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

Chairman of MWHA Board

Message from Dr. Thomas A. Janus

Physician led is not just a motto for the Alliance or a campaign slogan used to attract more physicians to our organization. Rather, it is the engine that will drive the success of the Alliance. Regardless of what type of clinical integration is implemented, the process must be driven by and led by physicians or it will surely fail. Simply having more physicians on the Board of Managers is not the prescription for true physician leadership. For that to occur, we must take the physician led action to every level of the Alliance. So the committee that will define which quality indicators and which parameters we wish to pursue to improve must be decided upon by physicians who are committed to making those goals successful. Likewise it will be physicians on another committee who will be responsible for assessing how well we as an organization performed on those parameters and what steps need be taken to improve if we fall short of our goals. Again, this will take commitment and leadership by these physicians to guide the Alliance in the direction of improving quality while attempting to stabilize health care costs. But most importantly, for the Alliance to succeed, true physician led processes will take place in our work places. Be it an office, the hospital or some other medical location, our commitment is to look for where we can change how we practice medicine to improve the overall quality outcomes. Once they have been identified, change will need to take place at the location of our employment, and changing what we do in our practices for the greater good is the ultimate in physician leadership. The Alliance is structured to help with identifying where we make changes, but the commitment to make those changes must come from physicians within our organization.

The health care reimbursement world is rapidly changing. We can either try to fight the changes that are placed upon us by the commercial carriers and CMS, or we can commit to making the Alliance a successful alternative that will both improve quality, stabilize our reimbursements for the work we perform and hopefully at the same time stabilize the rising cost of health care. Leadership by example will fuel the Alliance to be successful in achieving these aspirations. You are all physician members in this organization, now I ask you all to lead in any and all capacities to drive the success of MWHA.

Thomas A. Janus, DO

Visit us on the web at http://MWHealthAlliance.com

Watch for exciting enhancements to the MWMD website in 2014 as we work to make the site more user friendly and resourceful.

Inside this Issue:

Mary Washington Health Alliance

Why Physicians and Hospitals are pursuing Clinical Integration...

- ***If someone made a "top 10" list for health care strategy jargon, you'd certainly find "clinical integration" there.*** Participating physicians also commit "sweat equity" to improving performance—serving on committees as well as changing their day-to-day clinical practice. And they create explicit plans for how the network will improve care outcomes and efficiency.

- In exchange, the physicians can negotiate collectively with insurers for better payment rates (in recognition of their superior quality) or for bonuses based on quality and cost improvements. This collective bargaining would otherwise be illegal, but properly-designed clinical integration arrangements create a "safe harbor" from antitrust rules.

- Hospitals often play a role in organizing clinical integration networks; however, the networks are led and operated by physicians.

The Advisory Board Company

Committee Corner...

Kurian Thott, MD; Chair of Communication and Education Committee, Board of Managers

The New Year has begun and with that the Mary Washington Health Alliance is off to a great start. Our membership has continued to grow and we are now welcoming newly elected board members.

Dr. Patrick McManus who previously chaired this committee will now chair the Membership and Operations committee, and I will be assuming the role of chair of this committee and know I will have big shoes to fill.

Our physician members participating on this board have been identified and we look forward to working together to help guide this committee get the word out on the benefits of the alliance, not only to our membership but also to our associates who also benefit directly for our integrated network.

Our goals for this year with this committee will be to look for unique ways to keep our membership informed and engaged either through secure platforms or social media. We will also begin to structure the other key component of this committee, which will be Education.

As the alliance starts to gather data much of this will be transparent and reported, and for our alliance to be successful we will need to help educate our membership on those metrics and criteria that are most important to the health of our community.

I look forward to an amazing year with the Mary Washington Health Alliance and how we are collaborating to enhance the health of our community.

Attention Alliance Practices!

Please notify the Alliance of any provider changes within your practice as soon as possible:

- **New Providers, starting date/leaving date**
- **Change of Office Address, Phone, Fax Numbers**
- **Updated Physician Email Address**

Contact: Pamela Johns, MWMD Manager of Business Relations via email at pamela.johns@mwhc.com.

Alliance Committee Description

Communications and Education Committee

The committee will be responsible for ongoing education in the network to ensure that all physicians understand the expectations and goals of the Alliance. Understanding how to adopt and use clinical guidelines as they relate to the Network and the Community. Communicating the input and outcomes of future contracting discussions to truly be a part of the process. Communicating provider to provider to ensure the appropriate tools and resources that are required for improving the effectiveness and efficiencies.

Message from Dr. Rick Lewis
MWHA Medical Director

'Tis the season for "State of the Union'. At the recent MWHA Board of Managers meeting, I presented my view of the "State of the Alliance" from my Medical Director perspective. I am encouraged as our committee chairpersons and committee members have been thoughtfully chosen. Their agendas are being laid out and initial meetings are being scheduled. We all look forward to their output with their goals of fostering clinical integration, improving the quality and service we provide to our patients while carefully managing, and hopefully, reducing associated costs of care. But I had to admit to the Board, that this early in the game, I didn't have much in terms of objective data to present — no metrics, no performance results, no cost saving ventures, no patient satisfaction scores. At that point, I detected an air of restlessness in the room. I felt like it was early in the ball game and they wanted us to score some runs now rather than keeping it close and pulling it out in the bottom of the ninth. I pointed out that a lot of good work was going on that was laying the foundation to gather information that was useful and accurate that we could utilize to accomplish the goals of clinical integration and improving the value of the care that we provide to our patients. I also pointed out the pitfalls of launching a venture too soon, before the groundwork and infrastructure were sufficiently developed. Consider the fiasco that was the rollout of the Healthcare.gov. Even considering all that, the consensus was that we needed to do something now in terms of the Alliance demonstrating its ability to achieve our Mission. Thus the suggestion to identify the 70-75 patients in our care who are the highest utilizers of our health care services (i.e., are costing the Health System the most money) and see if we can analyze their clinical situations and find opportunities to decrease the costs associated with their health care. We are now in the process of finding out who these patients are and, presently lacking a care coordinator, I will be charged with screening their health records through claims data (which is the only thing the Alliance has access to pending completion of a more robust information management system) and identifying that subset in which I feel the best opportunities for cost savings lie. I will then be contacting Alliance members who care for these patients so that together we can come up with an appropriate strategy to decrease costs without compromising quality. Just wanted to let you know so you won't be blindsided by my phone calls or emails. I hope that our team can come through with a few extra base hits and score some early runs to impress our GMs. Go Team!

Rick Lewis, MD

Hospital Association acknowledges change is coming...

- **Clinical integration is needed to facilitate the coordination of patient care across conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-focused. To achieve clinical integration we need to promote changes in provider culture, redesign payment methods and incentives, and modernize federal laws.**

Our vision is of a society of healthy communities where all individuals reach their highest potential for health

American Hospital Association

Alliance FACTS

- ***TRANSPARENCY—***Commitment to Hospital and Provider collaboration for the benefit of the patient (this is not a theory, but a necessary transition to survive in the value-based healthcare delivery model) established by the partnership within the Alliance.

  1. Strong commitment to a physician-led organizational structure in the Alliance
  2. Patient Care initiatives demonstrating value across payers and employers
  3. A mechanism and culture to hold providers accountable to care standards
  4. A Technological infrastructure to improve the exchange of patient treatment data
  5. Engagement of local employers and payers starting with the MWHC
  6. Legal compliance

- ***QUALITY—***Focus on quality, networks can do this better because of the resources they provide locally and the ability to look across patient populations and sites of service to identify outliers, implement best practices and hold stakeholders accountable. Alliance Physicians will have a greater accountability to the quality initiatives they are a part of developing and will follow evidence based pathways accepted and approved within the Alliance.

- ***TRUST—***Emphasis on the role physicians can play in the active leadership and governance of the network.

- **LESSONS LEARNED—** Clinical Integration has 'Best Practices' in place by other networks that have been applied to making the Alliance successful such as:
  - Availability and exchange of Medical Management data – Analytics and the importance of the HIE strategy (Discussed in Feb 14 issue) are central to the long term success of the network and community
  - Alliance governance structure is a Joint Venture model chosen by Physicians which ensures physicians would be invested and engaged in the network. This model was chosen over subsidiary models that require 100% funding by the health system because the Alliance believes it will collectively manage patient care better than is possible working independent of one another.

- **WIN—WIN—WIN—** Single Signature Authority is a requirement of the Network and deemed as 'reasonably necessary' by the Federal Trade Commission for Clinically Integrated Networks to move forward efficiently and effectively. No contract will be signed by the Alliance until the physicians and health system feel comfortable that the terms are consistent with a true win-win-win for the network (Patient, Community, Alliance Network).

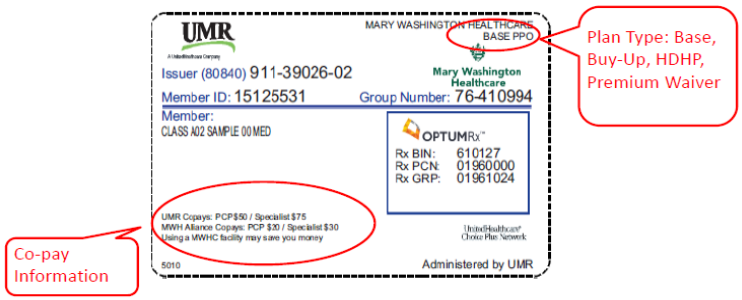
The Alliance will be providing your office with regular updates containing important information—MWHA Co-pays, A copy of the ID card, and Frequently Asked Questions to assist you with your MWHC patients.

Please contact Pam Johns at pamela.johns@mwhc.com to update your practice information (email address) for this new information and future communications.

MWHA Co-pay & Plan Information

	Base Plan	
	MWH Alliance	UMR Provider
DEDUCTIBLE	Medical Only	
Annual Deductible	$800 Individual/ $1,600 Family	$1,000 Individual/ $2,000 Family
OUT-OF-POCKET MAXIMUM	Medical Only	
Includes Deductible	$3,300 Individual/ $6,600 Family	$6,250 Individual/ $12,500 Family
Lifetime Maximum Benefit	No Limit	No Limit
PREVENTATIVE CARE		
Well-Baby/Well-Adult Care	$0 Copay, covered 100%	
Annual Gynecological Visit	$0 Copay, covered 100%	
Routine Screenings (Mamm, PAP, PSA, Etc.)	$0 Copay, covered 100%	
PHYSICIAN SERVICES		
PCP Office Visits (deductible waived)	$20 Copay	$50 Copay
Specialist Office Visits (deductible waived)	$30 Copay	$75 Copay

	Buy-Up Plan	
	MWH Alliance	UMR Provider
DEDUCTIBLE	Medical Only	
Annual Deductible	$400 Individual/ $800 Family	$600 Individual/ $1,200 Family
OUT-OF-POCKET MAXIMUM	Medical Only	
Includes Deductible	$2,400 Individual/ $4,800 Family	$4,600 Individual/ $9,200 Family
Lifetime Maximum Benefit	No Limit	No Limit
PREVENTATIVE CARE		
Well-Baby/Well-Adult Care	$0 Copay, covered 100%	
Annual Gynecological Visit	$0 Copay, covered 100%	
Routine Screenings (Mamm, PAP, PSA, Etc.)	$0 Copay, covered 100%	
PHYSICIAN SERVICES		
PCP Office Visits (deductible waived)	$15 Copay	$40 Copay
Specialist Office Visits (deductible waived)	$25 Copay	$65 Copay



Frequently Asked Questions

1. When visiting an Alliance 'in-network' Physician or Service Provider/Facility do MWHC associates receive a reduced co-pay?

   Yes. Please refer to the benefit Plan guide your office manager or practice administrator should have received. Their co-pay may vary anywhere from $25 to $55 depending on the type of service and their plan (Base, Buy-up, HDHC or Premium.) The plan and co-pay for PCP's and Specialists will be noted on their UMR card as well.

2. Where do I find a list of Alliance Participating Providers, Hospitals and Facilities?

   A complete list of Alliance Participating Providers and Hospitals/Facilities may be found on our website at mwhealthalliance.com.

3. Should our practice attempt to schedule all diagnostic procedures and labs with a participating Alliance Facility (i.e. Medical Labs of Virginia, Medical Imaging, FASC and MWHC Sleep Lab?)

   Yes. All ancillary and diagnostic testing should be done 'in-network' with other Alliance Participating Providers and Services. If your office provides these Ancillary services, there are no issues because they are recognized under the Physicians' participation.

4. If a patient or one of our Physicians specifically prefer an 'out-of-network' facility, will there be a cost reduction, or is this even allowable?

   Patients can choose out-of-network participation; however, they will end up paying higher out of pocket co-pays and deductibles as noted on the benefit Plan.

5. What about specialized services that are NOT currently provided by an Alliance Physician and/or Facility?

   The Associate may be referred to a United (UMR) Network specialist and the MWHC/UMR Plan design will access these services. If they are NOT participating with United (UMR) they are considered out of network.

MWMD
Mary Washington Health Alliance

February 2014 Calendar

Mon	Tue	Wed	Thu	Fri
				1
3	4	5	6 MWHA Clinical Quality Committee	7
10	11	12	13 MWHA Finance & Contracting Committee	14
17 MWHA Membership & Operations Committee	18	19	20	21 MWHA Strategic Planning Retreat
24	25	26	27	28 MWHA Communications & Education Committee

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