

PEDIATRIC HUDDLE October 12, 2017





TOPIC	Speaker	Time
East Hawaii IPA & HMSA Updates	Brenda Camacho, MD,	15 min
- Eco-System Resources & Referrals Jane Bontuyan, EHI IPA	IPA Pediatric Lead	
IPA Bonus Bucks	Lynda Dolan, MD,	5 min
	IPA Transformation Director	
Health Plan Service Coordination	Leolinda Parlin, Director,	5 min
Requirements	Hilopa'a	
Health Plan Service Coordinators		40 min
AlohaCare	Patti Judge	
• HMSA	Shan Inaba	
'Ohana Health Plan	Bernard Kuheana/Julie Mitchell	
United Healthcare	Shannon Libao	
Announcements		



Welcome New IPA Employees!

- > Gay Mukai, RN, Licensed Care Manager
- > Marynell Vitales, RN, Patient Services Coordinator
- > Jermaine Vitales, IT Assistant



FULL-TIME TEAM MEMBERS

- Susan Mochizuki, Administrator
- Joyce Vitales, Executive Assistant
- Jane Bontuyan, Administrative Assistant
- Michael Kurohara, IT Specialist
- Misae Wela, Transitions Coordinator
- Joy Kekua, Patient Navigator
- Gwendelyn Go, Patient Navigator
- Sheri Kang, Patient Navigator



Welcome NEW IPA MEMBERS

New Members

- LaRae Barnes, APRN
- Dr. Sarah Howard Ka'ū Hospital
- Dr. Dwight Johnson Ka'ū Hospital
- > Dr. Louis Pau, Anesthesiology/Pain Management
- > Dr. Michael Russo, Neurology/Sleep Medicine

Members Representing EHI IPA in the Community



Dr. Kevin Kurohara

Dr. Richard Lee-Ching



Dr. Laurie Hopman

Dr. Peter Matsuura

RHIC-Community Action Network (CAN)

Dr. Michelle Mitchell





SAVE THE DATE!!!



EHI PROVIDER MEMBER RETREAT

Purpose: Decide on the IPA's future

Wednesday, November 8, 2017 3PM – 7PM

RSVP Required

Must participate in entire session —



SAVE THE DATE!!!



HILO MEDICAL CENTER &

EHI IPA MIXER

Topic: Physician to Physician Communication



Tuesday, November 7 5:30-7:30 PM



RSVP Required. Announcement to follow.



eClinical Works Go Live — Starting October 2

Members Participating:

Dr. Daniel Belcher

Dr. Brenda Camacho

Dr. Darrett Choy

Dr. Ty DeSilva

Dr. Lynda Dolan

Dr. Laurie Hopman

Dr. Erin Kalua

Dr. Kevin Kurohara

Dr. Richard Lee-Ching

Dr. Douglas Olsen/Dr. Kara Okahara

Dr. Craig Shikuma

➤ Direct Reporting to CPC+

- > Tablets for Patients to Complete Forms
- Screening Forms & Templates
- Care Coordination Module
- Direct Lab & Radiology Interface
- ➤ IPA User Group Meetings
- Connection to EPIC, Meditech

Others Members on eClinical Works

Alice Davis, DNP

Dr. John Dawson

Dr. Jon Gerdsen

Dr. Maria-Stella Perlas

Dr. Sydney Tatsuno



ECOS*ystem* RESOURCES







Categories

Section 1: EMERGENCY SERVICES

Section 2: ADVANCED CARE PLANNING

Section 3: ELDERLY

Section 4: GENERAL BEHAVIORAL HEALTH

Section 5: ADULT BEHAVIORAL HEALTH

ection 7: MENTAL DISABILITIES

Section 8: CHRONIC / ACUTE ILLNESS

Section 9: FOOD RESOURCES

Section 10: HEALTH & WELLNESS

Section 12: MEDICAL

Section 13: OBSTETRICS/GYNECOLOGY

Section 14: PATIENT & FAMILY SOCIAL SERVICES

Section 15: PEDIACTRICS

Section 16: SUBSTANCE ABUSE

Section 17: TRANSPORTATION

Table of Contents



Section 1: EMERGENCY SERVICES

ES1. Hawaii County Urgent Services Directory*

ES2. Emergency Shelters

ES2.1. Emergency Shelters Directory*

ES2.2. Salvation Army Emergency Shelter: Hilo*

ES2.3. Child & Family Services: East Hawai'i Domestic Abuse Shelter*

ES2.4. Catholic Charities Hawai'i Island Community Office

ES3. Emergency Services

ES3.1. Aloha United Way - Health and Human Services Hotline*

ES3.2. Hawaii Community Paramedicine Program*

ES3.3. A Safe Place to get help, Call...*

ES4. Helpful Numbers

ACCESS LINE (Crisis Line of Hawaii)*

24-HR Sexual Assault Line

Suicide Hotline

Catholic Charities Helpline



Section 2: ADVANCED CARE PLANNING

ACP1. Conversation Starter Kit*

ACP2. Hawaii Health Care Directive*†

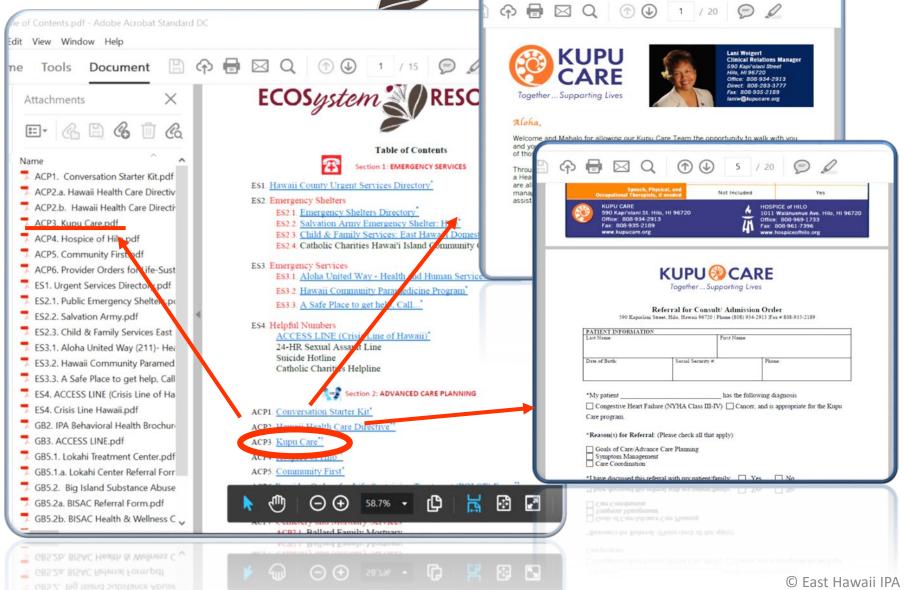
ACP3. Kupu Care*†

ACP4. Hospice of Hilo*†

ACP5. Community First*

ECOSystem RESOURCES





Ecosystem Referral

Keep a log of referrals to Ecosystem- Attest at end of year via COZEVA # of patients referred to each program

ENGAGING ECOSYSTEM

REFERRALS TO COMMUNITY RESOURCES FOR PATIENT SELF-MANAGEMENT

DATE	NAME	INSURANCE	DX	PROGRAM	REFERRAL SENT	PATIENT NOTIFIED	PROGRAM COMPLETED	
								•
				Engagement with Eco	DSVSICIII I COOLUI	maren Carer		
					ertify that I have re	eferred HMSA n	nembers to program	is in the ecosystem to support their health and well-
				Check all that apply:				
				HMSA Care Model				
				Diabetes Education Pro	ograms- e.g. InCo	ntrol Diabetes	Center, Diabetes 1	01, Queens' Diabetes Education
				HMSA and Healthway Bucket	s health education	workshops - e	.g., Diabetes 101,	Hypertension Explained, Family Fitness, Stress
				HMSA and Healthway	s health coaching	- e.g., chronic	disease manageme	ent, depression, substance abuse, smoking
				Dr. Dean Ornish Progr	am for Reversing	Heart Disease ¹	TM.	
				Healthways Financial V	Well-Being™ Pow	ered by Dave	Ramsey	
				Healthways SilverSnea	kers™ Fitness			
				☐ QuitNet™ - tobacco ce	essation program			
				Aloha Kidney - kidney	disease education	program		
				QCIPN Care Coordina	tion			
				Hospice- e.g. Islands H	Iospice, Hospice I	Iawaii		
				Other (e.g. community-based programs or other resources to assist patients in reaching their health and well-being goals)				
				I also certify that I ref	erred	number of H	IMSA members to	the above-mentioned programs.

The Challenge

Newborn's First Visit





Newborn's Attribution



Our Solution: Newborn Care Payment

Payment for all newborns equivalent to your PMPM multiplied by the months your patient was not attributed.



First visit: January

Attribution Date: March

Newborn Payment = 2 x PMPM



First visit: March

Attribution Date: July

Newborn Payment = 4 x PMPM

Implementation Plan

Beginning with babies born July 2018 onward, newborn care payments will be made four times a year.

- January, April, July, and October
- First Payment → Oct 2018



First visit: December Attribution Date: March

Newborn Payment Date = April

(HMSA will pay you a PMPM for March plus December,

January and February)



Key Takeaways

- PCPs will receive a Newborn Care Payment (quarterly) for babies born July 2018 onward
- Payment will be equivalent to your PMPM multiplied by the months your patient was not attributed (starting from the month of the first visit)



HMSA

East Hawaii Provider Engagement Health Services Division Representatives

Tiffany Pa— <u>Tiffany_Pa@hmsa.com</u> 808-630-5020

Nahea Brenneman- Nahea_Brenneman@hmsa.com 808-494-2069





PO (IPA) Bonus Incentive Program



❖ WHY???



- **❖ IPA** is projected to have positive fund balance in 2017
- Independent providers work hard with limited resources to follow best practices and document & report
- ❖ Offices need to continuously improve and train and empower staff
- Offices who perform well should be rewarded.
- ❖ IPA (PO) receives 90% of current funding from HMSA based on engagement and performance measures under Payment Transformation contract



PO (IPA) Bonus Incentive Program



WHO???

Primary Care HMSA Payment Transformation Providers as of December 1, 2017

WHEN?

Bonuses granted December 2017 Based on 2017 Performance

WHAT?

Selected PO (IPA) Engagement & Quality Performance Measure

HOW??

Bonus Points Assigned to Selected Measures



PO (IPA) Bonus Incentive Program



Points System Basis

Meeting attendance (includes webinars) & in-office meetings

24/7 Access - Complete attestation form - Secret Shopper to Sample

Contact Patient After ER Visit

Complete IPA Communication Survey





PO (IPA) ENGAGEMENT - 24/7 Access



All PCPs have 24/7 coverage using AT LEAST ONE OF THE FOLLOWING:

Able to access 24/7:								
	(1) PCP directly via phone							
	(2) Another provider in group or designee directly via phone							
	(3) Via Live Answering Service in timely manner							
	(4) Through an online platform when care isn't accessible in person							
	or By phone (HMSA online care)							
MUST ATTEST TO IPA								

75% of patients asked must answer 2, 3, or 4

> IPA Must Attest





PO (IPA) ENGAGEMENT - 24/7 Access



IPA Recommendations:

Must have 24/7 access to provider or provider's delegate

Options:

- -Use LIVE answering service
- -Forward calls to your back-up provider's office
- -Refer to Urgent Care provide numbers?
- -Refer to HMSA On-line care
- -Forward to provider's cell phone

Please complete attestation form to qualify for points





PO Quality Performance Measures - Contact Patient After ER Visit



PO Measure – Emergency Room Utilization

Best Practice - Follow-up with Patient In-Person, By Phone, Email AFTER ER Visit

Since 3/29/17 – Called patients to facilitate follow-up appointment/touch base

1,582 patients – showed up at ER to-date (includes frequent fliers)

#s patients per provider ranged from 1 to 117 patients

147 of these were frequent fliers – 2, 3, & 4 ER visits

251 touched by HMSA Patient Navigator

15 Payment Transformation Physicians HAVE BEEN REFUSING to follow up



4.

Yes /No

PO Quality Performance Measures - Answer Survey



PO (IPA) Communication PLEASE COMPLETE QUESTIONNAIRE FOR BONUS POINTS





PC	P Name	
Ple	ease circle:	
1.	Does EHI IPA regularly inform you of educational workshops and training? Yes / No	
2.	Have you participated in EHI IPA meetings, workshops and/or webinars? Yes / No	
3.	Has the IPA shown a willingness to answer or find answers to your questions? Yes /No	

Has the IPA provided you with information on Ecosystem (Community) Resources?

ANNOUNCEMENTS





- Tuesday, September 26 eClinical Works Kick-Off Lunch
- Thursday, October 12 Pediatrician Huddle
- Tuesday, November 7 Hilo Medical Center EHI IPA Physician Mixer
- Wednesday, November 8 EHI Member Retreat
- Tuesday, December 12 Super Huddle

Visit our calendar of events at www.ehiipa.com

Download RSVP forms for:

- Super Huddles
- Pediatrician Meetings
- Symposium

- Workshops
- Special Events





Medicaid Service Coordination

Filling the Space Between the Silos

October 12, 2017 Hilo, Hawai'i

Who?

- under twenty-one (21) years with either
 - Physical
 - Developmental
 - Behavioral
 - Emotional condition
- requires health and related services beyond that generally required by children



What?

- Service Coordination The process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet healthcare needs using communication and all available resources
- Proper care coordination occurs across a continuum of care, addressing the ongoing individual needs of a member rather than being restricted to a single practice setting



How?

- Each member identified as having a SHCN shall be:
- assigned a service coordinator
 - assist in planning and coordinating of care
 - interaction shall primarily be face-to-face but may include other mediums (i.e., telephone, e-mail, text)



Kuleana

- Support the PCP and other providers
- Coordinating a team to develop the service plan
- Conducting health and functional assessments
- Monitoring progress with EPSDT requirements
- Coordinating services with other providers and community programs
- Providing continuity of care when members are discharged from a hospital
- Utilizing data to assure the services meet needs
- Facilitating access to services
- Providing assistance in resolving concerns
- Assisting members to maintain Medicaid benefits



Things to Know

The "What" is the same across all QI health plans





Let's meet some new friends!