



QUARTERLY HEALTH JOURNAL & GUIDE
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NEWS YOU CAN USE



PRESIDENT'S MESSAGE
DR. LERLA G. JOSEPH

11 AFRICAN AMERICAN PHYSICIANS
WHO MADE HISTORY

Welcome to a SPECIAL ISSUE of the **CVCHIP Quarterly Health Journal & Guide**. February is Black History Month and there are so many African American physicians who were pioneers and whose shoulders we stand on to help us reach the next level. Some of these men and women who distinguished themselves are identified in the News You Can Use segment of the publication.

This is also Heart Month and while we celebrate the many accomplishments in preventing and treating heart disease and related diseases there remain many miles to travel to reach better outcomes. Our ACO continues to demonstrate significant efforts in elevating its status as an intervention to bring value-based services for the aging population.

Our association with Emergent ACO should reinforce our efforts in enhancing quality of care, expanding access to needed services and containing the cost of care for our targeted population. Join us for our Bi-Weekly Chat to learn more about CVCHIP and other matters of importance.

This issue also features guidance on improving patient satisfaction and highlights early thinking of our strategic plan. The return on investment of our working together should be quite visible in 2020. Thank you for your continuing support. **WE CAN**

1. [James McCune Smith](#): First African American to earn an MD and practice in the United States. Opened what's thought to be the country's first African American-owned pharmacy. Used medicine and science to refute slavery's advocates in his writing.

2. [Rebecca Crumpler](#): Became the first female African American MD in 1864. Treated freed slaves after the Civil War and published one of the first medical books written by an African American.

3. [Daniel Hale Williams](#): Founded Chicago's Provident Hospital, the country's first black-owned, interracial hospital, in 1891. Performed the first-ever successful heart surgery two years later.

4. [Solomon Carter Fuller](#): First Black psychiatrist in the United States. Researched degenerative brain disorders with Dr. Alois Alzheimer while in medical school and became an authority on Alzheimer's Disease research. Published the first comprehensive review of Alzheimer's cases in 1912.

5. [Ernest E. Just](#): Won the NAACP's inaugural Spingarn Medal for his research on fertilization and cell division in 1912. A Julius Rosenwald Fellowship in Biology of the National Research Council allowed him to work in Europe to avoid discrimination in the United States.

6. [Louis T. Wright](#): Graduated fourth in his class at Harvard Medical School. While serving in World War I, developed the intradermal injection vaccination technique. In 1948, became the first clinician to study the use of the drug Aureomycin in humans.

7. [Jane C. Wright](#): Oncologist and one of chemotherapy's pioneers. Daughter of Louis T. Wright.

8. [William Augustus Hinton](#): Developed Hinton Test for diagnosing syphilis and published the first medical textbook by an African American.

9. [Charles R. Drew](#): Discovered that plasma can replace whole blood transfusions. Founded two of the first blood banks. First African American to earn an MD from Columbia University in 1940.

10. [Marilyn Hughes Gaston](#): Published a study of sickle-cell anemia that led to a nationwide test for newborns. First African American and female director of a public health bureau – the US Department of Health and Human Services's Bureau of Primary Health Care.

11. [Jocelyn Elders](#): Appointed by President Bill Clinton in 1993 as the Surgeon General of the US—the first

African American and the second woman to hold this post.



It's Heart Month!

Among the recent initiatives the AHA is a study that provides insights about the relationship between Diabetes and Alzheimer's and Increased Stroke Severity



Read More,,,

<https://www.heart.org/en/news/2020/02/17/diabetes-alzheimers-together-might-increase-stroke-severity>

Risky Business: ACO Checklist For 2020 Includes Embracing New Payment Models And Physician Re-Engagement



The key for ACO success this new year and in the coming years, based on the experience of high-performing

organizations, is to focus on the basics of patient and physician engagement.

The term accountable care organization (ACO) dates back to at least [2006](#). The Affordable Care Act then made ACOs a fast-growing trend thanks to the Centers for Medicare and Medicaid Services (CMS) launching its Shared Savings Program in 2012.

Since then, ACOs have been at the forefront of the value-based care model transition, taking incremental steps toward having healthcare providers bear a greater share of the cost of healthcare for their patients. That has forced health systems and physician practices affiliated with ACOs to redesign processes focusing on preventing expensive care services. It appears to be working as several studies show that ACOs are reducing healthcare spending and improving outcomes for patients.

In light of such results and that organizations keep improving with additional years of experience, and new technology to support them, the ACO concept is not likely to be going away any time soon, no matter what happens in November.

Read More...

<https://medcitynews.com/2020/01/risky-business-aco-checklist-for-2020-includes-embracing-new-payment-models-and-physician-re-engagement/>

JOIN THE BI-WEEKLY CHAT

FEBRUARY 26, 2020 at 7:30 AM – 7:45 AM



605-313-5363 (TEL);
898295 (Access Code)

Look Soon for A Call from Bryce Bartel of CareAdopt

to Learn about the benefits of its
Whole Patient Care Management
Program

Emergent ACO Needs Help from CVCHIP Participants. Please Complete the Form at

<https://www.wrike.com/form/eyJhY2NvdW50S WQiOjQzNzgwNywidGFza0ZvcmlJZCI6MjkzMjkyfQk0NzM0NjA3ODg4NjA3CTBIZGE4ZmYwMGM5NjExNGUwMDMONGRiZWZiMGQwMmYyYmlwNzc1NTE1NjZiNzBiNDEwM2JhZDQ0MW M5ZDFhYmU=>

SUGGESTED GUIDANCE TO EARN HIGHER RATINGS FOR YOUR PATIENT SATISFACTION



ASSUMPTIONS

- Patients who like their doctors are more likely to be compliant patients;
- Compliant patients are healthier patients;
- Healthier patients are less expensive; so
- Physicians with satisfied patients should be paid more than physicians with dissatisfied patients.

WHAT PATIENTS LOOK FOR IN A PHYSICIAN PRACTICE

- Timely appointments
- Timely care (refills, callbacks, etc.)
- Physician's communication skills
- What your patient thinks about you, the practitioner
- What your patient thinks about the office and clinical staff

- Office running on schedule

SUGGESTIONS TO STRENGTHEN PATIENT RELATIONSHIPS

1. Hire sunshine.

Employ positive and happy, qualified people, particularly for roles with lots of patient interaction. Your patient satisfaction — and thus, your "quality" — should improve. You'll also find a cost-saving benefit to this hiring tactic: employee turnover could reduce and patients become a great referral source.

2. Start on time.

Strive to see patients within 15 minutes of arrival and if not possible occupy them with information through various venues to keep them distracted from the backup. Simply having the office staff to indicate that the practitioner is running behind helps as well. Let patients in advance on any given day that the office is not running on schedule

3. Set patient expectations.

It's helpful to share with patients the FAQs about your practice so that they know what to do for refills, after-hour needs, appointment scheduling, etc. By making these answers available on your website, on your patient portal, and in your print materials, may be viewed as your genuine interest in them and their care. It will help align patient expectations with their experience. Also let the patient know what to expect on visits and follow-up. Be certain to provide contact information to help patients reach the appropriate staff as timely as possible.

4. Listen with your eyes.

Keep your eyes focused on the patients to signify that you are listening and

processing what they say. Advising of a time limit to share their concerns or providing the information before their arrival to a staff person. This may help with diagnosis and win their satisfaction that they have not received a canned approach to their condition.

5. Put your staff in their place.

Make sure that your staff understands your expectations of their role and interaction with patients. Patients should have the opportunity to evaluate their visit through a follow-up call or other means such as email or text. Of course, staff must obtain permission from staff to obtain feedback from patients through these modes.

6. Walk the walk and talk the talk

Staff will follow your lead. If you are positive, are punctual as possible, demonstrate concerns about their needs, provide training and other resources needed to perform their duties, the work culture should elevate their productive, performance and interest in assuring patient quality and office effectiveness.

RESOURCE: ADAPTED FROM ARTICLE OF LUCIEN W. ROBERTS, III, MHA, FACMPE.



REMINDER

BOARD MEETING

March 7, 2020
9AM – 2 PM
Senior Connections
3rd Floor Board Room
24 East Cary Street
Richmond, Virginia 23219
May 9, 2020 5309

PRELIMINARY THINKING TO SUPPORT CVCHIP STRATEGIC PLAN

(COMMENTS ARE WELCOMED)

MISSION STATEMENT

Serve as the architect for the roll out of a platform of diverse health services and programs through credential professionals

VISION STATEMENT

Ignite and sustain excellence in care to promote healthy living and vibrancy

CORE VALUES

- ❖ Stand on unquestionable ethics and other core values
- ❖ Implement outstanding quality, accessible and affordable care
- ❖ Leave legacy for next generation of physicians and other health providers
- ❖ Emphasize unquestionable organizational performance, accountability and advocacy through principled leadership, member talents and inclusion
- ❖ Educate the larger community on methods to promote and sustain better health
- ❖ Grow the organization with like-minded practitioners and people

FACTORS DRIVING THE FUTURE

- ❖ Patient Demographics
- ❖ Level of Engagement of Members
- ❖ Quality of Programs and Activities
- ❖ Adequacy of Financial Resources
- ❖ Leadership
- ❖ Collaboration with Other Organizations
- ❖ Measurable results
- ❖ Commitment

PRIORITIES

- ❖ Pursue and obtain resources needed to sustain continued success of CVCHIP
- ❖ Align programs and activities with the strategic plan
- ❖ Adhere to principles that nurture members growth and their understanding of outcomes from ACOs to fill gaps in health care
- ❖ Fortify the organizational structure to promote cost effectiveness and efficiency

- ❖ Reach out to physicians and other providers to share opportunities to participate in the CVCHIP ACO model of care

GOALS

GOAL 1: GOVERNANCE

Use the strategic plan to insure CVCHIP longevity, vibrancy and value

GOAL 2: OPERATIONS

Expand capability by creating a business model that emphasizes leadership, best practices, finances, innovation and partnerships

GOAL 3: ENGAGEMENT

Recruit and Retain membership from results from excellence in programming, history of success and adherence to the vision and mission

GOAL 4: FINANCES

Improve financial performance by increasing and diversifying revenue and containing expenses and sharing profitability with members

GOAL5: EXCELLENCE IN PROGRAMS

Customize and implement programs that are measured by their impact on the beneficiaries

GOAL 6: COMMUNICATION

Create an organizational culture that reflects positive thinking, inclusiveness, equity, focus relevancy to reinforce achievement and outcomes

GOAL 7: EVALUATION

Adjust actions and programs through periodic assessment of outcomes from strategic plan implementation



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