

Message from the Chairman of the MWMD Board



*Try to remember the kind of
September
When life was slow and oh, so
mellow*

I am certainly dating myself again pulling out the lyrics to that song, but the Fall does remind us to occasionally pause and reflect on the accomplishments of our Health Alliance and the fruit of our labors despite these ‘uncertain times’.

While most providers and office managers in our system are well aware of the continued benefits of the Alliance, some recent events have brought them into sharper focus.

First, as part of our membership, the Alliance gathers all our quality data and reports to Centers for Medicaid & Medicare Services (CMS), every March, alleviating most of us of tedious data gathering and paperwork. Due to the excellent work done by Thomas Magrino and his team, the Alliance, has been able to achieve 100% of our Quality points for this year.

Second, we have finally been able to finalize our commercial contract with Aetna, updating to more favorable rates and terms, and extending the relationship with a major provider of services in our area for several years to come. The power of the ‘single signature’ that our Alliance possesses, likely is one of our most important assets, when it comes to negotiating these contracts.

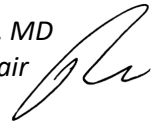
Third, we continue to expand interconnectivity, among all of us, with the availability of EPIC Connect, streamlining the flow of information, and improving the quality and cost savings for our patients, at an affordable cost to the practices.

Last, and certainly not least, September brought the first payment of our APM bonus. For those not familiar with the term, since we participate in a NGACO (Next Generation Accountable Care Organization), we are eligible for the APM (Alternative Payment Model) bonus, which is a 5% bonus based on our previous year’s billings

of our entire Medicare population (not just those lives in our ACO). Based on Federal government accounting methods, our bonus this year is based on our billings of 2018 fiscal year. These payments are sent directly to each entity based on their billing TIN (Tax ID number), not to the individual physician. Each practice may have their own methods of dividing these monies, but no money passes through or is allotted to the Health Alliance. For some physicians, this bonus amounts to thousands of dollars. Not a bad return on your \$600/year investment.

I know that most will not have the time to remember this time of September to thank Travis Turner, Rick Lewis and other members of our dedicated staff and board members, who make all this happen, but I will say for all involved – “You’re welcome!”

Patrick McManus, MD
Alliance Board Chair



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Message from the Medical Director— Alliance 2019 NextGen ACO Quality Performance = Our Best Ever



With an overall score of 91.13%, the Alliance posted its best quality performance score in our five year history of contracting with CMS/CMMI to care for Medicare beneficiaries. Before going any further, I need to emphasize that these results are **EMBARGOED** until we are notified by CMS that they can be released to the

public (which should occur in the very near future). These results reflect great work by (1) our providers in caring for our patients, (2) Thomas Magrino and his analytics team in educating us on how best to meet and document the quality measures and then accurately and thoroughly extracting the data from our charts and (3) our patients in adhering to their providers' recommendations.

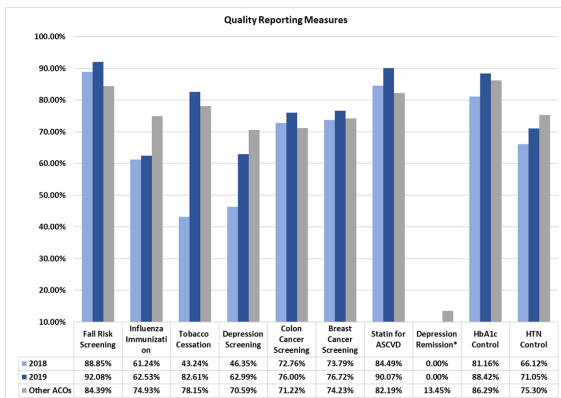
- Improved in all 10 Patient Experience categories
- Better than the Average ACO in 8 of 10
- We feel that the Alliance activities that contributed most to these improvements were our Pulsed Surveys (comment cards submitted by patients after their office visits), improved utilization of Advance Care Planning (ACP) and improved AWV utilization

Who benefits from this excellent quality performance?

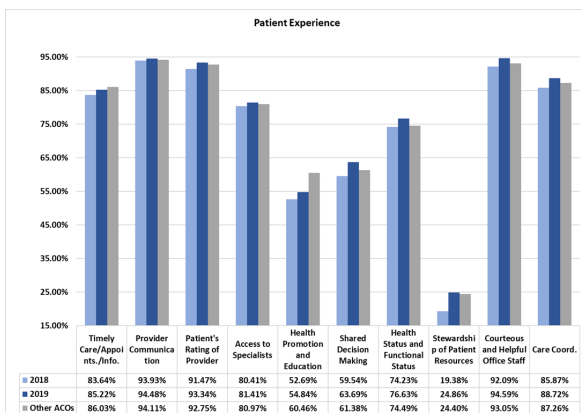
Alliance: There is a 2% Quality Withhold in the NextGen Program which amounted to \$3.2 million in 2019. With our 91%+ quality score, we were able to recoup \$2.9 million

Providers: Performance incentive payments tied to AWVs, ACPs, care gap closures and accurate HCC coding

Patients: Improved preventive care, over time, should translate to fewer breast cancers, colon cancers, lung cancers, heart attacks, strokes, falls and cases of influenza.



- Improved in all 9 reportable measures
- Better than the Avg ACO in 6 of the measures
- We feel that the Alliance activities that contributed most to these improvements were our 'Green Sheet' Program (7035 of which were returned), Preliminary Audits (which enabled our practices to see their progress and identify opportunities) and increased AWV utilization (from 27% to 63.5%)



Although we are quite happy with these results, we can always do better. In fact, if we don't improve, our 2020 score will actually drop significantly because our 2019 score included a number of bonus points earned from our year over year improvement compared to 2018. As you can see from the graphs above, opportunities remain in influenza vaccination, depression screening and hypertension control. We also have significant opportunities in reducing all-cause readmissions and admission rates for patients with multiple chronic conditions and ambulatory sensitive conditions. We are already addressing these with our efforts in improving care transitions via supporting the Transitional Care Clinic (TCC) and promoting the use of Transitional Care Management (TCM) visits among our Alliance providers as well as improving the production of our RN Care Coordination team. Our quality scores will continue to improve and our patients will continue to benefit from our efforts as long as we focus on (1) ensuring access to care, (2) optimally managing patients with chronic conditions and (3) aggressively promoting preventive care.


Rick Lewis, MD

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

Health Equity and the Alliance—Thoughts from Dr. Rick Lewis

As noted on the AMA website, recent studies have shown that despite some improvements in the overall health of the country, racial and ethnic minorities experience a lower quality of health care. They are less likely to receive routine medical care and they have higher rates of morbidity and mortality than non-minorities. While I trust that you strive to treat your patients equally without regard to their race or ethnicity, the reality that we face is that there are health disparities in our service area requiring special focus. For instance, here is a table showing the incidences of several chronic conditions in the African-American patients attributed to our NextGen ACO program vs. the other patients:

Race	# of Pts	CKD	Diabetes	HTN
Afr-Amer	1517	15.80%	40.20%	73.20%
"Other"	13,890	10.30%	27.90%	64.60%

ever received any compensation for the unauthorized use of her cells.

(2) Racial and ethnic minorities have been disproportionately affected by COVID-19 in the United States. This likely reflects long-standing issues including underlying health conditions, dense living conditions, employment in service industries and inadequate access to health care.

(3) Multiple well-publicized incidents and subsequent widespread demonstrations have highlighted persistent elements of systemic racism in our society. Unfortunately, the fields of academic and clinical medicine have not been immune from these influences. For example, Blacks, Hispanics and American Indians remain underrepresented in medical schools both in terms of students and faculty members. In a study published in JAMA Sept 2018, black NSTEMI patients were 29% less likely than whites to get an angiogram and 45% less likely to have PTCA or CABG performed. African-American physicians earn 15% less than their white colleagues.

(4) The Alliance is embarking on its first clinical study within our attributed population focusing on improving our treatment of patients with hypertension. At the suggestion of the Clinical Quality Committee, one of the variables we will be analyzing is race. Review of our baseline data reveals that the African-American population has an average BP of 134/75 vs. 131/74 for the population as a whole.

It should go without saying that ALL the lives entrusted to our care deserve the best that we can give. My sense is that this is indeed the current state of affairs under the Alliance umbrella. It will be comforting and reassuring if the Alliance hypertension study provides objective evidence that this is so.



There are at least 4 reasons why this discussion is particularly timely:

(1) This is the 100th anniversary of the birth of Henrietta Lacks, a Black woman born in Roanoke, VA on August 1, 1920.

While being treated for cervical cancer at Johns Hopkins in 1951, tumor cells were removed without her consent (which was consistent with standard practice at that time) and then sustained as the world's first immortalized human cell line subsequently called "HeLa cells". These have become the most famous and widely used human cells in medical history. As stated by Drs. Wollnetz and Collins in the September 15th issue of JAMA, "HeLa cells have played an extraordinary role in scientific research, underlying multiple Nobel Prize-winning discoveries enabling medical advances for polio, cancer, Ebola virus disease, sickle cell disease and countless other conditions." Neither she nor any family members have

Committee Corner...



**Message from
Daniel Woodford, MD
Chair, Clinical Quality**

As we all push to put this wonderful year behind us and pray for relief from the COVID pandemic, I wanted to highlight some of the work the Alliance has done on clinical quality over the past year, both within the committee and more importantly by the providers as a collective.

We have received our final ACO scorecard from CMS to close out the Quality component of our 2019 calendar year performance, and the great news is that as an organization we generated our best overall ACO quality score ever which included full credit for closing gaps in care. The high scores we achieved reflected a mixture of being in the top decile of performance in many of our metrics, or for showing significant improvement year-over-year in our performance scores. Recall that the metrics themselves include discreet measurable items such as percentage of patients getting mammograms done, or percentage of patients with vascular disease prescribed a statin, and they also now include somewhat more subjective items such as patient satisfaction with regard to interactions with providers and our staff. Although many of these items are handled in the primary care offices via provider charting, our increasing interconnectedness means we all bear some responsibility for hitting these targets and should share in the accomplishment. Moving forward, though, there are a couple of hazards we will all need to navigate.

First, by far the most difficult task for our data analytics and quality reporting team is mining our charts to find the documentation supporting these metrics or otherwise “close gaps” in care. Doing this task electronically with remote access to our patient charts makes the process infinitely more manageable and catches gaps or shortfalls in documentation earlier and allows for corrections to be done nearly in real-time. Our retrospective analysis of the



quality scores coming out of individual practices demonstrates that quality scores are much higher in those practices for which the team has remote connectivity into the charts. Thus, this year the Board approved a resolution coming from the Quality Committee that requires all participating practices to allow remote connectivity as a requirement of participating in the Alliance. Already, we are seeing a move to full connectivity in our practices and hope that this change will make maintenance of our quality rating achievable. A further improvement would be realized if more of our practices moved to the Epic Connect EMR being offered by the Alliance at highly subsidized rates, so we would continue to encourage everyone to strongly consider this option.

Secondly, where we gained points in the 2019 reporting for “significant improvement”, we will need to work harder in 2020 and beyond to reach the top decile in those categories where the available improvement is shrinking. Gaining points for good efforts will become more difficult so we all will need to push harder to achieve higher scores even in those categories where we think we do fairly well. A couple of these examples are Hypertension Control and Influenza Vaccine compliance. Influenza vaccines should be strongly pushed this season with the threat of COVID dual-infection, and importantly, try to document clearly if patients decline to take the vaccine.

At this time, the Quality Committee is moving back into familiar clinical territory that we hope will resonate with our providers and starting an initiative to improve our blood pressure control scores. We will be working with initially our primary care providers and to some extent with all providers to emphasize basic measures to improve these scores. Since CMS counts the most recent BP reading in the chart, simple steps we would push are (1) taking additional blood pressure readings when the patient is in the office, especially after being able to sit and rest for a few minutes, (2) requesting the patients with suboptimal control to come back in for a BP check by the nurses in a week or two, and (3) optimizing medication regimen, dosing, and compliance and not settling for an “OK” blood pressure in the 140’s. More to come on this initiative.

Thanks again for everyone’s hard work and attention to clinical quality. Our patients deserve nothing less than the best!

What's New - Updates

5% APM Bonuses Have Been Distributed

Many of you have earned an APM (Advanced Alternative Payment Model) incentive payment from CMS owing to your participation in the Alliance's NextGen ACO program in 2018. This payment is based on 5% of the billings on your entire Medicare book of business in 2018. Payments started being distributed by CMS Friday September 11th. It appeared (or will appear) on your TIN's revenue statement as a line item labeled "CMMI QPP NGS DES".

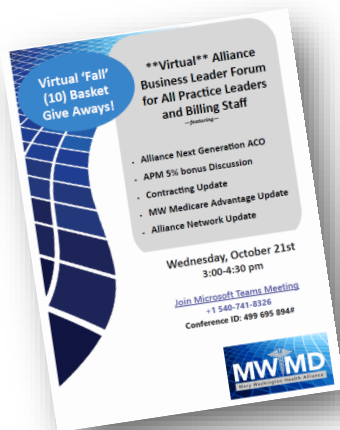
If you have any questions about your APM incentive payment, please call the Quality Payment Program (QPP) Help Desk at 1-866-288-8292 or send an email to QualityPaymentProgramAPMHelpdesk@cms.hhs.gov.

Please recognize that your eligibility for this incentive payment is a direct result of the Alliance's faith in our network of physicians and facilities to take on risk for this population of about 15,000 Medicare beneficiaries while adhering to the Triple Aim© principles of improving quality of care and improving the patient's healthcare experience while lowering the cost of that care.

Save the Date—Business Leader Forum

Save the date of **Wednesday, October 21st from 3:00-4:30 pm** for our "Virtual" Business Leader Forum for all Practice Leaders and Billing Staff.

- Alliance Next Generation ACO
- APM 5% bonus Discussion
- Contracting Update
- MW Medicare Advantage Update
- Alliance Network Update



Also including a Virtual Fall (10) Basket Give-Away!
Click to Join: [Join Microsoft Teams Meeting](#)

Welcome New Providers

Colonial Internal Medicine

Abisoye Fakayode, MD
Michael Zhang, MD

Gastroenterology Associates of Fredericksburg

Lisanne Anders, MD

Mary Washington Hospitalist Services

Beindra Amayta, MD
Fissha Bayou, MD
Dipesh Ghimire, MD
Abu Hasan, MD
Babar Hussain, MD
Rahiba Noor, MD
Mekuljumar Roopareliya, MD

Mary Washington Maternal Fetal Medicine

Christine Laky, MD

Fred. Foot and Ankle

Melissa Gulosh, DPM

MW Physical Medicine

Rachel Coggins, DO

VA Derm & Skin Surgery

Mary Eid, MD

Access Eye

Matthew Tadrus, MD

MW Surgical

Richard Cheek MD
Stephanie Goldberg, MD


Allergy Partners

Irina Dawson, MD

MW OB/Gyn

Danielle Holmes, MD


October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8 Membership & Ops 7:30-8:30 am	9 Comm. & Educ. 7:30-8:30 am	10
11	12	13	14	15 Brd of Mgrs. 7:00-8:30 am IT Comm. 10-11 am	16	17
18	19 Fin. & Contracting 7:30-8:30 am	20	21 Bus. Ldr. Forum 3-4:30 pm	22	23	24
25	26	27	28	29	30	31 

November 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Clinical Quality 7-8 am	18	19 IT Comm 10-11 am	20	21
22	23	24	25	26 	27	28
29	30					

December 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10 	11 Comm & Ed 7:30-8:30 am	12
13	14 Fin. & Contracting 7:30-8:30 am	15	16	17 Brd of Mgrs. 7:00-8:30 am IT Comm 10-11 am	18	19
20	21	22	23	24	25 	26
27	28	29	30	31		

UPCOMING ALLIANCE EVENTS