

Hawai'i Health Partners News

July 2016

New Developments in Payment Transformation

Colleagues,

I'd like to follow up on my June message related to payment transformation. By now, many of us see that change is inevitable, and we've come a long way in preparing for change. But, I wonder if we fully appreciate the role we play in both navigating and defining this change.

As members of Hawai'i's first accountable care organization, we truly are the leaders in health care transformation. With the continued support of Hawai'i Pacific Health, we have the reach and resources to bring together Hawai'i's provider community to create a healthier Hawai'i. Many can make that claim, but we are walking the talk.

For more than two years, we have been laying the groundwork to improve the health and well-being of both our patients and our physicians. We built a network of more than 700 high-performing PCPs and specialists, and increased communication and collaboration between members through clinical workgroups, committees and project teams. We launched and grew a Complex Care program that focuses on treating our sickest patients while also addressing the socioeconomic side of medicine. We built and enhanced reporting capabilities while supporting our physicians and their patients with population health outreach and management. We've worked to help identify and address workflow inefficiencies to give our members more time to take care of their patients ... and themselves. And we've now begun to expand team-based, collaborative care across specialties to both improve patient care and prepare for new payment models.

These efforts haven't been random or accidental. Rather, they've been part of a long-term, thoughtful plan to prepare for capitation. It's a path we were already on, but one that may be accelerated rather quickly. They say chance favors only the prepared mind, and we have spent more than two years preparing. Now, there may be an opportunity to take advantage of that preparation.

Medicare Shared Savings Program (MSSP) & Comprehensive Primary Care Plus (CPC+)

We are currently in the process of investigating an exciting opportunity to enter the MSSP and CPC+ programs a little earlier than anticipated.

These two programs from the Centers for Medicare & Medicaid Services (CMS) provide revenue opportunities to invest in PCP-led teams and increase the likelihood of success under payment transformation and shared savings agreements. For non-PCP specialists and surgeons, participation increases the capability of the network to manage complex patients and coordinate care. For all physicians, this allows HHP to extend support services to Medicare patients and the practices caring for Medicare patients, and increases the commitment to value-based contracting.

Critical to our success with these programs is our partnership with HMSA, which is, admittedly, still a work in progress. HMSA has submitted letters of intent to CMS offering to participate in a linked program of MSSP with CPC+, and has invited HHP to partner and complete one of these applications. HMSA recognizes that HHP has already established most of the needed infrastructure to be effective in these programs and would provide only the additional, required functions.

By comparison, HMSA intends to support other physician organizations with its data platform (Cozeva) and centralized care services (HMSA Care Model, formerly known as Healthways) and will seek to recover their costs by claiming 50 percent of any shared savings realized or CPC+ care management fees paid. Our arrangement will be substantially different and provide great advantage to the HHP physicians.

What Next?

HMSA acknowledges the need to harmonize measures between MSSP, CPC+ and the HMSA primary care payment transformation (Mahie). HMSA has requested that CMS accept its measures in place of the CMS measures and has verbally committed to harmonizing these measures to CMS's in the event that CMS does not agree. This would allow our physicians to work from one "playbook."

CMS will decide in the next month about the linkage of MSSP with CPC+ and if the Hawai'i region will participate. If all goes well, participants can then be added to the application until Sept. 6, 2016, with the program beginning Jan. 1, 2017. While this will involve HHP members, the expanded partnership would begin as a new, separate entity established for the purposes of this agreement. If you're an employed physician, there will be no action required. If you're independent, we will be looking to add you (via your group or practice's tax identification number) to the application. If CMS does not agree to the proposed arrangement in HMSA's application, we have the option to withdraw.

There is a huge first-mover advantage for HHP; few others will be able to respond. A significant amount of work has gone into assessing both the opportunity and our readiness – we are far more prepared than any other physician organization and ready to move ahead.

These sweeping changes in health care payment models are likely inevitable, but we can control our own destiny at this moment, gain a competitive advantage, and be rewarded for the work we're already doing.

Let's continue to be the leaders in health care transformation.

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

Measure of the Month: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Description:

Percentage of patients ages 3-17 who had an outpatient visit with any PCP or an OB-GYN and who had evidence of the following during the measurement year:

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

Why This Measure Matters:

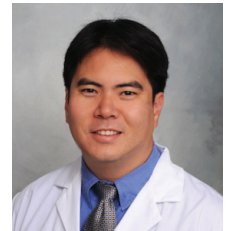
According to the National Quality Forum, one of the most important developments in pediatrics in the past two decades has been the emergence of obesity in childhood and adolescence. National Health and Nutrition Examination Survey (NHANES) data collected from 1999 to 2000 revealed a continued increase in the number of obese children (BMI 95th percentile):

- 10 percent among children ages 2-5.
- 15 percent among children ages 6-19.

When children at risk for obesity (BMI of 85th–94th percentile) were included, the prevalence increased to 20 percent and 30 percent. The Centers for Disease Control and Prevention (CDC) also states that overweight children and adolescents are more likely to become obese as adults.

Best Practice:

"This is a new measure with high thresholds, but we got on it right away," says Derek M. Flores, MD, a pediatrician at the Straub Mililani Family Health Center. The measure encompasses all patients but is something that could easily be overlooked, he says.



The secret to Flores' success has been to do the assessment and counseling with every patient, every time. "Even if it's a second or third visit, we still do it," he says. "After a while, I start to get a sense of who I've already counseled, but it's quicker to just do it than to look up whether I already have." If in doubt, do it, he says.

Flores' assistant prepares handouts from [Hawai'i 5210](#), he says. "They're easy to print and hand out, and easy to read for patients. I know other clinics have started using them, too."

For more information about how to achieve points on this HMSA measure, see p. 73 in [HMSA's Pay for Quality Program Guide](#).

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

HHP Guide to CKD Screening and Management

By now, many of you have received the HHP guide to chronic kidney disease (CKD) management. This comprehensive guide is the result of the great work done by the HHP CKD workgroup throughout the past year and provides algorithms, recommendations, tools and resources for the screening and management of CKD.

You can download a PDF of the guide by clicking [here](#). We believe you will find it to be a useful tool in helping to manage these patients.

HHP 2016 Board of Managers Election Results

Thank you to all of our members for participating in the nomination and election process for our HHP board of managers. We appreciate the willingness of all those who were nominated to commit their time and energy to serving in a leadership capacity.

We are pleased to announce that the following physicians were elected to the Hawai'i Health Partners board of managers for the 2016-2019 term:



- [David Cho, MD.](#)
- [Kimberly Naahielua, MD.](#)
- [Todd Miller, MD.](#)

This is the first term for Kimberly Naahielua, MD, with both David Cho, MD, and Todd Miller, MD, returning.

Please join us in welcoming them. We look forward to “creating a healthier Hawai’i” under the leadership of our board of managers! We look forward to “creating a healthier Hawai’i” under the leadership of our board of managers!

New HHP Learning Module Now Available – Using LACE Index to Predict and Prevent Hospital Readmissions

The fourth HHP learning module is now live! Learn how LACE scores can help you prevent hospital readmissions, while earning points under the 2016 HHP Quality Performance Program and CME credits.

Access the learning modules now under your learning tab at this website: www.healthstream.com/hlc/hph/

The HHP learning modules are an opportunity for all members to earn points under HHP’s Quality Performance and Shared Savings programs. They are not mandatory and will drop off your list of assigned learning at the end of the calendar year.

Should you have any questions or difficulties, please contact Brian Driscoll at brian.driscoll@hawaiihealthpartners.org.

Be on the Lookout!

We will be sending a short survey next month with draft language for the 2017 Quality Performance and Shared Savings Program measures.

Your feedback will be crucial in helping shape the programs for 2017. Thanks in advance for your feedback!

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:

- [John L. Frattarelli, MD](#), Reproductive Endocrinology/ Infertility, Independent
- [James. C. Gilley, DPM](#), Podiatry, Wilcox Medical Center
- [Eric L. Kolodin, DPM](#), Podiatry, Wilcox Medical Center
- [Neal A. Palafox, MD](#), Family Medicine, UCERA
- [Stephen S.Y. Sung, MD](#), Obstetrics & Gynecology, Independent
- [Mario G. Voulgaridis, MD](#), Hospitalist – Family Medicine, Hawai’i Hospital Physicians