



HAWAII

# Independent Physicians

ASSOCIATION

## May 2015 Newsletter

### In This Issue:

**A Message from  
HIPA Board  
President**

**Executive Medical  
Director Update**

**QCIPN Update**

**HIPA Quality  
Committee Update**

**PCMH Update**

**HIPA Website  
Update**

**National Kidney  
Foundation  
Update**

**Hawaii HIE  
Update**

**Upcoming  
Meetings/Events**

### **A Message from HIPA Board President, Dr. Greigh Hirata**

Dear Colleagues,

It has been said by a number of our physician members that there has been a loss of 'Joy' of practicing medicine. The pressures of running a small business with increasing costs while faced with the reduction of gross revenues has taken a toll on independent physicians in Hawaii. Many are seeking ways to regain that 'Joy' of the practice of medicine.

The staff of HIPA and your board members have been hard at work with efforts to relieve some of the burdens of running a medical practice. In this issue, each of our Medical Directors summarizes the number of initiatives planned or in the pipeline. We are also having a strategic planning session in June to create a roadmap for the coming year. After all, according to Yogi Berra, 'if you don't know where you are going, you might end up somewhere else.'

We seek your input and feedback to help guide our path. Please reach out to myself or any of our board members regarding issues that you feel we should address. Get involved with your IPA by attending the annual meeting (Oahu on May 15, Maui on June 19). Email or call me should you want to discuss specific issues. As the late Ed Koch used to ask his constituents when he was mayor of New York, 'How am I doing?'

Thank You,

Greigh I Hirata, MD  
[Greigh.hirata@hawaiifdip.com](mailto:Greigh.hirata@hawaiifdip.com)  
808-351-0688

## Executive Medical Director Update, Dr. Josh Green

In many ways it has become more difficult for physicians to provide healthcare than ever before. The healthcare landscape was complicated enough with multiple insurance companies, pharmacy formularies, and licensing regulations to navigate. Then came the Affordable Care Act and 2000 pages of legislation meant to reshape how Americans interface with the healthcare system, mandates on electronic medical record systems, and health insurance exchanges that have had trouble getting out of the gate. It is enough to make an independent physician's head spin.

For all of these reasons, independent physician organizations have needed to step up as advocates for their physicians. Hawaii IPA is doing all that we can to help provide a relative safe haven for our physicians, acting as a portal to all of the changes mentioned above, so that you don't have to do it alone.

To keep up with healthcare reform and all of the potential benefits that could be afforded to physicians, we have developed a program of constant updates through webinars (second Wednesdays monthly), monthly physician meetings on Oahu and Maui, annual conferences (see Hawaii Healthcare Workforce conference, 9/19/15), our annual membership meetings ([5/15 on Oahu](#) and [6/19 on Maui](#)) and a constant presence in the Queen's CIPN (6 annual town hall meetings).

I know what you're thinking, 'I barely have time to see all of my patients, how can I attend these meetings?' In truth no one could, so that is why we have made them as accessible as possible through virtual attendance (on-line and loaded onto our website).

In addition to this, we decided that because our physicians' time is valuable, **anyone who attends any Hawaii IPA meeting in person will receive \$100 for each and every meeting** (online attendance doesn't result in bonus). I hope that the time together helps both clinically and practically in your professional lives, but also having this bonus is meant to show we appreciate you. It will mean that active members see \$1500-\$2000 a year as a Hawaii IPA bonus. Note that this is over and above any other meeting reimbursements that PCMH and CIPN offer. Physicians who have embraced these many programs have seen their revenues rise significantly as well, whether through better results in the quality programs like PCMH or simply because they knew better what opportunities were out there.

Finally, our Hawaii IPA board authorized a robust quality team expansion this year in partnership with the Hawaii Kidney Foundation so now we have Ray, Zoya, Terri, Kahea, Nahea and other associates to help any and all of our practices succeed in the myriad of programs that are out there. We have activated our physician quality committee with the expectation of continued success as an IPA in all of these programs, and we continue to look for new opportunities to keep the Hawaii IPA in a leadership position for the state.

If you have any questions about our Hawaii IPA programs or the state's healthcare landscape in general, please write me anytime at [joshuaboothgreen@yahoo.com](mailto:joshuaboothgreen@yahoo.com) or call me on my cell phone at (808) 937-0991.

Thank you again for taking great care of the people of Hawaii.

Warmly,

Josh  
Executive Medical Director  
Hawaii IPA

## QCIPN Update, Dr. Nadine Tenn Salle

In July 2014 over 1000 physicians in Hawaii came together to transform the health care experience for patients and providers of Hawaii through collaboration and innovation. A physician run government structure, including board and numerous functional communities, was established in collaboration with the 10 largest physician organizations in the State. 27% of the total physicians are primary care physicians and 73% are specialists. Obstetrics-gynecology, emergency medicine, anesthesiology, ophthalmology, hospitalist and surgeons make up the majority of specialists in the network. Over 187,000 lives are attributed to the clinical network.

In the first year, \$1.3 million in quality payments have been distributed to primary care providers for the first two quarters of process payments. Specialists will receive payments at the end of the year. Over the three years over \$11 million will be distributed to QCIPN physicians. Process deliverable metrics include the PCMH neighborhood, choosing wisely, improved access, ER visits, preventable re-admissions and population health and well-being.

Nine clinical best practice guidelines were established. Reducing CTAs for low risk patients suspected of PE, standardizing treatment pathways for sepsis and stroke, and best practice for colorectal cancer screening were the specialty endeavors establish this year. The first year and first stage of the QCIPN has been spent on education and process. 70% of the effort and payment structure is based on "process" and 30% on "performance". Year 2, which will begin July 1, 2015, will transition to increase emphasis on performance metrics. Payment in year 2 will be 40% process and 60% performance. Performance measures will include improved access, advanced care planning, decreasing ER utilization, HMSA care management, and ambulatory sensitive admissions such as COPD and CHF.

In the upcoming months, some of the projects that will be underway include a needs assessment for PCPs whose patients have unusually high volume of ER use, collaborating with the HHIE to provide physician's with a tool for electronic referral coordination, and the development of additional specialty quality performance metrics.

Achieving the network's mission to transform healthcare and to maximize the maximum payment over the next 3 years is going to be a long and arduous road. The first year appears as though all significant measures will be met and maximum earnings will be achieved. It is a good place to start.

Nadine Tenn Salle, MD

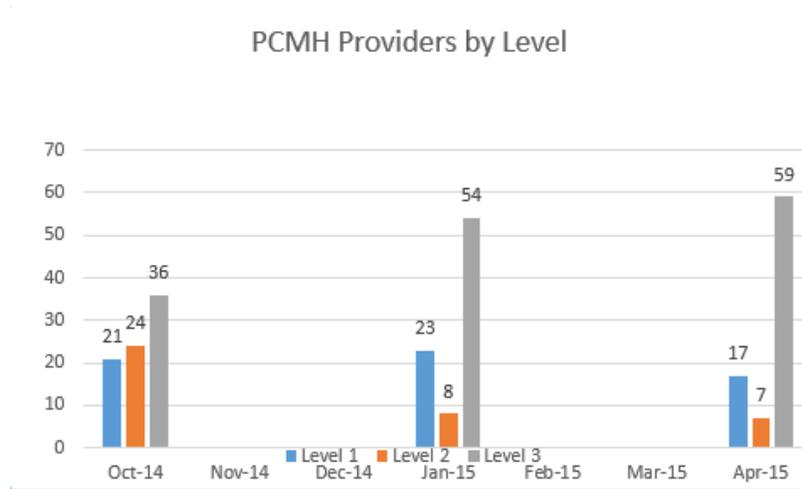
## Hawaii IPA Quality Committee, Dr. David Saito

Hawaii IPA has rejuvenated its Quality Committee. Its first meeting was held on April 15, 2015. Most of the focus for now is directed to improving HMSA Cozeva measures primarily for PCPs in the PCMH. HIPA ranks near the middle among all of the HMSA HMOs. This is something we would like to significantly improve. The Committee has identified specific areas for improvement: Diabetic Retinal Exam, Diabetic BP control, HbA1c control, and BP control for non-diabetics. We have a goal of reaching a physician organization rank of 5, which is an 80% goal attainment, by the end of the year. You will hear more about this soon. For more information, please refer to the PCMH Update and Care Coordination Support Services article below.

Dr. David Saito  
VP Hawaii IPA

# PCMH Project Update

The expanded partnership with Hawaii IPA providing support of the pay for quality, PCMH and QCIPN has produced some notable accomplishments. PCMH providers by level have increased, with 5 physicians moving to Level 3 and 2 moving to Level 2. To date, 59 physicians are at Level 3.



Hawaii IPA Oahu currently ranks 11<sup>th</sup> and Maui ranks 17<sup>th</sup> out of 26 Physician Organizations.

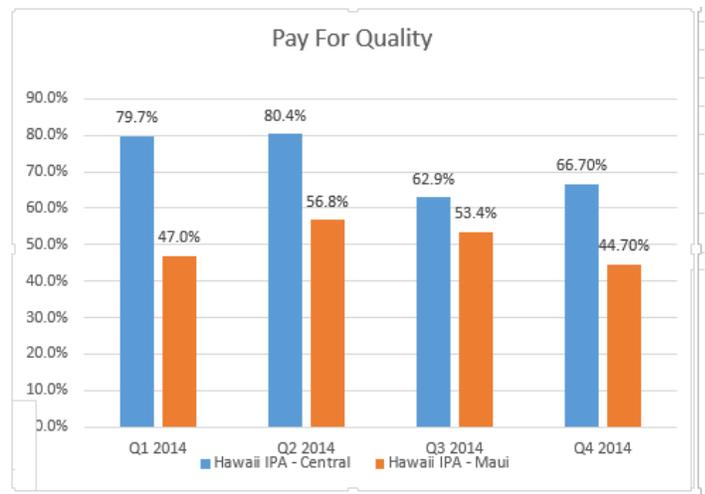
## Commercial PO Ranking 4Q 2014

Rank	Pay Rate	Rank	Pay Rate
1	107.8%	11	69.7%
2	96.6%	12	69.2%
3	93.4%	13	63.0%
4	92.9%	14	57.7%
5	83.4%	15	56.8%
6	76.0%	16	52.7%
7	74.4%	17	44.7%
8	74.2%	18	41.6%
9	73.3%	19	31.2%
10	70.4%	20	30.8%

26 total POs



## Pay For Quality



# HIPA Website Update

Aloha. The Hawaii IPA website is in the process of transformation. The current website is still operating. Sometime this summer we will have a new website that may look familiar in many ways but will be more streamlined and user-friendly. Our primary goal is that HIPA members will be able to use it as the "go to" place to get useful information whether it be to check on your QCIPN status, look at the calendar of events or to provide us with changes in your contact information. We realize that your schedule is busy and your time is limited. If you know of any other ways that can help to save time please contact us - you may want to use our website @ [www.hawaiipa.com](http://www.hawaiipa.com)!

Jocelyn U Chang

## National Kidney Foundation Update

### Population Health Management

As we observe the shift to Care Model and Patient Support incentives from HMSA, it is important to recognize that care coordination is a core component of a PCMH. While care coordination support services will differ from practice to practice, providers should focus on meeting patient's needs (before, during, and after a visit) and implementing plans to enhance care between visits. With that in mind, the Health Innovations Division is in a position to coordinate these activities with the help of HMSA/Healthways.

- Determine what additional support services are required for your patients
- Discuss those needs with your PCMH coach and/or your Healthways contact
- Plan and implement care coordination services

These support services can help you improve your performance on quality metrics and continue to improve the health of your patients. Services range from patient outreach, condition management, and wellness assessment, to resources for you and your office.

### Support Services:

- Patient Outreach-telephone and mail based screening reminders and education
- Condition Management- assessment, education, case management, inter-appointment support and monitoring, care coordination
- Hospital Re-Admit Risk Prevention-Care transition support while admitted to prepare and educate patients on self-care and Post-Hospital discharge follow-up to assist patients with discharge instructions.

### To request services, call or email the following:

- Ray Shiraishi, NKFH, (808) 859-0618, [ray@kidneyhi.org](mailto:ray@kidneyhi.org)
- Dr. Zoya Zaki, NKFH, (808) 780-0748, [zoya@kidneyhi.org](mailto:zoya@kidneyhi.org)
- Wendy Kobayashi, NKFH, (808)330-3330, [wendy@kidneyhi.org](mailto:wendy@kidneyhi.org)
- Terri Haina, NKFH, **Maui**, (808)866-4074, [terri@kidneyhi.org](mailto:terri@kidneyhi.org)
- HMSA Well-Being Improvement Center (855) 765-7264
- Jessica Santos, Healthways, (808) 292-5349, [Jessica.santos@healthways.com](mailto:Jessica.santos@healthways.com)
- Kent West, Healthways, (808) 564-4702, [kent.west@healthways.com](mailto:kent.west@healthways.com)

## Hawaii Health Information Exchange Update, Dr. David Saito

The community health record (HealthNet) is up and running and has gone live. Ambulatory laboratory data from Diagnostic Laboratory Services and Clinical Laboratory of Hawaii is available. In addition, Castle Medical Center and Hilo Medical Center records are included. Soon to be added are Queen's Medical Center and HHSC - Kona and Maui. The first wave of the Community Health Record has been offered to members of the HHIE Physician Advisory Group. The next wave will be providers in the Castle Medical Center and Hilo Medical Center area since these facilities are currently available.

# Upcoming Events

## Hawaii IPA Webinar Series

Second Wednesday of the month from Noon-1:00 pm

May 13, June 10, July 8, Aug 12, Sept 9, Oct 14, Nov 11, Dec 9, Jan 13, Feb 10, March 9

## Hawaii IPA Annual Membership Meeting—Oahu

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

Oahu Country Club, Nu'uuanu Ballroom

## Hawaii IPA Annual Membership Meeting—Maui

Friday, June 19, 2015, 5:30 pm - 8:00 pm

Location TBD

## 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

## QCIPN Townhall Meeting—Maui

Lei's Family Class Act, Maui Culinary Academy

Wednesday, May 13 from 5:30 pm—7:30 pm

## East Hawaii IPA Symposium

Friday, August 21– Sunday, August 23

Fairmont Orchid

Special \$50 rate for Hawaii IPA Members

## JABSOM Health Summit

Saturday, September 19

## PCMH Meetings—Oahu

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

July 15, September 16, December 2

1 Ala Moana, Private Dining Room

## PCMH Meetings—Maui

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

May 20, July 22, September 23, November 18

Location and details to follow. Please contact Terri Haina at

[Terrih@kidneyhi.org](mailto:Terrih@kidneyhi.org) for more information