiaries. By visualizing the connection to multiple programs, clinical staff understand the importance of addressing this with patients in a given opportunity.

Outreach support encourages patient visits.

As health center leaders well know, none of this work can be accomplished without patients coming through the door. To help establish a more regular cadence of care, Aledade conducts year-round outreach campaigns on behalf of the CHCs in our ACOs. These efforts are centered around educating patients about the importance of services like AWVs and knowing their numbers, particularly for patients with hypertension and diabetes.

Because quality work is documented at the patient level in the App, a feedback loop has been established whereby Aledade surveys this data to identify opportunities to amplify important clinical messages to patients and encourage them to make an appointment.



An educational flyer sent by Aledade to patients on behalf of our member CHCs

Progress must be made at the policy level.

The challenge of achieving a diverse set of quality measures has been recognized by the Centers for Medicare & Medicaid Services (CMS) with its recent launch of the Universal Foundation, a commitment to aligning a core set of measures across all the agency's programs.

Aledade supports the intent of this initiative but advocates for a more targeted measure set to be established. As reported by our field teams, when staff need to juggle more than 10 measures, their attention can be diverted from delivering patient-centered care to time-consuming documentation and data submission tasks. In addition, a more targeted measure set, stratified by race/ethnicity and

social risk factors (e.g., income level), would allow clinicians to focus more intently on addressing equity within each measure.

Our Policy team continues to advocate for a streamlined set of quality measures and documentation requirements. In the meantime, we remain in the trenches helping our member CHCs deliver quality care, efficiently - and see the rewards of doing so.

"As a community health center, we understand that value-based care is of great importance to shift the focus of health care to be patient-centered and about striving for the best possible outcome for our patients," said Barbara Willis, CEO of Hampton Roads Community Health Center.

