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Feature Article: Six Ways We Can Bend the Cost Curve

As we discussed at our recent annual meeting, we must begin actively exploring ways we can bend the cost curve. We've put a significant amount of time and effort into improving the quality of the care we provide. We've become fairly good at it! But it's now time to expand our efforts and increase our focus on shared savings and the medical cost trend (MCT).

For starters, ask yourself the following six questions:

1. **What diagnoses and/or procedures can be safely and effectively done at a lower cost?** What location would make sense? How would we go about doing that? An example here would be increasing same-day joint replacements. This will mean expanding our community ambulatory surgery center presence and partnerships.
2. **Where can we avoid unnecessary care?** We're pretty good at addressing underuse. It's time to look at overuse. Two areas we may want to address are routine food allergy testing and primary stenting for intermittent claudication.
3. **How can we improve patient care through more appropriate use of specialists, carecoordination and eConsults?** We'll also need to look at appropriateness scores to ensure that patients are receiving the right care. An example here could be the use of tele-urology for microscopic hematuria.
4. **How can we better manage appropriate diagnostic imaging?** This require us to aggressively embrace decision support tools. One example of managing appropriate imaging would be eliminating its use for uncomplicated headache.
5. **Where does Complex Care have the right impact?** Complex Care works, but we must make sure we consistently use it on the right patients – with the highest rising complexity and cost.

6. **How can we continue to decrease ED overutilization?**

This isn't just about increasing primary care access. It's also about establishing new partnerships to expand our reach. Expanding mental health and urgent access are two ways we can help manage ED overutilization.

Working together, we can answer these questions and have a total cost of care that is clearly lower.

Clinical Accuracy and Efficiency

In addition to the six focus areas above, there are some other areas we can address to improve clinical accuracy and efficiency. They include:

- **Having accurate coding and problem list maintenance.** This not only helps ensure that the patient receives the right care, it also drives the severity and HCC score, which ultimately influence reimbursement.
- **Knowing which patients and physicians are "ours."** All patients are our patients, but some look more to us and have committed to us to be their doctors and their system. That also applies to the physicians in our network. We must know who these physicians are and play to their strengths.

By this time next year, let 's demonstrate great appropriateness and coordination of care. Let's support our primary care colleagues through team-based care, enabling them to optimize time with their patients and have better work-life balance, and ensure that our specialist and surgeon colleagues are caring for appropriate patients with good work-ups. And, finally, let's help our hospitals successfully manage a successful transition in coping with changes in utilization. Together, we can create a healthier Hawai'i and a healthier health care system.

Measure of the Month: Advance Care Planning

Description:

The percentage of Included Patients who had an advance care plan and/or an advance care planning discussion with their PCP, and the plan or discussion is documented in the patient's medical record.

Why This Measure Matters:

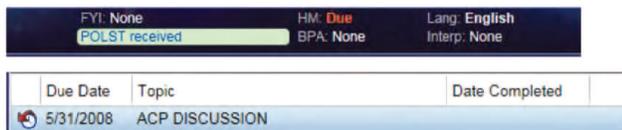
According to the Centers for Disease Control and Prevention, only about one-third of adults have an advance directive expressing their wishes for end-of-life care. That number increases to approximately 50 percent for patients age 60 and older. Even among severely or terminally ill patients, fewer than 50 percent have an advance directive in their medical record.

Too often, family and friends are forced to make care decisions because a loved one is no longer able to do so. Advance care planning helps put the decision-making back in the hands of the patient.

Best Practice:

If a patient has the "POLST received" flag in Epic, review the existing information and check the problem list for ACP.

Then, click the red DUE button and the next screen appears.



The clock indicates this patient is due for an ACP discussion. After the discussion, doubleclick the clock (or the bar) to mark the topic completed and enter today's date.

Bill one of the following HMSA-approved codes:

- CPT-II codes: 1157F – Advance care plan or similar legal document present in the medical record; 1158F – Advance care plan discussion in the medical record.
- HCPCS: S0257 – Counseling and discussion regarding advance directives or end-of-life care planning and decisions, with a patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service).
- 1123F (Medicare).
- 1124F (Medicare).
- CPT 99497 – Advance care planning explanation first 30 minutes.

Your score is automatically credited when the bill clears.

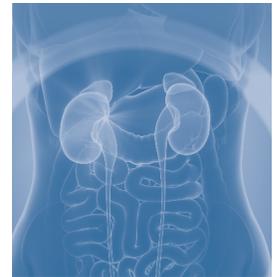
You must manually update the DUE as described above if you are using Epic to turn off the alert.

See HHP's [news archive](#) for more best practices and advice for meeting this measure and click [here](#) for a related CME and Clinical Bulletin. For more information about how to achieve points on this HHP measure, see page 15 in HHP's [2016 Program Guide for Physicians](#).

Questions or comments about these measures? Email HHP Manager of Provider Communications Brian Driscoll at brian.driscoll@hawaiihealthpartners.org to share with the HHP team.

Update to CKD Guide

The Hawai'i Health Partners (HHP) guide to chronic kidney disease (CKD) management has been updated to include a revised, corrected heat map (Page 4).



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.

Click [here](#) to access the updated guide.

HHP Clinical Forum – Participation Needed!

The purpose of the HHP Clinical Forum is to support the work of the six HHP Clinical Chairs and foster networking and collaboration across the HHP membership. More specifically, we'd like to have the Forum connect us across different specialties and campuses to address unnecessary variation in care, reduce waste, and establish clinical standards. This series of events will be highly interactive, where member input is sought and valued. Success would be emerging with a better understanding of where and how unnecessary clinical variations, as well as costs, can be decreased and members leaving the event more familiar with their HHP colleagues. Material gathered from each HHP Clinical Forum will be forwarded to HHP committees for review and appropriate follow-up action.

The first HHP Clinical Forum will take place Thursday, March 2, 2017. Take an active role in helping us define this new, interactive event by joining the HHP Clinical Forum Planning Committee. If you are interested and willing to join, please email info@hawaiihealthpartners.org.

2017 QPP/SSP Draft Measures: Feedback Wanted!

Proposed 2017 Hawaii Health Partners QPP/SSP Measures

Domain: Engagement

Measure Objective: To support effective population health management by encouraging the evaluation of patient data through the use of the HHP Dashboard by primary care providers.

Measure: Use of HHP Dashboard

Description: Access and use of the HHP Dashboard for population health management.

Points: 1

Program: SSP

Inclusion: All primary care providers with an active HHP Dashboard account as of October 1, 2017.

Exclusion: N/A

Measurement period: January 1, 2017 - December 31, 2017.

Performance Target: Physician must log in to dashboard at least once per month for at least 80% of the performance months.

The following survey includes draft language for the 2017 Quality Performance and Shared Savings Program measures. Your feedback will be crucial in helping to shape these programs for the coming year. Please take the time to read through the draft measures and provide comments. Thanks in advance for your participation!

Click [here](#) to take the survey.

HHP Welcomes New Members

Hawaii 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:

- Andrea M. Bernhard, MD, Hospitalist
Hawaii Hospital Physicians
- Ryan F. Gibbons, MD, Anesthesiology
Pacific Anesthesia
- Mark W. Grief, MD, General Surgery
Pali Momi Medical Center
- Stephen E. Lin, MD, OB-GYN
Kapi'olani Medical Center for Women & Children
- Maya Maxym, MD, Pediatric Hospitalist
Kapi'olani Medical Specialists
- Keric C. Menes, MD, Anesthesiology
Hawaii Anesthesia Group
- Nancy J. Smiley, MD, Family Medicine
Straub Medical Center
- Robert J. Wallerstein, MD, Medical Genetics
Hawaii Community Genetics
- Christian S. Welch, MD, Diagnostic Radiology
Pacific Radiology Group

Questions? Contact us at info@hawaiihealthpartners.org

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