

## Hawai'i Health Partners News

September 2015

# Medicare Changing Payment Models

We are in the process of transitioning from the Sustainable Growth Rate (SGR) to alternative payment models. April's Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) – or the “Doc Fix Bill” – does away with the SGR, which was criticized for failing to address volume and lacking incentives to improve care quality and appropriateness. Physicians are now forced to choose between the Merit-based Incentive Payment System (MIPS) and an Alternative Payment Model (APM).

**The change begins in 2019, but now is the time to understand the major differences between the two options.**

### **MIPS**

Under MIPS, which is closer to the fee-for-service model, the Centers for Medicare & Medicaid Services (CMS) will incrementally adjust its fees based on performance measures, like PQRS and Meaningful Use. Physicians will be compared either to their peers in the same specialty or to themselves to determine how they have maximized resources from year to year. The range of positive or negative payment adjustments for 2019 is minus 3.5 percent to plus 4.5 percent, and it gradually increases to plus or minus 9 percent in 2022.

### **APM**

APM offers the highest possible reimbursement – a guaranteed 5 percent annual payment increase from CMS over the first six years of the program – as long as you're participating in a value- or risk-based contract (e.g., an Accountable Care Organization [ACO]). If you're practicing in a certified Patient-centered Medical Home (PCMH), you are guaranteed the highest possible clinical improvement score, which represents 15 percent of the total value score, according to a May article from MedPage Today.

Physicians can't do APM without being in a PCMH or some other ACO, American College of Physicians President Nitin Damle, MD, MS, told MedPage Today. “It would be very hard for a physician to start from scratch now and be prepared for the change that is coming.”

While you don't have to start from scratch, the change is sure to be a major adjustment. Active HHP membership ensures you will be ready.



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## **MEASURE OF THE MONTH: Pre- and Post-Surgery Glucose Measurement**

An essential component of our ACO is applying clinical evidence to improve surgical outcomes for our patients. One of the current measures strives for this by encouraging good glucose management for surgery patients.

However, our experience with this measure over the past eight months has been “mixed.” There's been confusion about who should order and/or manage the glucose, and many surgeons and anesthesiologists have not earned available points as a result. Realizing that it's taken this long for the measure and related care processes to be understood, we're making a change to the measurement period.

## Measure of the Month: Pre- and Post-Surgery Glucose Measurement (continued)

The two measures, Pre-Surgery and Post-Surgery Glucose Measurement, will now only include patients who undergo nonemergency surgery between Sept. 1, 2015, and Dec. 31, 2015. This will give you time to earn points on this measure before the end of the year.

Please review the qualifications for scoring listed below. The evidence for better glucose monitoring and control is clear in that it has been shown to reduce infection rates and surgical complications. This measure applies to anesthesiologists and all surgical specialties, and includes all elective cases. Glucose can be measured by fingerstick or blood draw.

Your assistance in ensuring the best possible outcomes for our patients is greatly appreciated.

### TITLE: PRE-SURGERY GLUCOSE

The percentage of Included Patients who had a pre-surgery glucose measurement taken after the arrival time and prior to the start of surgery.

### ELIGIBLE PHYSICIAN

An Eligible Physician shall be any rendering provider of surgical or anesthesia services for at least five Included Patients at a Hawai'i Pacific Health (HPH) hospital during the calendar year.

### RELATED SPECIALTIES

- All surgical specialties
- Anesthesiology

### TARGET

**≥60% = 1 point**

### INCLUSIONS

Included Patients are patients present to the ambulatory surgery unit of an HPH hospital as a planned inpatient admission and went to the PACU after surgery.

### EXCLUSIONS

Patients shall be excluded from the measure if they are younger than 18 years of age.

### TITLE: POST-SURGERY GLUCOSE

The percentage of Included Patients who had a post-surgery glucose measurement taken following the end of surgery but prior to leaving the PACU unit.

### ELIGIBLE PHYSICIAN

An Eligible Physician shall be any rendering provider of surgical or anesthesia services for at least five Included Patients at an HPH hospital during the calendar year. Related Specialties

- All surgical specialties
- Anesthesiology

### TARGET

**≥60% = 1 point**

### INCLUSIONS

Included Patients are patients who present to the ambulatory surgery unit of an HPH hospital as a planned inpatient admission and went to the PACU after surgery.

### EXCLUSIONS

Patients shall be excluded from the measure if they are younger than 18 years of age.

For more information, including more helpful screenshots, see Page 10 in the HHP 2015 Program Guide for Physicians.

*Questions or comments about this measure? Best practices to share? Email HHP Marketing Manager Brian Driscoll at [brian.driscoll@hawaiipacifichealth.org](mailto:brian.driscoll@hawaiipacifichealth.org) to share with the HHP team.*

## Nemours Provides Lessons in Population Health Management



There are two ways to approach population health management. You can start from within the community, or from within the health care delivery system. Nemours Health System has experience doing both, according to Vice President of Policy and Prevention Debbie I. Chang, MPH. Recently, HHP staff and leadership had an opportunity to meet with Chang during her visit to the islands Aug. 5 to learn more about her work and strategies used to successfully transition Nemours into a value-based system of care.

Debbie I. Chang, MPH.  
Vice President of Policy and Prevention

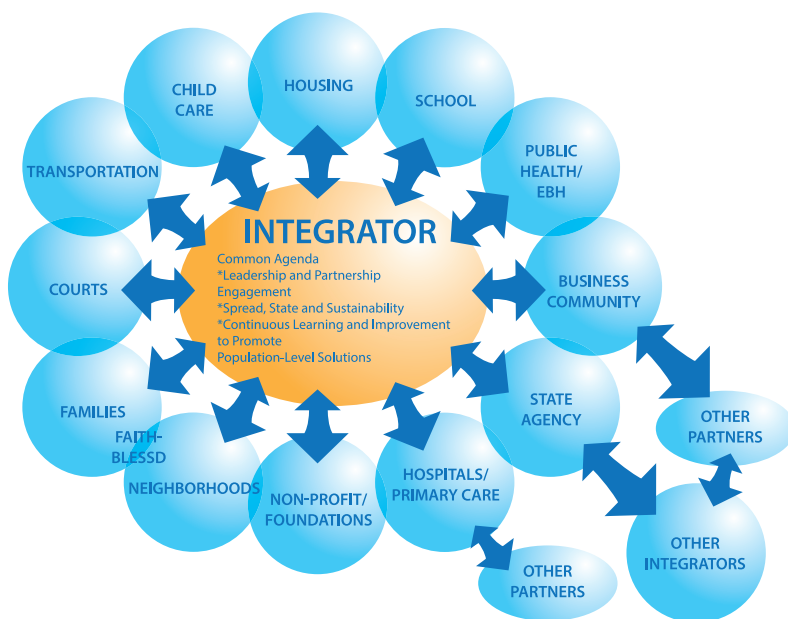
## Nemours Provides Lessons in Population Health Management (continued)

Nemours operates two children's hospitals and outpatient and specialty care facilities in Delaware Valley, Orlando, and Northern and Central Florida. Under Chang's direction, Nemours designed their model of health care to encompass:

- **A multifactorial approach to health by finding opportunities to reach children and their families where they live, learn and play**
- **Prevention as a primary goal**
- **Chronic disease prevention and management**
- **Focus on impacting health policy and practice changes**
- **Collaboration and partnership with various community and stakeholder groups**

Using the social-ecological model, which looks beyond the individual to examine the range of other factors that have a multi-level impact on health outcomes – such as education – Chang and her team at Nemours began work on reducing the prevalence of overweight and obese children ages 2-17 in Delaware by 2015 ([click here to read more](#)). Nemours launched a campaign called “5-2-1 Almost None” and used it as a conduit through which they could pursue targeted policy and practice changes from a community-based perspective. Through this work, Nemours successfully established an enduring network of valuable strategic partners who continue to collaborate with them on other major initiatives.

### Working Across and Within Systems in a Community



### Results have been impressive:

- Obesity and overweight rates among Delaware's children have leveled off since a 2006 survey.
- Overweight and obesity decreased among African-American males and white females.
- More than half (51.3 percent) of all Delaware children get the recommended five servings of fruits and vegetables per day.
- All participants in the first learning collaborative made significant changes in healthy eating or physical activity – 81 percent made significant changes in both.
- Nemours EMR data indicates 95 percent of primary care patients are provided lifestyle counseling related to healthy eating and physical activity.

After its initial success, Nemours decided to focus its attention on a new goal of reducing both asthma-related emergency department use among pediatric Medicaid patients in Delaware and asthma-related hospitalizations by 50 percent by 2015. Now using a health systems-based approach, Nemours built on the community-based strategy previously used in the “5-2-1” campaign to explicitly link directly into its primary care workflow.

Currently, Nemours is spreading and scaling its asthma pilot to include more Delaware sites; further developing its core model; pursuing Medicaid reimbursement of community health workers, working with payers to develop alternative payment models; and prototyping a primary care redesign model that includes the use of a new key role called an “integrator.” This model allows primary care practices to go “upstream” and work with their valued community partners to address social determinants.

Our conversation with Chang was lively, garnering many thoughtful questions and comments from all who attended. Learning about the transition from volume to value through the lens of Nemours provided relevant and valuable lessons for HHP and its members – demonstrating the power of integration and collaboration.

## HHP MEMBER SPOTLIGHT:

# Dr. Francis Buto



Francis Buto, MD

Francis Buto, MD, grew up in the Liliha area but spent many summers in La'ie with his grandparents helping on their farms. A 1974 graduate of Saint Louis School, he attended Creighton University where he received his bachelor's degree in biology in 1978 and his Doctor of Medicine in 1982. He then finished his residency in internal medicine at the Creighton affiliate hospitals

In 1985, Dr. Buto moved to Milwaukee, Wisconsin, and practiced at the Johnston Health Center until 1989. While in Milwaukee, he was part of the clinical faculty at the University of Wisconsin School of Medicine and Public Health's Milwaukee campus. Needing to thaw from the long Midwestern winters, Dr. Buto and his family returned home to Hawai'i. He practiced for a year in Wahiawa with the Medical Arts Clinic before joining Pearl City Medical Associates in 1990.

In his free time, Dr. Buto enjoys spending time with his wife and sons, dabbling in photography, testing out the latest electronic gadgets, raising tropical fish, listening to jazz and watching sports.

### **HHP: What are your biggest challenges?**

**Buto:** Adapting to the changes in medicine – I'm from the "paper and pen" generation. It's also challenging to find the balance between running a practice and having a personal life.

### **HHP: How has medicine changed since you first started practicing?**

**Buto:** Medicine is always evolving, not only the treatments, but the technology. Some of it has been good – we have better access—but it can also take away from patient touches.

### **HHP: What do you see as the main benefits of participating in HHP?**

**Buto:** As part of adapting to all of the changes in medicine, you can't ignore the move toward increased collaboration and care coordination. You can't be an ostrich and stick your head in the sand. If all goes as intended, the partnership with the ACO will allow everyone to use each other's resources to focus on taking better care of the patient's needs. These are uncharted waters.

We've been very happy with HHP. They've been true to form – they are what they promised.

### **HHP: Why are some physicians reluctant to join?**

**Buto:** They may be used to the old way of practicing. It's hard to tell what's going to happen next. There has to be trust. Independent physicians have their own preferences, and they've worked. For us, it may be easier because we already work in a group. It can be a hard concept for an independent, solo physician to start working in a group.

### **HHP: How was practicing on the mainland different than practicing in Hawai'i?**

**Buto:** The climate was very different, but I learned that people are generally the same. Deep down, we all have the same basic values. It was an education for both the patients and me.

Physicians in Hawai'i are more collegial—there's a mutual respect and care for each other. That comes from our basic family values and the way we grew up. We want to make sure we're all doing OK.

## HHP WELCOMES NEW MEMBERS

Hawai'i Health Partners would like to welcome the following individuals who were recently appointed by the HHP Board of Managers as new members to the organization:

- **Elisa L. Chong, PA-C**, Physician Assistant, Straub Clinic & Hospital
- **Gwendolyn P. Chung, MD**, OB-GYN, Independent
- **Marissa H. Fakaosita, MD**, Pediatrician, Kapi'olani Medical Specialists
- **Leon Grant, DO**, Pediatric Neurologist, Kapi'olani Medical Specialists
- **Tracie L. Kurano, MD**, Rheumatologist, Straub Clinic & Hospital
- **David H. Messer III, PA-C**, Physician Assistant, Straub Clinic & Hospital
- **Prashant J. Purohit, MD**, Critical Care, Kapi'olani Medical Specialists
- **Srujana Rallabandi, MD**, Neonatologist, Kapi'olani Medical Specialists
- **Holly M. Romero, MD**, Pediatric Hospitalist, Kapi'olani Medical Specialists
- **Susan L. Tan, MD**, Otolaryngologist, Kapi'olani Medical Specialists
- **Erin M.H. Waters, MD**, OB-GYN, Kaula'i Medical Clinic
- **Kara N. Wong Ramsey, MD**, Neonatologist, Kapi'olani Medical Specialists
- **Michele K. Wood, NP**, Nurse Practitioner, Straub Clinic & Hospital