



HAWAII

Independent Physicians

ASSOCIATION

February 2015 Newsletter

In This Issue:

**A Message from
HIPA Board
President**

**Executive Medical
Director Update**

Finance Update

QCIPN Update

**National Kidney
Foundation
Update**

**Meet the NKFH
Team**

**Hawaii HIE
Update**

Secretary Update

**Meaningful Use
Update**

**Upcoming
Meetings/Events**

A Message from HIPA Board President, Dr. Greigh Hirata

Dear Colleagues,

We enter 2015 in the midst of major changes in the delivery of healthcare in Hawaii. The old model of fee for service is being replaced by a model based on value and performance. Our primary care colleagues are already transitioning from taking care of single patients to taking care of the health of a population. The Patient Centered Medical Home has been a key illustration of this reality. In addition to being asked to help transform the healthcare system, as independent physicians in private practice we face the challenges of running a small business with revenues stable or decreasing while business expenses continuing to rise. It has become abundantly clear to me that the only way to survive as independent physicians is to change with the times. A quote from Hawaii born Ret. General Shinseki seems most appropriate to those who are resistant to change, "if you don't like change, you would like irrelevance even less."

Your IPA is actively involved as an advocate for our member physicians throughout this journey of transforming the healthcare system in our state. We continue to work on a number of initiatives for our primary care providers through the PCMH and Q-CIPN programs. For the specialists, we are at the table developing the processes to create a medical neighborhood. We provide webinars and meetings monthly to guide you along the way.

On another front, we as an IPA continue to explore ways to reduce the burden of running a practice by negotiating better rates for office supplies, health insurance, consumer loans, travel, and pharmaceuticals. We hope this package of benefit opportunities will make it just a little easier for independent physicians to survive the period of change in healthcare that I outlined above.

I urge our members to be active participants during this era of change in healthcare. Please let us know how we can help you by contacting any of the HIPA board members with any concerns or ideas you have. Please recruit other independent physicians to join our IPA. The only way we can achieve the triple aim of better outcomes, increased patient satisfaction, and less cost is by having a robust active membership committed to working together. Be a part of the solution.

Finally, thank you for all of your hard work taking care of patients in Hawaii.

Sincerely,
Greigh

Executive Medical Director Update, Dr. Josh Green

Aloha Colleagues,

We have an exciting year ahead together. In 2015 the Hawaii IPA expects to build on successes of recent years and be a vibrant and central partner in emerging new healthcare programs across the state.

2014 saw us raise the bar on our large PCMH program, as most of our participating members reached levels two or three. We appreciate the hard work of our members, who in partnership with Lisa, Zoya, Terri, Troy, Ray and Ericka, improved their quality scores and generated more revenue for their practices. I want to say a warm mahalo to Lisa as she begins a new professional phase of her career apart from the Hawaii IPA. Her contribution these past 6+ years was central to our growth and success.

In the hopes of becoming the top ranked IPA in Hawaii over the next three years, we have launched a very innovative and robust network of support for all of our quality programs. On January 1st we entered into a special long term relationship with the National Kidney Foundation of Hawaii, to enhance everything we do for our physicians. This alliance will make it possible for us to offer much more to our members in the ever increasingly complex healthcare system. We will engage on all fronts to make Hawaii IPA the go to physician organization in the state.

Please click visit our webinar archives section on our webpage to see the slides from the recent webinar I gave providing an overview of this coming years' opportunities.

2015 will see a greatly expanded focus on the statewide ACO we are participating in with Queens Health System. You know it as the Queens CIPN (QCIPN). As a founding physician organization of the QCIPN we have two prominent board members representing us every step of the way, Dr. Nadine Tenn Sale and Dr. Greigh Hirata. Their leadership on the CIPN board ensures our voice is heard and respected. I also contribute whenever I can to enhance our member's vision and perspective. New board members, Dr. Colleen Inouye and Dr. Jocelyn Chang, have been spearheading our CIPN engagement on Maui to great ends as well.

We continue to lean on Dr. David Saito to guide us in our engagement with the Hawaii Health Information Exchange (HHIE) so that our IPA is situated to benefit from its growth and implementation. Finally, Dr. Pete Galpin remains our veteran board member, providing needed institutional wisdom and perspective on the strength of our statewide presence as an IPA.

Friends, we are a unique IPA, with members who are truly independent thinkers, spread across virtually all of Hawaii's islands. This makes us a critically important healthcare organization in our state. It also poses logistical challenges to get together, so that we can think out loud, brainstorm and mold Hawaii's healthcare landscape. To improve our capacity together, we have launched a new program to compensate our members \$100 for ANY Hawaii IPA meeting they attend in person. This small gesture is just a way for us to say thank you for your time as incredibly busy professionals.

Our team looks forward to seeing you throughout the year. Please call on us to help in any way we can. Working together we can improve the lives of all of our patients this year and beyond.

Warmly,
Josh Green MD
Medical Director, Hawaii IPA

Hawaii IPA Financial Update, Dr. Colleen Inouye

In 2014 our Hawaii IPA was financially sound and secure. We know that our members expect us to prudently use any resources that we have and to that end we made sure we stayed close to what we budgeted for the year. In fact, we continued our trend of spending less than what we expected on administration, thus setting aside more for programs.

To increase our income and have more to invest in member programs such as PCMH and QCIPN support, it would be great if physicians would tell their colleagues about the HIPA and what it has to offer. Remember unlike many IPAs in Hawaii, there is no entry or membership fee to join.

This year one of the benefits we will bring to members is compensation for attending any HIPA-sponsored meeting (\$100/meeting). This is in addition to monies that are paid by the programs themselves. We have also prioritized having a team of people, via the National Kidney Foundation, help all of our physicians navigate the world of the Patient Centered Medical Home and all HMSA quality measures. We are also starting down the road toward Accountable Care Organizations, with the QCIPN, Queen's Clinically Integrated Physician Network.

I would like to mention that after studying our performance there are physicians who definitely "left money on the table with HMSA" by not reporting their quality measures completely. You deserve this money so be sure to report your quality measure results. Teach your office staff about the pay for quality programs to achieve a huge team success!

Call on our quality team 24/7 to help you maximize your benefits and reimbursements. We are committed to helping our members on Oahu, Maui, Lanai, Big Island and Molokai! As a Maui physician and board member I have been especially focused on adding services to our island physician community and have been encouraged by the support my Oahu board colleagues have offered to make this happen.

Keep engaged and bring friends to our IPA.

Sincerely,
Colleen Inouye, MD

QCIPN Update, Dr. Nadine Tenn Salle

In January 2015 the QCIPN board assembled for our first organizational retreat. Our intent was to clarify our intra-board relationships and to establish a common value system for the entire QCIPN Board of Directors. Words such as **community**, **joy** (for practicing medicine), **vision** and **quality healthcare** riddled the conversation. We finished the day feeling a sense of increased trust and a common cause among colleagues.

The first of the 3 years of the QCIPN will focus on building the infrastructure to make this physician collaborative formidable. There will be an emphasis on the Hawaii IPA to focus on practical implementation of the program with special attention to make the policies clinically relevant for physicians.

Hawaii IPA's goal is to create an infrastructure for members so that we have resources, increased comradery and increased access via our Hawaii IPA representation. We as an IPA have formally collaborated with the National Kidney Foundation, contracting with them as a resource of additional administrators and physician liaisons, to make the QCIPN relevant and successful for our members.

The initial 5 policies were discussed in the QCIPN Town Hall meeting are below, and can be found on the QCIPN website. They are as follows:

1. Evaluation of Chest Pain
2. Advanced Healthcare planning
3. Diagnosing pulmonary embolism
4. Preoperative evaluation
5. Pediatric Asthma

Discussions to choose policies and clinical measures that are specialty specific are ongoing. The infrastructure of the groups to offer suggestions and develop ideas for new policies will be discussed in depth at the next Town Hall meeting on **Wednesday, February 4, 2015 at 5 PM at the Queens Conference Center**. Hope to see you all there.

National Kidney Foundation Program Overview

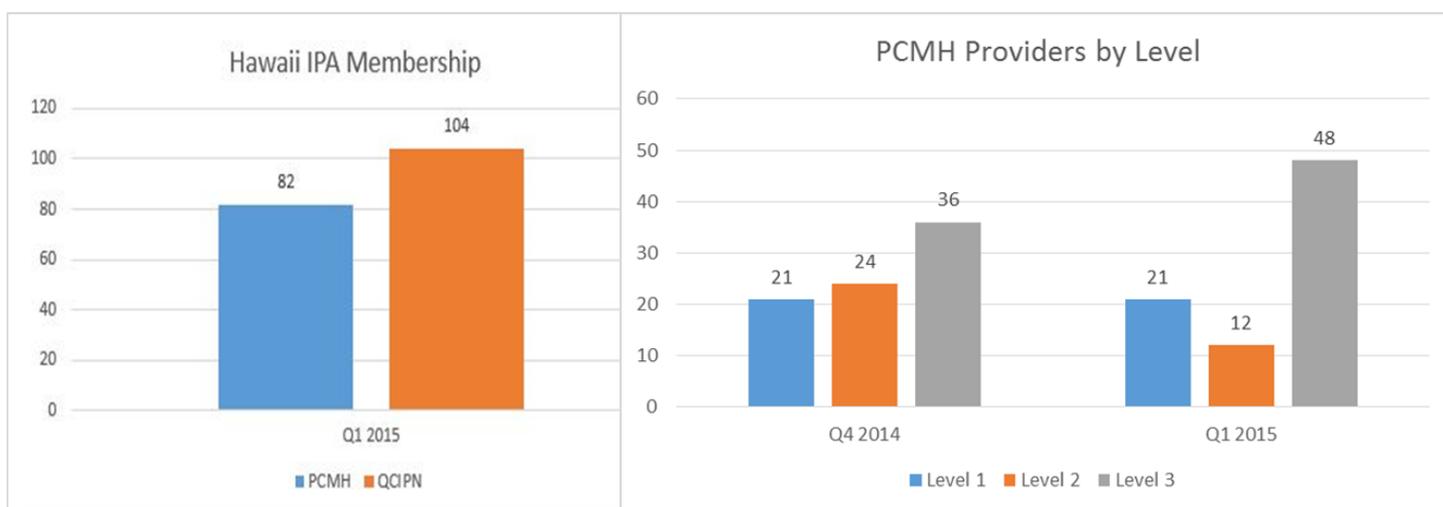
The National Kidney Foundation of Hawaii's Health Innovations team is happy to announce an expanded partnership with Hawaii IPA to provide state-wide support of the pay-for quality, patient-centered medical home, and Queen's clinically integrated physician network programs. Our goal is to guide you through these programs to make it as easy and rewarding as possible.

This expanded partnership will impact participating physicians in the following ways:

1. Allow us to support our entire state-wide membership including those employed by federally qualified health centers or those on outer islands.
2. Improve collaboration that result in efficient, effective use of resources available to the IPA
3. Access to a complete library of our quality improvement templates and best practices will be available to you and your practice to use.
4. Improve the value of membership to Hawaii IPA

The Game Plan

- Each practice coach will be assigned to a physician in the IPA and will serve as your single point of contact for Pay for Quality, Cozeva and PCMH.
- The coaches will be responsible for improving the IPA's physician engagement by visiting, calling or emailing their respective physicians' on a regular basis
- Resources that are available to our physicians include: Healthways, Cozeva (ARW) and HMSA. These resources will be coordinated by your single point of contact assigned coach.
- Coordinated and collaborated efforts will result in improved individual Pay for Quality scores, higher level attainment in PCMH and improvement in reimbursement dollars.
- Communication will be improved to increase physician engagement with the IPA by upgrading the HI IPA website, producing relevant webinars and setting up collaborative in-person group meetings in order to provide useful information to support the physicians in improving office procedures and quality measures



Meet the National Kidney Foundation Team



Ray Shiraishi

Project Lead
859-0618, ray@kidneyhi.org



Zoya Zaki

Oahu Technology Coach



Terri Haina

Maui Quality Improvement Coach



Nahea Brenneman

Pediatric Quality Improvement
Coach



Kahea Wakinekona

FQHC Quality Improvement
Coach



Tabitha Zamarripa

Oahu Quality Improvement
Coach



Jessica Santos

Quality Improvement Support



Kent West

Quality Improvement Support

Hawaii Health Information Exchange Update, Dr. David Saito

Aloha Colleagues.

The Hawaii Health Information Exchange (HHIE) is at the cusp of being able to perform 'query functions' for the exchange. I know I have been alluding to this for the past several months but Hawaii HIE is very close to becoming operational. The HHIE has become Castle Hospital and Hilo Medical Center records integrated and can now access lab results from both Clinical Labs and DLS. The query function is going to start with members of the HHIE Physician Advisory Group as a test. I hope to have something positive to say about this launch by the next HIPA newsletter.

BEAM ME PROJECT

Hawaii HIE has a project to help us view radiology films. Physicians who view films routinely will find this project helpful. Many of the imaging companies are also involved in this program. It uses a small footspring film viewer which will not take much space on the computer and should make looking at films easier. Please contact Hawaii HIE at 441-1411 if you'd like to participate.

Improving practice for physicians

Hawaii HIE is actively trying to make things easier for physicians to practice. Right now there may be multiple programs we need to log into to get the information we need for PCMH or other quality programs. Many of us access EPIC which is the EMR that Queens and HPH uses. The P4Q program for HMSA uses Cozeva. HHIE is working on trying to minimize the different programs we need to log into by integrating them together. This is just a program in its infancy and I do not know how far we will be able to integrate these programs. More on this later I hope. We need action in this area.

Most physicians have been receiving Transitional Care Documents from the HHIE. These contain mostly admission and discharge information which is mostly just a notification. It conveys demographic information but nothing else. This is not very useful clinically from my point of view. Another document that is being distributed is a summary care document for hospital stays. Hospitals are doing this for Stage 2 meaningful use but it also is not very useful because clinical information is hard to find with the pages of documents we get. Hawaii HIE is going to try to improve this and work with everyone to make these documents more useful. Our board continues to advocate for physicians to improve programs like this one.

Finally, in my experience there is a lot of extra paperwork physicians end up needing to complete during the course of our days, ranging from FMLA forms, TDI forms, home care forms, therapy forms, wellness forms, handicap parking forms and many other forms that take time to complete but for which we are not compensated. We need to solve this problem and the HHIE just might be a tool to help us.

We need to all become physician advocates if we we want to achieve results together. Please let us know how we can help at the Hawaii IPA. As individual physicians we are limited in what we can do, but as a larger, united voice we will make our situation better.

David Saito, MD
Medical Director

Secretary Update

Aloha members!

We hope that the new year finds you and your family well.

Keep an eye out for changes in the HIPA website. We hope to bring resources to your fingertips as you navigate PCMH, QCIPN and other activities. I hope that it will also serve to keep you informed of statewide activities and what HIPA and NKF staff are up to.

Jocelyn U Chang DO, Secretary

Meaningful Use Update, Dr. Zoya Zaki

The most positive change that has occurred in over the past three years in Healthcare IT is that the majority of ambulatory healthcare providers across the country are using EHR for clinical documentation. This was not the case three years ago. There can be no doubt that the increased adoption of ambulatory EHR is a direct result of the Medicare EHR Incentive program.

For those of you that intend to attest for Meaningful Use Stage II or are sitting on the fence, you should be aware of the fact that Transition of Care and the Patient Engagement Core measures are the most challenging Stage Two measures for eligible ambulatory providers to meet. Working closely with your EHR vendors can help you attest successfully for the stage II measures and result in improved patient care.

Examples of improved patient care brought about by the practices striving to meet the Stage Two Meaningful Use requirements include the following:

- High percentage of patients using the services offered on the practice's patient portal and/or smart phone application
- Ongoing exchange of electronic referrals and transitions of care with specialty providers

Examples of improved patient safety, reduced cost of healthcare, and improved population health as a result of continuing to meet the requirements initiated in Stage One Meaningful Use include the following:

- Exchange of Immunization information with the State Immunization Registry
- The use of ePrescribing for all prescriptions except in rare circumstances
- Recall for chronic disease and preventative care visits
- Providing printed and electronic patient education material

To wrap up, achieving Stage Two Meaningful Use is a difficult process that can only be met if the following conditions are present:

- Presence of a physician champion with informatics knowledge or IT support with clinical informatics knowledge
- An EHR vendor that is able to supply the necessary software to meet the Stage Two requirements
- A positive attitude within the practice towards technology and patient engagement.

We understand that Health Information Technology is rapidly advancing and can be daunting at times, but we are here to help you. Please contact me, Dr. Zoya Zaki, at zoya@kidneyhi.org for all your questions and concerns.

Upcoming Events

Hawaii IPA Webinar Series

Providing and Billing Medicare for Chronic Care Management,
Martie Ross, MD

Wednesday, February 11, Noon-1:00 pm

Go to www.hawaiiipa.com/webinars to register

Webinars are held the **second Wednesday of every month**.
Please go to <http://www.hawaiiipa.com/webinars> for upcoming topics.

Hawaii IPA Annual Membership Meeting

Friday, May 15, 2015, 5:30 pm - 8:00 pm

Oahu Country Club, Nu'uauu Ballroom

QCIPN Townhall Meetings

Townhall meetings are held from 5:00 pm - 6:00 pm at the
Queen's Conference Center on the following dates:

February 4, April 1, May 6, June 3

If you are unable to attend the meetings in person, be sure to go to queenscipn.org,
view the recorded meetings, and fill out the attestation form to receive credit for attending.

PCMH Meetings- Oahu

Wednesday, March 11, 5:30 pm - 7:30 pm

CMS Akamai Advantage Review of Chronic Conditions Workshop
1 Ala Moana, Private Dining Room

Additional Meetings have been scheduled for the following Wednesdays
from 5:30 pm - 7:30 pm with more details to follow:

July 15, September 16, December 2

Maui Meetings

Thursday, February 19, 5:30 pm - 7:30 pm
Class Act Restaurant at UHMC - College Campus

Additional Meetings have been scheduled for the following Wednesdays
from 5:30 pm - 7:30 pm with more details to follow:

March 18, May 20, July 22, September 23, November 18