

## Frequently Asked Questions

### 1. Why should my practice participate in the Heart of Virginia Healthcare (HVH) initiative?

Your practice will receive personalized coaching on optimizing your practice model and culture; helping you improve cardiovascular care for your patients. Improving function and quality of care leads to increased satisfaction for clinicians, staff and patients. Anticipated outcomes also include improved quality measures and financial performance as your practice incorporates efficient and effective processes.

Additionally, participating physicians will be able to pursue MOC part IV.

### 2. How will this initiative help physicians become less burdened?

Practice coaches will help you with a team-based approach that can reassign roles and responsibilities to other qualified staff, allowing physicians to focus once again primarily on patient care. Routine work, such as documentation and systematic attention to chronic disease management can be shifted to clinical support staff, allowing them to work to their full potential.

### 3. How much time will my practice be dedicating to this initiative?

Time spent will be determined by the amount of change a practice would like to undertake. Generally speaking, the main investment is upfront with participation in the six-month active coaching intervention. Practices will have regular meetings with their practice coaches (weekly at first and then monthly later in the intervention) and conference calls with faculty (weekly if desired). In addition, clinicians will be asked to complete a series of surveys and report practice level meaningful use measures over two and a half years of the initiative for evaluation purposes. Reimbursement will be provided.

### 4. How will this initiative help me with other quality measures (ACO, CIN, commercial insurance, Meaningful Use or PQRS)?

Four of the measures targeted by HVH align with the Million Hearts initiative and are within the scope of clinical quality measures associated with Meaningful Use (MU) and Physician Quality Reporting Systems (PQRS). While there are currently not thresholds for these measures in regards to MU and PQRS, it is important to focus on quality and increase these measures. As we move toward pay for performance models, high quality scores and lower cost will impact reimbursement. Blood pressure control, Cholesterol management 1 and smoking cessation are all common measures that practices typically focus on with different quality initiatives (such as CINs). In regards to ACOs, aspirin use aligns with ACO#30, BP control aligns with ACO #28, and smoking cessation aligns with ACO #17.

### 5. What measures will be monitored?

HVH will focus on at least four heart-health measures related to the ABCS:

1. Aspirin therapy (PQRS 204/NQF 0068)
2. Blood pressure control (PQRS 236/NQF 0018)
3. Cholesterol management (PQRS 316)
4. Smoking cessation (PQRS 226/NQF 0028) In addition, clinicians will be asked to complete a series of surveys and report practice level meaningful use measures in a span of two and a half years of the initiative for evaluation purposes.

However, more measures can be added under the general framework as you wish.

### 6. What will the coaches be providing my practice?

The practice coaches will present a variety of team-based care models and assist with selecting and implementing a workflow that will help you establish a systematic way of focusing on the ABCS and other selected measures. They will ensure that your EHR is equipped to report on specified measures. Additionally, we can also explore pre-visit planning, team huddles and shifting routine work from physicians.

For practices that are further along in their team-based care, we will also offer optional support that includes adopting open access scheduling, and utilizing registries to identify care gaps.

### 7. What other benefits will my practice gain from participating?

There will be collaborative learning events and peer-to-peer sharing to assist with best practices (e.g. communicating with patients about chronic care management).

### 8. How will my practice data be protected?

A Business Associates Agreement (BAA) will be signed to maintain HIPAA compliance. Practice-level data will only be collected and available to the practice. It will be de-identified when it becomes part of the larger research project.