



East Hawaii IPA

PEDIATRIC HUDDLE

January 26, 2017

AGENDA



TOPIC	Speaker	Time
East Hawaii IPA Updates	Susan Mochizuki, Administrator	10 min
Payment Transformation	Leolinda Parlin, Co-Director Ka Huliau	50 min
Announcements	Susan Mochizuki, Administrator	5 min

HAPPY NEW YEAR!!!

2017: A Year of Transition



Mission:

To empower independent healthcare providers on Hawaii Island to improve quality, increase access and lower costs to achieve better health

Strategic Priorities:

- Strengthen IPA through enhanced integration***
- Develop Board directed/physician led management of cost & quality***
- Establish a sustainable financial revenue stream***
- Strengthen IT capabilities***

Let's make this a TEAM SPORT & focus on empowering our patients to receive optimal care.

DON'T GET OVERWHELMED. WE WILL DO THIS STEP BY STEP!

BOARD OF DIRECTORS

Would like your feedback.....

NAME CHANGE- EHI IPA– “EAST HAWAII INDEPENDENT PHYSICIANS ASSOCIATION”

WHY?

- Only provider organization on Hawai'i Island
- Added key providers in Kona and Waimea
- Mission evolving from “independent” to integrated group

SUGGESTIONS:

- Five Mountains Integrated Physicians Association
- Big Island Integrated Provider Association
- East Hawaii Integrated Provider Association
- Hawai'i Island Integrated Provider Association

COMMUNICATION

- ✓ **WATCH FOR WEEKLY EMAILS FROM IPA ON WEDNESDAYS**
- ✓ **SEE ALERTS WITH LINKS TO BACKGROUND INFO**
- **CHECK OUR WEBSITE BLOG (under construction) FOR WEDNESDAY UPDATES**
- ✓ **PLEASE PROVIDE TWO EMAIL ADDRESSES PER OFFICE:**
 - Provider**
 - Staff Representative**





ELECTRONIC HEALTH RECORD RECOMMENDATION

- **Board selected e-Clinical Works as recommended system**
- **Currently negotiating best agreement/contract for 2017 commitment**
- **IPA Board reviewing financial incentives for e-Clinical Works**
- **Board to finalize on February 1, 2017**

OTHER UPDATES

NEW SPACE FOR IPA OFFICE?

- **More Space for Training Sessions**
- **Need room for Care Managers, additional staff**
- **Contingent on Funding**

BOARD OF DIRECTORS NOMINATIONS

- **Three Available Positions- 3 Year Term**
- **Nomination Forms Due- February 28**
- **Election at Annual Meeting- April 26**



SUPPORT PLAN PRIORITIES

- **Team Sport**
- **Make More Money, Reduce Waste, Improve Quality**
- **Insurance Agnostic**

WE WANT WINS!



WE WANT WINS!

Patients- Better quality of life (more days at home), cost and time savings, fulfill what is most important to them.

Providers- Better reimbursement (value based system), better outcomes for patients, less stress (decreased burden of care)

PO- Financial sustainability to continue to support offices

Community- Reduce growth in premium expense, reduced absenteeism

Health Plans (HMSA/Medicare, et al)- Reduced growth in healthcare expense, improved relationship with plan sponsors, meet quality metrics for better reimbursement

Hospital – Control costs

➤ **BEST PRACTICES WORKSHOPS WITH HAWAII'S PEDIATRIC EXPERT**

Leolinda Parlin, Co-Director, Ka Huliau

- **Thursday, January 26**
- **Thursday, February 23**
- **Thursday, April 27**
- **Thursday, July 27**
- **Thursday, September 28**
- **Thursday, November 9**

SKYPE CONFERENCING!

➤ **ONE TO ONE MEETINGS IN PEDIATRIC OFFICES**

➤ **HMSA & ARW IN-OFFICE TRAINING**

➤ **E H R SUPER USER GROUP SESSIONS**

➤ **INDIVIDUAL OFFICE CONSULTING- 3 hrs/practice; > Consulting fee for excess hours**



The Community First Selection and Recruitment Committee extended the deadline for graduating residents and others to apply for a financial subsidy to support them if they establish a practice or join a practice in the Hilo area on the Big Island.

Deadline: UNTIL 7/1/2017, or all subsidies are awarded. Proposals reviewed monthly and awarded based upon merit. An average processing time is 4-6 weeks.

Questions? Contact Anthony Kent at akent@communityfirst.co

MOVING FORWARD IN 2017

Payment Transformation Here We Come!

January 26, 2017



Ka Huliau

Pediatric Payment Transformation



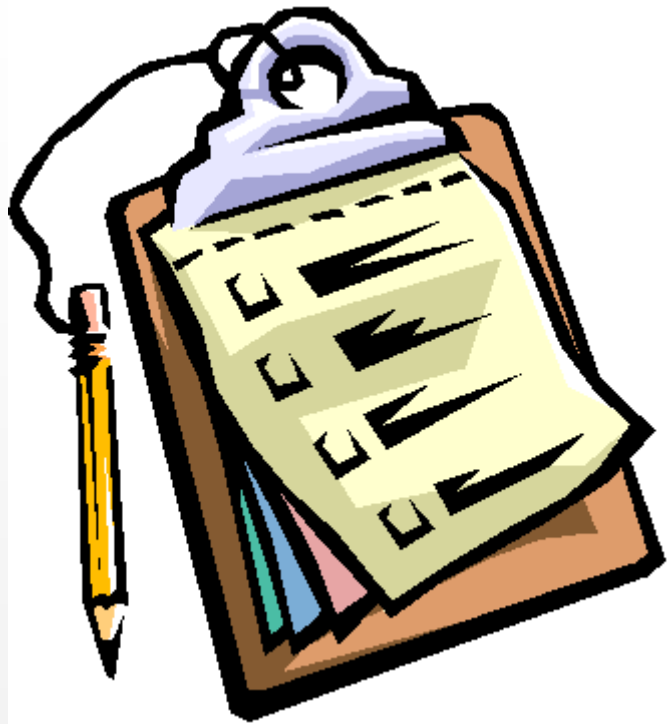
Communication



Performance



Engagement

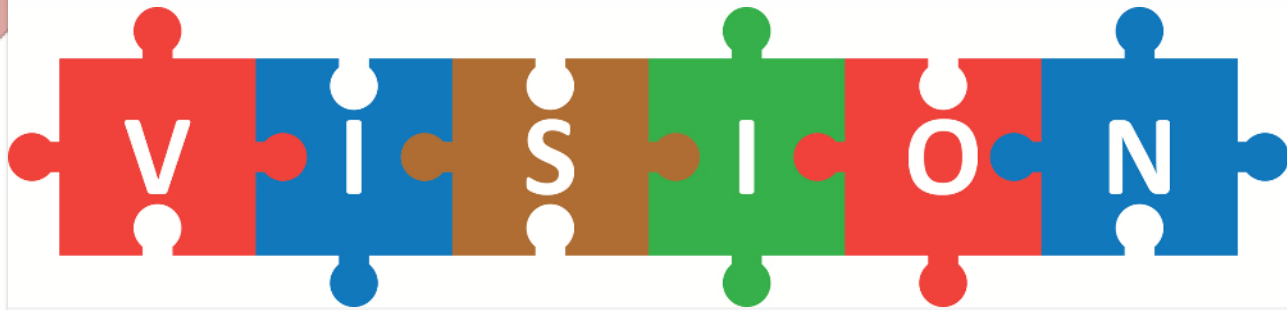


Ka Huliau & E-HI Strategy

Patient Transformation Part I

Next Steps

KA HULIAU & E-HI STRATEGY



Best Practice
Workshops

Online
Learning

One to One
Meetings

Best Practice Workshops

- Big Initiatives
- Community Standard



Online Learning

- Break Down Big Initiatives
- Dive Deep into Topical Areas



One to One Meetings

- Individualized Support
- Technical Assistance



**PATIENT TRANSFORMATION
PART I**

1/1/17

Payment Transformation

Global Payment

P4Q Measures

Old

New

PO Measures

Engagement Measures

Total Cost of Care



What do we know?

- It's more complicated than before
- There's no more PCMH or leveling up
- It requires a more indepth understanding of
 - Plans
 - Communication strategies
 - Cozeva

ACA Plans & FEP

Know Your Plans

- When to generate a co-pay or not
- Know who gets counted when

The screenshot shows the HMSA Provider Resource Center website. The page title is "Coverage Codes for Affordable Care Act (ACA)". Below the title, there is a paragraph explaining that the list helps determine health plan benefits for preventive health services. A search bar is visible at the top of the page content. Below the introductory text, there are links for "List of Coverage Codes", "PPO", "HMO", "Inactive", and "Footnotes". The "PPO Plans" section contains a table of coverage codes.

006#	333#	453	536	607	722	800#	942
019	334#	458	556	629	723	801#	947
087	359	475	562	632	724	802#	948
	392	491	574	635#	799	804	949
		492	575	638		805	950
		493#	577	639#		808	951
			579	646		807	952
			593	648		808#	953
				650*		809	954
				661#		810	955
				670#		811	956
				678*		812	957

ACA Plans
& FEP

Put it on a
claim

Know the
dates

Pay attention to
which dates
trigger which
measures

The measures are not uniformly
triggered off of the same date range



What do you need to know?

ACA Plans
& FEP

Put it on a
claim

Know the
dates

Code for
acuity



Code for Acuity

- Paint the picture of your patient annually
- Put chronic condition and high acuity dx codes on a claim form
- Little is known about Episode Risk Group

ACA Plans
& FEP

Put it on a
claim

Know the
dates

Code for
acuity

Track the
panel

Reconcile the Panel

- Reclassify the “other” unassigned patients



1/1/17

Payment Transformation

P4Q Measures

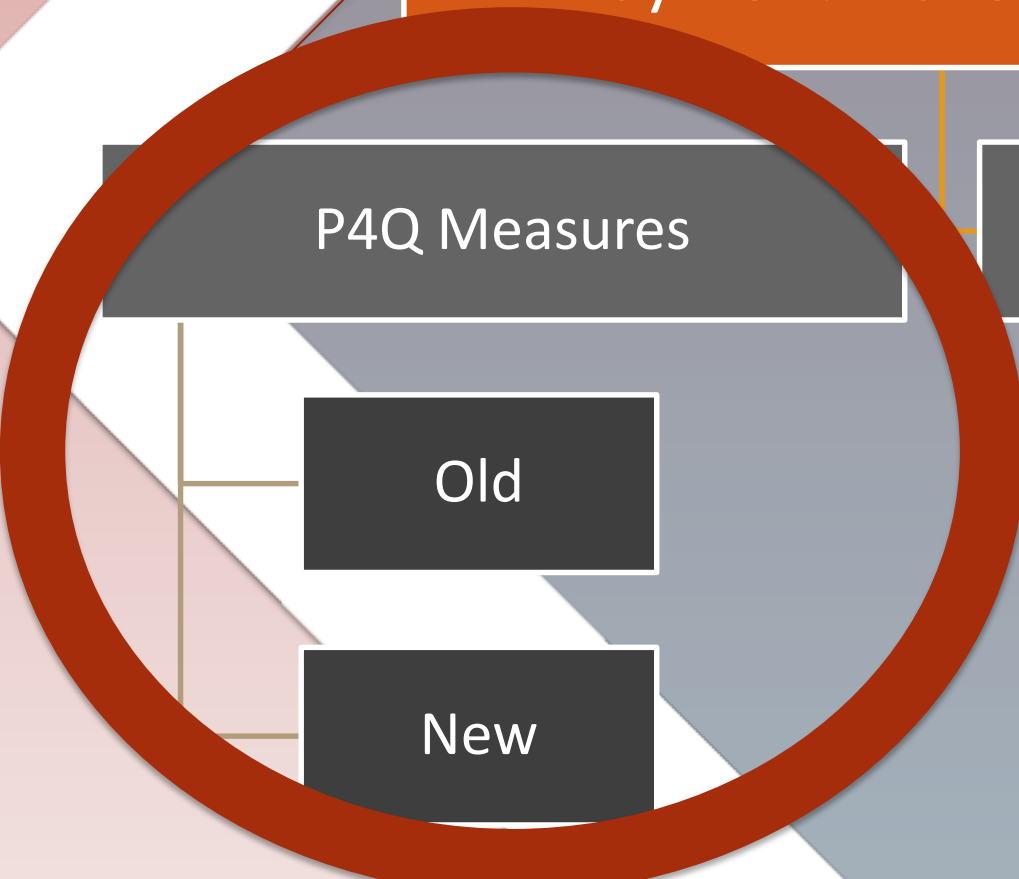
PO Measures

Old

New

Pediatric

All Physician



**PEDIATRIC
PAY 4 QUALITY**

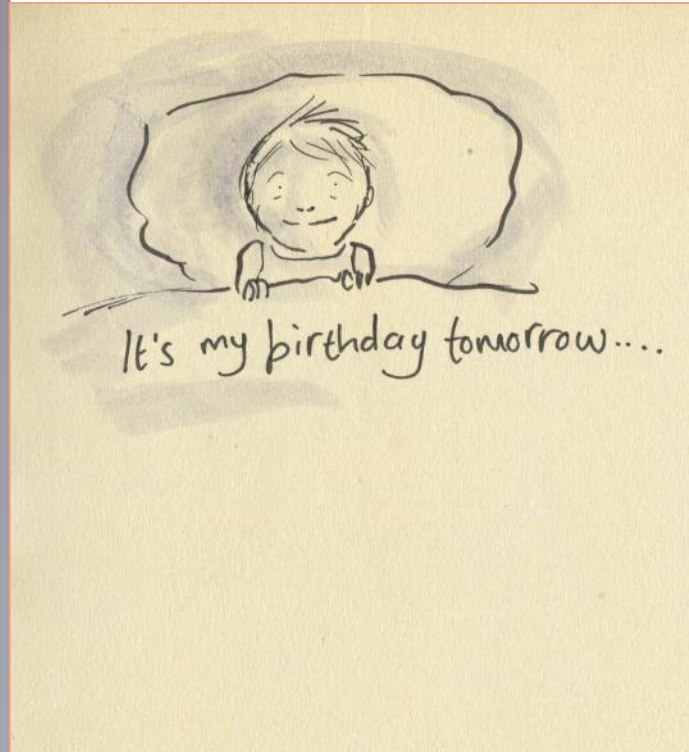


- Adolescent Depression Screening
- Weight Assessment & Counseling for Nutrition and Physical Activity
- Well-Child Visits First 15 Months
- Well-Child Visits 3rd, 4th, 5th, 6th Years of Life
- Immunizations

All

- 96127
- Z13.89

- 0-2
 - Perform the exam prior to the birthdate
- 3+
 - Perform annually in the calendar year



- Developmental Screening
- Adolescent Well Care Visits
- Adolescent Immunizations

- Standardized screening tool
- Complete annually



Positive

- 96110 + HA modifier
- Z00.121

Negative

- 96110 + HA modifier
- Z00.129

- ASQ
- BDI (Battelle Developmental Inventory)
- BINS (Bayley Infant Neurodevelopmental Screen)
- Brigance Screens III
- CDI Child Development Inventory
- Infant Developmental Inventory
- PEDS
- Other

Requires supplemental info

Reliability .70

Validity .70

Sensitivity .70

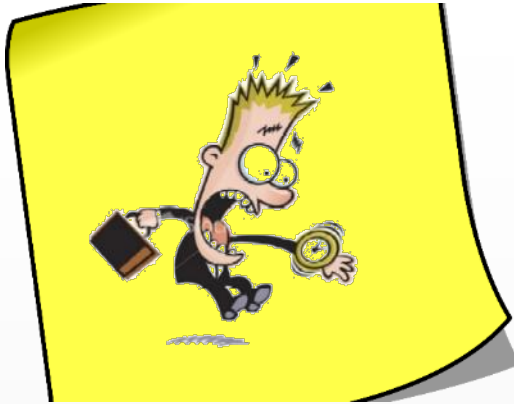


PEDS

- 1 form
- short

ASQ

- Age specific
- Locally normed



- Pick a tool that works with your families
- Pick a tool that is easy to score (online helps)



What to do now

**Report screens
for 2YO in
Cozeva**



99384-99385
99394-99395

Z00.121
Z00.129



Z00.121 – Abnormal findings

Children with Special Health Care Needs Screener

Parental report
5 items

Non-condition specific
identify childhood
chronic conditions &
special needs

<http://cahmi.org/ViewDocument.aspx?DocumentID=115>

Screening title: _____

Children with Special Health Care Needs Screener

Screening date: _____

Patient Name: _____ Birth Month/Year: _____ / _____ / _____

1. Does your child currently need or use medicine prescribed by a doctor other than vitamins?
 Yes Go to Question 1a No Go to Question 2

1a. Is this because of ANY medical, behavioral or other health condition?
 Yes Go to Question 1b No Go to Question 2

1b. Is this a condition that has lasted or is expected to last for at least 12 months?
 Yes No

2. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?
 Yes Go to Question 3a No Go to Question 3

3a. Is this because of ANY medical, behavioral or other health condition?
 Yes Go to Question 3b No Go to Question 3

3b. Is this a condition that has lasted or is expected to last for at least 12 months?
 Yes No

3. Is your child disabled or prevented, in any way, from or less able to do the things most children of the same age can do?
 Yes Go to Question 4a No Go to Question 4

4a. Is this because of ANY medical, behavioral or other health condition?
 Yes Go to Question 4b No Go to Question 4

4b. Is this a condition that has lasted or is expected to last for at least 12 months?
 Yes No

4. Does your child need or get special therapy, such as physical, occupational or speech therapy?
 Yes Go to Question 5a No Go to Question 5

5a. Is this because of ANY medical, behavioral or other health condition?
 Yes Go to Question 5b No Go to Question 5

5b. Is this a condition that has lasted or is expected to last for at least 12 months?
 Yes No

5. Does your child have any kind of emotional, developmental or behavioral problem which he or she needs or gets treatment or services?
 Yes Go to Question 5c No

5c. Has this problem lasted or is it expected to last for at least 12 months?
 Yes No

ICD-9 code: _____

© 2007 The Partnership for Assessment - a project of the American Academy of Pediatrics/Health Care

Positive

- E&M code + HA modifier
- Z87.898

Negative

- E&M code + HA modifier

3-17yo

Every 3y

What to do now

**Catch up on
Screeners**



1/1/17

Payment Transformation

P4Q Measures

Old

New

Pediatric

Adult





Hawaii Early And Periodic, Screening, Diagnosis, and Treatment (EPSDT) Exam

Please COMPLETELY fill in this form by supplying the requested information and filling in the appropriate

PATIENT INFORMATION																																													
Screen Date (MMDDYY)	Indicate the EPSDT periodic screening age being reported																																												
<table border="1"> <tr> <td>14</td><td>30</td><td>2</td><td>4</td><td>8</td><td>9</td><td>12</td><td>15</td><td>18</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>8</td><td>10</td><td>12</td><td>14</td><td>18</td><td>19</td><td>20</td> </tr> <tr> <td>y</td><td>e</td><td>m</td><td>m</td><td>m</td><td>m</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	14	30	2	4	8	9	12	15	18	2	3	4	5	6	8	10	12	14	18	19	20	y	e	m	m	m	m	m	m	m	y	y	y	y	y	y	y	y	y	y	y	y	y	Sex	
14	30	2	4	8	9	12	15	18	2	3	4	5	6	8	10	12	14	18	19	20																									
y	e	m	m	m	m	m	m	m	y	y	y	y	y	y	y	y	y	y	y	y	y																								
<table border="1"> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td> </tr> </table>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																								
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F																								
Name (Last, First, Middle Initial)	Medical/QUEST ID																																												
	Birthdate (MMDDYY)																																												
<table border="1"> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																								
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																								
MEASUREMENTS																																													
For infants, head circumference and weight for length should be assessed and documented in the Medical record.																																													
Blood Pressure	Height (in)																																												
Weight (Lbs)	BMI #																																												
BMI %	BMI Reference - For Information Only																																												
	<table border="1"> <tr> <td>Normal</td><td>Obese I/II</td><td>Obese III</td> </tr> <tr> <td><5%</td><td>5% - 9%</td><td>>9%</td> </tr> </table>	Normal	Obese I/II	Obese III	<5%	5% - 9%	>9%																																						
Normal	Obese I/II	Obese III																																											
<5%	5% - 9%	>9%																																											
IMMUNIZATIONS GIVEN TODAY AND STATUS																																													
HepB	Immunization(s) Not Given																																												
DTaP	Immunizations up to date																																												
IPV	Catch Up Scheduled																																												
Hib	Refused (List)																																												
Comments:	Contraindicated (List)																																												
SCREENING DONE TODAY																																													
Vision Screening: Snellen, Albin, Tunneling Et, Low Symbols	Normal																																												
Hearing Screening: Audiometry (20-25 db screen)	Abnormal																																												
Developmental Screening	Done																																												
Autism Screening	Done																																												
Blood Lead Level	Done																																												
Hgb/Hct	Done																																												
Has the child seen a dentist within the past year?	Done																																												
As part of surveillance per the AAP/Right Futures recommended periodicity (see book), the following should be done and documented in the medical record: TB risk assessments, lead risk assessment, psychosocial/behavioral assessments, and for adolescents - alcohol/drug use assessment, and as appropriate - dyslipidemia, STI, and cervical dysplasia screening.																																													
REFERRALS MADE TODAY																																													
Already referred or receiving state or specialty services.	By leaving this section blank, I am confirming that there are no referral needs.																																												
Patient/parent refused.																																													
Behavioral Health/Substance Abuse (List name & specialty)																																													
Medical/Surgical/Developmental (List name & specialty)																																													
CARE COORDINATION ASSISTANCE NEEDED																																													
No Care Coordination Needed	Please call patient's Health Plan for Care Coordination assistance if needed.																																												
Obtaining dental care (if yes, call CCMC)																																													
Obtaining specialty services																																													
If assistance is needed, please provide parent's/caregiver's telephone no. The health plan will call to facilitate coordination.																																													
List additional information or other assistance needed:																																													
Phone Numbers																																													
Alpha Care	QUEST																																												
HMSA QUEST	Orange Health Plan																																												
Evercare																																													
PROVIDER STATEMENT: A complete EPSDT exam also includes a history (initial or interval), a physical exam, age appropriate surveillance and anticipatory guidance. By signing below, I confirm that these were performed and documented in the patient's medical record.																																													
Provider Name (Print)	Signature																																												
	NPI #																																												
For additional forms, contact ACS at 808-952-5570 (Oahu) or 800-235-4378 (Toll Free).																																													

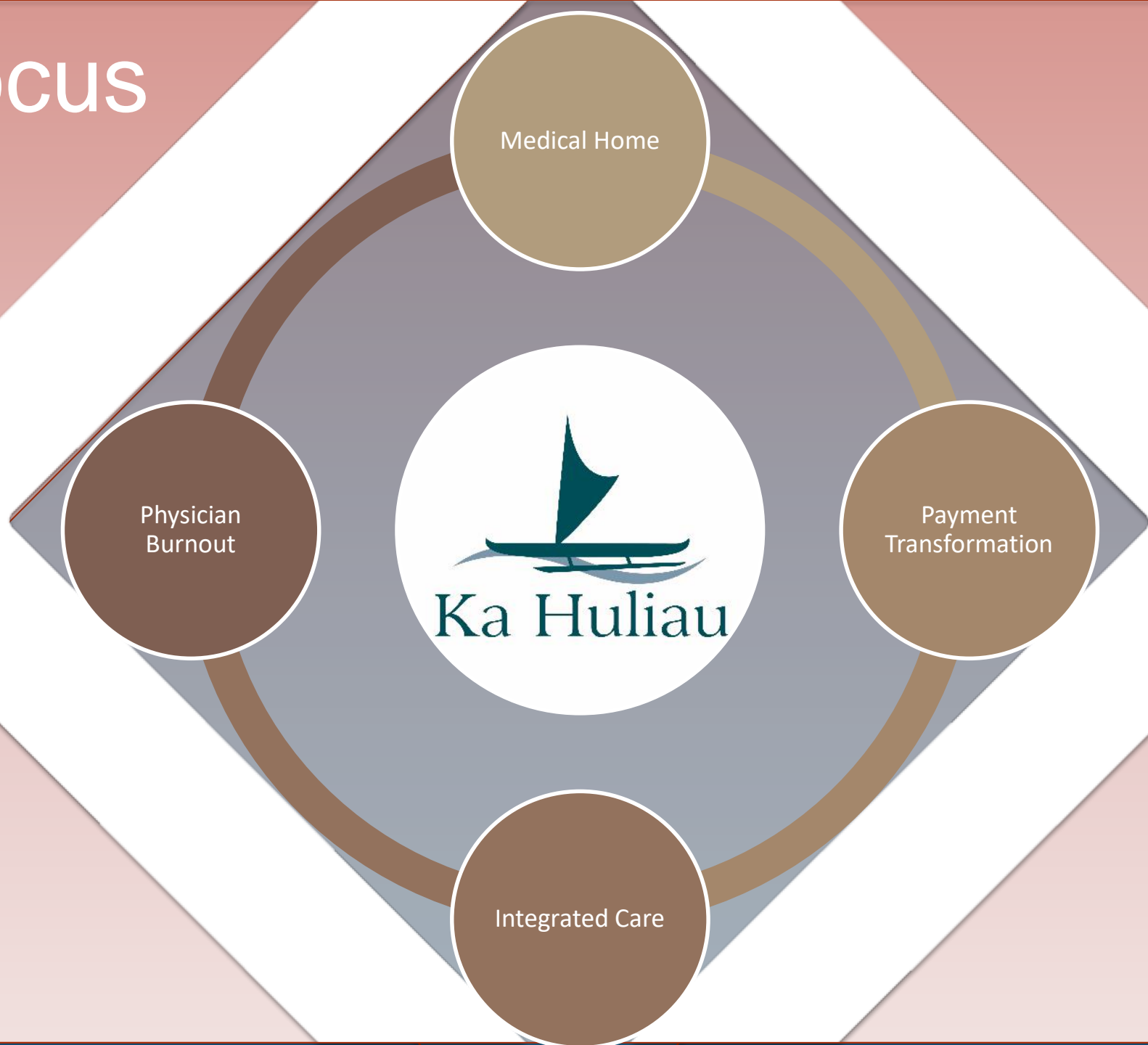
February – Payment Transformation Part II

- Adult measures
- General every PCP measures



NEXT STEPS

Focus





JANUARY

- Get moving
- Figure out your workflow
- Catch up



February

- Start our webinars
- Respond to Baseline Surveys
- See North & West Hawai'i
- Finish East Hawai'i



MARCH MADNESS

- Adolescent Screening, Brief Intervention & Referral to Treatment
- Bring friends

Webinars

Tuesday, February 21, 2017	Positive screens, now what?
Tuesday, March 21, 2017	Legislative update
Tuesday, April 18, 2017	Best Practice Communication Strategies
Tuesday, May 16, 2017	ACES

Thursday, February 2, 2017	Roster and attribution
Thursday, March 2, 2017	Security
Thursday, April 6, 2017	Communication tools
Thursday, May 4, 2017	Ecosystem referral tracking

Next

Q&A

HIPAA (Health Insurance Portability & Accountability Act)

TRAINING REMINDER

- Recommend refreshing HIPAA training every 1-2 years
- EHI IPA contracted with HIPAA vendor- 56 licenses left
- Awareness, Security, and Mental Health Training to provider offices
 - ✓ **\$20 per person, per training**
- Submit form to Joyce or fax list to 935-4472 with list of staff + email address to send login information
- Email Joyce (jvital@ehiipa.com) for more info

Administrative Assistant Position Opening- East Hawaii IPA Office

Duties:

- Answer phones/email/Faxes
- Event registration & logistics support
- Data entry and information tracking
- Make follow up calls to patients, providers, healthcare partners
- Organize meetings, take minutes, other duties assigned

Qualifications:

- Healthcare experience or education
 - Accuracy and attention to detail
 - Experience working with spreadsheets, email programs
 - Flexible and works quickly with minimal supervision
 - Passion for improving healthcare in our community
 - Professional demeanor and diplomacy
-
- Full-time- 40 hours per week, occasional evening and weekend
 - Medical, Dental & Vision Coverage
 - Paid Holidays and PTO

Know anyone who is Interested?
Send cover letter/resume to:
smochizuki@ehiipa.com



SAVE THE DATE

East Hawaii IPA 21ST ANNUAL

Healthcare Symposium

AUGUST 18-20, 2017

FAIRMONT ORCHID HOTEL | WAIKOLOA | HAWAII ISLAND | HAWAII



EHI IPA'S NEW PHONE NUMBER:

808-797-3113



EHI IPA'S FAX NUMBER:

808-935-4472

SUSAN'S NEW EMAIL:
smochizuki@ehiipa.com

JOYCE'S NEW EMAIL:
jvitalles@ehiipa.com

NEW WEBSITE ADDRESS:

<http://www.ehiipa.com/>



NEXT PEDIATRIC WORKSHOP DATES:

- Thursday,
- Thursday,
- Tuesday,

Visit our calendar of events at www.ehiipa.com

Download RSVP forms for:

- Super Huddles
- Pediatrician Meetings
- Symposium
- Workshops
- Special Events

