MWMD
Mary Washington Health Alliance

Message from the Chairman of the MWMD Board

The SARS-Cov-2 (COVID 19) virus continues to wreak havoc on our lives, our community, and our country. The only silver lining in our misery is that we have plenty of company. The virus, and the world's response to it, is unprecedented in most of our lifetimes. It has had a unique way in magnifying whatever weaknesses we have, whether personally, at the business level, and for the country in general.

For the elderly and those immunocompromised or with multiple chronic illnesses, there has been significant morbidity and mortality. For those financially challenged, the impact has been threatening bankruptcy. For those emotionally labile, we have seen significant issues with depression and anxiety. Likewise, for patients with substance abuse, the fear and stress of the virus has waylaid many success stories of the gains they had made in battling their demons.

Our industry of healthcare has been far from immune to these challenges. It is certainly ironic, that in the midst of a pandemic, there has been estimates of 1.4 million or more healthcare workers furloughed or out of work completely. Hospital systems, across the country, are on target to lose $200 billion (that is with a "B") through June. This, of course, pales in comparison to the healthcare professionals who have been stricken with the virus and some who have lost their lives, battling to serve and protect others who have also been ill.

The weaknesses of our society have also had the spotlight shown directly upon them. The worsening political divide is even more apparent and the social injustice that has been pervasive in our society for centuries, now has the spotlight laser focused by the recent horrific death of George Floyd in Minneapolis.

We have, however, been fortunate in Fredericksburg and the surrounding counties. The number of cases to date have been few compared to other areas of the country. The death rate has also been relatively low, <2%, in part a credit to excellent care. Mary Washington Healthcare and its associates have been shown to be nimble in their ability to respond to a pandemic event, and of course, compassionate in their care of those stricken with the disease, as well as weather the financial impact, to date. The White Coats for Black Lives event held on June 10th showed empathy for the BLM and solidarity with our African American co-workers and patients we serve.

Although our Mary Washington Health Alliance has been developed for physicians and healthcare system to remain financially competitive, it also serves to efficiently promote the health and well being of our patients and community as a whole. Our mission statement, for those who do not recall:

"To provide superior **healthcare** and value through an integrated partnership among patients, providers and community resources."

We have seen the COVID-19 virus disproportionately impact persons of color and amplify even more the role we play in population health.

Please continue your good work and more importantly, "Lets be careful out there".

Patrick McManus, MD
Alliance Board Chair

Inside this Issue:

Message from the Medical Director—Update on Testing for COVID-19

Widely available, accurate and appropriately utilized COVID-19 testing remains one of the keys to successfully responding to the pandemic. On May 21st, I sent an email to the Alliance regarding testing for COVID-19. The email included the chart to the right which does a nice job of displaying the various testing modalities on a time-line. This article is an update focusing on the three categories of testing with a special emphasis on serology (antibody) testing that your asymptomatic patients may ask you about.

There are 3 broad categories of testing: Diagnostic, Screening and Surveillance. **Diagnostic tests** are PCR (polymerase chain reaction) tests used for **symptomatic patients** to confirm that your patient's symptoms are due to active COVID-19 infection. **Screening tests** are also PCR tests but are used for **asymptomatic patients.** In this setting**,** a negative test in the clinical context of absence of symptoms, absence of fever and absence of recent hi-risk contact makes it highly unlikely that the individual is harboring active virus and thus is safe for transfer to a facility or to proceed with elective surgery. **Surveillance tests** are also performed on asymptomatic patients to determine if antibodies are present indicative of a prior exposure to the virus. A positive antibody test is NOT indicative of active virus. It is this third category to which I would like to devote the rest of this article.

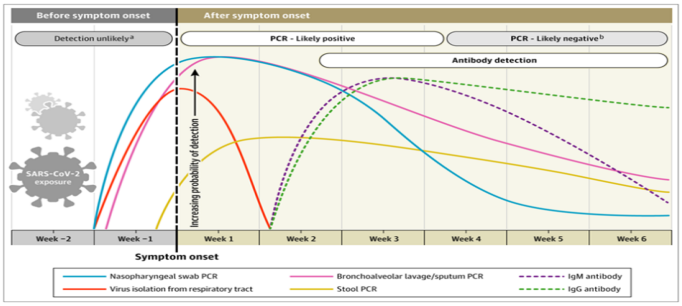
Patients will be asking you about having COVID-19 testing done. They've read about increasing test availability. They've seen ads from commercial labs like this one:

> LabCorp's COVID-19 IgG Antibody Test is Available

They may have had a nonspecific illness over the last 3 months and are now curious as to whether it might have been COVID-19. In general, **discourage** your patients from having **antibody testing** done for 3 reasons:

1. There is no scientific evidence that the presence of COVID antibodies confers immunity to reinfection
2. Serologic tests have inherent limitations including a significant risk of false-positive results when disease prevalence is low, which apparently it is in our community. Even among MWHC associates who have worked with COVID-positive patients, surveillance testing has demonstrated that less than 2% have tested positive for COVID antibodies (which is also a testament to how well we have protected our front-line healthcare workers).
3. Among some of the serology tests out there, there has been a cross-reactivity with other coronaviruses, such as those that cause the common cold (thus also increasing the false-positive rate).

Figure. Estimated Variation Over Time in Diagnostic Tests for Detection of SARS-CoV-2 Infection Relative to Symptom Onset



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Therefore, as the AMA has stated, there are only **3 appropriate uses for serology (antibody) testing**:

1. Population-level seroprevalence studies (as is being done with our MWHC associates and which will be extended to first responders in our community)
2. Evaluation of convalescent plasma donors (and even if you have a patient who has recovered from COVID-19 and is interested in being in donor, there is no need for you to order the test yourself. Simply refer the patient to the American Red Cross who will carry the ball from there, including serologic testing if indicated)
3. Medically necessary, well-defined testing plans for patients working with physicians (e.g. research studies, perplexing cases).

When discussing COVID-19 testing options with your patients, you can take advantage of the opportunity to reinforce **measures which we now know are effective** in significantly reducing one's risk of contracting COVID-19 as well as the risk of passing it on to others should they unknowingly be asymptomatic carriers: wearing **face coverings**, **social distancing**, frequent **handwashing** and **staying home** if not feeling well.

Thank you for your continued invaluable services to our community during these unprecedented times.

Rick Lewis, MD

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

MWMD
Mary Washington Health Alliance

Committee Corner...

Message from
Kurion Thott, MD
Chair, Communications & Education

The year 2020 will go down in history as one of the major sentinel events of our current time. As many of you likely feel, similar to me, that this has been the longest year so far. We started this year with the aspirational hopes of a new decade upon us only to quickly have to pivot to our basic clinical skills in caring for members of our community as the COVID-19 crisis came upon us. Then our society as a whole had to face the grim reality of racial biases and forced some of us to ask ourselves what we in healthcare have known for years, that there is disparity in our society and now what can I as a clinician do about it to have a positive impact?

I mention the above as part of our Communication and Education Committee update as an important reminder that steady flow of communication is essential for us at all times but never more so during difficult ones. The Mary Washington Health Alliance has worked alongside the MWHC leadership in making sure our members were able to access and get timely information regarding COVID-19 and to regularly update our members on how they could navigate this crisis at the practice level. We were able to get insights both high level and granular regarding telehealth and billing so that practices could mitigate the financial implications of a national shut down.

Every one of us has been impacted in some way by these recent events, both professionally and personally. But we have also risen to the challenge as a community of clinicians to support, guide and be leaders in our own way. As we are still not past the COVID-19 pandemic we as a committee are committed to bringing our membership up to date information, and as we have learned, situations like these are fluid and change day to day.

A few months ago, we did our first ever virtual annual meeting and heard from our members how much they appreciated how we were communicating with them. We are continuously exploring communication methods to enhance and not distract our members. Currently newsletters like this, Dr. Lewis' monthly update, and our annual report is the mainstay of communication and education to our Alliance. However, there are other events like PCP Forums and Business Manager Forums that also help to get more detailed and specialty specific information disseminated. We also use Tiger Connect to get more urgent information to our Alliance when needed and we encourage everyone to sign up and use this technology to stay connected. Our committee and others are looking for those members who are looking to become involved and share their input. If you are interested in serving on this or other committees reach out to Travis Turner or Dr. Rick Lewis for more details.

I'll end this with some final thoughts, we as a network and medical community are stronger when we are able to work alongside together toward our goal of quality patient care regardless of pandemic or societal unrest. As physicians we are all leaders in our own way in this community and times like these creates leaders in all of us.

Welcome New Providers

Fredericksburg Emergency Medical Alliance
Benjamin Brown DO

MWHC Physicians – Infectious Disease
Lalita Chulamokha MD

MWHC Physicians Family Medicine
Amy Jones DO
Jacqueline M Breen DO

Mary Washington Hospitalist
Sausheen Taylor MD

Mary Washington Obstetrics & Gynecology
Tammy Leonard, MD
Cindy Wilkes, MD
Danielle Holmes, MD

Mary Washington Weight Loss Center
Denis Halmi MD
Masoud Rezvani MD

Mary Washington Pediatrics
Matthew Magyar, MD

Radiologic Associates of Fredericksburg
Jacqueline Alvarez, MD
Paul Mathew, MD
Louis Skidmore, MD

What's New - Updates

Provider/Practice Update

Over the course of the next couple of weeks the Alliance will be starting an effort to proactively catalog the NPs and PAs in our network. While reaching out to your office contacts, we will also take the opportunity to confirm we have a complete and accurate picture of the physicians at your practice and office locations. After this initial push we will check in on a monthly basis to capture any changes.

This effort will have several benefits:

1. It will reduce payor issues that come from out of date information
2. It will support more accurate network level analytics and could expand the ways which we engage with the network and how we design future programs

A member of the Alliance team (Brianne Uhlman, Donna Summers, Beth Parker, or Bridgette Saarah-Mensah) will reach out to your office by phone and review the required

data elements and check for updates. We also have fax options available where we send you a form to record the information.

We appreciate your support and look forward to speaking with you soon.

Next Gen ACO Model Extended

The NGACO model has been extended through December 2021! CMS and the Innovation Center have recognized the important contributions Next Gen ACOs are making to their patient populations, communities, and the move to performance-based risk.

The Centers for Medicare & Medicaid Services (CMS) Innovation Center is providing new flexibilities and adjustments to current and future Innovation Center models in response to the COVID-19 Public Health Emergency (PHE). CMS has heard our feedback through letters, comments and requests for flexibilities. With these considerations in mind, they did a comprehensive review of their models, and are incorporating appropriate adjustments and flexibilities.

Center Model	Financial Methodology Changes	Quality Reporting Changes	Model Timeline Changes
Next Generation ACO (NGACO)	• Reduce 2020 downside risk by reducing shared losses by proportion of months during the PHE. • Cap NGACOs' gross savings upside potential at 5% gross savings • Remove episodes of care for treatment of COVID-19 • Use retrospective regional trend, rather than prospective, for 2020 • Remove 2020 financial guarantee requirement	• 2019 Web Interface quality measure reporting deadline extended from March 31, 2020 to April 30, 2020 • 2019 quality audit canceled • Continue to monitor impact on 2020 quality reporting	• Extend model through December 2021

UPCOMING ALLIANCE EVENTS

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4 
5	6	7	8	9	10	11
12	13	14	15	16 IT Comm. Call in only	17	18
19	20	21	22	23	24	25
26	27	28 Clinical Quality 7 am 1 West CR	29	30	31	

August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10 Finance & Contracting 1 West CR 7:30	11	12	13	14	15
16	17	18	19	20 Alliance Board of Managers 7 am MWH Exec. CR IT Comm. 10 am FHA Suite 200	21	22
23	24	25 Clinical Quality 7 am 1 West CR	26	27	28	29
3						

September 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 Alliance Board of Mgrs 7 am MWH Exec. CR IT Comm. 10	18 Comm & Educ. 7:30 am Call in only	19
20	21	22 Clinical Quality 7 am 1 West CR	23	24	25	26
27	28	29	30			