Dear Friends & Colleagues,


In 2016, Duke Health established the Population Health Management Office with the goal of helping patients, providers, payers and the community achieve positive health outcomes and a greater return on their healthcare dollars.

Last year, we made measurable progress at achieving this significant mandate. Duke Connected Care, our Medicare Shared Savings Program Accountable Organization, exceeded quality standards while saving the Federal program $21.1 million dollars (#1 in North Carolina). Our DukeWELL ambulatory care management service helped over 5,500 patients—including Medicare, Medicaid, and commercial members—get more out of their health coverage by improving their ability to manage illness and overcome barriers to care. And Local Access to Coordinated Healthcare (LATCH), our program for the under- and uninsured in Durham County, connected over 2,000 of our community’s most medically-vulnerable individuals to high-quality primary care, reducing their dependence on costly emergency care.

While these achievements are certainly remarkable, I am especially proud of the progress we made as an organization during just our second full year of operations. We fostered our own unique culture fueled by the energy, creative thinking, generosity, and diversity of our employees. We reimagined our care management process—implementing predictive analytics and processes that allow us to work more efficiently and effectively. We expanded our team, which enabled us to extend our reach and impact. We armed administrative fellows, medical students and residents with the skills necessary to lead in the changing healthcare landscape. And we embraced the challenges that come with change, continuous improvement, and growth.

Perhaps most importantly, we found inspiration in a shared vision: connected patients, empowered providers, healthy communities. In fact, as you read on, you’ll notice that we’ve structured this report using components of our vision, illustrating its resonance across our entire portfolio of work.

Medicaid transformation and the commercial market’s evolution toward risk-based contracting will present some new and exciting opportunities for the PHMO to make an even bigger difference in the lives of North Carolinians in the years ahead. In the meantime, I hope this report gives you a sense of the progress we’ve made so far—and the power of investing in a more collaborative, coordinated healthcare system.

Warmest Regards,

Devdutta Sangvai, MD, MBA
2018 KEY MILESTONES

JANUARY

Duke Connected Care transitions to advanced alternative payment under Medicare
Network participants embrace greater accountability for health outcomes and costs of assigned Medicare patients

DukeWELL launches intensive care management program for high-risk patients
Predictive model identifies patients at increased risk of admission and helps allocate appropriate additional support across the continuum of care

DukeWELL & Duke School of Nursing pilot falls prevention program in Hillsborough
“On the Move” clinic provides on-site screenings, care plans and follow-up visits for Orange County patients with history of falls

FEBRUARY

PHMO deploys clinically-trained liaisons to support network integration
Team deepens collaboration with providers by advising on workflows, coordination, and quality improvement

MARCH

Northern Piedmont Community Care and North Carolina Harm Reduction Coalition partner to combat opioid overdoses
400 Naloxone kits assembled and distributed with aim of reducing opioid overdoses in Durham

Northern Piedmont Community Care participates in Durham County Leadership Forum on Substance Abuse
200 agencies gather; PHMO network tasked with leadership role in addressing illicit drug use and opioid epidemic

APRIL

PHMO participates in Bridging Population Health at Duke
Symposium coalesces Duke community around vision of improving health through innovative research and advanced care

JUNE

Northern Piedmont Community Care Celebrates 20th anniversary
Duke marks two decades of care management service to Medicaid members in Durham and beyond
**July**
- Inpatient and post-discharge services augmented with addition of Resource Center
  - Team specializing in transitional care and readmission reduction joins PHMO

**August**
- Duke Connected Care achieves strong quality performance under MIPS
  - Score of 96.44% results in a 1.70% increase to Part B billing rates for Duke Connected Care providers starting in 2019

**September**
- Duke Connected Care tops 2017 NC Medicare Shared Savings Program participants
  - Medicare announces network delivered high-quality care to over 50,000 patients while saving Federal program $21.1 million
  - PHMO teams with local organizations to host opioid conference
  - Duke Margolis Center for Health Policy, Alliance Behavioral Health and Durham Crisis Collaborative are partners in addressing growing opioid epidemic

**October**
- LATCH participates in Duke Cancer Institute’s Men’s Health Initiative
  - Event provides free cancer screenings, blood pressure exams, diabetes risk assessments and other tests to 158 men in Durham

**November**
- PHMO trains medical students in “Leading Change” Primary Care Leadership Track
  - Program prepares future clinicians for leadership roles in health policy, administration, clinical care, and change management

**December**
- DukeWELL earns 3-year NCQA accreditation for complex case management services
  - National recognition validates evidence-based approach to case management of high-risk patients

- Duke Connected Care launches Medicaid tier of clinically-integrated network
  - New network will support highest tier of advanced medical homes under Medicaid Managed Care and contract with prepaid health plans starting in 2019
Through two physician-led networks, a skilled nursing facility collaborative and a community health program, the PHMO connects over 225,000 North Carolina residents—including the state’s most vulnerable—to high-quality medical homes, specialists, recovery care, disability benefits, community support, and more.

**Duke Connected Care Tops North Carolina MSSP ACOs**

Duke Connected Care (DCC)—Duke’s clinically integrated network (CIN) consisting of the Duke Health provider network and select independent practices across the Greater Triangle—capped a stellar 2017 by exceeding evidence-based quality standards and generating the most savings of any Medicare Shared Savings Program Accountable Care Organization (MSSP ACO) in North Carolina. Among successful North Carolina MSSP ACOs, DCC also had the greatest population health impact, serving over 52,600 assigned beneficiaries.

**Move to Risk & Alternative Payment**

Building on 2017’s success, DCC embraced greater accountability for managing health outcomes and reducing costs for Medicare by transitioning to an advanced alternative payment model (aAPM). Under the new model, DCC will continue to be measured against Medicare’s evidence-based quality standards and cost benchmarks. However, DCC participants will place a significant portion their reimbursement at risk—in the form of bonuses and penalties—based on their collective ability to deliver high-quality care to assigned patients at below Medicare’s expected costs.

**Network Expansion & Launch of Medicaid Tier**

DCC continued to pursue strategic growth opportunities in 2018. In addition to welcoming four new MSSP ACO participants, DCC announced plans to launch a Medicaid tier of its clinically integrated network to coincide with the state’s transition to Medicaid Managed Care in 2019. DCC’s new Medicaid tier will provide an efficient mechanism for practices to collaborate with health plans and obtain the analytics, reporting, and care management capabilities necessary to deliver the best possible outcomes for patients.
Duke Connected Care, Durham: $21.1 million
CHESS MSSP LLC, High Point: $9.5 million
Coastal Plains Network, Greenville: $8.9 million
Coastal Carolina Quality Care, New Bern: $7.2 million
Sandhills Accountable Care Organization, Fayetteville: $7.0 million
Pinehurst Accountable Care Organization, Pinehurst: $4.8 million

Duke Connected Care, Durham: 52,600 beneficiaries
CHESS MSSP LLC, High Point: 24,900 beneficiaries
Coastal Plains Network, Greenville: 21,600 beneficiaries
Coastal Carolina Quality Care, New Bern: 12,500 beneficiaries
Sandhills Accountable Care Organization, Fayetteville: 10,300 beneficiaries
Pinehurst Accountable Care Organization, Pinehurst: 14,000 beneficiaries

2017 Medicare Shared Savings Program (MSSP) Performance
North Carolina MSSP ACOs that Generated Savings for Medicare
A Medicaid Milestone
In June, Duke Health and Community Care of North Carolina marked a two-decade partnership serving the State’s Medicaid population. Originally conceived as the Durham Community Health Network—a community-based managed care program for Carolina Access II Medicaid enrollees—Northern Piedmont Community Care (NPCC) has grown into a network of adult and child primary care practices, community health centers, and public health departments spanning six counties. Medicaid members who are assigned to NPCC are eligible for care management support services delivered by DukeWELL, the PHMO’s ambulatory care management program.

Addressing the Opioid Epidemic
NPCC continued its steadfast support of the state’s goal to reduce opioid-related overdoses through a number of joint initiatives. In February, NPCC and the North Carolina Harm Reduction Coalition held Naloxone Kit Day—an event that included instruction on administering the overdose-reversing drug and assembly of 400 Naloxone Kits for distribution throughout Durham. NPCC also served as a collaborative partner in the Durham County Leadership Forum on Substance Abuse, ultimately being tasked with coordinating an overdose response team of peer support specialists in the Duke Hospital Emergency Department.

Later in the year, NPCC joined forces with the Duke Margolis Center for Health Policy, Alliance Behavioral Health, and Durham Crisis Collaborative to host Responding to the Opioid Epidemic: Working Together to Make a Difference. The full-day symposium included a keynote by North Carolina Attorney General Josh Stein, a panel discussion, and breakout sessions covering policy changes, law enforcement assisted diversion (LEAD) programs, health system approaches to medication assistance treatment (MAT), syringe exchange, and more.
Facilitating Advances in Recovery Care

Nearly two dozen facilities across six counties participate in the Duke Health HOPE (Health Optimization Program for Elders) Skilled Nursing Collaborative, a partnership between the PHMO and community rehabilitation centers to promote higher-quality recovery care for patients post-discharge. Participants in the HOPE Collaborative commit to exchanging best practices at regularly scheduled meetings and improving patient transitions through closer clinical and electronic integration with Duke Health. In 2018, the collaborative expanded to include Granville County.

HOPE Participants

**Alamance County**
- Cobble Creek-Twin Lakes Community
- Peak Resources Alamance
- White Oak Manor – Burlington

**Durham County**
- Brian Center Southpoint
- Carver Living Center
- Croasdaile Village Retirement Community
- Hillcrest Convalescent Center
- Concordia Transitional Care & Rehabilitation – Rose Manor
- Pettigrew Rehabilitation Center
- PruittHealth – Carolina Point
- PruittHealth – Durham
- Treyburn Rehabilitation & Nursing Center

**Granville County**
- Universal Health Care – Oxford

**Orange County**
- Brookshire Nursing Center
- Signature Healthcare of Chapel Hill

**Person County**
- Person Memorial Hospital Extended Care Unit

**Wake County**
- BellaRose Health – Nursing & Rehab
- Capital Nursing & Rehabilitation Center
- Cary Health & Rehabilitation
- Hillcrest Raleigh & Crabtree Valley
- The Oaks at Whittaker Glen-Mayview
- PruittHealth – Raleigh
- Rex Rehab & Nursing Care Center – Raleigh

HOPE SNF Collaborative FY2018

Number of participating facilities: **23**

Number of Medicare certified beds: **2,445**
Local Access To Coordinated Healthcare

**Improving Access To Care In Durham**

The bilingual Local Access To Coordinated Healthcare (LATCH) team connects under- and uninsured residents of Durham County to medical homes, specialty services, mental health services, public assistance, and community resources. LATCH enrollees are eligible for DukeWELL, and may also qualify for two additional services: SOAR (a national program designed to increase access to the disability income benefit administered by the Social Security Administration) and PADC (a partnership with Project Access of Durham County that provides LATCH enrollees with free access to specialty care).

Each year, LATCH team members serve as medical interpreters for the Duke Cancer Institute’s Men’s Health Initiative (MHI)—an event offering on-site prostate cancer screening, blood pressure exams, body mass index testing, diabetes risk assessments, and other preventive services to the Durham community free of charge. At last year’s event, LATCH helped connect 158 men to potentially life-saving care.

**LATCH Statistics**

**FY2018**

- Number of unique patient contacts: **6,120**
- Number of patients connected to PCP Medical Home: **2,166**
- Number of patients connected to mental health services: **349**
- Number of SOAR disability referrals received: **205**
- Number of PADC specialty episodes accessed by LATCH enrollees: **2,876**
CONNECTING PATIENTS

In 2018, the PHMO deployed new predictive analytics capabilities, care management resources and community-based programming that helped even more patients get the right care, in the right setting, at the right time.

DukeWELL

DukeWELL offers FREE ambulatory care support services to eligible patients who get their care through:

**Employee & Individual plans**
- Duke Select / Duke Basic
- Aetna Whole Health
- Cigna Collaborative Care

**Medicare Advantage plans**
- Aetna Medicare Advantage
- Humana Medicare Advantage
- UnitedHealthcare Medicare Advantage
- Medicare must be assigned to a Duke Connected Care provider

**NC Medicaid**
- must be assigned to a Northern Piedmont Community Care provider

**LATCH**
- must reside in Durham County

Care Management

DukeWELL’s NCQA-accredited care management team delivers local, relationship-based support to eligible, high-risk patients across the continuum of care. DukeWELL nurses, social workers, behavioral health specialists, community health workers, dietitians, and other health professionals address social determinants, improve medication and symptom management, support transitions in care, and increase patients’ overall capacity for self-management. In 2018, DukeWELL introduced the use of predictive analytics into the risk stratification process—enhancing Duke’s ability to identify the most appropriate candidates for care management.
DukeWELL Primary Care Managers

Improving Outcomes for Duke Employees & Their Loved Ones

Since 1998, DukeWELL and Duke University have been using benefit design and performance-based incentives to help Duke employees and their loved ones achieve their health goals. Duke Select and Duke Basic enrollees are eligible for DukeWELL services free of charge. In addition, providers who participate in either product are eligible for a provider incentive program (PIP) that rewards evidence-based care and positive health outcomes. In 2018, over $250,000 in performance-based bonuses were distributed through the PIP—the program’s highest payout yet.

Number of patients enrolled by population FY2018

- Medicaid: 1,681
- Commercial: 1,645
- Medicare: 1,124
- Medicare Advantage: 683
- Under / Uninsured: 471

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Pharmacy Support

DukeWELL provides pharmacy support to eligible patients and their providers with the goal of improving medication adherence and safety. Clinical pharmacists conduct chart reviews daily and give providers recommendations for improving treatment regimens for complex patients. Pharmacy technicians are also available to support patients directly in the home, obtain accurate medication histories and address barriers to taking medicine as directed.

DukeWELL Clinical Pharmacists

DukeWELL Specialty Clinicians

Addressing Gaps In Recommended Care

DukeWELL eligible patients also benefit from the services of a gap closure team — individuals who identify and follow-up with patients who have not obtained recommended preventive care services. Last year, the DukeWELL gap closure team facilitated hundreds of mammograms, colonoscopies, flu shots, and pneumonia vaccines through reminder letters, electronic communication, and phone calls to qualifying patients.

Specialty Case Review

Five clinicians form the core of specialty case review, a virtual consult program that offers primary care providers quick access to advice from Duke Specialists—with the goal of helping their DukeWELL eligible patients feel better, faster. Specialists in cardiology, endocrinology, geriatric medicine, nephrology, and palliative care—with support from DukeWELL clinical pharmacists and PHMO senior medical director Eugenie Komives, MD—each review cases and provide recommendations directly to providers via secure inbasket messages.

DukeWELL Specialty Clinicians
In January, DukeWELL partnered with the Duke School of Nursing to pilot *On the Move* — a Hillsborough-based program for patients who have a history of falls and wish to measurably reduce future occurrences. Patients who enroll in *On the Move* are not only screened for common falls risk factors, but receive a treatment plan and follow-up care to track progress. Orange County residents who participate in *On the Move* may enroll in the Matter of Balance class at the Orange County Senior Center free of charge. *On the Move* is only available to patients who get their care from select Orange County Duke Health locations.

**On the Move Clinic**

In July, the PHMO enhanced its inpatient case management and transitional care capabilities through the addition of the Duke Health Resource Center. The Resource Center aims to measurably reduce unnecessary admissions and readmissions by calling all Duke patients within 72 hours of discharge to confirm that timely connections to primary or recovery care are in place and post-discharge instructions are understood. During fiscal year 2018, the Resource Center provided case management, inbound, and after-hours call and discharge support for nearly 69,000 patients who were admitted into Duke Health’s three hospitals.

**Resource Center Clinical Staff**

Cynthia Bogey, RN, BSN, MPH, ACM
Gloria Copeland, RRT, RCP, RN, BSN
Peggy Gleason, RN, CCM
Kelly Monsees, RN, BSN, CCM
Brittney Overcash, RN, BSN, CCM
Ruth Slade, RN, BSN, MSN
Rhonda Spell, RN, BSN
EMPOWERING PROVIDERS

PHMO practice support services facilitate and promote documentation, reporting, workflow enhancement, care coordination, and secure data sharing that enable providers to focus their efforts on clinical interventions that will have the greatest impact on patient outcomes.

Performance Reporting
For the fourth straight year, the PHMO abstracted, validated, and submitted Medicare quality data on behalf of Duke Health and independent community participants in the Duke Connected Care network. The team successfully processed data on 3,492 patients, from 10 different electronic medical record (EMR) platforms, for 14 different clinical quality measures. Additionally, the PHMO produced actionable reports for in-network providers that included practice- and individual-level data on quality, cost and utilization, and risk.

Point-of-care Tools
The PHMO convened stakeholders from across Duke Health to facilitate the design and implementation of numerous point-of-care tools to support Duke and community providers’ transition to outcomes-based payment, including best practice alerts, patient identification flags, and specialty-specific performance dashboards. The PHMO’s team of data analysts also mined patient registries and payer claims to inform prioritization of care management and gap closure.

Leveraging Duke’s Enterprise-Wide Analytical Capabilities
Collaborations with data scientists at the Duke Institute for Health Innovation, Duke FORGE, Duke School of Medicine, Duke Health Technology Solutions, and Duke Clinical Research Institute have produced rigorous analytical models that guide the PHMO’s allocation of care management resources, ensuring patients receive optimal care. Today, the PHMO employs several different analytical models—including those that predict risk of chronic kidney disease, need for palliative care, and likelihood of hospital admission and readmission—into care management and specialty case review workflows.

Provider Integration

In FY18, the PHMO deployed a provider-facing program to support Duke Health and community providers at improving health outcomes for shared patients. Over the course of 268 practice engagements, the PHMO’s clinically-trained liaisons helped providers understand and act on performance data, streamline workflows to promote coordinated care, and participate in secure patient data exchange using Duke MedLink—a web-based connection to Duke’s Maestro Care electronic medical record.

Physician Liaisons
PHMO LEADERSHIP TEAM & GOVERNANCE

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Executive Director

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Senior Medical Director

Lawrence Greenblatt, MD  
Medical Director

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Associate Chief Nursing Officer

Fred Johnson, MBA  
Network Director, Medicaid

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Director, Population Health

Coretta Smith, MSN, RN, CCM  
Director, Population Health Operations

Lawrence Greenblatt, MD  
Medical Director

Coretta Smith, MSN, RN, CCM  
Director, Population Health Operations

Michelle Lyn, MBA, MHA  
Lead, Community Initiatives & Strategy

Fred Johnson, MBA  
Network Director, Medicaid

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Director, Population Health Operations

Mary Schilder, RN  
Director, IT Services

Karthik Shyam, MPP  
Director, Marketing Communications

Andrea Long, PharmD, MBA  
Lead, Population Health IT

Benjamin Smith, PharmD, CPP, BCGP  
Pharmacy Manager

Marcie Fuson  
Operations Manager

Tuwana Cash Garrett  
Human Resources Manager

Maria Johnson  
Finance Manager

Travis Washburn, MSA  
Finance Manager
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Stuart Smith; Duke University Health System

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Associate Chief Nursing Officer, Duke PHMO

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