

How ACOs on the TEAM Can Improve Specialty Care and Savings

Achieving Growth and Prosperity for Specialists under Risk Payment Models, Part 2

September 23, 2025

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VBCExhibitHall
com



Educational Webinar Series

Background: Image by Dmitry Bukhantsov on Unsplash



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

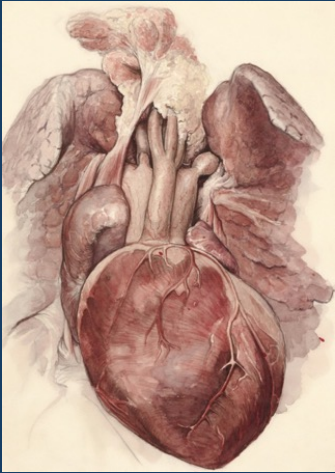


Smoothen
transition
to primary
care



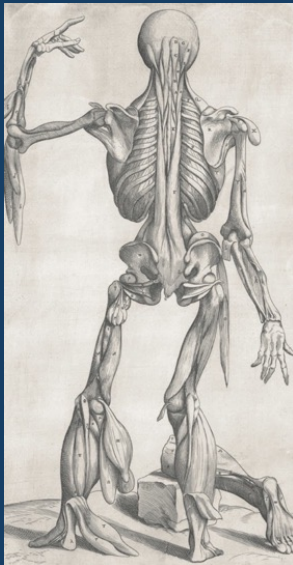
Lower
Costs

TEAM Episode Categories

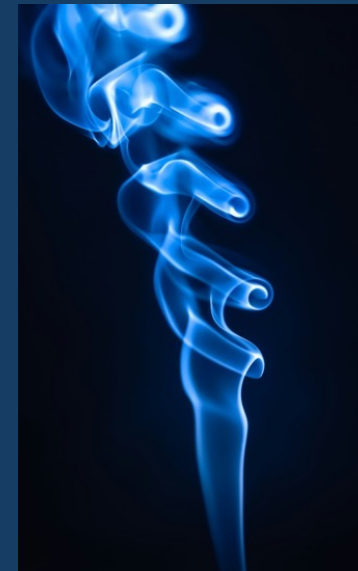


Coronary
Artery
Bypass
Graft (CABG)

Lower
Extremity
Joint
Replacement



Femur Hip
Fracture
Surgical
Repair



Major
Bowel
Surgery



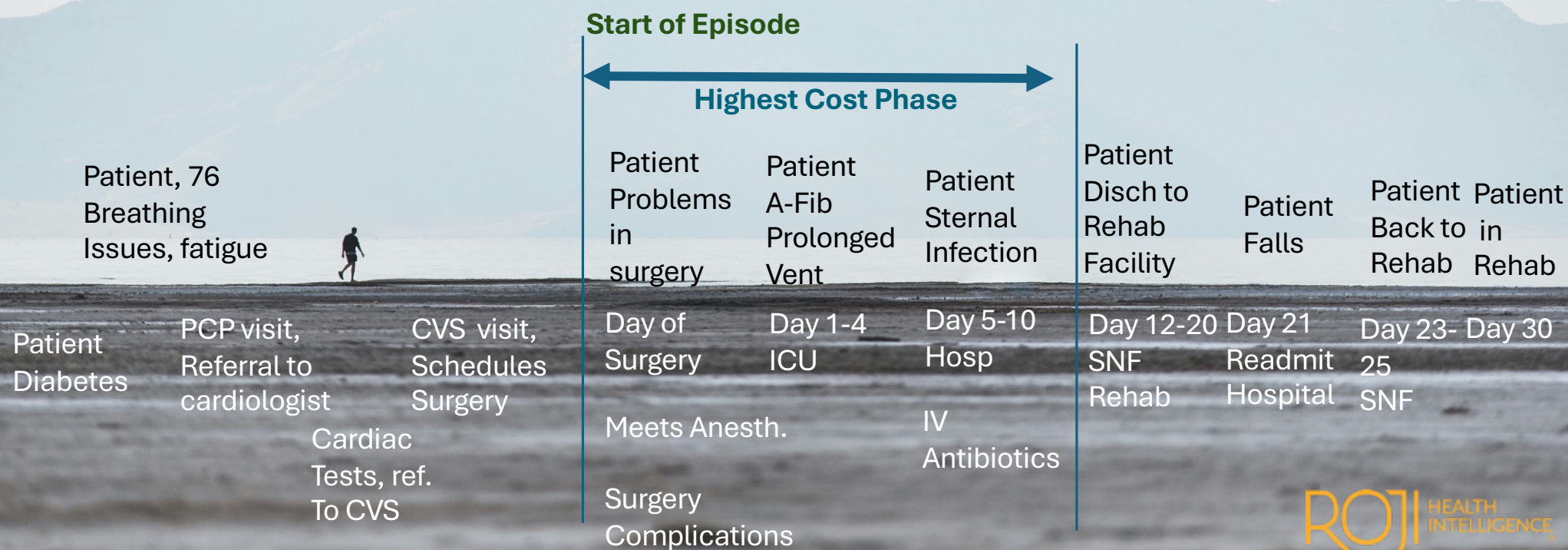
Spinal
Fusion

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



Cost Events Across Episode Timeline



What's Your Background with TEAM?



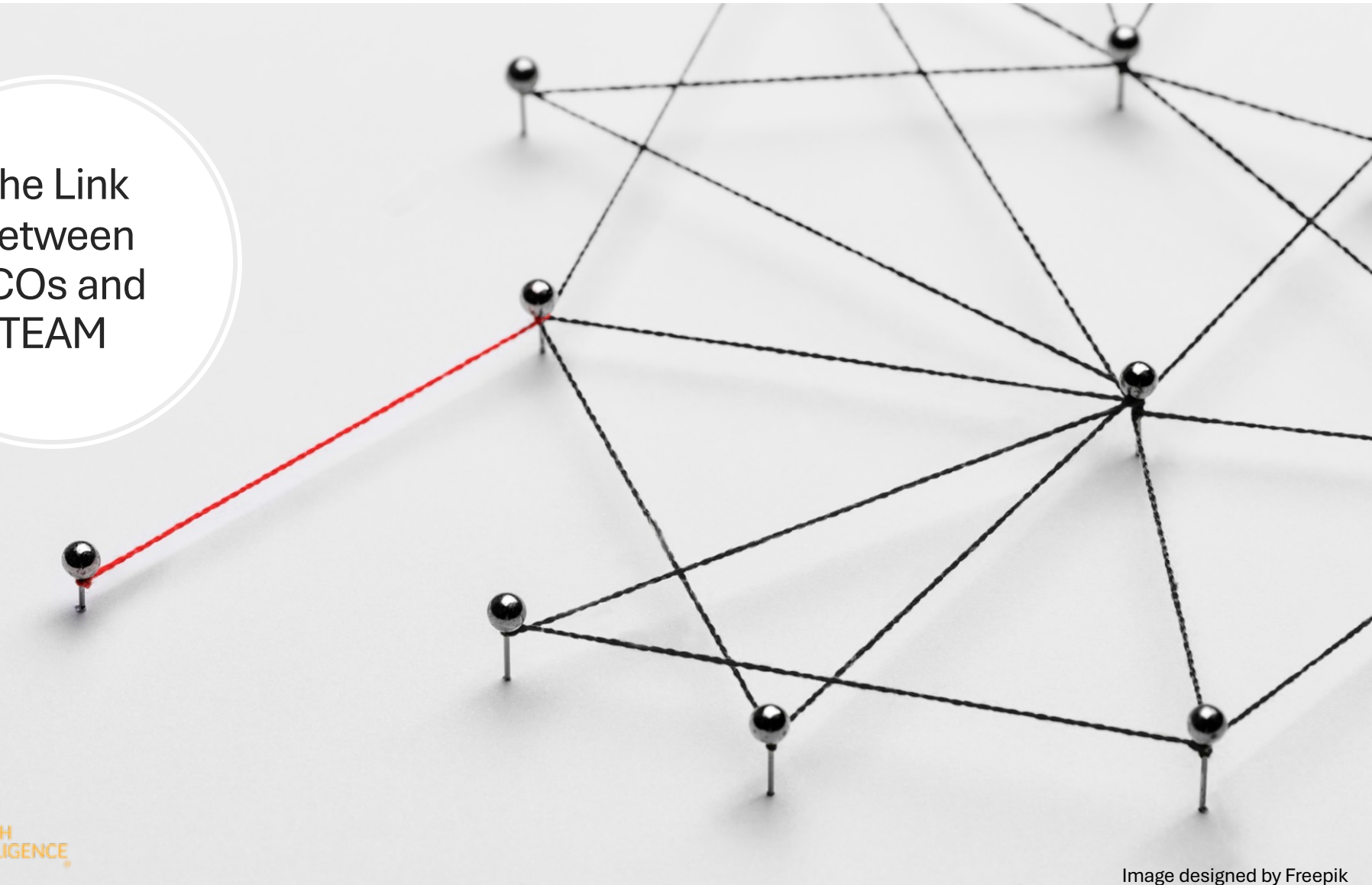
1. Participant & learning.



2. Participant & ready for action.



3. Not participant & see what's coming.

A network diagram consisting of several black pins connected by thin black lines. One pin on the left is connected to a central pin by a prominent red line. The background is a light gray surface.

The Link Between ACOs and TEAM

What is at Stake for ACOs

- Responsible for total cost of patient care
- Specialty services comprise 40% to 60% of costs
- Primary Care savings alone are insufficient
- ACOs must channel patients to high-value providers



The background of the slide is a vibrant underwater scene featuring a diverse coral reef. In the foreground, there are large, rounded, brownish-orange coral structures. To the left, there are tall, feathery, reddish-brown coral stalks. The water is a deep blue-green, and numerous small, colorful fish are visible swimming throughout the scene. The lighting is natural, creating a sense of depth and clarity.

The Value of ACO Participation in TEAM

- ACOs *may* know know what is "beneath the surface" – depends on data and analytics
- Roji Analysis: Hospital costs > All others
- Key variation driver: Complications
- Pre-procedure communication enables proactive risk mitigation
- Post-procedural care transition management prevents adverse downstream outcomes

How ACOs Can Help Hospitals Achieve in TEAM

Design and collaborate on MD incentives

Help hospital adopt risk strategies

Facilitate physician-hospital EHR &
Claims data aggregation

Link specialty patients to PCPs

Hospital Benefits with ACO Involvement in Collaborations

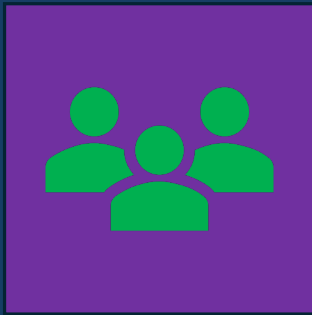
Neutral collaborator to develop high-performing clinical teams

Technology platform as common analytics for cost variation and feedback in each of 5

Enhanced data aggregation potential for predictive AI models

Improve downstream care by linking PCPs to specialists

Advantages for Specialists from ACO Involvement



Data sharing for
enhanced
patient profiles



Analytics to
understand
cost variation



Strengthened
ACO/Specialty
referral pattern



Case for Hospital Collaboration in TEAM

Under TEAM Rules, Hospitals Bear Risk



Under TEAM
Rules,

Episode Costs
are inclusive –
but driven by
factors
governed by
organizations/
people.

Hospital Factors

Surgical
systems

Scheduling

Staffing

Infection
Control

External Factors

Patient Risks

Anesthesia
Decisions

Surgical
Decisions

Post-Discharge

4 Key Risk Facts in TEAM

- Biggest TEAM Episode Cost Driver: *complications*
- TEAM hospitals can develop collaborative agreements with \$\$\$ distribution
- No requirement for sharing downside risk, but –
- TEAM creates possibility of “alignment payments”



Collaboration Agreements

Fundamentals: Who are Collaborators

- Requires written policies on selection
- ACOs can be collaborators
- Selection criteria: quality and anticipated contribution
- Cannot be linked to volume or value of referrals
- Must have post-discharge referral to PCP services



Fundamentals: Financial Terms for Collaborators

- Agreements define terms for gainsharing / alignment payments, timing & distribution
- Gainsharing cannot be linked to volume or value of referrals
- Agreements must be on enterprise level, not episode-based – can't punish specialists for one bad episode.
- Can provide beneficiary incentives if connected to treatment adherence

Squishy Areas of Importance



Image by Belinda Fewings on Unsplash

- What defines Quality in Episode
- Choosing / limiting “collaborators” safely
- Protection of peer review processes in reviewing episodes
- Data sharing across organizational boundaries

What is a “High-Performing Network of Specialists”?

- It's not about reputation, but data
- Consensus-based measurement of cost/quality
- Requires data sharing from/to all parties, while protecting sensitive data
- Necessity of peer review and feedback



Image by Philippe Louage on Unsplash

Key Agreements for Successful Collaboration

- Use of same analytics to define quality, cost
- Distinct accountabilities of the clinical team/ hospital
- Data aggregation cost



A wide-angle landscape photograph showing a person walking away from the viewer on a long, straight dirt road that stretches into the distance. The road is flanked by a dry, rocky desert landscape with sparse green shrubs. In the background, a range of rugged mountains with significant snow cover is visible under a dramatic sky with scattered clouds and a low sun, creating a warm, golden light. The overall scene conveys a sense of a long journey or quest.

What Will You Need on Your Journey?

Data Aggregation

- Disparate data sources (hospitals and practices)
- Opportunity to include CMS claims
- Full aggregation necessary – QRDA's are insufficient
- Background legwork is critical – surprises equal delays
- Must-knows: ONC status, export capabilities, contacts



Roji's TEAM Episode Analytics

- Participants will need own analytics / episodes to see cost variation, differentiate main causes
- Aggregated data turns fragmented services into 360° episodes
- Incorporate EHR and claims for patient risk, complications
- Ongoing data refreshes reveal efficacy of interventions
- Don't start from scratch! Before TEAM begins, know:
 - Top 5 cost drivers over the last 2 years
 - Provider, practice, and site comparisons
 - Explanations for cost variation (e.g. approach, facility, patients)



Communications Platform

- Data aggregation is necessary, but not sufficient
- Need a comprehensive patient view, visible for all
- Should include episode events AND EHR data
- Hospital-based ACOs and Clinical Data Registries can facilitate

Image designed by Freepik

Advance Notice

- If informed about patient and surgical risks, PCP and/or ACO can:
 - Advise surgical team on underlying risks
 - Ensure patient is appropriate candidate for surgery
 - Develop pre-procedural plan, including anesthesiology visit
 - Develop post-procedural recovery plan

Post-Episode Review

- Collegial learning environment
- Objective is improvement
- Determine reasons for unexpected costs
 - What led to a complication?
 - Why was a specific drug utilized?
- Document findings, establish protocols
- Monthly reviews to track trends in the areas identified





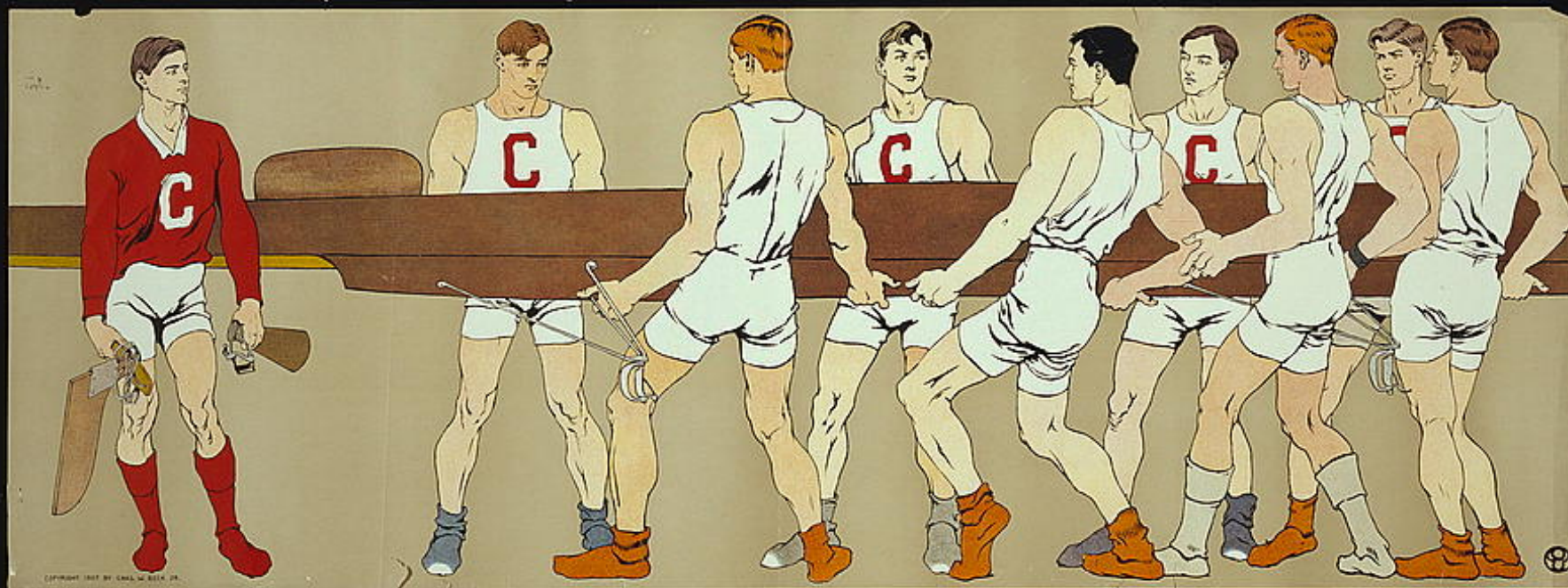
HEALTH
INTELLIGENCE

KODAK Gray Scale



Where are you in your development for TEAM?

Kodak EPY 7626



ROJI HEALTH
INTELLIGENCE



HEALTH
INTELLIGENCE[®]



1. Starting out, would love to hear more.



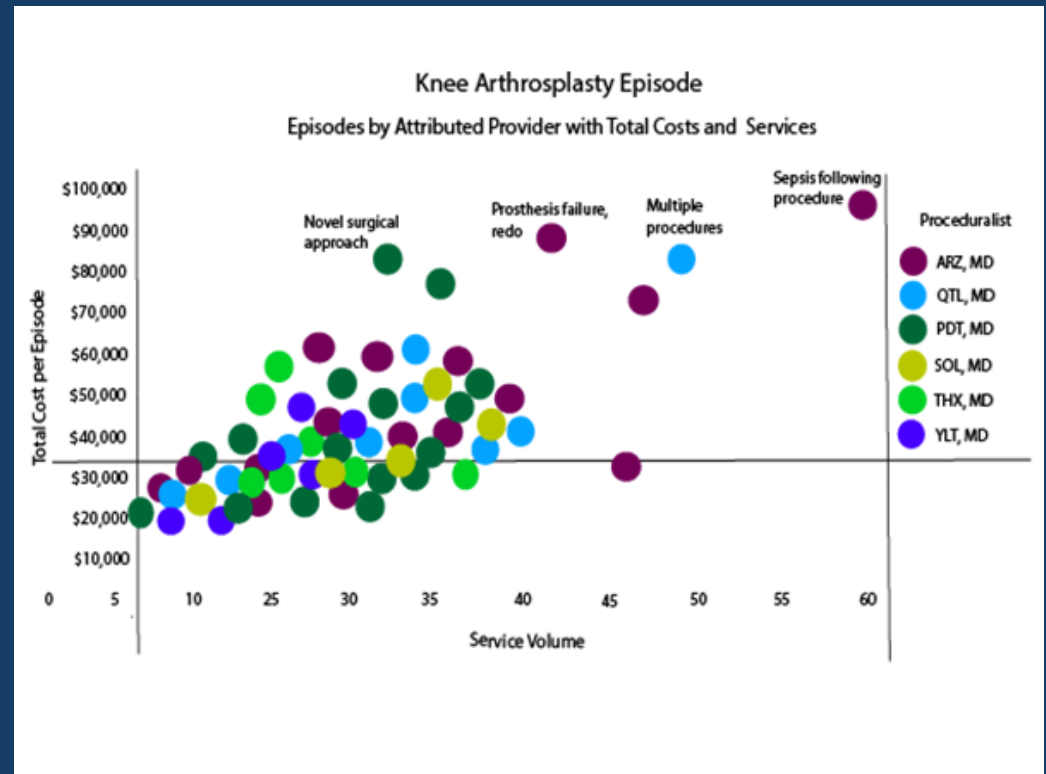
2. Definitely interested.



3. This isn't for me.

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



3 Theme Wrap-Up

If you're a potential collaborator...

- Get expertise to build your history of surgical episodes & analytics
- Evaluate your cost variation, complications from the specialist perspective
- Know what you will need from the participant hospital to take on risk
- Determine your stop loss features



Image by Aleksandr Gorlov on Unsplash

If you're a participant hospital...

- Evaluate your historical CMS TEAM-related cost measure results
- Develop communication platform for clinical team members / hospital
- Consider using ACO for data aggregation, episode analysis



If you're an ACO...

- TEAM can be your first foray into optimizing specialty care
- Improve your actionable data through specialty episodes for TEAM and ASM
- Enhance your value-based care role within your health system



Image by Jordi Moncasi on Unsplash

A photograph of a park scene. In the foreground, there are concrete steps and a low wall. A person is sitting on the steps on the right side. The background is filled with large, leafy trees. The text "Questions and Answers" is overlaid in the center.

Questions and Answers

Stop by our ACO Exhibit Hall Virtual Booth



VBCExhibitHall.com

[Visit the Roji Health Intelligence Booth](#)

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Thank You!

Roji Health Intelligence LLC

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