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Feature Article: CMS Provides Some Flexibility, Support with MACRA Final Rule

One of HHP’s responsibilities to you, our members, is to keep you informed of new, important developments within the market and to respond to these developments by offering necessary support. One such development is the release of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule.

After six months of gathering feedback, the Centers for Medicare & Medicaid Services (CMS) released its MACRA final rule earlier this month, focusing on simplifying its Quality Payment Program; providing more support to small practices; and adding more flexibility. This flexibility comes in the form of two different pathways for physicians to choose, as well as the designation of 2017 as a transition year, meaning 2017 data will not affect 2018 payments.

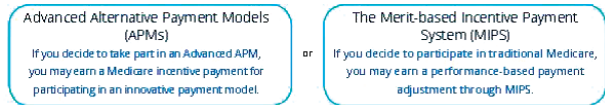
The MACRA final rule’s Quality Payment Program ends the Sustainable Growth Rate formula and will reform Medicare payments for more than 600,000 clinicians across the country. After soliciting more than 4,000 comments and meeting with more than 100,000 physicians and other stakeholders, CMS created six strategic objectives for designing, implementing and evolving its Quality Payment Program. They include:

1. Improving beneficiary outcomes and engaging patients through patient-centered Advanced Alternative Payment Models (APMs) and Merit-based Incentive Payment System (MIPS) policies.
2. Enhancing clinician experience through flexible and transparent program design and interactions with easy-to-use program tools.
3. Increasing the availability and adoption of robust Advanced APMs.
4. Promoting program understanding and maximizing participation through customized communication, education, outreach and support that meet the needs of the diversity of physician practices and patients, especially the unique needs of small practices.

5. Improving data- and information-sharing to provide accurate, timely and actionable feedback to clinicians and other stakeholders.
6. Ensuring operational excellence in program implementation and ongoing development.

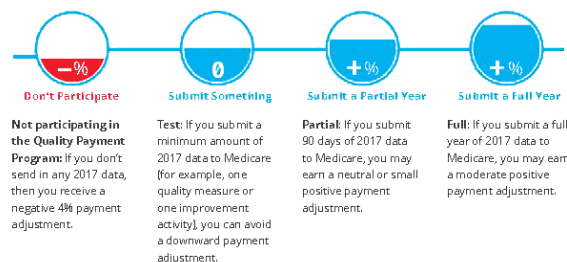
Two Pathways

Clinicians will choose between two options:



The Advanced APM path helps clinicians go further by participating in organizations that get paid primarily for keeping people healthy, says CMS. For example, they could be part of an accountable care organization, like Hawaii Health Partners (HHP). In these cases where clinicians get better health results and reduce costs for the care of their patients, they receive a portion of the savings.

The MIPS path, according to CMS, gives clinicians the opportunity to be paid more for better care and investments that support patients. It reduces existing requirements while still emphasizing and rewarding quality care, and provides a flexible performance period so that those who are ready can participate immediately, while those who need more time can participate later in the year.



More Support

MACRA provides \$20 million per year for five years to train and educate Medicare clinicians in small practices of 15 clinicians or fewer and those working in underserved areas. Beginning December 2016, local, experienced organizations will offer free, on-the-ground, specialized help to small practices using this funding. Along with other related initiatives, CMS has launched a new web-site to explain the new program and help physicians identify the measures that are most meaningful to their practice and/or specialty. CMS will also provide a new service center that will answer questions via email and phone.

HHP has been preparing for these changes throughout the year, taking the necessary steps to support you and your patients. We've aligned our 2017 quality and shared savings measures with CMS measures and programs; we've established reliable reporting mechanisms to meet program requirements; and we've begun to define additional services we will provide to address care and workflow gaps and help you provide the right care to your patients.

Stay tuned in the coming months for more information on how being a member of HHP will help you better navigate these upcoming changes, and click here for CMS's Quality Payment Program Overview Fact Sheet.

Guidelines for Better Blood Pressure Management

Patients with an elevated blood pressure reading during an acute/routine office visit should be rechecked within two weeks, according to the Eighth Joint National Committee (JNC 8) evidence-based recommendations on treatment thresholds, goals and medications in the management of hypertension in adults. This is a change from the four weeks recommended in the JNC 7.

In general, pharmacologic treatment should be initiated when blood pressure is 150/90 mm Hg or higher in adults 60 years and older, or 140/90 mm Hg or higher in adults younger than 60 years, according to the JNC 8. In patients with hypertension and diabetes, pharmacologic treatment should be initiated when blood pressure is 140/90 mm Hg or higher, regardless of age.

Initial antihypertensive treatment should include a thiazide diuretic, calcium channel blocker, ACE inhibitor, or ARB in the general nonblack population, or a thiazide diuretic or calcium channel blocker in the general black population. If the target blood pressure is not reached within one month after initiating therapy, the dosage of the initial medication should be increased, or a second medication should be added.

With an emphasis on rechecking patients with elevated readings, HHP has developed [support materials](#) that include:

- Algorithm for blood pressure recheck visit.
- Strategies for dosing antihypertensive drugs.
- Documentation tips.
- Clinic workflow.
- Checklist for clinical staff.
- Patient education.

2017 Shared Savings Program Measure

To support related efforts, HHP will be introducing a new 2017 measure under the Shared Savings Program (SSP) that focuses on the control of high blood pressure. With an overall goal of avoiding morbidity associated with uncontrolled hypertension by supporting active monitoring and management of hypertension in patients, the new measure will look at the percentage of HMSA commercial patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement period (Jan. 1-Dec. 31, 2017).

With a performance target of 75 percent, the measure will exclude patients with evidence of end-stage renal disease, dialysis or renal transplant before or during the measurement period. Eligible physicians can earn one point for meeting this measure.

Stay tuned for more on this and other 2017 Quality Performance Program and SSP measures.

Measure of the Month: HHP Learning Modules – Just Over Two Months to Complete!

Our goal is optimal outcomes for our patients by standardizing new, evidence-based care and increasing coordination across our community. These learning modules are a good way to engage with HHP and work toward improving patient care.

Description:

Earn points for watching learning modules related to HHP topics AND passing a knowledge assessment quiz. The four 15-minute HHP learning modules include:

| | |
|---|------------|
| QPP: Using LACE Index to Predict and Prevent Readmissions | 0.5 points |
| QPP: Sepsis | 0.5 points |
| SSP: Patient Activation Score Measure | 0.5 points |
| SSP: Chronic Kidney Disease | 0.5 points |
| TOTAL | 2.0 points |

Why This Measure Matters:

In an effort to provide more opportunities for members to receive important, relevant education supporting many of our 2016 initiatives, as well as earn continuing medical education (CME) credits, this year HHP began offering access to the Hawai'i Pacific Health Learning Center (HLC) to all members.

Earn points under the 2016 HHP Quality Performance and Shared Savings programs, as well as CME credits. Members can only earn points for these modules through December 2016.

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

For more information about how to achieve points on these HHP measures, see p. 20 and p. 27 in HHP's [2016 Program Guide for Physicians](#).

Questions or comments about this measure? Difficulties accessing the learning modules? Email HHP Manager of Provider Communications Brian Driscoll at brian.driscoll@hawaiihealthpartners.org.

Correction: Advance Care Planning

Last month's Measure of the Month stated that you must manually update the Health Maintenance (HM) due if you are using Epic to turn off the Advance Care Planning alert. However, inputting the following codes in Epic orders will auto-done the HM due when end-of-day process completes:

| Completing Procedure, LOS, E/M Code |
|--|
| ADVANCE CARE PLAN PRESENT IN MEDICAL RECORD [1157F] |
| ADVANCE CARE PLAN DOCUMENTED IN MEDICAL RECORD [1158F] |
| ADVANCE CARE PLAN DISCUSS-NO DSCNMAKR DCMNTD [1124F] |
| ADVANCE CARE PLAN DISCUSS-DECSN MAKR DCMNTD [1123F] |
| ADVANCED CARE PLANNING FIRST 30MINS [99497] |
| ADVANCED CARE PLANNING EA ADDL 30MINS [99498] |

Record Turnout for annual Meeting, Focus on Work of Membership

August and September saw two successful annual meetings, with 214 total attendees, HHP clinical workgroup updates and lots of lively discussion and Q&As highlighting the events.



The focus of the meetings this year turned more to the work of the membership, including advances in primary care redesign, the appropriate management of diagnostic imaging, and guidelines for chronic kidney disease screening and treatment. Workgroup chairs Monica Price, MD; Lee Mitsumori, MD; and Marti Taba, MD, presented at the Aug. 30 Oahu meeting, with workgroup members Patricia Mayer, MD, and Amy Corliss, MD, stepping in for their Oahu counterparts at the Sept. 13 Kauai meeting.



Those who attended enjoyed the opportunity to network with colleagues and learn more about what HHP is doing to transform health care delivery and create a healthier Hawai'i. Attendees also had

the opportunity to ask questions of HHP leadership, including Hawai'i Pacific Health CEO and President and HHP board member Ray Vara. The discussion focused on the move toward capitation, complex care, physician satisfaction and focusing on quality over quantity.

You can watch all the presentations from this year's annual meeting on Oahu by going to www.hawaiihealthpartners.org/for-providers/videos/.

HHP Welcomes New Members

HHP would like to welcome the following individuals who were recently appointed by the HHP board of managers as new members to the organization:

- Clyner S. Antalan, MD, OB-GYN, Kauai Medical Clinic
- Brandy M. Augustine, NP, Straub Medical Center
- Dana M. Dafnis, MD, Emergency Medicine
Straub Medical Center
- Heidi K. Hillesland, MD, Infectious Disease
Kaua'i Medical Clinic
- Jill M. Inouye, MD, Family Medicine/Sports Medicine
University Health Services Manoa
- Thomas Y. Kim, MD, Anesthesiology
Straub Medical Center
- Ryanne L. Nakamoto, NP, Straub Medical Center
- Cindy H. Pau, MD, Endocrinology
East-West Medical Research Institute,
Diabetes and Hormone Center of the Pacific
- Nisheeth Rai, DO, Internal Medicine
Straub Medical Center
- Steve Rivera, MD, Urology, Straub Medical Center
- Kimberly R. Theos, DO, Hospitalist-Internal Medicine
Straub Medical Center.
- David Y. Yee, DPM, Podiatry, Honolulu Foot Clinic
- Sian Yik Lim, MD, Rheumatology, Straub Clinic Pearlridge
- Sarah P. Zimmerman, MD, Pediatrics
Kapiolani Medical Center for Women & Children

Questions? Contact us at info@hawaiihealthpartners.org

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