Shared Savings Program Public Reporting

ACO Name and Location

Physicians Collaborative Solutions

Trade Name/DBA: Physicians Collaborative Solutions

1202 Medical Center Drive, 1202 Medical Center Drive, Wilmington, NC, 28401

ACO Primary Contact

Megan Tharp

9103411500

modom@wilmingtonhealth.com

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
WATSON CLINIC LLP/DBA: WATSON CLINIC LLP	-

ACO Governing Body:

Member First Name	Member Last Name	Member Title/ Position	Member's Voting Power (Expressed as a percentage)	Membership Type	ACO Participant Legal Business Name, if applicable
Ala	Abuaita	MD	15%	ACO Participant Representative	WATSON CLINIC LLP/ DBA: WATSON CLINIC LLP
Fred	Schreiber	Beneficiary Representative	12.5%	Medicare Beneficiary Representative	N/A
Guillermo	Vasquez	CMO	15%	ACO Participant Representative	WATSON CLINIC LLP/ DBA: WATSON CLINIC LLP
Jason	Hirsbrunner	Administrator	12.5%	Other	N/A
Jeremy	Katzmann	Directoer of Cost and Utilization	15%	ACO Participant Representative	WATSON CLINIC LLP/ DBA: WATSON CLINIC LLP
Kimberly	Downs	Quality Director	0%	Other	N/A
Leonard	Gitter	MD	15%	ACO Participant Representative	WATSON CLINIC LLP/ DBA: WATSON CLINIC LLP
Matthew	McGowan	Quality and Analytics Rep	0%	Other	N/A

Megan	Tharp	CCO	0%	Other	N/A
Melissa	Odom	PCS COO	0%	Other	N/A
Pranay	Patel	MD	15%	ACO Participant Representative	WATSON CLINIC LLP/ DBA: WATSON CLINIC LLP
Robbin	Joachim	Compliance	0%	Other	N/A

Member's voting power may have been rounded to reflect a total voting power of 100 percent.

Key ACO Clinical and Administrative Leadership:

ACO Executive:

Melissa Odom

Medical Director:

guillermo vasquez

Compliance Officer:

Megan Tharp

Quality Assurance/Improvement Officer:

Matthew McGowan, Megan Tharp

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Cost and Utilization Committee	Jeremy Katzmann, MD
Executive Committee	Melissa Odom
Operations Committee	Dr. Guillermo Vasquez

Types of ACO Participants, or Combinations of Participants, That Formed the ACO:

- ACO professionals in a group practice arrangement

Shared Savings and Losses

Amount of Shared Savings/Losses:

- First Agreement Period
  - Performance Year 2026, N/A
  - Performance Year 2025, N/A
  - Performance Year 2024, $2,635,113.00

Shared Savings Distribution:

- First Agreement Period
  - Performance Year 2026
    - Proportion invested in infrastructure: N/A
    - Proportion invested in redesigned care processes/resources: N/A
    - Proportion of distribution to ACO participants: N/A
  - Performance Year 2025
    - Proportion invested in infrastructure: N/A
    - Proportion invested in redesigned care processes/resources: N/A
    - Proportion of distribution to ACO participants: N/A
  - Performance Year 2024
    - Proportion invested in infrastructure: 15.7%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 84.3%

Quality Performance Results

2024 Quality Performance Results:

Quality performance results are based on the CMS Web Interface collection type.

Measure #	Measure Title	Collection Type	Performance Rate	Current Year Mean Performance Rate (Shared Savings Program ACOs)
321	CAHPS for MIPS	CAHPS for MIPS Survey	8.36	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1717	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	40.98	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	74.5	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	59.66	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	33.33	79.98
113	Colorectal Cancer Screening	CMS Web Interface	79.23	77.81
112	Breast Cancer Screening	CMS Web Interface	86.1	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	88.62	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	21.62	17.35

001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	5.39	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	63.07	81.46
236	Controlling High Blood Pressure	CMS Web Interface	59.84	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	86.84	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	94.96	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.87	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	82.95	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	64.59	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	57.92	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	75.08	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	89.12	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	95.27	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	26.46	26.98

For previous years' Financial and Quality Performance Results, please visit: Data.cms.gov

*For Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [Quality ID #001], Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [Measure #479], and Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], a lower performance rate indicates better measure performance.

*For Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], patients are excluded if they were attributed to Qualifying Alternative Payment Model (APM) Participants (QPs). Most providers participating in Track E and ENHANCED track ACOs are QPs, and so performance rates for Track E and ENHANCED track ACOs may not be representative of the care provided by these ACOs' providers overall. Additionally, many of these ACOs do not have a performance rate calculated due to not meeting the minimum of 18 beneficiaries attributed to non-QP providers.