

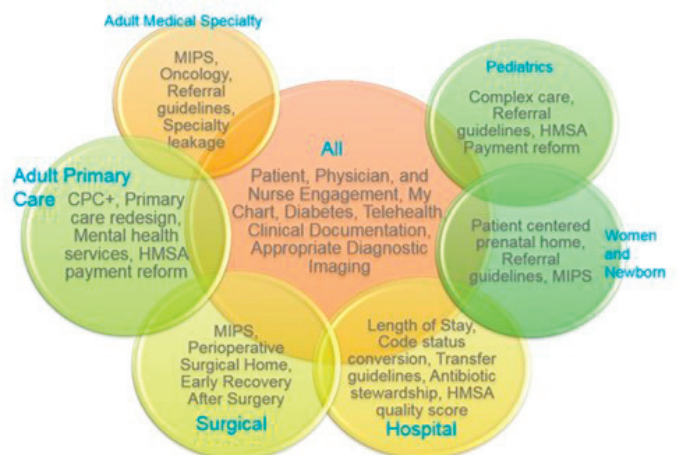
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Feature Article: Update on Clinical Priority Projects for 2017

We wrote [earlier this year](#) about our six specialty chairs and the role they'd play in breaking down silos across the system, prioritizing key initiatives and finding new, innovative approaches to improving patient outcomes and clinical efficiency throughout the network. Guided by the HPH Clinical Prioritization Committee and working alongside their operational counterparts, these specialty chairs have been working on the following key projects:

1. Succeed with CPC+ and MIPS electronic Clinical Quality Metrics (eCQM) and Clinical Practice Improvement Activities (CPIA).
2. Meet hospital composite quality score targets for HMSA program.
3. Antibiotic stewardship program implementation.
4. Implement perioperative surgical home/referral guideline.
5. ERAS (enhanced recovery after surgery) protocol and surgical order set standardization.
6. Implement patient reported outcome collection process.
7. Implement specialty-specific referral guidelines across pediatric outpatient specialties.
8. Expand complex care program to pediatric services.
9. OB-GYN referral guidelines.
10. Improve prenatal care with maternal engagement in a patient-centered pregnancy home model.
11. Educate clinicians on medical cost trends/decreasing utilization/converting to capitated environment.
12. Succeed with HMSA Payment Transformation.
13. Clinical documentation improvement for content and complexity of care.
14. Implement CMS-required Choosing Wisely clinical decision support tools for appropriate diagnostic imaging.
15. Improve functionality, patient access and usage, and clinician acceptance of MyChart®.
16. Primary care redesign – integrate team members to succeed at capitated care models.
17. Integrate mental health services in primary care.
18. Decrease number of patients with poorly controlled diabetes.
19. Implement referral guidelines for adult outpatient specialty referrals.
20. Improve identification, screening and collaboration for oncology patients.
21. Identify specialty leakage to non-HHP providers.
22. Expand telehealth services at HPH.
23. Implement four specialty-specific referral guidelines across inpatient transfers.



24. Physician communication improvements (CGCAHPS).
25. Advance care planning – convert inpatient code status orders to reflect POLST patient preferences for cardiac arrest situations.
26. Decrease length of stay: a) sepsis; b) glycemic control; and c) mobility in ICU and floors.
27. Implement hospital discharge process improvement.
28. Increase engagement of registered nurses.

Some of these projects are driven by HHP, while others are driven at a system level by HPH. In both cases, our specialty chairs have been tasked with helping us work across the system to successfully complete these critical projects and initiatives, and all projects have been vetted by the HPH Clinical Prioritization Committee.

Clinical Prioritization Committee

The HPH Clinical Prioritization Committee provides clinical leadership and prioritization of clinical projects to promote the highest quality patient care, system-wide integration of services and reduction of unnecessary utilization of resources. The HPH Clinical Prioritization Committee provides operational and technical guidance as well as input in prioritizing clinical projects for review and approval by the HPH Clinical Guidance Committee, and will support the ongoing efforts of selected projects.

Prioritization focuses on the following principles:

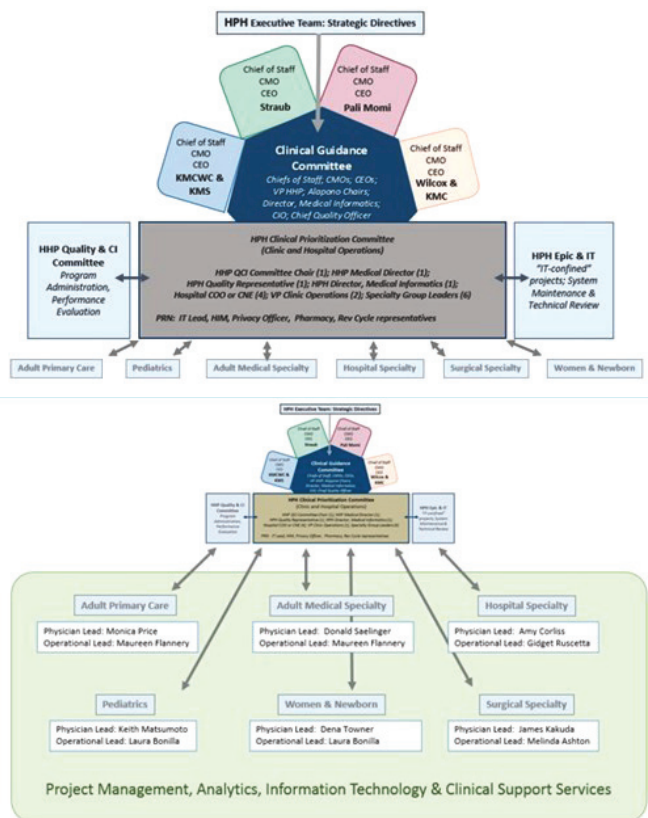
- Promoting systems of care that are in the best interest of the patient and based on the best scientific evidence available.
- Adopting HPH systemwide standards and integration to support the optimal care of our patients across all areas and locations.
- Favoring improvements that build trust and communication between patients and providers.
- Favoring improvements that increase care coordination or decrease unnecessary utilization of resources.
- Adopting a streamlined decision-making process with appropriate participation by all stakeholders (e.g., clinicians, IT, administration).
- Having a decision-making process that is efficient and timely, and applies to all HPH facilities where appropriate.
- Prioritizing clinical projects overall and by specialty group, establishing deadlines based on available information, and defining deliverables and scope.

- Basing prioritization on multiple considerations such as clinical patient care impact, clinician leadership, operational readiness, data governance, resource availability, medical cost containment and anticipated changes in technology.
- Seeking to make fact-based decisions for our prioritization instead of being moved by anecdote.
- Reviewing proposed clinical IT projects to determine priority and whether previously prioritized projects require postponement for resource allocation.

The HPH Clinical Prioritization Committee’s function is to align clinical project prioritization with HPH’s mission and the Triple Aim to improve the quality and satisfaction of the patient experience, improve the health of populations and reduce the per capita cost of health care.

Oversight of the HPH Clinical Prioritization Committee is provided by the HPH Clinical Guidance Committee, which reports to the HPH Alapono Committee. The Chair of the HPH Clinical Prioritization Committee is appointed by the HPH Clinical Guidance Committee and is a member of that committee.

Governance Structure:



What's Next?

With health care's changing landscape, both locally and nationally, these projects may evolve, and even change, but this initial list and the principles followed to approve the included projects will help guide us on our journey through health care transformation.

We will continue updating you on progress made, and we encourage you to get involved in supporting these efforts. We can't do it alone. We need each and every one of you. Together, we will create a healthier Hawaii for both our patients and each other.

Patient Attribution Added to Epic Header

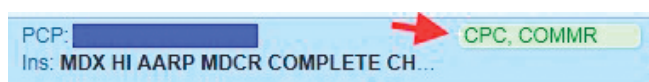
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A new field was added to Epic earlier this month to identify whether a patient has been attributed to a specific provider. This new feature supports efforts related to HMSA's Payment Transformation, as well as the Centers for Medicare and Medicaid Services' Comprehensive Primary Care Plus (CPC+) program, which tie patient attribution to payment (click here to read more about the patient attribution process).

The new feature appears in a green bubble, located to the right of the PCP field, and identifies the payer programs in which the patient is enrolled. If the patient is not enrolled, no green bubble will appear. If the patient is enrolled in more than one program, the programs will appear separated by a comma.

The HMSA programs are "COMMR" for commercial, "AKAMA" for Medicare Advantage, and "QUEST" for HMSA QUEST. CPC+ patients will have "CPC."



Better Together: Clinical Forum Recap

The April 19 inaugural HHP Clinical Forum included 120 attendees, lots of networking and some interesting discussion around ways HHP physicians can work better together across the system. Centered around three short videos highlighting personal stories from Drs. [Geri Young](#), [Donald Saelinger](#) and [John Balfour](#), the moving roundtable discussions proved a useful format for introducing attendees to one another and stimulating some interesting and important conversation.

Almost every attendee (98 percent) said they found the forum helpful and left the meeting more aware of others in the HHP network. What's more, 97 percent said they were interested more aware of others in the HHP network. What's more, 97 percent said they were interested in having other similar opportunities in the future.

Comments included:

- "Was really good talking to other doctors/specialists/PCPs. Need to do this more. Collaboration can only happen when you know each other well/better."
- "Very enlightening as to other physicians' views/challenges/solutions."
- "Great collaboration among HHP members, loved it."
- "Great to meet all the different physicians in all fields."

Plans are currently underway for the next HHP Clinical Forum. Stay tuned for more.



Be on the Lookout!

A few things to watch for in the coming weeks:

- **QPP/SSP quarterly progress reports** – In the coming weeks, many of you will receive a report via email summarizing your Q1 performance under the HHP Quality Performance and Shared Savings bonus programs. This report details your points earned through March 31, 2017, and will be the first in a series of quarterly reports you'll receive throughout the year. In some cases, we will also include a "fallout" report detailing patients who were eligible for certain measures but were missed.

Please note that only those who have been eligible to earn points to date will receive a progress or fallout report. For more details related to the individual QPP and SSP measures, see the [2017 Program Guide for Physicians](#).

- **Behavioral health needs assessment** – HHP PCPs should have received an email last week with a link to a short survey intended to identify the behavioral health-related needs of our PCPs. The HHP Behavioral Health Integration Committee is conducting this short needs assessment to define how we support you, our members, in the coming year and beyond.

If you are a PCP who did not receive the related email, and you would like to take the survey, please email us at info@hawaiihealthpartners.org. Mahalo in advance for your participation!

- **HHP network resource** – We are working to improve our network resource by adding important information for our specialist physicians. This includes information about the population you treat, your primary and secondary locations, special interests and more. You'll be receiving related emails in the coming weeks from HHP leadership, as well as other physician leaders. Your help with these efforts to strengthen the network is greatly appreciated.
- **2017 Annual Meeting** – Aug. 29, 2017, 5:30-8 p.m. at the Hilton Hawaiian Village and Sept. 21, 2017, 5:30-8 p.m. at Wilcox Medical Center. Save the date!

HHP Welcomes New Members

HHP would like to welcome the following individuals who were recently appointed by the HHP Board of Managers as a new member of the organization:

- [Kenneth K. Chang, MD](#), Ophthalmology, Independent
- [Douglas F. Chu, MD](#), Ophthalmology, Independent
- [Russell N. Harada, MD](#), Vascular Surgery, Independent
- [Briana J. Lau-Amii, MD](#), Surgical Oncology, Pali Momi Medical Center
- [Luis C. Omphroy, MD](#), Ophthalmology, Independent
- [Shandhini Raidoo, MD](#), Obstetrics & Gynecology, Kapiolani Medical Specialists
- [Susan M. Rinaldi-Weldon, PA-C](#), Physician Assistant, Kapiolani Medical Specialists
- [Ronald H. Yanagihara, MD](#), Hematology/Oncology, Straub Medical Center

Questions? Contact us at info@hawaiihealthpartners.org

HAWAI'I HEALTH PARTNERS

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