

Hawai'i Health Partners News

November 2015

Four Steps to Improving Sepsis-related Outcomes Now



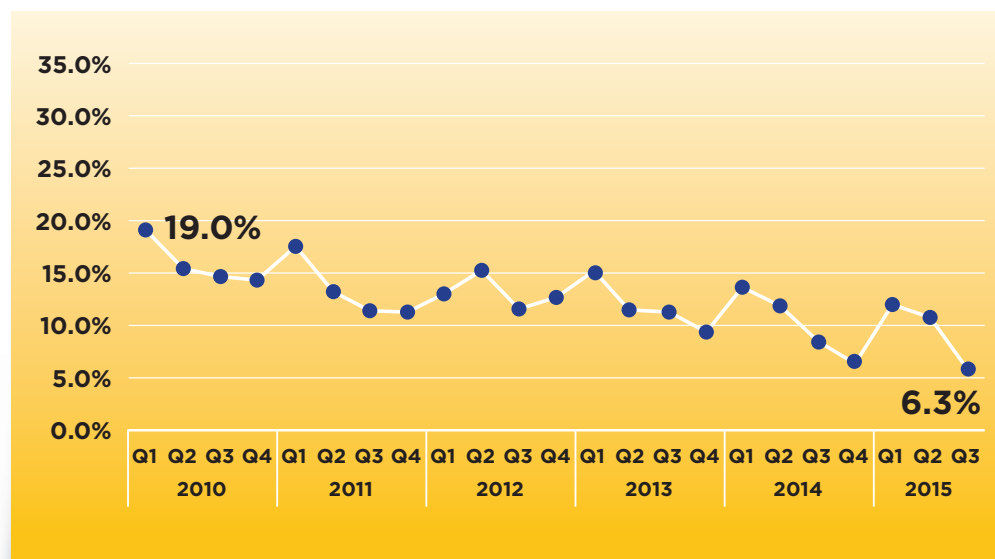
Melinda J. Ashton, MD, FAAP

With mortality rates ranging from 30 percent to 60 percent, septic shock can be a significant but often avoidable cause of patient deaths.

“Sepsis patients don’t come in with a label,” says **Melinda J. Ashton, MD, FAAP**, senior vice president and chief quality officer at Hawai’i Pacific Health (HPH) and an HHP board member. “If a patient is hit by a bus, we know he or she has been hit by a bus and know what is needed to be done for treatment.” Signs of sepsis can be a lot more subtle, she says, and change quickly. “If you don’t identify and treat quickly, you can encounter irreversible changes. Time is of the essence.”

As a member of the **High Value Healthcare Collaborative (HVHC)** – a consortium of 15 health care delivery systems and The Dartmouth Institute for Health Policy and Clinical Practice – Hawai’i Pacific Health’s four hospitals are using proven sepsis protocols and bundles that help recognize, treat and monitor sepsis. The mission of HVHC is to improve health care value – defined as quality and outcomes over costs, across time – for its service population, in a sustainable manner, while serving as a model for national healthcare reform. Sepsis became a focus area in late 2012 and into 2013, and results so far for HPH have been impressive (see below).

Mortality Rate for All Sepsis HPH Wide



HPH needed to adopt a criterion for prompt assessment and treatment of sepsis patients, says Ashton. “We were not atypical – the mortality baseline was right around the national average – but there were some surprises in how care was being provided. We needed to learn about the evidence-based bundles of care, apply them to our patients and closely measure the results.”

The bundles include:

WITHIN THREE HOURS OF PRESENTATION:

1. Measure lactate level.
2. Obtain blood cultures prior to administration of antibiotics.
3. Administer broad spectrum antibiotics.
4. Administer 30 ml/kg crystalloid for hypotension or lactate \geq 4 mmol/L.

WITHIN SIX HOURS OF PRESENTATION:

1. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) \geq 65 mmHg.
2. In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was \geq 4 mmol/L, reassess volume status and tissue perfusion.
3. Re-measure lactate if initial lactate is elevated.

“You have to do it all well,” says Ashton. “You can’t just do one piece well.”

Next, physician champions worked with data analysts and IT staff to create tools within Epic, including best practice alerts and order sets. “We wanted to make it easy for physicians to do the right thing,” she says. They then conducted behind-the-scenes analysis of the alerts and their accuracy and effectiveness, followed by several months fine-tuning the alerts. There have been ongoing education and awareness efforts for clinicians who are providing care for sepsis patients.

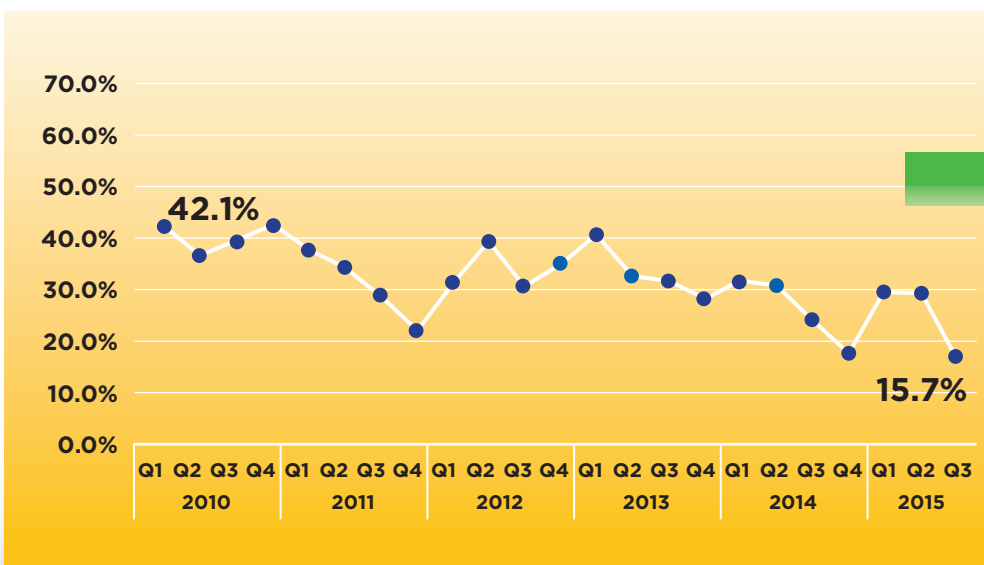
“We have a nice, demonstrated reduction in sepsis-related mortality rates and length of stay,” says Ashton, “but there’s still data showing that the correct level of care is not always provided.”

SO, WHAT CAN PHYSICIANS DO NOW TO HELP IMPROVE SEPSIS-RELATED OUTCOMES?

Ashton recommends the following:

1. **PAY ATTENTION TO THE ALERTS.** “If an alert fires, there’s a better than 50 percent chance you have a patient who needs help.”
2. **DON’T HESITATE ON THE VOLUME OF FLUID.** If you lose the blood pressure, that patient requires a large amount of fluid, says Ashton. “It is easier to help a patient with fluid overload recover than to deal with the irreversible organ damage that comes from incompletely treated septic shock.”
3. **USE THE ORDER SETS.** The antibiotics have been chosen for you, and all of the labs are right there. Just follow the sets.
4. **WATCH THE PATIENT.** During those first few hours, you really have to keep an eye on the patient, she says. “How are they responding to treatment?”

Mortality Rate for Severe Sepsis and Septic Shock *HPH Wide*



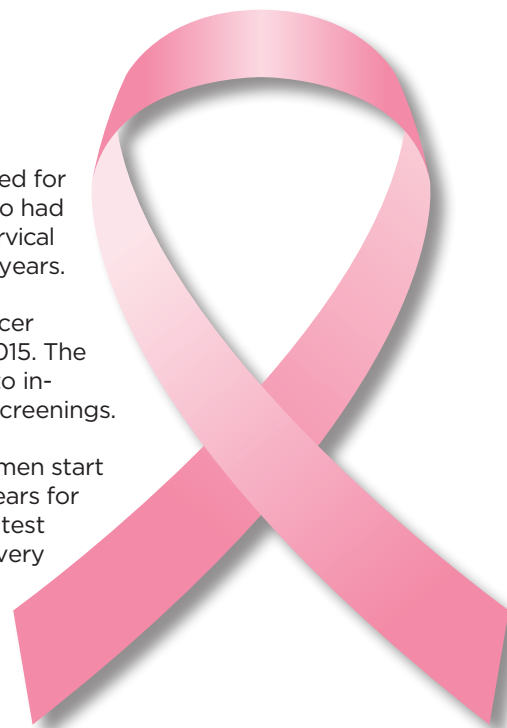
MEASURE OF THE MONTH: CERVICAL CANCER SCREENING

MEASURE: The percentage of women 24–64 years of age who were screened for cervical cancer using either of the following criteria – women age 24–64 who had cervical cytology performed every three years; women age 30–64 who had cervical cytology and human papillomavirus (HPV) co-testing performed every five years.

Why this measure matters: About 12,900 new cases of invasive cervical cancer will be diagnosed and about 4,100 women will die from cervical cancer in 2015. The death rate for cervical cancer has decreased by more than 50 percent due to increased testing, but clinicians need to urge their patients to schedule their screenings.

The American College of Obstetricians and Gynecologists recommends women start having cervical screenings at age 21. Screenings should occur every three years for women ages 21–29. Women ages 30–65 should have a Pap test and an HPV test (co-testing) every five years, and it is acceptable to have a Pap test alone every three years.

HHP has developed a related patient information card to share with your patients, and there are plans for future communications to increase screenings.



For more information about how to achieve points on this measure, see page 55 in HMSA's Pay for Quality Program Guide. Questions or comments about this measure? Best practices to share? Email HHP Marketing Manager Brian Driscoll at brian.driscoll@hawaiipacifichealth.org to share with the HHP team.

HHP to Assist Members with HMSA's New Preauthorization Requirements

As you are aware, effective December 1, 2015, HMSA is requiring preauthorization for the following outpatient advanced imaging and select cardiology procedures:

- CT/CTA
- MRI/MRA/MRS
- PET scan
- Myocardial perfusion imaging (MPI)
- CCTA
- Stress echocardiography
- Implantable cardiac devices
- Cardiac catheterization

Preauthorization will be required for all providers, and HMSA will not provide waived status on any of these procedures.

We raised our concerns with HMSA, and they responded with an expedited process for the reauthorization of gold cards for HHP members. These will be issued on an individual provider basis, instead of at the procedure level (guidelines to come). HMSA has also promised a dedicated RN to work with our members and help improve turnaround times.

While these concessions are appreciated, we recognize the additional administrative burden this could create, taking more time away from your patients. To further support our physicians and expedite patient care, Hawai'i Health Partners will be providing the following services to our members:

FOR HHP PHYSICIANS WITH ACCESS TO HAWAI'I PACIFIC HEALTH'S EPIC EHR: From Dec. 1 and prior to the date of service, preauthorizations for HMSA procedures listed above should be called in by your office to the HHP Centralized Prior Authorization Department at 808-522-4100. Your clinical staff should follow the process on the attached workflow. If no clinical review is required by HMSA, you can expect to receive routine and non-urgent authorizations from our HHP staff within one (1) business day.

FOR HHP PHYSICIANS WHO DO NOT HAVE ACCESS TO HAWAII PACIFIC HEALTH'S EPIC EHR: From Dec. 1 and prior to the date of service, preauthorizations for HMSA procedures listed above should be faxed in using the HHP Preauthorization Fax Form (soon to come) by your office to our HHP Centralized Prior Authorization Department. Please fax your completed form to us at 808-522-4174.

Please note that preauthorizations for all other HMSA-covered procedures, as well as preauthorizations for all non-HMSA insurance providers, are not affected by this change and should continue to follow existing workflows.

In our efforts to further assist you in this transition, Hawai'i Health Partners will provide an implementation toolkit to include:

- **Guidance for Clinical Support Staff**
- **Centralized Preauthorization Workflow**
- **Preauthorization Guidelines**
- **Preauthorization Fax Form (for members without Epic access)**
- **Frequently Asked Questions**

If you have questions regarding these upcoming requirements, please email info@hawaiihealthpartners.org or call 808-535-7724 and leave a message. Hawai'i Health Partners is here to help guide you through the process and minimize any disruptions to your existing workflow.

MEMBER SPOTLIGHT: DR. LORENE NG

Lorene Ng, MD, is a board certified pediatrician in Honolulu. One of three physicians at the Pediatric Group of Honolulu, Dr. Ng is affiliated with Kapi'olani Medical Center for Women & Children. She received her medical degree from the University of Hawai'i John A. Burns School of Medicine and completed her residency at the Indiana University School of Medicine. She has been practicing for 16 years.



Lorene Ng, MD

HHP: What are currently your biggest challenges?

NG: The increased workload - both care and administrative.

Having an EHR adds work but also provides access at your fingertips. I've been on Epic since 2011, but I'm still always learning.

Medicine has changed dramatically since medical school. Healthcare is fluid, so you have to learn as you go. Medical school was more about studying disease states and treatment paths, not understanding the administrative or business sides of medicine.

HHP: What do you gain by being a member of HHP?

NG: You have to anticipate change and be ready. HHP takes away some of the burdens of the changing environment and helps make me more efficient, especially helping manage the care measures.

HHP helps with related patient outreach, and the letters are really effective.

It's also important to have the help of other doctors - the network. It's so difficult to do it alone. You can feel so isolated. We need to be collaborative. HHP offers that collaboration but allows physicians to maintain autonomy. And it's flexible. You can choose to have more support and involvement or less.

HHP: Why are some physicians resistant to join?

NG: They've been independent for so long, and there may be a lack of understanding of how HHP assists with office management and patient experience. Focusing on improving quality and decreasing costs, we have shared goals that benefit the whole community.