



Dr. Lerla G. Joseph
Chair & CEO

Today, I am consumed by the **Audacity of Hope** that CVCHIP more than ever is positioned to become a gold standard among organizations that are living the health equity dream. Since its inception, CVCHIP and its governance and diverse member practitioners initiated a journey to offer accessible, high quality and other attributes of value-based care. Its success is reflected in the consecutive years CVCHIP members were recipients of Medicare Shared Savings and the improved outcomes in the health of its beneficiaries.

The CVCHIP brand is known in urban and rural areas of Northwest, Central and Eastern Virginia. Its member practitioners represent primary care physicians and specialties such as ophthalmology and cardiology. Boosting its efforts as well has been the membership of a Hampton Roads Pharmacy and a Richmond-Based Home Health Agency. CVCHIP governance has been an invaluable resource to help spur the growth of our ACO as well.

CVCHIP’s vision as captured in its strategic plan, its rich history of exemplary performance and factors aforementioned continue to be the driving forces behind its readiness to move forward as an ACO Reach entity to be known as Jericho. As with CVCHIP currently, member practices will remain independent providing autonomy to grow their practices and manage their business.

Bi-MONTHLY HEALTH JOURNAL & GUIDE MAY 2022

ACO Reach provides opportunities to exponentially increase practitioners’ financial return from embracing ACO Reach principles in contrast to that associated with the current ACO and participation as a POD with Emergent ACO. Additionally, member practices may invest in ACO Reach for a return of 15% under most favorable circumstances. As all investments, however, there is exposure when investing and the ROI may be less.

The ACO Reach open enrollment of CVCHIP is underway. CVCHIP “kicked this off” at the NMA, Region II Annual Meeting in Wilmington, Delaware, April 21 through April 23. There was considerable interest in ACO Reach by Attendees and follow-up with them and other physicians and practitioners in Region II of the NMA is happening. It is significant that physicians outside of Virginia have voiced loudly their interest in joining ACO Reach and they are being pursued.

This issue of the CVCHIP BI-MONTHLY JOURNAL AND GUIDE provides detail on the actions taken to move CVCHIP towards ACO Reach. CVCHIP is at the crossroads of its next level of success. I appreciate the commitment and passion of CVCHIP members, practitioners, leaders, governance and partners such as the American Heart Association, the Master Center and Community Transformers, to our pursuit of the best that we can be to promote health equity in all services provided through CVCHIP and other entities.

Lerla

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INVESTING IN ACO REACH...CVCHIP IS ON THE MOVE

SUBMITS ACO REACH APPLICATION ON APRIL 22

IN THE SPOTLIGHT...



SUBMITS ACO REACH APPLICATION TO CMS
APPROVAL EXPECTED IN JUNE 2022 FOR 2022-23
**LEARN ABOUT THIS OPPORTUNITY AND POSITIVE
CHANGE IN YOUR PRACTICE AND PATIENTS**
OPEN ENROLLMENT IS UNDERWAY UNTIL JULY 31



**PLEASE CONTACT ME TODAY
WITH DATE AND TIME OPTIONS TO MEET WITH YOU IN
YOUR OFFICE. REFERRALS WELCOMED**

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804.386.7855
ZOOM (As Determined Necessary)

**SEE THE ATTACHED
ACO REACH HIGHLIGHTS**

PRESENTS ON ACO REACH AT THE NMA, REGION II ANNUAL MEETING



THANK YOU FOR CONNECTING AT OUR EXHIBIT
NMA, REGION II ANNUAL MEETING April 21-23, 2022

**OPEN ENROLLMENT FOR ACO REACH
IS UNDERWAY UNTIL JULY 31**

**LEARN HOW ACO REACH CAN MAKE A POSITIVE CHANGE IN
YOUR PRACTICE AND THE LIVES OF YOUR PATIENTS.**

ALL CALLS AND REFERRALS ARE WELCOMED

**BRANDS ACO REACH AS JERICHO AND
ANNOUNCES OPEN ENROLLMENT**

PRIMARY CONTACT: LERLA G. JOSEPH, M.D., CHAIR & CEO



**AS IT PREPARES FOR
JERICHO ACO REACH TO**



**OPEN ENROLLMENT IS UNDERWAY
CONNECT TODAY**

"**ACO REACH** is an opportunity like a sunrise; If you wait too long, you miss it."

See More on the Next Pages

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WEBSITE: cvchip.org

CVCHIP SHARES

ACO REACH FACTS

Advance Health Equity to Bring the Benefits of Accountable Care to Underserved Communities. The ACO REACH model promotes health equity and focuses on bringing the benefits of accountable care to Medicare beneficiaries in underserved communities. ACO REACH will test an innovative payment approach to better support care delivery and coordination for patients in underserved communities and will require that all model participants develop and implement a robust health equity plan to identify underserved communities and implement initiatives to measurably reduce health disparities within their beneficiary populations.

Promote Provider Leadership and Governance. The ACO REACH Model includes policies to ensure doctors and other health care providers continue to play a primary role in accountable care. At least 75% control of each ACO's governing body generally must be held by participating providers or their designated representatives, compared to 25% during the first two Performance Years of the GPDC Model. In addition, the ACO REACH Model goes beyond prior ACO initiatives by requiring at least two beneficiary advocates on the governing board (at least one Medicare beneficiary and at least one consumer advocate), both of whom must hold voting rights.

Protect Beneficiaries and the Model with More Participant Vetting, Monitoring and Greater Transparency. CMS will ask for additional information on applicants' ownership, leadership, and governing board to gain better visibility into ownership interests and affiliations to ensure participants' interests align with CMS's vision. We will employ increased up-front screening of applicants, robust monitoring of participants, and greater transparency into the model's progress during implementation, even before final evaluation results, and will share more information on the participants and their work to improve care. Last, CMS will also explore stronger protections against inappropriate coding and risk score growth.

CONTACT

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EXHIBITING

NMA, REGION II ANNUAL MEETING
April 21-23, 2022

CVCHIP SHARES

ACO REACH PARTICIPANT TYPES

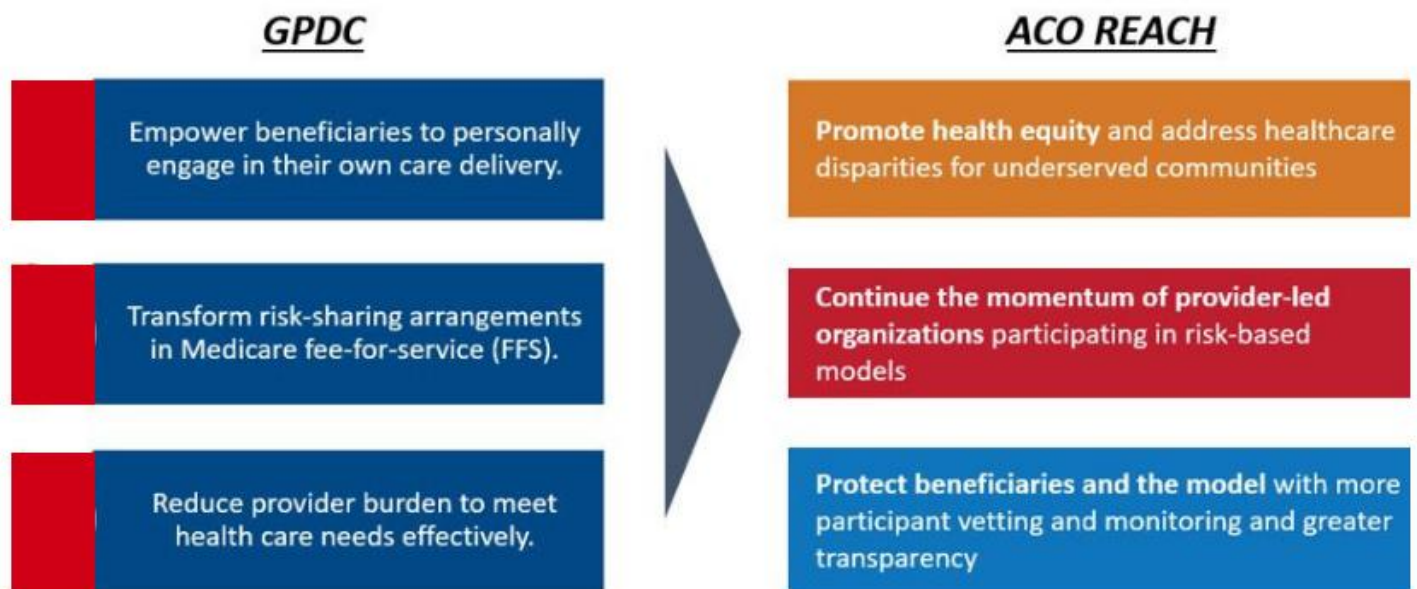
Standard ACOs – ACOs comprised of organizations that generally have experience serving Original Medicare patients, including Medicare-only and also dually eligible beneficiaries, who are aligned to an ACO through voluntary alignment or claims-based alignment. These organizations may have previously participated in another CMS Innovation Center shared savings model (e.g., Next Generation ACO Model and Pioneer ACO Model) and/or the Shared Savings Program. Alternatively, new organizations, composed of existing Original Medicare providers and suppliers, may be created to form a Standard ACO. In either case, clinicians participating within these organizations would have substantial experience serving Original Medicare beneficiaries.

New Entrant ACOs – ACOs comprised of organizations that have not traditionally provided services to an Original Medicare population and who may rely primarily on voluntary alignment, at least in the first few performance years model participation. Claims-based alignment will also be utilized.

High Needs Population ACOs – ACOs that serve Original Medicare patients with complex needs, including dually eligible beneficiaries, who are aligned to an ACO through voluntary alignment or claims-based alignment. These participants are expected to use a model of care designed to serve individuals with complex needs, such as the one employed by the Programs of All-Inclusive Care for the Elderly (PACE), to coordinate care for their aligned beneficiaries.

CVCHIP SHARES

‘Reaching’ Beyond GPDC: ACO REACH Model Goals




PARTICIPATION OPTIONS

There are two voluntary risk-sharing options under the ACO REACH Model. In each option, participating providers accept Medicare claims reductions and agree to receive at least some compensation from their ACO.

Professional. A lower risk-sharing arrangement—50% savings/losses—with one payment option for participants: Primary Care Capitation Payment, a risk-adjusted monthly payment for primary care services provided by the ACO’s participating providers.


Global. A higher risk sharing arrangement—100% savings/losses—with two payment options: Primary Care Capitation Payment (described above) or Total Care Capitation Payment, a risk-adjusted monthly payment for all covered services, including specialty care, provided by the ACO’s participating providers.

EMBRACES ACO REACH TO HELP WITH PROMOTING PHYSICAL AND MENTAL HEALTHY PRACTICES



cvchip.org
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**Supports ACO Reach as
A Pathway to Solve Health Disparity Issues and Embraces**




**Mental and Physical Healthy Practices to
Support The Journey of Life of Your Patients and You**

*Share this Message with All During Mental Health Awareness Month and Beyond


ACKNOWLEDGES THAT ACO REACH IS THE CONDUIT TO CONTINUE VALUE-BASED CARE



**HELPS DRIVE DOWN
MEDICARE COSTS THROUGH
VALUE-BASED CARE**



**JOIN
CVCHIP TODAY...**
SEE HIGHLIGHTS ON THE NEXT PAGE





*A CVCHIP/QUEST DIAGNOSTICS INITIATIVE

Thursdays at 12:30-2:00 PM

Purpose

1. Establish a forum for CVCHIP to showcase its Vendors/Suppliers
2. Boost dialogue between CVCHIP Administrative staff and Participant Practices
3. Extend an opportunity for Participant Practices to share its unique characteristics

Agenda

12:30-1:00 PM—Quest Diagnostics Overview and Opportunities

1:00- 1:30 PM— CVCHIP/ACO Dynamics

1:30—2:00 PM—Practice Updates

**CONTACT MARILYN TO
SCHEDULE YOUR L&L
mhwestcon@aol.com
804.337.7575**

QUEST DIAGNOSTICS IS TAKING ACTION TOWARDS HEALTH EQUITY?

The COVID-19 pandemic laid bare the health disparities that have been growing within our society for all to see. Infection rates and death rates disproportionately impact people of color, as well as those living in communities of low-income households. Recognizing the need to address health inequality more broadly and to take action to provide COVID-19 testing services, Quest Diagnostics and the Quest Diagnostics Foundation committed more than \$100 million to launch Quest for Health Equity.

Quest created Quest for Health Equity (Q4HE) because we believe that good health should be in reach for everyone — **regardless of their zip code, income, or skin color.**

But for too many Americans, especially members of historically marginalized communities, this is far from reality.

Through **Q4HE**, we're on a quest to help remove systemic barriers, and improve access to the critical resources we all need to be healthy.

READ MORE: <https://www.questfortheequity.com/>

ON POINT: MONTHLY PERSPECTIVES ON HEALTH CARE

PROMOTING HEALTH FOR OLDER ADULTS

(MAY IS OLDER AMERICANS MONTHS)

The increase in the number of older adults in the United States is unprecedented. In 2019, 54.1 million US adults were 65 or older, representing 16% of the population—or more than 1 in every 7 Americans. Nearly 1 in 4 older adults are members of a racial or ethnic minority group.

By 2040, the number of older adults is expected to reach 80.8 million. By 2060, it will reach 94.7 million, and older adults will make up nearly 25% of the US population.

Aging increases the risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation's leading drivers of illness, disability, death, and health care costs. The risk of Alzheimer's disease and other dementias increases with age, and these conditions are most common in adults 65 and older. In 2021, health care and long-term care costs associated with Alzheimer's and other dementias were \$355 billion, making them some of the costliest conditions to society.

CDC's [National Center for Chronic Disease Prevention and Health Promotion](#) funds partners to improve the health of older adults by:

- Helping those with dementia remain active, independent, and involved in their community as long as possible.
- Providing resources to help caregivers stay healthy and deliver quality care to their care recipients.
- Increasing early assessment and diagnosis, risk reduction, and prevention and management of chronic diseases for people with or at risk of Alzheimer's disease and other dementias.
- Increasing the use of other clinical preventive services like blood pressure checks, cancer screenings, and blood sugar testing.
- Increasing the number of people who speak to a health care provider about their worsening memory.
- Helping Medicare beneficiaries reduce their risk of type 2 diabetes through the National Diabetes Prevention Program (National DPP) lifestyle change program.
- Promoting physical activity programs to reduce the risk of dementia and arthritis pain.

Read More:

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm>

FEATURED CVCHIP MEMBER

MAY 2022



LINDLEY Y. SMITH, MD Ophthalmologist

Dr. Lindley Smith, MD is an Ophthalmologist licensed to practice in Virginia and California. He is based in Richmond, Virginia and has over 56 years of experience in the medical field. He graduated from Meharry Medical College School of Medicine in 1966. He received his B.S. Degree at Long Island University. Lindley's education is extensive in addition to Medical School. For example, he was a fellow in Integrative Medicine at the University of Arizona. Lindley also served his country in the military. He was in the US Special Forces and completed a number of courses, among which is a Flight Surgeon Course. Lindley also was an instructor for the same. He has affiliations with Bon Secours Mercy Richmond Community and St. Mary's Hospitals and Medarva Surgical Center. His presentations on Ophthalmology are vast. Included is the Introduction of Alternative for MIV to 4th Year Medical students. Lindley has traveled throughout the World and is active in numerous health care and community organizations. Lindley is a CVCHIP practitioner and board member.

MAY IS HEALTHY VISION MONTH

SHARING INFORMATION WITH PATIENTS ABOUT TAKING CARE OF THEIR EYES IS ESSENTIAL

LET PATIENTS KNOW THAT taking care of their eyes also may benefit their overall health. People with [vision problems](#) are more likely than those with good vision to have [diabetes](#), poor hearing, heart problems, high blood pressure, lower back pain and strokes, as well as have increased risk for falls, injury and depression. Among people aged 65 and older, 54.2 percent of those who are blind and 41.7 percent of those with impaired vision say their overall health is fair or poor. Just 21.5 percent of older Americans without vision problems reported fair to poor health.

Read More at: <https://www.cdc.gov/visionhealth/healthyvisionmonth/index.htm>

M⁴ MARILYN'S MONDAY MORNING MESSAGE

VOLUME 7, ISSUE 13

(Modified from a Volume II Issue)

TAPPED OUT...TRY MORE FRESH AIR AND SUNSHINE

For years I have been pulling out all the stops to become a top flight leader, consultant, parent, spouse, tennis player and more. The toolkit that I use to reach a high performance level is filled with a medley of resources, skills and experiences.

There are times, however, that I believe my tools need sharpening and polishing to respond to situations and matters before me. Findings from my research suggest that it is essential to open up your toolkit and capture some new or different ideas, approaches or thinking of others. When I embrace some or all of what is shared by others, I feel like I do when I leave my office and breathe fresh air...Revived, Energized, Focused, Loosening of Stress and more.

BOTTOM LINE: We all need to escape the airtight environments and gloom in which we function all too often. So you may wish to lift your windows and shades and journal the positive impact of this action.

Laura Ingalls Wilder's wisdom seems *spot on*...Some old-fashioned things like fresh air and sunshine are hard to beat!

Have a great week!

Marilyn

A FEW CREDENTIALS

Marilyn H. West, Chair & CEO
M. H. West & Co., Inc.
MANAGEMENT & EDUCATION CONSULTANTS

- Greater Richmond Business Hall of Fame
- 2016 Female Executive of the Year, Style Weekly
- Board of Directors, Venture Richmond
- Board of Trustees, Ferrum College
- Board of Trustees, Waynesburg University
- Board Member, Go Virginia
- YWCA Outstanding Women's Award
- Member, Richmond Metropolitan Transportation Authority (Chair)
- Member, Richmond Ambulance Authority
- Board of Directors, Virginia 21



NEXT ISSUE:
Monday, April 13, 2022

MAY 2022

REMINDERS



CELEBRATIONS

Monthly Holidays

Asthma Awareness
Better Hearing & Speech
Family Wellness
Healthy Vision
Mental Health
Military Appreciation
National Arthritis Awareness
National High Blood Pressure
Education
National Meditation
National Water Safety
Older Americans
Skin Cancer Awareness
Spiritual Literacy
Strike Out Strokes
Women's Health Care



JOIN THE CVCHIP

MONTHLY CHAT
VIA ZOOM

2nd WEDNESDAY, 7:30 AM
(Visit cvchip.org and P 14 for details)



ENCOURAGE PATIENTS TO:
Wash Hands; Watch Distance;
Wear Masks and Vaccinate

**TAKE THE TIME TO ACT ON
THE FOLLOWING:**

- **CONNECT REGULARLY WITH**
CVCHIP QUALITY ASSURANCE
OFFICER – Shakara Elam
- **SHARE**
Success Stories and Best
Practices
- **RECOMMEND**
Board Members, Partners and
Practices for CVCHIP
- **VISIT FREQUENTLY**
cvchip.org
- **SCHEDULE**
Lunch and Learn Session

CELEBRATE REGULARLY, SUCCESSFUL



PRACTICES AND BOARD MEMBERS

PRACTICES

Adult And Pediatric Medical Associates, PC	Vernis Beverly, MD
Cardiac Connections Home Health Care	Zanaib Dumbya, RN
Central Virginia Family Medicine, P.C.	Mitzi j. Sampson, MD
Charles City Medical Group Inc	Lerla G. Joseph, MD
Commonwealth Vein Center	Saqib Samee, MD
Divine Health Care LLC	Dr. Debra F. Chinnery
Al Family and Urgent Care	Liqaa S Al-Khozaie, MD
East Coast Physicians PC	Hasan Farkhani, MD
Family Medical Center PC	James Cook, MD
Family Medicine Health Care PLLC	Samir Abdelshaheed, MD
Fort Norfolk Plaza Medical Associates, LLC	Keith Newby, M.D.
Horace Jackson, M.D.	Horace Jackson, MD
Jerome Smith, M.D.	Jerome Smith, MD
House Calls MD	John Gehman, MD
Lei S. Charlton MD PC	Lei S. Charlton, MD
Lindley Smith	Lindley T. Smith. MD
MD Wellness And Health Center	Makini Ainsworth, MD
Old Hampton Family Medical Associates PC	Leo C. Bowers, MD
Peoples Pharmacy LLC	Anna Peoples, Pharm.D
Primary Care Specialists, Inc.	James Newby, II, MD
Sodality Respite Incorporated	Narita C. Snead, MPH

NEW PRACTICES

Narita C. Snead	MPH
Saqib Samee	MD
Ravinder S. Kohli	MD

BOARD MEMBERS

Graissee Abdelshaheed, RN
 Lei S. Charlton, MD
 Melessia Hill, PM
 Lerla G. Joseph, MD
 James Newby, II, MD
 Michael Perriccio, BS
 Mitzi J. Sampson, MD
 Jerome Smith, MD
 Lindley Smith, MD
 Edward G. West, MBA

SPREAD THE WORD

COMING SOON

- CVCHIP CEO Visits To Member Practices
- CVCHIP CHATS-MAY, JUNE & JULY



Currently Serving Medicare Patients in Northwest, Central and Eastern Virginia

INTRODUCING SPEAKERS FOR UPCOMING MONTHLY CHATS

JOIN THE VIRTUAL SESSIONS WITH YOUR COLLEAGUES AND OTHERS

2ND Wednesday of the Month at 7:30 AM

Speaker	Topic	Date
Shakara Elam Dr. Lerla G. Joseph CVCHIP Richmond, VA	EMERGENT ACO OPERATIONS UPDATE ACO REACH	5/11/22
Dana Williams One Partner, HIE Kingsport, TN	OP ASSISTANT (solution to provide clinical data from the HIE at the point of care)	6/8/22
Dr. Lerla G. Joseph CVCHIP Richmond, VA	ACO REACH IMPLEMENTATION	7/13/22

- ACO INVESTMENT OPPORTUNITIES
- CVCHIP PATIENT OPEN FORUMS (TBD)

CONTINUE TO VISIT CVCHIP RECOMMENDED RESOURCES SITES

www.heart.org/en/affiliates/virginia/norfolk
www.mastercenter.com
www.communitytransformersllc.com
<https://www.vhwda.org/>
www.cms.gov
www.cvchip.org
www.vdh.virginia.gov
www.dmas.virginia.gov
www.nmanet.org
www.cdc.gov

**THANK YOU EVERYONE FOR
YOUR CONTINUING SUPPORT
2022 IS TAKING SHAPE AS ANOTHER GREAT YEAR**

**(It Will Be Reflected In Part from the Shared Savings
To Be Distributed for the 6th Consecutive Year and
CVCHIP MOVEMENT TO ACO REACH)**

WE CAN CONTINUE TO TRAVEL TO THE



**“Individually, we are one drop.
Together, we are an ocean.”
Ryūnosuke Satoro**

SEND NEWSLETTER TOPIC SUGGESTIONS TO

Dr. Marilyn H. West, Editor

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