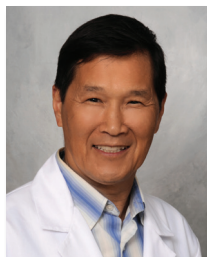


Hawai'i Health Partners News

March 2016

Complex Care Shaping Up at HHP



Warren Wong, MD

One of the most time consuming and vexing challenges many of you face is managing chronically high-risk, medically complex patients. Many of these patients continue to have challenges year after year and, ultimately, have poor outcomes.

Factors aside from disease state or disease complexity play a large role. Patients may be overwhelmed, have major competing responsibilities, lack social support, have distinct cultural or spiritual beliefs, have limited resources or have major emotional challenges. Overall, these patients need a lot of time and support.

We realized that a different approach, not just more effort, was necessary to address the needs of our most complex patients, says **WARREN WONG, MD**, HHP's associate medical director. In the past year, HHP piloted a case-management approach that included four steps:

- 1. Work together with the PCP to identify the most complex patients**
- 2. Identify the challenges each patient faces and gain an understanding of what matters most to the patient**
- 3. Develop a plan and coordinate optimal resources**
- 4. Maintain close contact and provide constant support (EPIC plays an important role, providing tools for identification, documentation and communication)**



Laura Pladson, MD

LAURA PLADSON, RN, care management program manager, leads the work. "The focus is on developing a full care plan based on all of the patient's needs and the available resources," says Pladson. "We have to meet all of the needs of the patient."

HHP is strongly committed to making sure that services are "high touch." Face-to-face check-ins with PCPs are a core part of the work. Likewise, case management involves face-to-face interactions with patients.

HHP is currently running two programs—one internal program with Pladson as the lead care

High-risk patients account for the majority of the cost and also face the highest risk of death or injury. In the United States, five percent of the population accounts for 50 percent of the health care dollars spent – it costs about \$90,000 per year to care for one high-risk patient in the top one percent. In 2009, the top one percent accounted for 22 percent of all costs.

coordinator, and an external program in partnership with HMSA. The external program includes three pilot sites—Kaua'i, Kailua and Pearl City Medical Associates—and will potentially impact as many as 100 patients per site.

The results and metrics from early work look promising. The level of satisfaction from both patients and providers is extremely high. Outcomes are also improved, and the actual cost of care was much lower than predicted. Services are being expanded to more patients and more clinics. Productivity, quality, satisfaction and value metrics will continue to be examined carefully.

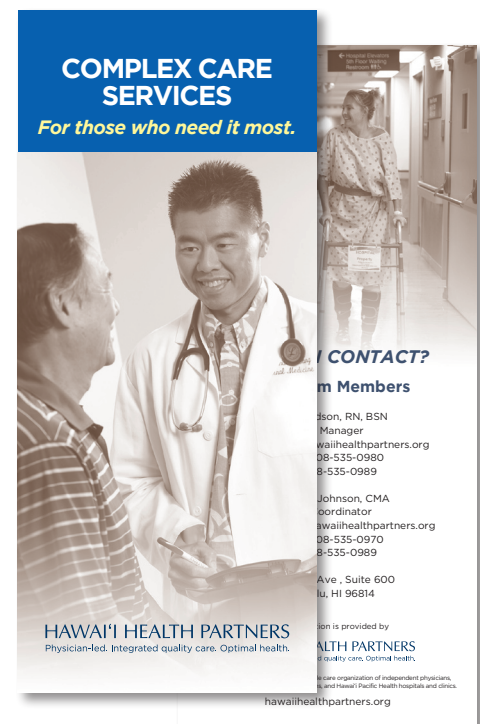
"We are doing exciting work," says Wong. "It's great to try to figure out how to improve care for both patients and providers. What services really make a difference for which patients? Overall, what are the most common and significant issues? What services exist and can be coordinated? How do we match the right care to the right patient at the right time and place? And how do we ensure that we consistently do this? Lastly, what are the major gaps in care – what are the services that will make a difference but are lacking?"

These programs allow the care teams to work closely with the patient and their families to assist in achieving their optimal health care goals. The care teams:

- **Create a care plan and goals based on the need of both the patient and PCP.**
- **Assist patients and their families in working through barriers in the health care system.**
- **Provide a direct contact for all health care needs.**
- **Communicate with the patient, caregiver, and family members on a regular basis to provide updates on status of goals and address patient concerns.**
- **Communicate with the PCP and/or specialist.**
- **Provide access to needed services in the clinics.**
- **Assist with accessing needed services in the community – for example, agencies for housing, finance, and transportation.**
- **Connect patients to our Health Education department for wellness classes.**

For more information on HHP's Complex Care Services, visit:

www.hawaiihealthpartners.org/media/1231/complex_care_brochure_sept_07.pdf



MEMBER COMMUNICATIONS:

Your Feedback Wanted!

In an effort to improve member communications and provide additional resources, we'd like to assess the effectiveness of our current offerings. Please assist us in our efforts by completing this short survey. Your responses will help define how we support you, our members, in the coming year.

Visit www.surveymonkey.com/r/P68PPQC to take the survey now. Thanks in advance for your participation!



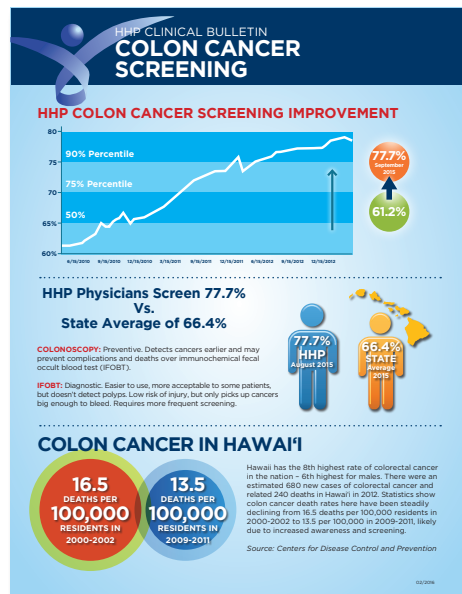
MEASURE OF THE MONTH:

Colon Cancer Screening

DEFINITION:

The percentage of patients 51–75 years of age who had appropriate screening for colorectal cancer through one of these measures:

- fecal occult blood test (FOBT) during the current measurement period
- flexible sigmoidoscopy during the measurement period or the four (4) prior measurement periods
- colonoscopy during the current measurement period or the nine prior measurement periods



WHY THIS MEASURE MATTERS:

Hawai'i has the eighth highest rate of colorectal cancer in the nation – sixth highest for males. There were an estimated 680 new cases of colorectal cancer and related 240 deaths in Hawai'i in 2012. Statistics show colon cancer death rates here have been steadily declining from 16.5 deaths per 100,000 residents in 2000-2002 to 13.5 per 100,000 in 2009-2011, likely due to increased awareness and screening.

March is Colon Cancer Awareness Month. Click here for HHP's newest Clinical Bulletin, which highlights the role screening plays in treatment and prevention.

For more information about how to achieve points on this measure, see page 27 in HHP's 2016 Program Guide for Physicians.

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

MEMBER SPOTLIGHT: PATRICIA MAYER, MD

Patricia M. Mayer, MD, is a family medicine physician and main clinic satellite chief for Kaua'i Medical Clinic (KMC). She graduated from the University of Minnesota Medical School at Minneapolis and has been practicing for 22 years. She is affiliated with Wilcox Memorial Hospital.

HHP: How long have you been an HHP member?

MAYER: LI joined HHP when I joined KMC in October 2014.

HHP: What do you see as the value of belonging to an ACO?

MAYER: As medical care becomes more and more complex, I see ACOs as a way to help coordinate care for patients. With an ever-present increase in rules and regulations coming from CMS, I think it is very difficult for individual physicians to keep up with the changes. I see a good ACO as a group that provides that oversight for me, helps coordinate care and allows me to do what I like to do – see patients.

One of the unique challenges we face is the predominant role of HMSA and its major influence in establishing community pricing. Although one may argue that its dominance has kept a lid on payment to providers, the community at large has



Patricia Mayer, MD

benefited by the fact that health care costs make up a smaller percentage of Hawai'i's GDP compared to the mainland, allowing more to be allocated to non-medical community needs. Also, health care transformation may be less onerous dealing with one or a few insurers versus multiple insurers.

HHP: What's different about being an HHP member on Kaua'i?

MAYER: Our patients here have just as many complex issues as anywhere else and sometimes face unique challenges due to living in a remote place. We may not have direct contact with all of the services available to patients, and that can be a barrier.

HHP: What unique challenges do you face on Kaua'i? Are there ways HHP can help with those challenges?

MAYER: There are specialties and services that aren't available here on Kaua'i. Our patients need help coordinating care off island. Communication between the specialists and the PCPs is also important to prevent duplication of labs and other services.

If our specialists are part of the same ACO, it is likely that we are all "talking" to each other through the same EMR. In the long run, this helps the patient with care continuity. Moving forward, we physicians need to be kept abreast as to what new services are available and how we can unite our patients with those services.

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HHP: What are the major challenges related to transparency and quality improvement? Is most data accurate and reliable?

MAYER: I have been involved in quality metrics for most of my professional career. It was a challenge in the beginning and continues to be so today. If there is "garbage in," then you get "garbage out." What I mean by that is if you don't have systems in place to capture the work the providers are doing, the providers don't get credit for what they do. We all need robust programs that capture the data points, and they need to be built with flexibility to change when the guidelines change. We also need support staff to help with the data entry, chart review, etc.

Electronic tools are very helpful in following the data, but there needs to be a team supporting the doctors and constantly working those programs. If that is in place, the providers will have the confidence to use electronic reminders and cues to help with patient care and quality guidelines.

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:

- **Nai-Wen Chang, OD**, Optometry, Straub Clinic & Hospital
- **Erin Gertz, MD**, Obstetrics & Gynecology, Hawai'i Women's Health Care
- **Lee N. Goerner, MD**, Radiology, The Radiology Group
- **Rupalkunverba Gohil, MD**, Hospitalist, Hawai'i Hospital Physicians, Inc.
- **Christen-Jennifer A. Lee, MD**, Anesthesiology, Pacific Anesthesia
- **Jessica L. Nishikawa, NP**, Nurse Practitioner, Straub Hospital & Clinic
- **Walter S. Quiroga Robles, MD**, Anesthesiology, Pacific Anesthesia
- **LenhAnh P. Tran, MD**, Otolaryngology, Independent
- **Peter Tran, DO**, Hospitalist, Kaua'i Medical Clinic
- **Lea U. Young, OD**, Optometry, Straub Clinic & Hospital