



COSEHC ■■■ **ERADICATING
VASCULAR DISEASE IN ALL PEOPLE**

INSIDE THIS ISSUE:

PRESIDENT'S MESSAGE	1-2
COMMITTEE UPDATES	3
FEATURED CENTER OF EXCELLENCE™: ACCESS HEALTH-CARE	4
FEATURED CENTER OF EXCELLENCE™: CARY HEALTH-CARE	5
FEATURED CENTER OF EXCELLENCE™: PALMETTO PRIMARY CARE PHYSICIANS	6

PRESIDENT'S MESSAGE

COSEHC has experienced a very successful 2009. Many activities proposed during the Board of Directors strategic planning retreat were launched. The premiere AT GOAL (Aggressively Treating Global Risk Factors to Reduce CV Events) cardiovascular process improvement CME activity is making great progress as we move into year 2.

The annual COSEHC Scientific Sessions held in October 2009 was the first of COSEHC's new Center Centric CME Programs (C3), which focused on real time clinical data collected through Holston Medical Group.

The cardiovascular management professional practice gaps identified through this process lead to the development of the educational content and interactive workshops of the successful meeting.

Looking forward to 2010, COSEHC has another busy year planned including new projects and further expansion of the AT GOAL CME activity. Enrollment will expand to the states of Florida, Louisiana and Mississippi. Practices enrolled in 2009 will continue in the project,

(continued on page 2)



Michael A. Moore, MD

President, COSEHC

SPECIAL POINT OF INTEREST:

TWO OF COSEHC'S CENTERS OF EXCELLENCE™ WERE RECENTLY FEATURED AS COVER STORIES IN THESE RECENT ISSUES OF "MEDICAL ECONOMICS":

1/22/10: ACCESS Healthcare, Apex, North Carolina

11/6/09 Holston Medical Group, Kingsport, Tennessee

<http://medicaleconomics.modernmedicine.com/memag/issue/issueList.jsp?id=484>

**Please visit
www.cosehc.org
and click on "Meet
the Staff" at the
bottom of the page
to see new photos
and profiles of the
COSEHC team.**

PRESIDENT'S MESSAGE (CONT'D)

completing their CME Intervention and follow-up data collection to evaluate changes in practice performance from baseline and success of the program.

The COSEHC database continues to grow at rapid rates, and in addition to the COSEHC Risk Tool Evaluation and Patient Registry project, many other current and potential uses of the database exist. (see database committee report)

The key strategic actions defined by the Board of Directors for this upcoming year include:

1. Assist practices enrolled in the AT GOAL project with the implementation of EMRs upon their request .
2. Define and analyze the COSEHC model for health care improvement and measure its impact on patient cardiovascular outcomes.
3. Disseminate evidence-based cardiovascular guidelines to practices enrolled in the AT GOAL project and other medical practices affiliated with COSEHC through CME activities and outreach efforts.
4. Identify stakeholders and develop strategic partnerships to implement strategies that will assist in achievement of the COSEHC Mission and organizational goals.
5. Work with the COSEHC Cardiovascular Centers of Excellence™ to improve their community outreach.

The New Board members have assumed their responsibilities as of January and have been assigned to Board committees. Board committees are scheduled to meet quarterly either in person or by teleconference. Read more about the activities with committees under the committee update section of the newsletter.

We look forward to an exciting and engaging year!

The site and format for the 2010 COSEHC Annual Scientific Sessions is still under review.

Plans for 2010 will be announced soon.



COMMITTEE UPDATES

Cardiovascular Centers of Excellence™

COSEHC will feature a Cardiovascular Center of Excellence per newsletter. All Centers are actively engaged in innovative strategies that carry out the COSEHC mission. We begin this month highlighting our newest CV Centers in this issue.

Membership

COSEHC is pleased to announce that the following new Center of Excellence has been approved by the COSEHC Membership Committee, CV Centers of Excellence™ and COSEHC Board of Directors for membership:

- LifeDoc Clinic, Memphis, Tennessee (Dr. Pedro Velasquez)

The Membership Committee has established an academic task force to define roles and responsibilities of membership. At the recent membership meeting held in January, criteria were discussed with the intent that over the course of this year, a final list of expectations will be defined. Additionally, the committee is reviewing the site visit evaluation form and will define minimal ratings acceptable for membership.

CME Committee

The AT GOAL (Cardiometabolic Risk Factor Performance Improvement CME) Project has completed its first year. The steering committee met in January and included a training session for the Project faculty who will provide the CME intervention. A standardized teaching slide deck was developed for the live CME sessions, as well as CD-ROM and webinar formats. These CME interventions to practices enrolled in the project will begin in March 2010.

Database: Clinical Operations Research (CORE) Committee

The COSEHC database continues to grow with now more than 500,000 unique patients accumulated. Ten practices have exported clinical data to the **GLOBAL VASCULAR RISK MANAGEMENT Registry and COSEHC Risk Tool Project**. The project now beginning its 3rd year has identified a cohort of 50,000 patients with complete clinical data on all of the COSEHC identified risk factors. In addition to following the cohort over the course of the next three years, the COSEHC risk score will be compared and contrasted against other established risk assessment algorithms.

Nominations/Awards Selection

The committee reviewed and updated criteria for Board member nominations and the annual awards. A request for Board member and annual award nominations will be posted to the COSEHC website beginning in May. Selections will be announced in July.

ACCESS HEALTHCARE, APEX, NORTH CAROLINA

In 2002 Dr. Brian Forrest opened his practice, ACCESS HEALTHCARE in Apex, North Carolina, utilizing a new business model. The model saves about \$250,000 a year per medical provider in decreased overhead costs.

“It’s quite simple,” Dr. Forrest says. “We don’t accept medical insurance. We don’t have to have a billing clerk, a software system to file insurance and many other people whose job it is just to make sure that we’re able to stay in business.” With one other physician, a nurse practitioner, a full and part time medical assistant, Dr. Forrest now has the freedom to see fewer patients each day and spend more time with each of them, rather like the “Marcus Welby MD” model he always admired. “We serve as a true patient-centered medical home, providing extended hours, same day appointments, electronic connectivity, and true continuity and coordination of our patients’ medical care. By kicking the third party payer out of the exam room, we have re-established the healing tradition of the physician/patient relationship.”

The fees for all services are posted in the front lobby, although some patients prefer to pay the flat yearly fee of \$350 for their annual comprehensive screening exam, which guarantees only a \$20 overhead charge for office visits that includes basic lab tests since it includes a special discount “Access Card.” This cash payment is a lifeline for the 50 percent of his patients who come to Access Healthcare without any insurance coverage. Since Access Healthcare does not file insurance of any type, their fees have been dramatically reduced to make the services affordable, while still providing top quality medical care. Insured patients can file their own claims and get reimbursed if their plan allows it. Often insured patients spend less out of pocket in this model than they would if they saw an in-network provider that filed claims for them.

“We strive to make quality healthcare more affordable, available, and less complicated to access. Our fees are so reasonable you do not need to use health insurance”



Dr. Brian Forrest, Dr. Heather Mullens, and the ACCESS Healthcare team

CARY HEALTHCARE ASSOCIATES, PA, CARY, NORTH CAROLINA

Cary Healthcare Associates, PA, is a family practice clinic welcoming new patients everyday, which “opened our doors and hearts with quality and ethical medical care for our patients” in March of 2001. Cary Health Associates, PA, provides high quality primary care to patients of all ages, maximizing the wellness of these patients by applying the best evidence-based medical practices, utilizing a biopsychosocial model of care that addresses the comprehensive needs of each patient, and engaging the patient as an active and informed participants in their own healthcare. They pride themselves in being a very friendly, compassionate office with a family atmosphere, providing same-day or prompt appointments and care for patients' entire needs, whether they are an infant or an adult. They have affiliations with many local area hospitals, including Rex, Raleigh Community, Wake Med, and Western Wake, and also provide after-hours on-call service for their patients, should an emergency arise.

As a member of COSEHC, **Cary Healthcare Associates, PA**, recognizes that “there is an economy of scale involved when it comes to improving healthcare systems. As a small office, we do not have the resources to conduct extensive clinical trials or implement complicated, unproven programs, but as a part of a greater whole, we can use our clinical experience to contribute to a pooled body of knowledge that may lead to evidence-driven improvement in how we provide care.”

Cary Healthcare Associates, PA, is a partnership between Mazen Hamad, MD and Kenneth Lake, PA-C, who have been practicing medicine together since 1990.



Kenneth Lake, Dr. Mazen Hamad, and the Cary Healthcare Associates team

PALMETTO PRIMARY CARE PHYSICIANS, N.CHARLESTON, SOUTH CAROLINA

Palmetto Primary Care Physicians has endeavored to enrich the lives of the members of the communities in which it is located in since its inception back in 1999. The use of evidence-based guidelines to treat patients has led to recognition by the National Committee for Quality Assurance. Twenty-six of PPCP's physicians have been given elite recognition for both the Heart/Stroke and Diabetes Recognition Programs. Currently, the Patient Centered Medical Home program is seeking level 3 accreditation from NCQA. PPCP's newest quality initiatives circle around wellness and increased patient education.

- Professional Education: **Palmetto Primary Care Physicians** has hosted an annual free CME conference held in historic downtown Charleston for the last 10 years. Including PPCP's physicians, national known physicians have attracted the attendance of well over 100 primary care providers at each conference. PPCP hosts numerous speakers at the corporation office and invites all 65 providers to attend.
- Community Outreach: The physicians at PPCP are about to open their second free clinic within the Charleston area. The clinics are funded by PPCP and give care to poverty stricken families and individuals. PPCP "take great pride and enjoyment in attending nearly all community health fairs." They offer free blood pressure and diabetes screenings to the attendees, as well as sound medical advice. PPCP advocates healthy living and provides patient education material to support changing to a healthier lifestyle at all community events.
- CV Risk Identification/Screening: Diagnostic screenings are triggered within the EMR to notify the physician of someone who may be at risk to a cardiovascular event. These triggers are designed by the physicians based on evidence-based guidelines.
- Quality Improvement/Compliance with evidence based guidelines: PPCP's EMR has proprietary programs to trigger the adherence to evidence-based guidelines. This allows younger physicians to practice medicine similar to the veteran physicians within the group. On January 1, 2009, all physicians and mid level providers began E-scribing as well as submitting pertinent data through Medicare's Physician Quality Reporting Initiative.
- Participation in research and/or clinical trials: With recent exposure to research and clinical trials, PPCP has been inundated with opportunities to participate. In 2009 PPCP added two more clinical sites both that have over a decade of experience in research and clinical trials. The goal for the near future is to become the largest independent research organization in South Carolina.



Dr. Michael Canfield, Director of the COSEHC site, and the Palmetto Primary Care Physicians team

WWW.COSEHC.ORG



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**THE CONSORTIUM FOR
SOUTHEASTERN HYPERTENSION
CONTROL**

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THE Reform of COSEHC...

Confirming our Niche

Establishing Partnerships

Process Improvement

Community Reach

DEBRA SIMMONS

Executive Director, COSEHC

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™.



Susie Pollock, COSEHC Program Coordinator, is now collecting all items for the next newsletter, which will be issued in April, 2010.

If you have something of interest for the newsletter, especially a feature on your Cardiovascular Center of Excellence, please email the information as soon as possible to:

[<spollock@wfubmc.edu>](mailto:spollock@wfubmc.edu)