

## Message from the Chairman of the MWMD Board

### Welcome Dr. Patrick McManus



Greetings from Mary Washington Health Alliance! For those of you that are questioning the new photo headlining this column, it is not a web page layout error that has placed my photo in place of the usual friendly, beaming, smiling face of Dr. Tom Janus. Tom has moved up the ladder of organized medicine to take on the position of the new Medical Director of our soon to be rolled out Mary Washington Medicare Advantage program that you will hear plenty about over the next several months. I have been tapped to carry on in his position as the new Chairman of the Board of the Health Alliance. I would be remiss if I did not take this opportunity to thank Tom for his dedication, enthusiasm, and strong leadership that has transformed this organization from a twinkle in the eyes of our original physician leadership group to the robust multi-million dollar company that exists today. As pointed out at our last Annual Meeting, the company is well ahead of any projections that we planned for by any measure – covered lives, revenue gained, number of risk programs, care coordination, commercial and government contracts, etc. Tom has been at the forefront of this juggernaut and has guided us through many perils, foreseen and unforeseen. If you happen to run into Tom (and you will), please be sure to thank him for his service.

One of the attractions to the field of medicine that spurred my interest as a young student many years ago was the lack of monotony in day to day activities. We, as clinicians, know that walking into our work each day will bring us something new that we have not experienced before. New patients, new disease presentations, new challenges, new problems, present an ever changing and exciting environment that keeps all of us sharper and focused in our workday. The same can be said regarding the ever changing face of population health management. I am continually amazed by the nimbleness of our executive team in managing our day to day operations, in addition to keeping abreast of the constant reiterations of various government and commercial risk based programs. We are in a select group as a Next Generation

Accountable Care Organization (NGACO), one of only 41 in the country. In 2018, CMS released a final rule overhauling the Medicare Shared Savings Program. The new approach—called “Pathways to Success”—seeks to accelerate the transition of ACOs into downside risk models and takes effect on July 1, 2019. As we transition into this, there are constant changes in our programs that we seemed to have just mastered. We are phasing out of our Million Hearts program and changes are coming to our BPCI and QuE programs that will likely see them transform to all new programs. The good news, in all of this, is the tremendous foundation of experience and knowledge that we have already gained through our shared experiences, that will carry us well into the coming years.

Speaking of foundations, our Alliance Board has recently approved the rollout of our Epic Connect program. The benefit of qualifying as a NGACO has provided the Mary Washington Health Alliance to provide a substantial subsidy to physicians participating in the NGACO to implement the Epic EMR in their practices at a significantly reduced capital cost and maintenance cost to the individual practices. The waiver provided by the NGACO participation allows us to provide a subsidy without the implication of the Stark Law and Anti-Kickback Statute. This connectivity is a ‘win-win’ for the organization and physicians to allow us to be more cohesive in sharing data, analyzing data and trends, and more importantly, better and more efficient care for our patients.

I am excited for the future of our organization and humbled to be chosen to assist the leadership of this group of excellent clinicians.

Patrick McManus, MD

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## Farewell to Dr. Tom Janus



It has been such an honor and a privilege to serve as Chairperson of the MWA for the past 7 years. The Alliance has made significant strides in transforming healthcare delivery in our community. I am proud to have been part of this evolutionary process. Our quality scores have improved in our

contracted plans while simultaneously reducing the spend to deliver care by over 30 million dollars. Furthermore we have distributed back to the providers an attractive performance distribution for the work performed in each of our years of operation.

Effective last month, I have resigned as Chairperson of the Alliance in order to pursue a new and exciting role as Chief Medical Officer for MWHP Medicare Advantage program. I hope to continue our pursuit of achieving Population

Health management in this new position and strive to provide the most attractive MA program possible for our Medicare population.

With Dr. Pat McManus assuming the position of Chairperson, I know we all feel confident the Alliance will continue to prosper, and his leadership will ensure the Alliance adheres to its mission. I encourage all members to work towards making this a successful organization. Healthcare reimbursement is evolving almost as rapidly as the technology to deliver healthcare. Continued success for the Alliance is now more than ever dependent upon high levels of engagement from our membership.

Once again, I would like to thank all of you for giving me such a wonderful opportunity to improve the way we care for patients in our community. It is, after all, why we entered the profession.

Tom Janus, DO

## Message from the Medical Director—The Alliance Baton Has Been Passed



As you have just read, the Alliance Board of Managers' "baton" has been passed from Dr. Janus to Dr. McManus. We have all benefitted from Dr. Janus' valuable leadership which began way back when a clinically integrated network (CIN) in Fredericksburg was only a glint in the eyes of some forward-thinking physicians and administrators. Dr. McManus was also part of the group that ultimately formed the Alliance and we look forward to his continued leadership. Dr. Janus led us through a time when it was uncertain whether or not such a CIN could succeed in Fredericksburg. At this point, that question has been answered in the affirmative with documented success in government contracts, commercial contracts, bundled payment programs, QuE programs and population health management (Million Hearts). Dr. McManus (and the Alliance) face new challenges as we will continue to accept risk in the setting of tougher benchmarks and tighter margins. But, regardless of the changing nature of the healthcare landscape, the need for effective physician leadership is a constant.

Regardless of the programs we choose to participate in, the Alliance leadership will continue to focus on the following:

- 1) **Teamwork** – the success of a clinically integrated network depends on all the components (providers, practices, administrators, facilities) working together and supporting each other
- 2) **Technology** – effective population health management relies on processing large amounts of data and identifying the most appropriate targets for enhanced care and then assessing the outcomes of our interventions
- 3) **Purpose** – to effectively and efficiently provide superior healthcare through integrated partnerships with our patients, our providers and our community resources.
- 3) **Feedback** – in order to continually improve, we need to recognize and reward good performance and identify opportunities and provide resources to constructively address underperformance.

We look forward to all the Alliance providers actively supporting their leaders and working in their day-to-day practices to achieve the "Quadruple Aim": Better care, better health, smarter spending and enhanced professional well-being.

Rick Lewis, MD

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

## Committee Corner...



**Message from  
Daniel Woodford MD  
Chair, Clinical Quality Committee  
Becoming a High Quality Organization**

As Mary Washington Healthcare has made a commitment to becoming a High Reliability Organization that focuses on consistency and patient safety, deliberate processes have been put in place at all levels to establish a culture that embraces these ideals. Using safety huddles and Verge reports, all employees, leaders and staff review “near misses” and celebrate “good catches”. By encouraging this mindset and fostering the so-called “preoccupation with failure”, always considering what could go wrong, the health system aims to drive our preventable medical errors down to zero.

Within the Quality Committee of the Mary Washington Health Alliance, we hope to push our integrated network to become a High Quality Organization by building a shared culture of premier customer service among our many independent members. We would encourage each practice to establish deliberate processes designed to reward outstanding service by reviewing “missed opportunities” and celebrating “home runs”. As an organization with a collective calling to serve our community, we would promote a “preoccupation with success”, always considering how best to make things go right. We are working in three broad areas to achieve this goal: customer service aimed at optimizing CAHPS survey results, integration and communication among our providers and staff, and clinical decision support.

Good old-fashioned customer service is what sets many businesses apart. Who among us does not believe it really gives a Chik-fil -A employee great pleasure to clear our table or refill our drink? And who does not think that each employee at Disney World considers you his or her guest? Healthcare experiences should be no different, and we should all strive for the mindset that each patient is one of our own family. In order to facilitate our focus on customer service, we are distributing flyers to all **(cont'd on page 5)**



- Mo Hardy

## Welcome New Practices/Providers



### New Practices

**Prime Regenerative and Pain Management**  
Devashish Sen, MD

**Mary Washington Orthopedics in affiliation with FOA**

Kenneth Accousti, MD  
Wahid Baqaie, MD  
Michael Bowen, DPM  
Kostas Constantine, MD  
Ali Hashemi, MD  
Brian McDermott, MD  
David Zijerdi, MD

**Mary Washington Spine and Rehabilitation**

Teresa Kerge, MD  
Bhavin Suthar, MD

### New Providers

**Gastroenterology Associates of Fredericksburg**

Akash Ajmera, MD

**MWVG General Surgery & Trauma**

Jeffrey Pelton, MD

**MWVG Hospitalist Services**

Jenna McAllister, MD  
Zara Mengal, MD

**MWVG Neurology**

Carl Waldman, MD

**MWVG Neurosurgery**

Edjah Nduom, MD

**PL Physicians-Pediatrics**

Nwakaego Inyamah-Osijo, MD

**Pulmonary Associates of Fredericksburg**

Guillermo Giangreco, MD

**Virginia Dermatology and Skin Surgery Center**

Kim Edghegard, MD

**Virginia Oncology Care**

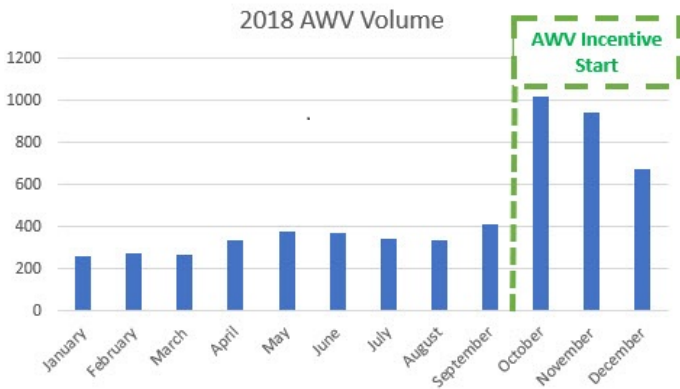
Archana Jadhav, MD

## Operations Update - Thomas Magrino, Director of Population Health Analytics

Alliance operations tend to center around a theme. In 2017, we focused on trust and relationship building by regularly meeting with practitioners and their office staff. In 2018, our group tested the waters of targeted incentivization with projects like HCC Risk coding and the Q4 AWV payment program. This year the Alliance is focused on optimizing workflows so our network can reach its full potential. This theme has manifested itself through a series of process redesigns both internally and externally.

Last year's incentivization programs, while effective (see figure 1), put significant burden on primary care offices. The programs tended to require additional documentation and paper work, often in a compressed time window. This year we have consolidated the incentivized projects for AWVs, Care Gap Closure, and HCC Risk Coding into one holistic initiative: The Green Sheet Project. The goal of this project is to incentivize PCPs to perform key activities on our NextGen ACO patients, while shifting the lift of documentation and grading to the Alliance's Clinical Documentation Specialist (CDS) team.

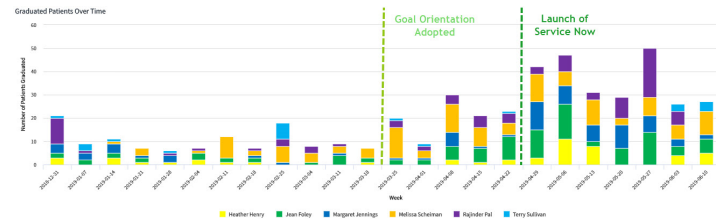
The project has a relatively simple design: At the start of the year the Alliance delivers Green Forms to the PCP.



Each form represents one NextGen patient and explains what the Alliance would ideally expect from a provider during an Annual Wellness Visit (AWV) with that patient. Once a provider conducts an AWV for a patient, he/she signs and dates the form (no other documentation is needed). Each quarter the Alliance collects and grades the completed forms, then pays the office based on their work. The result is a process where physicians maximize their time performing the value-added activities, while our team of chart abstractors check for documentation.

Internally, the Alliance has redesigned its care coordination model. Our analytics team created a pool of high risk NextGen, Anthem, and MWHC Associates so we can narrow our focus. We then created an efficient workflow by altering the prior model at three key points.

First, we implemented a tool to help our RNCCs self-manage their workflow. This tool not only automatically assigns patients to the nurses but has a suite of dashboards to help them manage their patient panel. Next, we instilled a goal-oriented approach to care management. By focusing on achieving defined meaningful objectives with the patient, we can confidently graduate them from our care. Finally, we redesigned our Epic care coordination module to focus the workflow and reduce documentation. Once again, the goal is to ensure that our RN care coordinators are working to their full potential. The impacts of this process improvement project



have been significant (see figure 2). In 2019, our team is committed to continuing our work to roll out Alliance projects in a way that ensures providers work at the top of their licenses, minimizes time crunches, and curbs excess documentation. Ensuring that we have a network where physicians, nurses, and administration are working to their full potential is critical to sustaining our success in years to come.

## Pediatric PCP Forum

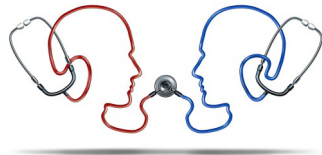


The Alliance had an impressive turnout for our first Pediatric PCP Forum held on June 25th at Ristorante Renato's. We extend a special "thank you" to Dr. Chuck Amory from Chancellor Pediatrics for his comprehensive review of the Alliance's formation and growth in population health. Other discussion topics included pediatric performance in commercial contracts, pediatric quality metrics and the Alliance benefit to pediatricians. We look forward to additional Pediatric Forums in the future.

## (Committee Corner Cont'd from Page 3)

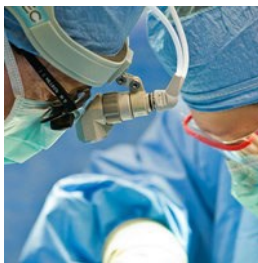
practices under the heading “**Patient Experience Matters**” with statements highlighting the CAHPS survey items by which our services are judged and which we all should hold as our values. These should be copied and posted in staff areas, provider offices, exam rooms, and waiting rooms in order to promote this part of our culture and celebrate good customer service. Also, we are evaluating emerging care delivery models that are geared more towards meeting evolving patient demands, such as virtual health office visits using telemedicine and home care visits using advanced practice providers.

A second key component of a High Quality Organization that we are working to support in the Quality Committee is excellence in integration and communication. How much



does it undermine a patient’s confidence in our system when the primary doctor does not have the results of a test she ordered at the last visit, or a specialist expresses no idea as to why a patient was sent to him? As an organization, we must become more seamless in our exchange of information and coordination of care, and that is why we fully support efforts to extend Epic Connect to as many of our members as possible. Furthermore, we are working to promote better communication among providers by extension of TigerConnect texting services to all providers and evaluating best practices for processes such as specialty referrals and results reporting.

Finally, we believe a third key component to a High Quality Organization is excellence in clinical care and decision-support. Ultimately, a perception of cutting edge, evidence-based diagnostic and therapeutic expertise is what takes patients out of our area to Hopkins, Mayo, and Cleveland Clinic and there is no reason we cannot strive for this same reputation. We have already worked to establish a library of clinical care guidelines for various conditions, and links to external



sources such as the University of Michigan clinical care guidelines and UpToDate. However, we are also exploring ways to bring our specialists together with our primary care providers to share their knowledge and support our diagnostic efforts on the front lines.

All of these concepts can help us to create a culture of a High Quality Organization. But the absolutely most vital lever for our success as a network is that we all continue to think less and less as individuals competing against each other in our local area and think more as members of a growing team that is maturing and thriving in a rapidly evolving healthcare market.

Daniel Woodford, MD

## Epic Connect

Mary Washington Healthcare is excited to share a new EHR opportunity for our Alliance practices. MWHC Epic Connect is a full electronic health record program that includes Epic ambulatory EHR, scheduling and revenue management modules and workflows. Epic Connect gives your practice the full benefit of Epic’s best in class EHR to improve workflow, efficiency, patient and provider satisfaction and more.


There are two standard packages offered: Epic Connect or Epic Connect plus billing. Epic Connect includes the MyChart patient portal, scheduling, registration, ambulatory EHR, mobile applications for providers, Care Everywhere, and standard and self-service reporting. Additionally, MWHC Epic Connect includes the following:

- E-prescribing including EPCS
- Integrated faxing
- Document management system
- Patient education
- Population health module
- MWHC provided training and application support

Epic Connect plus Billing includes the full package listed above along with professional billing modules.

Contact Karin Haynes, MWHC Epic Connect Account Manager at (540) 741-1024 or [karin.haynes@mwhc.com](mailto:karin.haynes@mwhc.com).

# July 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4 	5	6
7	8	9	10	11	12 Comm. & Educ. Comm. 7:30 am Dial in only	13
14	15	16	17	18 Brd. Of Managers 7 am Exec. BR IT Comm. 9 am FH Suite 200	19	20
21	22	23 Quality Comm. 7 am I West A	24	25	26	27
28	29	30	31			

# August 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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11	12 Finance & Contracting Comm. 7:30 am I	13	14	15 IT Comm. 9 am FH Suite 200	16	17
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25	26	27 Quality Comm. 7 am I West A	28	29	30	31

# September 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 	3	4	5	6	7
8	9	10	11	12	13 Comm. & Educ. Comm. 7:30 am Dial in only	14
15	16	17	18	19 Brd. Of Managers 7 am Exec. BR IT Comm. 9 am FH Suite 200	20	21
22	23	24 Quality Comm. 7 am I West A	25	26	27	28
29	30					

UPCOMING ALLIANCE EVENTS