

East Hawaii IPA Annual Membership Meeting Election Notes

Wednesday, April 17, 2019

EHI IPA held its annual membership meeting yesterday. Here are some highlights from the meeting:

- Susan Mochizuki summarized the IPA's 2018 financials, 2019 budget and 2018 achievements.
- The IPA recognized the two members retiring from the board:
Dr. Pradeepta Chowdhury & Dr. Mary K. Nordling.
- 4 new members were elected:
 - **Dr. Darrett Choy** – 3-year term
 - **Dr. David Jung** – 1-year term
 - **Dr. Erin Kalua** – 3-year term
 - **Dr. Kevin Kurohara** – 3-year term
- Dr. Scott Kronlund shared the IPA's strategic goals and information on initiatives to establish a Management Services Organization (MSO) and the Medical Group. Big Island Management Services, LLC (MSO) was established as a wholly-owned subsidiary of the IPA in December 2018.
- Discussions/Announcements
 - Dr. Daniel Belcher participated in the CPC+ Workshop in O'ahu and advised members that the CPC+ caps survey can impact 20% of CPC+ payment.
 - It is important for providers to:
 - Ask about patients about their **Goals of Care**
 - Ask about patients about their **Medication**
 - **Document social determinants** in their EHR
 - Hawai'i is one of the lowest-cost Medicare states in the US. Difficult to get cost savings.
 - Dr. Belcher also announced that Hilo Medical Center will be building rural clinics in Kea'au, Pāhoa, Ka'ū and Hilo for Medicaid and Medicare patients. Maybe then it makes sense for IPA docs to focus on the Commercial population. This might be a way to address the physician shortage problem.
 - The following questions, comments and issues were raised regarding HMSA:
 - What is the IPA's relationship with HMSA, and what type of funding/reimbursement does IPA receive?
 - What is the justification of change in Payment Transformation bands?
 - What are HMSA's long-term goals and their processes & calculations?
 - There are many errors in attribution numbers
 - HMSA is progressive compared to Blues' plans on the mainland
 - There is a growing lack of trust
 - HMSA only sends "lower level" employees to meet with the providers; need to send executives with more clout
 - Concern over HMSA controlling the IPA because HMSA is providing most of the IPA's funding
 - HMSA needs to explain why they are carrying so much in reserve—why don't they reduce premiums and compensate the providers more? HMSA needs to be more transparent
 - Subspecialty spending needs to be controlled
 - There is much confusion around payment bands and how this is calculated. In some cases, not worthwhile for providers to move off of Fee-for-Service as the band rate was too low

- Some providers who were “churning” benefitted from high payment bands. As the payment band amounts move from historical to MGMA median salary-based rates, those with high payment bands will see a reduction
 - Hard to understand how O’ahu pediatricians were able to achieve 100% of their quality performance—EHI Peds performed at a high level but because they did not achieve 100% they lost \$2.00 PMPM. Need to find out how this happened
 - Certain providers have not seen the benefit of Payment Transformation
 - IPA should invite HMSA executives to speak to the general members—as they did in the past to answer questions and understand the frustrations of physicians.
 - A united & collective front/effort (the IPA) would give providers a more effective platform over individual dissenting voices.
 - IPA is getting more involved in HMSA committees to further examine and improve Payment Transformation rates. Dr. Kronlund, Dr. Dolan, Dr. Festerling and Dr. Kurohara are represented on advisory committees
 - The best approach is to partner with HMSA to present ideas for improvement rather than complaining individually
- There was consensus that CMS & insurance is moving towards a capitated model and HMSA PT is paving the way for this