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Feature Article: Team-based Care Allows Physicians to Maximize

Physician-led, team-based care engages a greater number of staff in patient care and affords physicians the time they need to listen, think deeply and develop relationships with patients, according to the American Medical Association (AMA). It better equips other team members to be more aware of the patient's health history and answer between-visit questions, calls and messages, allowing the physician to get more out of his/her time with the patient.

Many organizations throughout the country are seeing the benefits of using a team-based model and, closer to home, physicians at Kaua'i Medical Clinic have seen immediate improvements with the addition of a nurse practitioner to the care team.

The Patient Visit Under Team-based Care

The AMA, which provides [these learning modules](#) for implementing team-based care, lists [pre-visit prep](#) as a cornerstone of effective team-based care and provides the following framework for the new patient visit:

1. First, the nurse or MA updates the medical record, closes care gaps and obtains an initial history.
2. When the physician joins the appointment, the nurse, MA or documentation specialist helps document the visit.
3. At the end of the visit, that team member then emphasizes the plan of care and conducts motivational interviewing and education with the patient.

Using this model, the nurses and MAs become more knowledgeable about the treatment plan and can more effectively coordinate between-visit care and develop closer relationships with patients and their families.

[According to the AMA](#), practices can do the following to support this process:

- **Expand rooming and discharge protocols.** This leverages the skills and training of staff to perform additional tasks and responsibilities associated with the patient visit and allows physicians more time to interact with patients.
- **Implement team documentation to further streamline the patient visit.** A clinical or clerical assistant can accompany the physician in the exam room and help document visits.
- **Use the annual visit to synchronize prescription renewals.** The physician can indicate which chronic medications may be refilled for the entire year and which to modify or discontinue. This can reduce the number of calls and work that comes with frequent renewal requests, says the AMA. The physician exits the room, reviews the notes, makes any modifications and signs the note, and is ready for the next patient visit.
- **Use the end of the visit to plan the next visit.** According to the AMA, planning for the next visit should occur at the conclusion of each visit. Clarify upcoming appointments and the lab and diagnostic work that should be completed before the patient returns. This helps the patient to leave the visit with a sense of commitment and support from the care team.

There is no one-size-fits-all when it comes to team-based care, and the AMA framework is just one example. What is consistent is the emphasis on using other staff to address more routine communications, follow-up and even care, to allow the physician to get the most out of time with the patient.

Kaua'i Medical Clinic (KMC) Improves Access Through Addition of NP

KMC's Kapaa clinic has had recent success with the addition of Nurse Practitioner [Katrina Dembeck](#).



"We have patients coming from all over the island and we were getting busier and busier," says [Erin Gregg Newman, MD, FAAP](#), one of the two physicians at the clinic. "We were focused on seeing more patients while maintaining high levels of quality care and patient satisfaction... and not going insane."

Newman, who has been with KMC for four years and treats both adult and pediatric patients, was working with her partner, [Tracey Richardson, MD](#), to squeeze appointments into nonexistent spaces and weren't always seeing patients when they would have preferred – in some cases, referring to urgent care or directly to specialists without seeing them first. Something had to change.

The clinic added Dembeck at the beginning of 2017 and has already seen major improvements in efficiency, patient satisfaction and even outcomes.

"Our access score was the lowest of the KMC clinics but is now improving," says Newman, and the clinic is receiving a lot of positive feedback from patients.

Dembeck supports both Newman and Richardson, taking on last-minute appointments and addressing routine tests and exams, like Pap smears and diabetic foot exams. She is also able to follow up on missed labs and appointments.

"We have more flexibility and are able to address the priorities of both the physician and patient," says Newman. "We are also better able to address patients who have fallen through the cracks and missed appointments and/or important tests."

Newman and Richardson are gaining time to spend on the right things – following up with patients via email, chart review, etc. "The quality of my day has improved, and it's motivating to see patients happy and taken care of," says Newman. "I spend less time triaging, and I know I have fewer open charts than before."

"We may never have enough physicians," she says. Midlevels can be the key to filling in the gaps and avoiding physician burnout. "Because if physicians burn out, what will happen to the patients?"

Q1 2017 QPP/SSP Summary Reports

By now, many of you should have received a report via email summarizing your Q1 2017 performance under HHP's Quality Performance and Shared Savings bonus programs (only those eligible to earn points in Q1 2017 received reports). We're happy to announce that this will be the first in a series of quarterly reports you'll receive throughout the year, to help you keep track of your performance under the bonus programs and address areas for improvement.

In some cases, we also attached "fallout" reports detailing patients who were eligible for certain measures but were missed (if you do not receive a fallout report, there was not one available).

For some measures, it may not have been possible to earn points during Q1. Progress toward the goal was displayed in the report.

A few other things to note:

- **Ambulatory Management of Chronic Kidney Disease (QPP):** Attestations must be four months apart, so it was not possible to earn the point in Q1.
- **Advance Care Planning in the Ambulatory Setting (QPP):** The HHP measure is an annual measure and now includes all attributed patients over the age of 65. Due to the large number of eligible patients under this measure, we did not generate a fallout report.
- **Use of HHP Dashboard (SSP):** Physicians need to log in monthly for 10 months to earn the point, so it was not possible to earn the point in Q1.
- **Depression Screening (SSP):** You will receive credit for using the PHQ-2, since the PHQ-4 is not yet available. Due to the large number of eligible patients under this measure, we did not generate a fallout report.

For more details related to the individual QPP and SSP measures, see the [2017 Program Guide for Physicians](#). If you have any questions or concerns related to your report or performance to date under the bonus programs, please email info@hawaiihealthpartners.org. We will work to respond in a timely manner.

HCC Coding Tip of the Month: Status and Co-existing Conditions

Accurate patient data is essential to ensuring success with care programs, coordination and payment. This includes having an accurately coded problem list. It occurs fairly often that many important diagnoses get left off the medical record. They are not often the reason for an encounter. However, when appropriately addressed or assessed during an encounter or annual check-up, the conditions/ICD-10 codes below should be documented and coded.

(The list below is not an all inclusive list of status and co-existing conditions.)

Condition	ICD-10 Code(s)	HCC Group	HCC Weight
Hemiplegia	G81.90-G81.94	HCC:103	Wt: 0.581
Paraplegia	G82.20-G82.22	HCC: 71	Wt: 1.052
Quadriplegia	G82.50-G82.54	HCC: 70	Wt: 1.234
Amputations (toe[s], foot, ankle, knee)	Z89.411-Z89.619	HCC: 189	Wt: 0.779
Organ Transplants Status	Z94.0-Z94.81	HCC: 186	Wt: 0.891
Alcoholism in remission	F10.21	HCC: 55	Wt: 0.420
Dialysis Status	Z99.2	HCC: 134	Wt: 0.476
Asymptomatic HIV	Z21	HCC: 1	Wt: 0.470
Attention to artificial openings	Z43.0-Z43.9	HCC: 188	Wt: 0.651
Ostomy status	Z93.0-Z93.9	HCC: 188	Wt: 0.651
BMI > 40.0, adult	Z68.41-Z68.45	HCC: 22	Wt: 0.365
Long term current use of insulin	Z79.4	HCC: 19	Wt: 0.118

Charting Tips

- Document explicitly for all conditions being addressed. Documentation must be complete now more than ever with ICD-10 implementation.
- Do not list a diagnosis in the assessment unless some form of treatment or status is documented to show that you have addressed each condition during the encounter.
- Make sure all codes reported for the encounter match what's charted for that date of service. Code all documented conditions that coexist at the time of the encounter/visit AND require or affect patient care/ treatment management.

Epic Practice Pearl: Widescreen View

Have you transitioned to Epic's widescreen view?

Widescreen view is the first step to gaining Epic efficiency for your clinic practice.

"The widescreen format has allowed me to search through the patient's chart to review labs/consult notes/radiology reports and my prior notes while I type and take notes for the current visit on the other screen. I am able to cut and paste portions of prior notes/reports into my current note with much less delay than in the past. It allows me to customize location of the tabs in the PLAN and WRAP UP sections of the chart to allow for minimized scrolling after I am done

with my note, so I can close the chart with fewer clicks and less wasted time." – [Rebekah Fu, MD](#), Internal Medicine, Straub Medical Center

Contact Jerome Lee, MD, at jeromel@kapiolani.org to set up your one-on-one session to help you transition.

Annual Meeting: Save the Date!

The 2017 HHP annual meetings will be:

- Aug. 29, 2017, 5:30-8 p.m. at the Hilton Hawaiian Village Waikiki Beach Resort.
- Sept. 21, 2017, 5:30-8 p.m. at Wilcox Medical Center.

This year's program will focus on the relationship between HHP and Hawai'i Pacific Health (HPH), the role HHP plays in both leading and supporting HPH's strategic goals, and examples of related work done to date. There will also be more opportunities to connect with your HHP colleagues, with an opening networking period and the second half of the program dedicated to roundtable discussions.



Don't miss out! Stay tuned in the coming weeks for more information, including online registration, and email info@hawaiihealthpartners.org if you'd like to register early.

HHP Network Resource Updated

HHP has updated our new [network resource](#), designed to help improve network awareness and assist physician members and their staff with patient referrals.

In addition to [HHP's Physician Directory](#), the new [network resource](#) can be used to search HHP members by specialty and features contact information, whether the physician is on Epic, and additional office details and notes.

Please share this [network resource](#) with your staff and don't hesitate to send suggestions for improving the tool to info@hawaiihealthpartners.org. However, please note that this is a work in progress and will not have all the information right away for everyone.

We hope you find this resource useful in your efforts to provide the right care to your patients.

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 of the organization:

- [Gregory H. Chow, MD](#), Orthopedic Surgery, Pali Momi Medical Center
- [Katrina M. Dembeck, NP](#), Nurse Practitioner, Kaua'i Medical Clinic
- [Rick Y. Hayashi, MD](#), Nephrology, Independent
- [David V.F. Hefer, MD](#), Hospitalist - Internal Medicine, Kaua'i Medical Clinic
- [Cathy K. Bell, MD](#), Child and Adolescent Psychiatry, Independent
- [Rainier D.D. Bautista, MD](#), Family Medicine, Independent
- [Michael S. Braun, MD](#), Internal Medicine, Independent
- [Thomas G. Capelli, DO](#), Internal Medicine, Independent
- [Paul T. Esaki, MD](#), Family Medicine, Independent
- [Edward S. Lanson, MD](#), General Medicine, Independent
- [Raymond J. Martinez, DO](#), Family Medicine, Independent

May corrections:

[Shandhini Raidoo, MD](#), Obstetrics and Gynecology, UCERA

[Susan M. Rinaldi-Weldon, PA-C](#), Physician Assistant, UCERA

Questions? Contact us at info@hawaiihealthpartners.org

HAWAII HEALTH PARTNERS

1100 Ward Avenue, Suite 670 | Honolulu, HI 96814 | 808-587-5808