

HHP/HPH Community Webinar Series: COVID-19 Updates and GI - Developing New Care Models

Monday, June 29, 2020
5:00pm – 6:30pm

Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.
- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

Webinar Details

- You have been automatically muted. You cannot unmute yourself.
- You will be able to submit questions via the Live Event Q&A section.
 - Due to time constraints, any unanswered questions will be addressed this week and emailed to everyone via Info@hawaiihealthpartners.org
- A recording of the meeting will be available tomorrow on the HHP website.

How to Claim CME Credit

1. Step 1: Confirm your attendance

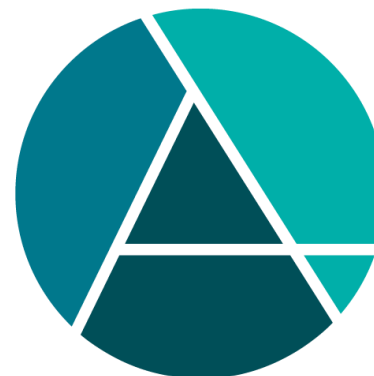
- You should have completed a survey before joining today's live webinar.

2. Step 2: HPH CME team will email you instructions

- Complete and submit evaluation survey that will be emailed to you within one week of the offering.
- Your CE certificate will be immediately available to you upon completion of your evaluation.

CME Accreditation Statement

- In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- Hawai'i Pacific Health designates this webinar activity for a maximum of 1.5 AMA PRA Category 1 Credit (s)™ for physicians. This activity is assigned 1.5 contact hour for attendance at the entire CE session.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

COVID-19 Updates & Social Determinants of Health



Gerard Livaudais, MD, MPH
Executive Vice President,
Population Health and
Provider Networks
Hawai'i Pacific Health



Melinda Ashton, MD
Executive Vice President
and Chief Quality Officer
Hawai'i Pacific Health



Douglas Kwock, MD
Chief Medical Officer,
Pali Momi Medical Center

Cumulative COVID-19 Totals in Hawai'i

State
900

● County Pending: 0

● HI residents diagnosed elsewhere: 16

 Last updated June 29

Hawai'i

87



Kauai

37



Honolulu

638



Maui

122



Hospitalizations

111

Recovered

722

Deaths

18

 **HawaiiData**
COLLABORATIVE

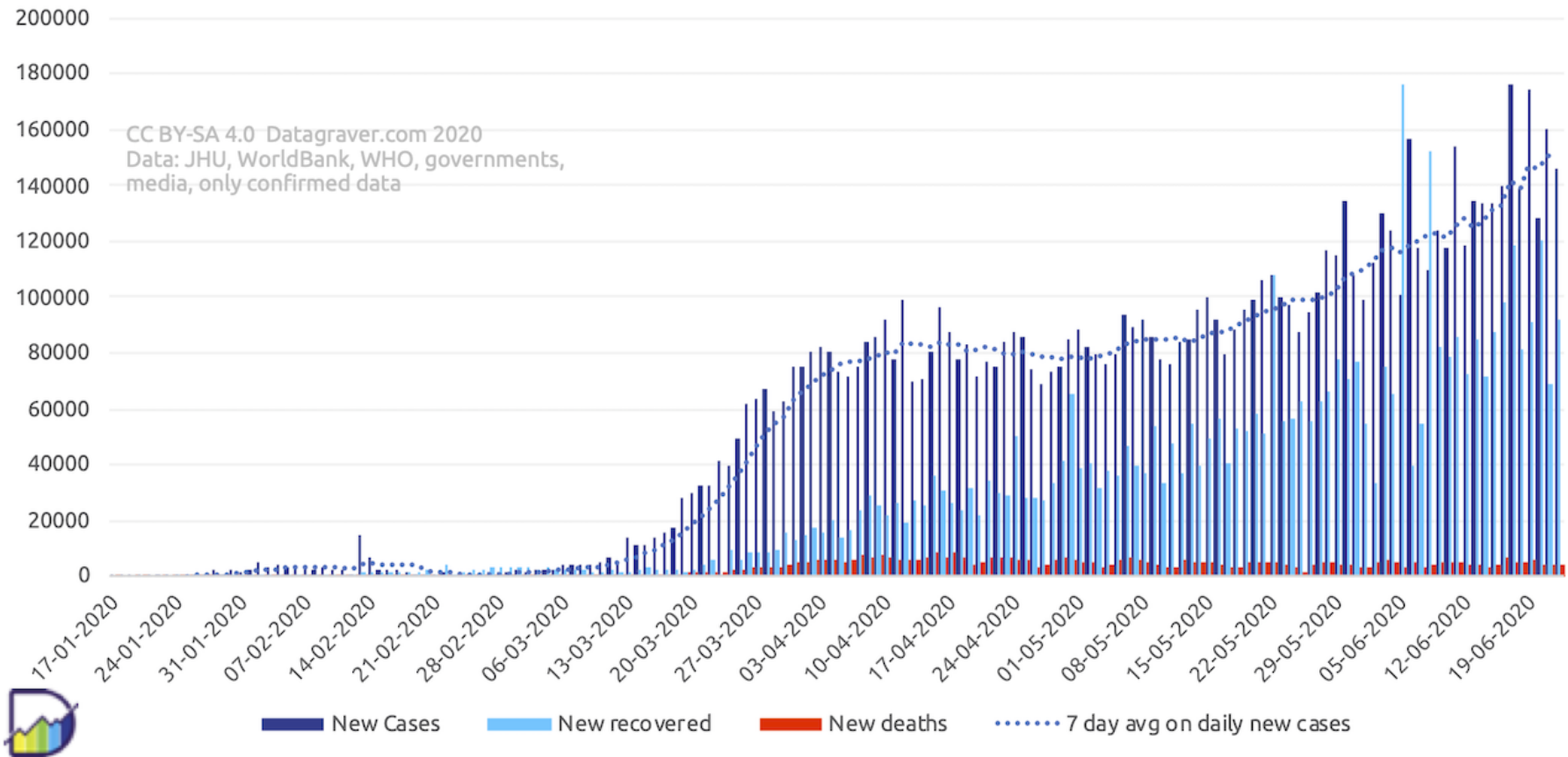
<https://www.hawaiidata.org/covid19>

CREATING A HEALTHIER HAWAII

HAWAII
PACIFIC
HEALTH

HAWAII
HEALTH
PARTNERS

COVID-19 daily new cases / recovered / deaths - World

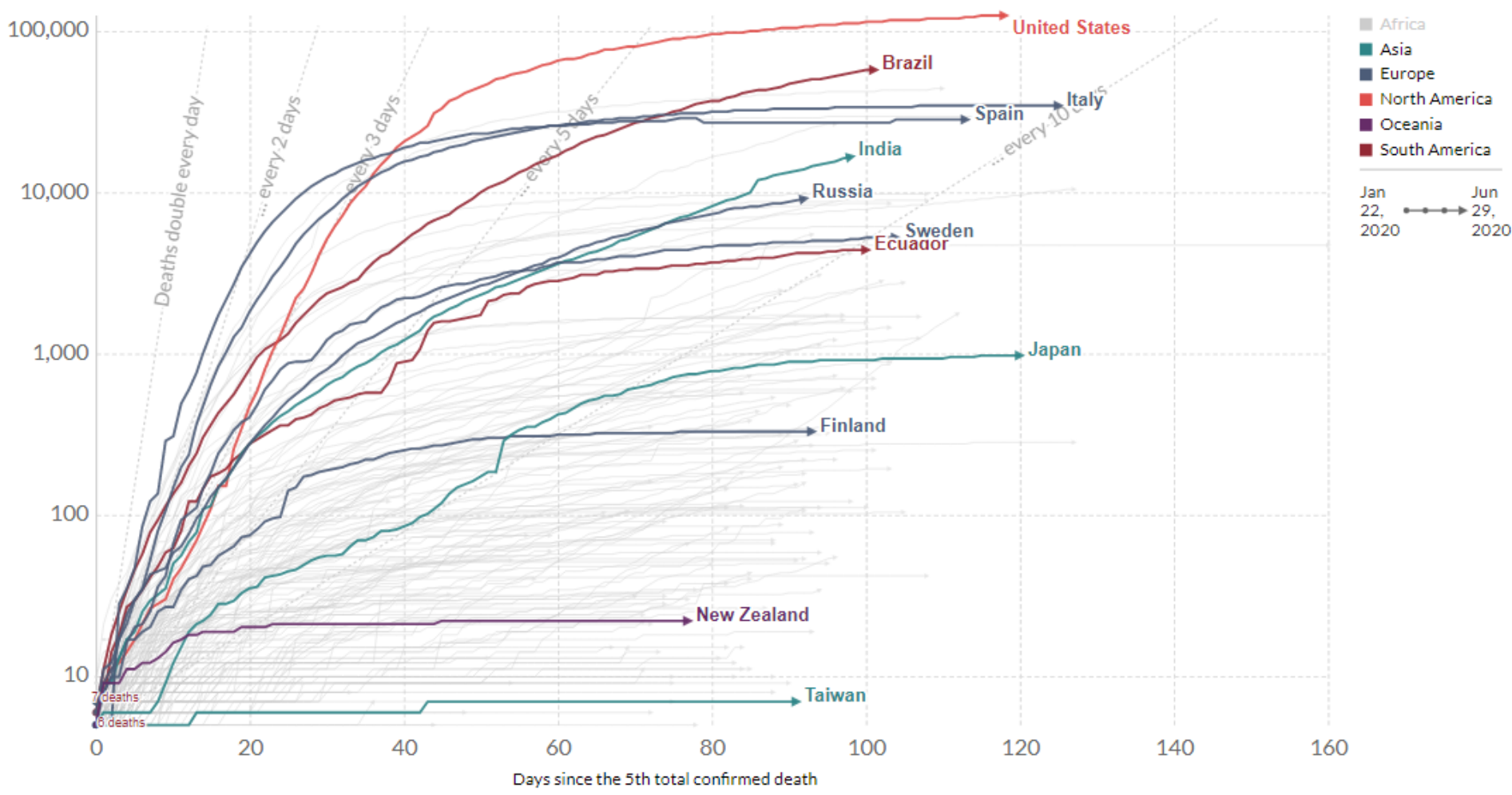


<https://datagraver.com/thumbs/1300x1300r/2020-06/newnewb2206.png>

Total confirmed COVID-19 deaths: how rapidly are they increasing?

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

LINEAR LOG



Source: European CDC - Situation Update Worldwide - Last updated 29th June, 11:15 (London time)

OurWorldInData.org/coronavirus • CC BY

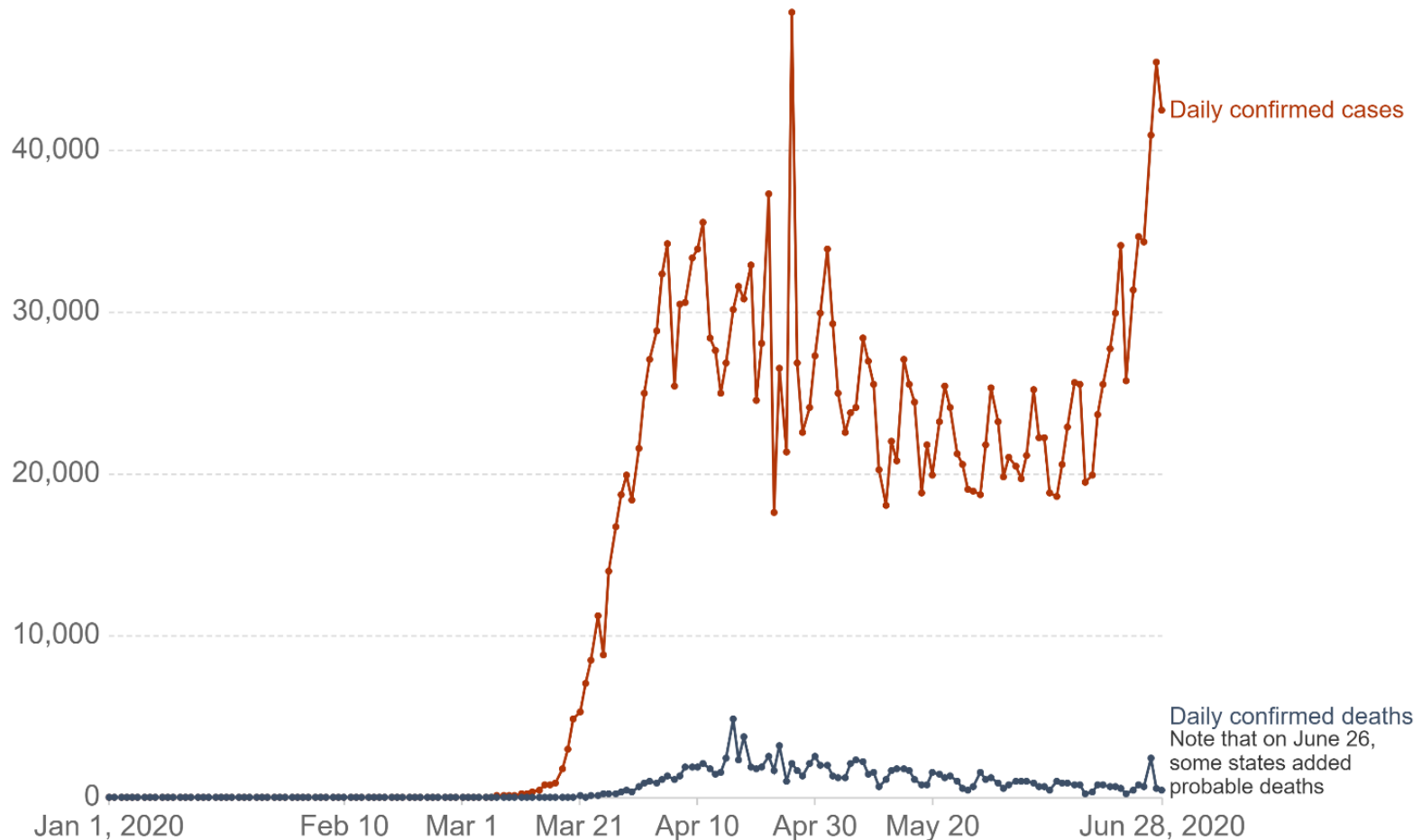
<https://ourworldindata.org/grapher/covid-confirmed-deaths-since-5th-death?country=ECU~FIN~ITA~JPN~NZL~ESP~SWE~TWN~USA~BRA~RUS~IND>

CREATING A HEALTHIER HAWAI'I

**HAWAI'I
PACIFIC
HEALTH** | HAWAI'I
HEALTH
PARTNERS

Daily confirmed COVID-19 cases and deaths, United States

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.



Source: European CDC – Situation Update Worldwide – Last updated 28th June, 11:15 (London time) OurWorldInData.org/coronavirus • CC BY

R_t COVID-19

These are up-to-date values for R_t, a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If R_t is above 1.0, the virus will spread quickly. When R_t is below 1.0, the virus will stop spreading. [Learn More](#).

Data Last Updated: 6/29 at 7:46AM

Major site update June 25th

We've added detailed pages for each state, showing testing volume and our test-adjusted positive case count. Click Details next to the state name.

Latest

2 Weeks Ago

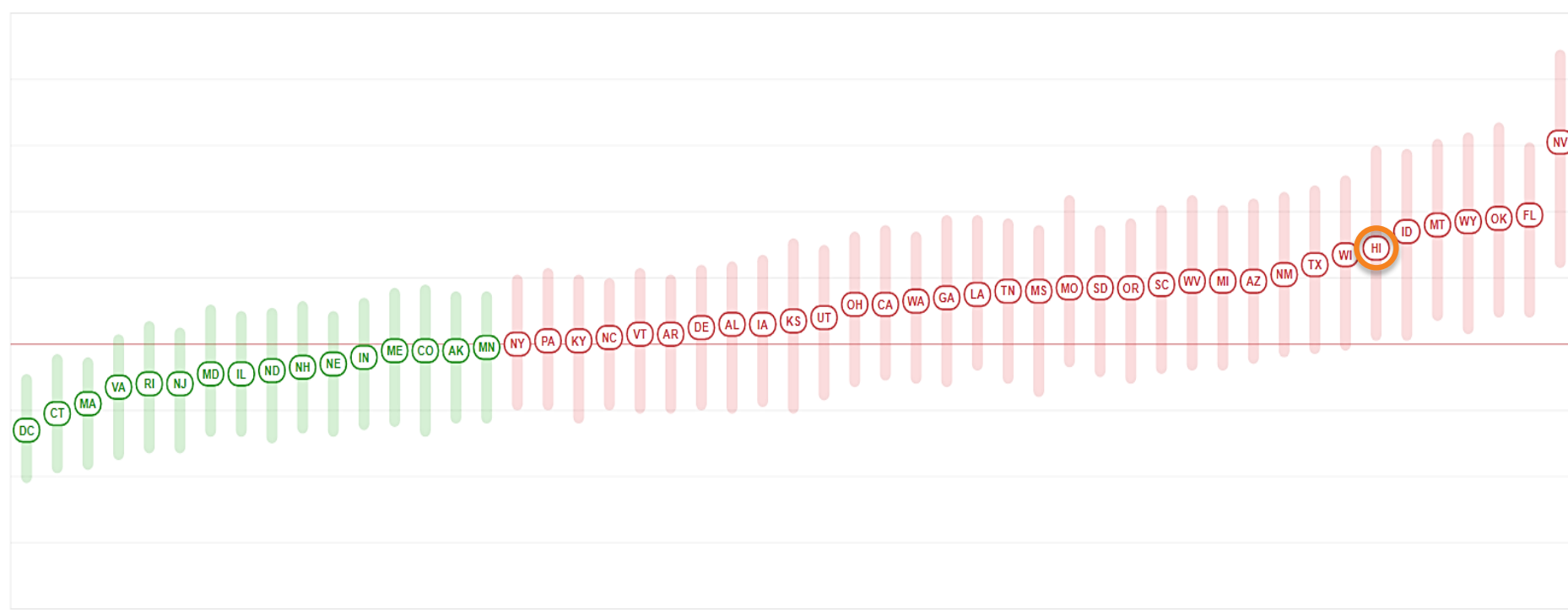
1 Month Ago

2 Months Ago

3 Months Ago

Local R_t matters more than National R_t
How patchy is it?
What policies work?
Search for modifiable risk factors?

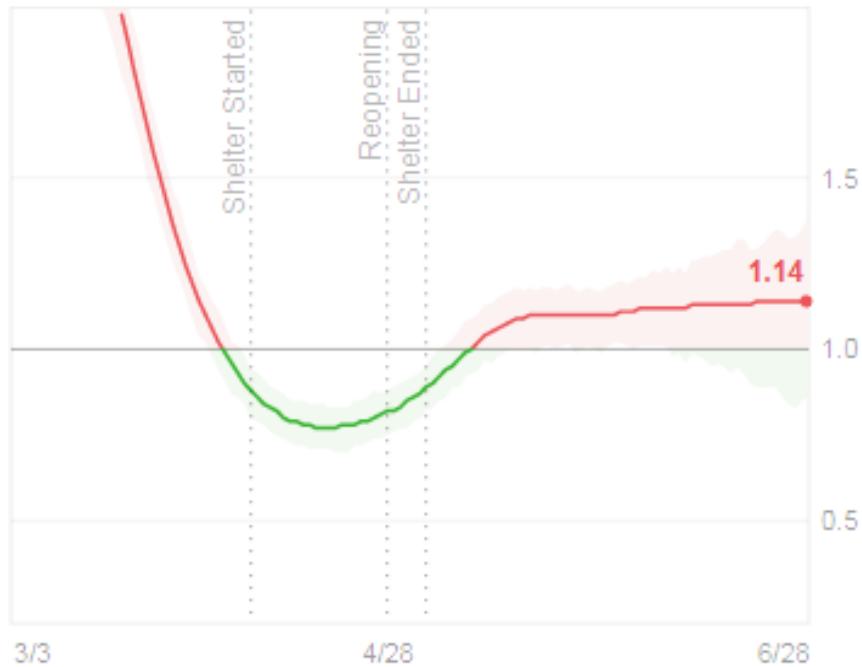
Use confidence intervals
(i.e., if upper end of the 90% CI is below 1, good to go with reopening)
But don't disregard tails (improbable events)



<https://rt.live/> accessed 06.29.2020

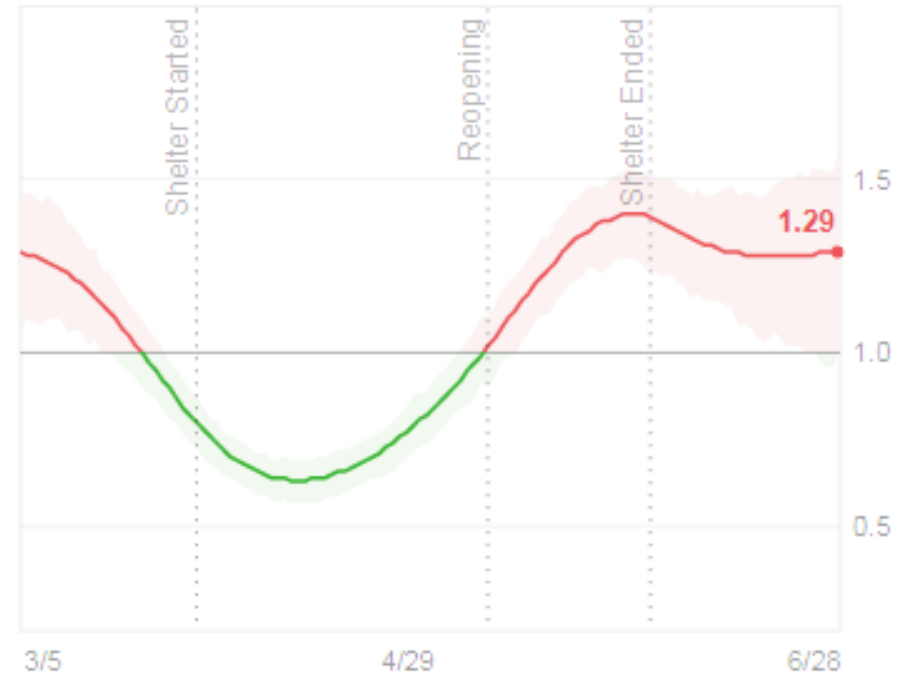
Georgia

Details >



Hawaii

Details >



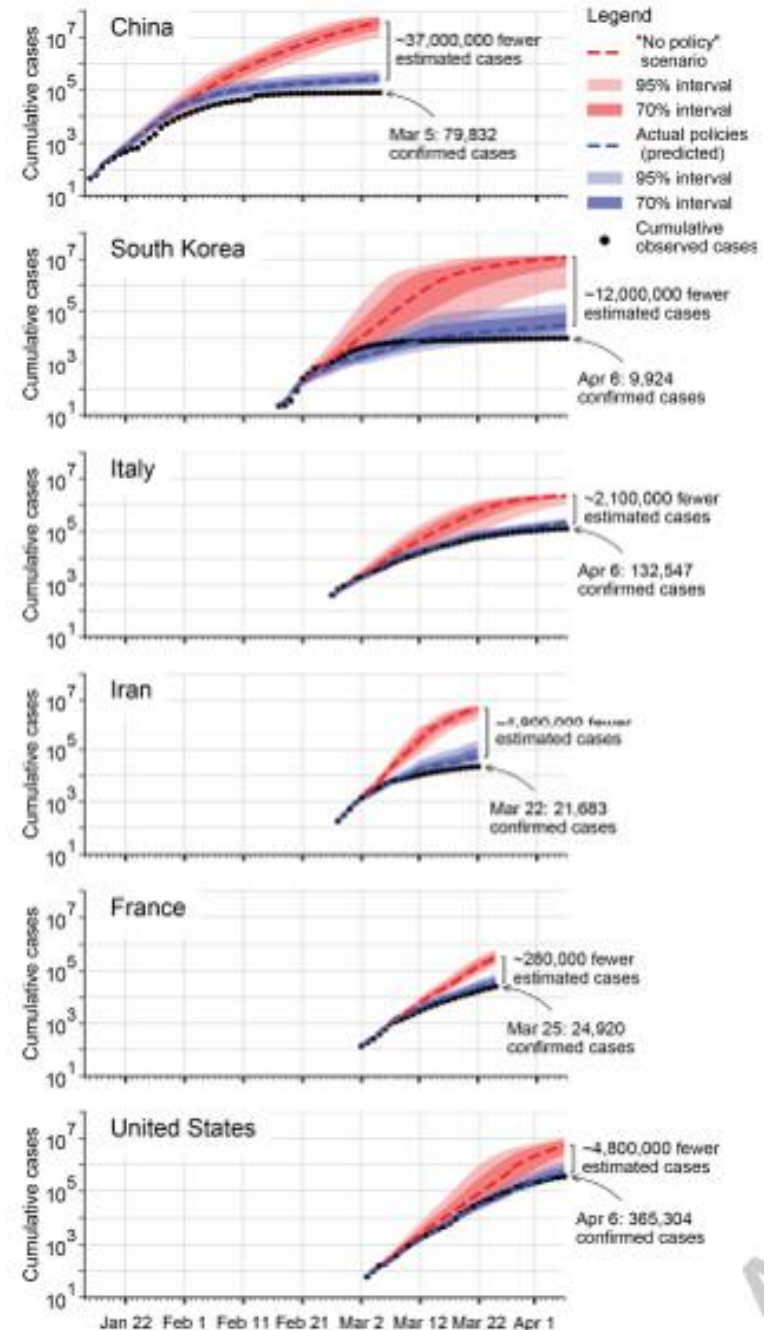
<https://rt.live/> accessed 06.29.2020

Did we flatten the curve? Was it worth it?

- UC Berkeley study
- Modeled impact using econometric technique to evaluate the effect of ~1700 interventions implemented in 6 countries
- Estimates 4.8M cases avoided in the US against a baseline infection growth rates estimated at 43% per day

Hsiang, S. et al. The effect of large-scale anti-contagion policies on the COVID-19 pandemic. Nature <https://doi.org/10.1038/s41586-020-2404-8> (2020).

CREATING A HEALTHIER HAWAII



State Reopening Strategy for Businesses and Operations

(Strategy will be implemented by County and is subject to change)

As of June 10, 2020

<u>BUSINESSES & OPERATIONS</u>	STAY AT HOME (Major Disruption)	SAFER AT HOME (Moderate Disruption)	ACT WITH CARE (Minor Disruption)	RECOVERY (Minimal Disruption)	NEW NORMAL (No Disruption)
Accommodations	○	○	●	●	●
Agriculture, non-food	⊗	●	●	●	●
Auto dealerships, car washes	⊗	●	●	●	●
Bars	⊗	⊗	●	●	●
Childcare	○	●	●	●	●
Education facilities (K-12, higher)	○	○	●	●	●
Healthcare, social assistance, government	○	●	●	●	●
Indoor gathering places, including places of worship	⊗	⊗	●	●	●
Indoor exercise facilities, including gyms and fitness centers	⊗	⊗	●	●	●
Large venues, clubs	⊗	⊗	⊗	●	●
Manufacturing, construction	○	●	●	●	●
Museums, theaters	⊗	⊗	●	●	●
Office settings	○	●	●	●	●
Outdoor spaces	○	●	●	●	●
Personal services	⊗	⊗	●	●	●
Restaurants	○	○	●	●	●
Retail & Repair	○	●	●	●	●
Shopping malls	⊗	●	●	●	●

 Closed
  Essential only with physical distancing and Safe Practices
  Open with physical distancing and Safe Practices
  Open with adjusted Safe Practices
  Fully open with adjusted Safe Practices

In all cases, businesses and operations must follow applicable CDC, industry and regulatory guidelines related to COVID-19 prior to opening.

Reopening Status – Economic & Community Recovery Navigator. (2020).

<https://recoverynavigator.hawaii.gov/reopening-status>

CREATING A HEALTHIER HAWAII

**HAWAII
PACIFIC
HEALTH**

**HAWAII
HEALTH
PARTNERS**

Out-of-State Arrivals: Released June 24th

- Pre-Travel Testing Program under development
- Effective August 1st
- No testing at the airport

Continuing:

- Temperature checks
- Persons required to undergo secondary screening at airport
 - >100.4 degrees
 - Experiencing other COVID-19 related symptoms

Program Basics:

- To avoid 14-day quarantine, travelers must get a PCR test prior to arrival
 - FDA-approved PCR test from a CLIA certified laboratory
- Upon arrival, provide evidence of a negative test result
- Travelers responsible for the cost of the pre-travel PCR test
- Complete *State Travel and Health form*

Travel Form

Are you feeling any of these symptoms now?

	Yes	No		Yes	No
Fever	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
New cough	<input type="checkbox"/>	<input type="checkbox"/>	Skin rash	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	Tiredness/fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Runny or stuffy nose	<input type="checkbox"/>	<input type="checkbox"/>	Muscle ache	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or pressure	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken medicine to bring down fever? (e.g., Tylenol or ibuprofen)

☐ Yes ☐ No

Were you ever in contact with a person confirmed to have COVID-19?

☐ Yes ☐ No

When? (MM / YY)

 /

Have you ever been tested for COVID-19?

☐ Yes ☐ No

When? (MM / YY)

 /

Have you had a flu vaccine in the last year?

☐ Yes ☐ No

Date of vaccination? (MM / YY)

 /

In what country?

And from our friends in Finland...

 UNIVERSITY OF HELSINKI

NEWS RESEARCH ADMISSIONS PEOPLE COOPERATION UNIVERSITY

FACULTIES ENGLISH (EN) SUPPORT US

SEARCH MENU



The scent detection dog "Kössi" doing his thing.

PHOTO: SUSANNA PAAVILAINEN

NEWS / NEWS AND PRESS RELEASES /

The Finnish COVID dogs' nose knows!

19.5.2020 | HEALTH NEWS

PRESS RELEASE

AUTHOR: UNIVERSITY OF HELSINKI / MIIA SOININEN

According to the preliminary tests, trained scent detection dogs seem to be quick in performing the new task and might even be more sensitive than many of the tests that are now on the market.

<https://www.helsinki.fi/en/news/health-news/the-finnish-covid-dogs-nose-knows>

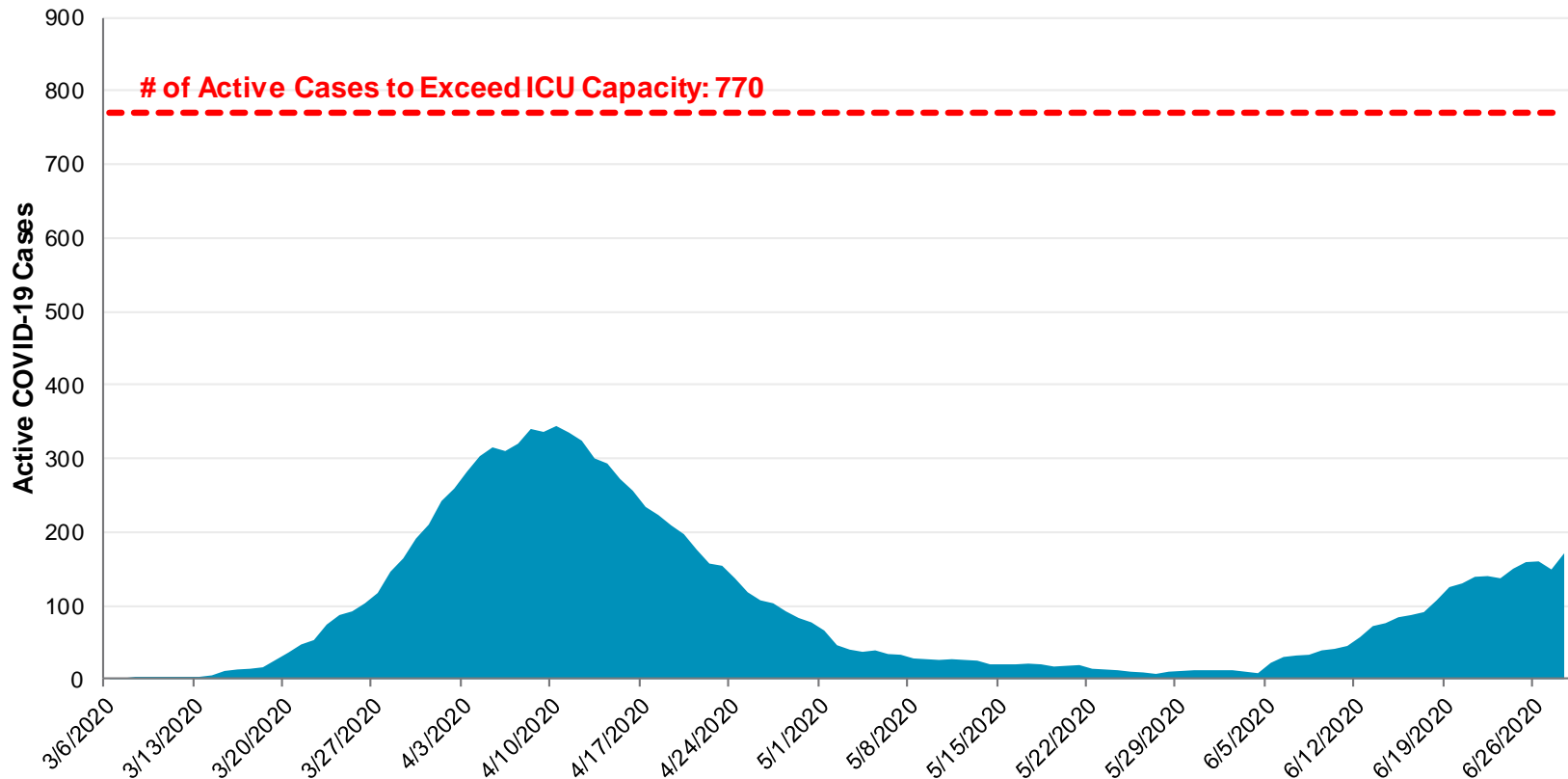
CREATING A HEALTHIER HAWAII

**HAWAII
PACIFIC
HEALTH**

HAWAII
HEALTH
PARTNERS

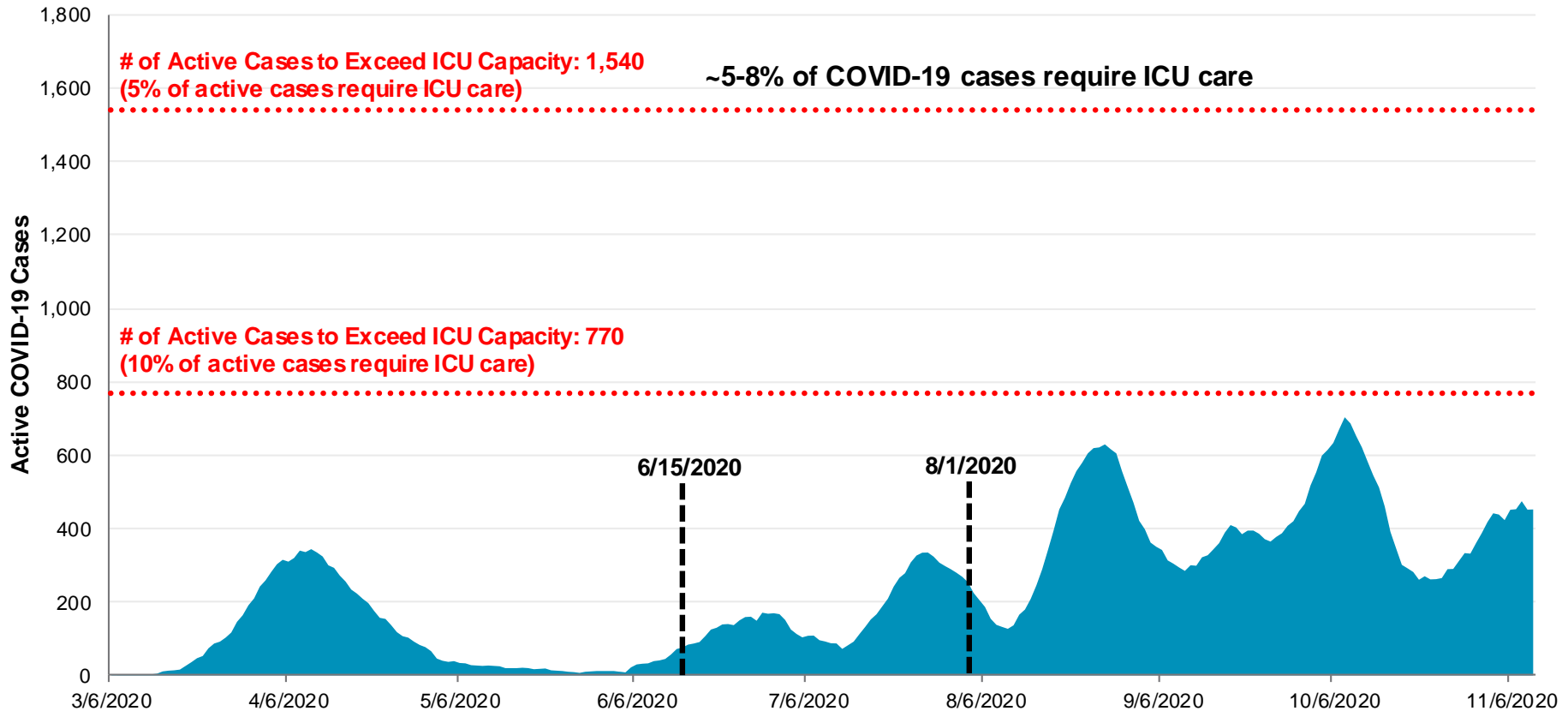
Active COVID-19 Cases in Hawaii

Estimated Active COVID-19 Cases in Hawaii
(assumes 14-day recovery period after initial diagnosis)



Projected Active COVID-19 Cases in Hawaii

Projected Active COVID-19 Cases in Hawaii
14-Day Quarantine or Negative Test 72-hours Prior to Departure Beginning 8/1/2020
(assumes 14-day recovery period after initial diagnosis) – Updated 6/28/2020



Projection incorporates information from:

- Hawai'i Department of Business, Economic Development and Tourism (DBEDT)
- Modeling data from Stanford University
- Case growth information from Alaska
- Proposed travel interventions from the Economic Research Organization at the University of Hawai'i (UHRO)
- ICU rates from UpToDate

COVID-19 Epidemic Curve, Hawaii 2020 (Updated June 27, 2020)

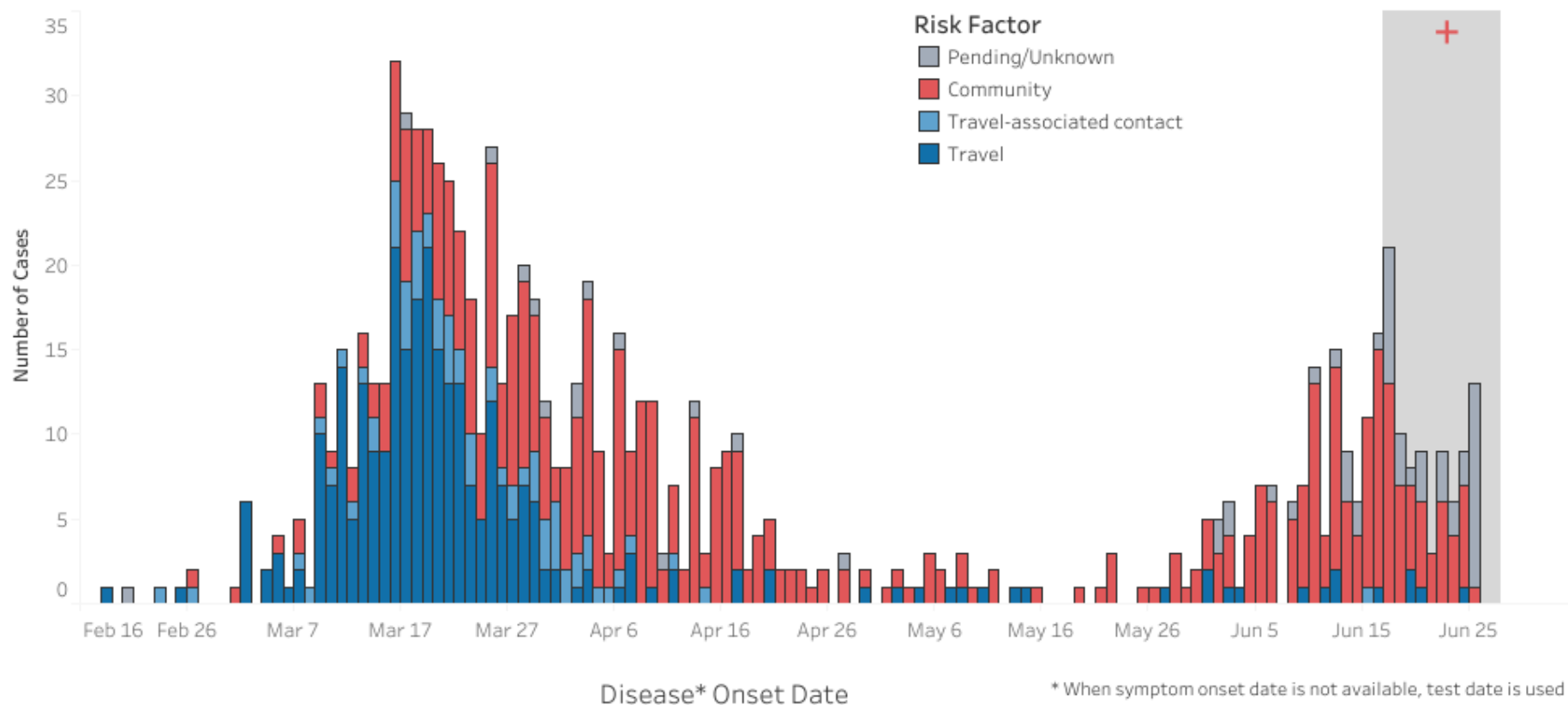
[View as Table](#)

Total Cases

872

View by Risk Factor

All



<https://www.hawaiidata.org/covid19>

CREATING A HEALTHIER HAWAII

**HAWAII
PACIFIC
HEALTH** | HAWAII
HEALTH
PARTNERS

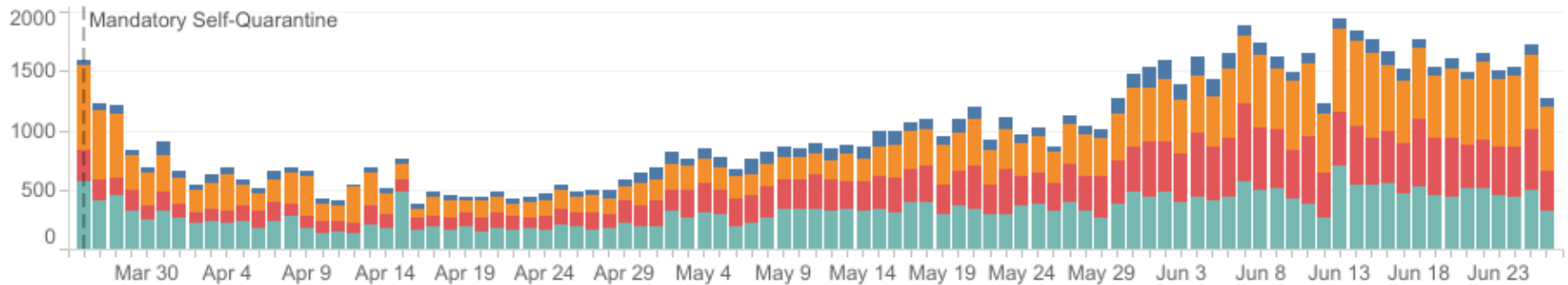
Region:
State

Sort by reason for travel:
Resident

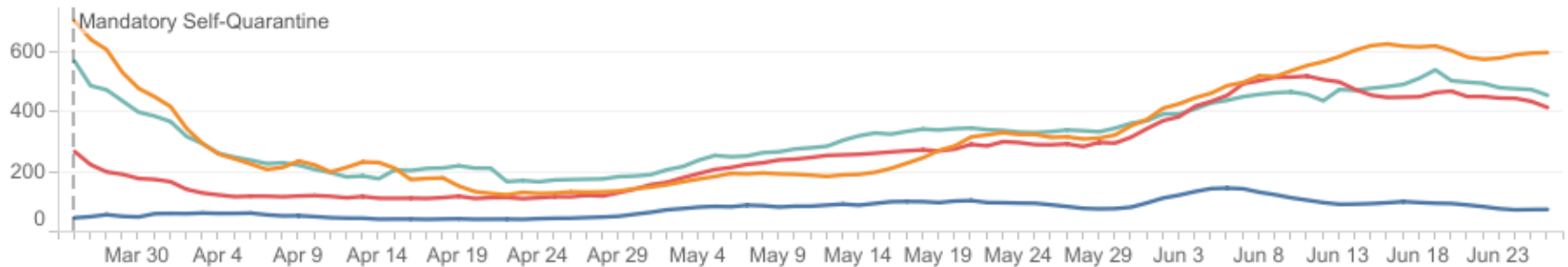
Reason for Travel: New Resident Other Visitor Resident

Daily Arrivals – State

The average daily number of passengers arriving in Hawaii last year was roughly 30,000



7-day Averages – State



HawaiiData
COLLABORATIVE

<https://www.hawaiidata.org/covid19>

CREATING A HEALTHIER HAWAII

HAWAII
PACIFIC
HEALTH
HAWAII
HEALTH
PARTNERS

As of 06/29/20	Total Census	ICU beds occupied	# Ventilators in use	# New Admissions w/ COVID- 19 screen	# New Admissions w/ positive COVID-19	# Patients currently hospitalized w/ suspect or confirmed COVID-19*	# Patients currently on a ventilator w/ suspect or confirmed COVID-19*
KMCWC	150	AICU: 1 NICU: 58 PICU: 7	AICU: 0 NICU: 16 PICU: 3	0	0	S: 0 C: 0	S: 0 C: 0
PMMC	94	6	4	12	0	S: 0 C: 2	S: 0 C: 0
SMC	101	10	2	1	0	S: 1 C: 1	S: 0 C: 0
WMC	46	3	0	4	0	S: 0 C: 0	S: 0 C: 0

*Key: **S** = Suspected; **C** = Confirmed

HPH Site Specimen Collection Thru 06/28/20

		Totals (New since 06/01/20)		
Location		Ordered	Pending	Positive
Kapiolani Medical Center	Inpatient	502 (214)	8	1 (0)
Kapiolani Medical Center PSC	Outpatient	2,926 (1,298)	30	17 (3)
Pali Momi Medical Center	Inpatient	1,179 (476)	19	12 (6)
Pali Momi PSCs	Outpatient	4,844 (1,852)	9	59 (7)
Straub Clinic and Hospital	Inpatient	1,033 (386)	6	9 (7)
Straub Clinics	Outpatient	3,620 (1,416)	29	35 (7)
Wilcox Memorial Hospital	Inpatient	422 (154)	11	3 (0)
Wilcox Clinics	Outpatient	2,393 (818)	42	17 (4)
HPH Total		16,919 (6,614)	154	153 (34)

Inpatient = ED and hospitalized (currently all “inpatient” positives are from ED, none are hospitalized)

Outpatient = clinics and specimen collection sites

Symptoms associated with coronavirus disease 2019 (COVID-19)^[1]

Symptoms that may be seen in patients with COVID-19

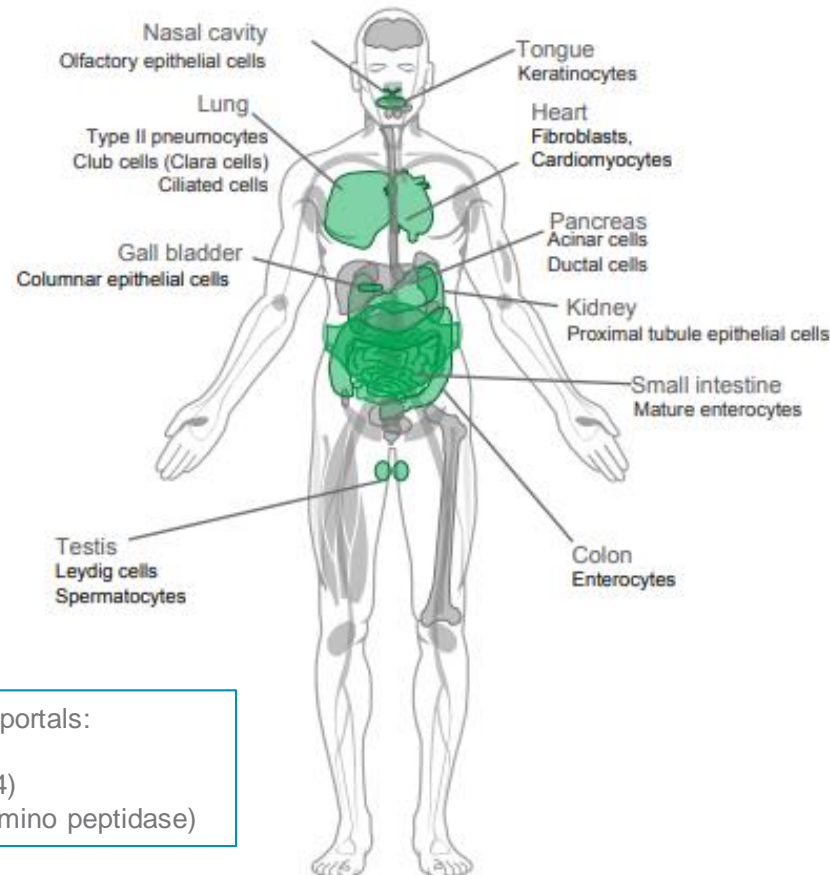
- Fever
- Cough
- Dyspnea (new or worsening over baseline)
- Anosmia or other smell abnormalities
- Ageusia or other taste abnormalities
- Sore throat
- Myalgias
- Chills/rigors
- Headache
- Rhinorrhea
- Nausea/vomiting
- Diarrhea
- Fatigue
- Confusion
- Chest pain or pressure

Other possible receptor entry portals:
NRP1 (neuropilin 1)
DPP4 (dipeptidyl peptidase-4)
ANPEP (alanyl, membrane, amino peptidase)

Most patients with confirmed COVID-19 have fever and/or symptoms of acute respiratory illness. However, various other symptoms have been associated with COVID-19; this list is not inclusive of all reported symptoms. These symptoms are also not specific for COVID-19, and the predictive value of a single symptom in the diagnosis of COVID-19 is uncertain.

COVID-19: coronavirus disease 2019.

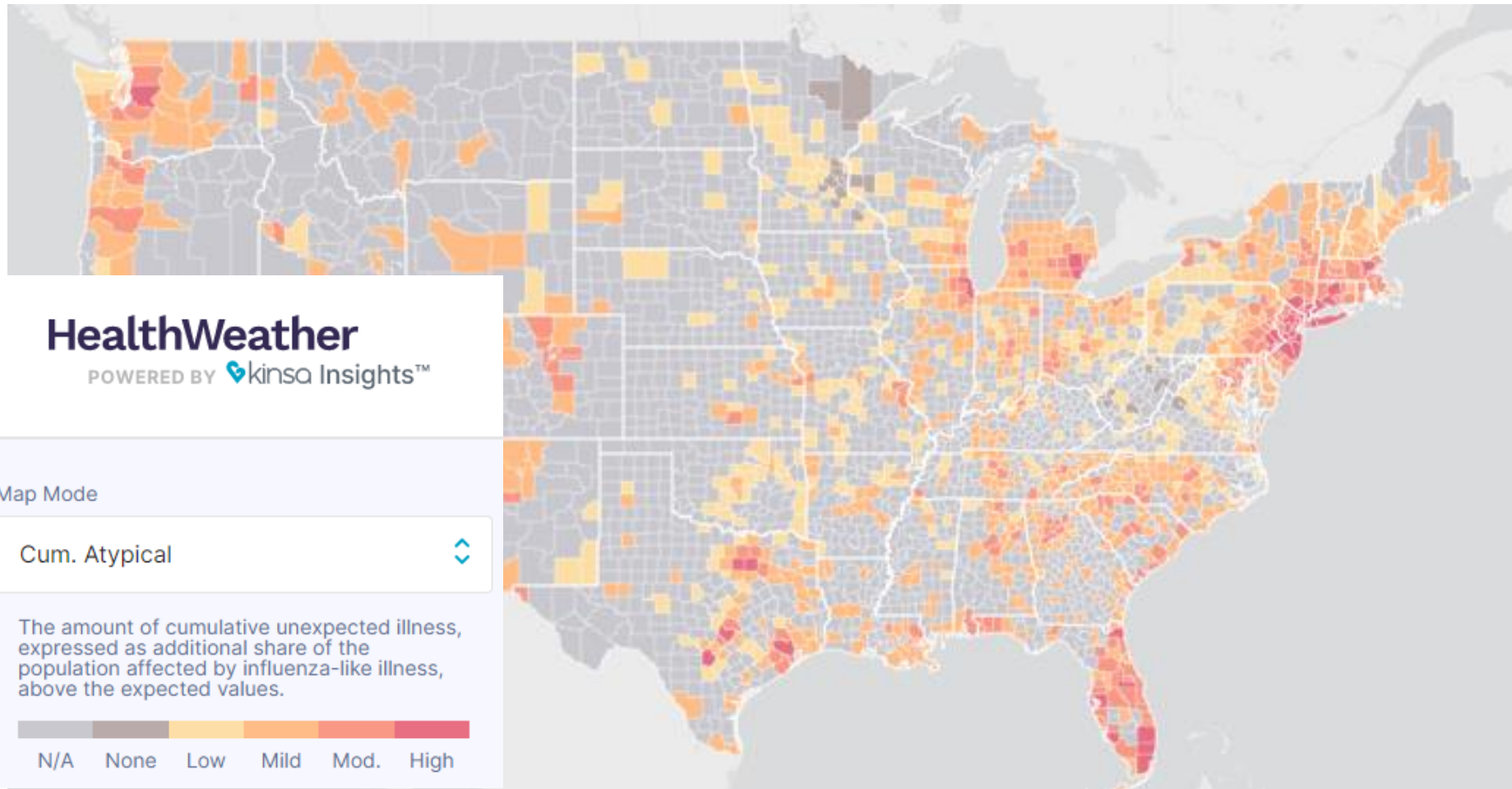
C Expression profiling of ACE2 Putative receptor of SARS-CoV-2



Knowledge synthesis of 100 million biomedical documents⁵ augments the deep expression profiling of coronavirus receptors. AJ Venkatakrishnan, et al.

UpToDate®

Surveillance



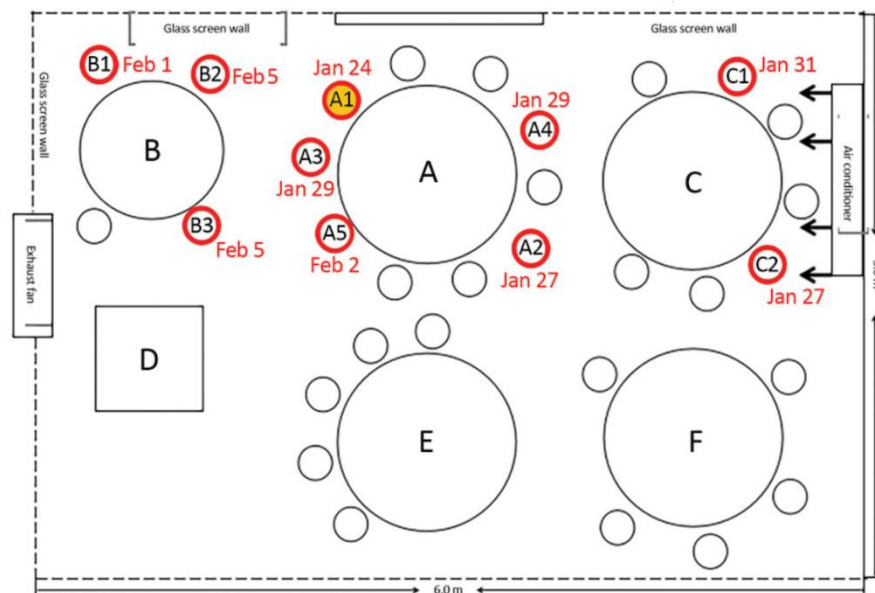
<https://healthweather.us/map?date=2020-06-27&mode=CumAtypical®ionId=US>

CREATING A HEALTHIER HAWAII

**HAWAII
PACIFIC
HEALTH** | HAWAII
HEALTH
PARTNERS

What should we be doing?

- How to decide when and where to go out?
- Infectious dose: ~1000 SARS-CoV2 infectious particles
- A droplet from a highly contagious patient can have ~200,000,000 virus particles
- Droplet: 5-100 microns (100 microns = width of a single human hair)
- Breath: 50-5000 droplets
- Cough: 3000 droplets at 50 mph
- Sneeze: 30,000 droplets at 200 mph



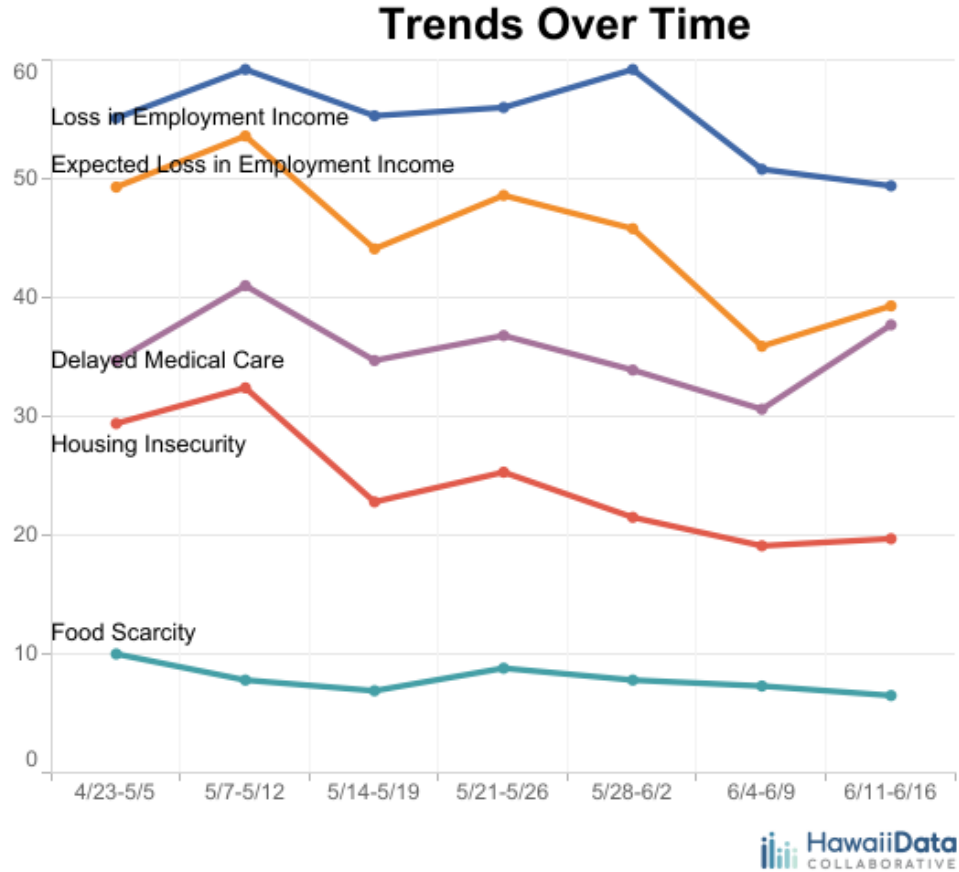
<https://www.erinbromage.com/post/the-risks-know-them-avoid-them>

REDUCING RISK OF CORONAVIRUS TRANSMISSION



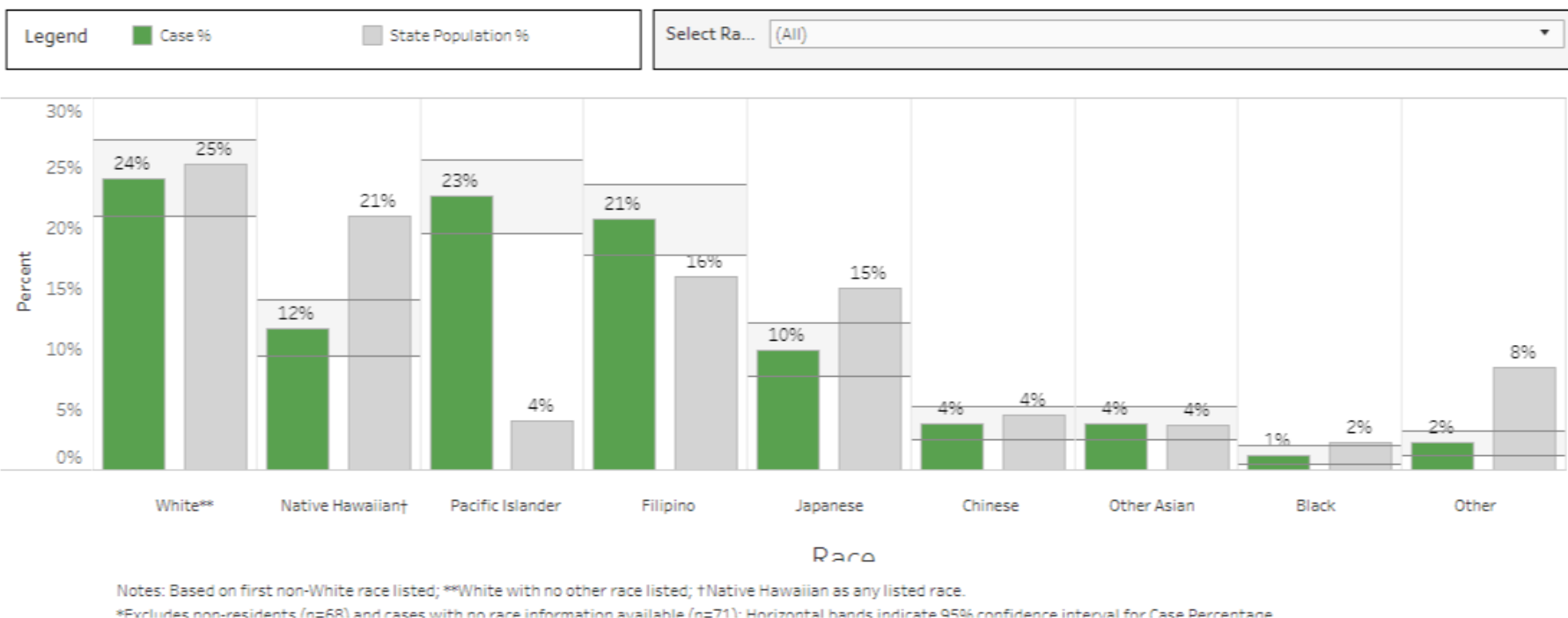
@JuliaLMarcus + @EpiEllie

Social Determinants of Health

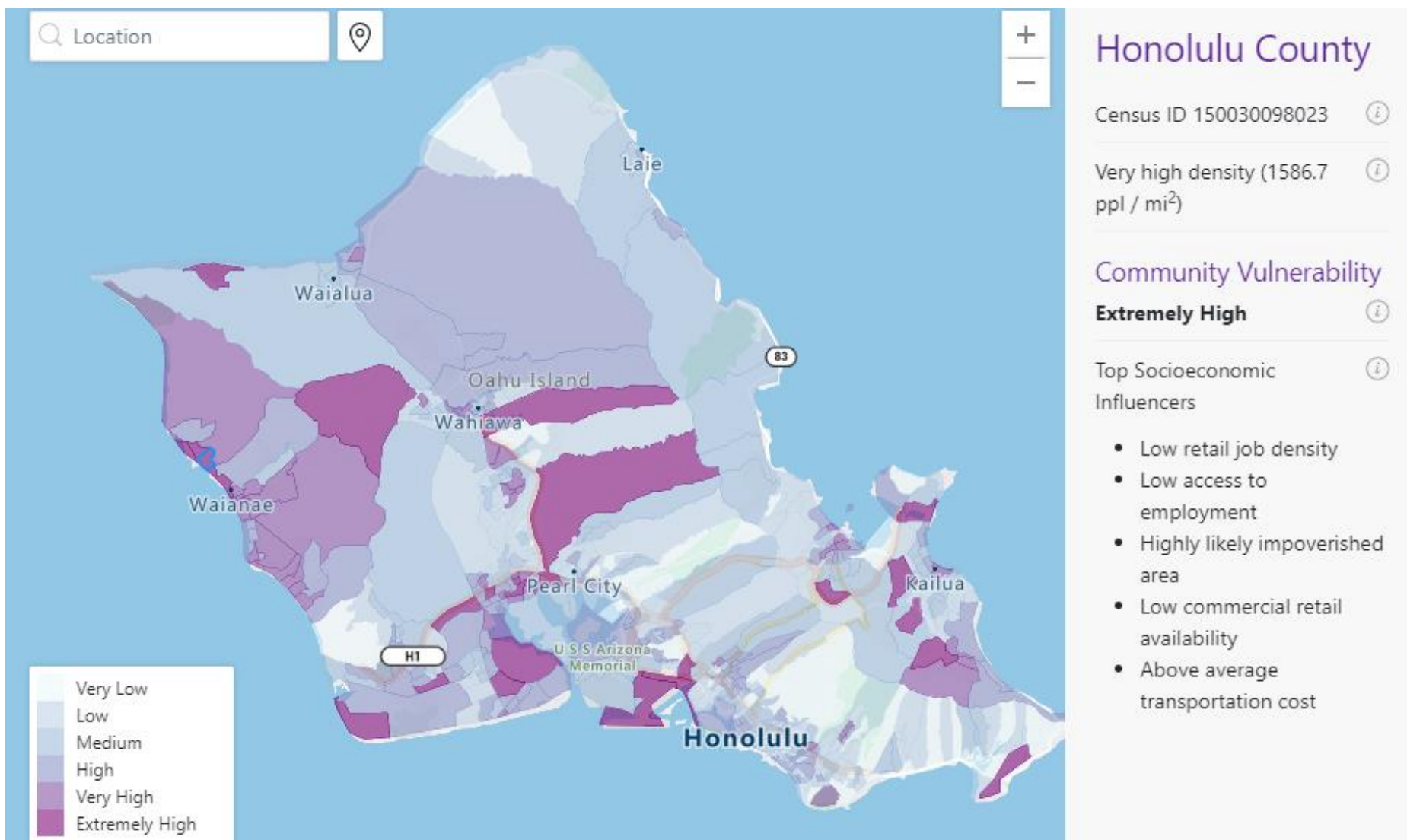


<https://www.hawaiidata.org/covid19/#anchor1>

Race of COVID-19 Cases Compared to State Population (N=727*)

[View as Table](#)


https://experience.arcgis.com/experience/eb56a98b71324152a918e72d3ccdfc20/page/page_7/



<https://covid19.jvion.com/>

CREATING A HEALTHIER HAWAII

What can be done?

- Messaging to build resilience
 - Public Service Announcements
 - Community Leaders speaking out
- Outreach and Care Calls
- Stress/Psychological First Aid training
- Local/Mobile Testing
- Quarantine Support & Home Monitoring
- Supply Masks
- Flu shots
- Support Community Based Organizations



Telehealth – Coding & Payment Updates

Keoki Clemente

Director, Revenue Integrity

Hawai'i Pacific Health

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

Telemedicine Reimbursement

- No cost-sharing for telemedicine services
- Most payers continue payment at 100% allowable
- In-person visit = patient cost share applies
- HMSA will extend telemedicine payment policy through December 31, 2020
- HMSA will continue to waive patient cost share for telemedicine
- HMSA commercial plans – Well Child Check can be performed via telehealth

COVID-19 Pre-surgical Asymptomatic Screening

- HMSA will continue to cover COVID-19 pre-surgical testing of asymptomatic patients with no cost share.

Category of cost-share waiver	Proposed start and end date
COVID-19 PCR lab test	Start date: Effective date of each testing code. End date: End of the federal public health emergency (PHE) or Dec. 31, 2020*, whichever is later.
COVID-19 PCR testing-related services, including cost of related provider visit (provider office, hospital, ER, nursing facility, etc.)	Start date: March 1, 2020 (to align all cost-sharing waivers approved by HMSA). Claims with DOS before March 1 will be reviewed for possible exceptions. End date: End of the federal PHE or Dec. 31, 2020*, whichever is later.
Any medically necessary treatment services related to COVID-19 dx delivered by participating provider	Start date: March 1, 2020 (to align all cost-sharing waivers approved by HMSA). End date: Dec. 31, 2020*.
Telehealth delivered by participating provider	Start date: March 1, 2020. End date: Dec. 31, 2020*.

CMS Telemedicine Reimbursement

- Telehealth (Video) – payment rate the same as in-person visit
- Telephone visits same wRVUs and payment as established office visits
 - ✓ 99441 = 99212
 - ✓ 99442 = 99213
 - ✓ 99443 = 99214
- E-visits and Telephone visits: Don't forget to document time!

Telemedicine – Coding reminders

- Level 4 and 5 E/M office visit codes – Monitor
- Consider face-to-face visit for moderate-high complexity patients
- ICD-10 specificity – Supports higher levels of service
- Consider time where appropriate to assign visit codes
- Risk adjustment – Chronic conditions are still credited when addressed during telehealth visits

Ambulatory Accelerated Process



Andy Lee, MD

Medical Director, *Hawai'i Health Partners*
Chief of Staff, *Pali Momi Medical Center*
Hawai'i Pacific Health



Brigitte McKale, RN

Chief Nurse Executive &
Vice President of Patient Services,
Pali Momi Medical Center
Hawai'i Pacific Health

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

Avoiding Medically Unnecessary Hospitalizations

- Annually:
 - 35,000 HMSA hospitalizations across HPH system
 - 5,000 HHP hospitalizations (40% are 1 - 2 days stays)
 - 10 - 15% of hospitalizations are avoidable (Based on review of charts in workgroups and case manager review)
 - 500 - 750 potentially medically unnecessary hospitalizations
 - \$22,000 average per admission
 - \$11 million - \$16.5 million

Which Patient

- Volume: About 1 - 2 per week at each site (all specialties)
- New process/tool is ONLY for referrals and need for urgency specialty care to AVOID an medically unnecessary hospitalization
- Patient told to call clinic next day
- Clinic also calls patient to schedule urgent follow-up
- Goal: Clinic to see next business day ideally (24 hours) and within 72 hours
- Patient navigation and care is tracked for closure and documented for appropriate follow up and risk management

Which Patient

- Atrial fibrillation
- New onset pediatric seizure
- Obstructive pyelonephritis
- Chest pain
- GI bleed
- Cellulitis
- Circumferential hand burn

Benefits

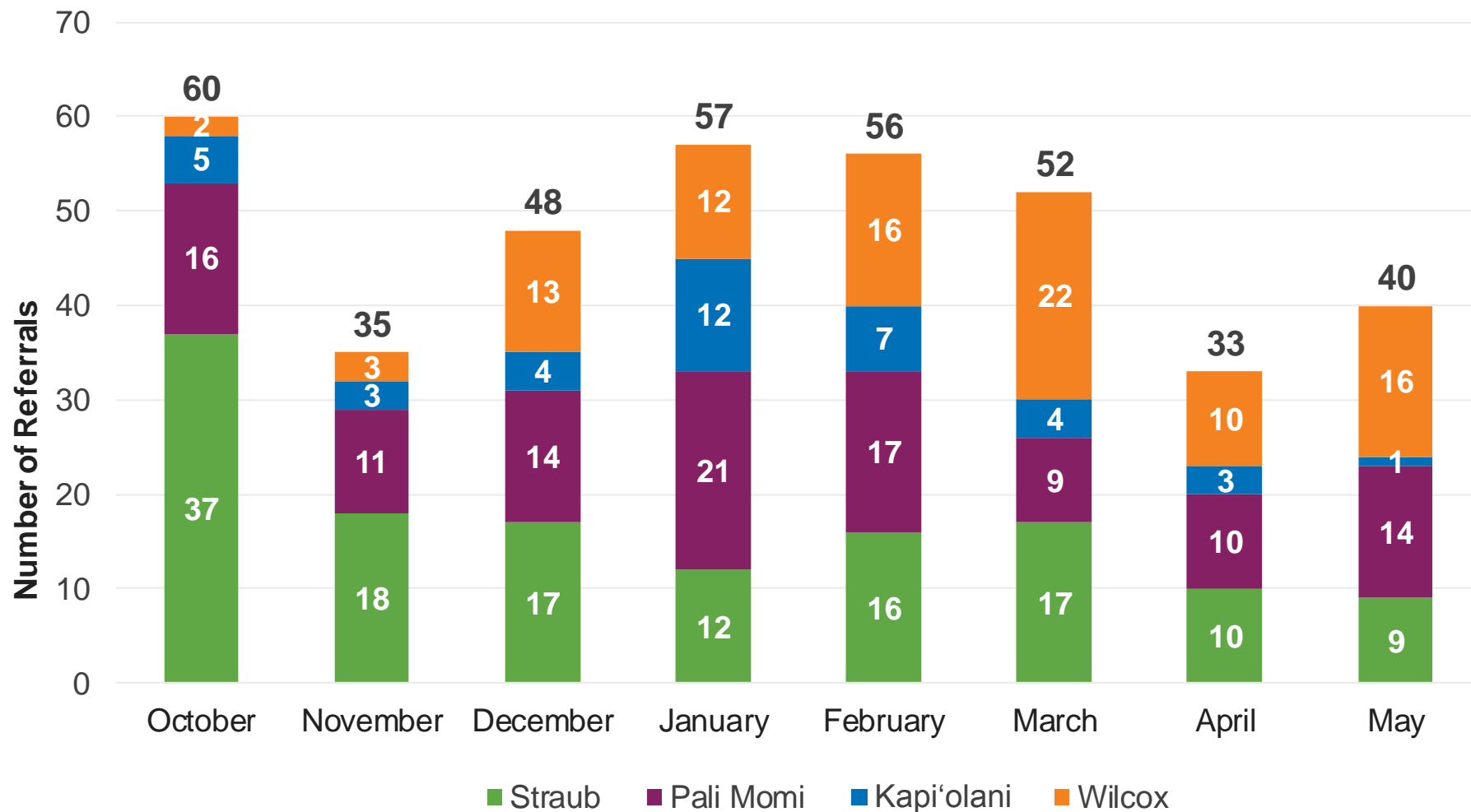
- Provider and patient satisfaction
- Patients don't want to be admitted if not necessary
- Cost to patient and also MCT if hospitalization is unnecessary
- Specialist not having to be called after hours
- Less Epic clicks for specialist (not having to check InBasket messages and relaying message to front staff)
- ED comfort level or knowing a hardwire process for coordination of care
- Patient care

Accelerated Ambulatory Pathways

Total to date: 381

• HMSA: 102

• HHP: 46



Source: EPIC referrals (as of 06/03/20)

HPH System ED Navigator

- Supports and navigates patients discharged from ED, and are referred to specialty clinics for urgent follow-ups
- Ensure patient receives the care needed, and address any barriers or issues
 - transportation, personal barriers, lack of info / knowledge, insurance / authorizations
- Assures and coordinates with securing appointments
- Phase 2: Will also play a role in navigating patients that are frequent ED utilizers

Gastroenterology

Introductions – HHP Network
HPHMG & Independents

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

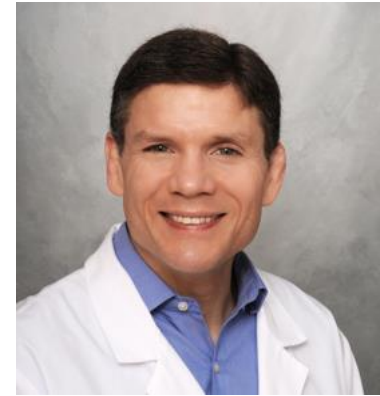
HPHMG – Oahu



Jonathan Gochu, MD
General GI, ERCP



Mari Ikeguchi, MD
General GI



James O'Brien, MD
General GI, ERCP, EUS

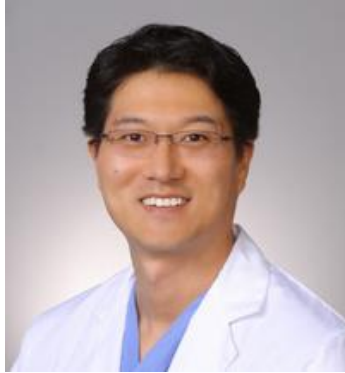


Timothy Swindoll, DO
General GI, ERCP, Motility

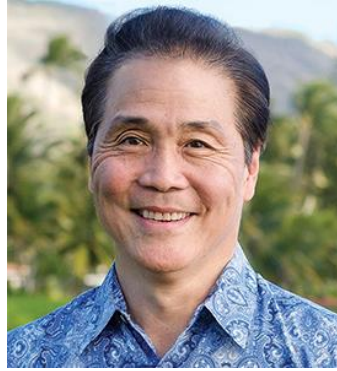


Ike Tanabe, MD
General GI, ERCP

Independent Specialists – O‘ahu



Jeong Kim, MD
General GI, Hepatology



Darrell Jun Lee, MD
General GI



Mel Ona, MD
EUS, ERCP, General GI,
Hepatology



Aaron Small, MD
EUS, ERCP, General GI



Robert Wong, MD
EUS, General GI

Pediatric Specialists - Oahu



Jeremy King, DO
Pediatric GI



Camilla Fraga Lovejoy, MD
Pediatric GI



Ken Nagamori, MD
Pediatric GI

HPHMG –Kaua'i



Romeo Esquivel, MD
General GI, ERCP

Gastroenterology

Current COVID-19 Era and Future Care Models

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

Gastroenterology

- Impact of COVID-19 on GI
 - GI manifestations of COVID-19
 - Preventing transmission in the Endoscopy Unit
- Keeping up to date on current best practices
 - Post-polypectomy surveillance guidelines
- Future of GI care and referral pathways
 - Creating a leaner, more efficient and cost-effective model for the coordination of GI care
 - Acceleration of E-health platforms
 - Telehealth visits
 - E-consults

GI Manifestations of COVID-19

- Up to 49% of COVID-19 pts with GI sx
 - Anorexia (84%)
 - Diarrhea (29%)
 - Vomiting (0.8%)
- Severity of GI sx correlates with severity of infection
- Virus found in saliva and feces
 - Need to avoid oral-fecal transmission in addition to respiratory

Impact of COVID-19 in the Endoscopy Unit

- Endoscopy is an Aerosol generating procedure
 - Coughing and retching during upper endoscopies
 - Flatus during Colonoscopy
- Triaging patient care
 - Urgent
 - UGIB, Acute cholangitis, Foreign body, Obstructions
 - Care of Cancer pts: Diagnosis, Bx, Staging, Palliation of biliary and luminal cancers
 - Elective
 - Abdominal pain, stable GI bleed, Dysphagia, GERD, Constipation, Anemia
 - Screening for Colon Cancer and Surveillance of Colon polyps

Impact of COVID-19 in the Endoscopy Unit

- Re-phasing of elective endoscopies

Goal: Attain a 0% infection rate among HCPs while providing essential GI services

- Pre-procedural screening

- pt survey: sx and contacts, **pre-endo COVID-19 testing**

- Check-in/Reception bay

- Social distancing among pts, req masks

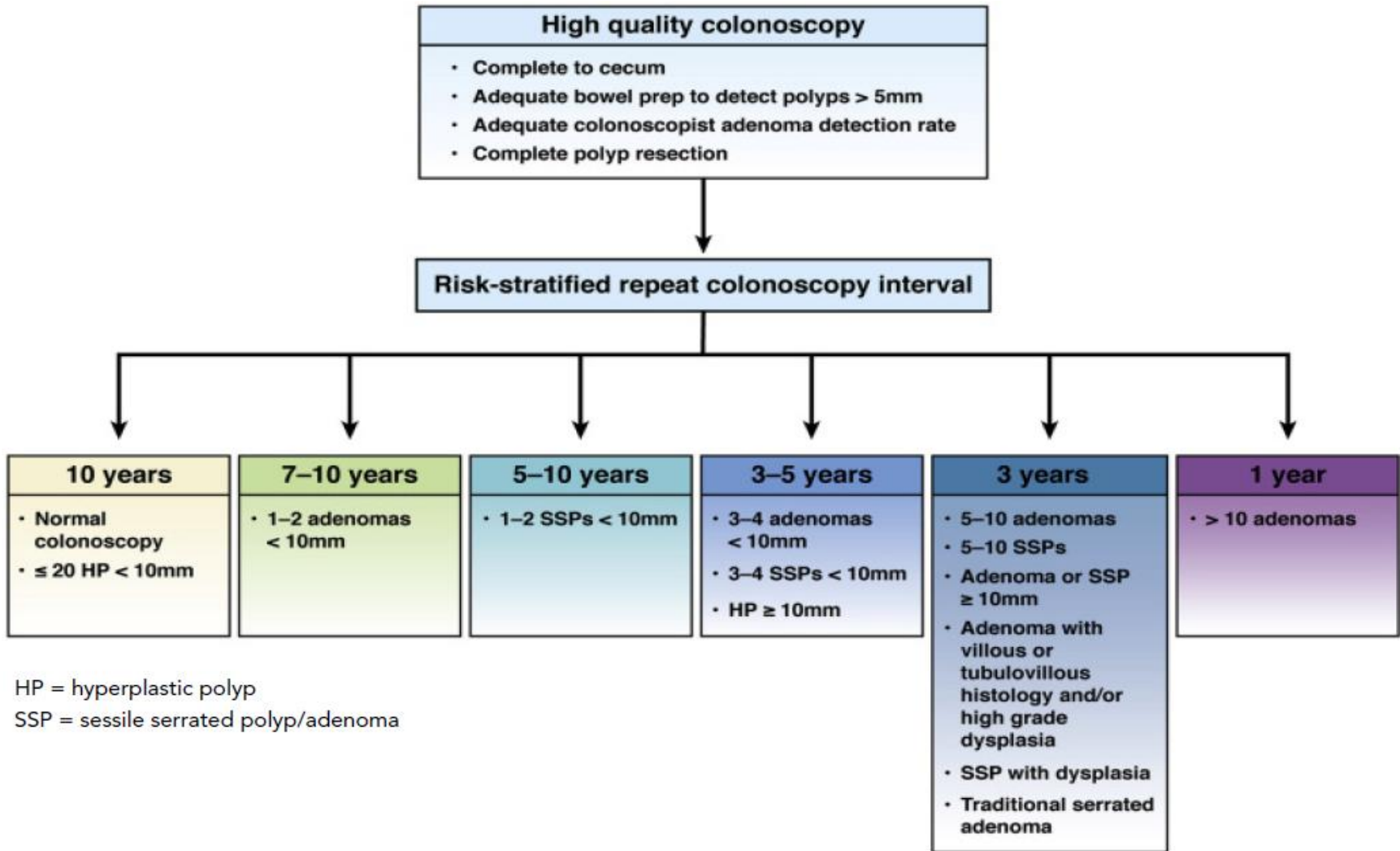
Impact of COVID-19 in the Endoscopy Unit

- Re-phasing of elective endoscopies
 - Intra-procedural protective equipment
 - PPE for all in the room (N95 respirator, gown, glove, face-shields, apron, shoe covers, hair net), donning and doffing
 - Masks on pts, (*elective endotracheal intubation*)
 - Post-procedural sterilization
 - Wipe down of all exposed/contaminated surfaces (saliva/stool, beds)
 - Extended time in btwn cases for droplet precaution
 - Disinfection of scopes the same
 - Designated pt recovery room and unidirectional flow

Keeping UTD on current best practices

- Post-polypectomy Surveillance Guidelines as an example

Polypectomy Surveillance Guidelines – New!



Gupta, S., Lieberman, D., Anderson, J. C., Burke, C. A., Dominitz, J. A., Kaltenbach, T., ... Rex, D. K. (2020). Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Gastrointestinal Endoscopy Journal – US Multi-Society Task Force*, 91 (3), 463-485.E5, Figure 1. <https://doi.org/10.1016/j.gie.2020.01.014>

Polypectomy Surveillance Guidelines

- We are working to make the transition easy!
 - The transition to new guidelines is a slow process
 - For now we are honoring most recalls
 - The existing recalls will continue to be automatic
 - Exceptions are discussed with the patient
 - If you notice a patient is due and we have not contacted them, please make a referral or e-consult
 - We have a dedicated team just for recalls!
 - We will continue to be aggressive about updating HM dues and past surgical history

Moving into the Future

- We are fully equipped and willing to do E-Consults and telehealth exams.
- Telehealth is allowing us better contact with patients on the outer islands and more rural areas of Oahu
 - Improved compliance with consults and follow up
 - Fewer visits required
 - Clinic visits are still an option, of course
 - Currently embraced by all of our physicians

Telehealth Example #1

- 88yo retired professor with mild COPD and anxiety referred for progressive dysphagia after contacting PCP
 - Weary of clinic visits due to COVID-19
 - Patient requested alternative visit
 - Next day telehealth visit was scheduled with GI
 - After visit there were concerns for candida esophagus, stricture, and malignancy
 - Patient saw PCP following day (scheduled) and possible mild thrush was seen, and patient treated

Telehealth Example #1

- 88yo retired professor with mild COPD and anxiety referred for progressive dysphagia after contacting PCP
 - Unfortunately, dysphagia progressed and an EGD was scheduled due to rapid progression
 - EGD revealed a tortuous esophagus and some mild esophagitis
 - Symptoms resolved with PPI and reassurance

Telehealth Example #2

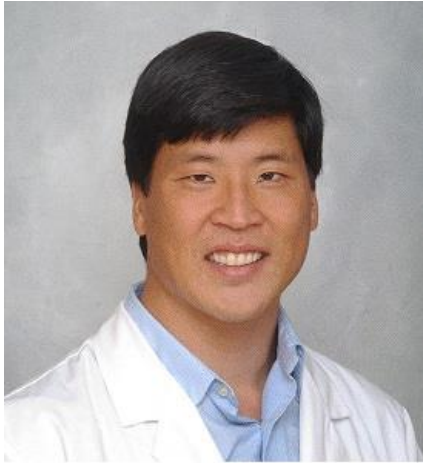
- 69yo female with a history of elevated alk phos presents to ED with jaundice and fever
 - Markedly abnormal LFTs but stable for discharge (no biliary obstruction on CT and no other abnormalities)
 - MRI/MRCP was ordered by APRN and E-consult was made. Working diagnosis was drug induced liver injury (DILI) from allopurinol.
 - Additional labs were added to scheduled lab draw via E-consult and need for MRI was confirmed. Differential included malignancy, DILI, PBC, AIH
 - Telehealth visit was scheduled post-MRI and labs

Telehealth Example #2 continued

- 69yo female presents to ED with jaundice and fever
 - MRI was forwarded immediately by referring NP
 - Labs resulted Friday evening (and automatically released to patient) revealing improved LFTs but a markedly abnormal anti-mitochondrial antibody
 - Patient e-mailed via MyChart out of concerns and reassurances were made
 - Tentative diagnosis was DILI with underlying PBC

Telehealth Takeaways

- Take home points:
 - Telehealth facilitated speed of workup
 - PCP direct to endoscopy
 - Able to conduct visits on busy call week
 - Reduced patient anxiety in both examples
 - Reduced number of office visits and lab draws
 - Can prevent unnecessary imaging
 - Facilitated communication between consultant and PCP (via messaging/E-Consult)
 - Minimized a high-risk patient's exposure



EPIC Updates

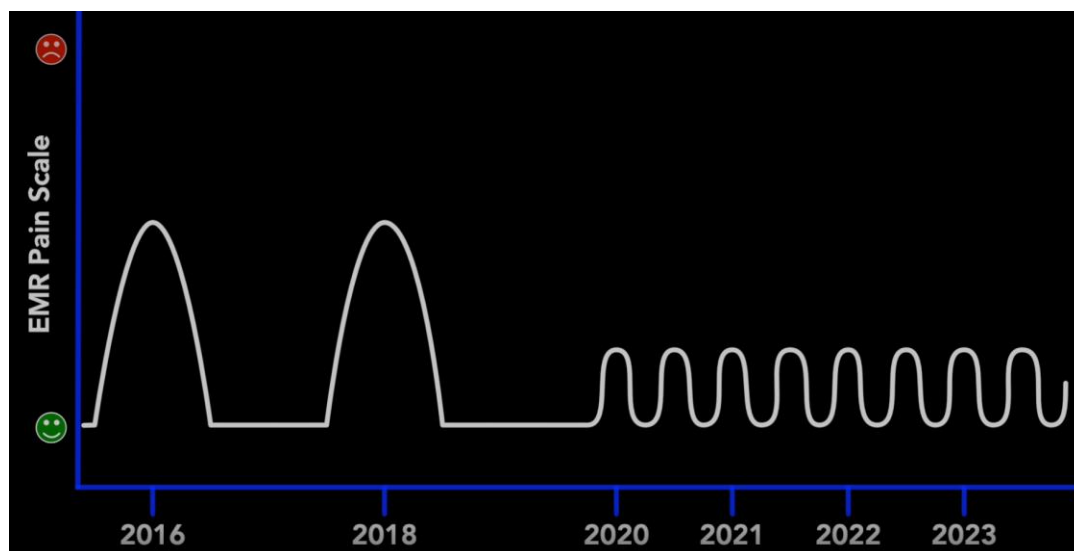
James Lin, MD

Vice President, Information Technology

Pediatric Hospitalist, Kapi'olani Medical Center

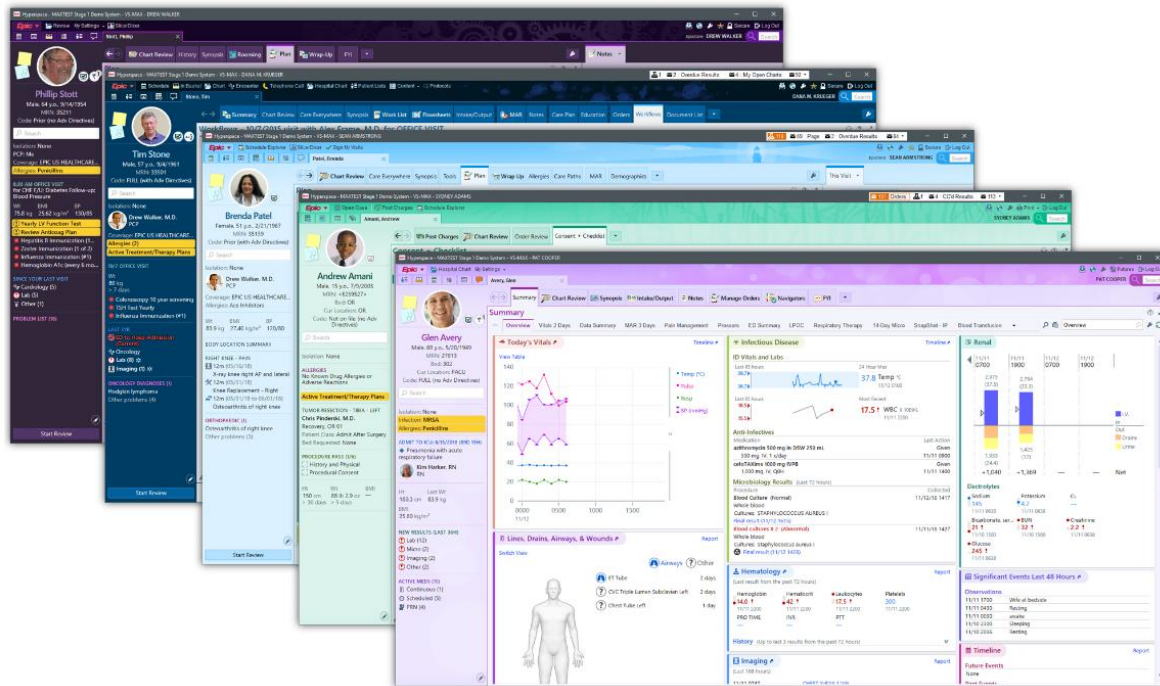
Ongoing Epic Updates

- Epic moving to more frequent but smaller updates every 6 months
- Epic Update Schedule
 - July 5, 2020 (postponed from April)
 - October 18, 2020
 - April, 2021



Major Impacts

- Storyboard
- Gender X
- Dragon Medical One



Storyboard

Epic Dragon In Basket Encounter Schedule Chart E Pt List Tel C

Zztest, Moon

Health Maintenance

Topic

Current Care Gaps

- Colorectal Cancer Screening
- Breast Cancer Screening (1 yr) Bilateral
- Colorectal Cancer Screening (10 yr)
- Pneumococcal (PPSV23) Vaccine
- Advance Care Planning (ACP) Discussion
- Pneumococcal (PCV13) Vaccine
- Influenza Vaccine (1)

Health Maintenance Plans

- Advance Care Planning (ACP) Discussion
- Breast Cancer Screening (1 yr) Bilateral
- Colorectal Cancer Screening
- Colorectal Cancer Screening (10 yr)
- Influenza Vaccine
- Pneumococcal (PCV13) Vaccine
- Pneumococcal (PPSV23) Vaccine

Who am I seeing?

What should I know about them?

Why are they here?

Has anything happened recently?

Additional useful information to consider

Marc Zztest

Male, 45 yr old, 3/1/1975

MRN: <30000874>

Code: Full code, (has ACP docs)

Search

Master, State, MD

PCP

Coverage: None

Allergies (2)

Active Treatment/Therapy Plans

3/2 OFFICE VISIT

Wt 240 lb (108.9 kg) > 7 days

SINCE LAST FAMILY VISIT

No other visits

No results

HCC DIAGNOSES (2)

Acute combined systolic and diastolic congestive heart failure (*)

Type 2 diabetes mellitus without complication, with long-term current use of insulin (*)

Other problems (7)

Medications & Orders

Medications and orders also exist in active treatment

INFUSION TREATMENT

Outpatient and Clinic-Administered Medications

cetirizine (ZYRTEC) 10 MG tablet 1 Tab, Oral, DAILY PRN

losartan (COZAAR) 25 MG tablet 1 Tab, Oral, DAILY

metformin (GLUCOPHAGE) 500 MG tablet 1 Tab, Oral, BID W/ BREAKFAST AND DINNER

metformin (GLUCOPHAGE) 500 MG tablet 1 Tab, Oral, DAILY

Omega-3 Fatty Acids (OMEGA-3 FISH OIL PO) 300 mg, Oral, DAILY

ONE TOUCH ULTRASOFT LANCETS

promethazine w/ codeine (PHENERGAN W/ CODEINE) 6.25-10 MG/5ML syrup

Hospital Medications

aspirin tab (Expired) 325 mg, Oral, DAILY

dextrose 50 % soln (D50) (Expired) 15-50 mL, Intravenous, PRN

furosemide (LASIX) (Expired) 40 mg, Intravenous, QID

glucagon 1 MG (Expired) 1 mg, Intravenous, PRN

Coverage: None

Allergies (2)

Active Treatment/Therapy Plans

3/2 OFFICE VISIT

Wt 240 lb

Allergies

Reviewed by Optimus, Prime, RN on 2/16/2020

	Severity	Reactions	Comment
Shrimp	Medium	Hives	
Sulfur	Low	Hives	

Gender X

- Hawai'i bill 1165 allows “Gender X” on Hawai'i driver licenses effective 7/1/20
- Epic changes:
 - Display of both for weight based dosing, creatinine clearance, med warnings, growth charts, lab results, etc.
 - Work in progress for non-Epic systems to display

Gender X

The screenshot shows a patient record interface with a 'Demographics' tab. A 'Sex and Gender Information' dialog box is open, displaying 'Sex (legal): X' and 'Sex assigned at birth:'. The 'Sex assigned at birth' field is highlighted with a red box. The background interface shows patient information for 'Snocaps Zztest', including MRN: 32967777, birth date: 6/27/1976, and patient status: Alive.

Documenting Sex assigned at birth

Display of Sex Assigned at birth on the Storyboard

The screenshot shows a patient record interface with a 'Storyboard' view. The patient information is displayed in a card format. The 'Sex Assigned At Birth' field is highlighted with a red box. The card also displays the patient's legal name, MRN, HAR, Room/Bed, and Code.

Iptheist, Preferred Name N.
Legal: Iptheist, Legal Name
Female (i), 50 yr old, 9/23/1969
Sex Assigned At Birth: Male
MRN: 30000116
HAR: 100002468
Room/Bed: 0507-01
Code: DNAR/+ETT (has ACP docs)

Select Font Size ▾

Iptheist, Preferred Name N.
50 yr old, 9/23/1969
Legal Name: Iptheist, Legal N.
Gender Identity: Transgender Female / Male-to-Female (Sensitive)
Legal Sex: Female (Sensitive)
Sex Assigned at Birth: Male (Sensitive)

SOGI – Sex at Birth BPA

- Gender “X” or “Non-Binary”
 - Nursing/Physician BPA

Documentation Requirement (1)

⚠ Please enter the patient's sex at birth

🔗 Click here to enter Sex Assigned at Birth

⚠ Acknowledge Reason _____

Unable to Assess

✓ Accept

Sogi, Osani

Nonbinary ⓘ, 35 yr old,
2/14/1985

MRN: 30001076
HAR: 100038405

Room/Bed: 224-01

Code: Not on file (no ACP docs)
LOC: General/Floor

🔍 Search

⚠ Sex at Birth Missing

Click on the Pencil and fill out "Sex assigned at birth"

Contact Information Clinical Information Additional Information

No photo for this patient.
Set Photo

1-Permanent

Address:

City (or ZIP):

Name: Osani Sogi ⓘ 🔒

Sex: ⓘ Nonbinary ✎ Birth date: 2/14/1985 📅 Ali:

Patient status: Alive 🔍 Patient IDs: X

Sex and Gender Information X

Sex (legal): ⓘ Nonbinary 🔍

Sex assigned at birth: ⓘ 🔍

✓ Accept ✗ Cancel

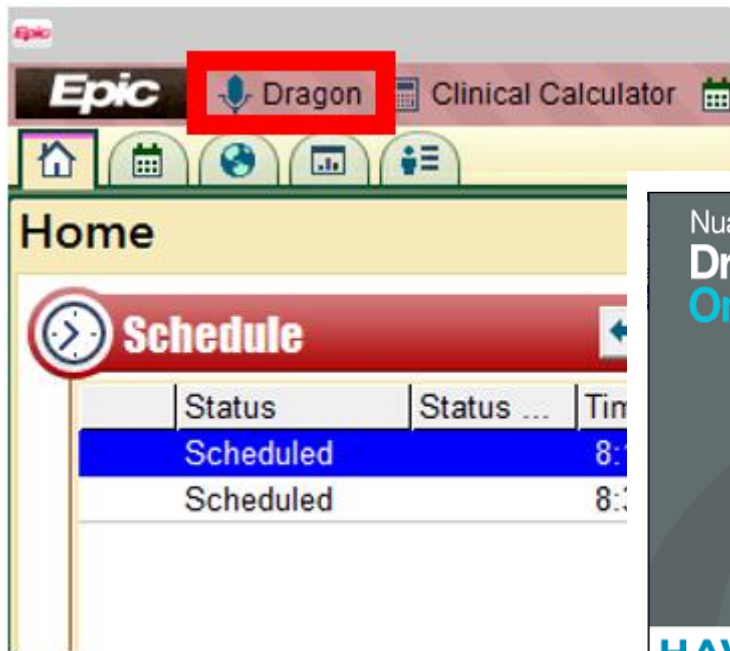
Gender X

- Hawai'i bill 1165 allows “Gender X” on Hawai'i driver licenses effective 7/1/20
- Epic changes:
 - Display of both for weight based dosing, creatinine clearance, med warnings, growth charts, lab results, etc.
 - Work in progress for non-Epic systems to display

Dragon Medical One

- With Epic update:
 - Voice to text software will be available for all interested credentialed providers on admitted and ED patients or for procedures
 - HPH Medical Group physicians will have it available for clinic use
- Health Advantage Connect physicians can sign up for use in their clinic if desired beginning Aug 17.
- No training needed!

Dragon Medical One -

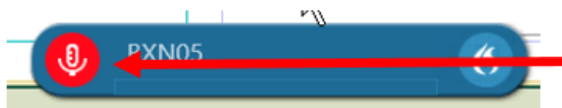


Put in EPIC user name

Select your mic

Select your specialty

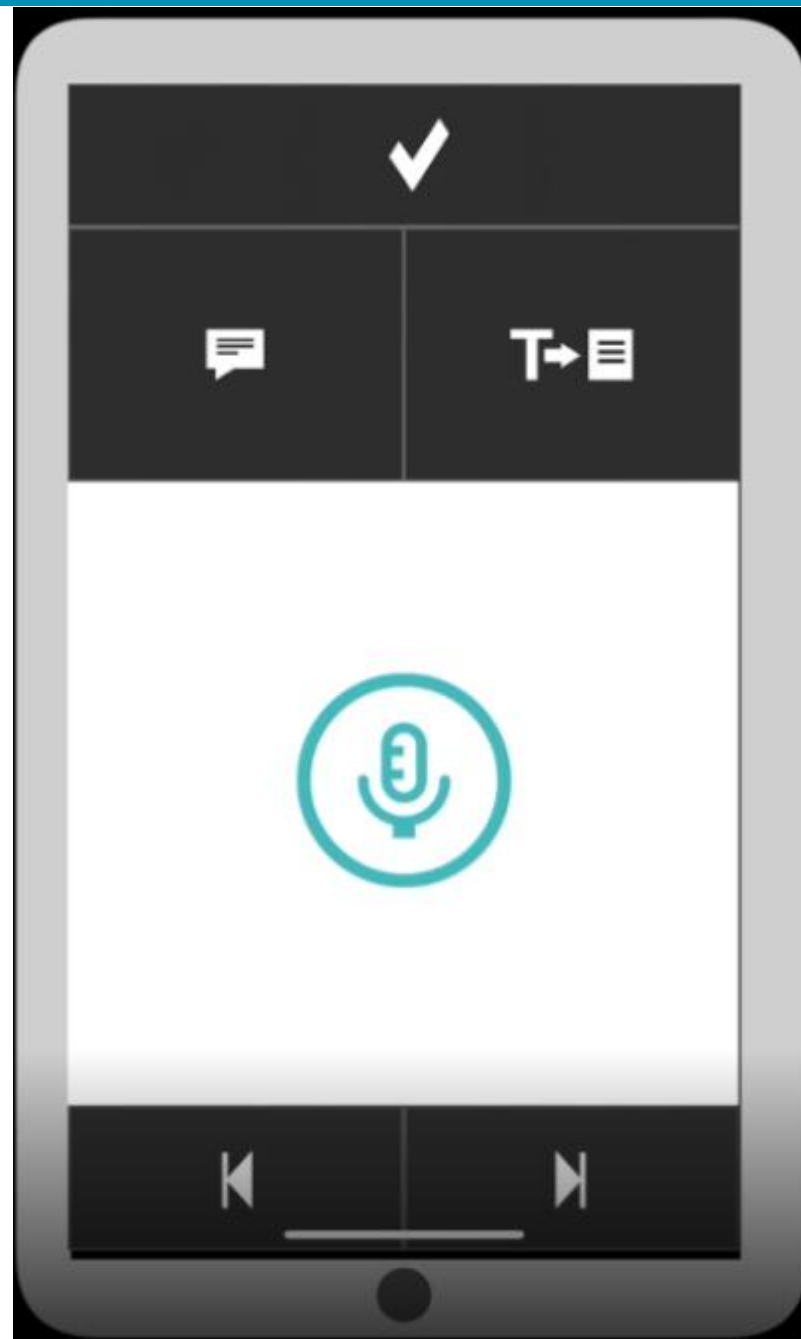
Click ok



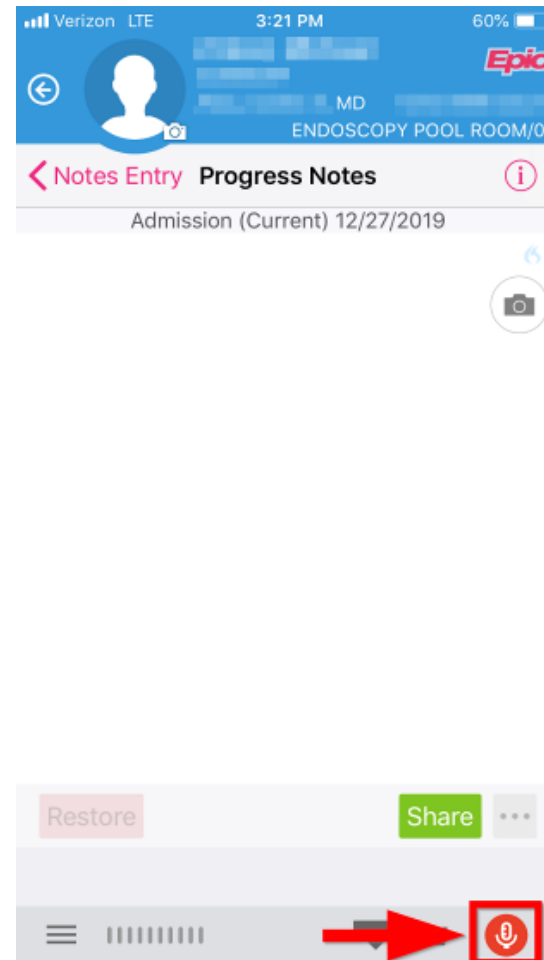
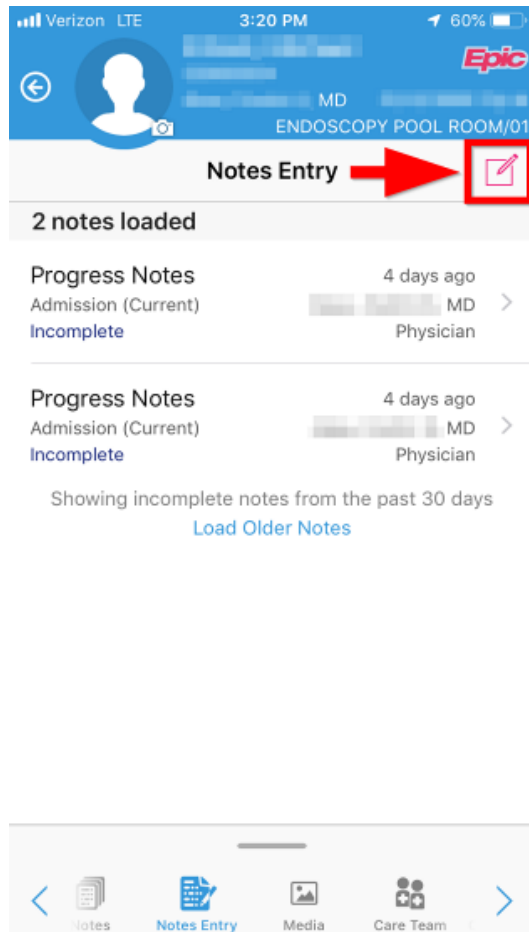
Click here to start / stop dictating. You can also use (+) sign to toggle between start/stop dictating. Make sure you have clicked in the field you want to dictate when you start dictating.

PowerMic Mobile

- Turn your smartphone into a microphone for Dragon use at any Epic workstation



Dictating a note using Dragon via Haiku





HHP Updates

Andy Lee, MD

Medical Director, *Hawai'i Health Partners*

Chief of Staff, *Pali Momi Medical Center*

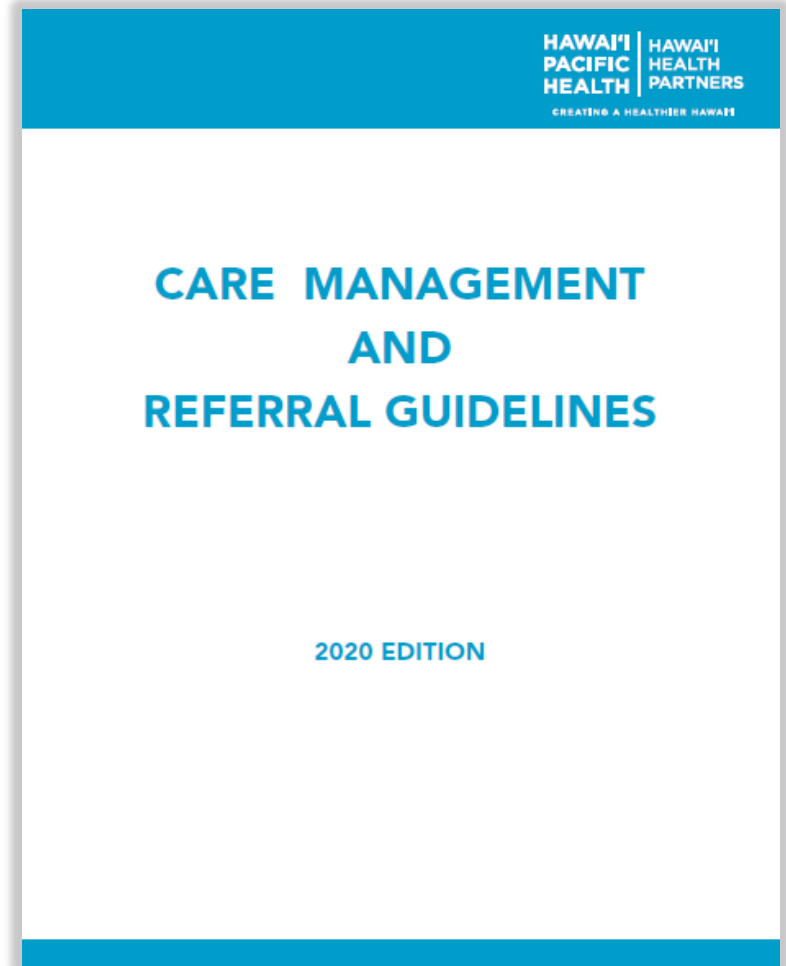
Hawai'i Pacific Health

**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

Care Management & Referral Guidelines

- Updated 2020 Edition
- *Coming Soon!*
 - HHP website
 - HPH website & intranet
 - Epic (still being built)
- More information to come via HHP PRN Bulletin



2019 QPP SSP

- 2019 Performance Update
 - Exceeded QPP target ($\geq 75\%$)
 - Did not meet SSP Target ($\leq 6\%$)
 - Payout in Sept 2020

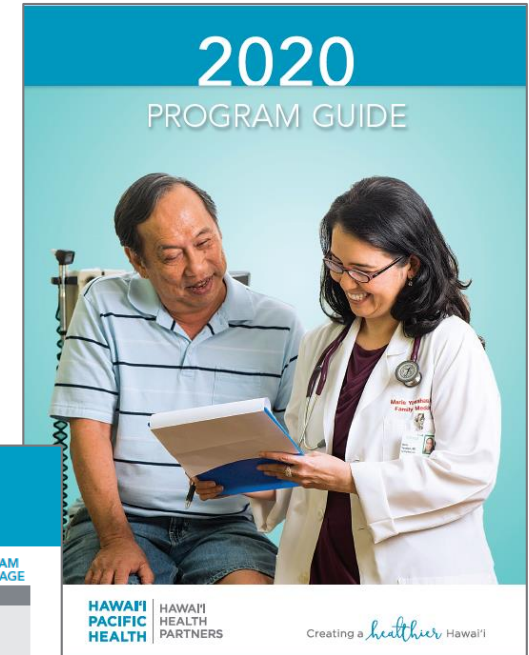
2020 QPP SSP

- Learn Your 2020 Measures
 - HHP Website (behind physician login)
 - Program Guide
 - Pocket guides (specialty specific)

2020 PROGRAM GUIDE		
Family Medicine / General Practice / Internal Medicine (non-PCP)		
APPLICABLE 2020 MEASURES	POINTS POSSIBLE	PROGRAM GUIDE PAGE
QPP & SSP		
Attendance at HHP Annual Membership Meeting	1	16
HHP Learning Modules	0.5 (per completed module)	17
Participation in HHP Clinical Workgroups	2 (per workgroup)	18
SSP		
Avoidable ED Utilization	1	42
National Imaging Associates (NIA) / Magellan Prior Authorizations	1	58
NSAID Utilization in CKD Patients	1	59
Provider Use of Epic eConsults	1	64
Use of High Risk Medications in the Elderly	1	67

HAWAII PACIFIC HEALTH | HAWAII HEALTH PARTNERS
CREATING A HEALTHIER HAWAII

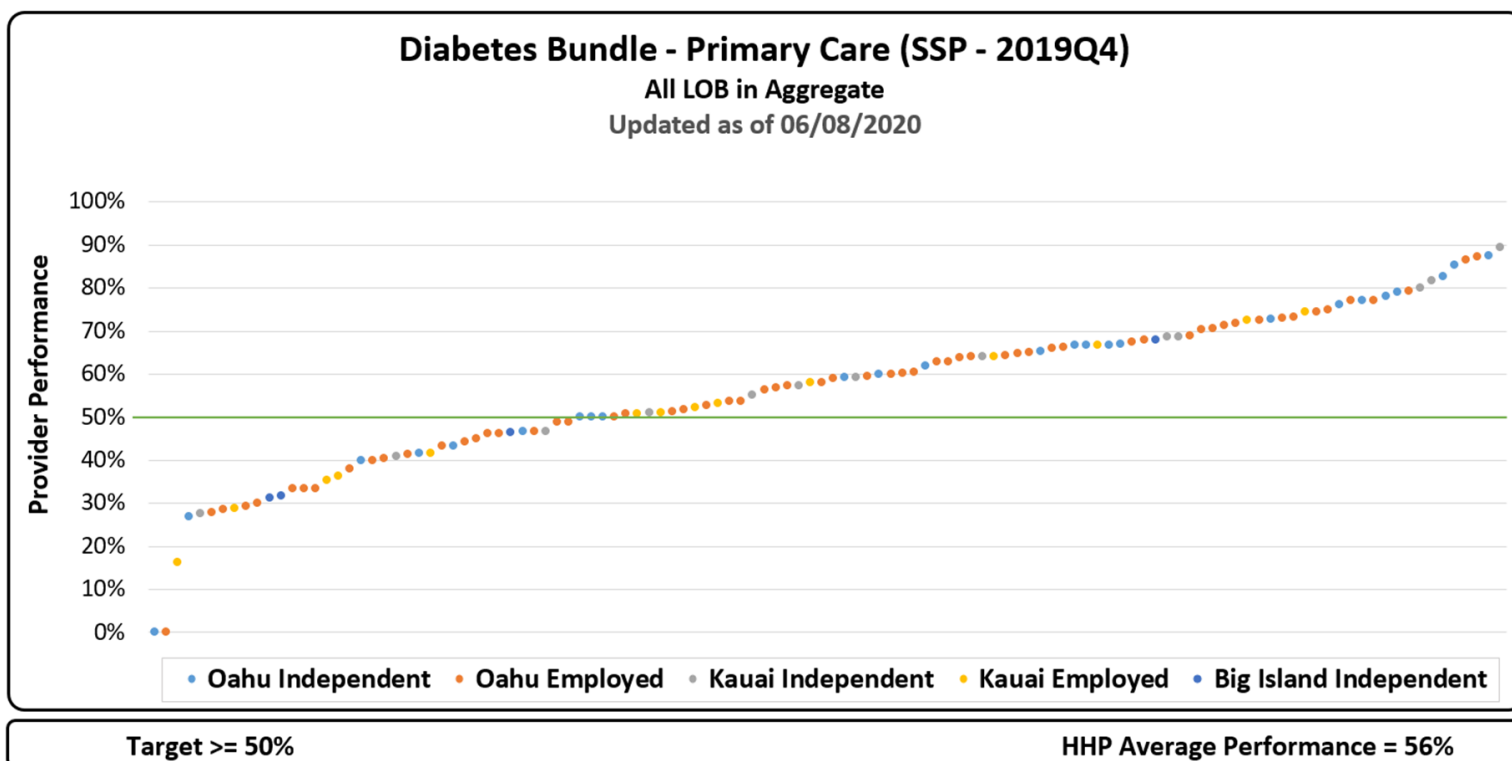
Hawaii Health Partners
1100 Ward Avenue, Ste. 670 | Honolulu, HI 96814
Phone: 808.587.5808 | Fax: 808.522.4717
Info@hawaiihealthpartners.org



2019 Diabetes Bundle: Primary Care

Target = 50% of diabetic patients meet *all* four care goals:

- HbA1c control $\leq 9.0\%$ • Blood Pressure Control* • Eye Exam • Nephropathy Screening



*2020 SSP Measure is three care goals (no BP control)

CREATING A HEALTHIER HAWAII

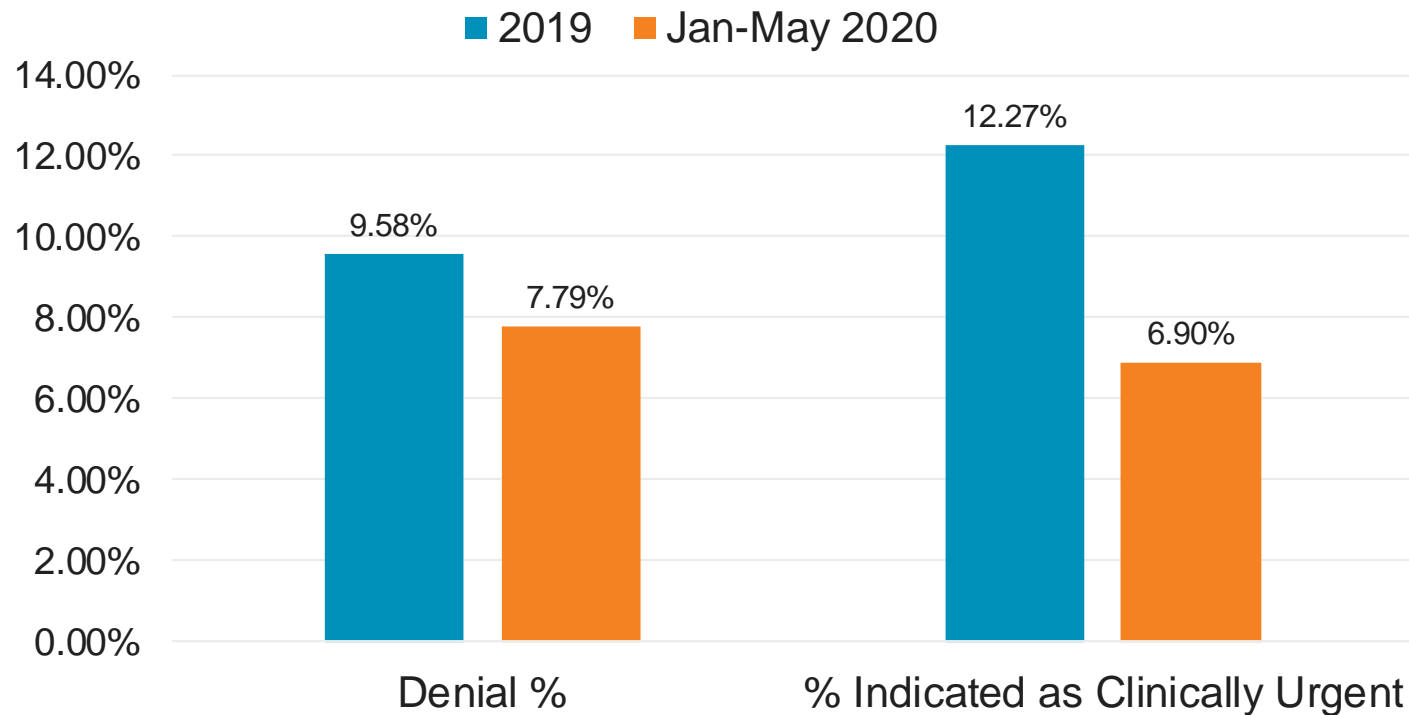
No. of Providers Eligible	118
No. of Providers Who Met Target	103
% of Providers Who Met Target	87%

**HAWAII
PACIFIC
HEALTH** | HAWAII
HEALTH
PARTNERS

2020 NIA

Measure Objective: Improve patient and provider experience by streamlining prior authorization process, and improve appropriateness of ordering advanced diagnostic imaging studies

Target: Less than 5% denial rate



Source: NIA/Magellan

Q&A

Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
 - Contact us at Covid19Bulletin@hawaiipacifichealth.org