Adirondacks ACO

Better Community Care Through Collaboration

2024 ANNUAL REPORT

Adirondacks ACO

Better Community Care Through Collaboration

Message from CEO, Karen Ashline

"An ACO is defined as a "group of healthcare providers, such as doctors, hospitals, and other specialists, who work together to improve the quality and coordination of care for a defined population of patients". Truly the Adirondacks ACO is so much more, with deeply collaborative relationships that span across the region's healthcare continuum for the past 11 years.

Performance year 2023 marks the fourth consecutive year that 100% of the total shared savings were distributed to our partners. Our participating ACO partners earned over $2.4 million dollars of shared savings in the Medicare Shared Savings Program. This coupled with shared savings from our commercial health plan partners and Managed Medicaid provided a total of $3,371,157 shared savings and quality incentive dollars- all directly passed on to our participating partners.

The shared AHI/ACO operational team continues to provide valuable resources and supports in a much more affordable manner. We are grateful to work with such outstanding, dedicated organizations who were able to produce these results despite the many challenges they face daily. The Adirondack region continues to serve as a model for collaborative approaches to the value-based payment journey. Thank you once again for your unwavering support. The ACO team is optimistic about the future and the possibilities that lie ahead."

About the Adirondacks ACO

Adirondacks ACO is an Accountable Care Organization in partnership with northern New York and Adirondack's dedicated health care professionals. This provider-led organization strives to ensure a future of expanded medical access with lower costs, improved efficiency and outcomes, increased patient and provider satisfaction, and overall high quality of care. The vision of the Adirondacks ACO is a system that allows providers to spend time focusing on and helping patients. ADK ACO partners with health insurance companies, hospitals, independent medical practices, and the community to help ensure that patients get the care they need when they need it, and all at the lowest possible cost overall. Adirondacks ACO strives to alleviate provider administrative burdens by supporting their network partners with access to data, resources, and tools to improve patient health outcomes.

Adirondacks ACO - Shared Savings Snapshot

ADK ACO Shared Savings 2022		
MSSP	$	2,617,942.87
Commerical	$	1,069,915.25
Fidelis	$	570,023.00
Total	$	4,257,881.12

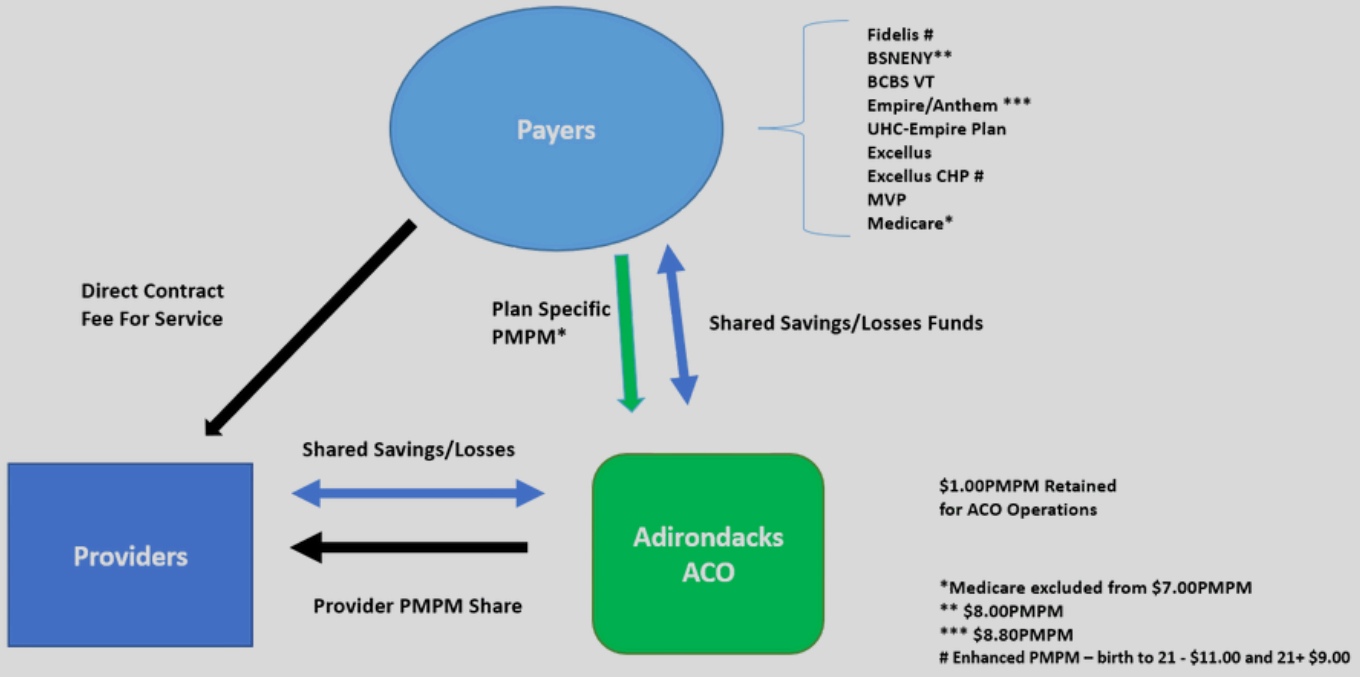
ADK ACO Shared Savings 2023		
MSSP	$	2,492,660.16
Commerical	$	350,012.02
Fidelis	$	1,465,156.98
Total	$	4,307,829.16

PY 2020 - 2023
Total Shared Savings
$17,036,852.31
Participant Share
99.79%

Financial: Adirondacks ACO Funds Flow

The Adirondacks ACO continues to ensure that the Per Member Per Month (PMPM) funds flow to our participating primary care providers on behalf of our payer partners. The ACO administrative costs continue to be carefully monitored to ensure that only a fraction of the total PMPM is needed to support our infrastructure.

ACO Funds Flow Model



ACO Data Analytics

The State of ACO Data Analytics

In 2024, the Data Analytics team shifted from its 2023 focus on report development and implementation to focus on the complementary activities of sustaining & refining existing reporting while also growing reporting capabilities.

Sustaining and Refining Reporting

These activities involved continuing to support the regular updates of the ACO's foundational reporting, while implementing continual improvements.

Quality Reporting

• Daily Admission and Discharge Report – Collaborated with Hixny to ensure the accuracy and consistency of the Hixny look-back periods used in this report, while also moving towards implementing backend automation.
• Pre-Visit Planning Report (PVPR) – Integrated patient-level, normalized risk scores and per member per month (PMPM) costs from three payors into the report.
• Gaps in Care (GIC) Report – Continued to support ACO providers in increasing quality measure compliance through regular compilation and release of payors' quality measure gap lists.
• Attributed Patients Report (APR) – Initiated a project with Hixny to improve the accuracy of TIN-level patient attribution with the ACO data warehouse.

Payor Reporting

The data team continued to work with the ACO providers to ensure that the ACO would be ready to submit CMS MSSP measure results via each of the three submission methods for performance year (PY) 2024. The three submission methods are as follows.

1. Web Interface Clinical Quality Measures (CQMs)
- What is it = Manual abstraction for a subset of the providers' MSSP patient panels; abstracted from EHR records and claims data.
- Method = Conducted via the same process as prior years.
- Note – PY 2024 is the last year for CMS Web Interface reporting.

2. Merit-based Incentive Payment (MIPS) CQMs
- What is it = Full panel (all payors) measures where the results can be collected & compiled from multiple sources.
- Method = We will use the files currently submitted quarterly to the ACO from its providers and supplement those results with Hixny's HIE data.

3. Electronic CQMs (eCQMs)
- What is it = Full panel (all payors) measures where results must be generated directly from an EHR.
- Method = The data team began collaborating with Hixny to generate aggregated reporting that meets the requirements of the eCQM digital reporting.

ACO Data Analytics

Growing Reporting Capabilities

These activities revolved around laying the groundwork for continued growth in reporting capabilities.

Quality Reporting – New Reporting Opportunities

- Began development of a Mother, Infant, Child dashboard report; a need identified by our pediatric providers.
- Collaborated with Hixny to ensure that health-related social needs (HRSN) data would be available within the ACO's data warehouse for future integration into ACO reporting.
- Identified future development possibilities:
  - ACO-Calculated, All-Payor Measures
    - Risk Scoring – "Universal" Risk Score, Rising Risk, High Cost/Low Risk, etc.
    - Potentially Preventable Events – Admissions, Readmissions, ED Visits
  - Medication Utilization/Opportunities
  - Elderly/Geriatric-focused Quality Measures

Payor Reporting – New Supplemental Data Opportunities

- Traditional Supplemental Data Reporting = Health plans traditionally have only accepted primary source documentation of measure compliance (for example, scanned copies of lab reports).
- Alternative Supplemental Data Reporting = Compliance "indicator" files are generated from the ACO's data warehouse indicating that medical record compliance documentation exists without submitting the primary source documentation.
  - Scope = Currently two ACO payors allow for alternative reporting.
  - Timeline = The data team expects to begin submitting supplemental data via this alternative method for the two payors for performance year 2025.

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ACO Quality Report

2023 was another strong year for the ACO's Medicare Shared Savings Program (MSSP) finishing the year with a Final Score of 93.92% and a final shared savings total of $2,492,660.16.

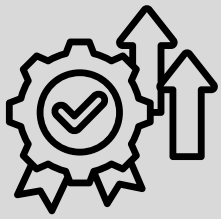
2023 was the first year that CMS removed the exceptional performance adjustment, responsible for a 3% boost to our 2022 score. Despite this change, the ACO partners compensated with continuing the trend of improvement to result in a near identical overall score!

Diabetes Poor Control continued strong performance falling to 10% of Medicare patients with a HbA1C greater than 9%. Breast Cancer Screening and Controlling Hypertension also continued with top performance. We also saw a near perfect score in our Promoting Interoperability performance, a testament to the continued advancements in EMR technology among our Primary Care partners.

Along with the MSSP program, the commercial value-based-arrangements also showed continued improvement in Breast Cancer Screening and Diabetes Poor Control, falling to less than 14.5% of commercial patients with an uncontrolled A1C above the 90th percentile.

The final results demonstrated the success of our partners with 9 out of 13 measures on our global scorecard above the 75th percentile and another 5 above the 90th percentile! The 2023 performance year also showed our partners commitment to improvement in areas where there have been historical challenges with an 11.8% increase in Depression Screening and Follow-up!

ACO Quality Report



We are currently finalizing the Manual Abstraction process, with the Performance Year 2024 Web Interface submission now complete. We anticipate submitting Clinical Quality Measures (CQMs) and Electronic CQMs (eCQMs) before the submission window closes, reflecting our preparation for the transition away from the Web Interface format.

Preliminary results are very promising. Many initial performance rates are aligning with high benchmarks and show consistent results with prior years. On the commercial side, abstraction is also in its final stages, as we prepare both for the release of results and our annual Excellus Audit to validate the ACO Abstraction process.

A significant milestone this year has been the shift in scoring methodology, which has resulted in a substantial increase in our Commercial Global Quality Score, from 56% to 75%, better recognizing the work of our partners.

2023 also brought challenges. The total cost of care had a significant impact on many arrangements, in some cases reducing the return on strong quality performance. Many of the primary cost drivers were outside our partners' control. Looking ahead, we will focus on identifying actionable, cost-reduction opportunities with our commercial payors.

In alignment with this effort, our Data Team expanded the Pre-Visit Planning Report to now include cost and risk details. The goal is to better identify high-cost patients and ensure we're maximizing resource access while accurately capturing population risk through high-specificity coding.

These challenges also highlight a new direction for our contracting strategies. We aim to work with payor partners to incorporate total cost of care into our agreements, focusing on areas where our partners can realistically take action to drive value.

ACO Quality Report

2023 Quality Performance

Metric	2023 Performance	2022 25th Percentile 0 points	2022 50th Percentile 1 point	2022 75th Percentile 2 points	2022 90th Percentile 3 points	Weighted Score (39 Possible)	
Breast Cancer Screening (BCS)	82.20%	70.25%	73.05%	76.84%	79.81%	3.00	
Cervical Cancer Screening (CCS)	73.31%	70.29%	74.00%	77.68%	80.78%	0.81	
Colorectal Cancer Screening (COL) (lives 45-49 years old now included)	70.00%	52.31%	56.93%	62.29%	66.91%	3.00	
Chlamydia Screening in Women 16-24	56.24%	39.77%	45.22%	51.84%	62.07%	2.43	
Childhood Immunizations (CIS) - Combo 3	83.03%	71.97%	78.69%	83.89%	87.21%	1.83	
Adolescent Immunization Combo 1	90.00%	82.48%	87.86%	91.48%	95.86%	1.59	*
Adolescent Immunization HPV	28.78%	17.44%	22.38%	24.16%	33.08%	2.52	*
Controlling High Blood Pressure (CBP)	71.61%	55.87%	63.67%	69.73%	74.04%	2.44	
Diabetes: Hemoglobin A1c(HbA1c) Poor Control >9%	14.50%	34.55%	27.74%	23.60%	20.44%	3.00	
Depression Screening (2019 CMS GPRO)	71.80%	64.50%	77.00%	83.07%	84.32%	0.58	
Well Child visits first 30 Months of life (W30) 0-30 months							
Rate 1: Well Child Visits in the First 15 months six or more visits	87.00%	77.86%	82.67%	86.64%	89.73%	2.12	
Rate 2: Age 15-30 months two or more well child visits	96.00%	84.88%	88.43%	92.05%	95.21%	3.00	
Child and Adolescent Well-Care (WCV) 3-21 years	77.56%	49.44%	56.37%	64.16%	72.13%	3.00	
					Total Points	29.32	
						75%	

* No HEDIS Benchmark, Statewide average from PY2022 QARR Commercial data set utilized

MSSP Result Highlights

Diabetes Poor Control >9%
2023 10.03
↓
2024 8.28

Controlling HBP
2023 80.65
↓
2024 79.06

Statin Therapy
2023 79.74
↓
2024 86.63

Final Score
2023 95.1
↓
2024 93.9

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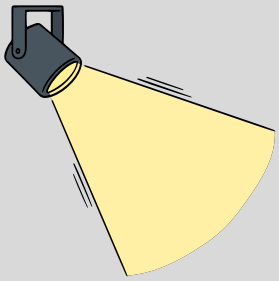


Adirondack PEDIATRICS

ACO Partner Spotlight

Partner Spotlight: Adirondack Pediatrics

Adirondack Pediatrics has long been a champion for high-quality, community-focused pediatric care. Their journey into value-based care began in 2014, and joining the Adirondacks ACO helped them expand these efforts across more payers, something that would've been difficult to do alone.

They've embraced a data-driven culture, tracking quality metrics monthly and making smart, patient-centered changes. One standout success? Noticing a pattern in missed appointments, they began combining well visits with sick visits when possible, cutting their no-show rate in half.

Their commitment to behavioral health is equally strong, with mental health screenings at every well visit and care plans that connect families to the right resources. Even as reimbursement challenges grow, the team continues to thrive by actively participating in incentive programs, ensuring they can keep experienced staff and maintain continuity of care.

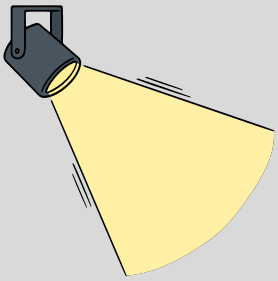
Looking ahead, they're excited to expand their support for families—adding a HealthySteps Specialist and bringing on a new Care Manager to help break down barriers to care. Adirondack Pediatrics is proof that with the right partners and mindset, pediatric care can keep evolving to meet every child where they are.

Can you tell us about the relationship between Adirondack Pediatrics and the ADK ACO? How has this collaboration supported your practice goals?

Adirondack Pediatrics joined the ACO after working with AHI during the Delivery System Reform Incentive Payment (DSRIP) Program. As DSRIP was winding down, Fidelis was changing its QI program and introducing a VBP contract. Based on our experience in DSRIP, we felt joining the ACO would provide better access to VBP contracts as they rolled out amongst the various payers.

How has your practice transitioned into value-based care, and how has the ACO supported this process in terms of resources or guidance?

Adirondack Pediatrics entered its first value-based agreement with CDPHP in July 2014. By the time we joined the ACO, we had several successful years of experience and were ready to expand to more payers. Joining the ACO allowed us to broaden our value-based care efforts with payers that our patient panels alone would have been too small to engage with.



ACO Partner Spotlight

Adirondack PEDIATRICS

How does your practice monitor and address care gaps and quality metrics? How do these efforts contribute to improved outcomes for your pediatric patients?

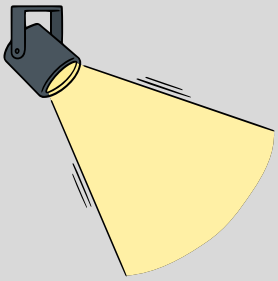
We use a mix of DM reporting in Medent and external data from payers to track patient care. Our primary focus is ensuring every patient completes their annual Well Visit. To make this easier, we've set up DM alerts that notify our staff when a patient's last Well Visit was, so we can proactively address it. During these visits, we also make sure other necessary measures for the year are completed, when possible. Over time, we've seen a reduction in ER visits for avoidable issues. By screening for depression and anxiety at each Well Visit, we can create personalized care plans for families. If a patient screens positive, we connect them to behavioral health specialists in the area, either by providing a list or sending a direct referral.

How does your practice use data to guide decision-making and improve care for children?

Each month, we closely monitor quality measures at the individual provider level and share successes across the team to highlight effective strategies. One data insight led to a major workflow improvement: we discovered that patients who came in for a sick visit and already had a Well Visit or medication check scheduled were more likely to miss that future appointment. In response, we trained our entire team—from the front desk to nursing staff—to use pre-visit planning. Now, when a patient comes in for a sick visit and has an upcoming appointment, we offer to complete the Well Visit the same day. This simple, proactive change has significantly reduced our no-show rate from 6-7% down to just 2-3%.

How does your practice ensure the sustainability of high-quality care while meeting performance goals? Can you share how incentive programs from payers or government initiatives have supported your work?

We use a payer agnostic approach to care, so we seek to complete all quality measures with all patients regardless of whether it is measured by an individual patient's insurance. As a private practice, costs continue to rise, and we have little control over them. Reimbursement from payers by itself does not keep up with the increased costs. By actively engaging in the incentive programs available from payers and government programs, it allows us to maintain competitive compensation for our staff which helps reduce turnover. With more experienced providers and staff, we can focus on providing quality care and less on training new staff.



ACO Partner Spotlight

Adirondack PEDIATRICS

Can you explain how your practice approaches quality improvement on a regular basis, and how these improvements are tailored to meet the specific needs of your pediatric population?

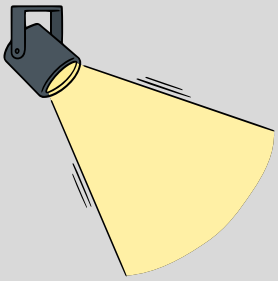
We have data on most quality measures for our practice going back to 2013. We consistently monitor all measures every month, even when they may have been dropped by payers. For measures where we're already performing well, we closely monitor to ensure we maintain those high standards. If performance starts to dip, we address it quickly. For areas with room for improvement, we review progress monthly to assess whether our changes are making a difference. An example of this is about 18 months ago we decided to start recommending the HPV vaccine at the 9 year well visit. Since then, we have seen a 20-point improvement in the percentage of patients ages 10 years up to the 13th birthday who have received 2 doses of the HPV vaccine. There have been months with little to no improvement or even a slight decline, but after discussing in our monthly staff meetings, we've seen our performance bounce back.

What are some of the unique challenges or needs you face as pediatric practice, and how do you address these through your partnership with the ACO and other community resources?

Over the past decade, the payer landscape has shifted significantly. While many of our patients once had commercial insurance, today, a large number rely on Medicaid Managed Care (MMC) due to economic challenges. The lower reimbursement rates from MMC make it crucial for us to excel in incentive programs to supplement our revenue. Many of our patients face additional barriers, such as children in single-parent households or in foster care, which can lead to issues with insurance coverage or coordination of benefits (COB). Our billing team is dedicated to helping these families navigate these challenges, securing coverage, and resolving COB issues so that children's visits are properly covered by insurance.

Looking ahead, what are some key areas your practice plans to focus on to continue improving care for your pediatric patients and enhance outcomes?

We've applied for a grant to add a HealthySteps Specialist to our team and are currently seeking a replacement for our retiring Care Manager. Since introducing the Care Manager role, we've seen the positive impact it has on both patients and providers. It allows our providers to focus on the clinical side of care, while the Care Manager spends extra time helping families overcome barriers that prevent them from accessing the care their child needs.



ACO Partner Spotlight

Partner Spotlight: St. Joseph's Addiction Treatment & Recovery Center

This year, we are pleased to spotlight St. Joseph's Addiction Treatment & Recovery Center as a valued partner within the Adirondacks ACO. Their commitment to providing holistic, person-centered care in rural communities exemplifies the power of collaboration within our network.

St. Joe's partnership with the ACO has fostered meaningful integration of behavioral health and primary care, particularly in addressing the complex needs of individuals struggling with substance use disorder (SUD). Their innovative use of data, combined with a deep commitment to quality improvement and community-centered care, has enabled them to break down barriers and enhance outcomes for some of the most vulnerable populations in the region.

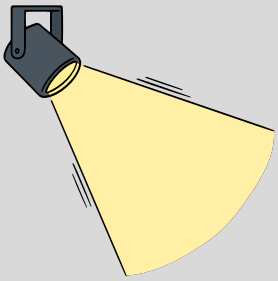
We chose to feature St. Joseph's because of their unwavering dedication to the SUD community and their strategic approach to overcoming the unique challenges of rural healthcare delivery.

Can you tell us about the relationship between St. Joe's and the ADK ACO? How has this collaboration supported your organizational goals?

The partnership between St. Joseph's and the Adirondack ACO has been instrumental in aligning our mission of holistic, person-centered care with broader regional efforts to improve population health. The ACO provides a collaborative platform where behavioral health and primary care can meaningfully integrate. This alignment has helped us break down silos, engage in thoughtful care coordination and focus on data-informed outcomes. Most importantly, it allows us to elevate the voices and needs of individuals struggling with substance misuse in rural communities, something we feel privileged to advocate for.

How has your organization transitioned into value-based care, and how has the ACO supported this process in terms of resources or guidance?

Transitioning to value-based care is an ongoing journey, especially in behavioral health. With the ACO's support, we've deepened our understanding of quality metrics, cost containment, and outcome tracking in ways that respect the unique nature of substance misuse recovery. The ACO's guidance on data interpretation, risk stratification, and best practices has been invaluable. Their willingness to include behavioral health perspectives in design and discussion has ensured that our transition to value-based care is both clinically meaningful and operationally sustainable.



ACO Partner Spotlight

ST Joseph's
ADDICTION TREATMENT & RECOVERY CENTERS

How does your organization monitor and address care gaps and quality metrics? How do these efforts contribute to improved outcomes for your clients?

We approach care gaps and quality metrics at both systems and clinical levels. Our electronic health record integrates standardized screening, evidence-based assessments, and alerts that flag when care interventions or follow-ups are due. Beyond that, our team reviews internal dashboards alongside ACO-provided data to identify where clients might be falling through the cracks. These proactive efforts—combined with robust case conferencing and peer support—enable us to close gaps and reduce readmissions or relapses, especially during vulnerable pre- and post-treatment transition periods.

How does your organization use data to guide decision-making and improve care for clients?

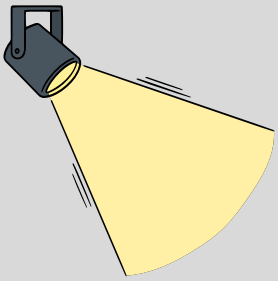
Data serves as both a mirror and a map for us. It shows us where we are and helps chart where we're going. Whether we're identifying high-utilizers of crisis services or tracking medication-assisted treatment (MAT) retention rates, we rely heavily on data to inform care pathways and program development. Through the ACO's shared analytics and our own quality improvement infrastructure, we've used data to expand mobile outreach, improve engagement strategies and adapt clinical models to meet real-time community needs.

How does your organization ensure the sustainability of high-quality care while meeting performance goals? Can you share how incentive programs from payers or government initiatives have supported your work?

Sustainability hinges on flexibility, innovation and partnerships. Incentive programs—particularly through the ACO, Medicaid redesign efforts and OASAS—have allowed us to reinvest in workforce development, evidence-based interventions, and integrated care models. For example, Opioid Settlement Funds have helped us sustain peer recovery support and expand telehealth infrastructure. These investments not only improve outcomes but also reduce total cost of care, which is central to our value-based strategy.

Can you explain how your organization approaches quality improvement on a regular basis, and how these improvements are tailored to meet the specific needs of the SUD and BH population?

Quality improvement is embedded in our culture. We conduct routine case reviews, solicit client feedback, and hold team-based performance meetings. Our Quality Improvement Committee meets quarterly to examine trends in treatment engagement, discharge planning, and clinical outcomes. Because SUD and behavioral health treatment isn't one-size-fits-all, our quality improvement work includes trauma-informed care training, harm reduction initiatives, and culturally responsive programming tailored to rural populations. The ACO's performance data helps us refine these efforts at both macro and micro levels.



ACO Partner Spotlight

ST Joseph's
ADDICTION TREATMENT & RECOVERY CENTERS

How does your Care Coordination team support your efforts in managing chronic conditions (specifically behavioral health ones) and ensuring comprehensive care for clients?

Our Care Coordination team serves as the connective tissue between our clinical teams, community partners, and the individuals we serve. Many of our clients have co-occurring disorders and complex medical conditions, making coordination essential. Our team includes licensed clinicians, peers, and case managers who work together to track appointments, manage medications, facilitate warm hand-offs, and advocate for social supports like housing or transportation. Their work is significantly enhanced by the shared care plans and data exchange made possible through the ACO.

What are some of the unique challenges or needs you face as an organization and how do you address these through your partnership with the ACO and other community resources?

Rural healthcare delivery presents significant challenges in transportation, workforce recruitment, and digital access. Behavioral health stigma also remains a persistent barrier. Through the ACO, we've addressed these challenges by enhancing telehealth capacity, participating in workforce development initiatives, and collaborating on cross-sector solutions. For example, we've partnered with primary care to create more integrated referral pathways and crisis diversion programs, reducing unnecessary emergency department utilization while improving continuity of care and increasing access for North Country residents struggling with substance misuse.

Looking ahead, what are some key areas your organization plans to focus on to continue improving care and health outcomes for your clients?

Looking forward, we're focused on three major priorities: expanding access to Medication for Opioid Use Disorder (MOUD) across all levels of care, launching our new Opioid Treatment Program (OTP) / Comprehensive Outpatient Treatment Program (COP) in 2025, and deepening our commitment to data equity, cultural humility, and peer-delivered services. These efforts are guided by a single mission—ensuring that every individual in the North Country has access to compassionate, evidence-based care that meets them where they are.

ACO Citizenship Summary

2024
Citizenship Summary

- **ACO**: 89% of all ACO providers achieved a score of 100% across all criteria (8 total points).
    - ACO providers improved scores on care coordination (100% achieved on average in 2023 vs. 94% in 2023) and several provider organizations vastly improved their depression screening and follow-up for adolescents and adults' rate.
    - ACO providers scored 100% across the quality and care coordination elements!
- **Northwinds**: 100% of Northwinds provider organizations achieved 100% on ALL four elements of citizenship criteria! A testament to their hard work and commitment to quality improvement and staying engaged with the work of the ACO.

2025
Citizenship Updates

Several changes have been implemented for ACO practices in 2025:

o New Elements Category (0 points in 2025, will be assigned points in 2026):

- Practices will have to attest to connecting to the regional social care network to receive enhanced PMPM dollars.
- Practices involved in the Medicare Shared Savings Program (MSSP) will be required to transition to fully electronic reporting.

o Quality – Third point was added to enhance the efficiency and accuracy of CPT II coding for several quality measures.

o Care Coordination – Made a small addition requesting practices advise of how many patients were identified as eligible for care management.

o Engagement and Compliance elements will remain the same.

ACO Board Members

Message from Board Chair Dr. David Beguin

"The challenges for our ACO are changing and realignments in health care are ever a reality.

We are in the enviable position in our region of having strong working relationships in our region and increasing ability to look at our own health data.

There are many changes ahead and all of us will need to work hard to support the health care needs of community in the Adirondack region.

We have a dedicated team of highly skilled individuals who understand the needs of our region and have worked hard and will continue to work to keep us moving forward."

Board Members
Ann Marie Hatch, Vice Chair
Brittany Silvestri
Chris Hickey
Craig Letourneau
Dan Hill
David Beguin, MD, Chair
Michele Mannion, MD
Kelly Champney
Kevin Gallagher, MD
Kris Ambler, MD
Paul Wilke
Paul Filion, MD

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