HAWAI'I PACIFIC HEALTH | HAWAI'I HEALTH PARTNERS

Creating a healthier Hawai'i

MEMBER NEWSLETTER SEPTEMBER/OCTOBER 2017

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Feature Article: Our Path Forward, Aiming High and Strategically Pivoting Direction

Dear Colleagues,

This year has seen much change in health care delivery with the transition to HMSA's Payment Transformation. We are well into our first year and HHP is fully committed to help our PCPs through such changes. As the state's first Accountable Care Organization (ACO), we embrace our role to provide the support you need and make process improvements as necessary. Together we have the opportunity to lead healthcare and payment transformation.

We recently held our 4th Annual Membership Meetings at the Hilton Hawaiian Village Coral Ballroom on O'ahu and at Wilcox Medical Center on Kaua'i. Attendance was terrific - record breaking, in fact. This was a milestone in our effort to unite, motivate, and collaborate in "Creating a Healthier Hawai'i." Below are some of the highlights.

HHP Role and Relationship with HPH

Hawai'i Health Partners and Hawai'i Pacific Health are joined at the hip in the commitment to leading care delivery transformation. HHP and HPH are committed to supporting provider members to achieve Patient-Centered, High-Value Care, to manage their patient population across the entire spectrum of clinical care, and succeed with Payment Transformation and Value-Based Reimbursement.

At the annual meetings, Ray Vara laid out the HPH direction and resolve and his confidence in physicians to lead the change, emphasizing that patients and their care comes first. HHP is the vehicle created to help physician leadership move forward on the path to success, and HPH leadership and administration are taking big strides in moving to support physician-led change. Dr. Lee and I followed with a description of HHP's actions, both what's been accomplished this year, and specific steps we will all take together in the coming year.

Engaged Members

The primary goal of this meeting was to bring together our provider members and leaders to share in an open dialogue and collaborate on how to gear up and lead transformation in health care. One of the clear highlights of these meetings was the high energy and engagement in the small group discussions. The diverse opinions and creative ideas from these roundtable discussions is extremely valuable and very insightful. As demonstrated that evening, HHP physician members play an important role in helping uncover and solve opportunities to improve quality, appropriateness and efficiency of care.

Record Breaking Physician Attendance!

We wish to applaud and thank you for your attendance at these events. Despite untimely weather on O'ahu we had great attendance with over 240 of you present and fully engaged. Percentage-wise, Kaua'i had an even better turnout with 60 of the 105 Kaua'i HHP members attending! Your participation helped to make this event a true success, and your enthusiasm and energy made our time together both productive and fun. Your positive response to the call for your leadership to "take the ball" and vision laid out by Ray Vara is both inspiring and impressive.

Our Providers Make a Difference

Thank you for sharing your ideas, and for inspiring each other to "take the ball" and get involved. The prep work is over. This year is about proving our ability to strategically pivot our operations, leading to new opportunities in population care and, ultimately, success with capitated contracts.

HHP leadership is very proud to serve each and every one of you. We are especially thankful for the care you provide to our patients and their families.

Sincerely,

Gerard Livaudais, MD, MPH, FACP - Vice President, Hawai'i Health Partners

HHP and HMSA Partnership: Payment Transformation is here to stay

The shift in reimbursement from traditional Fee-For-Service (FFS) to value-based methodologies means health insurers will tie an increasing portion of revenue to outcomes performance rather than purely the delivery of services. Our relationship with HMSA offers many opportunities to design and influence new payment models. For example, there are administrative "dyad teams" populated by staff of both organizations. These joint teams work together to improve working functions with items such as medical management, data sharing, quality measure definitions, claims processing and community affairs.

Another example of this is a new Medicare Advantage insurance product named Essential Advantage that was jointly developed by HPH and HMSA and is now enrolling members. This HMO product relies on the Hawai'i Health Partners network as its clinical core. Although starting small, it is an important precedent in the partnership between providers and insurers. As these examples demonstrate, our HHP partnership with HMSA is a huge advantage and a key to success.

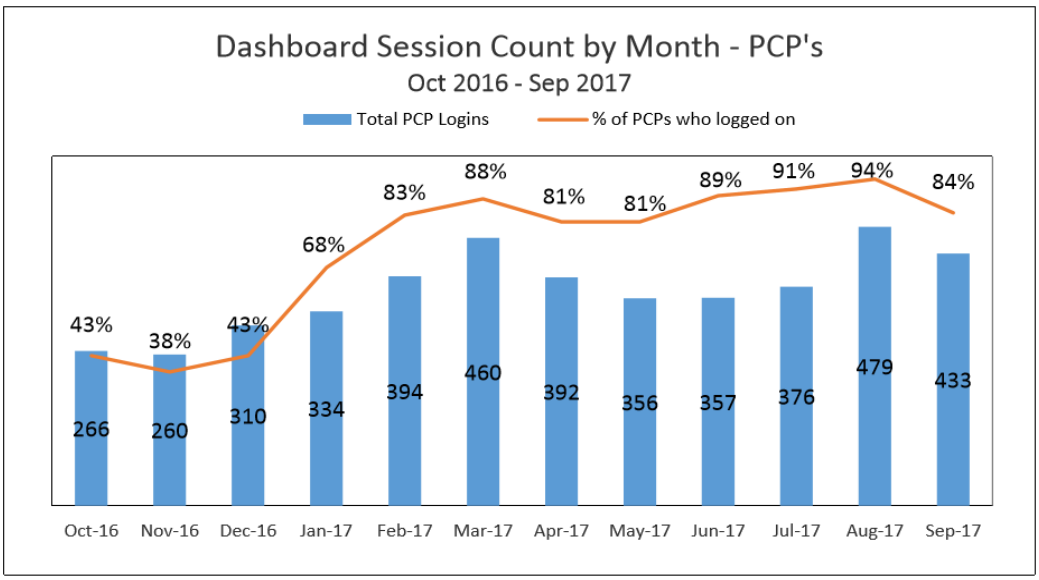
There are similar changes occurring with other plans too. In 2018, CMS intends to spend 50% of its Medicare FFS payments through alternative payment models (APMs) and tie 90% of its FFS payments to quality. HHP will continue to provide education, support tools and resources to our provider members. We ensure timely access to data and analytics support to help you engage in population health management while sharing risk for FFS dollars dependent upon the achievement of mutually agreed-upon quality benchmarks and other measures.

We understand that leading transformation will mean succeeding with capitation, and that the developments noted above with HMSA and Medicare are stepping stones on the path to capitation. HHP aids our members' success in the current state of value-based healthcare by identifying and quantifying opportunities to improve population outcomes, by supporting care improvement and transformation, and by strengthening care coordination and integration. But none of this happens without physician leadership. 2018 will see physician leaders' pivot towards patient-centered and team-based care. The patient-physician relationship will focus on the "experience of care" where shared decision-making is joined with clinical expertise and best practice standards. The emphasis will be to work smarter. As we make this transition we'll be much better prepared for capitation.

Hawai'i Health Partners Primary Care Dashboard

The Hawai'i Health Partners Primary Care (HHP PCP) Dashboard continues to provide our Primary Care Physicians (PCPs) with relevant information regarding quality metrics and total cost of care. The intention is to provide PCPs with a broad snapshot of their practices with views dedicated to defining and describe the composition of the patient panel. PCPs have the capability to view performance on pay-for-quality measures as well as monitor important patient-level information - for example, drill down lists of patients with high emergency room use or at risk for chronic kidney disease.

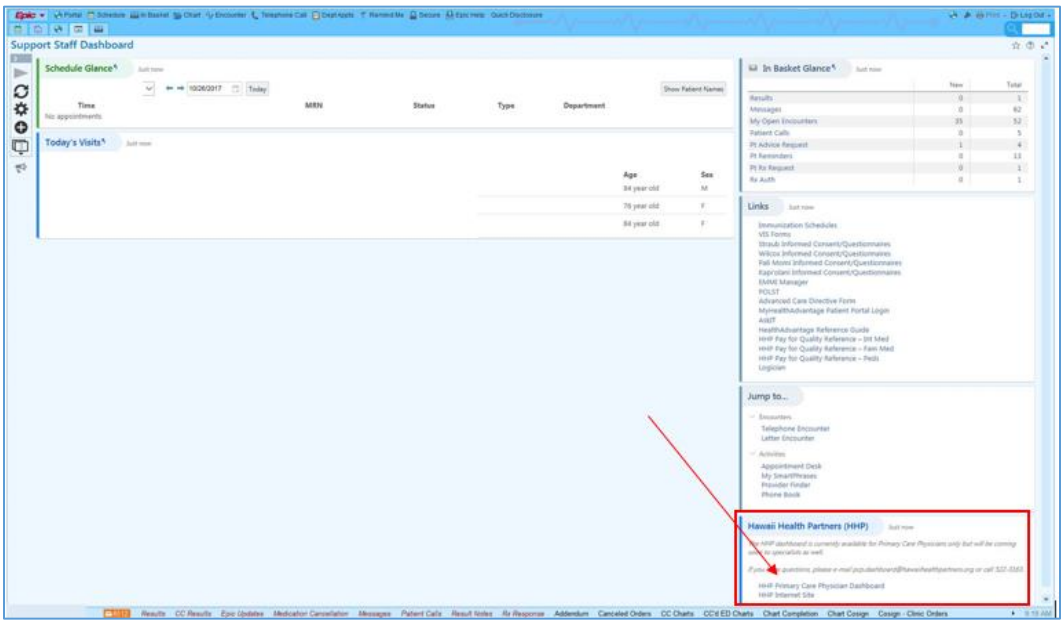
The Shared Savings Program (SSP) recognizes the HHP PCP Dashboard as an important practice tool. Since introducing the HHP PCP Dashboard, uptake was good and has been sustained. August 2017 was the most successful month in the past year with 94% of PCPs logging into the HHP PCP Dashboard!



The dashboard data comes from a variety of sources with updates at the beginning of each month. However, some sections are subject to lags in data availability such as Medical Cost Trend and Potentially Avoidable ED. Since these two sections are based on paid HMSA claims, they are subject to a three month data lag (the time it takes for all the claims to be completely paid).

Where and How to Access the Dashboard

The dashboard is available in Epic under the "Provider Reporting Homepage" via hyperlink entitled "HHP Primary Care Physician Dashboard." Clicking the hyperlink will open the dashboard in your existing Epic Screen.



We hope you continue to find the HHP PCP Dashboard a useful tool for your practice and welcome any feedback to improve the experience. For questions or feedback contact Melanie Nordgran at (808) 522-4130 or Melanie.Nordgran@hawaiihealthpartners.org

HCC (Hierarchical Condition Categories) Coding Tip of the Month: Diabetes

Simply put, accurate coding of a patient's severity is vital.

Without accurate coding, patients are missed who could benefit from services or programs that address their needs (e.g. cancer surveillance, complex care, etc.), and payments can be less than needed to adequately care for the level of complexity.

Documentation is vital to HCC coding accuracy and assignment. Every diagnosis reported as

an active chronic condition must be documented with an assessment and plan of care. Applying the "MEAT concept" will allow you, the provider, to be confident that your documentation meets with HCC coding accuracy.

Definition of MEAT:

- **Monitor:** Signs, symptoms, disease progression, disease regression
- **Evaluate:** Test results, medication effectiveness, response to treatment
- **Assess/Address:** Ordering tests, discussion, review records, counseling
- **Treat:** Medications, therapies, other modalities

Documentation to support diabetes coding:

It shouldn't be a surprise that diabetes with complications carries a higher severity weight than without complications:

HCC 17:	**Diabetes with Acute Complications**	**Weight: 0.368**
HCC 18:	**Diabetes with Chronic Complications**	**Weight: 0.368**
HCC 19:	**Diabetes without Complication**	**Weight: 0.118**

Documentation should clearly state that the patient has diabetes and describe any complications associated with it. Clearly establishing the causal relationship between the condition is important when it is the provider's impression that diabetes has caused one or more complications. Words that are helpful to create this relationship are "due to", "because of", "secondary to" or "related to". Providers may also use the word "diabetic" to show that diabetes is the root cause of the manifestation. **The following list provides details used to determine correct coding. For example, is the diabetes...?**

- Type 1 or Type 2
- Secondary to another condition
- With ketoacidosis
- With hyperosmolarity
- With or without coma
- With renal manifestations
- With ophthalmic manifestations
- With peripheral circulatory disorders
- With specified manifestations (ulcer & location, chronic ulcer)
- With hyperglycemia
- With or without complications
- With specified complications

Samples ICD-10 diagnosis codes that fall under HCC risk adjustment:

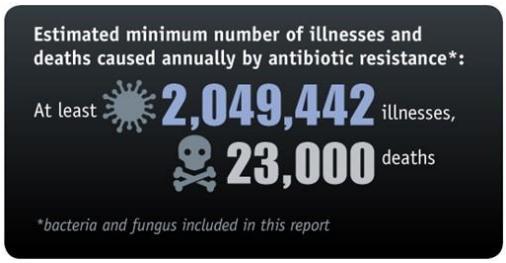
- E08.319 Diabetes mellitus due to underlying condition w/unspecified diabetic retinopathy without macular edema (HCC 18)

- E09.10 Drug or chemical induced diabetes mellitus with ketoacidosis without coma (HCC 17)
- E11.22 Type 2 diabetes mellitus w/diabetic chronic kidney disease (HCC 18)
- E11.65 Type 2 diabetes mellitus with hyperglycemia (HCC 18)
- E11.9 Type 2 diabetes mellitus without complication (HCC 19)
- E11.69 Type 2 diabetes mellitus with other specified complications (HCC 18)
- E13.40 Other specified Type 2 diabetes mellitus with diabetic neuropathy, unspecified (HCC 18)

HPH Strengthens Commitment to Antimicrobial Stewardship

More than two million illnesses and 23,000 deaths occur each year due to antibiotic resistance, and misuse of antibiotics leads to an increase in that resistance.

Effective January 1, 2017, all Hawai'i Pacific Health (HPH) hospitals were required to establish Antibiotic Stewardship Programs (ASPs). Such programs are proven to decrease mortality, incidence of *Clostridium difficile*-associated diarrhea, length of stay, overall antibiotic resistance within the facility and overall costs.



HPH ASP Core Elements

HPH is committed to the following:

- **Leadership commitment:** Dedication of necessary resources.
- **Accountability:** Appointment of a physician leader.
- **Drug expertise:** Appointment of a pharmacist leader.
- **Action:** Interventions to ensure patients receive the right antibiotic, at the right dose, at the right time, through the right route and for the right duration.
- **Tracking:** Ongoing monitoring of antibiotic prescribing and resistance patterns.

- **Reporting:** Regular reporting of antibiotic use, resistance patterns and program outcomes.
- **Education:** Updates on antibiotic prescribing, antibiotic resistance and infectious disease management.

HPH participates in the Hawai'i Antibiotic Stewardship Collaborative, Hawai'i's statewide ASP collaborative, and there are Epic tools to support appropriate antibiotic prescribing, including the following:

- HPH disease-based order sets (sepsis, pneumonia, cellulitis, and pyelonephritis).
- Indications on antibiotic orders.
- Dual anaerobic alert.

There are also established ASP interventions at HPH facilities, including:

- Antibiotic timeouts for linezolid, meropenem, and Zosyn.
- Antibiotics requiring ID approval for use beyond 24 hours.
- Rapid diagnostic testing.
- Infectious disease rounds reviewing broad spectrum and high cost antibiotics.

ASP committees at each site meet and report out regularly. At a minimum, the ASP committee is composed of an infectious disease physician, an infection preventionist, a pharmacist and a practitioner.

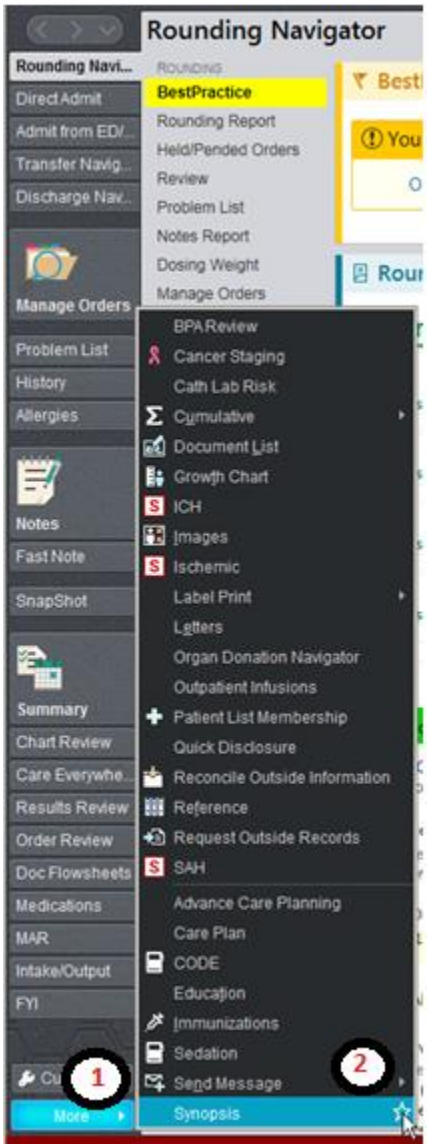
For more information, contact a physician and/or pharmacist site lead:

Site	ID Physician Lead	Pharmacy Lead
HPH	Doug Kwock, MD	Jen Dacumos, PharmD, MBA Brandon Wong, BSN, MBA
KMCWC	Natascha Ching, MD	Len Yonemura, PharmD
PMMC	Willis Chang, MD	Carlotta Meier-Irving, PharmD, MS
SMC	Brian Pien, MD	Joy Matsuyama, PharmD, BCPS Laura Ota, PharmD
WMC	Heidi Hillesland, MD	Kent Kikuchi, RPh, MBA Karen Sison, PharmD

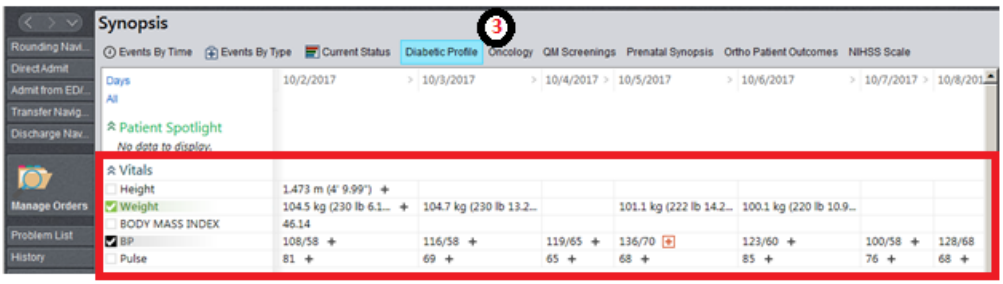
Epic Practice Pearl: Viewing Vitals Across Encounters

Using the Synopsis Activity:

1. **Click on "More (Activities)".**
2. **Then Click on the Star to the right of "Synopsis** -This will Open and Anchor Synopsis to your Activity List.



3. **Click on "Diabetic Profile"** - This is a synopsis of information pertinent to reviewing the status and the continuum of care for a diabetic... Vitals are a component... and you may review the patient's vitals and weight and height over time/over encounters quickly here.



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

Upcoming & Recorded CME

Next HHP Grand Rounds CME:

Tools for your practice: Pediatric Subspecialty Guidelines with Rhiana Lau, MD and Kara Yamamoto, MD. Please join us on November 15 at Kapi'olani Medical Center for Women and Children, Diamond Head Tower, Conference Rooms 6 & 7, 12:00 - 1:00 p.m.

Recent Presentations:

- Avoidable Hospital Admissions
- Patient-Centered Surgical Home
- Epic 2017 Upgrade Training (available via secure Physician Login+)
- Specialty Referral Guidelines

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:

- Carrie L. Fitzgerald, D.O., Urology, Wilcox Medical Center
- David S. Ansdell, M.D., Diagnostic Radiology, Kapi'olani Medical Center for Women and Children
- Ashley M. Cowan, M.D., Pediatrics, Kapi'olani Medical Center for Women and Children
- Marta L. Derieg, M.D., Pediatrics, Kapi'olani Medical Center for Women and Children
- Camilla L. Fraga Lovejoy, M.D., Pediatric Gastroenterology, Kapi'olani Medical Center for Women and Children
- Paul J. Kim, M.D., Endocrinology, Straub Medical Center
- James C. Lai, M.D., Ophthalmology, Pali Momi Medical Center
- Michael JK Shigemasa, M.D., Anesthesiology, Straub Medical Center
- Se Kon Won, M.D., Cardiology, Straub Medical Center
- Timothy J.H. Curlett, M.D., Emergency Medicine, Pali Momi Medical Center
- LeAyn J. Dillon, D.O.,OB-GYN, Straub Medical Center
- Kersten T. Milligan, M.D.,Emergency Medicine, Pali Momi Medical Center
- Michelle H. Miyashiro, M.D.,Hematology/Oncology, Straub Medical Center
- David T. Nguyen, D.O.,Neurology, Pali Momi Medical Center
- Komal S. Soin, M.D.,Family Medicine, Pali Momi Medical Center
- Eludrizza U. Tabisola-Nuesca, NP, Nurse Practitioner,Kapi‘olani Medical Center for Women and Children
- Charles N. Weber, M.D.,Diagnostic Radiology, Pali Momi Medical Center
- Rajive Zachariah, M.D.,Internal Medicine, Straub Medical Center

Questions? Contact us at **info@hawaiihealthpartners.org**

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