



HAWAII

Independent Physicians

ASSOCIATION

August 2015 Newsletter

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A Message from HIPA Board President, Dr. Greigh Hirata

Dear Members,

As you can see in this newsletter, your HIPA continues to provide our members numerous avenues of support during this time of healthcare transformation. Our aim is for our members to thrive during this transition and in doing so bring back the joy of practicing medicine.

I would also like to announce the promotion of Ericka Schmidt from Executive Specialist to Business Operations Manager. As you know, Ericka has been with HIPA for 6 years and during that time has completed her MBA from the University of Hawaii. We hope to utilize her newly minted set of skills in advancing the mission of HIPA. Please join me in congratulating Ericka on her new role at HIPA.

Finally, I would like to continue encouraging all of our members to engage and support your IPA's efforts. As always, we welcome all feedback and suggestions and highly encourage volunteers. Through our concerted efforts, we can achieve great things.

Thank you for your continued support,

Greigh I Hirata, MD
President, Hawaii IPA
Greigh.hirata@hawaiiifdip.com
808-351-0688

Executive Medical Director Update, Dr. Josh Green

As we move into the second half of 2015 I wanted to share several unique opportunities with you that you might find stimulating and worthwhile to attend.

As you know, much of our Hawaii IPA efforts are meant to support your participation in programs such as PCMH or the CIPN, so that you can maximize your quality/performance dollars each year.

Another area of activity for us however, is organizing meaningful opportunities and events for our members to support their professional development.

On Thursday, August 20th we and the Cancer Research Center will be co-hosting a special visitor to Hawaii, Dr. Bruce Beutler, winner of the 2011 Nobel Prize for Medicine. The event will be held at JABSOM and you can click [HERE](#) for more information and to RSVP. Dr. Beutler's contributions in search of the key to curing cancer are phenomenal and this is an event that should not be missed.

From Friday August 21st through Sunday August 23rd we join the East Hawaii IPA as partners for their annual symposium on the Big Island (click [HERE](#) for the registration form) where we welcome several exceptional speakers from across the country. CME is robust for the event and Hawaii IPA members are eligible for a deep discount for the proceedings.

Finally, on Saturday, September 19th we join forces with JABSOM to support their annual Hawaii Health Workforce and IT Summit (click [HERE](#) to register). Again CME and an opportunity to network with physician colleagues from across state will be available. At this event we will be able to review many topics, including how we are progressing on the HHIE and what solutions are emerging to deal with healthcare reform and the nationwide physician shortage, and finally we will explore how healthcare providers are attempting to return joy to the practice of medicine.

As your medical director I highly recommend each of these events if you can break away for an hour or even a day here or there. They should be very rewarding professionally. Please bring staff or a colleague to these events so that we can all share some quality time together.

Warmly,

Josh Green MD
Medical Director
Hawaii IPA

Hawaii Health Information Exchange Update, Dr. David Saito

It has taken some time, but the Hawaii Health Information Exchange (HHIE) is functional and some providers have already signed up. The community health record is called Health eNet and gives providers a single source of consolidated patient information whenever and wherever they need it. Information available includes: admission discharge transfer data (ADT), transcribed reports, dedication history, allergies, lab results, referrals, radiology images and reports. There are nearly 900,000 pieces of patient information available which accounts for over 60 percent of Hawaii's population.

HHIE includes a web referral tool that the Queen's CIPN is using. This referral tool allows for comprehensive referral management across health systems, EHR's and insurance networks. This will streamline the online referral processes, eliminate paper faxes, securely transmit and store information, and notify new referrals.

HHIE had a federal grant to help with meeting meaningful use, however, this grant has now expired. This has resulted in the HHIE needing to charge physicians in order to continue to help them reach meaningful use. If you would like to receive help and/or information on reaching meaningful use and the costs involved, you can contact the HHIE at (808) 441-1346.

The HHIE is also working on the Beam Me program which allows receiving radiology images through a small footprint program. To find out more about this please contact HHIE.

Hawaii Health Information Exchange (HHIE) can be reached at 808-441-1346 or FAX: 808-441-1472.

Dr. David Saito
Vice President, Hawaii IPA

National Kidney Foundation of Hawaii Health Innovations Update

The National Kidney Foundation of Hawaii's (NKFH) Health Innovation Division and Hawaii IPA are actively engaged in the development of our quality improvement team. Our team is here to support provider's involvement in Pay-For-Quality (P4Q), Patient-Centered Medical Home (PCMH), and Queen's Clinically Integrated Physician Network (CPIN) programs. Our team has recently expanded adding in some new team members to add to the wealth of knowledge that our team currently has:

Ashley Graham - Director of Community Initiatives & Health Innovations

Kahea Wakinekona - Quality Improvement Clinic Manager (Hawaii)

Ray Shiraishi - Quality Improvement Project Manager (Oahu)

Terri Haina - Quality Improvement Coach (Maui)

Zoya Zaki - Quality Improvement Coach (Oahu)

Lorna Lee - Quality Improvement Coach (Oahu)

Wendy Kobayashi - Quality Improvement Coach (Oahu)

Tabitha Zamarripa - Quality Improvement Coach/Dietitian

PCMH CAPHS Survey

The CAPHS surveys are a set of survey tools developed to evaluate patient experience with their health care. The 2015 PCMH-CAPHS survey from HMSA is nearly ready to go. SPH-Analytics will conduct the survey for HMSA this year and they will soon mail out the initial survey with a web-link for those patients who prefer to take the survey online. The goal of the PCMH survey is to measure the functioning of PCMH practices to assist in the quality improvement of primary care. The CAPHS PCMH Survey was developed through NCQA's PCMH program.

Those who don't respond to the initial mailed survey will receive phone follow-up. Phone follow up significantly improves response rates. In addition, the NKFH Health Innovations team would like to help improve response rates by providing pre-printed reminder postcards to hand out to your patients to encourage and improve participation. It is our belief that the results of the CAPHS survey in previous years were not a true reflection of the patient experience of your practice because so few responded to the survey. We are confident that if more surveys are completed it would provide a more accurate assessment of patients' experiences with receiving care in your Patient Centered Medical Home. It is for this reason that the Health Innovations team will provide extra resources for our PCMH physicians.

<u>Survey Process Phases</u>	<u>Projected Dates</u>
Initial Survey (with cover letter and a link to take the Internet Survey) is mailed.	8/17/2015
Telephone Interviews for those who have not responded to either survey mailing or by web.	8/31/2015 through 9/28/2015
Final Report & Additional Deliverables - The data, analyses, reports, and additional deliverables will be prepared and audited. This process takes approximately 3 weeks from completion of the Fielding Phase.	Week of 10/26/2015

NKFH PCMH Update (Continued)

Upcoming PCMH Meeting-Oahu-Save the Date
Wednesday, September 16th - 5:30 pm – 8:00 pm
Venue: Captain's Table, Hawaii Prince Hotel

In our effort to improve physician engagement and improve networking within the organization, we are planning a "Launch" event for the physicians in the PCMH program. In addition to our monthly webinar series we hope to improve the relationships within the organization and improve the performance of the entire Hawaii IPA with regularly scheduled group meetings.

We have successfully created and set in motion the Quality Steering Committee. The committee members are:

David Saito, MD Jennifer Frank, MD Maria Ilar-Revilla, MD
Glen Sugiyama, MD Russell Tom, MD

The committee has been actively strategizing and focusing in on quality improvement initiatives. Discussions within the committee have resulted in a renewed energy and focus in helping individual doctors in the IPA improve their ability to navigate the complex path to achieve PCMH, Pay for Quality and the Triple Aim: "Better care for individuals, better health for the population and lower per capita costs."

The committee has successfully identified leadership, resources and relationships along with the QI techniques and expert facilitation help of the team at the National Kidney Foundation's Health Innovations Division. They have set the foundation for continued improvement and essential information sharing that will benefit the entire organization.

The Health Innovations Division of the National Kidney Foundation of Hawaii's Improvement Coaches have been focusing on the Review of Chronic Conditions measure in the HMSA Akamai Advantage line of business due to the September 30th deadline. Understanding the coding of the chronic conditions and process implementation was outlined by a webinar hosted in February and subsequent PCMH meetings. Health Innovations Quality Improvement Coaches have been in offices to assist, clarify and educate the staff in creating effective outreach protocols. The Coaches have also been educating physicians about the importance of coding the chronic conditions as they are reviewed during an encounter. As a result, there have been notable improvements in the percentage of chronic conditions coded by physicians who are members of the Hawaii IPA.

The effect on the quality scores over the entire IPA is evident and the trend toward improved patient care and clarity about the measures in Cozeva has gained traction. We will continue our efforts to reach out to all of the member physicians in the IPA and help them successfully navigate the quality improvement journey of the PCMH/Pay for Quality program.

The quality coaches are confident that they can affect the key performance indicators with interventions that provide education, process change, and a better understanding of how the improvement strategies work. The National Kidney Foundation's Health Innovations division will continue our effort to impact all of the physicians in the Hawaii IPA.

NKFH Helpful Information to help with the Review of Chronic Conditions (RCC) - Akamai Advantage

The deadline for Review of Chronic Conditions is September 30 and our focus on this measure has produced some outstanding results. Hawaii IPA Maui is at 75.1% attainment for the RCC measure and the Hawaii IPA Oahu is at 74.6%. We are on track to reach and exceed the 80% goal by September 30th. Remember, that although we strive for the 80% attainment the rewards for reaching 95% attainment can result in exponentially greater rewards.

Akamai Advantage

Review of Chronic Conditions

- RCC Adjuster will continue in 2015

RCC Performance	Adjuster
Below 51.00%	0% of earned quality award
51.00% to 65.99%	75% of earned quality award
66.00% or above	100% of earned quality award

- For maximum award, aim for **80% (three-stars)** on Review of Chronic Conditions to earn payment on the RCC measure and 100% of earned award for all measures
- **Success Tip: Track your performance** – move 10 percentage points per month (at least 50% in May 2015)

Akamai Advantage Review of Chronic Conditions

- Use **Cozeva** to present list of patients with chronic condition diagnoses from 2013 and 2014
- Requires an **office visit** with patient by **September 30, 2015**. Provider reviews and confirms whether a patient's chronic condition from 2013 and 2014 persists (e.g. Is it still present in 2015?)
- Importance of **medical record documentation** of M.E.A.T (indicate how the condition is being managed/monitored, evaluated, assessed/addressed, or treated)
- Report diagnoses to the highest level of specificity on the **claim** to HMSA

Akamai Advantage RCC Supplemental Data Reporting-Disconfirming a Chronic Condition

Primary care providers may request that the persistent condition be excluded from the measure for one of the following rationales:

Disconfirm-Condition has improved (e.g., the patient has been diagnosed with a condition of lesser severity)

NKFH Helpful Information to help with the Review of Chronic Conditions (RCC) - Akamai Advantage (Continued)

An upload of the patient's pertinent medical record is required. Documentation must include a face to face visit in the calendar year (service date) that clearly demonstrates that the patient's condition has been managed/monitored, evaluated, assessed, or treated and that the patient's symptoms, labs, medication, and treatment are consistent with a condition of lesser severity (diagnosis and diagnosis code) that what is currently reported in Cozeva.

Disconfirm-Condition has resolved (e.g., the patient's care is no longer affected by this condition)

An upload of the patient's pertinent medical record is required. Documentation must include a face to face visit in the calendar year (service date) that clearly demonstrates that the patient's symptoms, labs, and other diagnostic work indicate that the condition no longer needs to be managed/monitored, evaluated, assessed, or treated.

NEW PROCESS-Disconfirm-Insufficient evidence of the condition

Medical record documentation is *not* required for this option. Instead, an attestation (e.g., note or memo uploaded into Cozeva or in the free text area of Cozeva supplemental data) is required. The attestation must demonstrate that the provider reviewed the pertinent clinical information (such as medical record notes, consult reports, lab results, or imaging over the past two years) and on the basis of those results, finds:

- Insufficient evidence to support the diagnosis; OR
 - Clinical information to the contrary of the diagnosis.
- The attestation should be specific to the patient and condition, and provide clinical rationale to the extent possible. Example attestation:

"I, Dr. Aloha Lee, do hereby attest that this patient does not have the diagnosis of _____. The patient has had normal _____ Levels seen over the past two years. Based on this history and my physical examination, this patient *does not* have the diagnosis _____ of _____."

Or

"Review of the information provided from external sources, my medical records, including lab tests and imaging studies, shows *no* evidence that the condition of _____ exists in this patient."

If you need assistance with meeting your Review of Chronic Conditions goals, Cozeva or HMSA related issues and PCMH please email innovations@kidneyhi.org or your assigned innovations team member.

NKFH Meaningful Use Update

Changes to Measures and Objectives in 2015

CMS is proposing to remove or reduce a number of objective and measures from Stages 1 and 2 of MU that a provider or eligible hospital would be required to report to demonstrate MU in 2015 through 2017. Some of the objectives and measures that would no longer be required to be reported are recorded demographics, vital signs, smoking status, structured lab results or imaging results. These proposed changes would remove the menu and core structure of Stages 1 and 2 and reduce the overall number of objectives to which a provider must attest.

Other significant changes are to modify the patient action measures in the Stage 2 objective related to patient engagement. CMS proposes to reduce the threshold from the Stage 2 Objective for Patient Electronic Access from 5 percent of eligible patients to demonstrative that a single patient viewed, transmitted or downloaded their PHI for the EHR of the CAH or EP.

The 2015 MU proposed rule would also change the threshold of the Stage 2 Objective for Secure Electronic Messaging from being a percentage-based measure, to a "yes-no" measure stating the EHR functionality was fully enabled.

CMS is also proposing to consolidate all the public health reporting objective into one objective with measure option following the structure of the Stage 3 Public Health Reporting Objective. In addition, the 2015 MU proposed rule would change the eligible hospital (EH) prescribing objective from a "menu" object to a mandatory objective with an exclusion available for some EHs and CAHs.

Upcoming Events

Hawaii IPA Webinar Series

Second Wednesday of the month from Noon-1:00 pm
Sept 9, Oct 14, Nov 11, Dec 9, Jan 13, Feb 10, March 9

QCIPN Town Hall Meetings

Town Hall meetings are held from 5:00 pm - 6:00 pm at the Queen's Conference Center the first Wednesday every other month:
September 2, November 4, January 6, March 2, May 4, July 6

QCIPN Town Hall Meeting—Maui

Typically scheduled the week after Oahu town hall meetings. Exact location and dates TBD. Please contact Terri Haina for more information.

East Hawaii IPA Symposium

Friday, August 21– Sunday, August 23
Fairmont Orchid
Special \$50 rate for Hawaii IPA Members

Keynote Speaker — Dr. Bruce Beutler

2011 Nobel Prize Winner in Medicine for contributions to cancer research and cures

Thursday, August 20

8:00am—1:00pm

Hawaii Cancer Research Center, Kakaako, Oahu

JABSOM Health Summit

Saturday, September 19

Go to <http://www.ahec.hawaii.edu/?p=1590>
for more information

PCMH Meetings—Oahu

September 16

5:30 pm—8:00 pm

Captain's Table, Hawaii Prince Hotel

PCMH Meetings—Maui

The following Wednesdays from 5:30 pm - 7:30 pm

September 23, November 18

Location and details to follow. Please contact Terri Haina at Terrih@kidneyhi.org for more information