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Pali Momi Boosts Quality by Applying National Best Practices Locally

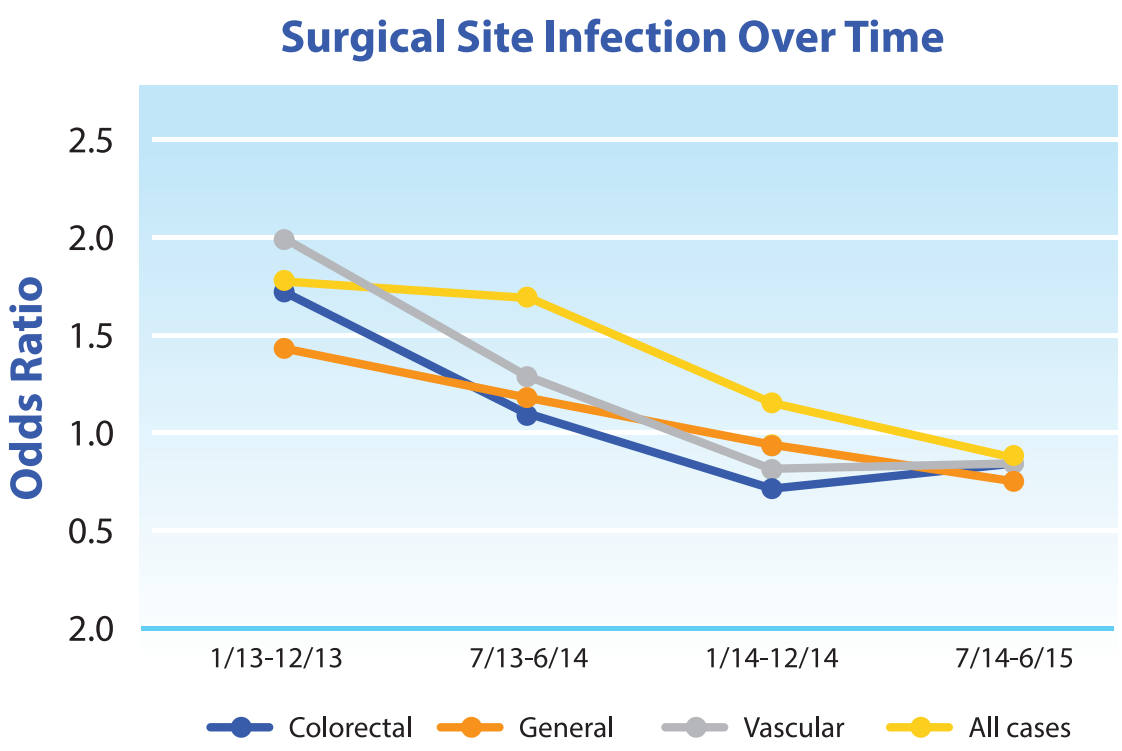
Michael Mihara, MD

National quality data is important and useful, but applying it locally isn't always easy. "You need to make sure you're comparing apples to apples," says **Michael Mihara, MD**, an internal medicine physician with Pearl City Medical Associates, HHP member and chair of Pali Momi Medical Center's Alapono Committee. "There are so many variables." For example, regarding hospital readmissions, you have to factor in the availability of nursing home care.

The key to Pali Momi's success in significantly improving quality scores in the past year has been the ability to take proven, national initiatives and apply them locally, says Mihara. Focus areas included surgical site infections, readmissions and sepsis care.

According to Mihara, these problem areas were always on Pali Momi's radar. "We were just having problems with traction," he says. "You're dealing with an independent medical staff, along with surgeons," making it sometimes difficult to get everyone on the same page. Mihara credits Pali Momi's new chief medical officer, **James T. Kakuda, MD**, with helping to change opinions by taking it upon himself to adopt some of the newer, national best practices and prove their effectiveness to his colleagues.

"You have this respected leader and colleague demonstrating proven results," says Mihara, which tends to get people's attention. This led to "a huge drop" in surgical site infections, a decrease in hospital readmissions and lower lengths of stay and mortality rates for sepsis patients.



To achieve these results, Pali Momi embarked on the following three paths to improve surgical quality and safety:

NSQIP – Surgical Site Infections

James T. Kakuda, MD

The first program Dr. Kakuda studied and implemented was the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), a nationally-validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care in the private sector.

Surgeons who use ACS NSQIP receive better data for more targeted decision-making and robust reports that provide performance information to guide surgical care and identify areas for improvement for the greatest return and highest impact.

Benefits for patients include fewer complications and better outcomes. For example, 82 percent of ACS NSQIP hospitals saw improvement in postoperative morbidity levels, and 66 percent improved mortality levels. Patients also experienced shorter hospital stays and greater satisfaction.

According to the ACS, each year a hospital uses it, on average, it has the opportunity to:

- **PREVENT 250 TO 500 COMPLICATIONS**
- **SAVE 12 TO 36 LIVES**
- **REDUCE COSTS BY MILLIONS OF DOLLARS**

SUSP– Surgical Site Infections

The Surgical Unit-based Safety Program (SUSP), spearheaded by surgeons at Johns Hopkins University, aims to reduce surgical site infections and other complications in hospitals across the United States. The Agency for Healthcare Research and Quality (AHRQ) in the Fall of 2011 funded the four-year national project, with a project team that included world-renowned experts from the ACS, the Armstrong Institute, the University of Pennsylvania and the World Health Organization Patient Safety Programme.

This project recruited more than 250 hospitals in 37 states that all worked with a team of national experts in such areas as surgical evidence and quality improvement tools, while devising solutions that would work best locally. SUSP is derived from the Comprehensive Unit-based Safety Program (CUSP), an approach created at Johns Hopkins for improving safety culture and engaging frontline clinicians to identify and mitigate defects in care delivery. Using CUSP, a Johns Hopkins Hospital team reduced surgical site infections in colorectal procedures by 33 percent.

HVHC – Sepsis

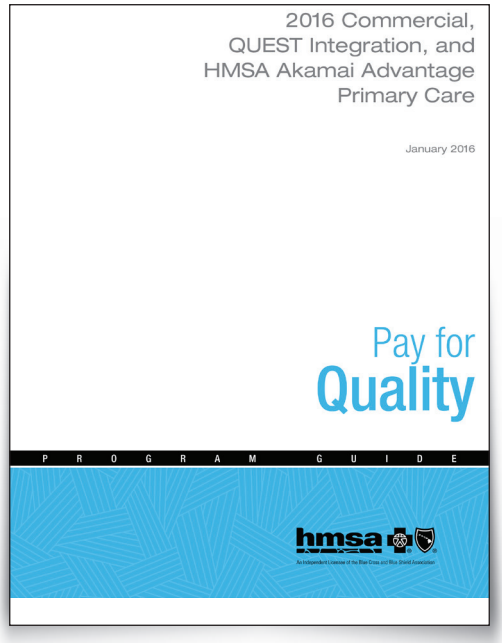
Another area of improvement for Pali Momi Medical Center, under the direction of Melinda J. Ashton, MD, FAAP, chair of Hawai'i Pacific Health's (HPH) Alapono Committee, was sepsis.

As covered in the November 2015 newsletter, as a member of the High Value Healthcare Collaborative (HVHC), HPH's four hospitals began using proven sepsis protocols and bundles that help recognize, treat and monitor sepsis.

"As a system, HPH showed significant change," says Mihara, "and Pali Momi was able to lower related lengths of stay and mortality rates."

Measure of the Month:
HMSA's 2016 P4Q Guide

2016 brought a variety of change to HMSA's Pay for Quality program, including the elimination of several measures, multiple changes and a completely new Weight Assessment and Counseling measure.

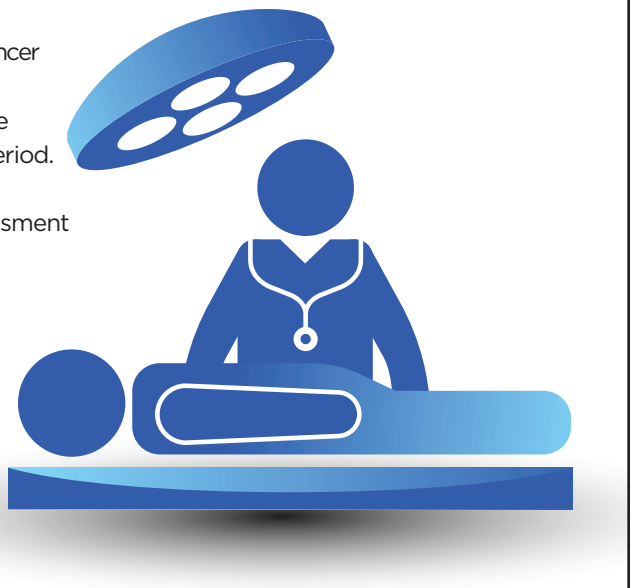


Highlights from the new guide include the following:

COMMERCIAL

ADVANCE CARE PLANNING: The following codes will be accepted for numerator credit:

- **1123F:** Advance care planning discussed and documented, advance care plan or surrogate decision maker documented in the medical record
- **1124F:** Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan
- **1157F:** Advance care plan or similar legal document present in medical record
- **1158F:** Advance care planning discussion documented in medical record
- **99497:** Initial 30-minute voluntary advance care planning consultation
- **99498:** Add-on code, additional 30-minute time blocks needed
- **S0257:** Counseling and discussion regarding advance directives or end-of-life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)



BREAST CANCER SCREENING: Numerator specifications for the Breast Cancer Screening measure have been changed as follows:

- Patients who had one or more mammograms performed during the measurement period or the 15 months prior to the measurement period.

BODY MASS INDEX ASSESSMENT: The Body Mass Index (BMI) Assessment measure denominator will include patients ages 18-74.

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS: This is a new measure that includes the following assessments for children and adolescents ages 3-17:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS:
The measure denominator will include children ages 3-18. The following measures were removed from the program:

- Annual Monitoring for patients on ACEI or ARB
- Annual Monitoring for patients on Diuretics
- Medication Adherence for Cholesterol (Statins)
- Medication Adherence for Hypertension (RAS antagonist)
- Medication Adherence for Oral Diabetes Medications

QUEST

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- Patients who had one or more mammograms performed during the measurement period or the 15 months prior to the measurement period.

BODY MASS INDEX ASSESSMENT: The Body Mass Index (BMI) Assessment measure denominator will include patients ages 8-74.

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This is a new measure that includes the following assessments for children and adolescents ages 3-17:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS: The measure denominator will include children ages 3-18.
The following measures were removed from the program:

- Annual Monitoring for patients on ACEI or ARB
- Annual Monitoring for patients on Diuretics
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Medication Adherence for Cholesterol (Statins)
- Medication Adherence for Hypertension (RAS antagonist)
- Medication Adherence for Oral Diabetes Medications

HMSA AKAMAI ADVANTAGE

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REVIEW OF CHRONIC CONDITIONS: The measure will display information from the "Cozeva Coding Specificity" tool.

THE FOLLOWING MEASURES WERE REMOVED FROM THE PROGRAM:

- Comprehensive Diabetes Treatment

PLANNING AHEAD

For more information about how to achieve points on these measures, see HMSA's Pay for Quality Program Guide. HMSA offers the following tips for excelling in 2016 while positioning yourself for future success in 2017:

1. Focus on measures with most impact in 2016 and 2017:
   - **CANCER SCREENINGS**
   - **DIABETES MANAGEMENT**
   - **HYPERTENSION MANAGEMENT**
   - **WELL-CHILD VISITS**
   - **IMMUNIZATIONS**
2. Be aware that the five clinical measures dropped in 2016 give added weight to remaining metrics and may amplify your weaker areas.

3. Make a deliberate effort to get your quality score well above 40 percent in 2016 because HMSA will not be issuing quality checks to any physician whose composite score is below 40 percent, and we want our patients to all receive excellent care.

Questions or comments about this measure? Email HHP Marketing Manager Brian Driscoll at brian.driscoll@hawaiipacifichealth.org to share with the HHP team.

Straub Offers FAQs Regarding HMSA Changes to Facility Fees

FHMSA recently announced changes to the benefits they provide Akamai Advantage members relating to facility fees, effective January 1, 2016. Although all four HPH hospitals were listed in HMSA's announcement, patients affected will mainly be those receiving services at Straub Clinic & Hospital.

The amount patients pay will depend on their insurance. HMSA's announcement states they are reducing coverage of facility fees for Akamai Advantage members from 100 percent to 80 percent.

Here are answers to some frequently-asked questions to assist patients who may be affected by HMSA's changes:

Q: WHAT IS A FACILITY FEE?

A: To cover the costs of care, it is normal for a hospital-based outpatient clinic or location to bill for facility and professional (doctor) fees for the services provided. The fees pay for the infrastructure and staffing that support the clinic and its patient services.

Q: WHY DO HOSPITAL-BASED CLINICS CHARGE THIS FEE WHEN STAND-ALONE CLINICS DO NOT?

A: This is a standard model for large health care systems and for facilities that function as departments of hospitals compared to those that are free-standing, such as Straub Clinic & Hospital.

Hospitals and their affiliated facilities provide access to critical hospital-based services that are not otherwise available in the community. Hospital facilities also have higher cost structures than other facilities due to the need to have emergency stand-by capacity and higher costs associated with regulatory requirements imposed on them.

Q: HOW MUCH IS THE FACILITY FEE AND WHAT WILL MY OUT-OF-POCKET COSTS BE?

A: Based on HMSA's benefit structure posted on their website, we estimate that the patient portion of the facility fee may be less than $25. We encourage patients to contact HMSA directly to get clarification based on their specific insurance plan.

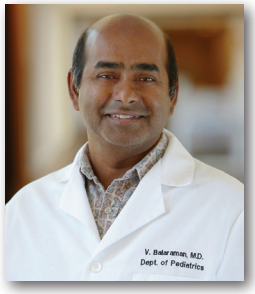
Q: WHEN IS THIS CHANGE EFFECTIVE?
A: HMSA made this change effective January 1, 2016.

Q: WHY IS THIS CHANGE BEING MADE?
A: Facility fees are not new fees and have always been in place. What has changed is that health insurers are now passing on these costs to their customers. In this particular situation, this is solely an HMSA financial decision. It is not a change in the way that any of our hospitals and clinics operate and bill for services provided.

HAWAIʻI PACIFIC HEALTH patients with specific questions about billing for outpatient services may visit the website at hawaiipacifichealth.org/AkamaiAdvantage. They may also call 808-522-4013. Customer Service representatives are available Monday-Friday, 9 a.m.-4:30 p.m.

Member Spotlight:

VENKATARAMAN BALARAMAN, MD



Venkataraman Balaraman, MD, is a neonatologist employed by Kapiʻolani Medical Specialists (KMS), a medical informatics physician at HPH and an associate professor of pediatrics at the John A. Burns School of Medicine. He was born in India, and his initial education, including his MBBS degree (equivalent to MD), was obtained from the University of Poona, Pune, India. Subsequently, he spent six years in Jamaica during which time he did his pediatric training and received his DCH and DM degrees from the University of the West Indies in Kingston. He moved to Hawaiʻi in 1987 to train in neonatal perinatal medicine and has been practicing neonatology at Kapiʻolani Medical Center for Women and Children since completing his training. He has had several recognitions from the community during his 27 years of practice in Hawaiʻi, including being named one of the best doctors in Hawaiʻi for the past five years.

HHP: What do you see as the value of belonging to an ACO?
BALARAMAN: As a sub-specialist, it is always challenging to understand the benefits of an ACO. Having said that, my group practice setting in one of the largest NICUs in the state has provided us with an impetus to focus on many quality metrics that have the potential to lead to better patient outcomes and also allow us to work on cost-effective care for specific medical conditions. We believe that in the case of NICU graduates, group practices have a very important role to play in trying to bend the cost curve of health care.

HHP: Why do you think some physicians are reluctant to join an ACO?
BALARAMAN: There is always the ongoing concern that the primary goal of an ACO is to cut costs, and this always plays out in the clinical situation as restricting the provision of optimal care. I fundamentally disagree with the premise that to provide optimal clinical care we need unlimited resources. We are a society who believes in unlimited access to care, but that does not have to come at the cost of unrestricted spending to achieve that care.

Having trained in India and Jamaica, I am a true believer and have practiced this in the entirety of my career – we can provide high-quality medical care to our patients without excessive spending. When it comes to one's own patients, we tend to forget evidence-based practices.

HHP: Have efforts to improve quality worked? If so, how have they worked? What hasn't worked?
BALARAMAN: The Neonatology group has embraced quality improvement efforts now extending to over 15 years. Our first efforts were focused on reducing central line and nosocomial infections in the newborn population, and we have come from an era of "this is an impossible task to achieve" to now vigorously investigating the "once in a year" slip through of a central line infection in the NICU.

Our other quality improvement effort that has led to amazing results is to reduce the incidence of necrotizing enterocolitis in our patient population to very low levels – essentially on par with the best institutions in the country. Having these success stories is very encouraging but with a large group of practicing neonatologists in KMS, bringing uniformity to clinical practice is always a challenging process.

HHP: What are the major challenges related to transparency and quality improvement? Is most data accurate and reliable?
BALARAMAN: Messaging in quality improvement is critical. In my other role within HPH, which deals with medical informatics, I always encounter skepticism from colleagues regarding the accuracy of data. Although it is crucial to have accurate data, the principles of practice of medicine should still focus on placing the patient in the center of it and providing care in a holistic, consistent and efficient way that is also economical. To achieve this, it is crucially important for us to embrace the shortcomings of our practice by reviewing our outcomes and making appropriate and timely adjustments.

HHP: Specifically related to quality, where do you think we're headed? What will change?
BALARAMAN: The concept for "Pay for Performance" is appropriate, but it needs to be practiced with the caveat that the human body and nature are very challenging and complex systems. We can work towards perfection but also be humble enough to acknowledge that we may not be winners in all the battles that we undertake.

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:

- **Brian H. Wu, MD,** Pediatrics, Pediatric Pulmonology, Hawai'i Pediatric Pulmonary
- **Anthony J. Froix, MD,** General Surgery, Kapi'olani Medical Specialists
- **Rhonda L. Perry, PA-C,** Physician Assistant, Straub Clinic & Hospital
- **Aaron J. Small, MD,** Gastroenterology, Hawai'i Gastroenterology Specialists
- **Jenny H. Welham, MD,** Pediatrics