

## 2017 Medicare Shared Savings Results!



Mary Washington Health Alliance is a physician led, physician

governed integrated network of over 430 physicians covering more than 80,000 lives throughout the Rappahannock region of Virginia, between Richmond and Washington D.C. ***We are excited to announce our ACO Performance in the Medicare Shared Saving Program (MSSP) for 2017!***

The broad reach of physician leadership and governance over our MSSP Program demonstrated how effective Population Health Management can be adopted successfully. These Population Health management strategies include incorporating evidence-based information more quickly into patient diagnosis and treatment, engaging patients and families more directly in care, delivering higher levels of team-based care, and providing more-transparent cost and quality data to physicians and other providers.

As the country moves away from fundamental fee-for-service payments, successful ***‘interdependence between hospitals and physicians’*** becomes necessary in defining a clinically integrated delivery system that gets reimbursed for keeping the community healthy.



- MSR%: 2.6%
- MSR\$: \$4,652,925
- Total Saving\$: **\$11,997,432**
- Sharing Rate: 50%
- Quality Score%: 85.41%
- FINAL Rate%: **42.7%**
- Earned Saving\$: **\$5,020,813**

## Welcome New Practices and Providers

- |   |   |
|---|---|
| <b>Belmont Plastic Surgery</b><br>Jules Feledy, MD<br>Balvant Arora, MD   | <b>MWIMG Family Medicine</b><br>Charles Okorie, MD  |
| <b>Orthopedic Specialty Clinic</b><br>Elvis Xhaferi, MD   | <b>MWIMG Primary Care</b><br>Andrea Lough, MD   |
| <b>Elite Women’s Health</b><br>Jonas Te Paske, MD   | <b>Virginia Oncology Care</b><br>Nicholas Cook, MD  |
| <b>Pulmonary Associates</b><br>Lindita Shehu, MD  | <b>Pratt Medical Center</b><br>John Anderson, MD<br>Gloria Galdamez, MD<br>Stephanie Galuk, DO<br>Allison Goodlett, MD<br>Daniel Gray, MD<br>Rosemary Harwood, MD<br>John Kin, MD<br>Pooja Prasad, DO<br>Sara Prince, MD<br>Yolanda Reid, MD<br>Rebecca Simes, MD<br>Janice Solivan, MD<br>Scott Walker, MD<br>Henry Wicker, MD<br>Donna Wicker, MD |
| <b>MWIMG Neurology</b><br>Nirali Soni, MD<br>Michael Porrazzo, MD   |   |
| <b>MWIMG Hospitalist Services</b><br>Lehaz Kaker, MD<br>Fouad Sheriff, MD<br>Akilu Zerhun, MD<br>Dennis Lyekgebe, MD<br>Ghassan liaiwy, MD<br>Nowal Al Baqui, MD<br>Bebars Hosameldin, MD<br>Gayatri Vaddadi, MD<br>Arjun Patel, MD<br>Brent Williamson, MD |   |
| <b>Allergy Partners</b><br>Nicholas Klaiber, MD   | <b>New Practice/Location</b><br><b>MWIMG Dahlgren Campus</b><br>Rosier Dedwylder, MD  |

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

## Chairman of MWMD Board



Now well into our sixth year of operation, Mary Washington Health Alliance is clicking on all cylinders and accelerating forward in the world of value-based healthcare. 2017 was a solid year of performance in nearly every program in which we participated. As reported elsewhere in this newsletter, we saved more than eleven million dollars in the MSSP program and will receive over 5 million dollars for those efforts.. We also demonstrated savings in our value-based commercial contracts.

I want to congratulate the membership for the work and effort provided to enable these results. One of the challenges facing the Membership and Operations committee is to determine the ideal performance distribution model for the Alliance membership. This is the type of challenge one cherishes as it implies there is a distribution coming. Past performance as a rationale for bonus distribution should be an incentive for all to motivate increased membership activity in our value-based contracts, which in turn augments success both in our financial and our quality goals.

Our current distribution model is heavily weighted towards the primary care physicians, and for the near future will continue in that capacity if not be even weighted more towards the PCPs. The rationale is that by whatever lens one uses to assess who did the work necessary for our achievements, it points to the primary care physicians. The quality measures needed to succeed were generated by the work in the primary care offices. Via the efforts of Annual Wellness visits, 18 of the necessary quality measures were collected. This required significant changes in how primary care offices functioned, disrupting previous processes while adopting new ones. Likewise, the work performed in the HCC coding effort required changes internally in primary care offices. These adjustments were vital to achieve success in all of the above contracts.

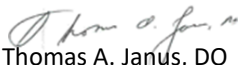
Yet, I don't believe this is the ideal model for performance distribution, although for now, it is the best we have. We need to get much more granular in how we recognize who is doing the work, who is making the

adjustments, perhaps even sacrifices for the Alliance to be successful. Surely not all PCPs warranted credit for our success. Likewise, we may not be adequately recognizing the efforts of specialists who helped reduce spend while maintaining high quality standards.

This is the true challenge Membership & Operations Committee faces as they move forward, and frankly, it is a challenge for the entire membership. Now more than ever, continued financial success will greatly depend upon the performance of physicians. Unfortunately, it is very difficult to gauge specialty performance, as ACOs across the nation have discovered. In fact, many ACOs exclude specialists from performance distribution altogether. I for one am not in favor of that. I want to reward those financially who are making the changes necessary in how they practice medicine for the Alliance to succeed, regardless of their specialty.

One concept to consider is having physicians within our Alliance create programs that can lower spend while maintaining or increasing quality. It makes sense that physicians within a specialty have better insight into ways to improve their current protocols and processes. Individual group practices or a division of specialists working collaboratively can present new pathways to the Alliance for consideration. If the program succeeds in both quality and financial measures, then performance distribution monies will be awarded to the successful entities. This also fortifies the concept of the Alliance being a physician led organization.

For the time being we will continue with the plan we have in place with tweaking from year to year as is always necessary. But I would much rather empower the membership to lead this process and receive the rewards for the efforts they apply.

  
Thomas A. Janus, DO



## Committee Corner...



**Message from Jeffrey Frazier, MD  
Chair, Finance & Contracting  
Committee,  
Board of Managers**

Interrogatives - who, how, what, when, where and why - I can't help but wonder how many of those were asked and in what order when the MSSP final results for 2017 were announced and we found out that our Alliance achieved shared savings of nearly \$12,000,000. Though our past performance certainly showed we were on the right track towards achieving shared savings, having come so close in the prior two years, I'm not sure any of us saw that level of savings on the horizon.

While other committees such as the Quality committee can ponder the "how" we achieved it, and committees such as Membership and Operations can determine the "who" gets the distribution, your Finance and Contracting committee is charged with determining the "what" we do with the savings.

In that CMS keeps 50% of the savings [hence "shared savings"] our 50%, less a small deduction for our quality score, left just over \$5,000,000 in distribution to the Alliance. Simplifying the process for allocating the savings, we considered three "buckets" for the savings: Mary Washington Healthcare, physician performance distribution, and sustainability.

It's been our precedent, MWHC receives 50% of the savings for assuming risk in our performance based programs. Though that may seem like a lot, keep in mind that 100% of any potential losses go to MWHC since they assumed all the risks associated not only with the MSSP program, but also with the BPCI program and the NextGen program, which we started January 1st, 2018.

That leaves 50%, or \$2.5 million, to be divided between performance distribution and maintaining sustainability of the Alliance. The Finance and Contracting Committee

is considering \$1,500,000 for performance distribution, which represents 30% of the achieved shared savings. That 30% distribution in the form of physician performance bonuses is roughly 50% more than most MSSPs distributed to their physicians in recognition of their performance. The distribution method for MSSPs is reported to CMS, is public information, and most distribute around 20% to their providers.

The remaining balance of approximately \$1,000,000 will stay in the Alliance for sustainability. The programs we have put in place to achieve the savings and maintain high quality standards all come at a cost. When compared to other ACOs, our membership dues are below average. Also, unlike other ACOs, the Alliance does not take any percentage of the increased rates we have achieved through our contracting efforts. As such, in order to maintain the sustainability of the Alliance, these programs need to be funded somehow.

We are pleased to be able to potentially distribute such a high percentage of the savings in recognition of the work the Alliance providers have done not only achieve the shared savings, but also to provide incredible quality for the patients we are privileged to care for.



The Center for Medicare and Medicaid Innovation (CMMI), after reviewing our application to determine if it complied with the requirements and minimum standards outlined in the BPCI Advanced Request for Applications (RFA), notified us of the following:

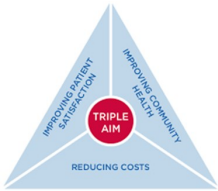
"We are writing to inform you that your application **has been selected to participate in the first cohort of Participants** for the BPCI Advanced Model that will begin on October 1, 2018 and run through December 31, 2023."

CMS requires that information about who has been accepted to participate in the Model not be made publicly available until after CMS has publicly released this information on October 2, 2018. This information is considered embargoed until that time.

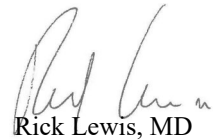
## Message from the Medical Director



As you know by now, the Alliance's performance in our third year in the MSSP program earned us a significant paycheck of around \$5 million. Some will be earmarked for physician distribution to help reward those who provided the care and supported the programs that enabled us to be successful. Since there will be ongoing operating expenses, we should also think about a "rainy day fund" to help sustain us through tougher times. Given the twists and turns along the road to value-based care, these tougher times are hard to predict. But while the sun is shining, we should also consider our commitment to the Triple Aim and what we might do with a portion of these funds to improve the health of our population. There are a number of options to consider in this regard. We have already started to provide medical equipment in the form of nebulizers for our COPD patients. This program could be expanded to



improve access to medications. There are a number of healthcare-related educational opportunities for our population that we could fund: alternatives to the emergency department for non-emergent care, participation in one's own healthcare, preventative care, healthcare literacy, what healthcare surveys mean, lifestyle counseling, hospice and palliative care and advanced care planning, etc. We could expand our efforts to support transporting patients to appointments, testing and treatments with Uber, taxi and Lyft vouchers. Implement and fund Telehealth services. Expand Alliance resources that could help connect patients with community resources to improve housing, financial assistance and food insecurity. Investments in these present-day needs would pay long term dividends and support the mission of the Alliance: to provide superior healthcare through an integrated partnership among patients, providers and community resources.

  
Rick Lewis, MD

## Care Coordination Team Update *from Joan Snyder, RN, MS*

### Hard Work Pays Off!



We've been working together for the past few years on making sure that our patients complete annual screening and other tests, based on evidence based guidelines – the "gaps in care" that you review each quarter. We are excited to report that for our Aetna contract, we achieved a quality score of 82% for 2017, which is our highest score to date. In addition to the work you did all year, in late December we asked for your help getting a group of patients in for lab work before the end of the year – and it clearly paid off! The Alliance also earned 45.7 out of a possible 50 points for a quality score of 91.4% in our Medicare program for 2017 (MSSP chart abstraction and reporting done in 2018).

These preventative screenings are important to our patients' health, and these results directly reflect the hard work that your team provided under the Commercial Care Coordination program.

**Thanks to all the Alliance practices for your hard work and congrats to your team for what we were able to achieve!**

### Welcome New Alliance Nurse Manager



#### **Kimberly Furrow, RN, PCCN**

Kim comes to the Alliance from Stafford Hospital, where she was the Nurse Manager for the Intensive Care Unit and 2 West Cardiac. Prior to that, Kim worked at Mary Washington Hospital for over 12 years, and filled a variety of roles, including Patient Flow Coordinator, Patient Care Supervisor and numerous medical/surgical management positions. She has also worked at Spotsylvania Regional Medical Center as a Nursing Supervisor. Kim brings a wealth of nursing knowledge about the care of patients with complex medical/surgical issues and is a certified Progressive Care Nurse. She was named a MWHC Manager of the Quarter in 2014. Kim earned her nursing degree from Germanna Community College and a Bachelor of Science in Nursing degree from Virginia Commonwealth University.

## What's New - Updates

### Medical Professional Liability Insurance



**Keane Insurance**  
HEALTHCARE SPECIALISTS

For several years, MWMD has partnered with The Keane Insurance Group to offer affordable, stable "A" rated options for medical malpractice insurance. Members receive significant discounts currently, and those discounts will continue to increase as member participation grows. Many members have already taken advantage of savings through this program.

It's convenient and easy to obtain a quote by contacting the broker and program director, Doug Geiger, at [doug.geiger@keanegroup.com](mailto:doug.geiger@keanegroup.com) or (800) 966-7731 ext. 2239. With some basic information Doug will provide you with several options.

The Keane Insurance Group is one of the largest independent brokers of medical malpractice insurance in the nation. They have been providing insurance solutions to physicians since 1995.

### Meet the Advisory Board

Welcome to *this week's issue of ACO Newsstand*

**The ACO Exhibit Hall (ACOEH)  
Advisory Board**

#### Special Announcement

ACOExhibitHall.com is pleased to introduce the members for our brand new [Advisory Board](#) for 2018-2019. These talented ACO executives and consulting specialists will play a major role in helping ACOEH continue delivering the highest quality content and vendor solutions to the accountable care world.

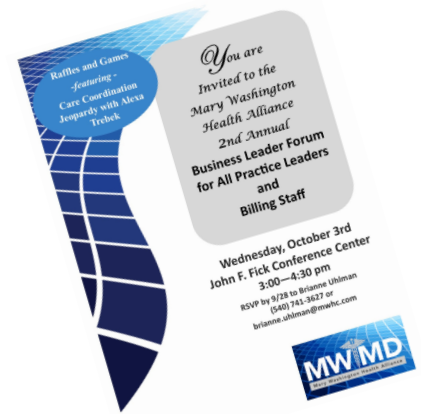
[Meet the Advisory Board](#)

(Click on and scroll to the bottom)



### Business Leader Forum—October 3rd

Please join us on **Wednesday, October 3rd at 3 pm for our Alliance Business Leader Forum at the Fick Center**



RSVP to **Brianne Uhlman (540) 741-0547** or [brianne.uhlman@mwhc.com](mailto:brianne.uhlman@mwhc.com)

### Welcome Brianne Uhlman




We are excited to welcome Brianne Uhlman to the Alliance staff from Pinnacle Health, a subsidiary of the Alliance. She previously provided support to the Pinnacle Physician Hospital Organization (PHO) practices and assisted with credentialing for Physicians Edge. In her role with the Alliance, she maintains both the Alliance and Pinnacle provider databases/rosters, assists with practice support and provides monthly payer updates.

After receiving a scholarship, Brianne attended Northern Michigan University. She is married with two sons and coaches her son's football team. On the weekends she operates an antique store.


She can be reached at (540) 741-3627 or [brianne.uhlman.com](mailto:brianne.uhlman.com).

For any credentialing questions, please contact Sharon Thomas (540) 741-0547 or Frankalene Sims (540) 741-0543 with Physician's Edge.



# October 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3 Business Leader Forum 3 pm Fick Center	4	5	6
7	8 Finance & Contracting 1W CR MWH 7 am	9	10	11	12 Communica-tions & Education 7:30 am MWH 1 West A	13
14	15	16	17	18 Board of Managers 7 am MWHC Executive Boardroom	19	20
21	22	23 Clinical Quality 7 am MWH 1 West A	24	25	26	27
28	29	30	31 			

# November 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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4	5	6	7	8	9 Communications & Education 7:30 am MWH 1 West A	10
11	12	13	14	15 Board of Managers 7 am MWHC Executive Boardroom	16	17
18	19	20	21	22  Happy Thanksgiving	23	24
25	26	27 Clinical Quality 7 am MWH 1 West A	28	29	30	

# December 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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2 	3	4	5	6	7	8
9	10 Finance & Contracting 1W CR MWH 7 am	11	12	13	14 Communica-tions & Education 7:30 am MWH 1 West A	15
16	17	18	19	20 Board of Managers 7 am MWHC Executive Boardroom	21	22
23	24	25 	26	27	28	29
30	31					

UPCOMING ALLIANCE EVENTS