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**Feature Article: Better Together**

**Colleagues,**

Aloha and happy holidays!

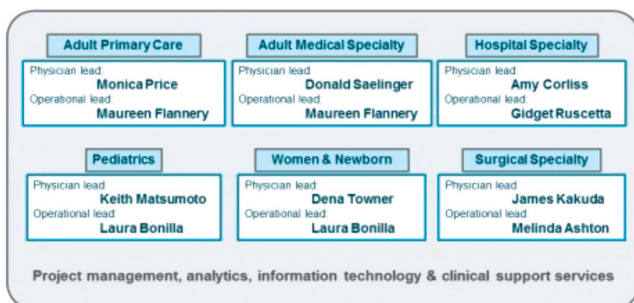
As I jump into my new role as Hawai'i Health Partners (HHP) medical director, I realize just how much change is coming in 2017. HMSA's Payment Transformation, CMS's Comprehensive Primary Care Plus (CPC+) program and Merit-Based Incentive Payment System (MIPS), new Hawai'i Pacific Health (HPH) system measures and goals, and new and improved HHP Quality Performance and Shared Savings programs – it's a lot to manage!



I'm confident we are well prepared for these changes and that we will end 2017 with even better patient care, lower costs and a better overall quality of life for both our patients and our physicians. Why? Because of you, our members.

Our biggest strength as an ACO is our 800+ members across 85 different specialties. More than ever, we will be looking in 2017 to break down silos, work across the system, and develop new, innovative solutions together. That starts with our six new specialty chairs.

These chairs, along with their operational counterparts, include:



The specialty chairs will play a key role in pushing forward our most important, strategic initiatives for 2017. Some of these projects will be driven by HHP, while others will be driven at a system level by HPH. In both cases, our specialty chairs will be tasked with helping us work across the system to successfully complete projects and initiatives critical to our success in 2017 and beyond. Examples of these projects include:

- Increasing collaboration and communication across HPH.
- Succeeding with CPC+ and MIPS electronic Clinical Quality Metrics and Clinical Practice Improvement Activities.
- Succeeding with HMSA Payment Transformation.
- Implementing referral guidelines for adult outpatient specialty referrals.
- Improving identification, screening and collaboration for oncology patients.
- Expanding telehealth services.
- Improving patient experience and engagement.

These are just a few of the projects that may be approved for 2017. More to come in the next couple of months.

I look forward to personally working with each of the six specialty chairs, as well as with all of you. We can't do it alone. We need each and every one of you. Together, we will create a healthier Hawai'i for both our patients and our providers.

Sincerely,

Andy Lee, MD  
HHP Medical Director

## New Tool Decreases Visit Prep Time While Improving Efficiency

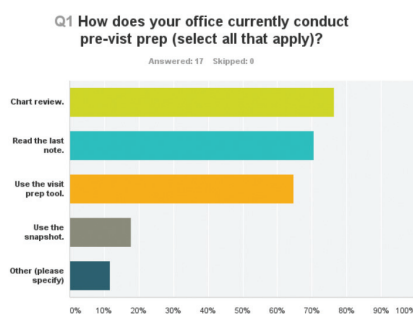
Having all the necessary information available ahead of an appointment minimizes disruptions in care and maximizes your face-to-face time with each patient. To assist with this, a visit prep tool was created within Epic, along with a corresponding workflow. Throughout 2016, HHP PCPs and their staff were trained on the new tool and workflow, and many are beginning to see the benefits. The visit prep tool was built this year by the Epic ambulatory team and offers easy access to important patient information, including:

- Appointment notes.
- Recent lab results.
- Vitals.
- ED visits, hospitalizations and imaging from the last six months.
- Last ambulatory visits.
- HHC requiring refresh.
- Health maintenance summary.
- Link to medication list.
- Future appointments.

Feedback has been very positive, with many physicians saying the new tool and workflow have cut prep time from 60 minutes per day to 20-30 minutes. The new pre-visit summaries have also helped teams proactively address any outstanding orders or gaps in care before the patient visit, allowing physicians to get the most out of the time with their patients.

### Feedback to Date

Sixty-five percent of HHP PCPs are using the new visit prep tool to conduct pre-visit prep, with 76 percent using chart review, 71 percent using chart review, 71 percent reading the last note and 18 percent using the snapshot.



Seventy-one percent are spending 30 or fewer minutes per day on visit prep, with many of those physicians saying they previously spent up to an hour per day.

Forty-seven percent of HHP PCPs have both the physicians and staff doing visit prep, with 41 percent having it done by just the staff and 12 percent by just the physicians.

The tool has also allowed physicians and their staff to address missing orders and/or documentation with patients prior to their appointments, with 81 percent of HHP PCPs saying they are finding incomplete or missing orders/documentation for only 0-2 patients per day.

Other improvements seen by those using the tool include:

- Patient health maintenance dues have been addressed and ordered as needed (75 percent).
- Patient presents with all tests and consults completed as ordered (67 percent).  
Decreased disruptions in patient workflow (42 percent).
- Patient work-up and all forms have been printed and are ready for the physician (33 percent).

While the majority of HHP PCPs saw improvements in visit prep using the new Epic tool, those improvements were experienced more once they built the tool into their existing workflow.

### Working the Tool Into Your Workflow

Staff at Kauai Medical Clinic's Lihue clinic use the visit prep tool to conduct reviews at least one week out from the patient visit, says medical assistant Denalyn Duran. "It has definitely helped, and I've gotten used to using it," she says.

Duran, who says she has been using the visit prep tool for about three months, conducts her visit prep for 15-30 minutes per day, in the morning before clinic begins. She looks for missing procedures and labs, and works with patients to complete them prior to their appointments, she says. "Not all patients respond to calls, so it's not perfect, but it helps."

"I use the Epic tool to see the most recent ambulatory visit and then the vital signs," says Dr. Sashi A. Braga, a family medicine physician and geriatrician at the Lihue clinic. Braga also still uses the snapshot to review the problem and medication lists, but he's learning to use the tool more. "I became conditioned to use the snapshot and go back and forth between the two," he says. "Making the change in workflow requires some extra short-term work for long-term results."



To improve the efficiency of patient visits, Braga has also been using a patient agenda, which is a short questionnaire that helps identify what is most important to patients and what they want to get out of their time with the physician. It identifies the main reason(s) for the visit, as well as any issues that may need to be addressed at future visits, he says. It also asks if any prescription refills are needed.

"Results have been variable," says Braga. "Not every patient is the same. Some don't fill in anything, but it helps reinforce the main purpose of each visit and makes visits much more efficient."

## Member Satisfaction Survey: 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!



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## 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:

- [Dylan E. Bothamley, DO](#), Hospitalist, Straub Medical Center
- [Mitchell Castro, PA-C](#), Physician Assistant, Straub Medical Center
- [Christine B. Clark, MD](#), Pediatrics, Kapiolani Medical Specialists
- [Daniel J. Clark, DO](#), Anesthesiology, Wilcox Medical Center
- [Tiffany T. Coleman-Satterfield, MD](#), Pediatric Emergency Medicine, US Acute Care Solutions
- [Romeo F. Esquivel, MD](#), Gastroenterology, Kauai Medical Clinic
- [David Fitz-Patrick, MD](#), Endocrinology, Independent
- [Virginia B. Hatch-Pigott, MD](#), Pediatrics, Independent
- [Walter B. Igawa-Silva, MD](#), Hospitalist - Internal Medicine, Straub Medical Center
- [Walter B. Igawa-Silva, MD](#), Hospitalist - Internal Medicine, Straub Medical Center
- [Susan E. Ingraham, MD](#), Pediatric Nephrology, Kapiolani Medical Specialists
- [Marianna F. Karewicz, NP](#), Family Nurse Practitioner, Straub Medical Center
- [Christian Y. Kitamura, MD](#), Internal Medicine, Pearl City Medical Associates
- [John J. Koo, MD](#), Internal Medicine, Hawai'i Hospital Physicians
- [Melissa Kuwahara, MD](#), Obstetrics & Gynecology, UCERA
- [Men-Jean Lee, MD](#), Maternal & Fetal Medicine, UCERA
- [Yushiu Lin, NP](#), Nurse Practitioner, Pali Momi Medical Center
- [Stephanie A. Murata, PA-C](#), Physician Assistant, Straub Medical Center
- [Michael P. Pi, MD](#), Anesthesiology, Hawai'i Anesthesia Group
- [Francis D. Pien, MD](#), Infectious Disease, Independent
- [Steve A. Situ, MD](#), Hospitalist - Internal Medicine, Straub Medical Center
- [Timothy R. Stoddard, MD](#), Otolaryngology, Straub Medical Center
- [Zoltan J. Szathmary, MD](#), Anesthesiology, Straub Medical Center
- [Barbara C. Tomlinson, NP](#), Nurse Practitioner, Straub Medical Center
- [Kiran Vadada, MD](#), Physical Medicine and Rehab, Straub Medical Center
- [Vernon K. Wong, MD](#), Ophthalmology, Independent
- [Lester K. Yim, MD](#), Internal Medicine, Straub Medical Center
- [Stephen K. Yuen, PA-C](#), Physician Assistant, Straub Medical Center

## Diabetes & Obesity Summit

The Hawai'i Bariatric Society and the Cleveland Clinic are collaborating to bring the first Diabetes and Obesity Summit to Hawai'i. The event's organizing committee includes Dr. Maria Ver from Pali Momi Medical Center, and speakers will include:

- **Philip R. Schauer, MD**  
Professor of Surgery, Lerner College of Medicine  
Director, Advanced Laparoscopic & Bariatric Surgery  
Bariatric & Metabolic Institute  
Cleveland Clinic
- **Robert Kushner, MD**  
Northwestern University  
Chicago, Illinois
- **Steven Nissen, MD**  
Department Chair  
Cardiovascular Medicine  
Cleveland Clinic

Go to [DOS-CME.org](https://DOS-CME.org) for more information.

Questions? Contact us at [info@hawaiihealthpartners.org](mailto:info@hawaiihealthpartners.org)

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