

Achieving Growth and Prosperity for Specialists under Risk Payment Models

Part 1: TEAM

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VBCExhibitHall
.com



Educational Webinar Series

Background: Cleveland Museum of Art: America, by Frederick Edwin Church



Why Trust Roji Health Intelligence to Talk About Costs?

- **Experience:** 20+ Years in aggregating data; payer negotiations and in health care
- **Technology:** Roji Value Based Care technology
- **Clients:** ACOS, CINS, Physician groups, multi-specialty groups
- **Clinically-Focused Approach :** Improve costs through better clinical outcomes & pathways, and improving patient risks
- **Dedicated payment model services:** specialty procedures (TEAM) and treatments (EOM, Kidney), and chronic disease (Diabetes, Heart Failure, etc.).

Transforming Episodes and Accountability Model (TEAM)

- Mandatory five-year, two-sided risk model (2026-2030)
- Measures surgical episode of care costs
- 743 Acute Care Hospitals in selected Core Based Statistical Areas (CBSAs)



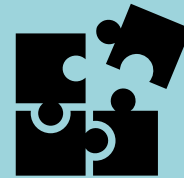
Quicker
recovery
after
surgery



Fewer
avoidable
hospital &
ED visits



Shorter
hospital/
post-acute
stays



Smoother
transition
to primary
care



Lower
Costs

TEAM Episode Categories

Coronary Artery
Bypass Graft (IP)

Major Bowel
Procedure (IP)

Lower Extremity
Joint
Replacement
(IP/OP)

Surgical Hip and
Femur Fracture
Treatment (IP)

Spinal Fusion
(IP/OP)

What's Your Background with TEAM?



1. Participant & learning.



2. Participant & ready for action.



3. Not participant & see what's coming.



What's important about TEAM?

- BIG
- CLINICALLY IMPORTANT
- TARGETED TIME FRAME
- HOSPITAL AT RISK
- ALL PROVIDERS INCLUDED
- COORDINATION WITH PCP
- MANDATORY

The background of the slide features a photograph of two white birds, possibly egrets or herons, in flight. They are positioned on the right side of the frame, with their wings spread wide, silhouetted against a bright, hazy sky that suggests a sunset or sunrise. The birds' long legs are trailing behind them. In the top left corner, there is a small, solid orange rectangular graphic.

Key Concept:

Hospital Risk + All-Provider Inclusion
= New Accountability Equation

Hospitals must engage in what happens in
the OR to avoid downside risk.
Collaboration is key.

TEAM Generates Growth & Revenue for Specialty Physicians

- Response to systemic & procedural issues
- Hospitals can't reduce complications alone
- With hospital-provided data and technology, specialists have a window on performance
- Enables specialists to expand VBC contracting with data-driven results



Pricing Methodology

- CMS calculates advance target prices (trended, normalized, risk-adjusted)
- Hospitals continue to bill FFS
- Individual episodes begin at anchor procedure (no look-back)
- Episodes include most Medicare Part A and B charges
- End-of-year reconciliation results in shared savings or losses



Risk by TEAM Track

Track 1

Upside only

10% stop-gain limit

No stop-loss limit

Track 2

Two-sided risk

5% stop-gain limit

5% stop-loss limit

Track 3

Two-sided risk

20% stop-gain limit

20% stop-loss limit

TEAM Tracks and Eligibility



Track 1

PY1: All TEAM participants

PY1 – PY3: Safety Net Hospitals



Track 2


PY2 – PY5: Specific

- Medicare Dependent
- Rural
- Safety Net
- Sole Community
- Essential Access Community



Track 3

PY1 – PY5: All TEAM participants



Quality Measures Linked to Payment



Hybrid Hospital-Wide All-Cause Readmission (PY1-PY2)



Hospital-Level Total Hip and/or Knee Arthroplasty PRO performance Measure (PY1-PY2)



CMS Patient Safety and Adverse Events Composite Measure (PY1 only)



Hospital Harm: Falls with Injury (PY2 Only)



Hospital Harm: Post-Operative Respiratory Failure (PY2 Only)



3rd Day Risk – Standardized Death Rate among Surgical Inpatients with Complications (PY2 Only)

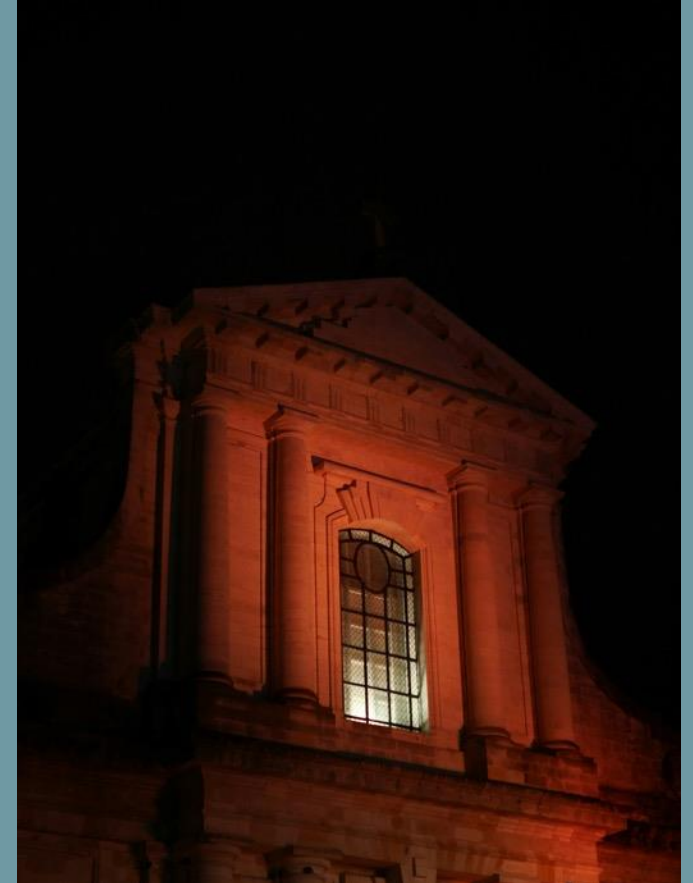
What's Your Biggest Concern about TEAM?



1. Financial impact.



2. Teamwork to resolve cost and quality issues.



3. What CMS does with the data in the future.

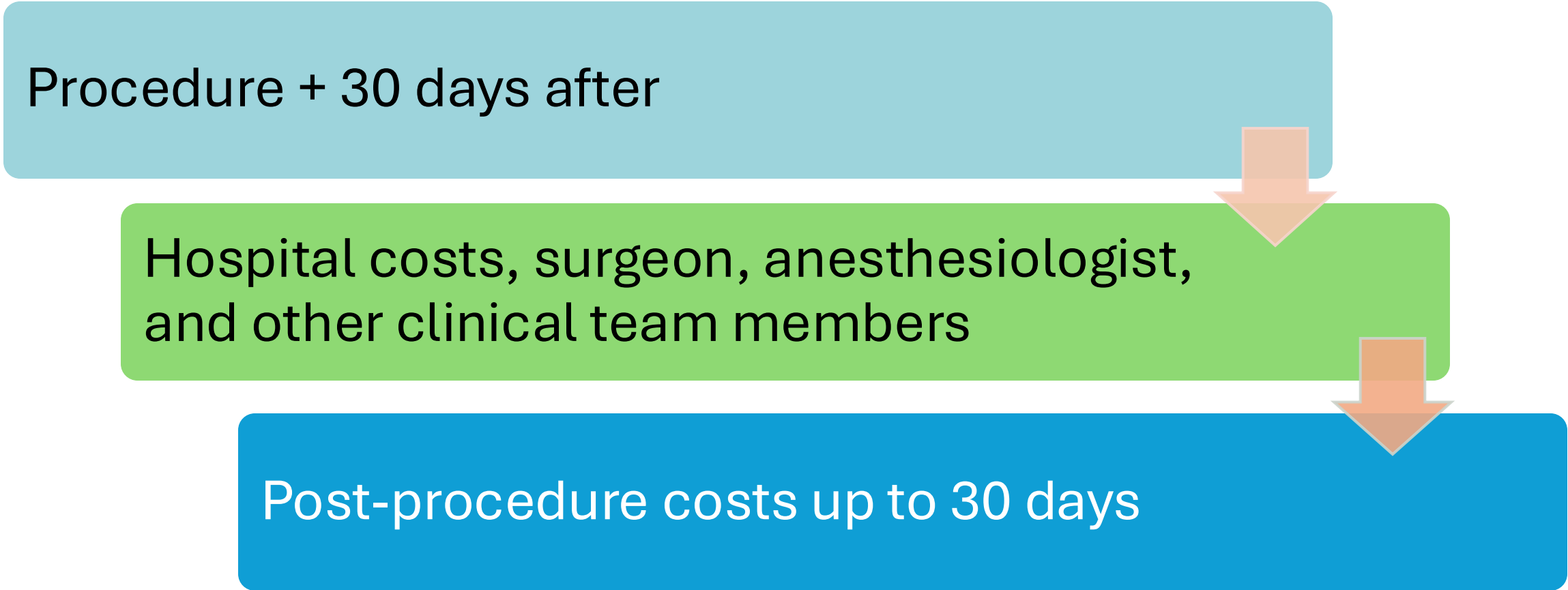
TEAM Costs: Episodes & Opportunities



Photo by Discover Savsat on Unsplash

CMS TEAM Episode Timeline

Procedure + 30 days after



Hospital costs, surgeon, anesthesiologist,
and other clinical team members

Post-procedure costs up to 30 days

TEAM Episodes Include Most A+B Costs

Hospital Costs

TEAM Trigger

Inpatient

Outpatient

Readmissions

Post-Acute Care

LTCH

Inpatient rehab

Skilled Nursing

Home Health

Other Services

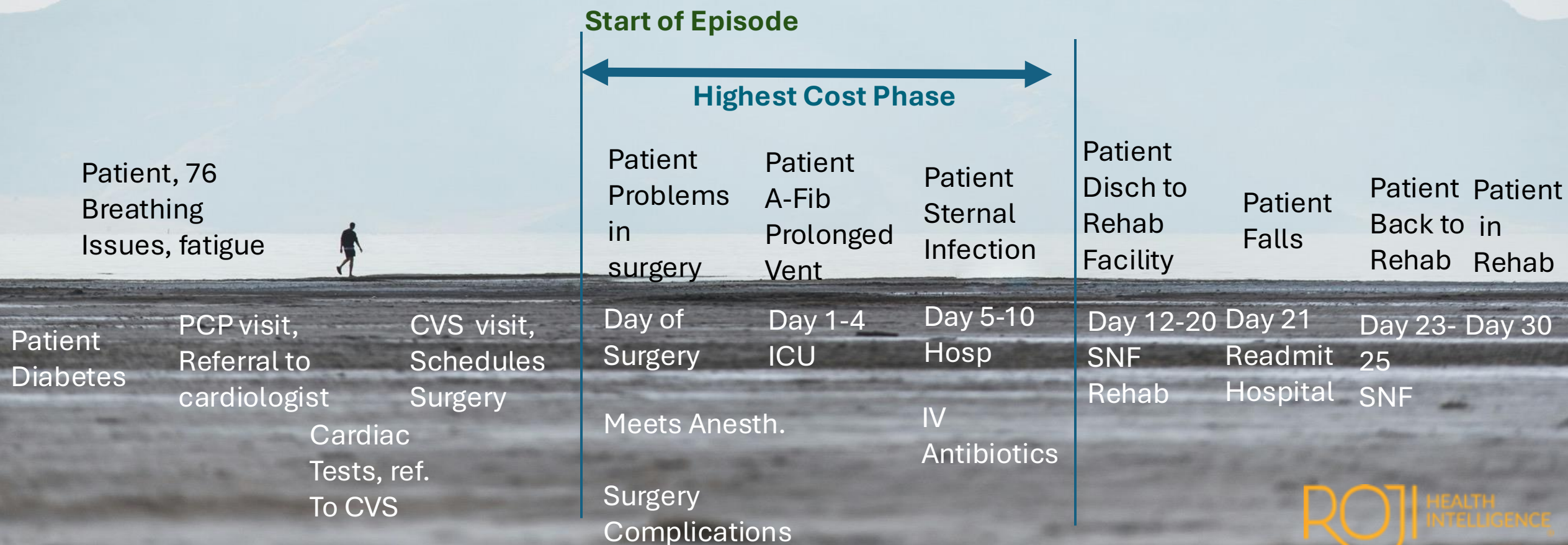
Physicians

Lab, DME

Part B Drugs

Hospice

Cost Events Across Episode Timeline



How Can Providers Affect TEAM Procedure Costs?



WORK
COLLEGIALLY:
HOSPITAL +
CLINICAL TEAMS

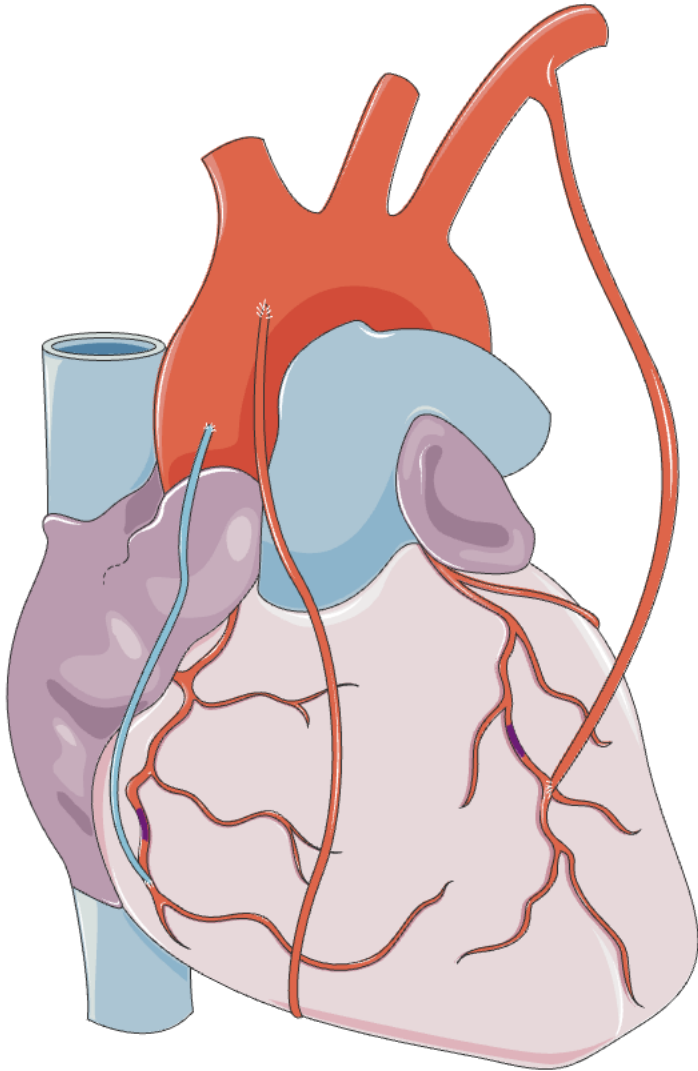


PRO-ACTIVELY
EXAMINE
TOTAL COSTS
OF CARE



PURSUE
STRATEGIES
TO REDUCE
RISKS.

CABG: Complications inducing long ICU LOS



Post-op A-Fib

Deep sternal infection

Post-op stroke

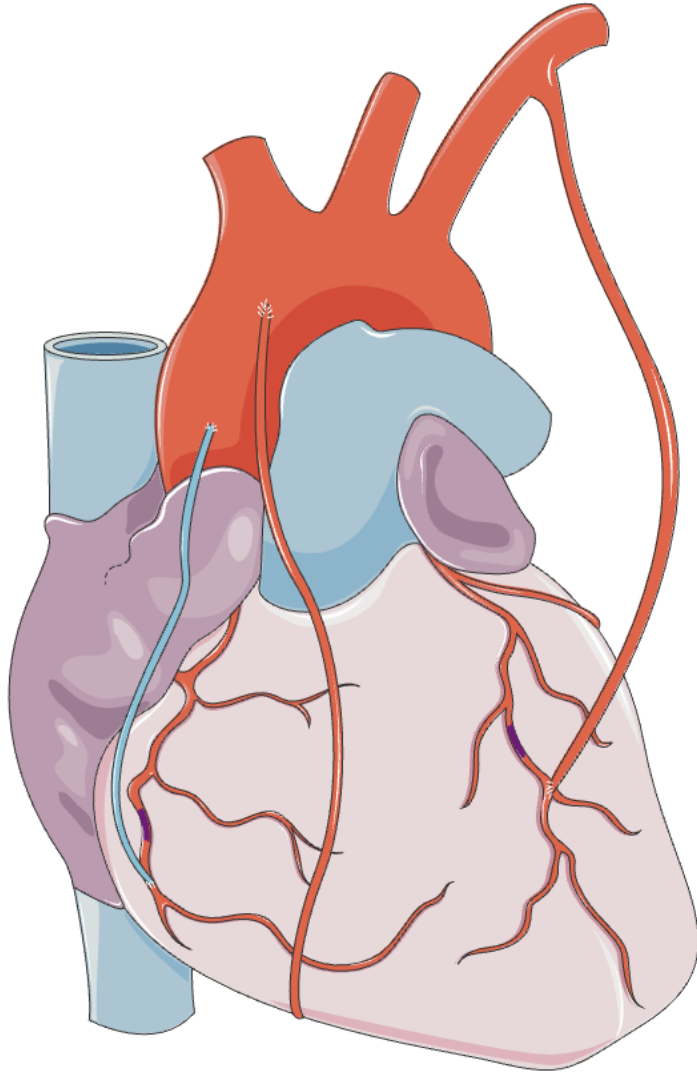
Post-op pneumonia

Prolonged Inotropic support

Prolonged ventilation

Post-op AKI

Complications may be influenced by Patient Risks



Advanced age

Pre-op Diabetes

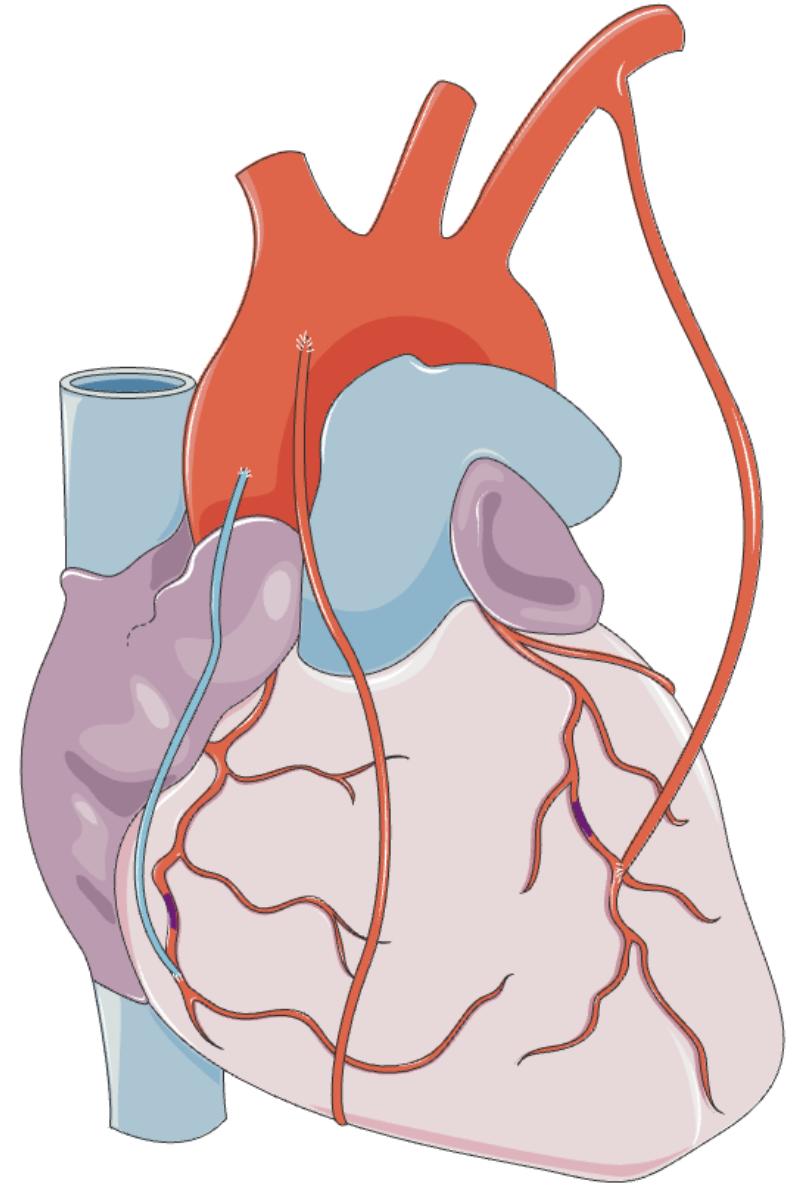
Pre-op COPD

Left atrial enlargement

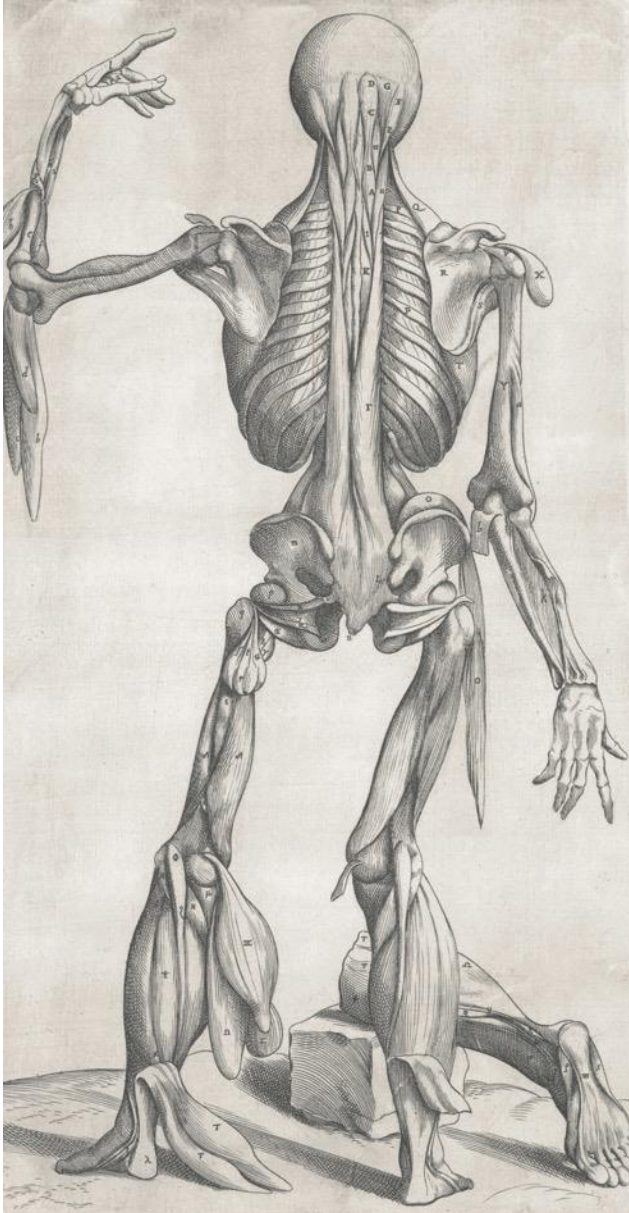
Pre-op A-Fib

Strategies to Mitigate Risks - CABG

- Clinical team + hospital approach
- Assess patient risks in advance when possible
- Pre-op anesthesiologist-patient virtual visit
- Agreed action plan customized to patient
- Use evidence-based preventions when indicated:
 - A-Fib: Beta-blockers & other meds pre-surgery
 - Sternum infection: multi-modality



LEJR: Complications with Extended LOS & Readmits



Extended LOS & Readmissions

Transfusion

Deep Vein Thrombosis

Pulmonary embolism

Readmissions

Infection in joint or incision

SNF vs Home Care

Strategies to Mitigate Risk LEJR: Blood Loss & Transfusions

Assess patient risks

Prior assessment of anemia, supplementation

Identify & treat pre-op anemia, deploy stimulating drugs

Surgical and Intra-operative

Patient blood management & salvaging

Intraoperative techniques to minimize blood loss

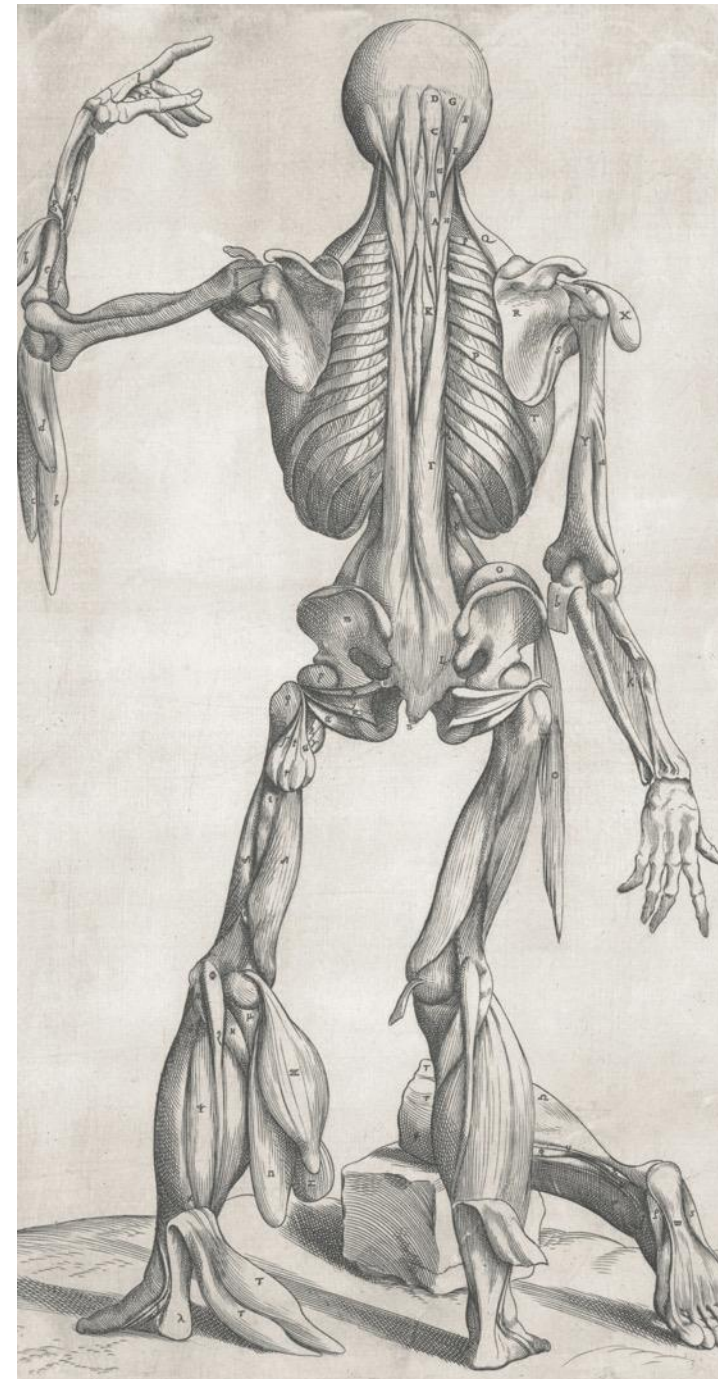
Surgical approach, anesthesia type

Use of Transfusion protocols

Autologous vs allogenic blood use

Post-surgery anemia treatment

Key Strategy: Develop data for furthering efficacy and cost-benefit

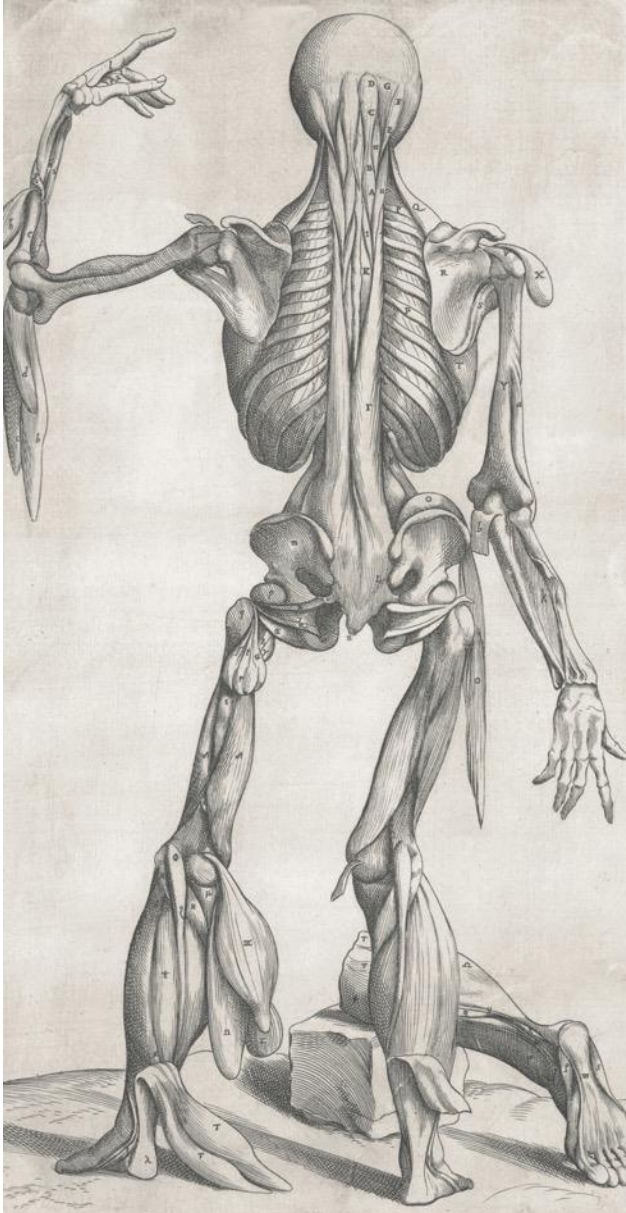


Strategies to Mitigate Risk LEJR: Lower Cost Setting

- Can lower risk patients have outpatient LEJR surgery?
- Can we reduce the risk of other patients enough to perform surgery in outpatient setting?



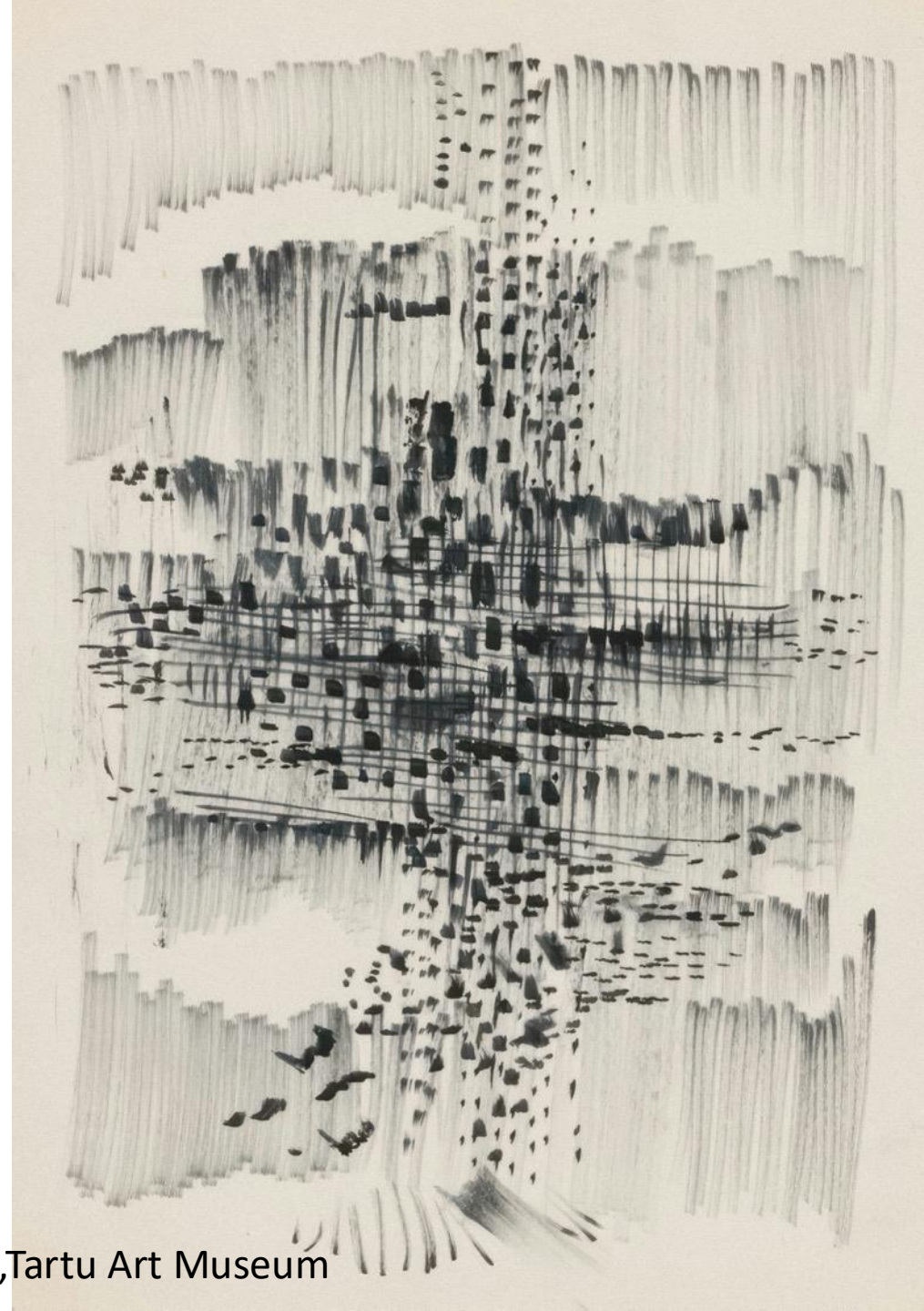
Strategies to Mitigate Risk LEJR: SNF Cost and Readmissions



- Use of Skilled Nursing Facilities associated with higher cost, higher readmissions
- However, patients going to SNF are older, tend to have more comorbidities and functional limitations
- Optimize patient needs with functional / environmental assessment pre-surgery and discharge.
- When using SNF, have preferred network based on collaborative agreements with shared patient data access.
- Ensure patients and their support network know how to help recovery and when to call help.

Strategies to Mitigate Risks Across TEAM Procedures in 3 Ways:

- Timeline: Move up patient risk assessments, work with PCPs to prepare/pre-treat patient pre-surgery.
- Systemic issues: Hospitals + Physicians address intra-operative, surgical and OR protocols to speed & reduce complications, recovery.
- Procedure-specific complications: Clinical Team + Hospital adopt protocols aimed at specific risk reductions.



Plan of Action for TEAM





1. Analyze History



Aggregate
clinical
data



Integrate with
CMS claims
data



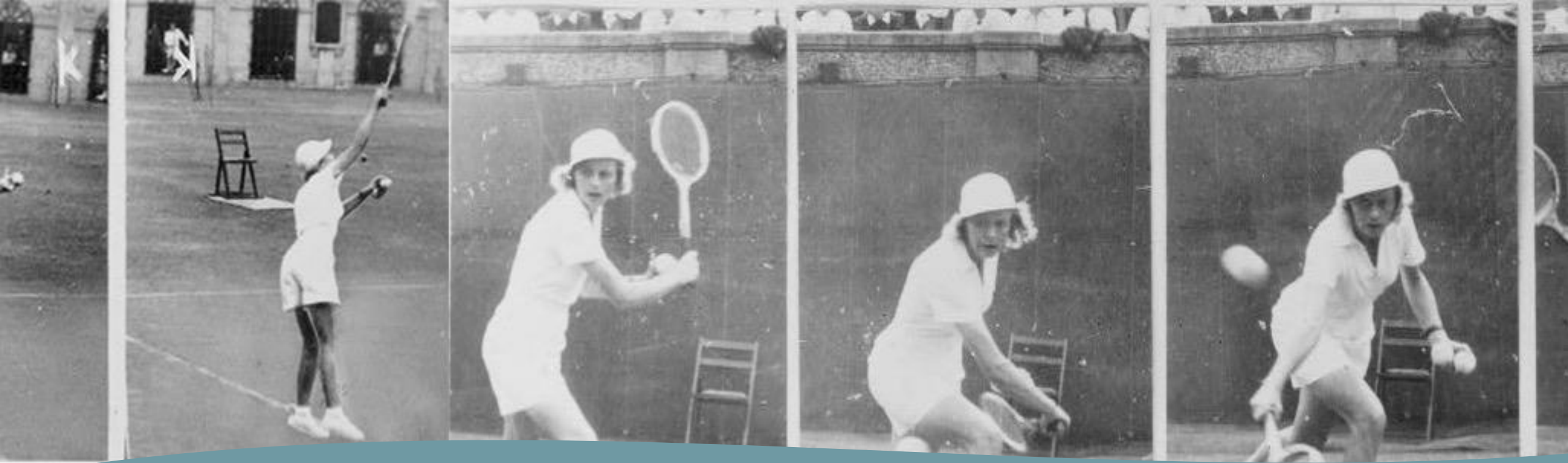
Create TEAM
Episode
Platform to
Track
Performance



Use to
collaboratively
identify
historical cost
issues



Establish
feedback loop
for providers



2. Create CMS & VBC Episodes

- CMS Episodes track with CMS Model
- VBC Episode includes both Cost and Clinical Data, and patient prior to surgery
- Cost Variations are reflected in both
- Share with clinical team

3. Review Complications and Cost Variations

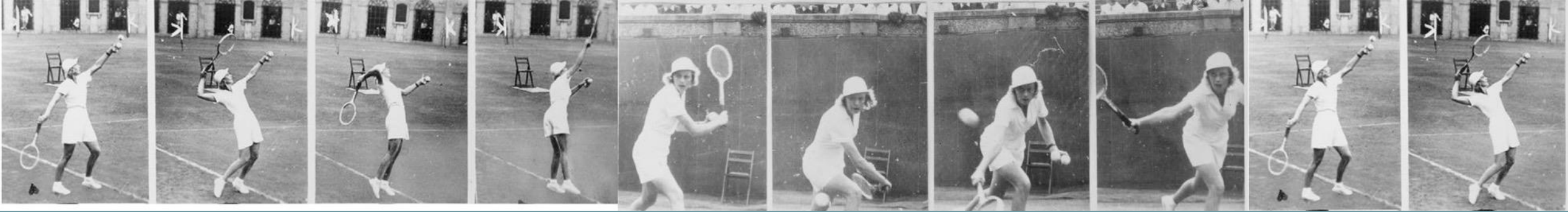
- Prioritize biggest complications
- Review systemic, patient risks, and procedure-specific complications
- Build consensus on approaches to mitigate



4. Improve Pre-Surgery Knowledge

- Better Patient Risk Assessment
- Pre-visit with anesthesiologist
- Patient strengthening, and pre-treatment
- Post-surgical plan





5. Adjust/Adopt Protocols

- Systemic issues: blood management, infection control
- Clinical Pathways
- SNF and Rehab Protocols
- Agreements with Primary Care Physicians

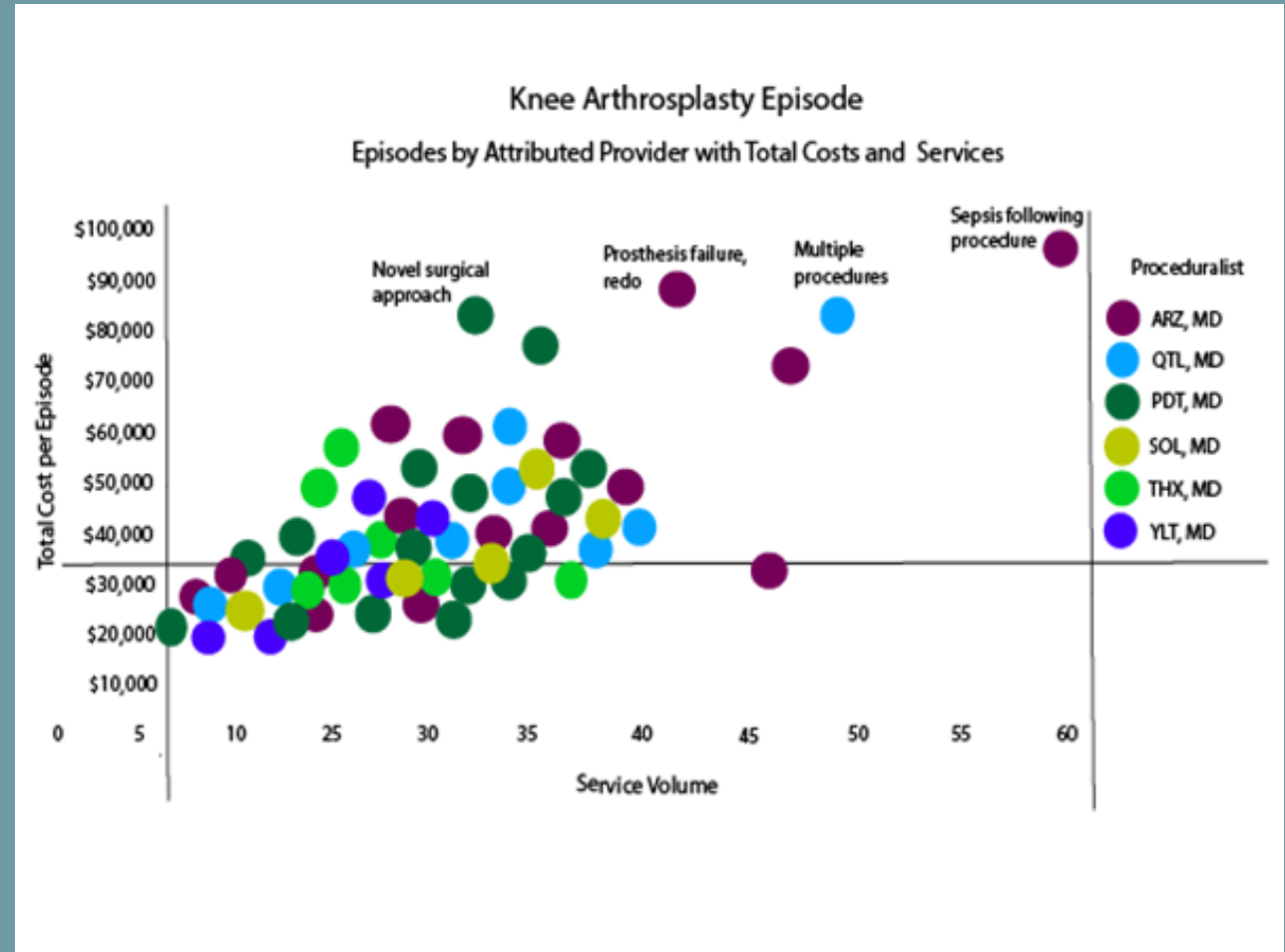
6. Collaborate and Expand through TEAM Episode Platform



- Regardless of PCP private/employed status, needs to be able to see
- Should incorporate clinical data from EHR, Episode details, and log events
- Frequent updates and alerts for clinical team / PCP
- Agree on the use of technology

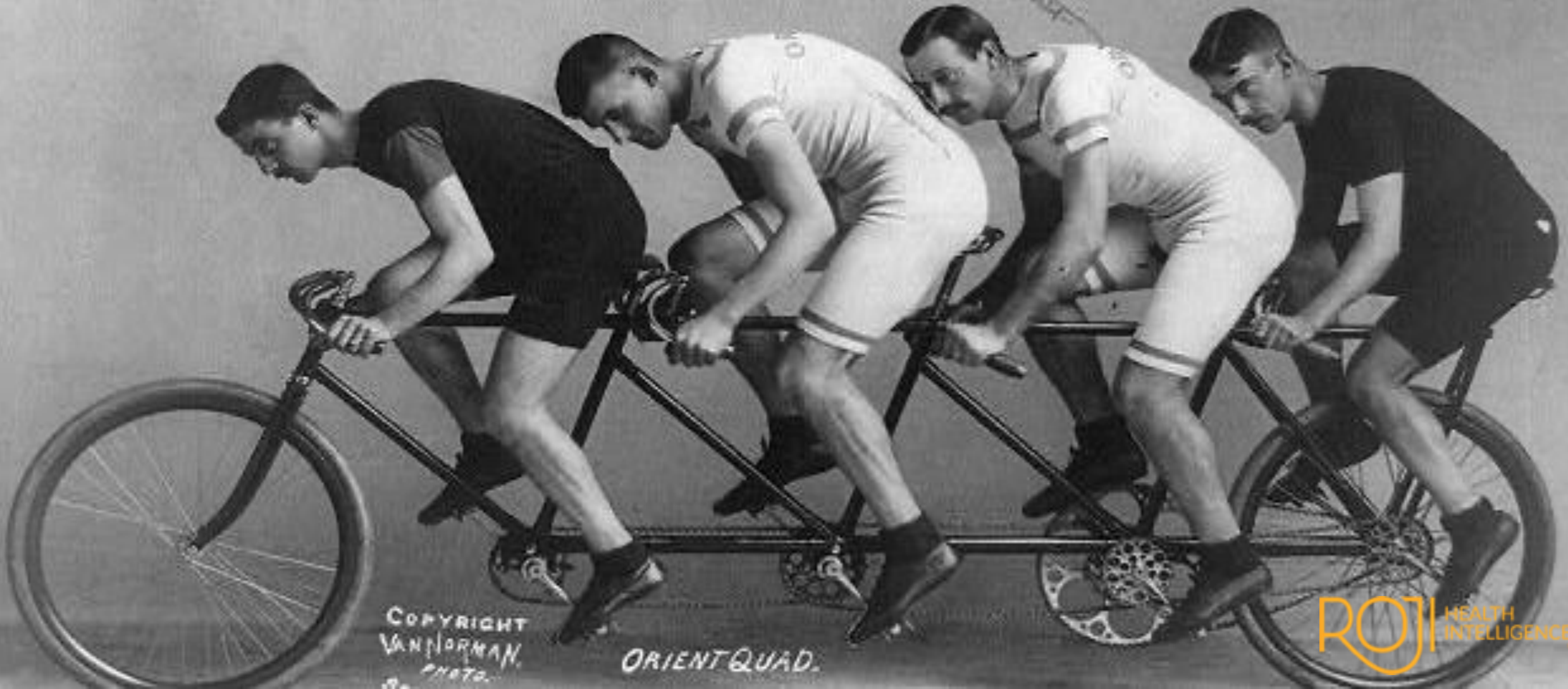
Roji Health Intelligence has TEAM technology-based services ready for you

- Secure data aggregation
- Roji Episodes Platform
- CMS TEAM Episodes
- Roji Value-Based Care Episodes
- Views by practice, provider, organization
- Customizable for client
- Expert in working with complex clients





Where are you in your development for TEAM?





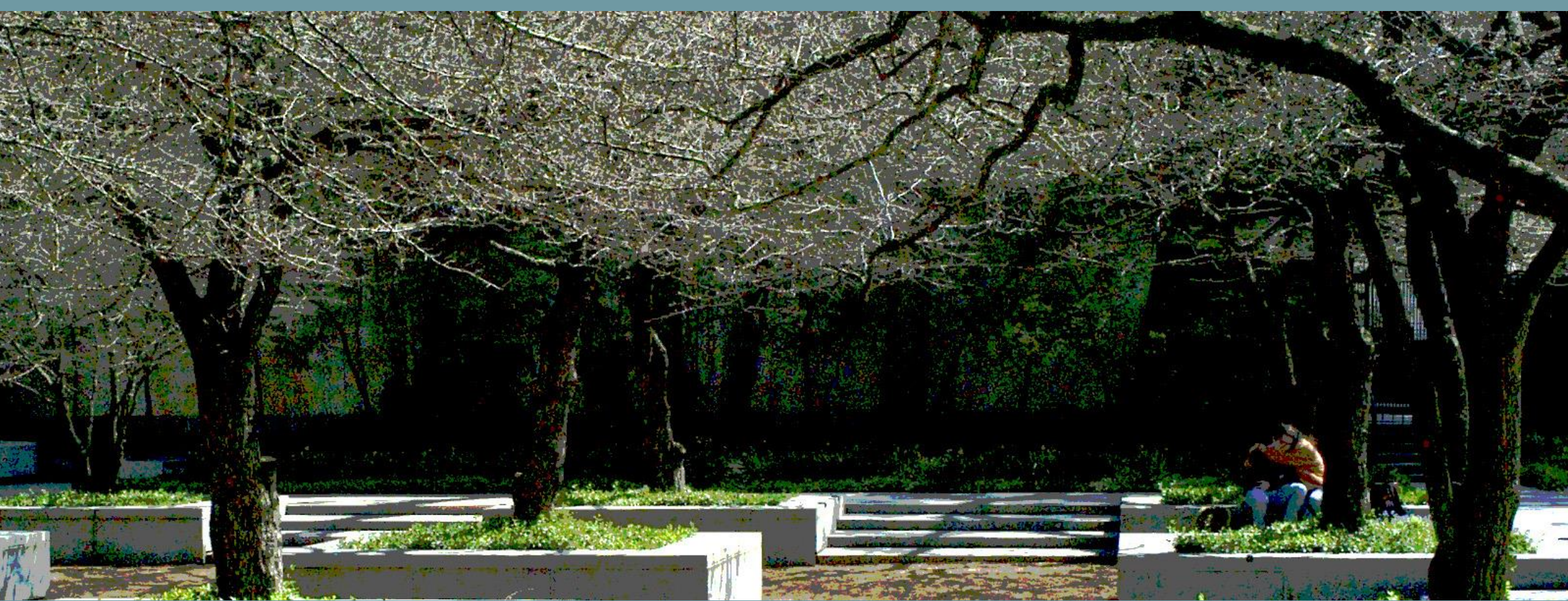
1. Starting out, would love to hear more.



2. Please contact me right away.



3. This isn't for me.



Questions and Answers

Stop by our ACO Exhibit Hall Virtual Booth



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Thank You!

Roji Health Intelligence LLC

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