



2016 ANNUAL VALUE REPORT

MOVING FORWARD WITH CONFIDENCE





We extend our appreciation to our community stakeholders in joining us in this effort to provide better, more accountable, more efficient patient care. Together, our efforts in the Alliance will help us achieve clinical excellence and will provide us with the ability to evolve towards Clinical Integration.

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Foundation of Care



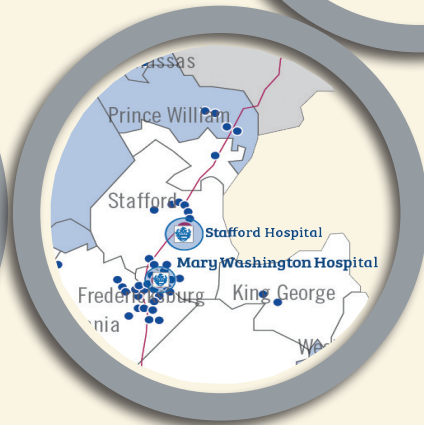
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FORWARD
WITH
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Mission Statement

TO PROVIDE SUPERIOR HEALTHCARE
AND VALUE THROUGH AN
INTEGRATED PARTNERSHIP AMONG
PATIENTS, PROVIDERS AND
COMMUNITY RESOURCES.

Executive Summary Message from Medical Director, Senior Vice President, and Board Chair

*MOVING FORWARD—
PICKING UP STEAM*



Since the Alliance's formation in 2013, we have gone from zero to 50,000 covered lives, zero to \$200 million healthcare dollars under our management, zero to 380 participating physicians, and from faith alone to faith + credibility. Like an accelerating train, we have overcome the immobilization of rest and benefit from the effort that supports our forward momentum. We are now at the point where in addition to stoking the engine we're laying new track to where we want to go. Our options:

- The tried and true path only
- A safe route through mostly known territory while skirting the frontier to take comfort in the familiar while sampling the challenge but also the excitement and potential reward of the unknown

— OR —

- Perhaps stoked with the confidence of recent successes, push on into uncharted territories.

It is for us as an Alliance to decide. On the pages that follow, you will see snapshots from our recent journey through the healthcare landscape. As we pick up speed, we look forward to traveling together on our journey to smarter spending, better care and a healthier community.

Handwritten signature of Richard Lewis, MD.

Richard Lewis, MD,
Alliance Medical Director

Handwritten signature of Travis B. Turner.

Travis B. Turner,
Alliance Senior Vice President

Handwritten signature of Thomas Janus, DO.

Thomas Janus, DO,
Alliance Board Chair



“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, to build a foundation that will help us improve patient care experiences, improve population health, and reduce per capita healthcare costs. It is essential for the success of the Alliance, and subsequently the success of its physician members, that we continue to work together as an integrated, collaborative group of physicians and healthcare system.”

—Thomas Janus, DO,
Alliance Board Chair

MWHC and Physicians formalize strategy on Integrated Provider Network
January 1, 2013



Mary Washington Health Alliance (MWMD) Incorporated
June 30, 2013



MWMD Formalized
September 6, 2013



Mary Washington Healthcare Associate Health Plan selects the Alliance as the Enhanced Network of choice.
January 1, 2014– December 31, 2018



Mary Washington Healthcare

Alliance accepted into the Bundled Payment for Care Improvement Initiative (BPCI)
July 1, 2015 – June 30, 2018



Alliance accepted into the Medicare Shared Savings Program (MSSP) as the region's only Accountable Care Organization (ACO)
January 1, 2015 – December 31, 2017



Alliance Value Based collaboration with Aetna Total Cost and Quality Program (TCQ)
April 1, 2015 – March 31, 2018



2013

2014

2015

Quality and Efficiency Program (QuE) with Providers

December 31, 2015 – December 31, 2018



Alliance Value based collaboration with Cigna Collaborative Accountable Care Program (CAC)

January 1, 2016 – December 31, 2018



Alliance Value Based collaboration Humana Gainshare Agreement

January 1, 2016 – December 31, 2018



2016

PinnacleHealth becomes a Subsidiary of the Alliance

April 15, 2016



Alliance collaboration with Virginia Health Network

October 1, 2016 – September 30, 2018



MWHC becomes sole equity owner of the Alliance

December 31, 2016



Medicare Access and CHIP Reauthorization Act LIVE!

January 1, 2017 – December 31, 2025



Alliance accepted into the CMS Million Hearts Program as an Intervention Group

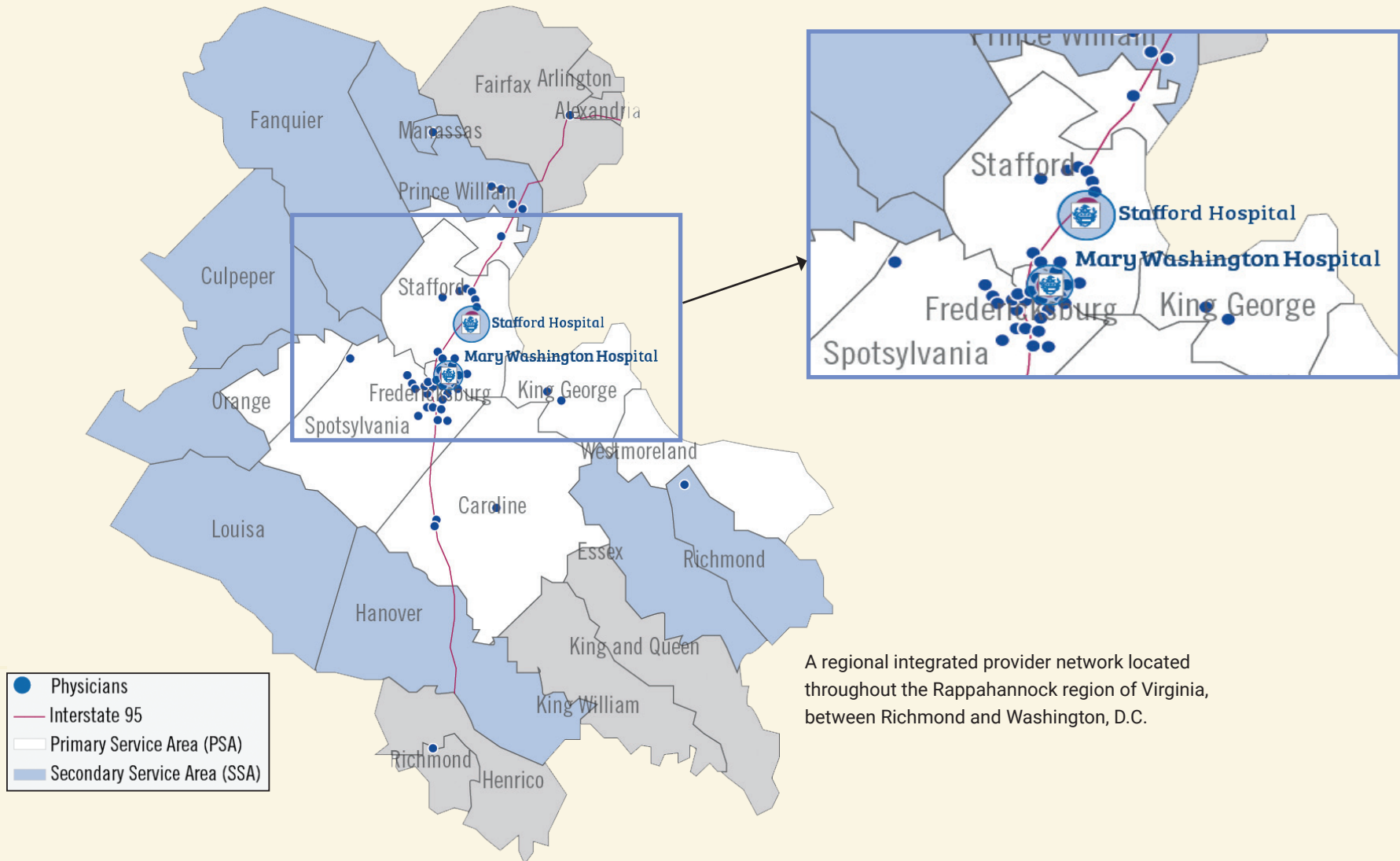
January 1, 2017 – December 31, 2021



2017

WHO WE ARE

Mary Washington Health Alliance is a Clinically Integrated, Accountable Care Organization (ACO) that is a formal partnership between Mary Washington Healthcare and community physicians to support the Triple Aim.™ Our doctors, hospitals, and other medical facilities work to provide the right care, at the right time, in the right place, and with the right provider.



A regional integrated provider network located throughout the Rappahannock region of Virginia, between Richmond and Washington, D.C.



PHYSICIAN LED— PROFESSIONALLY MANAGED

In 2012, Mary Washington Healthcare (MWHC) set out to pursue a formal partnership with the community physicians to improve the overall quality, health and cost of healthcare for the greater Fredericksburg Community.

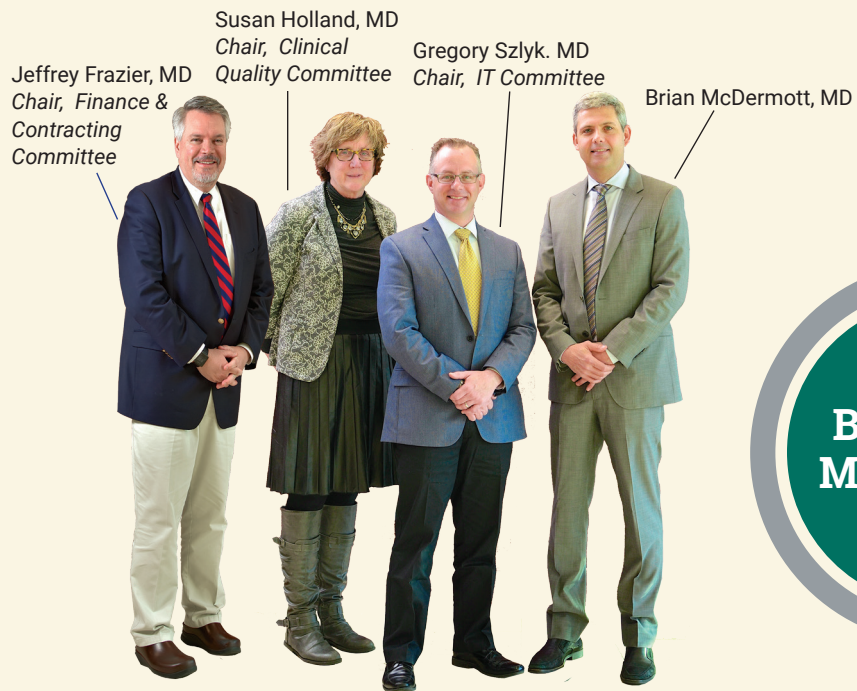
In the Fall of 2013, the Mary Washington Health Alliance LLC (Alliance) was established as the formal joint venture Limited Liability Corporation between MWHC and nearly 400 physicians who practice in our service area.

The broad reach of physician leadership and governance has important implications on how effective Population Health Management is adopted successfully. These Population Health management strategies include incorporating evidence-based information more quickly into patient diagnosis and treatment, engaging patients and families more directly in care, delivering higher levels of team-based care, and providing more transparent cost and quality data to physicians and other providers.

As the country moves away from fundamental fee-for-service payments, successful interdependence between hospitals and physicians becomes necessary in defining a clinically integrated delivery system that gets reimbursed for keeping the community healthy.

“The Alliance is committed to the transition to Value-based care, and there is tremendous value to our community stakeholders to benefit from our established partnership between local physicians and Mary Washington Healthcare focusing on improving the health, the quality and the cost for the community we serve.”

—Travis B. Turner,
*Senior Vice President of
Clinical Integration*



BOARD OF MANAGERS



ADVISORY COMMITTEES



VALUE BASED

CLINICALLY INTEGRATED ACCOUNTABLE CARE ORGANIZATION (ACO)

- Manages the community's only Medicare Shared Savings Program (MSSP) for over 15,000 Medicare Beneficiaries.
- Manages the community's only Bundled Payment for Care Improvement Program (BPCI), accepting financial risk for Medicare patients in our community for up to 90-day post-acute care stays from Mary Washington Hospital and Stafford Hospital.
- Serves as the area's only participant in the Million Hearts Program, deemed an Interventional group. The Million Hearts Program is a 5-year long initiative focusing on the identification and management of patients with a high risk of cardiovascular disease (ASCVD). The goal of this program is to reduce the incidence of cardiovascular events (Heart Attacks and Strokes) for patients in our community.



PRIMARY CARE PHYSICIANS

	2013	2014	2015	2016
Pediatrics	11	20	21	26
Family Practice	17	19	19	28
Internal Medicine	11	13	18	28
Urgent Care	0	7	8	16
Total	39	59	66	98

“ Primary care is the engine of an ACO by providing access, disease prevention and management, and care coordination services that influence overall quality and efficiency for the network. Likewise, local primary care providers are recognizing the benefits of the organization in assistance with data collection and programs of population management that would not be available to them in individual practices. ”

—Dr. Patrick McManus

ALLIANCE STAFF



THE ALLIANCE STAFF IS A HIGHLY SKILLED AND EXPERIENCED TEAM THAT SUPPORTS ALLIANCE PROVIDERS AND THE COMMUNITY TO MEET AND EXCEED ALLIANCE GOALS AND OBJECTIVES. THIS INTEGRATED AND ENGAGED TEAM IS FOCUSED ON CURRENT AND FUTURE STRATEGIES AND INITIATIVES TO HELP BUILD HEALTHIER COMMUNITIES.

Our Executive Leaders

Travis Turner, Senior Vice President Clinical Integration
Dr. Richard Lewis, Alliance Medical Director

Our Operations Team

Pamela Johns, Business Relations Manager
Carole Sillman, Executive Assistant to Travis Turner

Our Population Care Team

Joan Snyder, RN, MS, Population Health Manager
Terry Sullivan, MSN, RN, CDE, Care Coordinator
Raun Craven, BSN, RN, CDE, Care Coordinator
Tina Scotto, BSN, RN, CDE, Care Coordinator

Our Analytics Team

Thomas Magrino, Clinical Integration
Analytics Coordinator
David Mears, Clinical Integration
Business Analyst
Ezem Ajeroh, Clinical Integration
Analytics Coordinator
Elizabeth Parker, Clinical
Documentation Specialist
Donna Summers,
Clinical Documentation
Specialist

2016 YEAR IN REVIEW

MOVING FORWARD – BUILDING ON ACCOMPLISHMENTS

PERFORMANCE

**POPULATION HEALTH
MANAGEMENT**

**ALLIANCE KEY
COMMUNICATIONS**

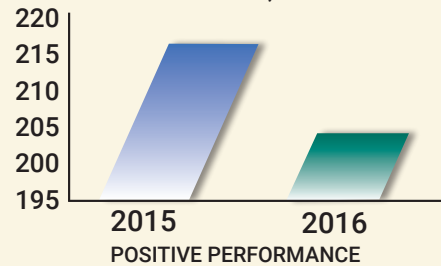
MOVING FORWARD WITH CONFIDENCE

PERFORMANCE

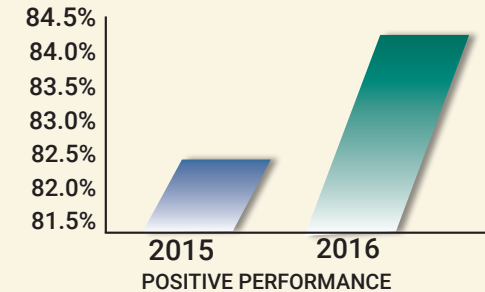
Unplanned Readmissions, Hospital Admissions per 1000 attributed patients per year and rates of Emergency Department visits per 1000 attributed patients per year are key sentinel markers for how a system is impacting the utilization of expensive health care resources. Through better collaboration between physicians and hospitals and improved hospital operations, the length of time a patient needs to be in the hospital for a given condition can be reduced. The total hospital days used by a population can be reduced by effective management of inpatient resources and increased efforts to reduce hospital admissions. These indicators will provide a comprehensive approach that coordinates patient care across the continuum—ensuring the right care is delivered at the right time, in the right place, and with the right provider. This will result in more efficiency, improved health outcomes and potentially significant cost savings to the system. The goal is to improve these metrics from the prior year's established baseline as a Network, and achievement of this goal is determined on Network performance.

MARY WASHINGTON HEALTHCARE PLAN

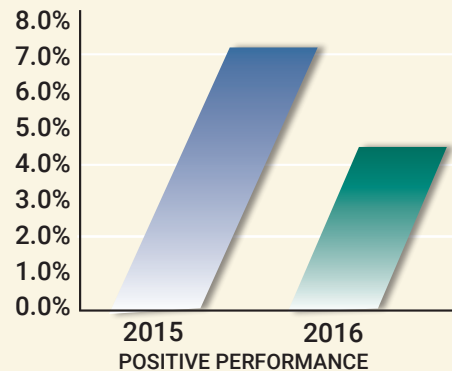
ER Visits
PER 1,000



Generic Fill



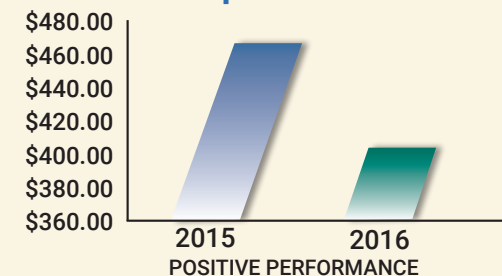
Readmit Rate



IP Admits
PER 1,000



Spend PMPM



“Today the Alliance has been very active in pursuing and succeeding in Value based initiatives, and we are proud of how we are viewed as leaders in the Value based Population Health movement within our Commonwealth of Virginia.”

— **Dr. Michael McDermott**,
Chief Executive Officer
and President of MWHC

MEDICARE SHARED SAVINGS PROGRAM



CMS MSSP: To fulfill the intent of the Affordable Care Act, the Shared Savings Program aims to improve beneficiary outcomes and increase value of care by providing:

- Better care for individuals;
- Better health for populations; and
- Lowering growth in expenditures

The Shared Savings Program will reward ACOs that lower their growth in healthcare costs while meeting performance standards on quality of care and putting patients first.



MEDICARE SHARED SAVINGS PROGRAM 2015 CALENDAR YEAR PERFORMANCE

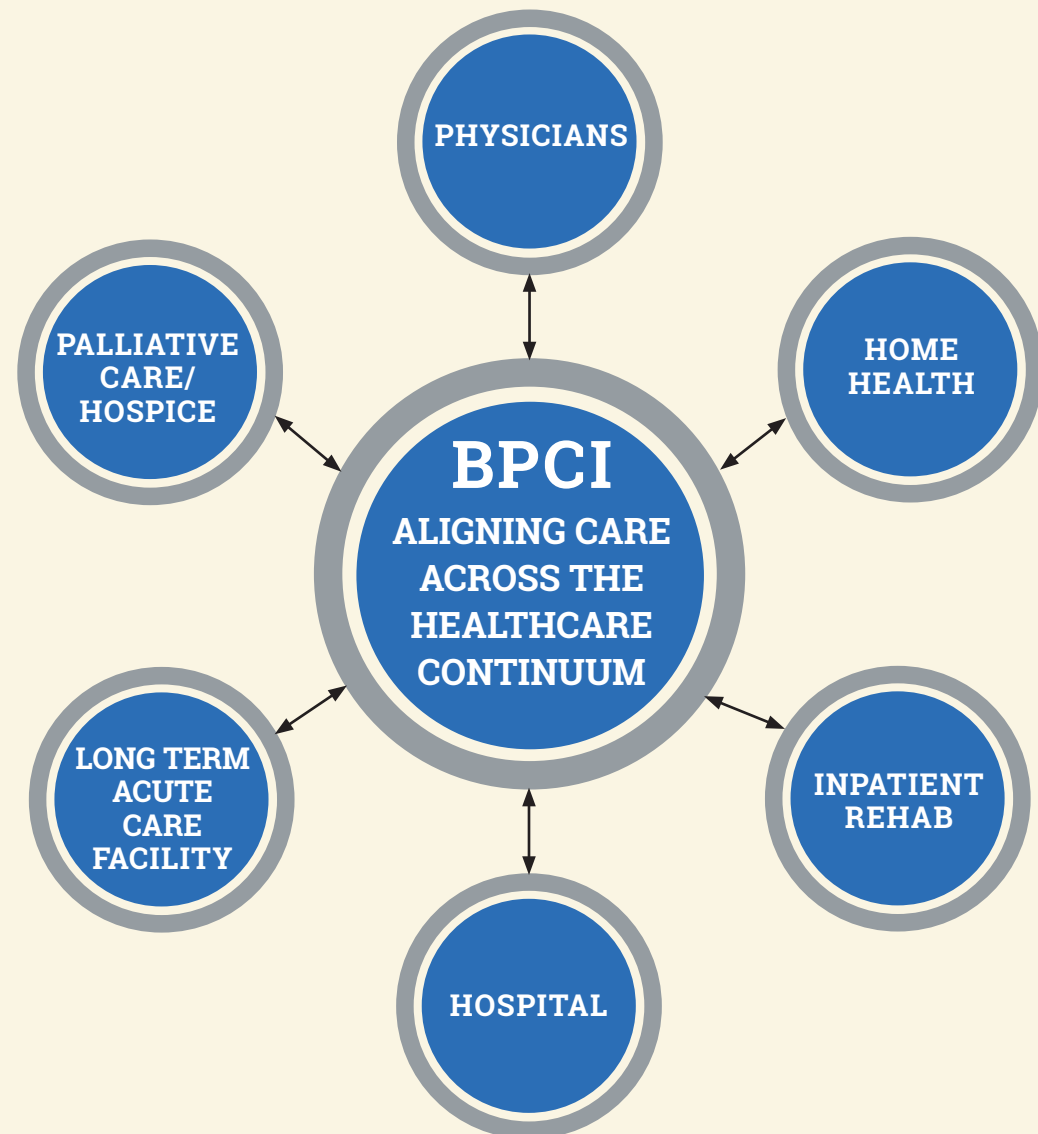


BUNDLED PAYMENTS FOR CARE IMPROVEMENT



Traditionally, Medicare makes separate payments to providers for each service they perform for beneficiaries during a single illness or course of treatment. This approach can result in fragmented care with minimal coordination across providers and healthcare settings. It also rewards the quantity of services offered by providers rather than the quality of care furnished. Research has shown that bundled payments can align incentives for providers – hospitals, post-acute care providers, physicians, and other practitioners – allowing them to work closely together across all specialties and settings.

BUNDLED PAYMENTS



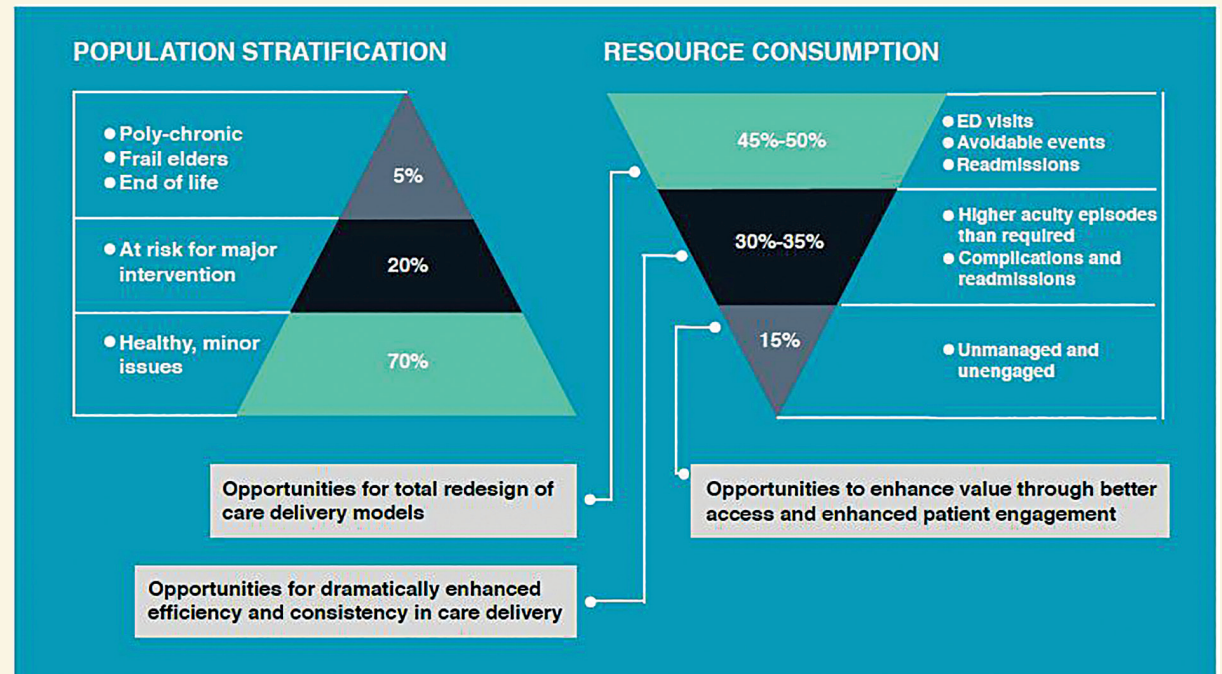
POPULATION HEALTH MANAGEMENT

2016 WAS A YEAR OF GROWTH AND EXPANSION FOR THE ALLIANCE CARE COORDINATION PROGRAM. BUILDING UPON ITS SUCCESS DURING THE PREVIOUS YEAR, THE PROGRAM GOALS WERE:

- To engage as many high risk/rising risk patients as possible
- To provide transitional support for patients who were hospitalized
- To provide disease specific education for patients with diabetes

The RN Care Coordinators interacted with over 550 patients. The nurses made 266 visits and nearly 1500 calls to Alliance patients, with an emphasis on “connecting the dots” between episodes and sites of care. This included support for appropriate utilization of services, prevention of readmissions and promotion of patient self-management strategies. Over 60 patients were screened for inclusion in the Diabetes project. Patients were either referred directly to the Self-Management Diabetes Education program, or given individualized instruction related to diabetes management. Results show that many patients have improved their abilities to manage this condition.

Early in the year, the care coordination program extended its reach by working with five Alliance primary care practices to improve the quality of care for patients in the Medicare Shared Savings Program (MSSP). Each practice



*National Institute 2013: Blended MarketScan Commercial, Medicare 5% LDS, and representative payor Medicare Data

identified a primary point of contact (“embedded”) coordinator or ECC to work directly with MSSP patients identified by the Alliance analytics team to support population health. The ECC promoted annual wellness visits, encouraged early follow up visits for hospitalized patients, contacted high risk patients to address barriers to care and assisted patients in scheduling preventative screenings. The Alliance staff partnered with each practice to create a plan of care

for each patient (see following page for a case example). In the process, the Alliance was able to engage an additional 3200 patients and feature primary care practices as a focal point in health care. During 2017, the collaborative program will be expanded to include patients covered by commercial contracts within the Alliance. We will continue to move along the spectrum of population health and use various approaches to engage our patients through care coordination activities.

POPULATION HEALTH MANAGEMENT

CASE EXAMPLE: THE ALLIANCE RN CARE COORDINATORS ARE AN EXTENSION OF THE PRIMARY CARE PRACTICES AND DEPEND ON A COLLABORATIVE APPROACH TO BEST MEET PATIENT NEEDS.

Mrs. C is a 73 year old patient who has several chronic medical conditions including hypertension, coronary artery disease, congestive heart failure and diabetes. She has received treatment during the past year for malignant melanoma and continues with bi-weekly chemotherapy. She lives alone but has solid family support in the local area.

She first met the RN Care Coordinator (RNCC) while hospitalized following an exacerbation of congestive heart failure. The patient was already working with the inpatient CHF nurse navigator to improve management of heart failure, but also wanted to learn more about controlling her diabetes. The RNCC ensured that the patient had early follow up visits scheduled with all providers after discharge and suggested the patient keep consistent track of her blood sugar levels to discuss during these visits. He worked with a home health agency after discharge to closely monitor the patient's clinical status and provide targeted education related to the patient's diet for both diabetes and cardiac care. He contacted the patient frequently to monitor her progress, shared the patient's goals with the "embedded" care coordinator at the primary care practice and obtained a referral for diabetes self-management education. After the patient was faced with multiple stressors in her life and needed more frequent adjustment of her diabetes medications, the "embedded" care coordinator at the primary care practice assumed responsibility for patient monitoring and updating the plan of care. The patient's blood glucose levels grew more consistent over time and her hemoglobin A1C progressively declined. The patient was pleased with the information she had learned during her diabetes classes and thankful for the continuity of care provided through collaborative care coordination.

“ Our Care Coordinator, Rachel Menks, spends extra time with our patients to answer questions that are not normally addressed during the medical visit. She is a “second set of eyes” to pick up on patient problems or barriers to care. She ensures that the patients are aware of the need to have their preventative screenings done, such as eye exams for our patients with diabetes. ”

– **Dr. Joseph Schuette, MD,**
Primary Care Physician,
Rappahannock Family Physicians



From left, Raun Craven, RN, Alliance Population Health Coordinator meets with Kelly Knutson, RN, Care Coordinator, Mary Washington Medical Group Primary Care.

ALLIANCE KEY COMMUNICATIONS

As we move forward with new initiatives, programs, and strategies, we continue to enhance communication avenues.

We understand the importance of keeping our Alliance members and the general public informed and engaged through regular communications, which are relevant and timely. Each year, we assess communication avenues to determine effectiveness. We listen to your feedback. This year, we added PCP forums, podcasts, and a new provider login website capability. A provider portal is now being developed, and should be launched in 2017.

“As the Alliance continues to grow, and new programs and initiatives are introduced, it is critical to keep our members informed and provide avenues to engage our members for feedback.”

—Kurian Thott, MD,
Chair of Communication
& Education Committee

HOW DO YOU GET YOUR INFORMATION?

- ✓ WEBSITES:
WWW.MWHEALTHALLIANCE.COM
WWW.MWMD-ACO.COM
- ✓ TOWN HALL MEETINGS
- ✓ QUARTERLY WEBINARS
- ✓ QUARTERLY NEWSLETTER
- ✓ MONTHLY MEDICAL DIRECTOR UPDATES
- ✓ PODCASTS
- ✓ FOCUSED EMAIL CORRESPONDENCE
- ✓ BUSINESS RELATIONS MEETINGS
- ✓ SMS TEXT TECHNOLOGY
- ✓ PCP FORUMS
- ✓ PROVIDER SECURED LOGIN
- ✓ ANNUAL MEETING
- ✓ ANNUAL VALUE REPORT



2017 INITIATIVES AND GROWTH

MOVING FORWARD – THE ROAD AHEAD

Looking ahead for 2017 and beyond, the Alliance is focused on continuing to demonstrate value through high quality and low cost/efficient care to improve our Community's health.

EXPANDING THE NETWORK

FOUNDATION OF CARE

EXPANDING THE NETWORK— VALUE BASED CONTRACTING

The Alliance started in 2014 with collaborating with MWHC Associate Health Plan as the Network of choice for their employees and dependents. Prior to approaching commercial payers and 'direct to employer' contracts in the community, the Alliance wanted to prove it could be successful

with its own population. The proof of this performance speaks for itself and the Alliance continues to partner with community stakeholders. A key objective in contracting with the Alliance is to move from episodic based care to coordinated care, from reactive care to proactive care and

$$\text{VALUE} = \frac{\text{Quality} + \text{Service}}{\text{Cost}}$$

“The Alliance has put the infrastructure in place to successfully navigate the transition from volume-based to value-based reimbursement and our patients, who are the primary focus of the Alliance, are benefitting from our efforts. As we complete our third year, the Alliance has much of which to be proud. We look forward to working together to continue our efforts to achieve better care, better health and smarter spending for our community.”

—Jeffrey Frazier, MD,
Chair, Finance &
Contracting Committee



Mary Washington
Healthcare



FOUNDATION OF CARE— MILLION HEARTS PROGRAM



Mary Washington Health Alliance was chosen as one of the intervention groups by Center for Medicare and Medicaid Innovation (CMMI) for a 5-year population health study, beginning January 1, 2017. The goal is to reduce the incidence of first-time heart attacks and strokes by 7% over the next five years. This is one of MWHC's destination metrics for Healthy Community.

All eligible Medicare beneficiaries are screened for being at high risk (30% or more risk of having a heart attack or stroke over the next 10 years). These high risk beneficiaries are aggressively managed to lower their risk by taking aspirin, controlling their blood pressure, lowering their cholesterol, losing weight, and stopping smoking.

There are substantial clinical and financial rewards the more we lower the aggregate risk in our population. The goal is the more the risk is lowered, the better the outcome (ie. fewer heart

attacks and strokes). Also, if this happens, this could become a model for how physicians are reimbursed (paid for actually improving the health status of our patients and communities).

We have 11 participating practices taking part in this study:

- Cardiology Associates of Fredericksburg
- Virginia Cardiovascular Consultants
- Magnus Heart & Vascular
- Chancellor Internal Medicine
- Commonwealth Internal Medicine
- Fredericksburg Christian Health Center
- Lee's Hill Family Physicians
- MWVG – Reese Medical Associates
- MWVG – Stafford Primary Care
- McManus & Associates Internal Medicine
- Rappahannock Family Physicians

“Some people might characterize this new reimbursement model as “No Outcome, No Income.” I think this is more in line with how most of us would prefer to be reimbursed. The quality metrics we’re presently being held to often involve drop down menus and box checking which are only loosely related to meaningful outcomes.”

–Dr. Richard Lewis,
Alliance Medical Director

SUCCESS THROUGH COLLABORATION

THE QUALITY AND EFFICIENCY (QuE) PROGRAM

The designation of the Alliance as being "clinically integrated" has provided us with waivers that permit us to share savings with our physicians since our collective goals include lowering cost while maintaining or improving quality of care. We have been able to utilize these waivers to establish QuE programs for Elective Hip and Knee Replacements with our orthopedic surgeons

and Pacemaker/Defibrillator Implants with our electrophysiologists. We have started our third QuE program related to Spine Surgery with our spine surgeons (orthopedists and neurosurgeons). Significant internal cost savings have already been realized as a result of collaborative negotiations among MWHC personnel, Alliance physicians and suppliers of specialized equip-

ment. Ongoing monitoring has documented maintenance of high quality performance.

We are proud of how our QuE programs have demonstrated what can be achieved when incentives are clearly aligned between the healthcare system and the physicians with the ultimate beneficiaries being our patients and our community healthcare standards.



From left, Ashok Talreja, M.D., FACC, FHRS of Cardiology Associates of Fredericksburg, and S. Henry F. Clemo, M.D., FACC of Virginia Cardiovascular Consultants.



From top, Kurt Larson M.D., of Orthopedic Specialty Clinic, and Brian McDermott M.D., of Fredericksburg Orthopaedic Associates.



THANK YOU PARTICIPATING PRACTICES

MARY WASHINGTON HEALTH ALLIANCE VALUES THE
SUPPORT AND PARTICIPATION OF ITS MEMBERSHIP

ALLERGY

Allergy Partners of Fredericksburg
Virginia Center for Allergy & Asthma

ANESTHESIA

American Anesthesia Associates
Central Virginia Anesthesia
Fredericksburg Anesthesia Services

CARDIOLOGY

Cardiology Associates of Fredericksburg
Heart and Vascular Institute of Virginia, Inc.
Magnus Heart and Vascular, Inc.
Oracle Heart & Vascular LLC
Polaris Heart and Vascular PLLC
Virginia Cardiovascular Consultants
Vista Heart & Vascular PLLC

CARDIOVASCULAR & THORACIC SURGERY

MWMG Virginia Cardiovascular and Thoracic
Surgery

DERMATOLOGY

MWMG Plastic Surgery and Dermatology
The Dermatology Center
Virginia Dermatology and Skin Surgery Center

EMERGENCY MEDICINE

Fredericksburg Emergency Medical Alliance

ENDOCRINOLOGY

Diabetes and Thyroid Associates
MWMG Endocrinology

ENT/ Otorhinolaryngology

ENT & Facial Plastic Surgery of Fredericksburg

FAMILY PRACTICE

Community Care Clinic
Family Care of Fredericksburg
Fredericksburg Christian Health Center
Lee's Hill Family Physicians, PC
Meridian Independent Physician Group
MWMG Family Medicine Ladysmith
MWMG Family Medicine Reese
MWMG Primary Care
North Stafford Family Medical Center
Optimum Care LLC
Rapidan Medical Center Inc.
Rappahannock Family Physicians

GASTROENTEROLOGY

Associates in Gastroenterology, P.C.
Fall Hill Gastroenterology Associates
Gastroenterology Associates of Fredericksburg
Rappahannock Gastroenterology Associates

GENERAL SURGERY

MWMG General Surgery

GYNECOLOGY

Advanced Care for Women
Gynecology Associates

HEMATOLOGY/ONCOLOGY

Hematology-Oncology Associates of
Fredericksburg

HOSPITALIST

MWMG Hospitalist Services

INFECTIOUS DISEASE

MWMG Infectious Diseases

INTERNAL MEDICINE

Aquia Family Medical Center
Central Virginia Internal Medicine
Chancellor Internal Medicine
Colonial Internal Medicine Associates, PC
Commonwealth Internal Medicine
Internal Medicine of Virginia PC
McManus & Associates Internal Medicine
MetroHealth Internal Medicine, PC
MWMG Primary Care
Serenite Medical & Spa
Stafford Internal Medical Services
Virginia Primary Care Associates, PC
WeCare Medical Associates

NEPHROLOGY

Fredericksburg Nephrology Associates

NEUROLOGY

MWMG Neurology
Neurology Associates of Fredericksburg
Stafford Neurology

NEUROSURGERY

MWMG Neurosurgery

OB HOSPITALIST

OBHG Hospitalist

OB/GYN

Central Virginia OB/GYN Group
Elite Women's Health
Fredericksburg Women's Health Associates
Generations of Women
New Beginnings Ob/Gyn
Rappahannock Women's Health Center, Inc.

WeCare Medical Associates
William A. Hamilton, MD
Women's Health and Surgery Center, Inc.

OPHTHALMOLOGY

Access Eye Centers
Mary Washington Eye Care Center
Sieht
Vista Eye

ORTHOPEDICS

Central Virginia Orthopedics & Sport Medicine
Fredericksburg Orthopaedic Associates
Orthopedic Specialty Clinic, Inc. & Mid-Atlantic
Spine
The Center for Orthopedics

PAIN MANAGEMENT

Physical Medicine Associates, Ltd.
Rehabilitation Medicine Physicians
Virginia Interventional Spine Associates

PALLIATIVE MEDICINE

MW Home Health & Hospice

PATHOLOGY

Pathology Associates of Fredericksburg

PEDIATRICS

ABC Pediatrics Practice, PC
Caroline Christian Health Center
Century Pediatrics Inc
Chancellor Pediatrics PC
Children's Health PC
Kids First Pediatrics of Stafford
KidsChoice Pediatrics
Krishnan S. Kumar, MD
Peds Plus Urgent Care, LLC
PL Pediatrics
PL Physicians
Preferred Pediatrics
Rappahannock Pediatric Associates
Yum Pediatrics

PEDIATRICS/MENTAL HEALTH

Pediatric Partners for Attention & Learning, Inc.

PERINATOLOGY

Maternal Fetal Specialists
MWMG Maternal Fetal Medicine

PLASTIC SURGERY

MWMG Plastic Surgery and Dermatology

PODIATRY

Central Virginia Podiatry
Fredericksburg Foot & Ankle Center
Fredericksburg Orthopaedic Associates

PSYCHIATRY

Gaertner Psychiatric PC
Psychiatric Care Inc.

PULMONARY

Pulmonary Associates of Fredericksburg

RADIATION ONCOLOGY

Radiation Oncology Specialists of Central
Virginia

RADIOLOGY

Radiologic Associates of Fredericksburg

RHEUMATOLOGY

MWMG Rheumatology

TRAUMA/GENERAL SURGERY

MWMG General Surgery and Trauma

URGENT CARE

Doctors Express
Virginia Urgent Care, LLC dba NextCare
Urgent Care

UROLOGY

Urology Associates of Fredericksburg

VASCULAR SURGERY

Radiologic Associates of Fredericksburg





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