

HHP/HPH COVID-19 Community Webinar Series

Monday, October 19, 2020
5:30pm – 6:30pm



Moderator – 10/19/20

Andy Lee, MD

Medical Director, *Hawai'i Health Partners*
Chief of Staff, *Pali Momi Medical Center*
Hawai'i Pacific Health

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.
- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

Webinar Information

- You have been automatically muted. You cannot unmute yourself.
- You will be able to submit questions via the Q&A section.
 - Due to time constraints, any unanswered questions will be addressed this week and posted on the HHP website
- A recording of the meeting will be available tomorrow on the HHP website and intranet.

How to Claim CME Credit

1. Step 1: Confirm your attendance

- You should have completed a brief questionnaire before joining today's live webinar.

2. Step 2: HPH CME team will email you instructions

- Complete and submit evaluation survey that will be emailed to you within one week of the offering.
- Your CE certificate will be immediately available to you upon completion of your evaluation.
- Questions? Email hphcontinuingeduc@hawaiipacifichealth.org

CME Accreditation Statement

- In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- Hawai'i Pacific Health designates this webinar activity for a maximum of 1.0 AMA PRA Category 1 Credit (s)™ for physicians. This activity is assigned 1.0 contact hour for attendance at the entire CE session.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Disclosures

- The planners and presenters of this activity report no relationships with companies whose products or services (may) pertain to the subject matter of this meeting

HHP 7th Annual Membership Meeting

- How to Attend: Email invitation or HHP website

1. Register
2. Download the Whova mobile app.
3. Create a Whova account

Start talking and engaging with your team members & colleagues!

- Now till Nov. 7th: Community Giveback Project

- Saturday, Nov. 7th: Virtual meeting

- Whova
- 8:00 a.m. to 12:30 p.m.



COVID-19 Updates



Melinda Ashton, MD
Executive Vice President
and Chief Quality Officer
Hawai'i Pacific Health



Douglas Kwock, MD
Vice President of
Medical Staff Affairs
Hawai'i Pacific Health



Gerard Livaudais, MD, MPH
Executive Vice President,
Population Health and
Provider Networks
Hawai'i Pacific Health



Dr. rer. nat. Axel T. Lehrer,
Associate Professor
Department of Tropical Medicine,
Medical Microbiology and Pharmacology,
John A. Burns School of Medicine
University of Hawai'i at Manoa

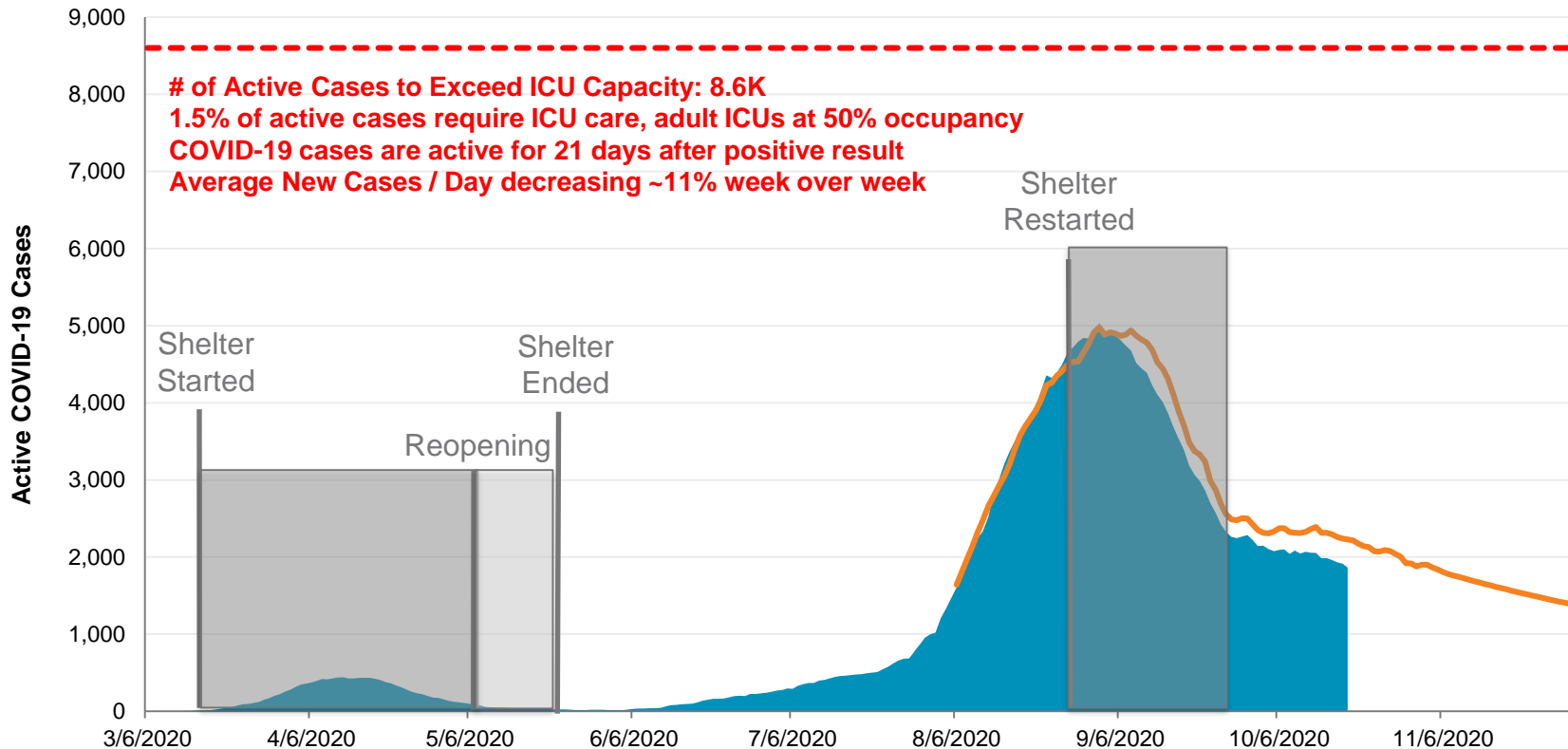
**HAWAI'I
PACIFIC
HEALTH**

**HAWAI'I
HEALTH
PARTNERS**

Projected Active COVID-19 Cases

Hawaii Actual v. Projected Active COVID-19 Cases Updated 10/19/2020

■ Calculated (21-Days) — Projected (21-Days) - - - ICU Capacity



As of 10/19/20	Total Census	ICU beds occupied	# Ventilators in use	# New Admissions w/ COVID-19 screening	# New Admissions w/ positive COVID-19	# Patients currently hospitalized w/ suspect or confirmed COVID-19	# Patients currently on a ventilator w/ suspect or confirmed COVID-19	# Patients currently in ICU w/ suspect or confirmed COVID-19
KMCWC	148	AICU: 0 NICU: 65 PICU: 11	AICU: 0 NICU: 18 PICU: 5 Wilcox: 0	0	0	S: 0 C: 0	S: 0 C: 0	S: 0 C: 0
PMMC	79	11	8	3	0	S: 2 C: 2	S: 0 C: 1	S: 0 C: 1
SMC	107	14	9	2	0	S: 2 C: 8	S: 0 C: 3	S: 0 C: 4
WMC	39	5	0	0	0	S: 0 C: 0	S: 0 C: 0	S: 0 C: 0

S = Suspected; C= Confirmed

COVID-19 Epi Curve*, Hawaii 2020

Updated October 18, 2020



80

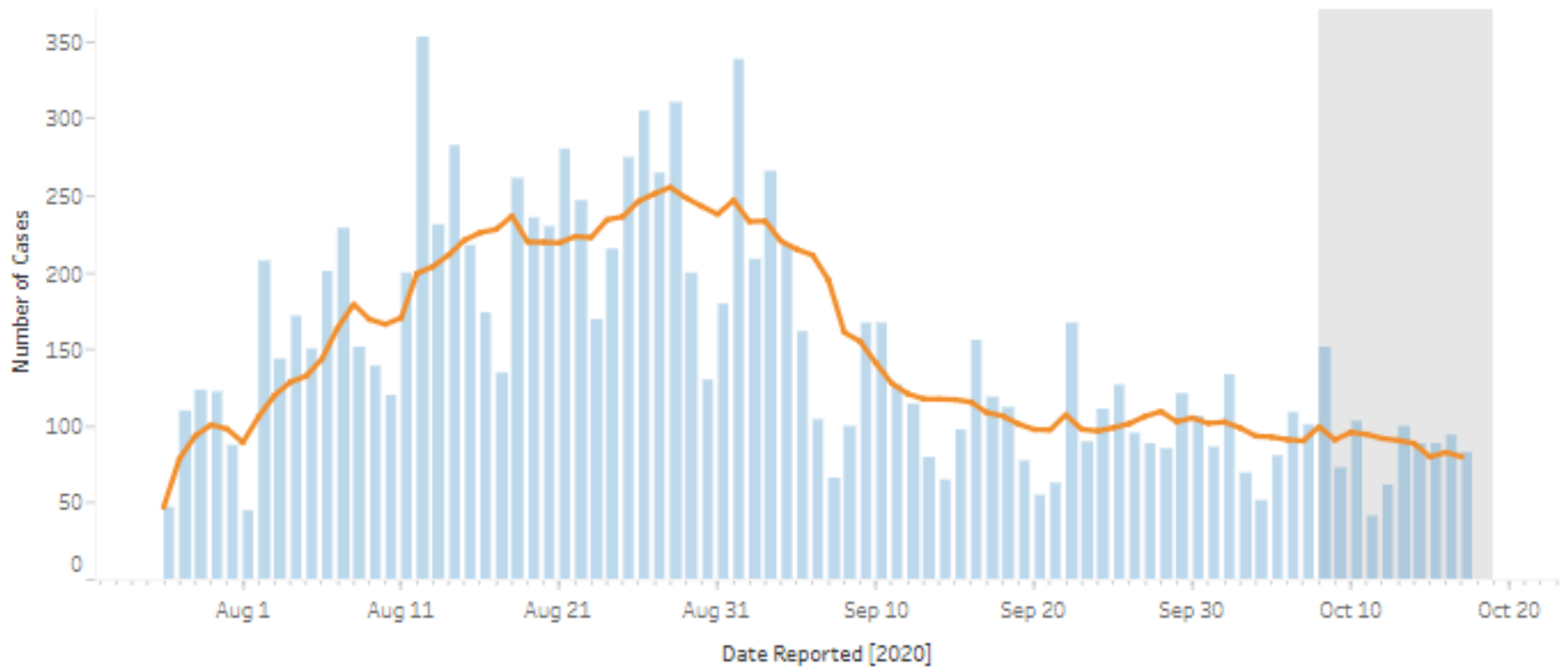
Average cases/day
(past 7 days)

13,989

Total Cases

Select County

Statewide



Date Reported [2020]

Date Filter

July 27, 2020

October 17, 2020

COVID-19 Testing*, Hawaii 2020

Updated October 18, 2020



Filter by County

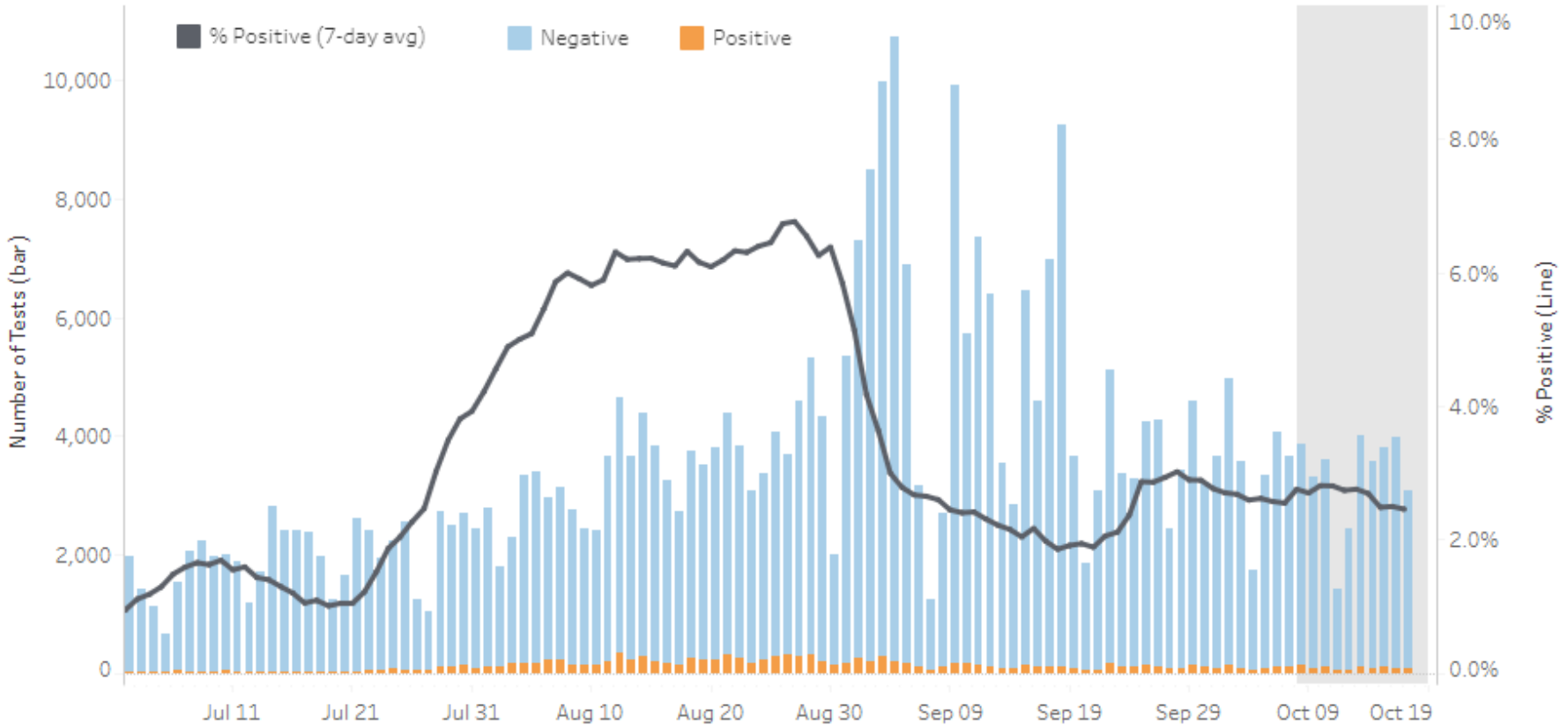
(All) ▼

Filter by Surge

(All) ▼

477,316
Total Number of
Tests Performed:

2.5%
Percent Positive
(past 7 days)

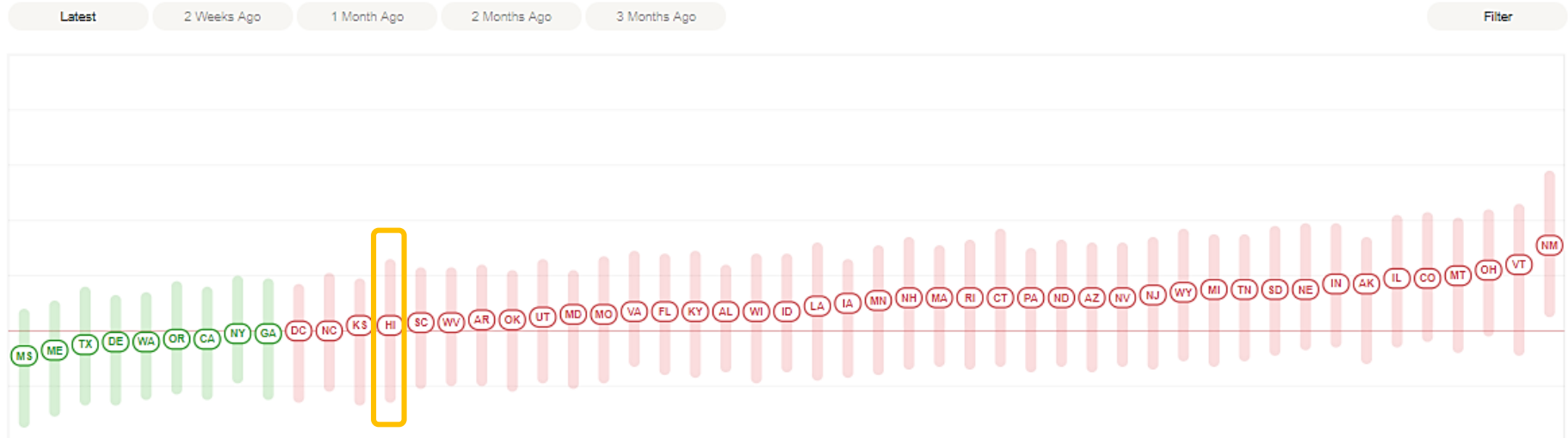


R_t COVID-19

These are up-to-date values for R_t, a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If R_t is above 1.0, the virus will spread quickly. When R_t is below 1.0, the virus will stop spreading. [Learn More](#).

[See details about the spread in Hawaii](#)

Data Last Updated: 10/18 at 6:30AM

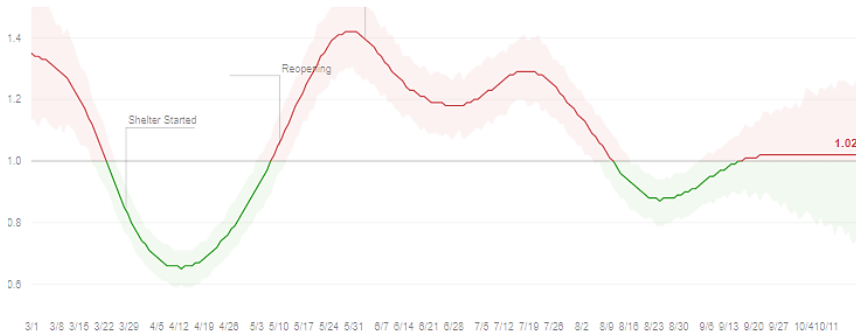


Hawaii ▾

Current R_t **1.02** Cases **12,123** Tests **469,682**

Effective Reproduction Rate · R_t

R_t is the average number of people who become infected by an infectious person. If it's above 1.0, COVID-19 will spread quickly. If it's below 1.0, infections will slow. [Learn More](#).

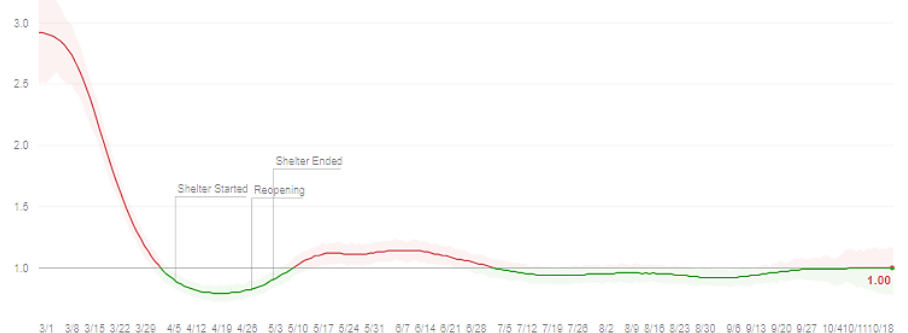


Georgia ▾

Current R_t **1.00** Cases **339,147** Tests **3,298,456**

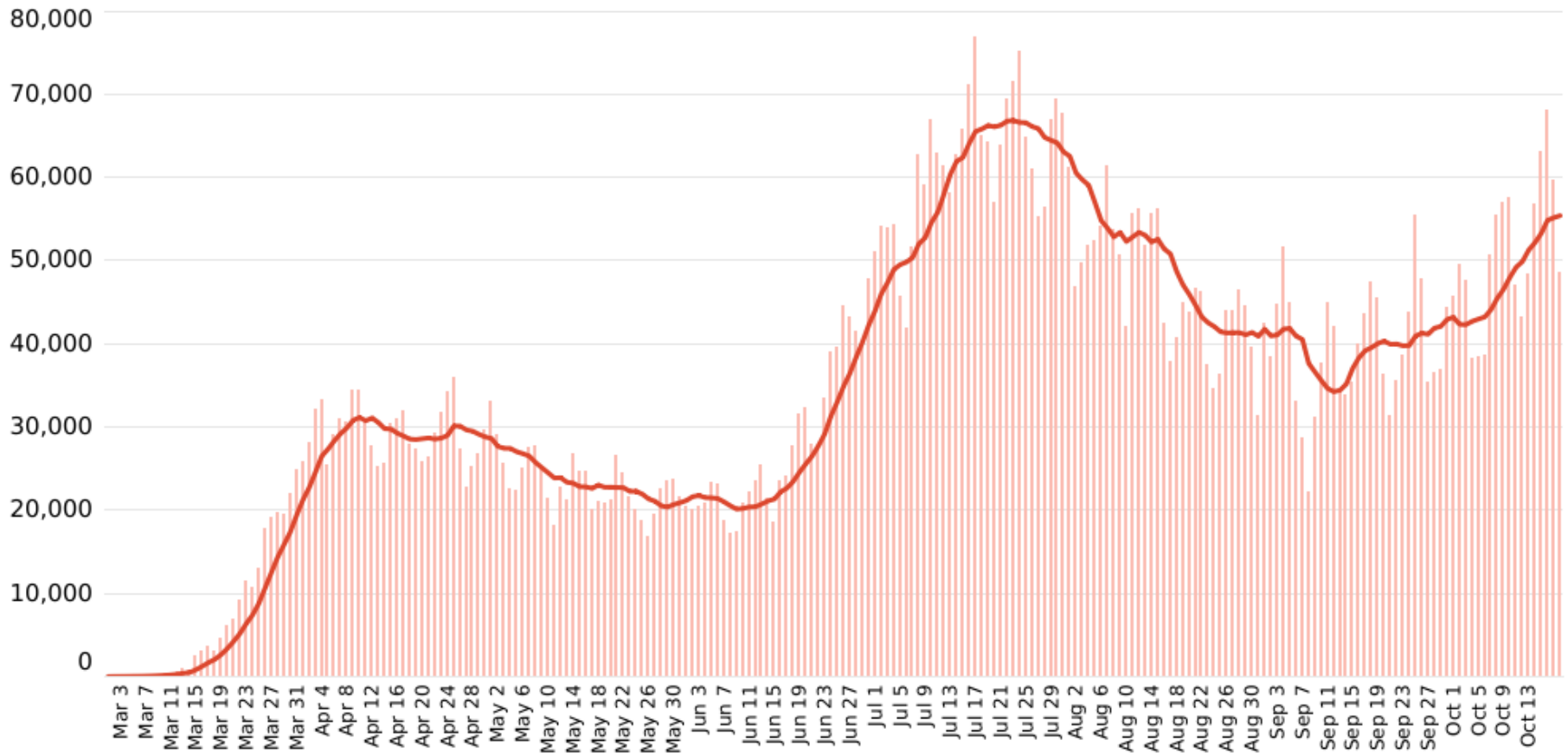
Effective Reproduction Rate · R_t

R_t is the average number of people who become infected by an infectious person. If it's above 1.0, COVID-19 will spread quickly. If it's below 1.0, infections will slow. [Learn More](#).

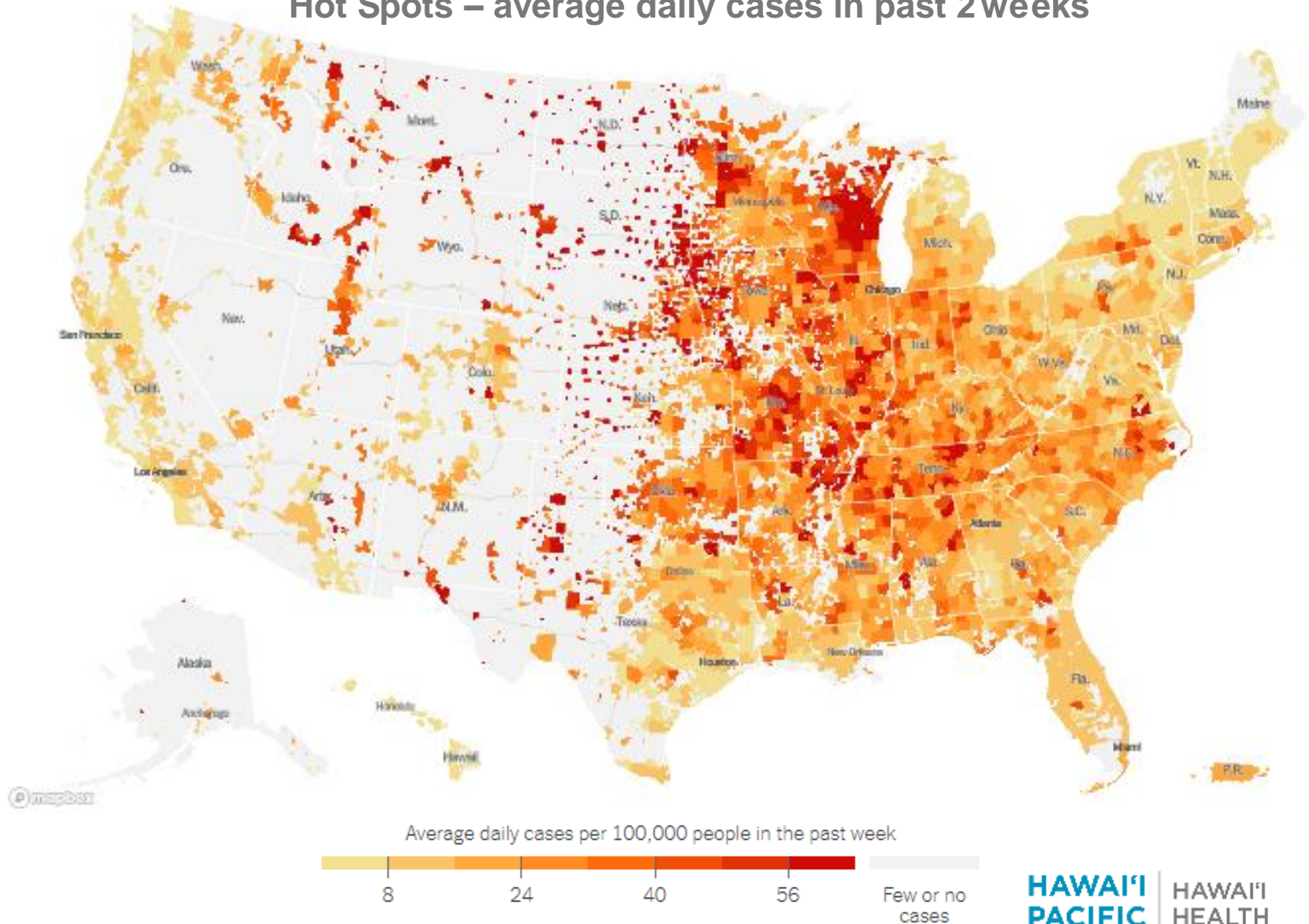


US DAILY CASES. 7-DAY AVERAGE LINE

Mar 1 to Oct 18



Hot Spots – average daily cases in past 2 weeks



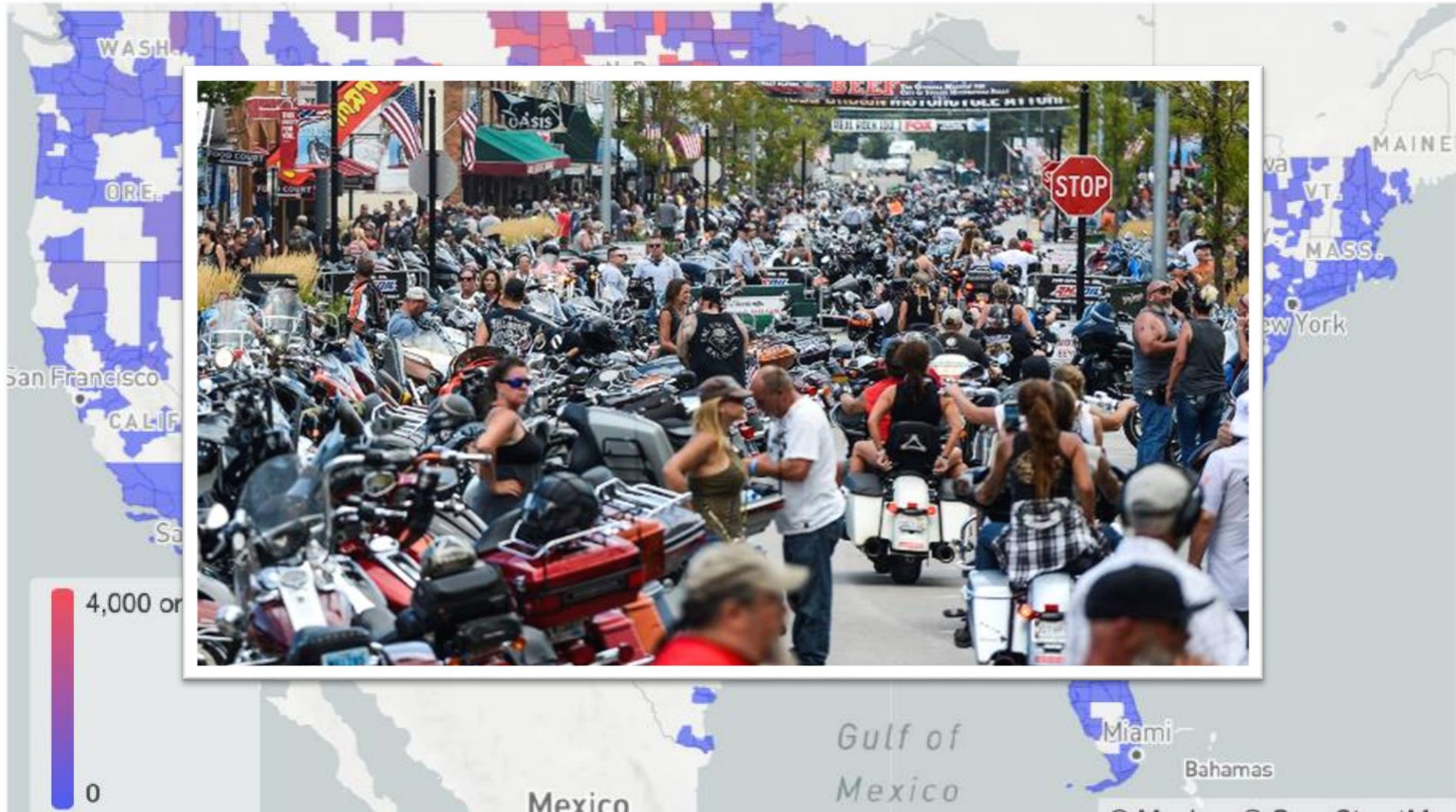
CREATING A HEALTHIER HAWAII

<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html#hotspots>

HAWAII
PACIFIC
HEALTH

HAWAII
HEALTH
PARTNERS

Estimated Rally Attendees by County (per 100,000 Residents)



2020 Sturgis Motorcycle Rally Analysis Mobility-Based Risk, Geographic Impacts, and Quarantine Compliance
September 5, 2020 . COVID ALLIANCE.

CREATING A HEALTHIER HAWAII

HAWAII
PACIFIC
HEALTH | HAWAII
HEALTH
PARTNERS



“I was naive, I was dumb, you know? I shouldn’t have went. I did; I can’t change that, so I just got to move forward. But sitting here just the past few days, that’s all I keep thinking about. I’m like, Jesus, look at the hell I’m going through, the hell I put everybody through. It ain’t worth it. It wasn’t. It really wasn’t.”

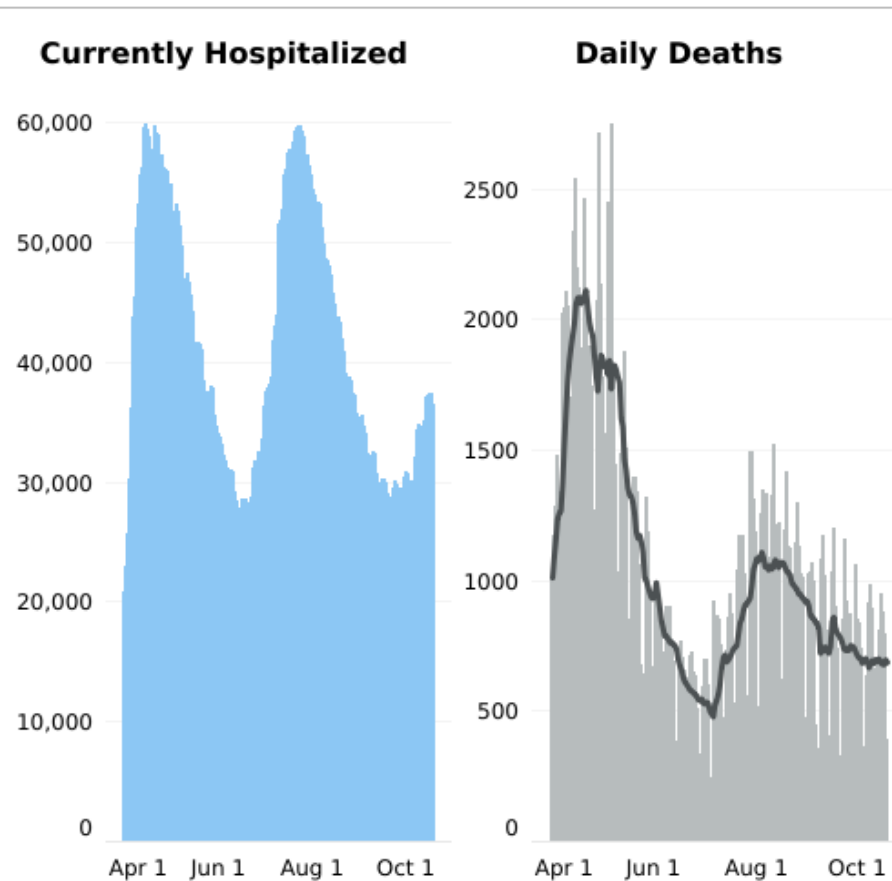
-Kenny Cervantes



“I was wrong to not wear a mask at the Amy Coney Barrett announcement and I was wrong not to wear a mask at my multiple debate prep sessions with the President and the rest of the team. I hope that my experience shows my fellow citizens that you should follow CDC guidelines in public no matter where you are and wear a mask to protect yourself and others.”

-Chris Christie

Why a Different Level of Reaction?

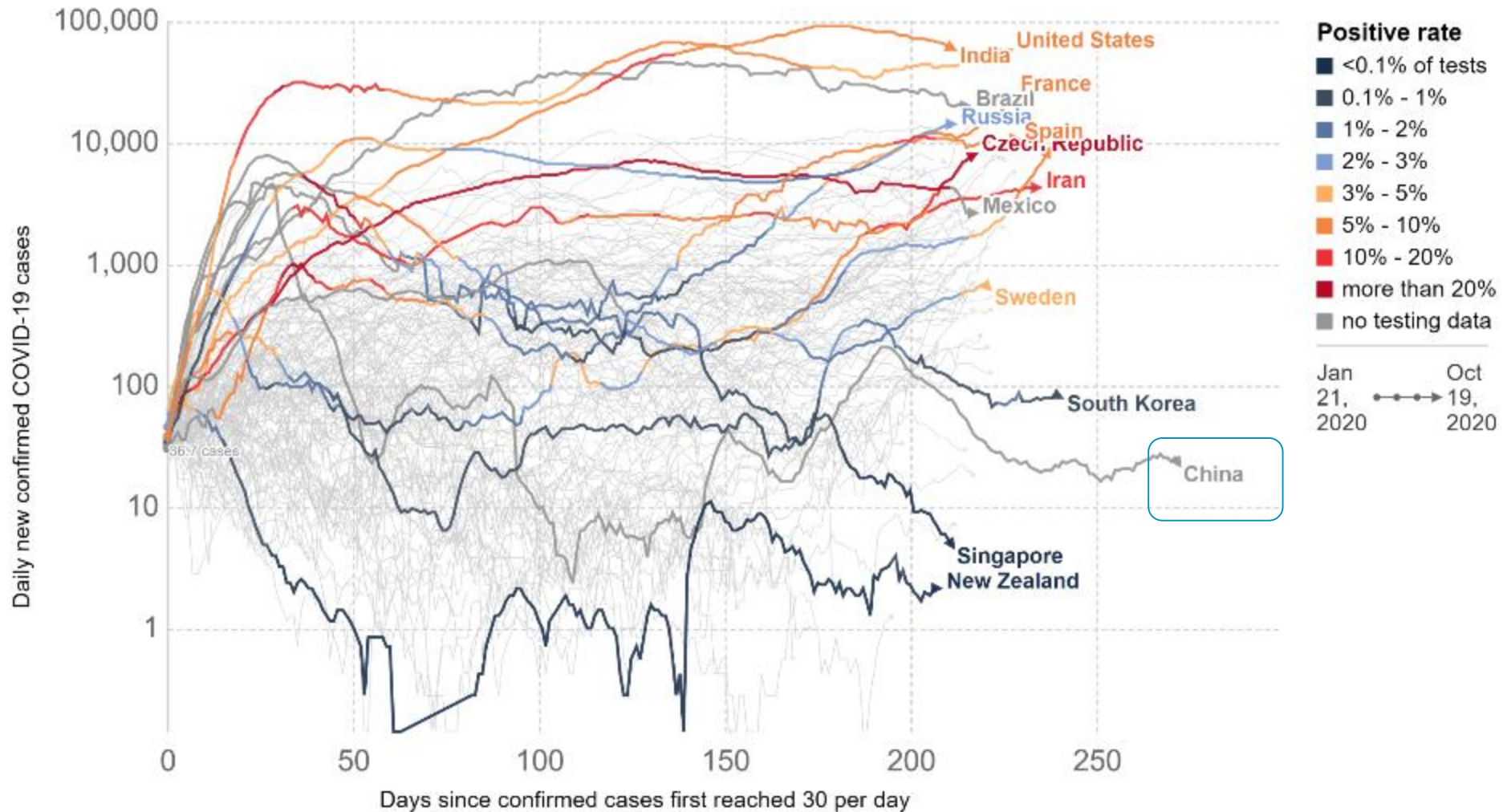


- Hospital capacity not over-run
- Better treatments & outcomes
- Numbness & Pandemic Fatigue
- Less densely populated regions

<https://covidtracking.com/data/charts/us-all-key-metrics>

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



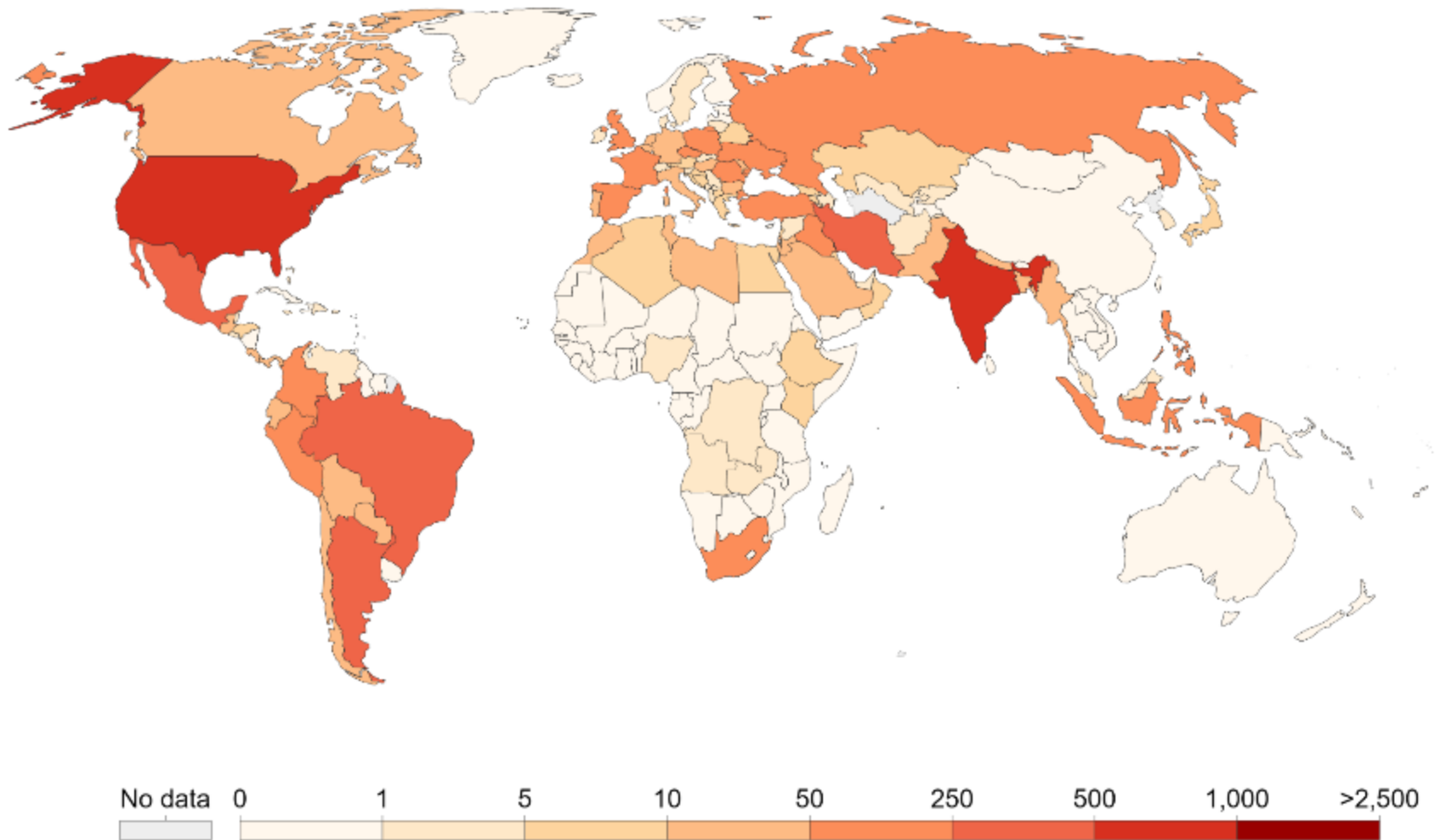
Source: European CDC – Situation Update Worldwide – Last updated 19 October, 10:35 (London time), Official data collated by Our World in Data

CC BY

CREATING A HEALTHIER HAWAI'I

Daily new confirmed COVID-19 deaths, Oct 18, 2020

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

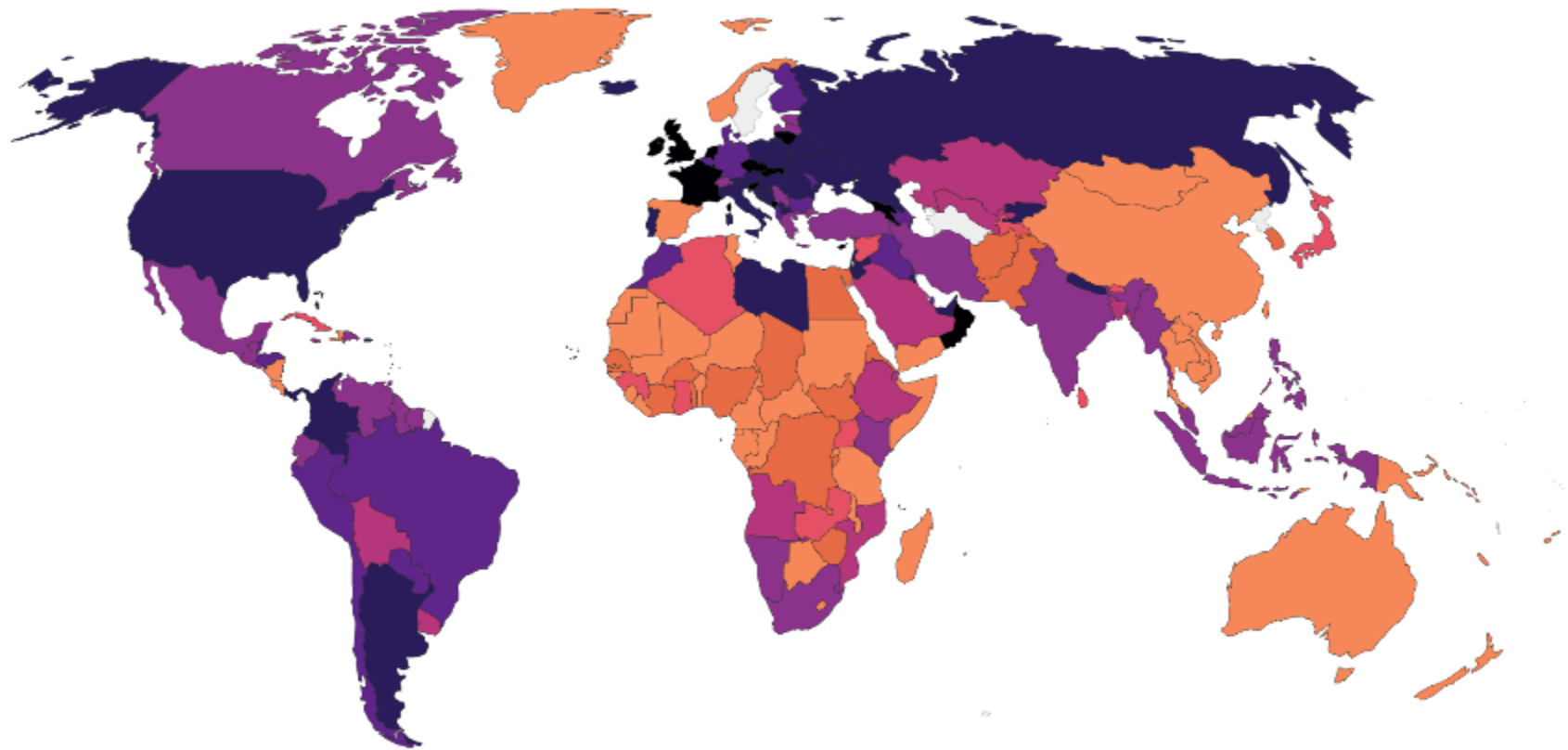


Source: European CDC – Situation Update Worldwide – Last updated 18 October, 10:05 (London time), Our World In Data

CC BY

Daily new confirmed COVID-19 cases per million people, Oct 19, 2020

The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: European CDC – Situation Update Worldwide – Last updated 19 October, 10:35 (London time)

CC BY

Li Wenliang



- On Dec 30, 2019, Li Wenliang sent a message to a group of fellow doctors warning them about a possible outbreak of an illness that resembled severe acute respiratory syndrome (SARS) in Wuhan, Hubei province, China, where he worked. Meant to be a private message, he encouraged them to protect themselves from infection. Days later, he was summoned to the Public Security Bureau in Wuhan and made to sign a statement in which he was accused of making false statements that disturbed the public order.
- Li returned to work after signing the statement and contracted severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), apparently from a patient.
- Li died Feb. 7, 2020 at 33 years of age. He was survived by his wife who delivered their 2nd son on June 12, 2020.

“People’s War against the Disease”



1ST DAY



10TH DAY



- Government denies existence and didn't share critical information for weeks
 - Clinical course, treatment, outcomes
 - Viral genome sequenced within 10 days of isolation (but not shared for 3 weeks)
- Lockdown whole cities and neighborhoods
 - Wuhan completely locked down for 76 days
 - School openings delayed
 - Holidays “closed” (Chinese new year)
 - 14,000 checkpoints set up
 - Used drones for surveillance and messaging
 - Public transportation suspended
 - Big data and health QR codes
- Fancang hospitals
 - built/stood up 13 hospitals, 13,000 beds in weeks
 - 2 hospitals of 1000 beds built in 10 days.
- Assuming Global leadership
 - Medical Teams dispatched
 - PPE widely distributed
 - Vaccine development (Sinovac – inactivated virus, Cansino – Ac5 viral vector) & distribution (WHO's COVAX)

The New York Times

Monday, October 19, 2020

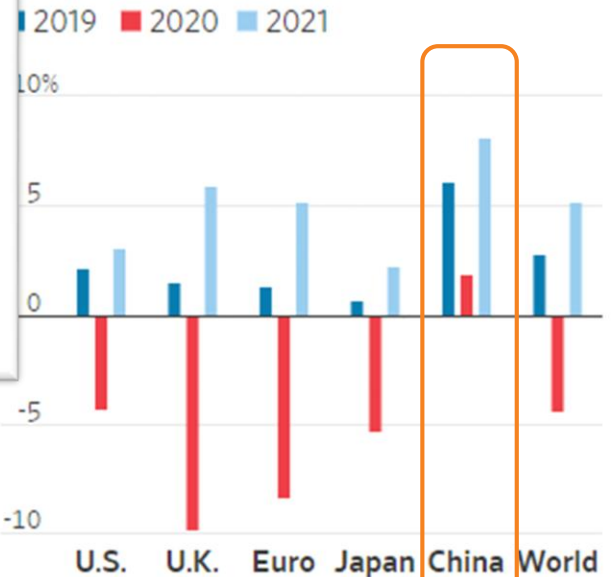
With Covid-19 Under Control, China's Economy Surges Ahead

Exports jumped, and local governments engaged in a binge of debt-fueled construction projects. Even consumer spending is finally recovering.

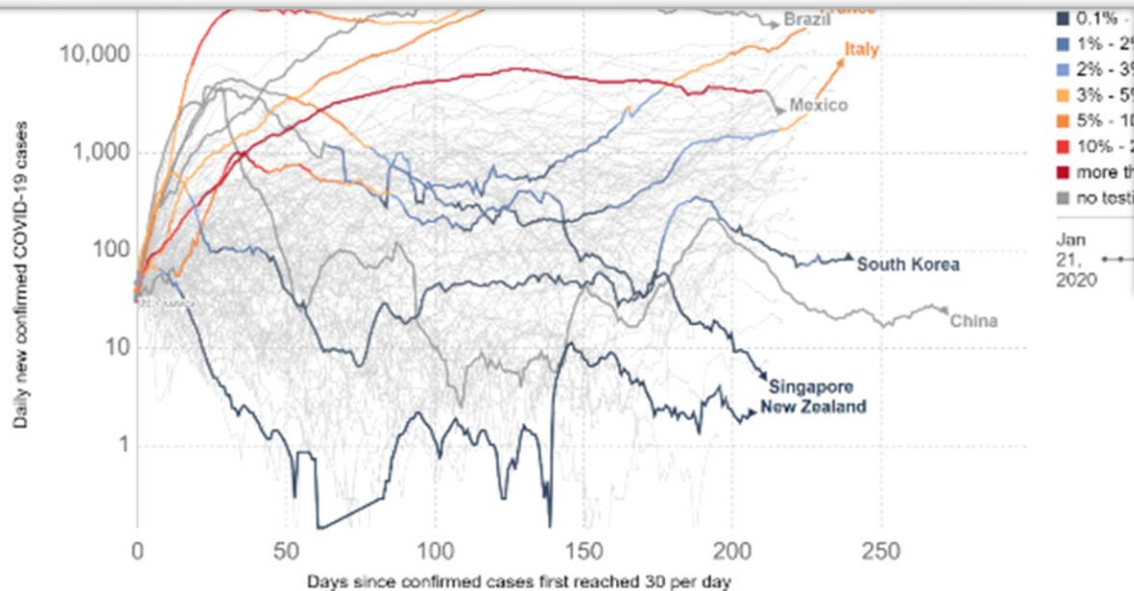
The country's vigorous economic expansion shows that a fast rebound is possible when the coronavirus is brought firmly under control.



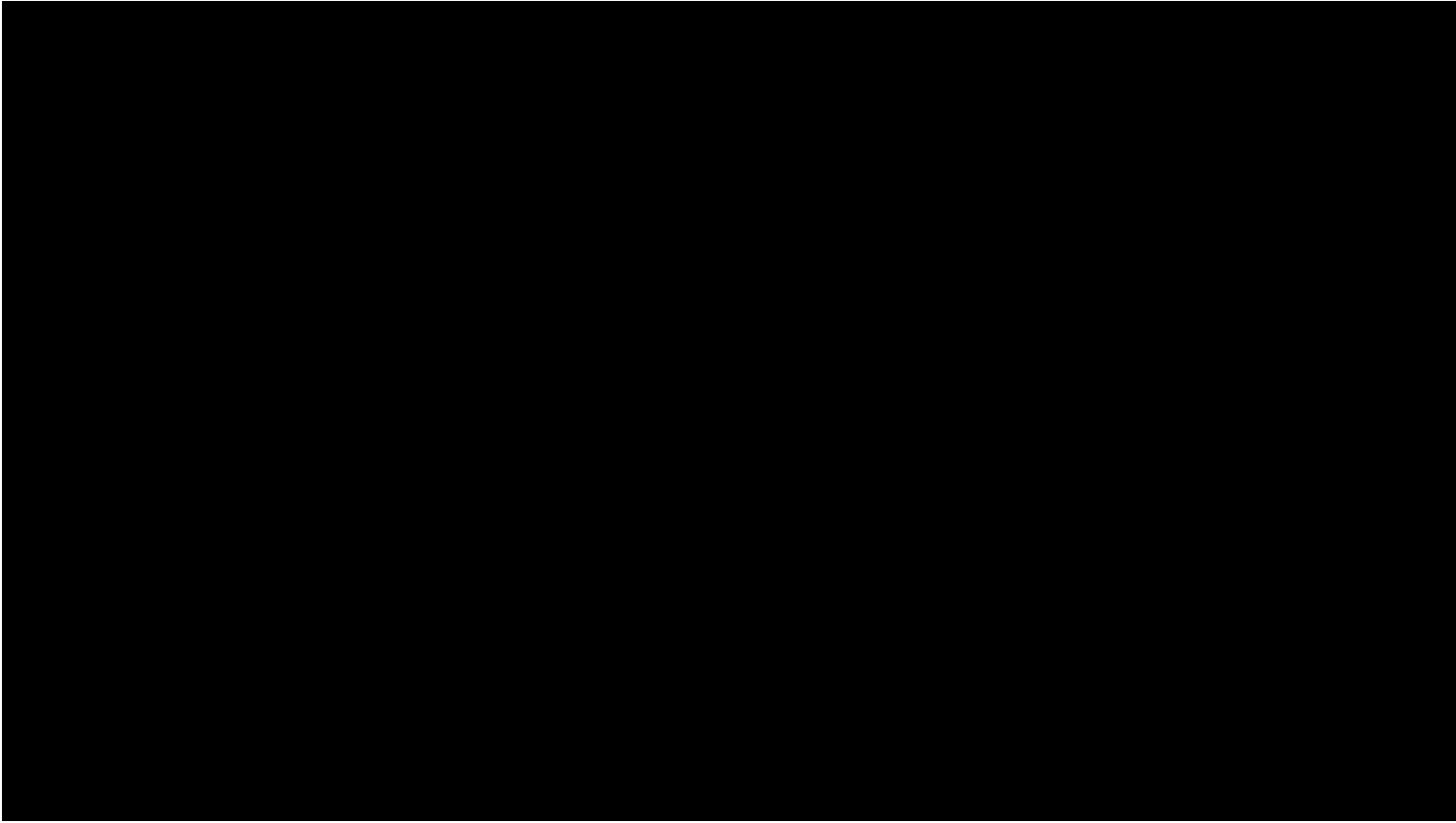
Change in real GDP

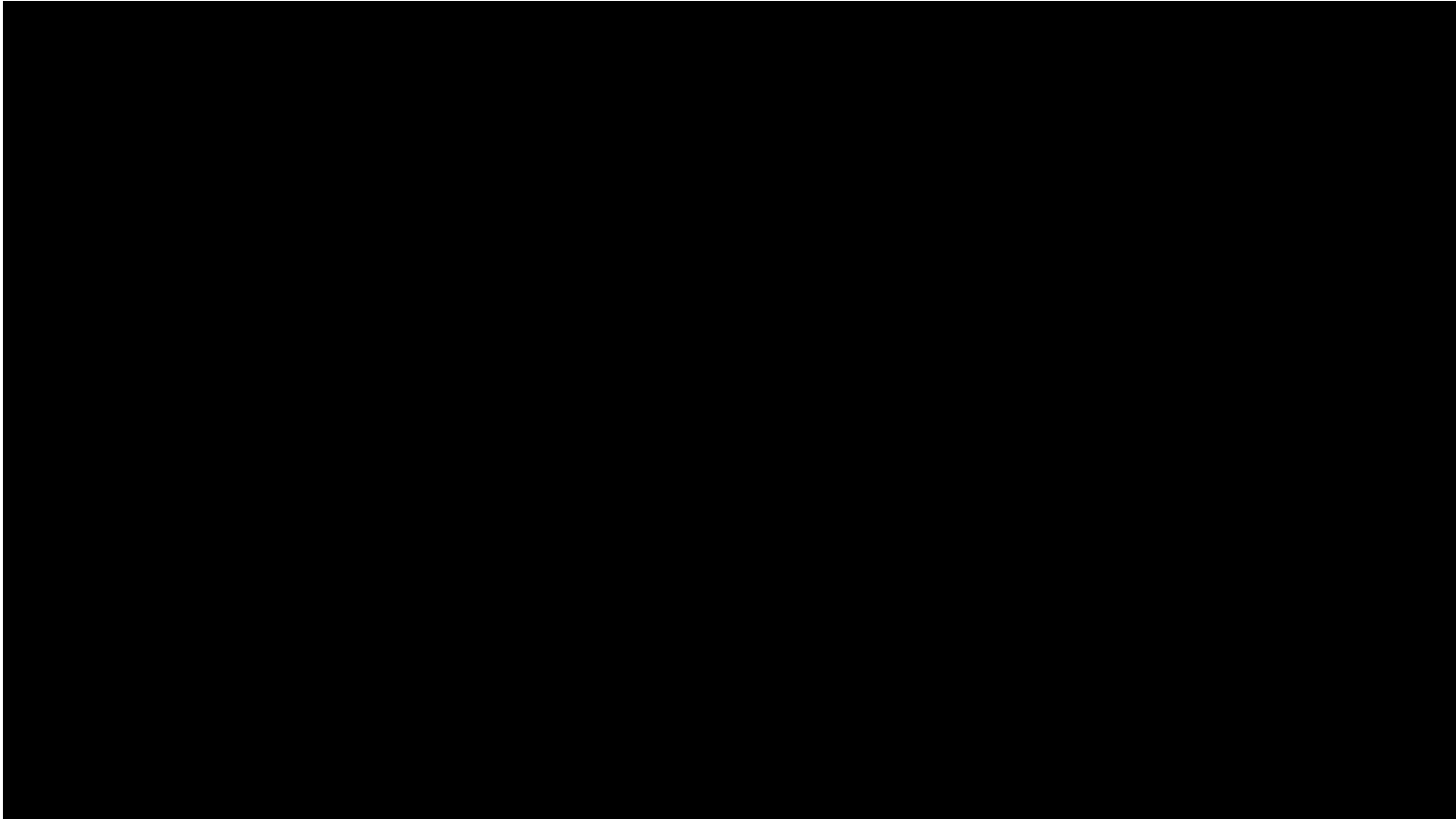


Source: International Monetary Fund



Source: European CDC – Situation Update Worldwide – Last updated 19 October, 10:35 (London time). Official data collated by Our World in Data
CC BY



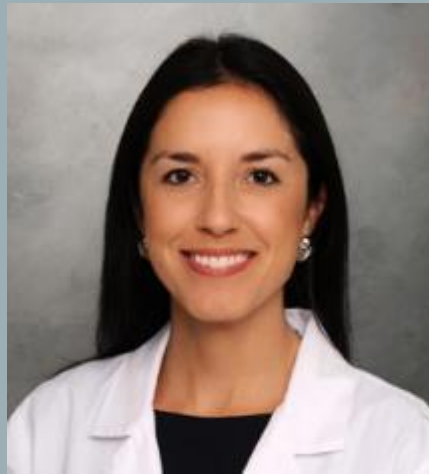


Treatment and Vaccine Updates

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

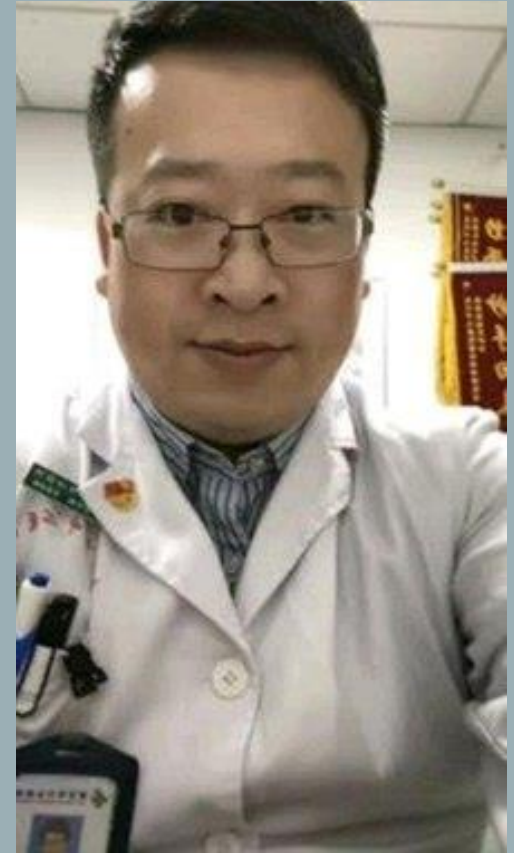
COVID-19 AND OPHTHALMOLOGY



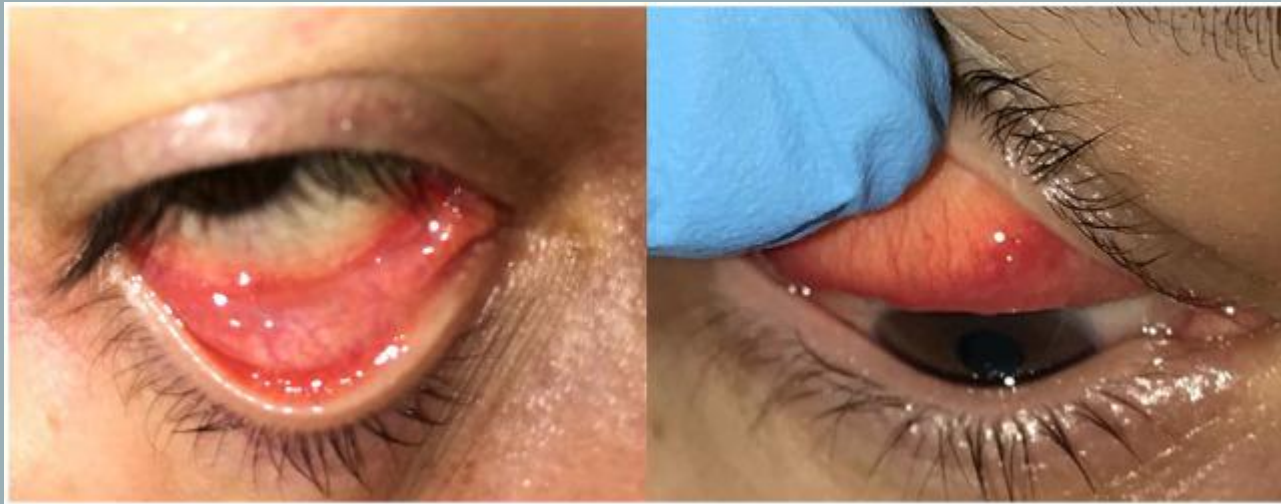
CLAUDIA HOOTEN, MD
VITREORETINAL SURGEON

“WHISTLEBLOWER”

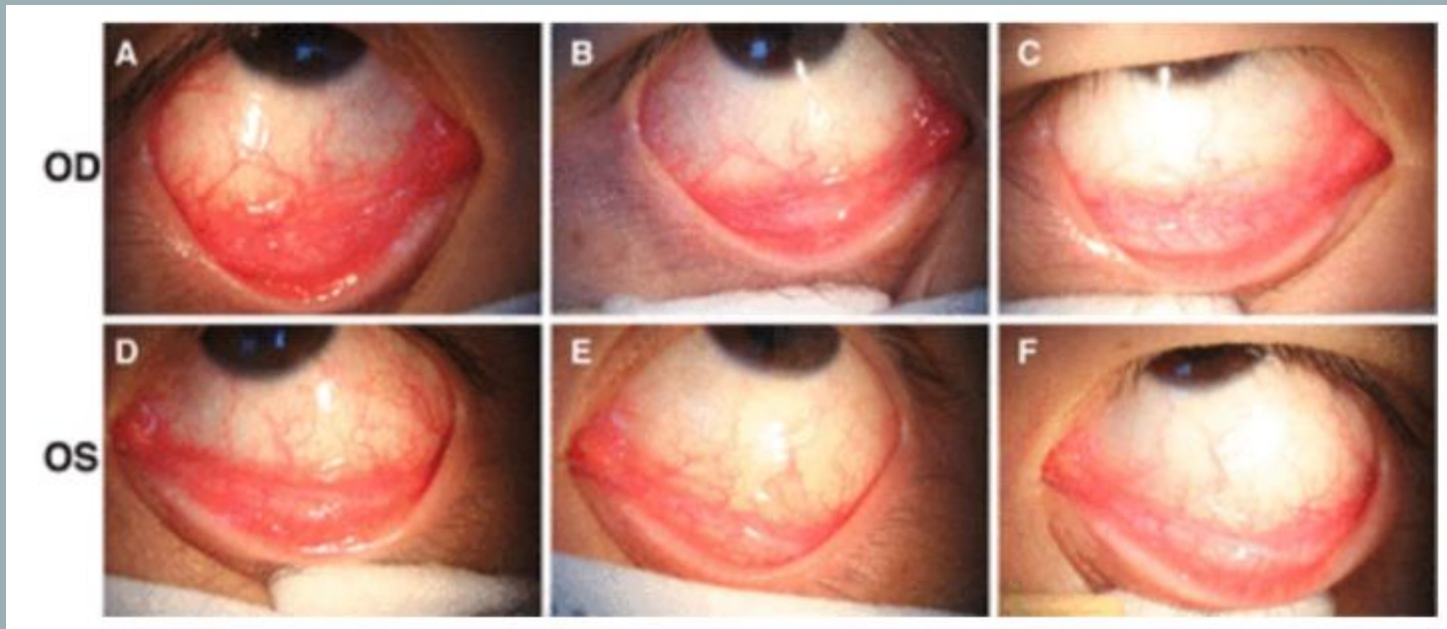
- Li Wenliang, MD 33 yr old ophthalmologist who worked at Wuhan Central Hospital
- Later contracted COVID from asymptomatic glaucoma patient



CONJUNCTIVITIS



- Hyperemia
- Epiphora
- Chemosis
- Increased secretions
- Foreign body sensation



Chen L, Liu M, Zhang Z, et al. Ocular manifestations of a hospitalised patient with confirmed 2019 novel coronavirus disease. *British Journal of Ophthalmology* 2020; **104**:748-751
 A.Daruich^{ab}D.Martin^cD.Bremond-Gignac. Ocular manifestation as first sign of Coronavirus Disease 2019 (COVID-19): Interest of telemedicine during the pandemic context. *Journal Français d'Ophtalmologie*. Volume 43, Issue 5, May 2020, Pages 389-391

CONJUNCTIVITIS

COMMON DDX:

- Viral (Adenovirus) – MCC
- Bacterial (STDs)
- Allergic
- Foreign Body

COVID-19 SPECIFICS

- 0.7% (mild symptoms) – 3% (severe symptoms) of all COVID19+ patients
- Occurs mid to late illness
- Most common in patients who have severe disease

OTHER OCULAR MANIFESTATIONS



THEORIES OF POTENTIAL INFECTION

- Direct inoculation of the ocular tissues from respiratory droplets or aerosolized viral particles
- Migration from the nasopharynx via the nasolacrimal duct
- Hematogenous spread through the lacrimal gland
- Possible entry through angiotensin converting enzyme 2 (ACE2) receptor found throughout the body including the eyes

EVALUATION

- A thorough history should be taken
- Telehealth visits are appropriate, and pictures can be useful
- Viral swabbing?

TREATMENT

- Preservative-free artificial tears
- Cold compresses
- Lubricating ophthalmic ointment
- Topical antibiotic drops

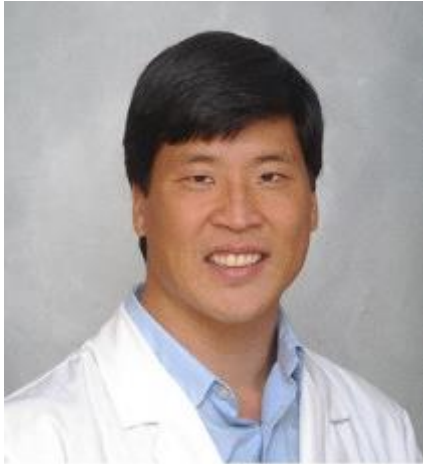


EYE PROTECTION AND COVID-19

- If you wear contact lenses, consider switching to glasses
- Glasses can add a layer of protection
- Avoid touching or rubbing eyes
- Practice safe hygiene and social distancing

QUESTIONS?





Information Sharing

James Lin, MD

Vice President, Information Technology

Pediatric Hospitalist, Kapi'olani Medical Center

Hawai'i Pacific Health



Share Your Care!

**HAWAI'I
PACIFIC
HEALTH**

**HAWAI'I
HEALTH
PARTNERS**

21st Century CURES Act Final Rule

- If there are no federal, state, or HIPAA laws restricting sharing, electronic health information is to be immediately made available to patients, other health care organizations, or 3rd parties for purposes of treatment, payment, or health care operations.
- Independent providers should evaluate the rule at www.healthit.gov/curesrule
- Compliance with the 1st phase required by **Nov 2, 2020***

- **Guiding principle:** Advance and support the access, exchange, and use of electronic health information by patients and providers/staff



*Share
Your
Care!*

Stronger relationships → better patient engagement

Sharing Care as a PCP

“I recently had a patient who is fairly active on MyChart come in to the office for an acute care visit. After reviewing the possible differential and work up, I explained she could see my documentation in MyChart.”



Sharing Care as a PCP

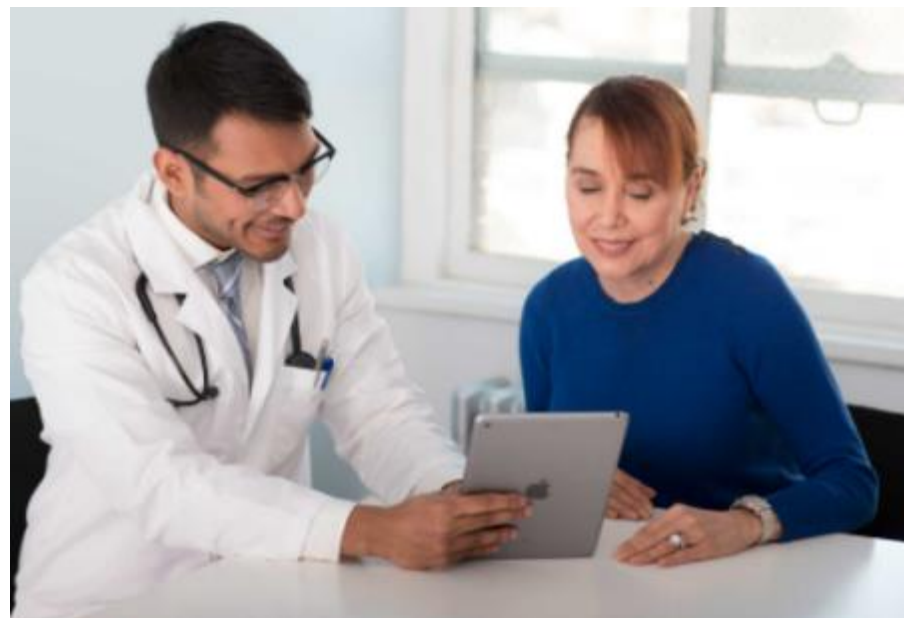
“She sent a follow up MyChart message noting her appreciation for the ability to review the different possibilities of the cause of her pain, and the plan discussed. It overall has strengthened the feeling of a patient-provider health care team.”



-Elizabeth Kim, MD,
Family Medicine

Sharing care as a Specialist

“I saw a patient in my Neurology clinic and shared my note about the visit with her. I heard later from her that she went to her endocrinologist who doesn’t have access to HPH Epic.”



Sharing Care as a Specialist

“She was able to open up MyChart and share my note to her endocrinologist to explain what I was thinking.”



-Beau Nakamoto, MD
Neurology

What Needs To Be Shared?
















A SET OF DATA CLASSES TO SUPPORT NATIONWIDE INTEROPERABILITY

<https://www.healthit.gov/sites/default/files/nprm/ONCCuresNPRMUSCDI.pdf>

The USCDI Version 1 (USCDI v1) is proposed as a standard (§ 170.213). It reflects the same data classes referenced by the CCDS definition and includes new required data classes and data elements, noted below.

If adopted, health IT developers will need to update their certified health IT to support the USCDI for all certification criteria affected by this change.

USCDI v1

Assessment and Plan of Treatment 	Laboratory  <ul style="list-style-type: none"> • Tests • Values/Results 	Provenance *NEW  <ul style="list-style-type: none"> • Author • Author Time Stamp • Author Organization
Care Team Members 	Medications  <ul style="list-style-type: none"> • Medications • Medication Allergies 	Smoking Status 
Clinical Notes *NEW  <ul style="list-style-type: none"> • Consultation Note • Discharge Summary Note • History & Physical • Imaging Narrative • Laboratory Report Narrative • Pathology Report Narrative • Procedure Note • Progress Note 	Patient Demographics  <ul style="list-style-type: none"> • First Name • Last Name • Previous Name • Middle Name (including middle initial) • Suffix • Birth Sex • Date of Birth • Race • Ethnicity • Preferred Language • Address *NEW • Phone Number *NEW 	Unique Device Identifier(s) for a Patient's Implantable Device(s) 
Goals  <ul style="list-style-type: none"> • Patient Goals 	Problems 	Vital Signs  <ul style="list-style-type: none"> • Diastolic Blood Pressure • Systolic Blood Pressure • Body Height • Body Weight • Heart Rate • Respiratory rate • Body Temperature • Pulse oximetry • Inhaled oxygen concentration • Pediatric Vital Signs *NEW <ul style="list-style-type: none"> - BMI percentile per age and sex for youth 2-20 - Weight for age per length and sex - Occipital-frontal circumference for children >3 years old
Health Concerns 	Procedures 	
Immunizations 		

How Will It Affect Me?

- Patient (or proxy) with MyChart will have:
 - Clinical Notes from visits 11/2/20 point forward
 - Faster test result access
 - Future:
 - Access for adolescents 14-17 year old to mychart.
 - Access to clinical documentation in media tab
- Health Advantage Connect providers will have an options for exporting an electronic version of patient record



When Will the Information Be Shared?

- To be shared immediately
 - All labs and test results (except HIV for 7 days)
 - All radiology results
 - All cardiology testing (e.g. ECHO, EKGs, stress tests, etc)
 - All pathology results
- Will be shared once ‘Sign’ed
 - Notes for hospitalized patients (even if patient still hospitalized)
 - Notes for clinic patients
 - Notes for ED patients

My Note ⚠️ 📄 Share w/ Patient [Details ⤴](#)

Progress Notes

Type: Service:

Date of Service:

What Does the Patient See?

Past Visits

Select a past visit from below to see a summary of your visit.

Last 3 Months

JUN 24 2020 Refill
Madrey, Zetler, MD

View notes

Your Admission - 03/12/20

Admission Summary

Notes

Discharge Summary

[Redacted] 3/19/2020 10:11 AM

Discharge Summary

TRANSITION OF CARE AND FOLLOW-UP PLAN

Admission Date: 3/12/2020

Discharge Date (required): 3/19/2020

Reason for Admission: Shortness of breath, rule out COVID 19

Principal Diagnosis (definitive condition responsible for the admission):
Acute respiratory failure with hypoxia

Disposition: home with 24-hr assistance-patient's wife is available for assistance

Condition on Discharge: Medically stable

Exam on Discharge Day:

BP: 145/67 (3/19/20 7:40 AM); Pulse: 74 (3/19/20 7:40 AM); Temp (°F): 97.2 (36.2) (3/19/20 7:40 AM); Resp. Rate: 18 (3/19/20 7:40 AM); SpO2: 96 (3/19/20 9:00 AM); Wt: 81.9 kg (3/19/20 1:44 AM)
Exam is unremarkable.

Discharge Code Status: Full

Outpatient Provider: [Redacted]

Follow-Up Plan:

Unresulted Lab & Pathology

Order	Collected
BLOOD CULTURE	3/12/20 3:45 PM
ACID-FAST BACILLI (AFB) CULTURE	3/14/20 3:15 PM
ACID-FAST BACILLI (AFB) CULTURE	3/15/20 5:36 AM
BLOOD CULTURE	3/17/20 5:11 PM
BLOOD CULTURE	3/17/20 5:26 PM

Follow Up (From admission, onward)

FOLLOW-UP - DISCHARGE SPECIALTY: 1-2 Weeks; Adult; Endocrinology ONCE

Question	Answer	Comment
Return In:	1-2 Weeks	
Follow-up Department	Adult	
Specialty:	Endocrinology	
Return Reason:	Diabetes management and follow up	
Appointment Day:	Any Day	

FOLLOW-UP - PCP: 1-2 Weeks

Question	Answer	Comment
Return In:	1-2 Weeks	
Return Reason:	Hospital follow up.	
Appointment Day:	Any Day	

Appointment Details

After Visit Summary®

Notes

Telephone Encounter

[Redacted] at 6/24/2020 11:36 AM

06/24/20

Requested Prescriptions

No prescriptions requested or order

Preferred Pharmacy: CVS Pharmacy C

Last Visit with LIP: 1-24-20

Last Prescriber: Self reported

Last Renewal Date: 4-1-20

Is this medication currently on the patie

[Redacted]

Electronically signed by Leisa Schmidt at 6/2

Information sharing also means...

- Sharing data electronically between providers, health care organizations, payors,
- Sharing data with Third Parties
 - Public Health registries
 - Clinical data registries
 - Health app developers
- Review and enhance procedures to evaluate and respond to new requests for sharing data



Exceptions to Sharing Information

- Few and narrowly defined
- Examples:
 - “Preventing Harm” as an exception to share
 - Author of note has to believe it will lead to physical harm,
 - Individual decision for the specific note or specific information
- Each note or test result which is not shared will be audited and need an explanation as to why it is not being shared.



Documenting Reason to Not Release a Test Result When Ordering

Urine Pregnancy Test ✓ Accept ✗ Cancel

Class:

Release to patient:

Reason for preventing immediate release

Additional details for preventing immediate release

Status:

Comments:

Sched Inst:

Quantity: (The maximum orderable quantity for this procedure is 100)

Dx Assoc.:

	Assc	Encounter	Diagnoses	Codes	Qualifier	Comment
1	<input type="checkbox"/>					

⌆

Show Additional Order Details ▾

Next Required ✓ Accept ✗ Cancel

Penalties for Noncompliance

- If accused and found guilty of ‘Information Blocking’
 - Individual Providers
 - Unable to attest for MIPS, CPC+, Meaningful Use = up to 9% deduction in medical claims and/or decreased hospital reimbursement
 - Potential for other penalties
 - Health care organizations who provide or exchange health information records
 - \$1 million per incident

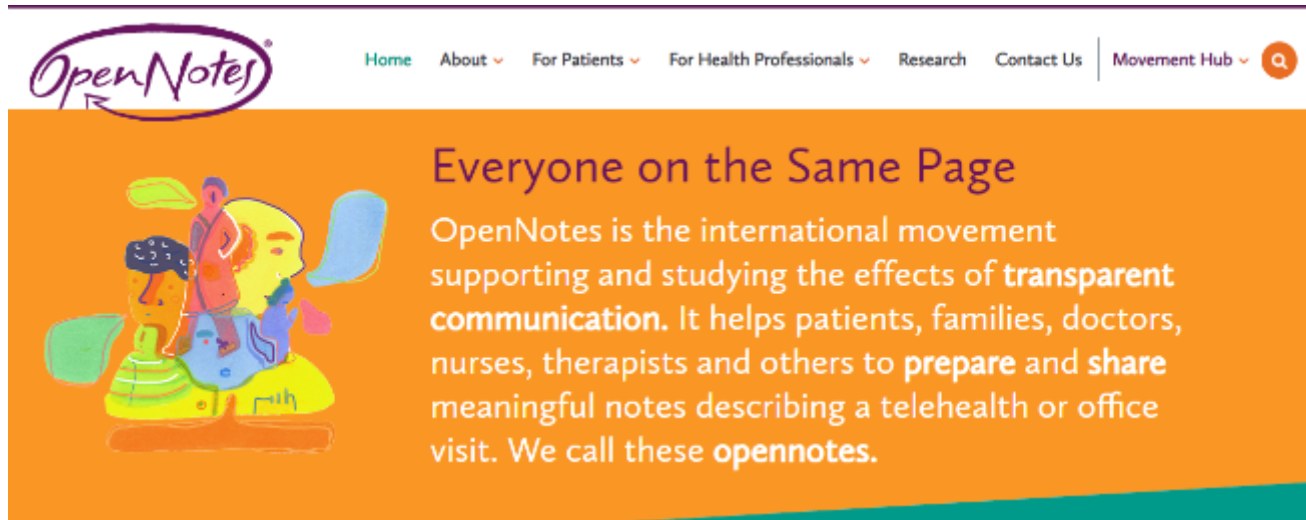
Patient and Provider Responses to Open Notes

- Patients

- Higher adherence, trust, and satisfaction
- 33 million patients already view notes in the US

- Providers

- Minimal changes in documentation
- 97% reported no change in documentation time or patient questions



The image shows a screenshot of the OpenNotes website homepage. At the top left is the OpenNotes logo, which consists of the word "OpenNotes" in a purple, cursive font with a registered trademark symbol. To the right of the logo is a navigation menu with the following items: "Home", "About", "For Patients", "For Health Professionals", "Research", "Contact Us", and "Movement Hub". A search icon is located to the right of the "Movement Hub" link. Below the navigation menu is a large orange banner. On the left side of the banner is a colorful illustration of a person's head and shoulders, composed of various colored shapes and patterns. To the right of the illustration is the text: "Everyone on the Same Page". Below this heading is a paragraph: "OpenNotes is the international movement supporting and studying the effects of **transparent communication**. It helps patients, families, doctors, nurses, therapists and others to **prepare and share** meaningful notes describing a telehealth or office visit. We call these **opennotes**."



OpenNotes by the Numbers

OpenNotes is a national movement dedicated to making health care more open and transparent by encouraging doctors, nurses, therapists, and others to share their visit notes with patients. Patients want OpenNotes. We're learning that inviting patients to read notes may be an important way to improve communication, the safety and quality of care, and to enhance engagement and patient and provider satisfaction. OpenNotes is a valuable tool, especially among the most vulnerable, those with complex health conditions, and individuals who serve as care partners.

20,000 patients were in the **original OpenNotes study**.

99% of patients in the original study said they **want OpenNotes**, and

85% of patients said OpenNotes helped them **feel more in control of their care**.

[Annals of Internal Medicine](#), October 2012, Delbanco, Walker, et al

92% of VA patients say reading notes will help them **remember the care plan** better, and

90% of VA patients say notes help them **take their medications as prescribed**.

Veterans Affairs survey

29 Health experts provided recommendations for OpenNotes' next step, **OurNotes**. Pilots **inviting patients to co-produce notes** will begin in 2018.

[Annals of Internal Medicine](#), November 2017, Mafi, Walker, et al

99% of patients value access to notes. Top reasons include: **remembering** next steps, **quicker access to results**, **gain confidence in clinicians**, **share with care partners**.

[JMIR](#), July 2017, Gerard et al

99% of patients **feel the same or better about their physician** after reading notes. Results were most striking among patients considered more vulnerable, indicating **OpenNotes can improve trust**, and

50% of clinicians felt that **patient satisfaction and trust increased** with note reading.

[BMJ Quality & Safety](#), June 2016, Bell, Walker, et al

42% of patient who share notes with a **care partner** do so to **manage healthcare** activities, **30%** share access **in case of emergency** and **18%** share because they themselves **do not use a computer**

[Journal of the American Medical Informatics Association](#), August 2016, Wolff, et al

88% of patients and **86%** of care partners said they were **able to prepare better questions** for the doctor



opennotes.org

**HAWAII
PACIFIC
HEALTH**

KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

How Will It Change the Way I Document?

- Minimally if documentation best practices are kept in mind:

CONSIDER CHANGING	ALTERNATIVE SUGGESTION
“Morbidly obese...”	“Has BMI >30” or “obese per medical criteria
“Patient refuses to take his pills”	“Patient has been non-adherent to therapy..”
“Patient stinks of cigarette smoke”	“The smell of cigarette smoke is evident on the patient’s clothes..”
“Patient was SOB”	“Patient was dyspneic or short of breath”

What About Test Results?

CONSIDER for an outpatient provider	SUGGESTION
Letting your patients know they can view their test results in MyChart.	“I want you to know you might see your test results in MyChart before I do...”
Discussing a plan if/when questions arise about what they are seeing.	“...and I’ll send you a MyChart message when I’ve had a chance to review it. If you have a question, feel free to send me a Mychart Medical Advice message or call during office hours...”
Asking the patient how they want to find out the results.	“...On the other hand, if you want to hear about the result from me, let’s set up the follow up video visit now before you leave today.”

What Now?

- Educational material for providers to set patient expectations about test results or documentation
 - Coming soon! “A Practical Approach to Information Sharing and the 21st Century Cures Act”
 - Qualifies for HHP points!
- Updates to patient facing websites and MyChart to help patients understand the additional information
- Continuing evaluation and communicating changes due to the 21st Century CURES Act Final Rule

Where Can I Learn More?

- <https://www.healthit.gov/curesrule/>
- www.opennotes.org
- Health Advantage Connect Portal - FAQs
- Medical staff bulletins
- Upcoming Q&A sessions with Health Advantage Connect providers
- Email: informationsharing@hawaiiipacifichealth.org

HAWAII PACIFIC HEALTH KAPI'OLANI PALI MOMI STRAUB WILCOX

Home Groups & Projects Shared Applications Shared in My Inbox My Outbox

Information Sharing (21st Century Cures Act)

Information Sharing

Sharing Clinical Notes with Patients

Site Content

"Information Sharing" = 21st Century CURES Act = "Information Blocking"

What is Information Sharing?

The regulation's guiding principle is to advance and support the access, exchange, and use of electronic health information by patients and providers. If there are no federal, state, or HIPAA laws restricting sharing of new electronic health information to be immediately made available. Compliance goes into effect on **Nov 2, 2020**.

How will this affect me?

Any provider with documents in the electronic health record (EHR) is subject to having signed notes immediately available to patients. Upon viewing notes, patients may have questions. All labs will immediately be released to patients unless there is a federal/state law or an exception available. Patients may see their labs before you are able to speak with them. There may be more requests from outside organizations and third parties for Electronic Health Information.

Thank you!



Share Your Care!



EPCS: e-Prescribing of Controlled Substances

Peter Di Rocco, MD

Physician Liaison, Medical Informatics,
Hawai'i Pacific Health

**HAWAI'I
PACIFIC
HEALTH**

KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Regulatory Requirement:

- The SUPPORT Act (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act
 - Requires Medicare Part D prescriptions of opioids and other controlled substances are prescribed electronically beginning **1/1/2021**
- Pharmacies may start **refusing paper prescriptions** for Medicare controlled substances to comply

What makes EPCS different?

- Requires identity proofing/registration for all credentialed and licensed prescribing clinicians (including Health Advantage Connect) to use this system
- Requires a two factor authentication during the ordering process for the provider (similar to VIP)
- Providers will be able to prescribe controlled substances in all care areas and on the go
- Improves patient experience

Should I Enroll?

- Yes: If you use HPH Epic to prescribe **Outpatient** controlled substances
- You are not required to enroll, however you may not be able to prescribe outpatient controlled substances from 1/1/2021 if you do not enroll

How Can I Enroll?

- HPH Medical Staff Offices, HHP, and Health Advantage Connect are reaching out to providers in groups to identity proof and enroll them in EPCS
- If you haven't been contacted for EPCS enrollment by 11/13/2020 please reach out to your Medical Staff Office.

Enrollment is Easy

- If HPH MSO has your updated DEA, NED, and State license on file, all you need is your government issued state ID (drivers license) and an app on your phone
- If not, please bring the above to the virtual meeting (Skype with a camera) or in person meeting.

Download the App Before the Appointment

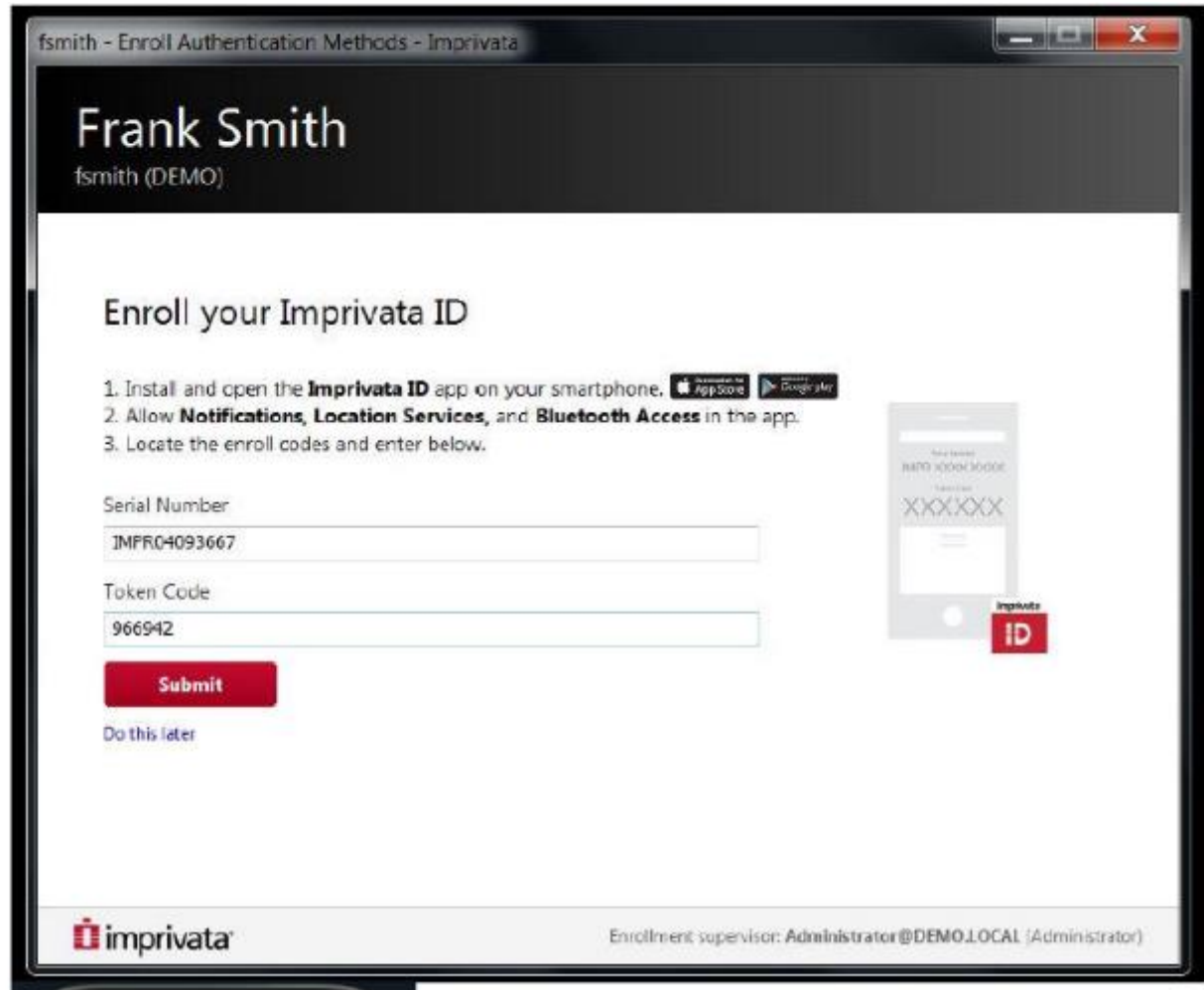
iPhone link:



Android link:



Enrolling:



Prescribing: Selecting the Pharmacy

Pharmacy Search

Name
Address
City
State ZIP
Phone/Fax
 Clinic's nearby ZIP codes (968xx)
Search
Show:
 All pharmacies
 Mail order
 24-hour
 Retail
 Specialty
 Long-Term Care

Suggested		Search Results				
E-Rx?	E-Child?	Operating Mode	Name	Phone	Fax	Address
★ Yes	Yes	Retail	WALGREENS (KAILUA)	808-263-9980	808-263-9986	56 ONEAWA ST KAILUA HI

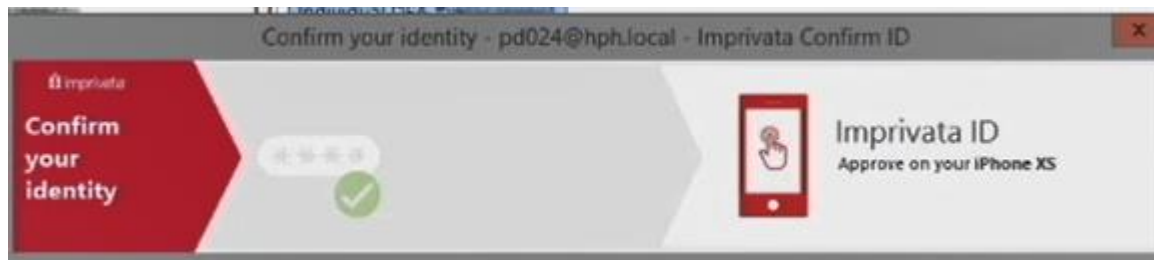
WALGREENS (KAILUA) P: 808-263-9980 F: 808-263-9986

Address
56 ONEAWA ST
KAILUA HI 96734-2501
Store number: 12466
Near the intersection of: SEC of Oneawa & Uluniu

Operation
Hours: M – F: 8a-10p Sat 9a-6p Sun 10a-6p
E-Prescribing
E-Prescribing controlled substances
Mode: Retail
Type: External

Send to Multiple Pharmacies Accept Cancel

Prescribing:



Target Go-Live: 12/7/20

Q&A

CREATING A HEALTHIER HAWAI'I

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

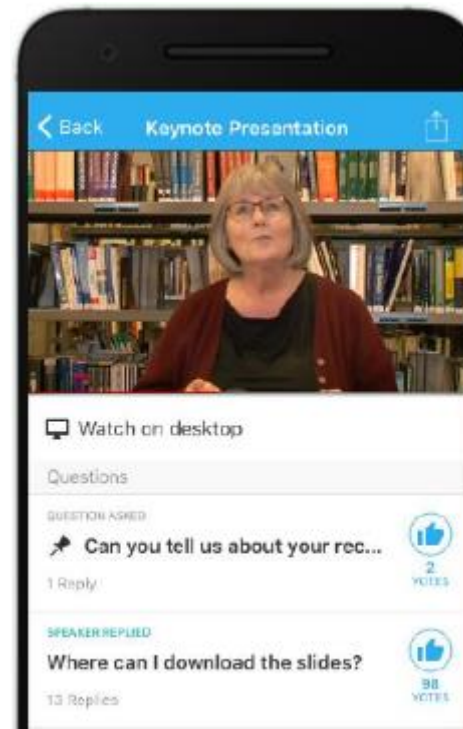
HHP 7th Annual Membership Meeting

- How to Attend: Email invitation or HHP website

1. Register
2. Download the Whova mobile app.
3. Create a Whova account

Start talking and engaging with your team members & colleagues!

- Now till Nov. 7th: Community Giveback Project
- Saturday, Nov. 7th: Virtual meeting
 - Whova
 - 8:00 a.m. to 12:30 p.m.



Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
 - Contact us at Covid19Bulletin@hawaiipacifichealth.org