First Quarter 2016

Mission: We provide superior healthcare and value through an integrated partnership among patients, providers, and community resources.

Chairman of MWMD Board

Message from Thomas A. Janus, DO

I believe in the future of the Alliance. I believe in the tenets upon which the Alliance was formed: to achieve the Triple Aim and to permit physicians within our community as well as MWHC to remain independent as long as they so desire. I also believe those who wish to derail the success of the Alliance will not succeed.

The success of the Alliance is too important to allow ourselves to lose focus. Narrow networks, volume to value, and the MACRA and MIPS strategies will significantly alter health care reimbursement in the very near future. The structure of the Alliance enables all of us to maneuver through these new challenges, and most importantly to succeed at them.

This is the open agenda of the Alliance: for all of us to collaboratively work toward the goal of strengthening clinical integration in our community and maintaining a competitive edge. There are no secret agendas of the Alliance. No plan for MWHC to control the physicians, no plan for the specialist to control the reimbursement of the primary care providers, and certainly, no plan for the PCPs to control the reimbursement of the specialist. Working together, collectively, we have a much better opportunity to prosper in the evolving healthcare market.

The transition of PinnacleHealth into a subsidiary of the Alliance is crucial if we are to be fairly reimbursed for the clinical integration, cost effectiveness and efficiency initiatives we are developing. Interdependence and integration will enable us to effectively pursue the TripleAim with insurance companies with whom we collaborate and contract. Give us the opportunity to prove that a contract negotiated by a clinically integrated network is beneficial for providers of high quality, integrated health care delivery.

Thomas A. Janus, DO

Welcome New Providers

Colonial Internal Medicine
Bethanne Elbert, MD
Bozena Wolanska, MD

Elite Women's Health
Caryn Hollander, MD

Mary Washington Medical Group-Maternal Fetal Medicine
Kelley Clark, MD

Mary Washington Medical Group-Rheumatology
Naseem Alexa Jahdi, DO

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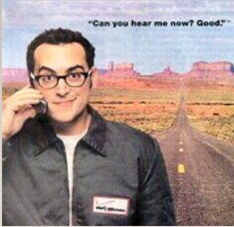
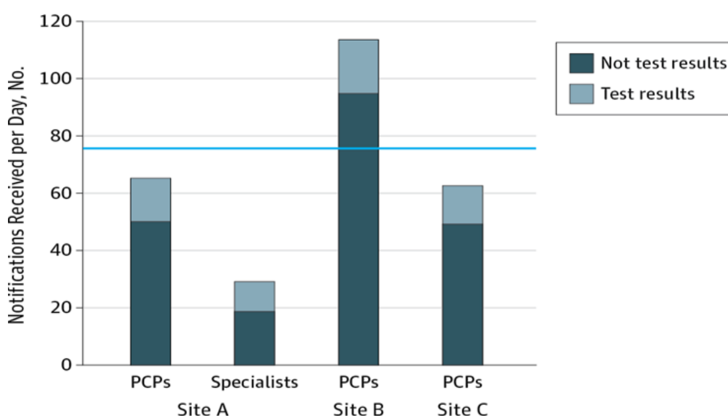
2300 Fall Hill Avenue, Suite 511, Fredericksburg, VA 22401 P 540.741.1557

Message from the Medical Director—Richard Lewis, MD



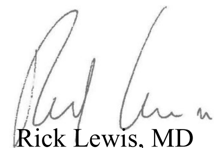
CAN YOU HEAR ME NOW?

Remember one of the original Verizon Wireless ads in which an actor (34-year old Paul Marcarelli) played a nerdy technician who kept asking "Can you hear me now?" while he was traveling further and further away from the person he was trying to maintain communication with? With the proliferation of cellphone towers and improvements in technology, network coverage is not as much of an issue anymore. But what about coverage within **our** Network? That is, what about the efficiency of communication within the Alliance? The Alliance is dealing with a multitude of issues related to our commitment to population health management. Whether they be new government regulations and statutes, evidence-based clinical guidelines, care coordination matters or issues related to the governance and management of the Alliance, the potential for information overload is real. And information from the Alliance is only one of many sources that are interested in communicating with you on a regular basis about your individual or group practices. A study published online March 14, 2016 in JAMA Internal Medicine looking at electronic notifications to ambulatory-based physicians found that PCPs received an average of 77 notifications per day which took them about 70 minutes a day to process. Specialists received nearly 30.



So what is a Clinically Integrated Network to do? We want to provide you with as much information as feasible in the name of transparency and education. Yet we want to avoid overdoing it given the multitude of competing demands on your time and attention. One strategy we've employed is to use multiple types and venues of communication such that you can choose which one fits best into your schedule and preferred mode(s) of communication. These include newsletters like this one which we publish quarterly, the Alliance Updates that I send out via email at the end of every month, Town Halls two or three times a year, our Annual Meeting at the end of each year, the Annual Report that is published each spring, PCP gatherings on the last Thursday of every month and webinars that are broadcast every quarter. In addition, there are all the committees, boards and councils that meet on a regular basis and which are attended by your representatives who are freely available to you as sources about what transpired in these meetings.

The latest communication tool we've employed takes advantage of SMS.txt technology that enables us to send out a broadcast email with the message being received by you as a brief text message on your cellphone. We are using this only to notify you about time sensitive or otherwise crucial issues. The information is secure and will not be sold or used for any non-Alliance purpose. We have already used this successfully to remind those that have signed up about PCP meetings and our most recent webinar. However, there are still many of you out there who have not signed up and, clearly, the more members who participate, the more effective this endeavor will be. All we need to know are your cellphone number and carrier (Verizon, AT&T, Sprint or T-Mobile). You can click here https://app.smartsheet.com/b/form?EQBCT=5f16b51da4a24db9b0f7bdd37e604b59 to send me this information or call or email me (741-1552, richard.lewis@mwhc.com). Most of us are busy with jam-packed schedules. This tool can really be helpful to remind you about Alliance events that you're interested in participating in but which may have just "slipped your mind". The messages are brief (well less than 160 characters) and to the point and do not require a response. Thank you for participating. We feel this will be most helpful with one of the crucial elements of a successful Clinically Integrated Network – **Communication**.



Committee Corner...

Message from Patrick McManus, MD
Chair, Membership & Operations Committee &
Board of Managers

Membership and Operations committee continues to meet on a routine basis throughout the year primarily to review membership concerns and continually reassess and plan our distribution formula and incentives. The committee is made up of a broad cross section of specialists and primary care physicians both hospital and community based. By now, all of you have received the distribution plan for 2016 and the planning for 2017 is ongoing.

As a matter of review, we have set forth as a committee and approved by our board of managers, Core Eligibility Criteria that must be met by the entire system before any distribution of shared savings occurs. The savings is then distributed based on a formula weighted differently for specialists and primary care providers according to achieving certain benchmarks for quality management.

Weight: % of $$ Distributed	PCP	Specialist
Shared Savings	(All or Nothing)	(All or Nothing)
Threshold for modeling distribution		
75% of Total Savings		
1. Network Metrics	(Total 60%)	(Total 60%)
[Metric 1] '% of total'		
[Metric 2] '% of total'		
[Metric 3] '% of total'		
[Metric 4] '% of total'		
2. Market Share	(Total 40%)	(Total 40%)
	100%	100%
25% of Total Savings		
Supplemental a.) PCP Attributed Lives	(Total 50%)	-
Supplemental b.) PCP Metric Performance based on Lives Attributed to PCP's	(Total 50%)	-
	100%	-

As we as an organization continue to grow with our multiple contracts, (now up to 50,000 lives), we as a committee are continually discussing how to avoid making the distribution formula so complex that it is difficult to understand yet avoid over simplification of the process. This assures that we provide incentives to and reward those physicians who improve quality of care while controlling costs most effectively. We are currently reviewing alternative plans from successful ACOs across the country to help us come up with the best formulas for delivering those savings fairly to our physicians. Stay tuned for more to come!

Million Hearts Program

The Alliance has been selected to participate in the Million Hearts Cardiovascular Disease Risk Reduction Model. This Model is a five-year program that is part of the broader national initiative, Million Hearts, to prevent one million heart attacks and strokes. Half of all selected applicants will be randomly assigned to the intervention group with the remaining selected applicants assigned to the control group.

CMS will pay ***Intervention*** practices a one-time $10 per beneficiary fee to calculate a beneficiary's ASCVD risk score and to engage the patient in shared decision-making. In year one, CMS will make an additional $10 monthly Cardiovascular Care Management payment per beneficiary for risk management for the highest-risk patients. During years two through five, practices can receive a monthly payment of up to $10 per beneficiary based on the reduction of their high-risk beneficiary ASCVD risk scores.

***Control* practices** will not be asked to implement ASCVD risk calculation, but will be asked to submit clinical data on Medicare beneficiaries for comparison against intervention practices. Data collection will occur in years 1, 2, 3, and 5. Practices will be paid a $20 per-beneficiary payment (based on the estimated costs of preparing and transmitting the required data) for each reporting cycle.

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What's New - Updates

Welcome New Alliance Care Coordinator

Raun Craven, RN, BSN
Population Health Coordinator

Raun returns to the Mary Washington Health Care family after serving as the Senior Rehabilitation Liaison for HealthSouth for the past 5 years. In this role, he developed relationships with physicians, case managers, and physical therapists in order to identify appropriate patients who needed acute rehabilitation services. He identified new services lines for rehab patients in Fredericksburg and surrounding areas, and was a member of the acute care transfer team aimed at reducing the number of return transfers from rehab to acute care. Prior to his rehab role, you may have interacted with Raun as a nurse on the general surgery and cardiac floors at Mary Washington Hospital, caring for patients in the pre/post-operative setting and those on telemetry. He enjoys working in a team environment to achieve a common goal and worked on the Smoking Cessation Committee. In addition to his nursing expertise, Raun holds a Bachelor of Science/Exercise Science and a Certificate in Gerontology. Raun is currently enrolled in the Masters of Science in Nursing program at Chamberlain College of Nursing, with a focus on Health Policy. Please join us in welcoming our newest Care Coordinator to the Alliance.

Brand/Generic Drug Initiative

The pharmacy spend within our Alliance contracts represents at least 18% of our total healthcare expenditures. Given the trend of rising generic drug prices and the stratospheric costs of specialty medications (e.g. $94,000 for one course of the Hepatitis C drug Sovaldi), it is more important than ever to do whatever we can to keep our medication costs down. This does help us achieve the Triple Aim of controlling costs while maintaining quality and improving the patient care experience (in this case via decreased out of pocket spending). In spite of the good overall Alliance generic fill rate (83%), we can be doing better as the Alliance is still prescribing millions of dollars' worth of brand name drugs. For instance, for our Aetna population alone, we are spending a total of $1.5 million on Nexium + Crestor + Glumetza. You received last week by fax a list of the most frequent brand name drugs you prescribe for which there are reasonable generic alternatives. If you haven't yet done so, I would appreciate you or your designee checking the chart of each patient listed in the table to see if he or she is a candidate for switching to the suggested generic alternative.

MSSP Corner *from Thomas Magrino, Business Analyst*

I am pleased to report that we finalized our PQRS data and submitted it to CMS. Our submission was one week ahead of schedule. In total, our effort took **44** business days. During this time we recorded **7,924** data points across **2,430** unique members at numerous practices. Now that we have all of our data in we can start to quantify what our compliance rates are relative to other ACOs. We have many positive takeaways from our effort that we are eager to share with the network. Strategically, for next year we will be starting the effort by focusing on certain specialties . Remote access to the practices proved very useful and efficient. We will be looking into methods for continual quality reporting throughout the year and will encourage practice communication between each other and with the Alliance administrative staff.

Attention Specialists

Q: "Most of the PQRS Measures don't apply for my specialty. What do you need my practice to do?"
A: It is true that the MSSP PQRS measures are widely geared toward primary care, but because we report as a single network there is no risk of your individual practice being singled out for inadequate reporting. There are, however, a few ways you can help our Alliance network report more completely:

1) **Check the list of MSSP measures to see what measures are applicable for your practice (will be posted shortly to the mwmd-aco.com website under Helpful Links.)**
2) **Document patient vital signs and social and medical histories consistently and clearly when appropriate**
3) **Encourage patients to visit their primary care physicians at least once a year**

Alliance Website Provider Portal

You now have access to sensitive and/or provider information by creating your own login account on the Alliance website. The process should only take 5 to 10 minutes to complete. You create your own user name and password, and are able to change your passwords if you choose. Provider information has been moved to the login only site. We will continue to populate the provider login site with current information. We are currently working on a platform to allow individual practice information (financials and reports) to be included under the login site. We will keep you posted on this.

PROCESS:
Go to the below link (or access through the home page of the Alliance website, Providers section).
http://www.mwhealthalliance.com/for-providers

Go to "Create An Account."
Provide your username and password of your choosing.
Complete the information requested. This information will go to the site Administrator.
You will receive an email (at the email address you provide) that states you are approved. **You can now log in**.

*Please note, the approval may be immediate, or may be handled within 24 – 48 hours if requested after hours or weekends.

Any changes to your practice? Contact Pam Johns at pamela.johns@mwhc.com or (540) 741-2118.
Visit both the Alliance websites at http://MWHealthAlliance.com and http://mwmd-aco.com.

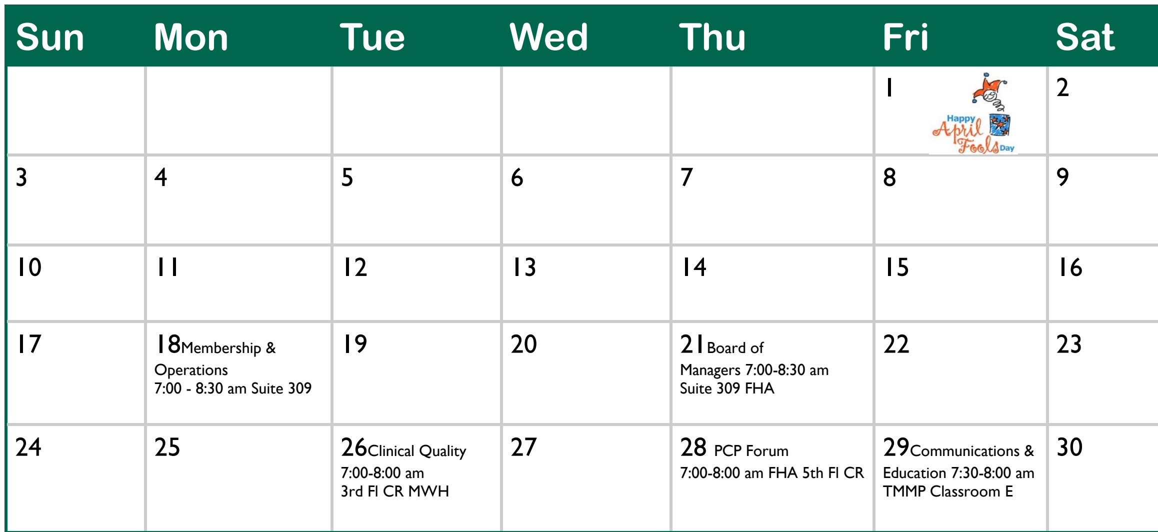
Innovation Health AWV's

PCP's, please remember MWHC Innovation Health covered Associates and their spouses may be calling to schedule an Annual Preventative Visit/Routine Checkup with your office. There is no cost to the associate and no copays for an Annual Wellness visit during this calendar year. They must complete this by October 31, 2016 to avoid a wellness surcharge in 2017. An Annual Preventative Visit/Routine Checkup is defined as an adult physical exam, well adult visit, or well woman visit. Please note, MWHC Associate wellness visits are per CALENDAR year.

PCP Forums

The next Quarterly PCP Forum will be held at 7 am on Thursday, April 28, in the 5th Floor Conference Room in the 2300 Building (right outside the entrance to the Alliance office suite.) Anticipated topics on the agenda include PCP Practice and Provider performance data, GPRO update (including Alliance network performance on quality metrics compared to other networks as well as individual practice performance) and the new COPD initiative to improve care transitions and decrease readmissions. In addition to the refreshments that are available at all of our monthly PCP gatherings, we will again be giving away a tech device. You must be present to win—just ask Dr. Lynne Clemo who left January's PCP Forum with a new iPad.

April 2016



Sun	Mon	Tue	Wed	Thu	Fri	Sat
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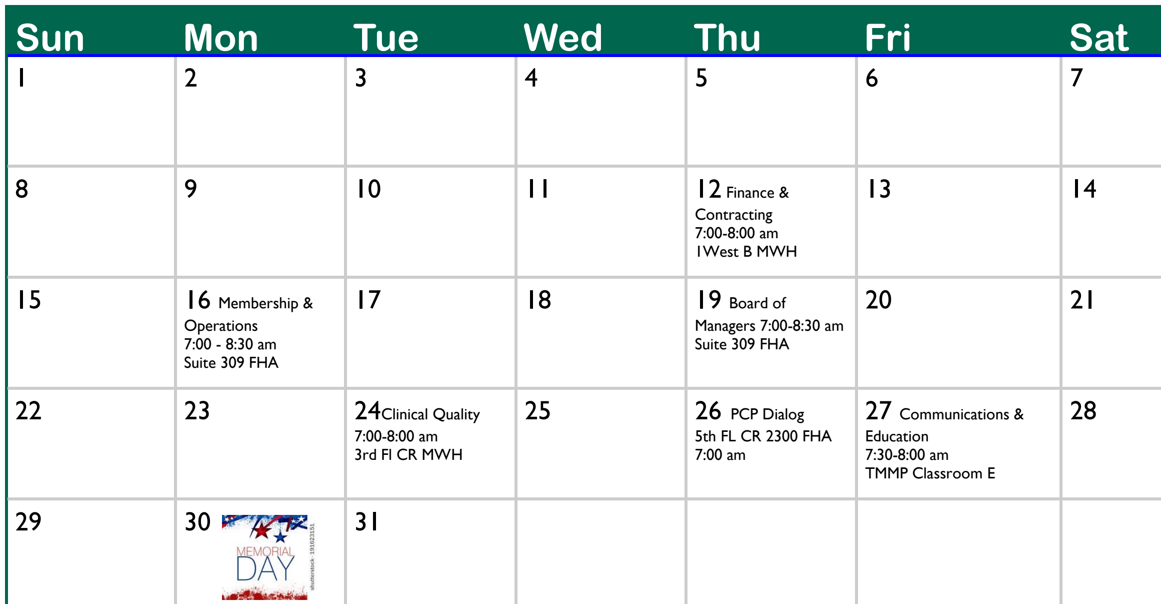
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 Membership & Operations 7:00 - 8:30 am Suite 309	19	20	21 Board of Managers 7:00-8:30 am Suite 309 FHA	22	23
24	25	26 Clinical Quality 7:00-8:00 am 3rd Fl CR MWH	27	28 PCP Forum 7:00-8:00 am FHA 5th Fl CR	29 Communications & Education 7:30-8:00 am TMMP Classroom E	30

May 2016



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12 Finance & Contracting 7:00-8:00 am 1West B MWH	13	14
15	16 Membership & Operations 7:00 - 8:30 am Suite 309 FHA	17	18	19 Board of Managers 7:00-8:30 am Suite 309 FHA	20	21
22	23	24 Clinical Quality 7:00-8:00 am 3rd Fl CR MWH	25	26 PCP Dialog 5th FL CR 2300 FHA 7:00 am	27 Communications & Education 7:30-8:00 am TMMP Classroom E	28
29	30 MEMORIAL DAY	31				

June 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16 Board of Managers 7:00-8:30 am Suite 309 FHA	17	18
19	20 Membership & Operations 7:00 - 8:30 am Suite 309 FHA	21	22	23	24 Communications & Education 7:30-8:00 am TMMP Classroom E	25
26	27	28 Clinical Quality 7:00-8:00 am 3rd Fl CR MWH	29	30 7 am PCP Dialog 5th FL CR 2300 FHA Alliance Webinar 12:15 pm		

ALLIANCE EVENTS