

Hawai'i Health Partners Webinar: HHP: Creating Healthier Communities

Thursday, January 22, 2026
12:30pm - 1:30pm via Zoom

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HHP Webinars

HHP: Creating Healthier Communities

CONFERENCE INFORMATION



GENERAL OBJECTIVES:

By the end of the course, the participants will be able to:

1. Summarize the 2026 HHP Quality Incentive Program (HQIP)
2. Identify HHP's short term goals

CONTINUING EDUCATION:



In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Hawai'i Pacific Health designates this live activity for a maximum of **1.0 AMA PRA Category 1 Credits™** for physicians. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Hawai'i Pacific Health designates this live activity for **1.0 contact hours** for nurses. Nurses should only claim credit commensurate with the extent of their participation in the activity.

Hawai'i Pacific Health is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education and this activity is accredited for **1.0 contact hours** for attendance at the entire CE session.

TO CLAIM CE:

- Please note that in order to receive continuing education credits for this offering, you must:
- Be registered for this activity and Sign in.
- Claim credit commensurate with the extent of your participation in the activity.
- *Speakers cannot claim credit for their own presentations.*
- Complete and submit the evaluation survey that will be emailed to you within one week of the offering.
- Your CE certificate will be immediately available to you upon completion of your evaluation.
-

DISCLOSURE INFORMATION:

Per CE requirements, a disclosure report is included below listing any relationships that faculty, planners and others in control of educational content may have with an ineligible company. An Ineligible Company, as defined by the ACCME, is a company whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

The following Faculty, Planners, and Others in control of educational content have reported no relationships with any ineligible company as defined by the ACCME new “Standards for Integrity and Independence in Accredited Continuing Education”:

Faculty

Jennifer José Lo, MD

Relationship

None

Planning Team Members

Jennifer Lo, MD

None

Walter Schroeder, PharmD

None

Matthew Sasaki

None

Julie Aurio, RN

None

Webinar Information

- You have been automatically muted
 - You cannot unmute yourself
- You will be able to submit questions via the Q&A section
- This webinar counts for HQIP credit for the measure HHP Network Engagement - Webinars

HHP: Creating Healthier Communities

January 22, 2026



Jennifer José Lo, MD
Medical Director,
Hawai'i Health Partners

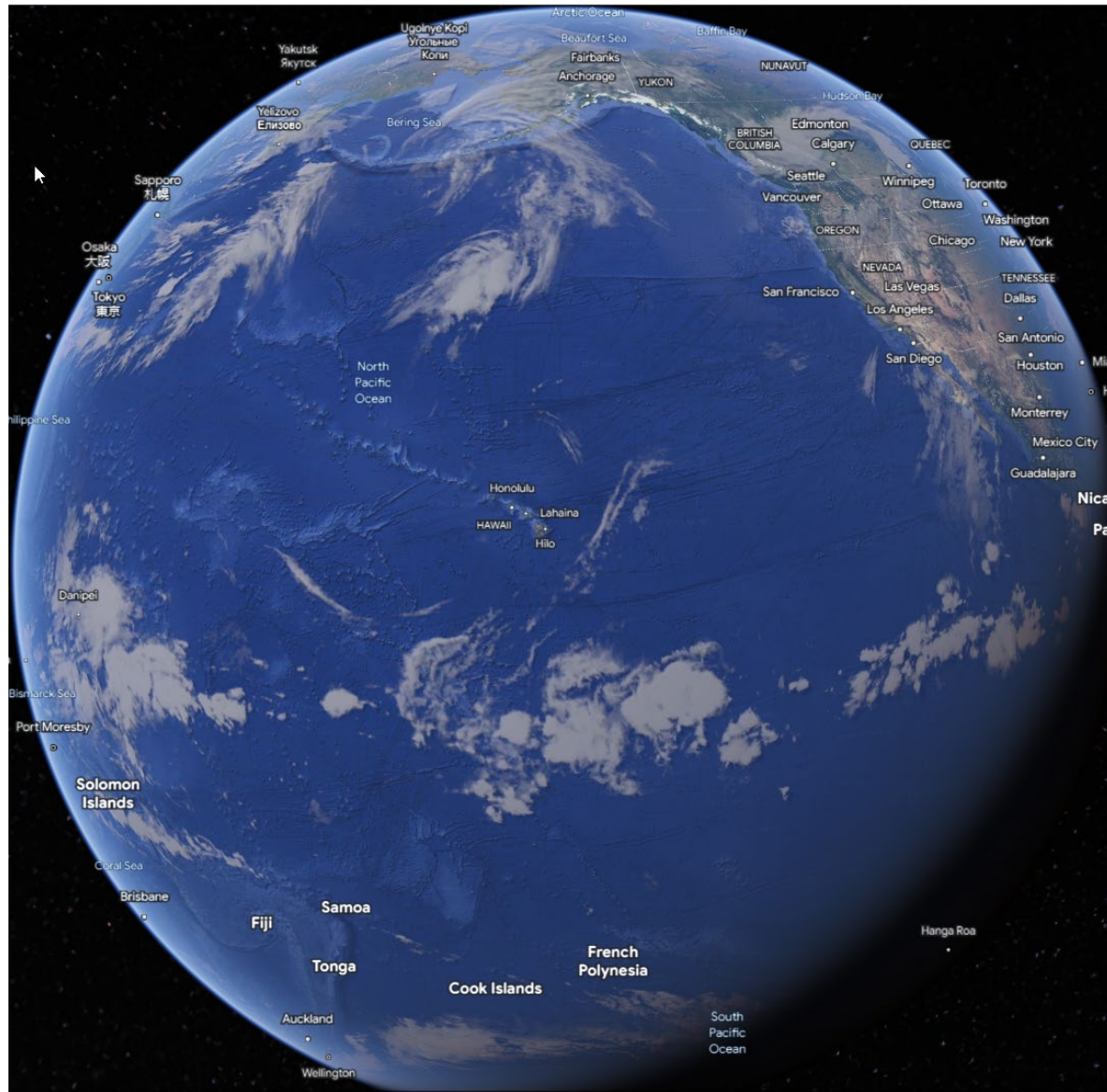
Disclosure

I do not have any financial conflict of interest to disclose.

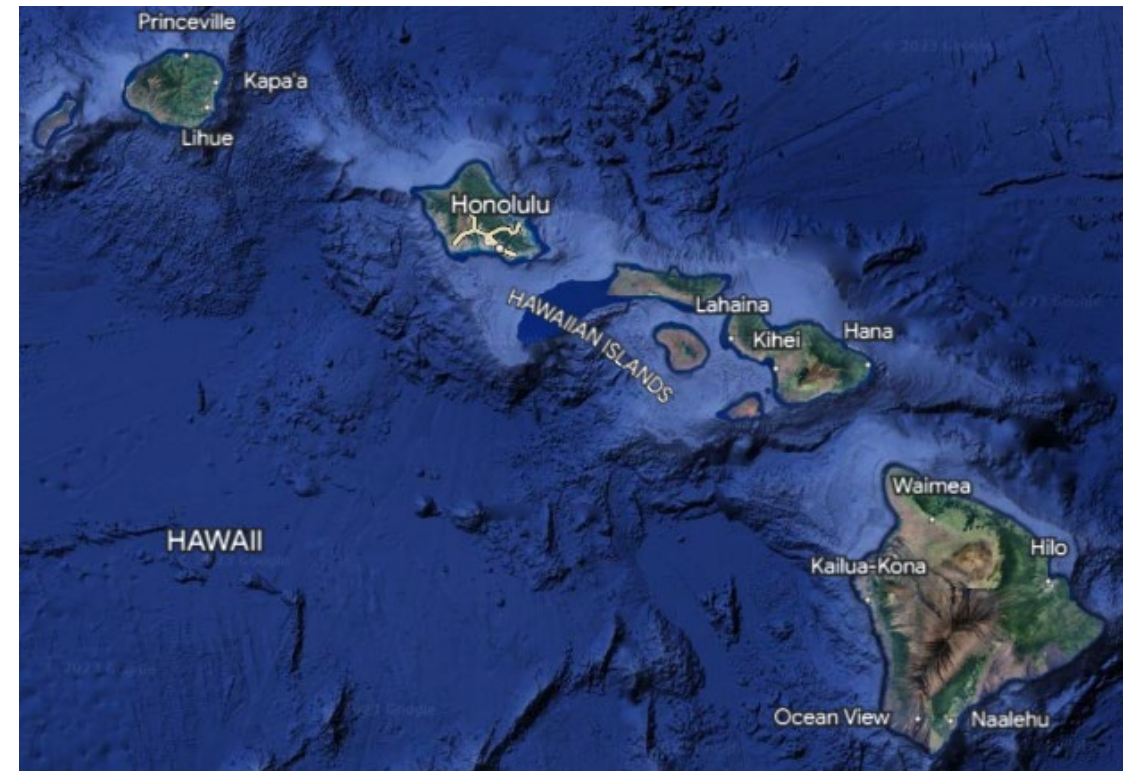
Objectives

- Describe HHP's future goals
- Identify HHP's short term goals
- Summarize the 2026 HHP Quality Incentive Program (HQIP)

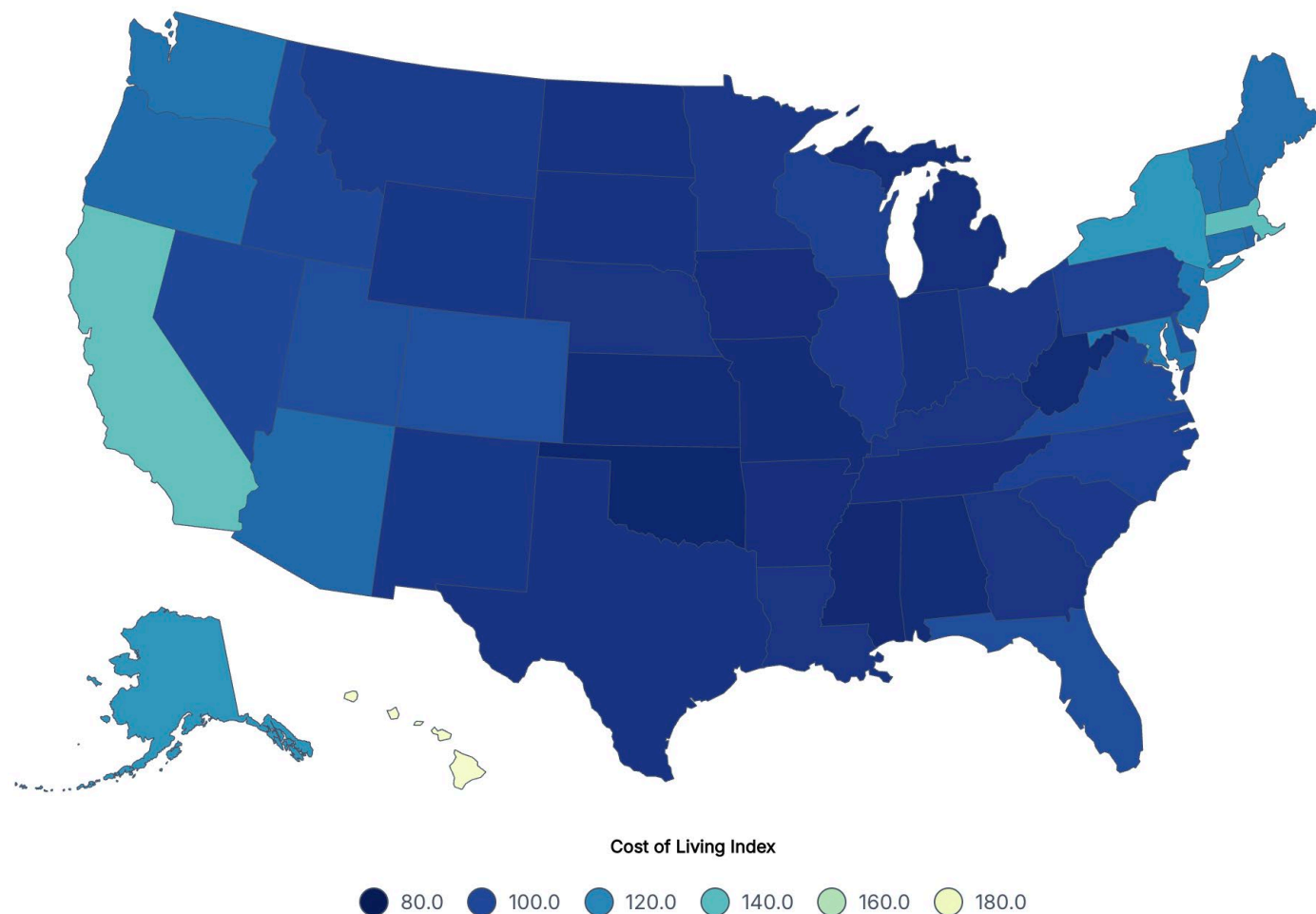
Creating Healthier Communities



Creating a healthier community



Hawaii ranks #1 in Cost of Living



Retrieved from <https://worldpopulationreview.com/state-rankings/cost-of-living-index-by-state> on 1/16/2026.

Hawaii ranks #43 in % of Households < ALICE Threshold

A

L

I

C

E

Asset-Limited, Income-Constrained, Employed

45% of Hawaii households are below
the ALICE threshold

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CREATING A HEALTHIER HAWAI'I

Aligning Goals Across Clinicians and Payers



Creating Healthier Communities for the Clinician



Creating Healthier Communities for the Payor

Attribution



Risk Assessment

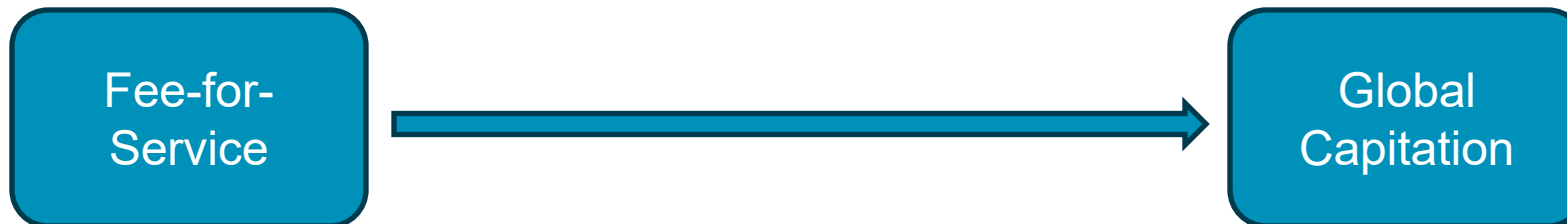


Quality Measures







Versions of Medicare

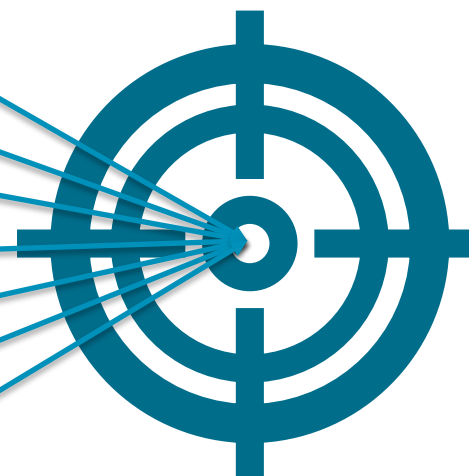
- Part A: Hospital Coverage
- Part B: Outpatient Medical Services
- Part C: Combination of Parts A & B offered by private companies
- Part D: Prescription drug coverage offered by private companies



Quality Measures CMS Stars

Quality | Summary of 2026 HHP Incentives by Payer

Payer	Contract	Count of 2026 Quality Measures
 <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	Commercial	14
	Quest	14
	MA	23
	MDX	2
	UHC CP-PCPi	7
	UHC MA-PCPi (DSNP)	21
	Devoted	22
OTHER PAYERS	OTHER	N/A
Total		35*



Risk Assessment

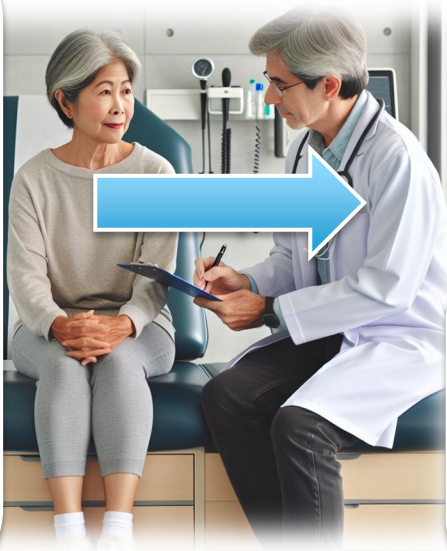
Risk Assessment

Patient Reality

76 year-old female

- DM w/ CKD stage 4
- CKD stage 4
- Heart Failure
- BKA Status

RAF Score: 2.912
Est Premium: \$2,900



Electronic Medical Record

- DM w/CKD stage 4
- CKD stage 4
- Heart Failure

Claim

- DM w/CKD stage 4
- CKD stage 4



Payer Reality

Health Plan

76 year-old female

- DM w/ CKD stage 4
- CKD stage 4

RAF Score: 1.026
Est Premium: \$1,000
**Est Lost Premium:
\$1,900**

Why does this matter?

To the patient

- Receive appropriate level of care
- Learn about disease-specific programs
- Access to government and payer benefits



To the clinician

- Communicate and coordinate with colleagues
- Avoid potential drug interactions or impacts of care on other disease states
- Identify additional care team resources to support patient care



To the system

- Understand the patient population within HHP
- Develop programs needed to care for our patients
- Identify gaps in our system to support our patients



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Risk Assessment – What are we doing?

- Convened a working group to design a payer agnostic approach to accurately capture patient disease state(s)
- Assessed tools that will integrate risk assessment into care delivery workflows

Risk Assessment - Network Research

Goals:

- Assess the baseline understanding of risk assessment and its role in fostering healthier communities
- Gather stakeholder feedback on what is working well and where improvements are needed
- Drive engagement across key groups, including PCPs, specialists, CDI teams and administrative staff
- Influence both short-term and long-term organizational strategies related to risk assessment

- A series of individual interviews were conducted between October - November 2025
- Interviewees:
 - 21 Outreached
 - Accepted: 17 (81%)
 - Declined: 4 (19%)



- Independent PCPs
- Employed PCPs
- Administrative Staff
- Employed Specialists
- Independent Specialists

Risk Assessment - Network Research Results

1. Understanding of Risk Adjustment	Themes
<ul style="list-style-type: none">• A method to capture patient complexity for accurate reimbursement and resource allocation.• A financial payment model.• A clinical care planning tool, along with social determinants of health (SDOH).	<ul style="list-style-type: none">• PCP and Admin definitions differ based on higher level or operational viewpoints.• Some are not familiar with how it relates to reimbursement and what the operational processes are.
2. Responsibility for Risk Adjustment	Themes
<ul style="list-style-type: none">• Primarily falls on PCPs, but some believe it should be a shared responsibility across all providers and care teams.• Other clinical staff and coding teams play a support role.	<ul style="list-style-type: none">• Those who are familiar with risk adjustment believe there is a shared responsibility between PCPs, specialists, and support teams.

Risk Assessment - Network Research Results

3. Current Practices & Barriers	Themes
<ul style="list-style-type: none">• Providers and supporting staff complete pre-visit chart reviews.• Having coding reference material at point of care is helpful for some.• Challenges:<ul style="list-style-type: none">• Time constraints during visits• Workflow inefficiencies (alerts, reconciliation screens, clunky EMR tools)• Siloed information by payer or facility makes it difficult to gather pertinent information• Limited training/education for new providers, specialists, and supporting staff	<ul style="list-style-type: none">• Some feel like work is done in silos (PCPs, Specialists and CDI team).• Risk Assessment training and education is done at initial onboarding and infrequent thereafter.• Training and Education is not regularly done for support staff.• There is a lack of support to implement and maintain workflows.

Risk Assessment - Network Research Results

4. Technology & Tools

- EMR tools are underutilized or seen as disruptive.
- Desire for better integration, user-friendly interfaces, and pre-visit planning support.
- Minimal tools available for Non-Epic clinicians.

Themes

- Some providers say the EMR tools available to them are rarely used and are sometimes a nuisance to click through.
- There is a lack of tools for non-Epic clinicians.

5. Contribution to HPH Mission

- Accurate risk adjustment is critical for financial sustainability and resource allocation.
- Direct link to improving patient care quality and reducing gaps in care.

Risk Assessment

What's Next?

- Convene smaller working groups of PCPs and support teams to address themes that were identified through the Network Research
- Implement tools that will integrate risk assessment into care delivery workflows

Interested in joining a workgroup?

Please email us at info@hawaiihealthpartners.org

2026 HHP Quality Incentive Program (HQIP) Overview

2026 HQIP Eligibility Criteria

A physician or provider is eligible to receive incentives under HQIP if the following criteria below have been met:

1



✓ HHP credentialed for at least 90 days of program year

2



✓ Clinically active in program year

3

CLINICAL PRACTICE AREAS



Surgery



Pediatrics



Orthopedics



Emergency
Medicine



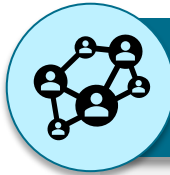
Radiology



Cardiology

✓ Meet the quality performance targets, specified by CPA

2026 Performance Program Measures Summary



1) Ecosystem Development (1)

- Ecosystem Development Measure **P S**

Key

P = PCP eligible measure

S = Specialist eligible measure



2) Clinical Performance (8)

- Avoidable ED Utilization **P S**
- Hospital-acquired Harm **P S**
- Mammogram Imaging Callback Rates **S**
- Sepsis and Septic Shock: Management Bundle **S**
- Site of Care Shift for Surgical Procedures **S**
- Specialist Assessment of High-risk Conditions **S**
- Turnaround Time **S**
- Vermont Oxford Network (VON) for VLBW and Expanded Database Measures **S**



3) Citizenship Performance (2)

- HHP Network Engagement – Annual Membership Meeting **P S**
- HHP Network Engagement – Webinars **P S**



4) Bonus Measures (2)

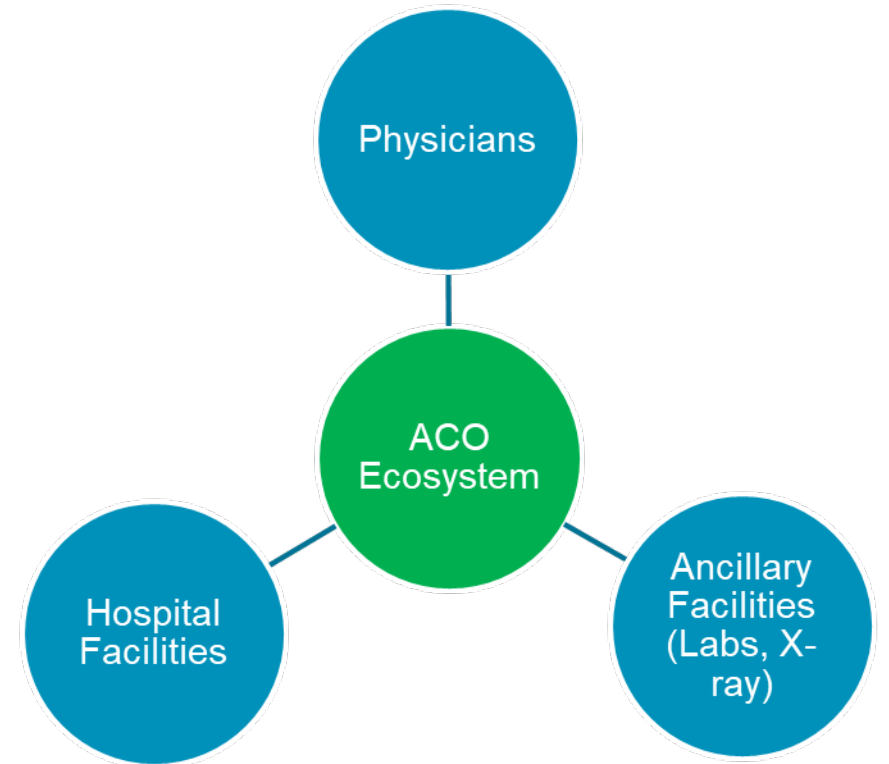
- HHP Network Engagement – Presenter **P S**
- Participation in HHP Clinical Workgroups and Committees **P S**



1) Ecosystem Development

Ecosystem Development Measure

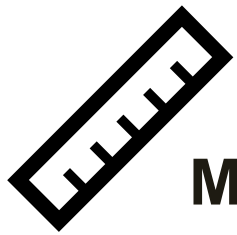
Objective: To create a strong ecosystem where our patients receive care by our network of clinicians in their offices or HHP facilities



Ecosystem Development Measure **must be met** to earn credit for all subsequent measures



Ecosystem Development Target



Measure: % of care for HHP patients delivered by in-network clinicians and facilities

Note: Targets by CPA and geographic region can be found in the 2026 Program Guide

Additional methods to meet the measure for Primary Care:



New Consults

%

- *Increase % of new consult visits completed within HHP network over prior year*

- *PCPs on Big Island, Maui, and Moloka'i can meet with HHP Medical Director*





2) Clinical Performance

Clinical Performance Measures	PCP	Specialist	Clinical Practice Areas
Avoidable ED Utilization	✓	✓	Excludes Anesthesiology, Critical Care Medicine, Dermatopathology, Diagnostic Radiology, Medical Genetics, Neonatology, Neuroradiology, Nuclear Medicine, Pathology, Pediatric Anesthesiology, Pediatric Critical Care, Pediatric Diagnostic Radiology and Pediatrics - NICU
Hospital-acquired Harm	✓	✓	Facility-credentialed with 5 or more encounters
Mammogram Imaging Callback Rates		✓	Diagnostic Radiology, aggregated by facility
Sepsis and Septic Shock: Management Bundle		✓	Critical Care Medicine, Emergency Medicine, Hospitalist – Family Medicine, Hospitalist – Internal Medicine
Site of Care Shift for Surgical Procedures		✓	Gastroenterology, General Surgery, Gynecology, ObGyn, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Podiatry
Specialist Assessment of High-risk Conditions		✓	Excludes Pediatric CPAs
Turnaround Time		✓	Dermatopathology, Diagnostic Radiology, Interventional Radiology, Neuroradiology, Nuclear Medicine, Pathology, Pediatric Diagnostic Radiology
Vermont Oxford Network for VLBW and Expanded Database Measures		✓	Neonatology and Pediatric – NICU



3) Citizenship Performance

Citizenship Performance Measure

HHP Annual Membership Meeting

Eligible Members: All HHP Members credentialed before the Annual Membership Meeting date



Contact Info@Hawaiihealthpartners.org if you have unavoidable clinical duties or other circumstances/events and are unable to attend.

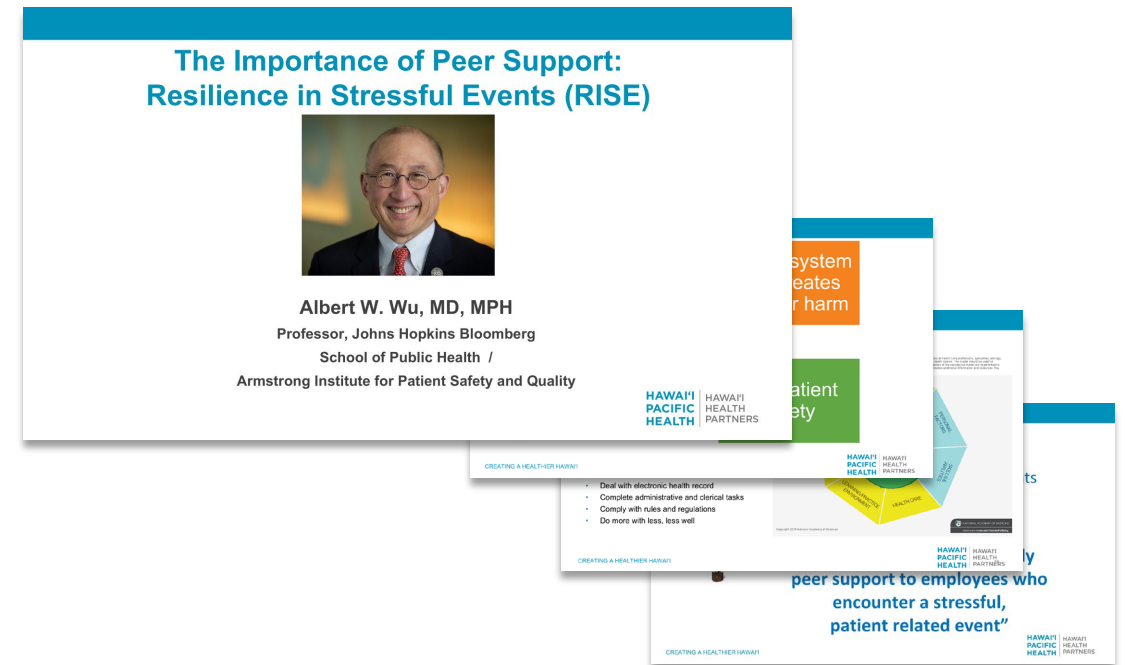
CREATING A HEALTHIER HAWAII

HHP Webinars

Eligible Members: All eligible HHP credentialed members



Target: Attend 4 webinars



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4) Bonus Measures

Bonus Measures

Network Engagement - Presenter

Present at a HHP 2026 webinar



HHP Clinical Workgroups & Committees

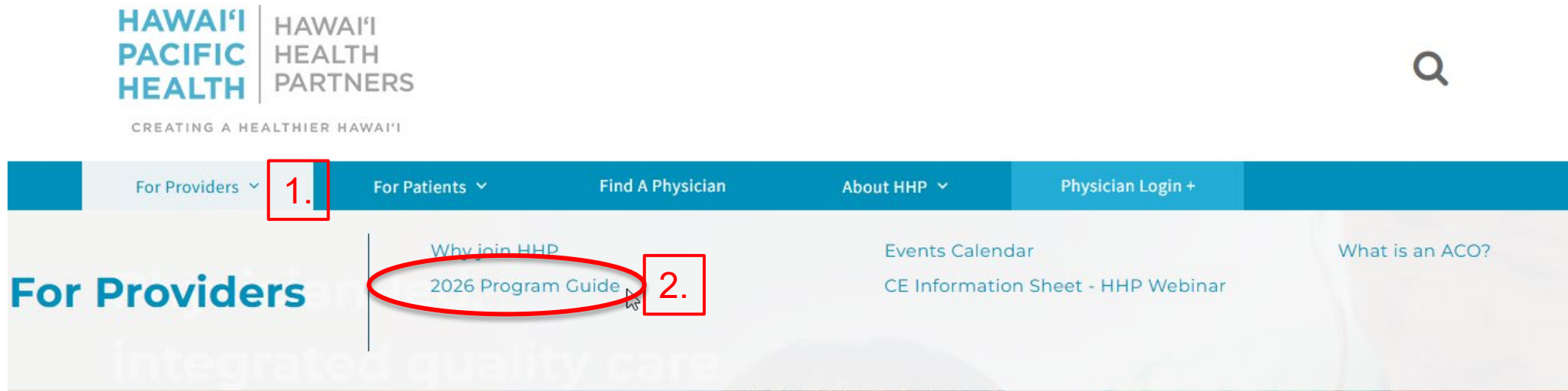


Please join one of our active workgroups or reach out to Dr. Lo to start a new one!

- ABMS Part 4 Continuing Certification
- CAHPS patient Satisfaction
- Head Injury
- Obstructive Sleep Apnea and Surgery
- Pediatric Asthma
- Real-time Pharmacy Benefits

2026 Program Guide on HHP Website

- The HHP Program Guide for 2026 is available on the [Hawai'i Health Partners website](#) under the “For Providers” dropdown.



How to Monitor Performance

- HHP Primary Care and Specialist Dashboards
- Contact for access:
Info@Hawaiihealthpartners.org

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Physician
Summary

Panel
Composition

Management &
Access

Patient
Service

Patient Safety &
Quality

Total Cost of Care

High Risk Patients

← Back

2025 HQIP
Program Guide

Additional Measure
Details

2025 HHP Quality Incentive Program

2025 HQIP Performance Report

*Clinical Activity in CY 2025: Yes

Please see below for your HQIP Performance Report, all the data has been processed and checked by multiple verified sources.

Measurement Period: January 1, 2025 through December 31, 2025

*Clinical Activity and Ecosystem Development Measure are both required for payment eligibility

Total HQIP Performance: 100%

Measure	Data Up To	Numerator	Denominator	Performance	Target	Credit	Final %
Ecosystem Development (Individual Score)	Oct 2025	441	516	86%	≥58%	Full	100%
Ecosystem Development performance target must be achieved and maintained throughout the year in order to earn credit for all subsequent measures below *							
Avoidable ED Utilization (Individual Score)	Oct 2025	2	16	13%	≤25%	Full	100%
HHP Network Engagement - Annual Membership Meeting (Individual Score)	Oct 2025	1	1	100%	Attendance and registration by the designated time. Credit will be awarded upon attendanc...	Full	100%
HHP Network Engagement - Webinars (Individual Score)	Oct 2025	6	4	100%	4 Webinars attended	Full	100%
Hospital-Acquired Harm (Facility Aggregate Score)	Oct 2025	2	25,830	0.77 / 10,000 patient days	Full credit: ≤ 2 events / 10,000 patient days Partial credit: ≤ 6 events / 10,000 patien...	Full	100%
HHP Network Engagement - Presenter (Individual Score - Bonus Measure)	Oct 2025	-	-	N/A	Presenter at an HHP Webinar	N/A	N/A
Participation in HHP Clinical Workgroups & Committee Leadership (Individual Score - Bonus Measure)	-	-	-	Performance coming soon	≥75% Attendance in workgroup or workgroup chair or committee chair.	N/A	Performance coming soon

Conclusion

Next HHP Webinar: (for HQIP credit)

**Thursday, February 19, 2026 from 12:30-1:30pm
Reducing Hospital-Acquired Harm**

To view upcoming HHP webinars and future events, please visit our [Hawai'i Health Partners website](#) for the “**Events Calendar**” from the “For Providers” dropdown.

Thank you for joining us!

- A recording of the meeting will be available afterwards
- Unanswered question?
 - Contact us at Info@Hawaiihealthpartners.org