



CHAIR & CEO MESSAGE DR. LERLA G. JOSEPH

Primary care physicians are demonstrating their remarkable stamina to make it better for the lives of patients. Of note is the compelling track record of CVCHIP in providing high quality, affordable and accessible care for its Medicare population. Through Telehealth and other advances in technology, treatment modalities, drug therapy and more, CVCHIP practitioners have been in a more favorable position to manage and/or reduce the negative factors that erode patients' health.

However, our sustained progress is not assured and we must not become too comfortable. It is essential therefore that we work together to create and then use strategies and interventions that will offset the adverse impact of factors that threaten and could disrupt our future. While there are currently aggressive actions and decisions being made to blast away COVID-19 because of its unprecedented devastation, we must take positions and use our capability to also shut down health disparities, ineffective laws/public policy and failed leadership so that tomorrow can be better.

BI-MONTHLY HEALTH JOURNAL & GUIDE OCTOBER 2020

Key to our efforts is to wrap our arms around our right to vote as if it is our best friend. We must encourage our patients to vote as well.

While the mountain of what we need to do/want to do continues to grow and zap at times our energy and enthusiasm, we must pause every now and then to think as opposed to doing constantly. In January 2021, CVCHIP will resume the process for developing its strategic plan.

In closing, I hope that the content of this newsletter will be inspirational and helpful in reaching your goals and those to support CVCHIP. Let's also celebrate **PRIMARY CARE PHYSICIANS WEEK** (October 5-9) and our success as an ACO.



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STAYING ON THE TRACK WITH FACTS & FIGURES THAT AFFECT MEMBERS

Part 1: PRIMARY CARE PRACTICES STILL STRUGGLING FROM COVID-19 AS WINTER FLU SEASON APPROACHES

by Heather Landi |

Sep 24, 2020

(See Comments By Rebecca Etz,
a featured speaker for the May
2020 Quarterly Board Meeting of
CVCHIP in this article)

Primary care has not fully bounced back from the COVID-19 pandemic as one-third of primary care physicians say revenue and pay are still significantly lower and net losses threaten current and future viability.

Another third of clinicians say the financial picture has been slowly improving, but the workforce is fragile and in trouble. And 1 in 5 practices report they have clinicians who have chosen early retirement or left their jobs as a direct result of the pandemic, according to a new [survey](#) of 500 primary care clinicians.

These findings come at a time when school re-openings are threatening to increase the spread of the coronavirus and the country faces a potential resurgence of the virus in the upcoming winter flu season.

The condition of primary care has improved modestly in the past several weeks, primary care remains in significant need of support, according to

the survey released by the Larry A. Green Center, a research organization, in collaboration with the Primary Care Collaborative (PCC).

"An overwhelming number of clinicians—81%—disagree emphatically with the notion that primary care has rebounded," said Rebecca Etz, Ph.D., co-director of The Larry A. Green Center. "Practice clinicians and staff are working longer hours to keep up with patient needs and still have yet to reach pre-pandemic capacity. Significant furloughs, practice members out for child and elder care, and clinicians out due to illness and self-quarantine have caused the primary care platform to shrink."

"The past six months have shown us what short-term planning and lack of investment yields during times of crisis—devastation of a critical workforce. But the question is now: Are we committed enough to do something about it?" Etz said.

The primary care system is fragile and shrinking as we approach the cold and flu season, said Ann Greiner, president and CEO of the PCC.

"Practices need state, federal, and private-sector support to address disruptions to primary care funding so that they can safeguard the health of the public. Primary care is pandemic preparedness," she said.

Staffing shortages continue to plague primary care practices as both staff and clinicians face child care barriers and other demands. A third of respondents report that their practice has empty positions that they cannot fill.

Many say that staff (37%) and clinicians (27%) in the practice are limiting their availability due to child care needs. Elder care needs also pose challenges to staff and clinician availability, but to a much lesser extent (8%).

Most clinicians believe that levels of telehealth use are sufficient—or even above what is suitable for patient care. Only around 10% of respondents report that their practices' use of telehealth is below what would be helpful due to insufficient funding to increase it. Alternatively, over a quarter say that use of telehealth is “above what seems good medicine” but that they need it to maintain patient volume.

And, in general, payers continue to cover it: Over 80% of respondents did not report that insurers have pulled back on telehealth (18% said they have).

As federal and state pandemic financial support ends, practices are feeling pressure but still not enough to anticipate closing. Over a quarter (27%) of respondents report “previous pandemic financial support has run out or will soon” as a pressure they will face over the next four weeks. Still, only 3% say that they will likely close before December without additional state or federal support.

With flu season on the horizon, equipment shortages continue to pose an ongoing threat to primary care. Thirty percent of respondents report difficulty obtaining enough COVID-19 testing supplies (e.g., swabs and reagents) to meet their office needs. Another quarter (26%) are having difficulty getting personal protective equipment for staff and clinicians. A smaller percentage of

respondents (8%) say that they are unable to buy needed supplies for flu season.

Front-line primary care clinicians are both mentally strained by, and personally committed to, serving patients during these challenging time. Half (49%) of respondents say that their mental exhaustion from work is at an all-time high. Twelve percent report that members of their practice have left primary care because of the pandemic.

Yet, even under such mental strain, those that have stayed are feeling committed: A fifth of respondents report that their “sense of purpose in primary care is at an all-time high.”

"My volume is coming back but I lost significant revenue from March to August. Since I am 120 days behind in payments—I am starting to feel the loss of revenue now and will continue through the winter," said one primary care physician based in Arizona.

A practice leader in Idaho said, "Support staff are harder to acquire. Volume is not the same mix as pre-pandemic levels. Care for chronic conditions is being deferred. Mental health issues are far more prevalent but insurance companies continue to provide poor coverage."

Among the respondents, 70% identify their practice as family medicine, 13% as internal medicine, 6% as pediatrics, and 5% as geriatrics. Settings include 24% rural, 13% community health centers, 9% in schools/offices and 28% in designated patient-centered primary care homes.

STAYING ON THE TRACK WITH FACTS & FIGURES THAT AFFECT MEMBERS

CONT'D



Part 2: The 2020 Flu Shot is More Important than Ever, Experts Say

While some people incorrectly believe getting a flu shot is worthless or [gives you the flu](#), it actually is actually one of the most important things you can do for your health and others'—especially in the middle of the coronavirus pandemic.

Experts always recommend flu shots for nearly every demographic—children, adults and elderly individuals alike. This year, in the midst of the pandemic, getting immunization to the flu is extra important, explains [one NPR article](#).

Experts say people can and should get their shots as early as September 1 this year at doctors' offices, pharmacies and supermarkets. Even though typical flu season begins in October and peaks between December and February, the changes brought on by COVID-19 means it is time to start thinking about when, how and where you can get immunized.

Coronavirus' prevalence in the U.S. this year means you really do not want the flu. A combination of both viruses, or one after the other, may mean bad news for your health, respiratory health and overall ability to recover. Experts are not sure what having both could mean for your health.

"We don't yet know whether that could compound either illness, but why take the risk," said Dr. Ashish Jha, director of the Harvard Global Health Institute.

If you usually get a shot at the office but you are now working from home, you'll have to make another plan. If you usually stop into the pharmacy or supermarket while you're running errands, you will have to make an intentional trip to get a shot. You will need a plan this year, say experts.

"People who can avoid the flu will help reduce the burden on a U.S. health care system already overwhelmed by COVID-19," said Mark Thompson, an epidemiologist in the Influenza Division at the Centers for Disease Control and Prevention.

Emergency rooms and urgent care clinics are already overwhelmed flu patients during winter months. Getting a flu shot can keep you from getting sick and prevent you from co-mingling flu patients with COVID-19 patients, who can infect each other and spread their viruses to other patients.

Do not forget that while the flu has a vaccine, tens of thousands of people with the flu are hospitalized each year. Because the flu and COVID-19 share many (not all) symptoms—including fever, chills, cough, sore throat, muscle or body aches,

headaches and fatigue—loss of taste and smell are specific symptoms of COVID-19.

Additionally, many people do die from the flu annually—the [CDC reports](#) that between 12,000 and 61,000 deaths from the flu occur each year.

Still, over half of Americans [eligible for a flu shot](#) do not immunized in a typical year, according to CDC data. As the NPR reiterates, people often refrain from getting a shot for fear that it will give them severe side effects (which “are very rare”), fear it will give them the flu (“it won’t”), the belief that the flu is not that serious (“it can cause severe illness and death”) and an aversion to vaccines in general.

The [flu vaccine](#) is neither perfect nor designed for every strain of flu. Each vaccine is designed at the end of each flu season, based on the most prevalent strains of flu circulating at the time. Experts design the flu vaccine after predicting which will be the most common strains in the following season.

Often times, too, the vaccine can lessen a person’s severity of flu symptoms, even if they do get the flu. “If you get a flu shot and then get the flu, you may be less likely to get a severe case. That could make it less likely you’ll head to the doctor or the ER — just when they’re filled with COVID-19 patients,” said L.J Tan, the chief strategy officer at the Immunization Action Coalition.

Below are a few messages from the American Medical Association:

- “If you're hesitant about getting a flu shot because you've had a severe reaction in the past, check with your doctor about your best strategy this year. Nearly everyone over 6 months old should be immunized against the flu.”
- “September and October are the best times to be vaccinated to achieve immunity throughout the flu season, though getting the shot later is better than not at all.”
- “It takes two weeks after your flu shot to achieve full immunity, so steer clear until then of anyone who has flu symptoms.”

The AMA also recommends reaching out to your local doctor’s office to see where the nearest place to get a flu shot might be. Usually, flu shots are free for anyone with Medicare Part B, employer health insurance or other insurance that conforms to the Affordable Care Act, as well as for many Medicaid beneficiaries. You also might be able to ask your employer if they are offering any onsite locations to get your shot.

During the coronavirus pandemic, getting immunized against the flu is vital for your health and others, especially as the colder months approach.

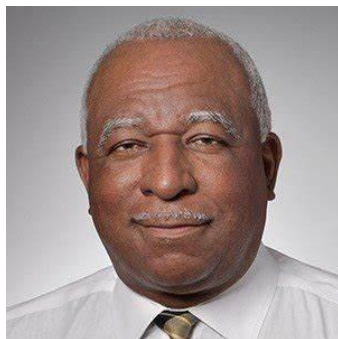
<https://ohsonline.com/Articles/2020/08/11/The-2020-Flu-Shot-is-More-Important-than-Ever-Experts-Say.aspx?>

AUGUST 11. 2020

RECOGNIZING CVCHIP PHYSICIANS...WHO ARE LEADING THE WAY TO MAKE A DIFFERENCE IN THE LIVES OF MEDICARE PATIENTS

(BELOW ARE THOSE FEATURED FOR OCTOBER)

(See Next Month's Issue for More CVCHIP Physicians)

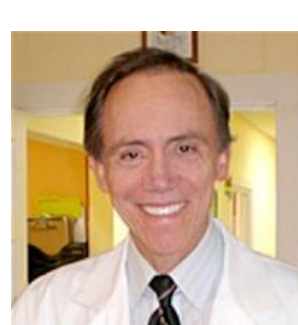


PHYSICIAN NAME (Left to Right)

Makini Ainsworth

Leo Bowers

Leon Brown, Jr.



PHYSICIAN NAME (Left to Right)

Tania Akers-White

Mitzi Sampson

Lindley Smith

James Cook



PHYSICIAN NAME

(Left to Right)

Lerla Joseph

Vernis Beverly

Keith Newby



PHYSICIAN NAME

(Left to Right)

James Newby II

Lei Charlton

Samir

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WORDS OF INSPIRATION

LEADERS HELP RECOVER FROM RUNAWAY UNCERTAINTY

SOURCE: Marilyn's Monday Morning Message...September 28, 2020

Research suggests that effective leaders can help shut or slow down runaway uncertainty associated with the health and wellness of business, communities and individuals. While a tall order, this distinguished class seemingly plows through clutter and creates a path forward to conquer disruption in our lives resulting from wars, disease, unrest, oppression, economic downturns, doubt, dismay, natural disasters, politics and more by partnering with a wide range of qualities as shown below:

1. The 2 V's: Vision and Values
2. The 4 C's: Confidence, Competency, Creativity and Communication
3. The 4 P's: Positives, Partnering, Problem-Solving and Patience
4. The 3 E's: Educating, Encouraging and Energizing Others

Leaders embrace these same qualities to then bring about the changes needed to emerge from hardships and devastation. While we learn daily about leaders of yesterday and today who have made a difference through books, magazines, the media and other communication vehicles, their numbers pale in terms of the abundance of individuals who have leadership qualities as well and are not recognized. They too have built/are building doors to bring about certainty and merit applause.



**CVCHIP WILL SOON BEGIN A PROCESS TO
CREATE ITS STRATEGIC PLAN TO INSURE CONTINUED
GROWTH AND VIBRANCY**

MEMBERS WILL REVIST A SWOT ANALYSIS TO SUBSTANTIATE



**A Recommended Resource to Review Prior to the
January 2021 CVCHIP Quarterly Board Meeting**

<https://www.accountablecarelc.org/leadershipteam>

OCTOBER 2020

REMINDERS



CELEBRATIONS

MONTHLY

American Pharmacist
Breast Cancer Awareness
Bullying Prevention
Domestic Violence Awareness
Long Term Care Planning
National AIDS Awareness
National Crime Prevention
National Depression Education & Awareness
National Diabetes
National Substance Abuse Prevention

Weekly

No Salt: 3-10
Mental Illness Awareness: 4-10
Primary Care Physicians: 5-9
Emergency Nurses: 11-17
Medical Assistants Recognition: 19-23

Daily

Bosses Day, October 16

**JOIN THE BI-WEEKLY CHAT
VIA ZOOM
10/7 and 10/21
AT 7:30 AM
CHECK THE WEBSITE
FOR DETAILS
cvchip.org**



October 31, 2020



**SAVE THE DATE
November 3
VOTE**

- **COMPLETE**
HIE ON-BOARDING with One Partner
- **POST**
Emergent Posters and Share Information with Patients
- **RECOMMEND**
Board Members, Partners and Practices for CVCHIP
- **VISIT**
Website for CVCHIP Happenings and Resources

Express Appreciation Often To Your Staff & Patients!



KEY STATS

MEDICARE SHARED SAVINGS

PERFORMANCE YEAR	DISTRIBUTION YEAR	TOTAL RECEIVED BY CVCHIP ACO FROM CMS	TOTAL DISTRIBUTIONS TO CVCHIP ACO PARTICIPANTS	% OF FUNDS DISTRIBUTED TO CVCHIP ACO PARTICIPANTS
2016	2017	\$1,734,251.00	\$239,648.00	13.8 %
2017	2018	\$1,456,808.00	\$386,896.74	26.5 %
2018	2019	\$2,477,240.97	\$749,632.45	30.0 %
2019*	2020	\$1,843,196.00		

QUALITY SCORE PER PERFORMANCE YEAR

2016	100.00 %
2017	83.44 %
2018	92.60 %
2019	92.17%

COMMENT ON MSSP FOR 2019 FROM DR. LERLA JOSEPH

It is with great pride and enthusiasm that I announce to you that CVCHIP achieved the Triple Aim once again. This represents our 4th year of success in terms of improving the quality of our beneficiaries' care and decreasing the cost of that care to Medicare. Each of you should take pride in the collective effort it required for CVCHIP to achieve such outstanding consecutive, yearly successes. Because of these efforts, CVCHIP ranked among the best of the small physician-owned, physician-governed, and physician-led ACO's in the country.

Now for the particulars CVCHIP's performance is prorated for 6 months of annualized savings rate. Yes, we performed better than all previous contract years.

The total beneficiaries for 2019, **6,692**; savings rate **10.98%**; minimum savings rate to qualify for savings **3.46%**; total savings **\$3,999,637.00**; earned shared savings **\$1,843,196.00**; final quality score **92.17**; updated benchmark **\$11,225.00**; historical benchmark **\$10,314.00**; quality savings rate **50%**; final quality savings rate **46%**. Your executive team has not fully analyzed CVCHIP's numbers in comparison to other ACO's. This will be made available at the next Governing Body meeting.



CVCHIP ACO PARTICIPANTS AND BOARD MEMBERS



John Gehman, HouseCalls, MD
Leo Bowers, MD, Old Hampton
Family Medical Associates, PC
Jerome Smith, MD*
Lind Chinnery, MD Divine Healthcare, LLC
Horace J. Jackson, MD
Graisse Abdelshaheed, MD,*
Family Medicine Healthcare LLC

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Makini Ainsworth, MD, Wellness and Health Center
Leon Brown, Jr. MD
Lindley Smith, MD*
James Cook, MD, Family Medical Center, PC
Zainab Dumbuya, PM, Cardiac Connections Home Health
Melissia Hill, RN, Professional Health Care, Inc.*
Lerla Joseph, MD, Charles City Medical Group, Inc.*
Stacy Riedt, ANP, Virginia Family Practice, PC
James Newby, MD, Primary Care Specialists*
Mitzi Sampson, MD, Central VA Family Medicine, PC*

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Edward G. West, Board Member, CVCHIP LLC*
Dr. Thelma B. Watson, Board Member. CVCHIP LLC*
Michael Perriccio, Board Member, CVCHIP LLC*
Earl R. King, Jr., Compliance Officer, CVCHIP LLC
Munica Green, Practice Administrator, CVCHIP LLC
Marva Fretheim, Patient Consultant, CVCHIP LLC
Shakara Elam, Quality Assurance Officer, CVCHIP LLC
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*Board Members

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