The Consortium for Southeastern Hypertension Control (COSEHC) and QualityImpact PTN invite you to join us at our 2019 Annual Collaborative and Education Sessions on March 13–15 at the Wild Dunes Resort, located on the Isle of Palms, SC, just minutes away from Charleston, SC. Connect with your peers and faculty experts within COSEHC and the COSEHC Practice Transformation Network. Event fee for non-COSEHC or non-PTN members: $300


Hotel reservations for March 13 and 14: Attendees are responsible for securing their hotel reservations using their credit card. Attendees are also responsible for making their own cancellations by notifying the hotel no later than March 6 to avoid charges to their credit card used when making the reservation.

Book online: See the COSEHC website link at http://www.cosehc.org or call the hotel directly at 1-877-624-3654.
Attendee Code: COSEHC Education Conference / 3HJ5WW

The guest room group rate is $179 per night plus tax.
**In the News**

**COSEHC Board Member, Dr. Debra Diz, received the Byrum Mentoring Award – Researcher Category**

A veteran researcher known for her efforts to diversify the biomedical community was honored by Wake Forest School of Medicine as a distinguished mentor. **Debra Diz, PhD**, Professor of Surgery, Physiology & Pharmacology, received the 2018 James Edwin Byrum, Jr., MD, Distinguished Faculty Mentor Award in the Researcher category at the Faculty Executive Council meeting on December 12, 2018.

Dr. Diz is a professor of surgery, physiology and pharmacology and directs Wake Forest Baptist Medical Center’s Hypertension & Vascular Research Center. A faculty member since 1992, she is a prominent and prolific researcher who is nationally known and highly respected as an exemplary mentor. Prior to this recognition, she received the Mentor of the Year Award through the Women in Medicine and Science (2015).

She focuses her time on the needs of her students (undergraduate, graduate, medical) and faculty – ensuring they all receive fair educational and training opportunities. Dr. Diz’s commitment and dedication reaches far beyond the borders of Wake Forest Baptist Health, extending into other institutions, including Wake Forest School of Medicine, Wright State University, Winston-Salem State University, University of Florida, North Carolina Central University and Salem College.

“Mentoring and developing students and young faculty is one of Dr. Diz’s core values, apparent in the way that she talks about her mentees not only in a formal setting but also in casual conversation,” her nominators wrote.

**NEW COSEHC BOARD MEMBER**

**DR. BRYAN N. BATSON**

**2018-2022**

Dr. Bryan Batson was recently added to the COSEHC Board of Directors for 2018-2022. He is the director of the Hypertension Center of Hattiesburg Clinic and joined the organization in 2003. A native of Greenville, Mississippi, Dr. Batson received his bachelor’s degree at Louisiana State University in Petroleum Engineering. Dr. Batson received his medical degree from the University of Mississippi School Of Medicine in Jackson, Mississippi, where he also completed his internship and residency in the combined internal medicine-pediatrics program. He is board certified by the American Board of Internal Medicine and certified by the American Society of Hypertension as a specialist in clinical hypertension. In addition to his clinical consultative practice, he serves as faculty for William Carey University College of Osteopathic Medicine and for the Forrest General Hospital primary care residency program. He also continues to be involved with clinical research and is currently a principal investigator for Hattiesburg Clinic as one of only 22 sites worldwide in an ongoing trial of renal denervation.

Besides his clinical duties, Dr. Batson serves on Hattiesburg Clinic’s Board of Directors and was named the organization’s Chief Medical Information Officer in 2013. In 2015 he was named the Medical Director of Hattiesburg Clinic’s Quality Management Department and in 2016 he was named Medical Director of their Accountable Care Organizations. He is a member of the American College of Physicians-American Society of Internal Medicine, the American Medical Association, and the American Society of Hypertension.
In an interview, he recalls how he took inspiration from an article about Gordon Moore, the man who started the micro patient concept. Reading the article planted the seed that got Dr. Forrest to think outside the box—"Why couldn’t family medicine be more like a gym membership?" he thought to himself. After interviewing practice managers and physicians during an elective in residency, Dr. Forrest learned their overload was from pushing papers to insurance companies. It was then he decided to eliminate administrative overhead and focus on patient care, which allowed him to charge patients less without compromising patient care.

Today Dr. Forrest has a thriving direct primary care office in Apex, North Carolina.

Read the article at:
Todd Shyrock, Rose Schneider Krivich, Jeff Bendix, Chris Mazzolini and Keith L Martin
February 25, 2018

Dr. Michael Lischke, EdD - New Director of Medical Education (DME) for COSEHC

Michael Lischke, EdD became the COSEHC Director of Medical Education. Dr. Lischke is very active in CME, as he is the Executive Director of Continuing Medical Education at Wake Forest, and the Director of the Northwest AHEC (Northwest Area Health Education Center). Dr. Lischke is also an Associate Professor, Family Medicine at Wake Forest Medical Center. He also introduced an “active room” with a treadmill desk, bike desk, and stand up desks; training in mindfulness-based eating awareness; nutrition labels for food at meetings and walking and stand up desks. Some team members have changed habits, lost weight and improved A1C levels as a result!

Dr. Moore resigned as DME but continues chair the CME Committee. Thank you for your dedication and hard work, Dr. Moore!
The Faculty of Medical Sciences, The University of the West Indies (UWI), Cave Hill Campus is one of three medical schools established on the three main campuses of the UWI in Jamaica, Trinidad and Tobago and Barbados.

- The university started as a satellite campus of the University of London in 1948 to train medical professionals in the postcolonial Caribbean and celebrates its 70th anniversary since its establishment this year. The Faculty of Medical Sciences in Barbados existed as the School of Clinical Medicine and Research prior to its expansion to a full Faculty in 2008.

- It was approved a Consortium of Southeastern Hypertension Control (COSEHC) Center of Excellence in 2009 after submitting an application and a follow-up site visit to confirm its membership by one of COSEHC’s foundering Directors, Professor Carlos Ferrario accompanied by Board member, Dr. Martin Didier from St. Lucia.

- Since then the center has actively maintained membership to COSEHC by good attendance to the annual COSEHC meetings, its health promotion activities on the university campus and surrounding communities, and through its research.

The center has completed two (2) COSEHC related projects and is currently in the process of implementing its third project overall and its second collaborated project with the home educational institution of COSEHC, Wake Forrest University School of Medicine.

The first study assessed gender dimorphism in the expression of Renin Angiotensin Aldosterone-System (RAAS) peptides in a normotensive healthy sample of Afro-Caribbean participants within the age group of 18 – 55. Findings illustrated that plasma and urinary Ang II were comparable in both genders while urinary Ang-(1-7) was greater in females (p<0.05).

The second project assessed predictors for sustainable management of Type 2 Diabetes using evidence-based guidelines in public primary care in Barbados. The targets of interest were A1C < 6.5 % (48 mmol/mol), blood pressure (BP) <=130/80 mmHg and LDL cholesterol < 70 mg/dL (1.8 mmol/L). Our findings showed that only 41.2% (Men 48.3%, women 36.8%,) of the patients reached the A1C target, 39.3% (men 48.6%, women 34.0%) reached BP target and fewer 8.6% (men 10.8%, women 7.3%) reached the LDL target. Less than half of the participants (48.9% n=244) were monitored for all three and only 1.2% (n=3) attained all three targets.

The third project is currently being implemented and sets out to determine if an over expression of the pressor arm of the RAAS (ACE1/Ang II/ AT-1 receptor) over the depressor axis (ACE2/Ang-(1-7)/mas receptor) predispose persons of African descent to hypertension and other cardiovascular disease related events. To our knowledge, this effort would make a major impact in understanding and characterising the neurohormonal factors accounting for excess cardiovascular morbidity and mortality in the African diaspora.


The 2018 COSEHC/QualityImpact Collaborative held in New Orleans, LA was a huge success, with 200 attendees from across the US. The theme was, Transforming Care to Optimize Health Outcomes.

- Dr. Robert Flemming, the Director for the CMS Transforming Clinical Practice Initiative, provided the Keynote Address;

- Panel discussions and plenary sessions addressed various topics:
  - evidenced-based guidelines updates on hypertension, diabetes, heart failure, and pediatrics,
  - the state of healthcare quality,
  - and successful patient and family engagement;

- Interactive workshops centered around chronic care management, using guidelines to reduce variation in care, incorporating behavioral health into primary care, patient engagement, engaging non-clinical staff in Population Health, opioids and practice realities, managing post-acute care to reduce unnecessary costs, optimizing the role of advance professional providers, and value with care management.

- John Clymer and the Honorable Paula Hicks-Hudson, JD, the former Mayor of Toledo, OH presented a lecture on “Public Health Initiatives and Move with the Mayor Program”.

- Awardees were selected and received recognition for:
  - Excellence in Leadership—Debra Simmons, RN, MS
  - Clinical Excellence—Brian Forrest, MD
  - New Investigator—TanYa Gwathmey-Williams, MS, PhD
  - Lifetime Achievement—Daniel Lackland, DrPH

- The COSEHC Honorary Recognition Award was presented to Claude Lenfant, MD, PhD.

  Congratulations to each of you!
Dr. Robert Flemming, the Director of CMS Transforming Clinical Practice Initiative, presented the Keynote Address.

The Honorable Paula Hicks-Hudson, JD, Former Mayor of Toledo, Ohio presented the “Public Health Initiatives and Move with the Mayor Program”.

Dr. Robert Carey, presented highlights from the revised AHA hypertension Guidelines.

Blood Pressure Categories

<table>
<thead>
<tr>
<th>BLOOD PRESSURE CATEGORY</th>
<th>SYSTOLIC mm Hg (upper number)</th>
<th>DIASTOLIC mm Hg (lower number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORMAL</td>
<td>LESS THAN 120</td>
<td>and</td>
</tr>
<tr>
<td>ELEVATED</td>
<td>120 – 129</td>
<td>LESS THAN 80</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1</td>
<td>120 – 139</td>
<td>or</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2</td>
<td>140 OR HIGHER</td>
<td>or</td>
</tr>
</tbody>
</table>
| HYPERTENSIVE CRISIS (consult your doctor immediately) | HIGHER THAN 180 | and/or

Drs. Terry McGeeney, David Carmouche, David Hanekom lead discussion on the State of Healthcare Quality.

Dr. Enoch (Nick) Ulmer led the interactive workshop, “Perfecting Documentation to Enhance Payment Revenue”. There were many other workshops.
We hope to see you at the 2019 COSEHC/QualityImpact PTN Collaborative in March at Wild Dunes, Isle of Palms (Charleston), SC!!
COSEHC QUALITYIMPACT PTN News

THE COSEHC QUALITYIMPACT PTN

The Consortium for Hypertension Control (COSEHC) QualityImpact PTN is currently providing transformation technical assistance and resources under the Centers for Medicare and Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI) to clinical practices across the Southeast. To date, 4,693 clinicians and 745 individual practice sites representing over 1.5 million patients have been enrolled and engaged in the network. Our COSEHC PTN’s interventions focus on key domains that include population health management, data-driven continuous quality improvement, and optimized clinical and process healthcare delivery; all indicators of success under value-based care models.

One of our effective strategies has been the implementation of rapid-cycle quality improvement initiatives (“Performance Sprints”) focused on accelerating practices’ progress through the transformation process and/or to close assessed gaps in care. Our results illustrate improved clinical care and creating a better care experience for patients and the communities in which they live. More than 98% of the enrolled PTN practices have demonstrated progress in these areas by implementing both standard and innovative interventions. Rapid-cycle PDSA (plan, do, study, act) initiatives have also been instrumental in guiding practices toward the systematic implementation of formal continuous quality improvement processes in their practice if they did not already have one in place.

Data Retrieval

Utilizing the Symphony Performance Health Analytics’ MDinsight population health management platform that extracts real-time patient level, clinical data from a practice’s EHR system and aggregates it into clinical suites, we are able to easily understand clinical performance and care gaps at both the practice and provider level. Working directly with each practice, clinical care gaps are identified and intervention-driven improvement action plans are developed.

We specifically focus on high-impact, high-risk care opportunities recognizing that they provide the best value, both clinically and financially, for a practice and their patients. We often find that many of the measures selected by the practices align well with their selection of Quality Payment Program’s Merit-Based Incentive Payment System (MIPS) measures and commercial payer contracts, thus providing an additional incentive to improve their performance.

YTD Outcomes

During the period of January-August, 2018, overall improvement on high-impact, high-risk measures was achieved across the PTN. The most impactful interventions that led to performance improvements included:

- **Access and Capacity**: practice workflow redesign, healthcare team optimization,
- **Patient and Family Engagement**: patient portals, addressing health literacy and social determinants of health
- **Clinical Quality Improvement**: data transparency, risk stratification, evidence-based clinical guidelines, provider compare reports, alignment with payer-based payment metrics.

Clinically Correct Coding (C³) Series—A ProTime e-Learning Platform

Dr. Nick Ulmer and the QualityImpact PTN developed an on-line educational series consisting of 6 modules designed to provide the basics of coding and documentation, capture revenue opportunities in a compliant way by following CMS guidelines, and enhance coding and documentation to strengthen the medical record to show medical necessity and capture appropriate risk of the clinical conditions of the encounter. Topics include:

- Evaluation and Management (History, Exam, Medical Decision Making),
- The Medicare Wellness Visits,
- Transition Care Management,
- Chronic Care Management,
- Quality Metrics, MACRA & You,
- “Risky Business”: Understanding HCCs and Capturing Clinical Severity of Illness.

CME credits are provided by COSEHC for participants who successfully view modules and pass the examination.

To create an account, go to: http://protimellc.com/COSEHC-Quality-Impact-Registration