

## Hawai'i Health Partners News

April 2016

### Our Road to Global Payment

#### *Colleagues,*

We spend a lot of time talking about the changing health care environment, where we are headed as an organization and why, but I wanted to take this opportunity to discuss how we're going to get there.

While the ultimate goal is to prepare for global payment by 2020, we'll need to do a lot of work over the next four years to get there. The four-year path includes:

#### **2016:**

- Build core competencies:
  - Team-based primary care
  - Collaborative care (care coordination agreements between primary care, specialists and surgeons)

#### **2017:**

- Expand core capabilities in team-based and collaborative care
- Employee health as subset of population, emphasis on showing short-term results

#### **2018:**

- Increase patient access and control (patient activation, shared decision making)

#### **2019:**

- Appeal to patients as purchasers (quality, cost savings, etc.)

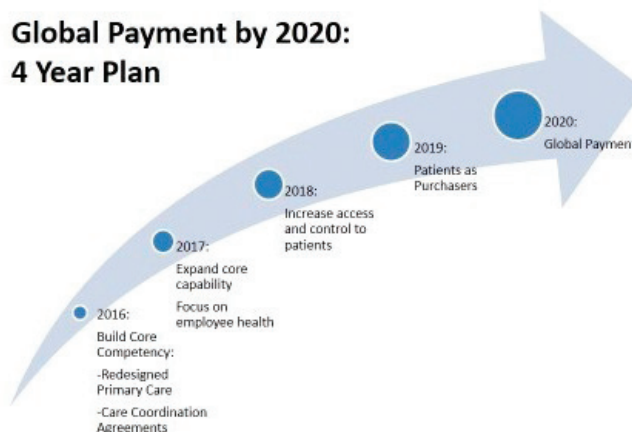
#### **2020:**

- Ready for global payment!

Focusing on the present, the most visible project will focus on supporting primary care's advances in team-based care. The explicit goal of this practice design is realizing good population, and panel-based outcomes, while improving quality and appropriate utilization.

Less visible, but no less important, our 2016 strategy has three main components:

#### **Global Payment by 2020: 4 Year Plan**



#### **Payment reform**

- Understand and model the financial implications of contracts being offered today and what we think will be offered tomorrow
- Financial modeling for system, as well as individual physicians
- HMSA's impending sub-capitation arrangement for primary care
- CMS' physician payment transformation (MACRA, MIPS, APM, etc.)

#### **Clinical projects**

- Improve quality and efficiency by standardizing care
- Solidify medical group leadership and operations
- Invest in project management, analytics and clinical support services to help develop, promote and sustain standards in collaborative care

#### **Growth of attributed lives**

- Recruit additional physicians, particularly primary care physicians, as well as physician organizations

## Clinical Priorities

Our clinical priorities for 2016 include the following:

### Primary care (adult and pediatric)

- Care coordination program (Complex Care)
- Team-based primary care design

### Ambulatory specialties

- Standardized use of evidence-based guidelines in high-impact diagnoses to achieve 5% reduction in utilization WHILE increasing quality and reducing internal costs (constraints: using EXISTING data, no new technology) – candidate topics:

- Depression
- Headache
- Dizziness
- COPD
- DM
- CHF
- Obesity
- Prenatal care

### Hospital-based specialties

- Length of stay, readmissions, post-acute coordination
- Glycemic control
- Sepsis

### Surgical and procedural specialties

- Enhanced recovery after surgery
- Bundled payment
- Hip replacement
- Knee replacement

### OB-GYN

- Prenatal care (gestational diabetes mellitus and pre-GDM, hypertension, ultrasound for EDC)

But putting first things first, please start by talking with your colleagues and local leaders. Talk about the implications of the large changes we are facing. Discuss what it's going to take to get us there, beginning with the specific focus areas and initiatives outlined above.

The road ahead will be challenging, but we will work through these challenges together and come out the other end with a better, more efficient care delivery system. The new world of health care is ours to define, and that will ultimately benefit both your patients and you.

Thank you.

Gerard Livaudais, MD, MPH, FACP  
Vice President  
Hawai'i Health Partners

## Pocket Guides Available!

PEDIATRICS Pocket Guide		2016 Hawai'i Health Partners Quality & Shared Savings Programs		
MEASURE	GPP	SSP	MAX PTS	
<b>EXCLUSIVELY BREASTFED NEWBORNS THROUGHOUT HOSPITALIZATION</b>	X		1	

**CMS PC-05:** The percentage of Included Patients who are exclusively fed breast milk throughout hospitalization.

**ELIGIBLE PHYSICIAN:** Any discharging physician with at least 20 Included Patients from an HPH hospital during the calendar year.

**INCLUSIONS:** Included Patients shall be patients at an HPH hospital with an ICD-10-CM principal diagnosis code for single liveborn newborn.

**EXCLUSIONS:** Patients shall be excluded from the measure if they:

- are admitted to the hospital neonatal intensive care unit (NICU) during hospitalization
- have an ICD-10-CM diagnosis code for galactosemia
- have an ICD-10-CM principal procedure code or ICD-10-CM other procedure codes for parenteral infusion
- expired
- have an LOS > 120 days
- are enrolled in clinical trials
- are transferred to another hospital
- are given ICD-10-CM other diagnosis codes for premature newborn

<b>PARTICIPATION IN HOSPITAL QUALITY WORKGROUPS</b>	X		1-2; 4 Chair
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Participation in clinical workgroups focused on developing standards of care to improve hospital quality performance under the Hospital QPP.

**ELIGIBLE PHYSICIAN:** All physicians involved in chartered clinical workgroups approved by the Quality and CI Committee for improving hospital quality performance under the Hospital QPP.

**INCLUSIONS:** N/A **EXCLUSIONS:** None

<b>HHP LEARNING MODULES</b>	X	X	2
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Earn points for watching learning modules related to HHP topics AND passing knowledge assessment quiz.

**ELIGIBLE PHYSICIAN:** All physicians listed in "Related Specialties."

**NUMERATOR:** N/A **DENOMINATOR:** N/A

**HAWAII HEALTH PARTNERS**  
Physician-led. Integrated quality care. Optimal health.

**HAWAII PACIFIC HEALTH**  
Kapi'olani • Pali Momi • Straub • Wilcox

## Want a quick look at ONLY the measures that apply to your specialty?

While we took significant steps to make this year's guide easier to use, we appreciate that you sometimes just need a quick and easy way to know what applies to you. For that reason, we have developed a set of Pocket Guides for the specialties with the most applicable measures. We will continue distributing printed Pocket Guides, but have also made them available on the [member website](#). Click below for any of the listed guides.

- [Anesthesiology](#)
- [Critical Care](#)
- [Emergency Medicine](#)
- [Geriatrics](#)
- [Hospice Palliative](#)
- [Hospitalists](#)
- [Hospitalists Peds](#)
- [Neonatology](#)
- [Neurology](#)
- [OB-GYN](#)
- [Pediatrics](#)
- [Primary Care](#)
- [Surgery](#)

For reference, [here](#) is the entire 2016 Program Guide for Physicians.

## Prior Authorization Update

Discussions continue between HHP and HMSA to establish a method to ensure appropriate utilization of certain testing and procedures. While negotiations are ongoing, an update is appropriate:

First, HMSA is beginning to reinstate gold cards - now called "fast passes" - for some HHP physicians. This is a small group of physicians with a high volume of ordered studies and a very low denial rate. We continue to seek accelerated reinstatement for all HHP physicians.

Second, we have been successful in having HMSA update their appropriateness guidelines.

Third, HMSA has also added after-hour access for urgent approvals (866-813-1776).

Ultimately, we need a better way, and our partnership with HMSA must result in better jointly-developed solutions. This is a long play, and despite the misstep with the current prior authorization situation, HMSA has shown a willingness to embrace a different approach. We will continue this discussion and will communicate any major developments. In the meantime, you can find our Preauthorization Implementation Toolkit [here](#).

## Member Satisfaction: Your Feedback Wanted!

In an effort to help us better identify what is needed by our membership, please take a few minutes to take this short, anonymous survey.

Click [here](#) to take the survey now. Mahalo for your time!

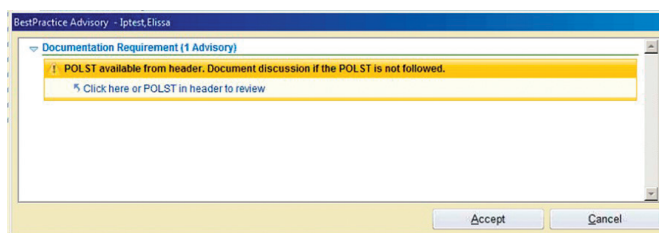
## Measure of the Month: Honoring POLSTs at the Hospital

**Definition:** The percentage of Included Patients with a completed POLST upon presenting for care who had an admitting code status consistent with their POLST wishes OR documentation that POLST wishes were reviewed and/or changed.

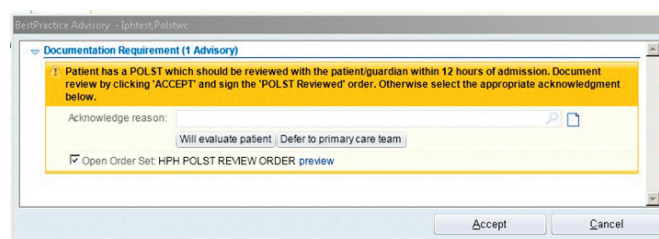
### Why this measure matters:

POLST is more than a form. It facilitates in-depth conversations with patients and families and complements the advance directive (it does not take its place).

### Best Practice Alert for POLST in the ER:

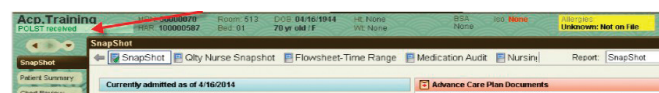


### Best Practice Alert for POLST in the hospital:



Best Practice Alerts for POLST will fire as a reminder if the patient has a POLST on file in Epic. The measure only applies if a completed POLST is provided by the patient, EMS, a family member or other individual.

To review the POLST, click the POLST received to open the most recent POLST document:



### For the ED physician:

If the patient has a POLST, the goal to meet this measure is to document your review or discussion if the patient will be admitted and follow up with a conversation with the admitting physician. Additionally if the patient is critical in ED and may expire, review the POLST and check with his/her family or surrogates if the patient is unable to communicate his/her own wishes. Note the exclusion criteria: If the patient is discharged from the ED, this measure will not be applicable.

### For the admitting physician:

To meet this measure, admitting code status orders should be consistent with the POLST orders upon review. If the patient and his/her family or surrogate request changes to the POLST, conversation of the new wishes must be documented.

For more information about how to achieve points on this measure, see page 14 in HHP's [2016 Program Guide for Physicians](#).

Questions or comments about these measures? Email HHP Marketing Manager Brian Driscoll at [brian.driscoll@hawaiiipacifichealth.org](mailto:brian.driscoll@hawaiiipacifichealth.org) to share with the HHP team.

## 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:

- Lovedhi Aggarwal, MD, Family Medicine, UCERA Family Medicine
- Susan E. Biffl, MD, Pediatric Rehabilitation Medicine, Kapi'olani Medical Specialists
- Lee E. Buenconsejo-Lum, MD, Family Medicine, OB/GYN Clinic
- Laurel M. Coleman, MD, Hospice and Palliative Medicine, Kaua'i Medical Clinic
- Steven A. Hankins, MD, Family Medicine, UCERA Family Medicine
- Allen L. Hixon, MD, Family Medicine, UCERA Family Medicine
- Helen G. Hui-Chou, MD, Plastic Surgery, Pali Momi Medical Center
- Zoya Mohiuddin, MD, Internal Medicine, Straub Clinic & Hospital
- Wilson T. Murakami, MD, Otolaryngology, Independent
- Chien-Wen Tseng, MD, Family Medicine, UCERA Family Medicine
- Lori-Anne N. Tungpalan-Grondolsky, MD, Anesthesiology, Kaua'i Medical Clinic
- Joseph C. Varcadipane, MD, Orthopedic Surgery, Straub Clinic & Hospital
- Seiji Yamada, MD, Family Medicine, UCERA Family Medicine