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

Chairman of MWMD Board

Message from Thomas A. Janus, DO

Mary Washington Health Alliance (MWMD) continues to be an open organization with very few restrictions to physician membership. It is our aspiration for all eligible physicians in our community to join MWMD. I believe the Alliance can enhance the professional careers of our members.

To be successful in achieving the goals of Triple Aim, an Accountable Care Organization (ACO) depends on cohesive, coordinated functioning of its healthcare providers. The most effective level of coordination can only be achieved with a highly integrated network. The challenge we confront in the current healthcare climate is to learn to function in unison, not as individual providers. The Department of Justice and the Federal Trade Commission are strongly encouraging collaboration, and that is precisely why they grant ACOs sweeping powers in contract negotiations.

Within the past month, the Alliance had a physician group leave the Alliance. Surgical Associates of Fredericksburg (SAF) indicated that they can take on financial risk and perform more effectively independently as opposed to working within the Alliance. As chairman of the board of MWMD, I am disappointed by this decision. As a physician who refers to SAF, I am confronted with a dilemma.

When a physician group resigns from the Alliance, I would request Alliance members pursue conversation with the departing group to encourage reconsideration. All Alliance members should assist in preserving and fortifying our network.

Certainly all physician groups have the right to resign from the Alliance, and we are not attempting to lock physicians in or out of the network. However, patients may face higher copays and coinsurance when their doctors leave the Alliance. Consequently, when a physician group does leave, for whatever reason, the Alliance is prepared to move forward and make appropriate adjustments within the network.

As we all know, the reality is that times are changing. It is essential for the success of the Alliance and subsequently the success of its physician members, that we work together as an integrated, collaborative group of physicians. Mary Washington Health Alliance values the support and participation of its membership.

Thomas A. Janus,

Welcome New Providers & Practices

Carolina Hernandez, MD
MetroHealth Internal Medicine

Joni Johnson, MD
Pediatric Partners for Attention & Learning

Samuel Umesegha, MD
Chizoba Uzochukwu, DO
WeCare Medical Associates

Paul Kowalski, MD
Frehiwot Temesgen, MD
MWMG—Neurology

Ankur Sandhu, MD
Fredericksburg Nephrology Associates

Jane Hull-McIntire, MD
Preferred Pediatrics

Samer Hijaz, MD
Radiologic Associates of Fredericksburg

Terri Morris, MD
The Dermatology Center

Kenneth Johnson, MD
Rapidan Medical Center

Raymund Banzon, MD
Jean Laurore, MD
Meridian Physician Group

Inside this Issue:

Message from the Medical Director—Richard Lewis, MD

"The Truth Will Set You Free"

Most of us have learned by now that just because you see something in print, that doesn't mean it's true. Given the recent publication of less than factual statements about the Alliance, I thought it would be prudent to set the record straight. So how about some **truths** about the Alliance?

1. Only one practice, "Surgical Associates of Fredericksburg," has an active notice of termination from the Alliance on file. Two specialist groups (Hematology-Oncology Associates of Fredericksburg and Fredericksburg Nephrology Associates) are changing the terms of their affiliation with the Alliance largely to accommodate their plans to participate in the Advanced APM arm of MACRA (via the Oncology Care Model and the Comprehensive ESRD Care Model respectively). Both groups remain within the Alliance Network and both have restated their commitments to the mission of the Alliance.
2. There are 108 practices in the Alliance representing 40 specialties. These practices represent 379 physicians, 113 of whom are primary care practitioners (family practice, internal medicine, pediatrics and OB/GYN). Over the last 6 months, the Alliance has added 9 PCPs and 6 specialist physicians.
3. MACRA (Medicare Access and CHIP Reauthorization Act of 2015) is the law of the land and in all likelihood will go into effect January 1, 2017. Andy Slavitt, Acting Administrator of CMS, has gone on record that the 836,000 clinicians subject to MACRA will have options to ease into MACRA in 2017 such that they will able to avoid a penalty by submitting "some" data. But this is only a one-year reprieve. The harsh reality of unbridled MACRA is looming for 2018. The MACRA rules CMS has published are currently "proposed rules", but that is no reason to ignore them. Only an act of Congress can alter the basic features of MACRA. All that CMS can do is "tweak it around the edges" via interpretation and implementation. The Alliance will provide a mechanism for local physicians to participate in MIPS -APM in 2017 (which has several scoring advantages over those in the individual MIPS world) and the Alliance is working to provide access to the Advanced APM track with its 5% bonus in 2018.
4. As a clinically integrated network, we have the ability to collaborate in our negotiations with commercial payers and to participate in narrow networks. We recently signed a VHN contract the terms of which are favorable for Alliance members and the details of which will be forthcoming. Our agreements with Aetna Innovation Health products identifies the Alliance as the preferred network for those beneficiaries.
5. This past spring, we orchestrated a smooth transition incorporating PinnacleHealth into the Alliance which was supported by a definitive vote in favor of this transition. The Alliance will assume responsibility for payer contracting with its clinically integrated single signature model.
6. Via successful GPRO reporting through our MSSP program, our participating practices avoided 1 to 3 million dollars in potential PQRS penalties.
7. Once the transition from volume-based to value-based reimbursement is complete, the new mantra will be "No Outcome – No Income". The Alliance has put the infrastructure in place to successfully navigate this transition and has already achieved multiple successes along this journey with $3.5 million in savings in the MSSP program, $1.2 million in savings in our first year of managing the MWHC associates, decrease in costs in our Aetna TCQ program and outperforming our targets by seven figures in the early stages of our BPCI program.
8. Our patients, who are the primary focus of the Alliance, are benefitting from our efforts. Care coordination is easing their transitions from hospital to home or post-acute care facility, reinforcing chronic care management, supplementing education, supporting self-management and expediting access to appropriate social services. Information technology (IT) is helping us to identify those patients at highest risk and with the most needs so we can appropriately focus our resources. IT also helps us monitor the impact of our efforts and to comply with extensive documentation and reporting requirements.

As we complete our third year, the Alliance has much of which to be proud. We look forward to working with our physician partners to continue our efforts to achieve better care, better health and smarter spending for our community.

Rick Lewis, MD

Committee Corner...

Message from Susan Holland, MD
Chair, Quality Committee &
Board of Managers

The Quality Committee started the year finishing up review of Quality Guidelines and endorsed the Michigan Quality Improvement Consortium Guidelines. These are available through the following web site: http://mqic.org/.

During early spring, the committee invited ER and hospitalist representatives to join the other members of the committee, including primary care, to review cases in an attempt to spotlight possible system improvements that would improve ER and hospitalization utilization. The discussion has now been taken to the monthly PCP meetings to expand the conversation.

The committee also evaluated quality data for the QuE (Quality and Efficiency) Program with respect to the hip and knee replacement and cardiac defibrillator initiatives currently in progress with Mary Washington Hospital.

Using information collected through the MSSP program, data is being collated to present to primary care physicians with respect to the PQRS metrics. The committee is now in the process of reviewing the expanded metric list provided through the MIPS program which is comprised of over 200 metrics (80% of which are specialty-specific). The committee will be reviewing these metrics with the help of our specialists (including non-committee members) with the goal of creating more robust specialist Quarterly Progress Reports ("Q-Cards").

We hope to offer each physician sufficient quality and cost data such that we can identify opportunities for improvement and thereby make the group stronger and better prepared to succeed in risk-bearing contracts.

If you have any suggestions or would like to be involved in any of the above projects, please contact the Alliance.

Sprinting Backwards

In the Second Quarter 2016 issue of the MWMD Newsletter, I wrote an article summarizing the results of the Systolic Blood Pressure Intervention Trial (SPRINT). The results supported those who argue for more aggressive BP targets in higher risk individuals with hypertension. However, subsequent to these results being published in the NEJM November 26, 2015, the general applicability of the SPRINT trial results to the "real world" practice of medicine has been called into question due to concerns about the trial methodology. BPs were obtained using an automated device, the Omron 907XL, with the patient seated after resting 5 minutes and **without** the presence of a health professional. It has been well documented in other studies that BP is higher when a health professional is present. "Consequently, targeting the systolic BP <120mmHg without using similar BP measurement methods as in the trial may increase the risk of serious adverse events by systematically overshooting the trial-based BP targets and potentially leading to hypotensive complications." (George Bakris, MD; *Circulation*) Regardless of the SPRINT controversy, the following points remain:

- Emphasize **correct BP measurement** in the office. BP should be measured in a quiet setting after 5 minutes of rest.
- Emphasize **lifestyle modifications** including low sodium diet such as the DASH diet, regular physical activity, weight control and moderate alcohol intake
- **Individualize therapy** – the SPRINT results apply to "SPRINT -like" patients, that is, patients with established CV disease or at increased CV risk though without a history of diabetes or stroke and not considered "frail elderly".
- The intensive-treatment group in the SPRINT trial was **followed very closely.** Therefore, the patients you are treating intensively "in the real world" need close follow-up including frequent assessment of renal function, electrolytes and symptoms/potential side effects of treatment.
- The **risks and benefits** of intensive control need to be balanced in individual patients, especially considering the higher incidence of adverse events in the intensive-treatment group. **Treat the Patient, Not the Number**.

Rick Lewis, MD

What's New - Updates

MSSP Corner *from Thomas Magrino, Business Analyst*

Fall Risk Screening

The Fall Risk Screening measure tracks how many of our patients over the age of 65 have had a screening for falls risk within the calendar year. The only patients CMS excludes from this measure are ones who are non-ambulatory. Below are some important notes about how to 'win' at this measure:

- Anyone with sufficient clinical experience may perform the screening
- Off-site screenings are acceptable, this includes phone calls and home visits
- No standardized tool needs to be filled out for this measure; just ask the patient if they have fallen recently
- Document the patients answer so you get credit for your work

Million Hearts

Million Hearts® Model
Innovative health care for every heart

The Mary Washington Health Alliance has been selected to participate in the Million Hearts Model. This is a CMS-sponsored primary prevention trial whose goal is to reduce the incidence of first-time heart attacks and strokes by 7% over the next 5 years. The Alliance is one of 260 programs in the United States to have been chosen to be in the Intervention Group. There is payment associated with this program, the magnitude of which is proportional to how successful we are in reducing our patients' baseline 10-year CVD risk. We will be asking 15 of our practices to participate which represents our cardiology practices and the PCP practices with whom we have remote access which facilitates collecting the data that we need to report to CMS. We have estimated a potential pool of about 15,000 Medicare beneficiaries eligible for screening. Those who turn out to have a 10-year CVD risk of at least 30% will be eligible to proceed into the risk reduction portion of the study. The program is scheduled to "Go Live" early in 2017.

Welcome New Alliance Care Coordinator

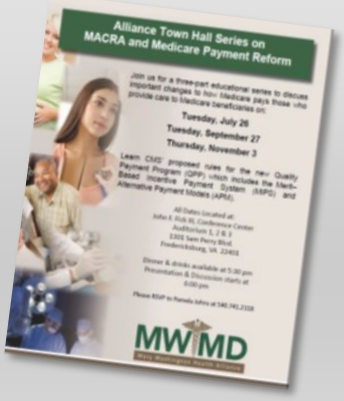
Tina Scotto, RN, BSN
Population Health Coordinator

Tina comes to the Alliance from the Labor and Delivery/Recovery/Post Partum unit at Stafford Hospital, where she has been providing care for maternity patients for the past 2 1/2 years. Tina has worked as a Local Care Coordinator for HealthWays in partnership with Care First, and we are anxious to learn about her work with that Patient Centered Medical Home project. In this role, she provided on-site consultation to PCP offices and care coordination teams, and worked collaboratively to establish a plan of care for each patient. Tina enjoyed working with patients under this program and especially liked the "challenges of finding out what motivates each patient and working forward from that point". Tina also has extensive clinical experience in outpatient surgery, hospice, med-surg and emergency care settings. Tina has been a nursing supervisor at Spotsylvania Regional Medical Center and brings a true community perspective to her new role. She earned her Associate Degree/RN at LA Pierce College in Woodland Hills, California and holds a Bachelor of Science Degree in Nursing from Brigham Young University, Idaho.

We are excited to have Tina join our team. Please join us in welcoming our newest RN Care Coordinator to the Alliance staff.

November MACRA Town Hall

Providers & practice managers, please join us for the last in a three-part Alliance Town Hall Series on MACRA and Medicare Payment Reform



Thursday, November 3
Dinner & drinks available at 5:30 pm
Presentation & Discussion 6:00 pm
John F. Fick Conference Center
Auditoriums 1, 2, & 3

Meet Our New Alliance Practices

Stafford Internal Medical Services, office of Dr. James DeSimone, provides internal medicine services. He offers drug testing services to those Alliance members who do not have this service available in their office. Drug testing can be difficult if your office is not set up for it. They are partnered with Realtox Laboratory. The laboratory's representative would be happy to host a gathering for those interested in hearing more. To refer your patients, they may contact the office at 540-658-9340.

Pediatric Partners for Attention and Learning, office of Dr. Joni Johnson in Stafford, provides specialized, integrated, and comprehensive assessment and treatment to children, adults and families impacted by ADHD, Autism Spectrum Disorder, Mood Disorders, Learning Problems, Behavioral Problems, Poor Self-Esteem, and other conditions that may adversely affect reaching their fullest potential.

Dr. Carolina Hernandez of MetroHealth Internal Medicine in Stafford is committed to the prevention, diagnosis and treatment of adult diseases for patients 17 years and older, including geriatric screening and preventive care. ¡Sí, hablamos español!

The Dermatology Center in Fredericksburg, office of Dr. Terri Morris, owns five state of the art lasers to treat a wide range of medical and cosmetic conditions. Dr. Morris also offers Fraxel for skin tightening and resurfacing as well as the Blu-U or Intense Pulsed light for medical and cosmetic photofacials. Some of the problems addressed in the laser clinic include port wine stains, rosacea, acne and acne scarring, spider veins, wrinkles and sun damage.

Dr. Kenneth Johnson of Rapidan Medical Center is a Family Medicine practitioner in Locust Grove, VA with 28 years of Family Practice experience. The Medical Center is open 7 days a week from 8 am—7 pm Monday to Friday and 9 am—5 pm Saturday and Sunday for Urgent Care.

Dr. Samuel Umesegha of WeCare Medical Associates in Fredericksburg offers Geriatric, Palliative & Hospice Medicine and Internal Medicine and is a private medical clinic created to provide compassionate and comprehensive medical care to all ages, races, cultures and backgrounds.

Dr. Chizoba Uzochokwu of WeCare Medical Associates in Fredericksburg specializes in adolescent gynecology and education, high-and low- risk pregnancies, reproductive endocrinology, gynecologic infectious diseases, hysteroscopic and minimally invasive laparoscopic surgery, incontinence surgery and prolapse correction. She is a strong advocate of preventative healthcare and patient education.

Dr. Raymund Banzon is a family practice physician in Fredericksburg. He is a member of the group practice **Meridian Independent Physician Group** LLC and his current practice location is 2533 Cowan Blvd, Fredericksburg.

Dr. Jean Laurore is a pediatrician with **Meridian Independent Physician Group** and will be opening his practice at the end of the year.

Alliance practices have requested that a portion of our newsletter be dedicated to alerting the Alliance to practice-specific news items such as new services offered or other practice developments of note. The inaugural such notice has been incorporated into Dr. James DeSimone's write-up. Please let Pamela Johns know if you have any items you would like incorporated into future Alliance newsletters.

October 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17 Membership & Operations 7:00 - 8:30 am Suite 309 FHA	18	19	20 Board of Managers Fall Retreat Renato's 12 -5 pm	21	22
23	24	25 Clinical Quality 7:00-8:00 am 3rd Fl CR MWH	26	27 PCP Forum 7:00 am FHA 5th Fl CR	28 Communications & Education 7:30-8:00 am TMMP Classroom E	29
30	31 					

November 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 **MACRA Town Hall** 5:30 pm Fick Center Aud. 1, 2 & 3	4	5
6	7	8	9 Business Relations Council 7:30-8:30 am, 1 West A CR MWH	10	11	12
13	14	15	16	17 Board of Managers 7:00-8:30 am Suite 309 FHA	18	19
20	21 Membership & Operations 7:00 - 8:30 am Suite 309 FHA	22 Clinical Quality 7:00-8:00 am 3rd Fl CR MWH	23	24 	25	26
27	28	29	30			

December 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8 Finance & Contracting 7:00-8:00 am 1West B MWH	9	10
11	12	13	14 Business Relations Council 7:30-8:30 am, 1 West A CR MWH	15 Board of Managers 7:00-8:30 am Suite 309 FHA	16	17
18	19 Membership & Operations 7:00 - 8:30 am Suite 309 FHA	20	21	22	23	24 
25 	26	27 Clinical Quality 7:00-8:00 am 3rd Fl CR MWH	28	29 Informal PCP Gathering; 7:00 am FHA, 5th Floor CR Alliance Webinar 12:15 pm	30 Communications & Education 7:30-8:00 am TMMP Classroom E	31

ALLIANCE EVENTS