

MEMBER NEWSLETTER

Summer 2018

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HHP 5th Annual Membership Meeting

Each year Hawai'i Health Partners (HHP) organizes a meeting that convenes executive leadership, clinical leaders and medical members of the community.



The annual meeting features Hawai'i Pacific Health CEO & President, Ray Vara, important organization ACO updates, a roundtable discussion, and

is a networking opportunity for all clinical specialties. The theme of this year's annual meeting is "Taking the Lead: Developing an Effective Clinically Integrated Network."

The 5th annual Membership Meeting will be held on both O'ahu and Kaua'i, with members from the Big Island joining their colleagues at the O'ahu meeting.

New this year is a panel presentation featuring members of the Straub Gastroenterology team sharing their progress in creating new and accelerated ambulatory options for gastrointestinal



hemorrhage, as well as a special community roundtable discussion led by HHP Medical Director, Dr. Andy Lee. There is also a change in venue on Kaua'i this year, moving from the Wilcox Medical Center to the Kaua'i Marriot Resort .

This meeting is an opportunity for members to earn a HHP Shared Saving Program point and expand their understanding of other HHP member opportunities. Dinner and cocktails provided.



Register **NOW!** cvent.com/d/ttqyh2/4W

On July 4th, the 2018 Specialist Referral Survey was opened to all HHP members. This HHP survey was created to foster visibility for referral specialists and their practice, as well as awareness of the HHP network. We hope that specialists will see this survey as an opportunity to understand their colleagues' referral experience with their practice. To view the survey questions login to the 'Physicians Login' in the HHP website ([click here to login](#)).

This is HHP's inaugural launch of the survey, kick-starting the 6-month timeframe for members to fulfill the "Participation in HHP Specialist Referral-Base Survey" measure of HHP's Shared Saving Program (SSP). The survey is a point earning opportunity for eligible specialists receiving referrals. Eligible specialists are encouraged to reach out to their referring physicians to encourage their participation. However, any HHP physician can complete a survey on any eligible specialist.

Although this survey is a SSP measure, it is not a performance review. Earning the point is not based on the survey results, but on meeting the performance target of 5 completed surveys before the survey closes on **December 31, 2018**.

Survey FAQs

Is this survey anonymous?

Survey results are completely anonymous and will not be released to anyone (i.e. HHP/HPH leadership, CMOs, staff... etc.). Only the specialist will see them. To ensure honest and candid feedback, respondent identities will remain confidential.

I'm an eligible specialist, how do I participate?

Send personal participation request emails to providers with whom you have a referral relationship and ask to complete a survey on your behalf, copy Info@hawaiihealthpartner.org

How do I find provider email addresses?

Send your email address requests, with referring provider names, to Info@hawaiihealthpartners.org.

How many completed surveys do I have?

Every month (until January 2019), HHP will email a response rate report containing the names of all eligible specialists along with their current number of completed surveys.

How do I take the survey?

To take the survey click the link below
surveymonkey.com/r/2018hhpspecialistsurvey
OR copy and paste it in your web browser.

Can I take the survey more than once?

Yes. Visit surveymonkey.com/r/2018hhpspecialistsurvey to take the survey.

For more information or questions about the survey, email Info@hawaiihealthpartners.org or call (808) 587-5808.

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Specialties eligible for SSP point

PEDIATRIC	SURGICAL	NON-SURGICAL
Pediatric Developmental / Behavioral	Cardiac / Thoracic Surgery	Allergy / Immunology
Pediatric Endocrinology	General Surgery	Cardiac Electrophysiology
Pediatric Gastroenterology	General Surgery / Breast	Cardiology
Pediatric Hematology / Oncology	Gynecology	Cardiology / Electrophysiology
Pediatric Infectious Disease	Gynecology / Oncology	Dermatology
Pediatric Nephrology	Neurosurgery	Endocrinology
Pediatric Neurology	Obstetrics & Gynecology	Gastroenterology
Pediatric Ophthalmology	Obstetrics / Gynecology	Geriatric Medicine
Pediatric Orthopedic Surgery	Ophthalmology	Geriatrics / Palliative Care
Pediatric Psychiatry	Ophthalmology Orthopedic Surgery	Hematology / Oncology
Pediatric Pulmonology	Otolaryngology	Hematology / Oncology
Pediatric Rehabilitation Medicine	Otolaryngology / ENT	Hospice / Palliative Medicine
Pediatric Rheumatology	Plastic Surgery	Hospice and Palliative Medicine
Pediatric Sports Medicine	Podiatry	Infectious Disease
Pediatric Surgery	Urology	Internal Medicine/ Infectious Disease
Pediatric Urology	Urology-Gynecology / Pelvic Reconstruction	Maternal / Fetal Medicine
	Vascular Surgery	Medical Genetics
		Nephrology
		Neurology
		Ophthalmology
		Pain Management
		Palliative Medicine
		Physical Medicine & Rehab
		Physical Medicine & Rehab / Sports Medicine
		Psychiatry
		Pulmonary Disease
		Pulmonology
		Radiation Oncology
		Reproductive Endocrinology / Infertility
		Rheumatology
		Sports Medicine

HHP Clinical Workgroups

Another point earning opportunity has been opened for 2018. HHP's Shared Saving Program (SSP) measure, "Participation in HHP Clinical Workgroups" provides a point earning opportunity for HHP members who come together to improve care on a focused topic of their interest - as long as there is a goal of improved efficiency, appropriateness or otherwise supporting outcomes for our HHP population.

Fulfilling the Measure

Once a chartered workgroup is approved by the HHP Quality & Clinical Integration (Q/CI) Committee, physicians who participate are eligible to earn points under the HHP Shared Savings and Quality Performance Program. The number of points is determined by the member's meaningful participation and (See 2018 Program Guide for Physicians).

How to Form a Workgroup

Generally workgroups form when someone sees data that confirms or suspects that there is an opportunity to improve care. The idea is explored with others. The idea takes shape, ultimately gets written up and presented to the QCI committee. All workgroups must be approved by the Q/CI committee. (Send your workgroup charter to Info@hawaiihealthpartners.org for review and approval by the Q/CI committee.)

What is the structure?

Workgroups: Each workgroup has a chair, a recorder, subject matter experts, and other system stakeholders or support personnel as appropriate. Both the chair and the members are approved by the HHP Q/CI Committee. Workgroups are small, typically more effective with 10 or fewer members.

HHP Q/CI committee: Provides high-level direction, support, and oversight to each workgroup in accordance with these expectations. Workgroups report to the HHP Q/CI committee and the HHP Medical Director (Dr. Andy Lee); and the Q/CI committee reports to the HHP Board of Managers.

Who can be on the workgroup?

Members should be selected by the workgroup chair as subject matter experts who are willing to assume some responsibility for both leadership and effort to achieve group objectives. However, all HHP members with interest in joining a chartered workgroup can offer their services. Willingness to promote the group's efforts should be a major selection criterion. Contact Info@hawaiihealthpartners.org for the workgroup chair job description.

I'm already in a workgroup; can I earn points?

Preexisting workgroups may also apply for and be granted a charter if a) their objectives align with the Q/CI committee's goals as they relate to quality and/or shared savings, b) they are willing to provide reports and be accountable to the Q/CI committee, and c) the program does not repeat another existing HHP workgroup. The Q/CI committee will review the proposed work group charter as they would any other project and decide on whether the work being proposed is aligned with clinical workgroup guiding principles and objectives of the HHP Quality Program.

Expectations

Chartered workgroups are expected to submit activity reports to the chairperson of the HHP Q/CI committee on a quarterly basis. Chairs or their designee will be invited to present directly to the committee. For more information on starting a clinical workgroup, contact us at Info@hawaiihealthpartners.org.

Avoidable Emergency Department Visits (Appropriate ED Visits)

In our 2014 spotlight article¹, 37% of ED visits amongst HHP's commercial population were categorized as "potentially avoidable", and could likely have been taken care of in a primary care visit. For perspective, an ED visit costs \$777 compared to a primary care office visit's cost of \$152.

Our goal is to have less than 31% of ED visits be "potentially avoidable", and there is a performance measure with bonus potential for exactly this goal (see measure definition below). As of April, 2018 our 12 month rolling average of "potentially avoidable" visits was 33%. This 4 percent decrease over a course of three years is good movement in the right direction, but we still have a ways to go.

One of the keys to success is recognizing which avoidable clinical situations are common. As shown in the table below, URI, Dizziness and UTI are the most frequent avoidable diagnosis.

Table 1: Potentially avoidable ED visit prevalence by Diagnosis

Top 10 Avoidable ED Diagnoses*
1. Dizziness and giddiness
2. Headache
3. Urinary tract infection (site not specified)
4. Acute upper respiratory infection (unspecified)
5. Nausea with vomiting (unspecified)
6. Cough
7. Pneumonia (unspecified organism)
8. Low back pain
9. Vomiting (unspecified)
10. Non-infective gastroenteritis and colitis (unspecified)

*As of April 26, 2018

Initial HHP strategic initiatives to reduce preventable or avoidable ED visits included primary care redesign which focused on team-based care, expanding care delivery with access to alternative visits and improving ED/hospital discharge follow up. HHP has generated and helped distribute patient education materials to help guide appropriate access and point out the benefits and availability of urgent access.

There is a subset of patients who visit the ED very often – high ED utilizers. HHP's highest avoidable ED utilizers are commonly high-risk score patients, a patient population that can

be addressed by the primary care physician in collaboration with HHP's Complex Care program, to provide additional support and actively engage enrolled high risk patients. Our avoidable ED visits are consistent with a study published in Health Affairs² that noted the benefits of reducing avoidable ED visits by implementing multidisciplinary programs for high-utilizers that deliberately coordinated care and engaged community resources.

Collectively and with your help, we can guide patients to more efficient and effective access to care by raising awareness of this improvement opportunity. Thank you for your assistance and we'll be back with performance updates.

¹hawaiihealthpartners.org/media/1107/hhp-clinical-bulletin-avoidable-ed.pdf

²Capp, R., Misky, G. J., Lindrooth, R. C., Honigman, B., Logan, H., Hardy, R., . . . Wiler, J. L. (2017). Coordination Program Reduced Acute Care Use And Increased Primary Care Visits Among Frequent Emergency Care Users. Health Affairs, 36(10), 1705-1711. doi:10.1377/hlthaff.2017.0612

HHP QPP/SSP Measure Highlight

This measure is worth one SSP point for providers with a primary care panel. As noted above, there are several interventions aiming to assist with achieving this goal. In addition, there are tools such as the HHP PCP Dashboard to identify any recent ED visits.

AVOIDABLE ED UTILIZATION		
Shared Savings Program (p. 22-23 of 2018 Program Guide)		
Percentage of ED visits by HMSA Commercial attributed-patients that are "avoidable"		
According to NYU criteria during the 2018 calendar year.		
"Avoidable" shall be defined according to the NYU Avoidable ED algorithm to determine the likelihood for each ED visit for attributed lives for each PCP (attribution is based on the HMSA eligibility file). A visit is considered avoidable if the likelihood of that visit according to the		
NYU Avoidable ED algorithm to fall into the first three of the following four categories is 80% or more:		
1. Non-Emergent (ED level 1):		
The patient's initial complaint, presenting symptoms, vital signs, medical history and age indicated that immediate medical care was not required within 12 hours.		
2. Emergent/Primary Care Treatable (ED level 2):		
Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests).		
3. Emergent – ED Care Needed – Preventable/Avoidable (ED level 3		
Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.)		
4. Emergent – ED Care Needed – Not Preventable/Avoidable (ED level 4):		
Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g. trauma, appendicitis, myocardial infarction, etc.).		
Eligible Providers	Points	Performance Target
<ul style="list-style-type: none">Internal MedicineFamily MedicineGeneral PracticePediatricsAPRNS carrying a panel	1	<p>HMSA Commercial</p> <p>Avoidable visits less than 31% of total ED visits = 1 point (maximum)</p>

New & Noteworthy

Now Available! HHP Learning Modules

There are currently 2 learning modules available for completion. Click the link below to access them.

healthstream.com/hlc/hph

Forgot Your Password?

Click the 'forgot password' link or contact IT Service Desk at (808) 535-7010 for password reset assistance.

Forgot Your User ID?

Contact Michelle Zippay or Lori Watanabe at michelle.zippay@hawaiiipacifichealth.org, (808) 522-0062 or at Lori.Watanabe@hawaiiipacifichealth.org, (808) 535-7499.

Experiencing Technical Issues?

Employed Providers: Call the IT Service Desk at (808) 535-7010.

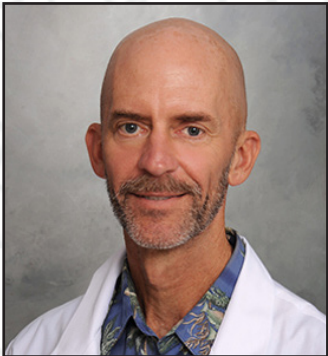
Independent Providers: Contact Healthstream 24-hour customer service directly at 1 (800) 521-0574.

New!

Learning Module #3: HPH APPROACH TO OPIOID ISSUES.
Be on the lookout for a GO-LIVE email from Info@hawaiihealthpartners.org



Matthew Nims, MD
Anesthesiology
Learning Module #1:
PERIOPERATIVE
SURGICAL HOME



Mark Baker, MD
Emergency Medicine
Learning Module #2:
CLINICAL DECISION
SUPPORT



Bennett Loui, MD
Internal Medicine



Melinda Ashton, MD
Pediatrics



Jennifer Dacumos, PharmD, MBA
Pharmacy Director

Results Are In! HHP Board of Managers Election

Thank you to everyone who voted in the 2018 Board of Managers Election. In casting your vote you made your voice heard about who you want to represent you, your practice and the issues that are important to you. The members of the HHP Board of Managers election are persons whose leadership and voice will help guide HHPs' strategic direction and work towards our mission for a healthier Hawai'i.

Congratulations to the following three candidates who began their three year term of service in June.

Elected Managers	Specialty	Facility
Lynn Iwamoto, MD	Neonatology	Kapi'olani Medical Center for Women and Children
Clara Krebs, MD	Family Medicine	Wilcox Medical Center
Keith Matsumoto, MD	Pediatrics (Independent)	Kapi'olani Medical Center for Women and Children

In addition, we thank our outgoing Board of Managers: Amy Corliss, M.D. and Monica Price, M.D. for the contributions they have made through their leadership with Hawai'i Health Partners.

Special Election – Who Will You Nominate?

Due to the voluntary resignation of one of our current board members, HHP will be holding a special election for a physician to serve on the HHP Board of Managers for a limited term from September 2018 through May 2019.

Qualifications: Specialist, Independent or Employed – affiliated with any HPH hospital.

Nomination & Election Process

Submit your nominations via email to jeruzel.gonzales@hawaiihealthpartners.org or fax to (808) 522-4717 by **12 Noon, August 13, 2018**. Electronic ballots will be distributed in late August with additional information and directions for submitting your vote. Voting will close on September 7, 2018.

If you have questions about the nomination process, please contact us at (808) 522-4557.

Member Satisfaction Survey Results

We would like to thank everyone who took part in the annual member satisfaction survey. At Hawai'i Health Partners we strive to understand your needs as members and to improve our services and measures, while also expanding our initiatives on a continuous basis.

We are always interested in your feedback, as this information is very valuable to us. We make notes of every single response that we receive.

This year we reached a new benchmark in the number of survey participants. You told us that you think HHP does a great job in supporting the development of strategic partnerships, and in providing services and opportunities that benefit your practice.

Here are a few standout results from this year's survey.

Members:

- Being a member of HHP is beneficial to their practice
- Being an HHP member expands their network
- It is important to stay within the HHP network and believe they have the tools and resources to do so

- Providers within the network are accessible
- Care about meeting HHP Quality and Shared Savings Program measures
- There is room for improvement in the validity of the HHP Quality and Shared Savings Program measures

In conclusion, this year's survey has told us that you think there is value in being a member of HHP, but also brought to our attention the areas in which you could use more of our support such as performance measure validity and quality program directional information.

Thank you again for your time and participation. We look forward to addressing your concerns and reinforcing the positives.

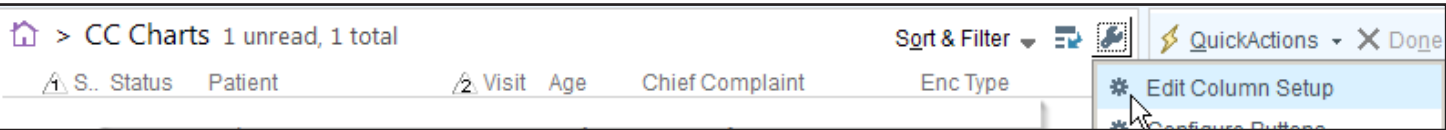


Display and Prioritize Inbasket CC Chart with Comments

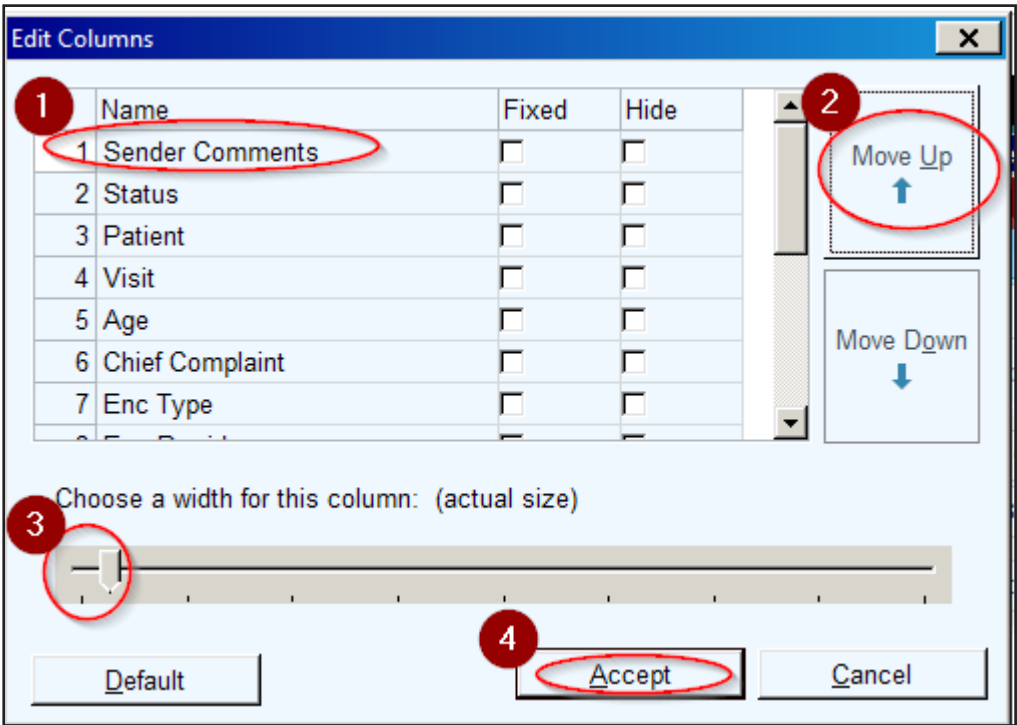
To help improve efficiency with the In Basket, you can adjust your CC Charts folder to display which have comments and prioritize those on top.

Display CC Charts with Comments

- 1. Click the upper right wrench icon and select "Edit Column Setup."

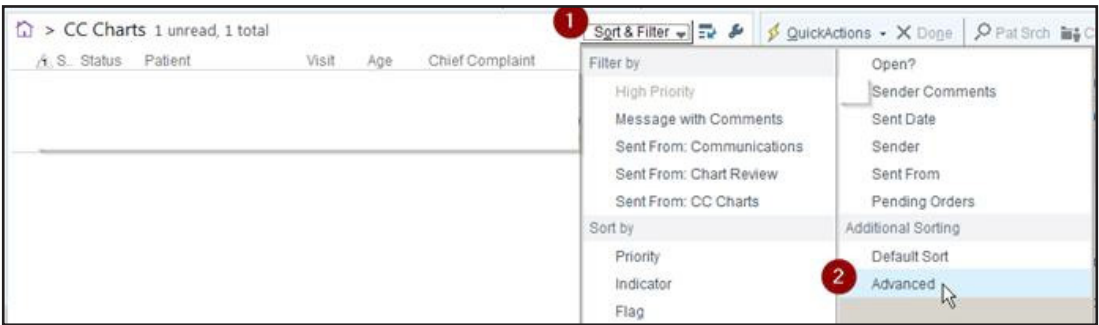


- 2. Find "Sender Comments" and click "Move Up" to location of your choice such as the first column. Because it will just show an "X" if there is a comment, you can adjust the width to be narrow before clicking "Accept."

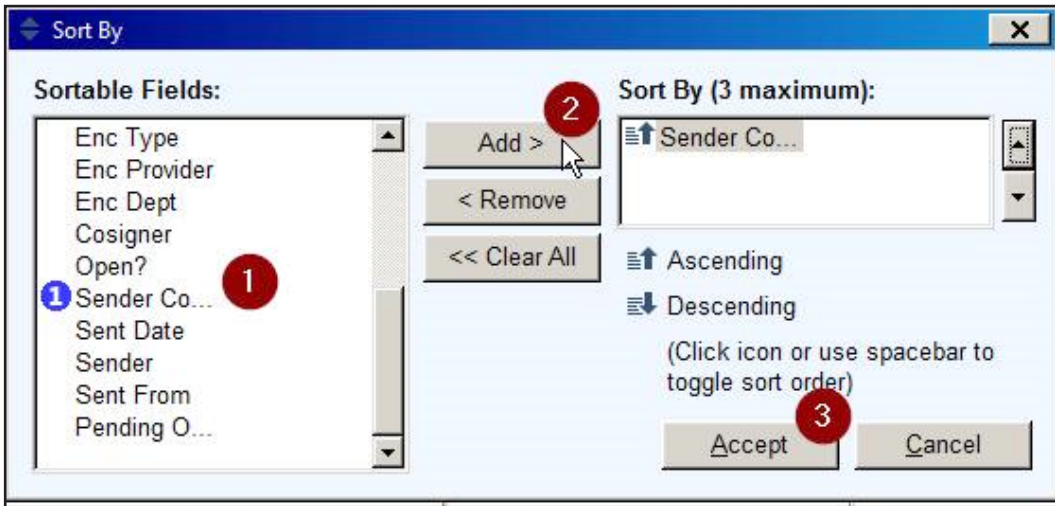


Prioritize CC Charts with Comment

- 1. You can prioritize the ones with comments by clicking the top right "Sort & Filter" and look for "Additional Sorting" and clicking "Advanced."



- 2. Select "Sender Comments" and click the "Add" button and then "Accept" to sort by that first.



- 3. Now, CC Charts with comments should show up on top first with an "X" in front.



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HCC Coding Tip: Congestive Heart Failure (CHF) HCC 85 WT: 0.323

In the past when utilizing HFpEF (Diastolic) or HFrEF (Systolic) in the medical record, it could not be assumed what type of CHF patient had; hence providers have been queried. New guidelines have determined that HFpEF & HFrEF suffice to appropriately code for heart failure without querying the provider. As we move forward with ICD-10 and HCC (Hierarchical Coding Categories), specificity is imperative when assigning heart failure codes.

Here are the following types of CHF:

ICD-10 Codes (-) Add 5 th digit	ICD-10 Description	ICD-10 Specificity Congestive Heart Failure (CHF)
150.1	Left Ventricular Failure, unspecified	I50.1-Left ventricular failure, unspecified
150.2 -	Systolic Heart Failure (HFrEF)	I50.20-Unspecified systolic CHF I50.21-Acute systolic CHF I50.22-Chronic systolic CHF I50.23-Acute on chronic systolic CHF
150.3 -	Diastolic Heart Failure (HFpEF)	I50.30-Unspecified diastolic CHF I50.31-Acute diastolic CHF I50.32-Chronic diastolic CHF I50.33-Acute on chronic diastolic CHF
150.4 -	Combined Systolic & Diastolic Heart Failure	I50.40-Unspecified systolic/diastolic CHF I50.41-Acute systolic/diastolic CHF I50.42-Chronic systolic/diastolic CHF I50.43-Acute on chronic systolic/diastolic CHF
150.8 -	Other Heart Failure	I50.810-I50.814-Right ventricular HF I50.82-Biventricular HF I50.83-High output HF I50.84-End stage HF I50.89-Other HF
150.9	Heart failure, unspecified	I50.9-Heart failure, unspecified

***ICD-10 Guidelines for I50.2- to I50.4- states: "Code also end stage heart failure, if applicable (I50.84)"

ICD-10 GUIDELINE TIP: Documentation should support the following: 1) Condition(s) must be addressed during the encounter, 2) Describe the type of CHF (as above, etc), 3) Anatomically related CHF (left or right), 4) Notate stability of CHF (acute vs chronic)

FOOD FOR THOUGHT: Hypertension with heart conditions classified to I50.- or I51.4-I51.9, are assigned to a code from category I11, Hypertensive heart disease. Use additional code(s) from category I50, to identify those patients with heart failure. -2018 ICD-10 CM Expert for Physicians

HHP Welcomes New Members

Hawai'i Health Partners would like to welcome the following individuals who were recently appointed by the HHP Board of Managers as new members to the organization:

MEMBER	SPECIALTY	LOCATIONS
Timothy Duerler, MD	Family Medicine (PCP)	Hawai'i, Kamuela
Bradon Kimura, MD	Family Medicine (PCP)	Hawai'i, Kealahou
Tracy Snow Mills, MD	Family Medicine (PCP)	Kaua'i, Koloa (KMC)
Miriam Seitz, MD	Obstetrics & Gynecology - UHP	O'ahu, Aiea (Pali Momi)
Amit Kakde, MD	Internal Medicine (Hospitalist)	O'ahu, Honolulu (Straub)
Jason Pirga, MD	Internal Medicine (PCP)	O'ahu, Honolulu (Straub - King St.)
Susan Price, MD	Internal Medicine (PCP)	O'ahu, Honolulu (Straub - King St.)
Tom-Oliver Klein, MD	Internal Medicine (PCP)	O'ahu, Honolulu (Straub - Hawai'i Kai)
Kimberly Nagamine, MD	Obstetrics & Gynecology - UHP	O'ahu, Honolulu (KMCWC)
Mark Dichner, MD	Clinical Psychology	O'ahu, Pearl City



CREATING A HEALTHIER HAWAI'I

Questions? Contact us at info@hawaiihealthpartners.org

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