



COSEHC ERADICATING
VASCULAR DISEASE IN ALL PEOPLE

PRESIDENT'S MESSAGE

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Welcome! To the reformatted COSEHC newsletter, which will be sent at least quarterly, with additional newsletters sent for special events. The newsletter will include several informative sections. COSEHC CV CENTERS OF EXCELLENCE™ SPOTLIGHT: highlighting a CV Center each quarter. RESEARCH: Dr. JaNae Joyner-Grantham will provide an update on current research within COSEHC. CONTINUING MEDICAL EDUCATION:

CME program development and upcoming programs. CV CENTERS: New Centers joining COSEHC and news from existing Centers. DATABASE: Updates on the clinical database and related projects. SPECIAL ARTICLES: Starting off this month with the *New* COSEHC Long Range Plan and a report on the role COSEHC members are playing in the National Healthcare Reform Movement.



Michael A. Moore, MD

President, COSEHC

SPECIAL POINTS OF INTEREST:

- New Vision and Mission
- Global Vascular Risk Management QI Program and Research Project
- AT GOAL
- BC/BS Community Outreach
- SC Promising Practices Project

COSEHC STRATEGIC PLAN:

Over the past several months the COSEHC Board of Directors revised the COSEHC Long Range Plan under the leadership and facilitation of Dr. Edward Roccella, a COSEHC Board member. Dr. Roccella did an outstanding job of engaging all members of the Board and leading the

group to a contemporary vision, mission, and strategies. The COSEHC website, printed materials, and media information has changed to reflect the new mission and goals.

(continued on page 2)

The NEW Vision of the Consortium for Southeastern Hypertension Control is to eradicate vascular disease in all people.

The NEW Mission of the Consortium for Southeastern Hypertension Control is to empower health care professionals, patients, and the public with better knowledge, tools and competencies through continuous quality improvement to secure vascular health for all people.

COSEHC Strategic Plan (cont'd):

COSEHC Values:

1. Organization Specific Data
2. Community Centric Process
3. Expert, Experienced Leadership
4. Academic-Clinical Partnership
5. Continuous Quality Improvement

COSEHC will utilize the following Strategies to Achieve the COSEHC Mission :

1. Identify Delivery Models for Health Care Improvement.
2. Implement EMRs
3. Translate Science into Practice
4. Disseminate and Implement Clinical Guidelines
5. Develop Partnerships with Stakeholders
6. Improve Healthcare Access for All

7. Mass Media Population Strategies

Board Team Members have been assigned to develop objectives/actions for each of the strategies. This work in progress will be finalized and adopted by the Board in the October 2009 Board Meeting.



October, 2009

**MeadowView Resort
Convention Center**

Kingsport, Tennessee

CARDIOVASCULAR CENTERS OF EXCELLENCE™

COSEHC is pleased to announce the following new Centers of Excellence which have been approved by the COSEHC Executive Committee after review of the Centers' application and a site visit by a member of the COSEHC Membership Committee:

1. University of Georgia: Lead Physician: Richard Schuster, MD., MMM. The Center, located in Athens, GA, is the College of Public Health, which has a major mission of outreach including: Service Learning, Public health workforce development, Gerontology services and Disaster preparedness. The College of Public Health, with over 40 full time faculty and greater than 300 students, will support the CV Center's efforts through its four departments: Health Policy & Management, Biostatistics and Epidemiology, Environmental Health, and Health Education & Promotion.

2. Tapion Hospital: Lead Physician: Martin Didier, MD.

Located in St. Lucia, West Indies, this 25-bed community funded hospital is a partnership between the private and public sector. Private physicians work together with the government of St. Lucia and the Ministry of Health in development of guidelines, provision of services and national prevention strategies including a focus on diabetes, hypertension, CHF, stroke, and vascular diseases.

3. Contemporary Medicine Specialists: Lead Physician: Sheila Y. Garris, MD. Located in Norfolk, VA, this single practitioner practice plus NP, with 2000 active patients, specializes in managing patients with global CV risk factors in Norfolk and surrounding community areas. Professional and outreach education are conducted regularly by the Center.

4. Access Healthcare, PA: Lead Physician: Brian R. Forrest, MD. Located in Apex, NC, this practice with 1 MD, a PA-C, and a FNP-C,

has 6000 visits per year specializing in hypertension, diabetes, and hyperlipidemia. Dr. Forrest provides professional education on hypertension and low-cost delivery systems that optimize CV outcomes.



**Please visit our
new website at
www.cosehc.org**

RESEARCH AND PROJECT UPDATES

COSEHC is in its second year of the **GLOBAL VASCULAR RISK MANAGEMENT QI PROGRAM AND RESEARCH PROJECT** partially funded by a grant from Daiichi Sankyo, Inc. To date, seven CV Centers of Excellence have provided clinical data from their EMR systems to the COSEHC database; two more Centers have the potential of being added by the October participation deadline. After review of the data this past year, the data points for the study going forward include: *Age, Gender, Total Cholesterol, HDL-C, LDL-C, TGL, BP, Diabetes (yes/no), Smoking history, Premature CAD in family, and LVH by ECG*. On October 15, 2009 the baseline period of the study will be complete. Cohorts of patients from each CV Center which has submitted complete datasets will be followed for the next three years. To continue to participate in the study, a Center must complete and submit all required data fields on each of the patients in the cohort over the three year period.

The **AT GOAL** (Aggressively Treating Global Risk Factors to Reduce CV Events) funded by a grant from Pfizer, Inc., is a CME CQI project in which COSEHC reaches out to 20 community practices over the next 3 years (60 total prac-

tices) to improve their practice performance in treating cardiovascular patients to evidence based treatment goals. COSEHC has targeted the states of NC, SC, TN and GA this first year. Physician members of the project advisory committee are assigned as “state champions” and assist in the recruitment of the community practices. Baseline data is obtained prior to a CME and CQI intervention. Follow-up data will determine to what extent practice performance improved. To date: ten practices have signed letters of agreement, and an additional five are pending for this first year.

BC/BS funded community outreach program, hosted in Forsyth County, NC. Dr. JaNae Joyner, COSEHC Research Associate, recently completed a community screening and education outreach project funded by the Blue Cross and Blue Shield of North Carolina Foundation. 272 participants were enrolled and received baseline risk assessment, education, and set personal lifestyle goals. Each participant was seen and evaluated three times during the course of 12 months. At follow-up, participants demonstrated a statistically significant decrease in systolic blood pressure (BP) by 5 mm Hg and statistically significant decrease in total cholesterol (TC) by 13.7mg/dL. At follow-up, 56% lowered systolic BP,

54% lowered diastolic BP, 64% decreased TC, 53% increased HDL-cholesterol, and 31% lowered their Framingham cardiovascular risk. Seventy seven (77%) of participants self reported that they had adhered to their health action goals over the 6-month period. An abstract presenting this data has been submitted for presentation at the 16th Annual COSEHC meeting in October, 2009.

South Carolina Promising Practices Project : COSEHC has just received notice of funding that will be provided from the South Carolina Department of Health-Heart Disease and Stroke Prevention Program to pilot an integrated patient education program on CV Risk Factor Management at three of the South Carolina Cardiovascular Centers of Excellence. This project is for the period of July 2009-June 2010. COSEHC will soon develop the details of the program and contact the South Cardiovascular Centers to begin establishing the process.



Dr. JaNae Joyner-Grantham,
COSEHC Research Associate

COSEHC Recommended

Reading:

From the 2008 COSEHC Town Hall Meeting:
“Economic Challenges in Healthcare” by Drs. Ferrario, Moore, Copeland and Moser.

American Journal of Medical Sciences

Volume 337, Number 6, June 2009, pp.391-395.

<www.amjmedsci.com>



DATABASE

COSEHC's clinical database continues to grow. The database currently has over 120,000 unique patients, built from those Centers submitting data for the Global Vascular Risk QI Project. We anticipate regular continuous growth of the database as more practices export data to COSEHC for the AT GOAL

project. The Centers who have EMRs and have not yet submitted clinical data are establishing the capabilities to do so. Additionally, two Centers have been interfaced with **OnePartner Research** and an additional five are in process. These Centers will

participate in clinical trials obtained through OnePartner Research and benefit directly from trial revenues as well as pooled profit-sharing revenues obtained by OnePartner Research.

“COSEHC’S DATABASE HAS GROWN TO 120,000 UNIQUE PATIENT RECORDS...”

CME UPDATE

COSEHC was reaccredited by the ACCME for four years in March, 2009.

COSEHC was in the second group of CME providers accredited under the new ACCME standards which require CME programs to use a CQI process for educational activity development and evaluation.

COSEHC utilizes a CV Center Centric CME Process to assist Centers with continuous process improvement of cardiovascular care through effective CME activities.

“2009 continues to be a very active and successful year for COSEHC due to the efforts, interest, and enthusiasm of the organization Centers and members. We are truly making progress to reduce the morbidity and mortality of hypertension and cardiovascular diseases in the Southeast.”
-Michael A. Moore



Susie Pollock, COSEHC Program Coordinator, will be collecting all newsworthy items six weeks before the next newsletter is due for distribution. If you have something of interest for the newsletter, please email by September 15, 2009 to:

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

SPECIAL ARTICLES & NEWS

Dr. Bestermann (COSEHC Board Member) and Dr. Brian Klepper (COSEHC Board Member) were invited to attend a meeting on May 27, 2009 to meet with the White House healthcare reform team lead by Ms. Nancy-Ann DeParle, Director of White House Office of Health Reform, and Ezekiel Emanuel, MD, (Rahm Emanuel’s brother) Special Advisor for Health Policy at the White House and Director of the Clinical Bioethics Department of the U.S. National Institutes of Health. The two COSEHC Board Members were among 30 physicians in attendance. The other physicians included heads of professional societies, CEOs or Deans of prominent medical schools, the editors of JAMA and the Annals of Internal Medicine, and others. The people from the administration made a brief presentation and asked everyone present to introduce themselves.

Dr. Bestermann’s comments to the reform team:

“If you look at the potential benefits of health care reform, the low hanging fruit probably lies in the management of cardiovascular conditions and the risk factors that cause them. New science and new systems of care can dramatically improve health and reduce costs. Bypass surgery and stents do not prevent death or heart

attack in stable patients. On the other hand, aggressive treatment of vascular risk factors has a dramatic effect on subsequent events at 1/3 the cost. Patients receiving aggressive medical treatment may have 1/2 the vascular deaths, 1/4 the heart attacks, 1/5 the strokes, 1/3 the amputations, and 1/6 the dialysis. If you apply principles outlined in *Crossing the Quality Chasm* and the *Advanced Medical home*, you can produce these results in the community. We should identify practices with electronic health records, connect them through Health Information Exchanges and create a vascular global risk registry.”

As soon as I was finished, a senior representative of Kaiser Permanente said that I just described what they do at Kaiser very well, and the result in their very large patient population is a 40% reduction in heart attack and substantial reduction in procedures and costs.

Dr. Bestermann mentioned that there were a few points of general agreement. One was that payment for volume...for the production of widgets...was powerfully driving costs and could not continue. Paying for quality will be important. There was a vote taken at the end and virtually all said that paying for volume was part of the problem.

There were far fewer who supported capitated payment arrangements. Real quality improvement with shared saving should make shared risk arrangements really attractive. Resurrecting primary care would be a priority concern. The discussion was very wide ranging including paying student debt to bring people into primary care, financing medical student education to create more primary care. Medical school deans and CEOs were very concerned with medical school and residency financing.



Dr. William Bestermann

“Paying for quality will be important...”



WWW.COSEHC.ORG



"...ERADICATING VASCULAR DISEASE IN ALL PEOPLE"

**THE CONSORTIUM FOR
SOUTHEASTERN HYPERTENSION
CONTROL**

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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™.

16TH ANNUAL SCIENTIFIC SESSIONS

**"IMPROVING CARDIOVASCULAR OUTCOMES:
TREATING TO GOAL!"**

PROGRAM:

The 16th Annual Scientific Sessions of The Consortium for Southeastern Hypertension Control (COSEHC) is a Category 1 CME activity that will provide new advances in basic, clinical, and population sciences related to hypertension, atherosclerosis, diabetes, the metabolic syndrome, obesity, cardiovascular disease, and target organ injury.

VENUE

The Scientific Sessions conference will be held at the Marriott MeadowView Resort Convention Center, 1901 MeadowView Parkway, Kingsport, TN.

LOCATION:

Situated in the northeast corner of Tennessee, Kingsport possesses one of the richest historic grounds in America, and is near the craft community of Gatlinburg.

FOR FURTHER INFORMATION AND REGISTRATION:

Please visit our website at

www.cosehc.org

and click on the link for this program.



**MEADOWVIEW RESORT
CONVENTION CENTER**

**KINGSPORT,
TENNESSEE**

OCTOBER 23-24, 2009