FROM THE COSEHC LEADERSHIP

A Message from the COSEHC President, Dr. Richard Schuster: COSEHC Strategic Plan Implementation

I am happy to report that the COSEHC Board of Directors has approved our Strategic Plan that allows us to move ahead into future planning. Securing the CMS contract has been a terrific success and certainly congratulations are due to Debra Simmons and the team. COSEHC’s future is based on continuing the development of new programs just as we have done.

► Our Vision remains that Cardiometabolic disease will be eliminated in all people.

► The Mission of COSEHC is to empower healthcare professionals, patients, and the public with better knowledge, tools and competencies through a continuous quality improvement process to secure cardiometabolic health for all people.

► Our Values are:

1. Population Health—promotion of population and prevention-based approaches to healthcare.

2. Community Centric—partnerships with community practitioners as a direct intervention to coordinate and facilitate evidence-based best practice and quality care.


4. Academic-Clinical Partnership—an established Southeast network with interfaced academic centers and clinical practices ideal for the dissemination of education, research, and quality improvement.

5. Continuous Quality Improvement—engages in continuous quality improvement through the use of CME programming, data analysis and interpretation, comparative effectiveness, and performance improvement.

6. Data-driven and Evidence-based Translational Approaches to Medical Care

► We have created five goals, associated strategies, and implementation plans:

GOAL 1: Lead and/or partner with other organizations to Improve Health Outcomes through a continuous quality improvement process.

GOAL 2: Develop, Expand and Diversify Healthcare Educational Experiences

GOAL 3: Expand COSEHC programs to include international sites with high cardiometabolic risk

GOAL 4: Re-energize and expand participation of COSEHC Centers of Excellence in the COSEHC mission.

GOAL 5: Sustainability of the Organization

Details of our strategies and implementation plan can be seen on the COSEHC website. We have now formed committees whose goal is to develop the implementation of each of these goals. Those committees will proceed over this next year to do their best to accomplish successful advancement of the goals.

We look forward to continuing to promote the advancement of COSEHC and its service to our stakeholders.

Richard J Schuster, MD, MMM
THE TCPI and COSEHC

In October 2015, the Centers for Medicare and Medicaid Services (CMS) awarded COSEHC a 4-year cooperative agreement to provide transformation services to community practices across the Southeast under the Transforming Clinical Practice’s Initiative (TCPI). COSEHC’s practice transformation network (PTN) titled, “QualityImpact”, represents our philosophy that transformation is largely driven by facilitating clinical care and process improvements that result in Optimal Care.

Since the release of the MACRA, (Medicare Access & CHIP Reauthorization Act) legislation, PTNs have been charged by CMS to prepare practices for their readiness and success under the new payment model. Now named the Quality Payment Program it is expected that the new CMS payment model will begin in early 2019. The new payment model ends the sustainable growth rate (SGR) formula, rewards value through attainment and reporting of quality metrics, and combines the various reporting programs required today into one. COSEHC, as a PTN, has an insider’s view of the new payment model expectations. CMS is equipping PTNs with the most up-to-date information, education and resources which we in turn extend to our PTN enrolled practices. From the initial launch of the TCPI, a key aim has been to prepare practices to move into alternative payment models (APMs). We now recognize from the current published proposed rules, that an APM could be the best pathway for physicians and other eligible providers to maximize their payment incentives. However, it has been widely publicized that initially over 90% of physicians and eligible providers will fall under the Merit-based Incentive Payment System (MIPS) pathway at least in the first year.

Our transformation package is offered at no cost to participating practices, and is uniquely practical, minimally disruptive, and efficient. The integrated solution developed through the partnership of three organizations with a combined 40 year successful history of practice transformation includes:

**MDinsight** – A sophisticated, interoperable population health management platform

**Care Delivery Consulting** – Process improvement facilitation enabling improved efficiency, quality, and proactive patient management

**Clinical Quality Improvement** – Expert-led guidance tailored to improving clinical care gaps/opportunities
QUALITYIMPACT UPDATE

To date, we have exceeded our 2-year target goal of enrolling 3,400 eligible providers. As of August 1, 2016, we are pleased to announce that 4,463 physicians, Nurse Practitioners, Physician Assistants, and Social Workers have been enrolled into QualityImpact. Enrolled practice sizes include solo practitioners, rural practices, midsize practices, and large integrated networks consisting of multiple practices. Every state in our southeastern region is represented in our cohort, with the largest enrollment from the States of Louisiana and Florida. In addition to primary care and specialty care practices, a multi-state behavioral health network has enrolled.

Our attention and work effort is now focused on execution of our PTN transformation solution. Utilizing a baseline assessment, a customized action plan is developed and implemented collaboratively with the practice leadership team that leads to attainment of clinical care metrics and care delivery processes that are expected to be required under the new CMS Quality Payment Program. CMS has defined five phases of transformation with associated milestones, as shown here. Practices will start at various stages along the continuum, based on their current experience with quality improvement initiatives and care delivery redesign. The ultimate goal is to move practices to the far right where they possess the business acumen for success under the new payment models.

For more information, go to the QualityImpact website, www.qualityimpact.org, or contact Debra Simmons, QualityImpact Project Director, at dwirth@wakehealth.edu.
COSEHC Centers of Excellence Membership Criteria and Action Plans Outline— May 12, 2013

Membership Criteria Standards
Mandatory minimum standards for COSEHC Centers of Excellence

The COSEHC CME Committee recently updated the COSEHC Centers of Excellence Membership and Action Plans Outline, after discussions at the COSEHC Annual Meeting in March, 2016.

Clinical Centers Criteria:
- **Metrics:** Meet at least 65% on at least 2 of 3 metrics to the defined prevailing goals:
  - **Lipids Target Goal** – LDL less than 100 mg/dL or statin use for diabetes and/or high-risk patients, and less than 70 mg/dL for CAD.
  - **Blood pressure** – JNC 8 guideline target goals of 140/90
  - **Diabetes** – ADA recommended target goals or A1c ≤ 8%
  *COSEHC’s role is to assist Centers in meeting target goals*
- **Attend/Participate** in at least one COSEHC Meeting every two years
- **Data Submission to COSEHC:** Submit raw data or provide a self-generated data report if actual data cannot be provided

Academic Centers Criteria:
- **Participate** in at least one COSEHC Meeting every two years
- **CME/Research/publications:** Provide faculty the opportunity to be participants in the development or provision of CME activities, or be involved in research or publications.
- **Clinical operations:** Academic Centers that include clinical operations should be required to meet the COSEHC Clinical Criteria.
- **Activity performance summary:** Submit Center’s activity performance activity summary with outcomes to COSEHC every two years

Criteria Required of All Centers of Excellence:
- **Engagement in clinical improvement/community related activity:**
  - Submit Center’s performance activity summary including outcomes to COSEHC every two years

Evaluation:
- **Annual review by Membership Committee**
- **Centers not meeting criteria will develop a corrective action plan listing requested resources to help them succeed:**
  - Develop roadmap for Year 1 data submission, Year 2 notification of adherence, Year 3 final analysis
  - Non-compliance after 3 years results in exclusion
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2016 COSEHC NEW INVESTIGATOR AWARD
WUWEI (WAYNE) FENG, MD, MS

Dr. Feng received the COSEHC New Investigator Award. Dr. Feng is an assistant professor in the Department of Neuroscience at the College of Medicine, and an assistant professor of Health Sciences and Research, College of Health Professions at the Medical University of South Carolina. He is also a vascular attending at MUSC University Hospital and a neurology consultant at MUSC REACH Telestroke Network.

2016 COSEHC LEADERSHIP AWARD
RICHARD SCHUSTER, MD, MMM

Dr. Schuster received the 2016 COSEHC Leadership Award. Having been involved with COSEHC for 15 years, Dr. Schuster has served as a CV Center Director, Chair of the Membership Committee, Secretary, Vice-President of the Board of Directors, In the fall of 2015, he became the President of COSEHC.

2016 COSEHC LIFETIME ACHIEVEMENT AWARD
MICHAEL A. MOORE, MD, FACP, FAHA, FASH

Dr. Moore received the 2016 COSEHC Lifetime Achievement Award. He is a Clinical Professor of Medicine at the Edward Via Virginia College of Osteopathic Medicine and at the Liberty University College of Osteopathic Medicine. Dr. Moore is a co-founder of COSEHC, and serves on the COSEHC Board of Directors as the CME Medical Director, and previously as the President.

The COSEHC Annual Meeting was held in March, 2016 in beautiful Charleston, South Carolina at the historic Francis Marion Hotel. The sessions emphasized the impact of science on evidence-based clinical care, the evolving changes in the healthcare environment, and the use of continuous quality performance improvement to optimize patient care.

Unique faculty presentations focused on:

• Engaging New Research to Improve Outcomes
• ENGAGING UNIQUE THERAPIES IN SPECIAL POPULATIONS
• ENGAGING UNIQUE THERAPIES IN CLINICAL CARE
• ENGAGING EFFECTIVE SYSTEMS AND PROCESS APPROACHES TO CARE
• PARTNERING TO ATTAIN BETTER OUTCOMES—AN ALLIANCE FOR CVD PROGRESS

See the COSEHC website for slide presentations at www.cosehc.org.

The 2017 COSEHC Annual Meeting will be held at the Tampa Marriott Waterside Hotel and Marina in sunny Tampa, Florida February 2-4, 2017.

More details coming soon!!

COSEHC thanks Blue Cross Blue Shield of South Carolina for their support in the 2016 COSEHC program!
COSEHC 2016 ANNUAL MEETING PHOTOS
The Consortium for Southeastern Hypertension Control is a nonprofit (501c3) organization created in 1992 to improve the disproportionate hypertension-related morbidity and mortality throughout the region. From the initial six charter members, COSEHC has grown to include a wide variety of members, connecting academic physicians, primary care clinicians, public health officials, allied health personnel and health care consumers. The Consortium promotes scientifically based research and educational activities and offers an ideal translational research network through its Cardiovascular Centers of Excellence™.

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