

***The Journey from Fee-for-service to
Value-based Care: the Health Plan perspective –
A case study with Hawaii Medical Service
Association (HMSA)***



Māhie 2020
ADVANCING THE HEALTH OF HAWAII

***The 11th National Value-Based Payment and Pay for Performance Summit
February 18, 2016***

***Hyatt Regency, San Francisco
Mark Mugiishi, M.D. Chief Medical Officer
Hawaii Medical Services Association (HMSA)***



HMSA Vision: Māhie 2020

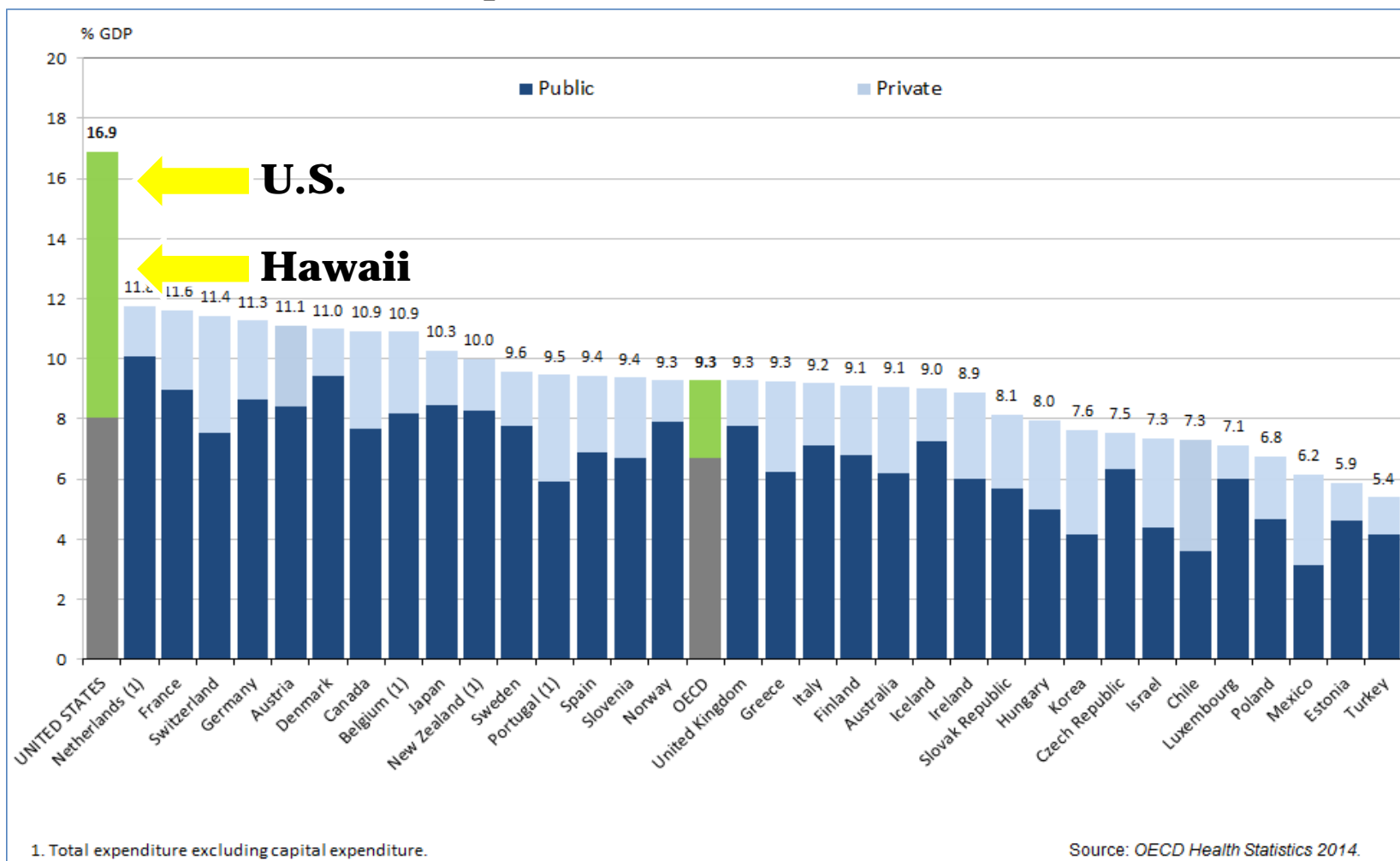
*HMSA will serve as a **catalyst** to create a sustainable community system that advances the **health and well-being** goals of consumers, providers, employers, communities, and government.*



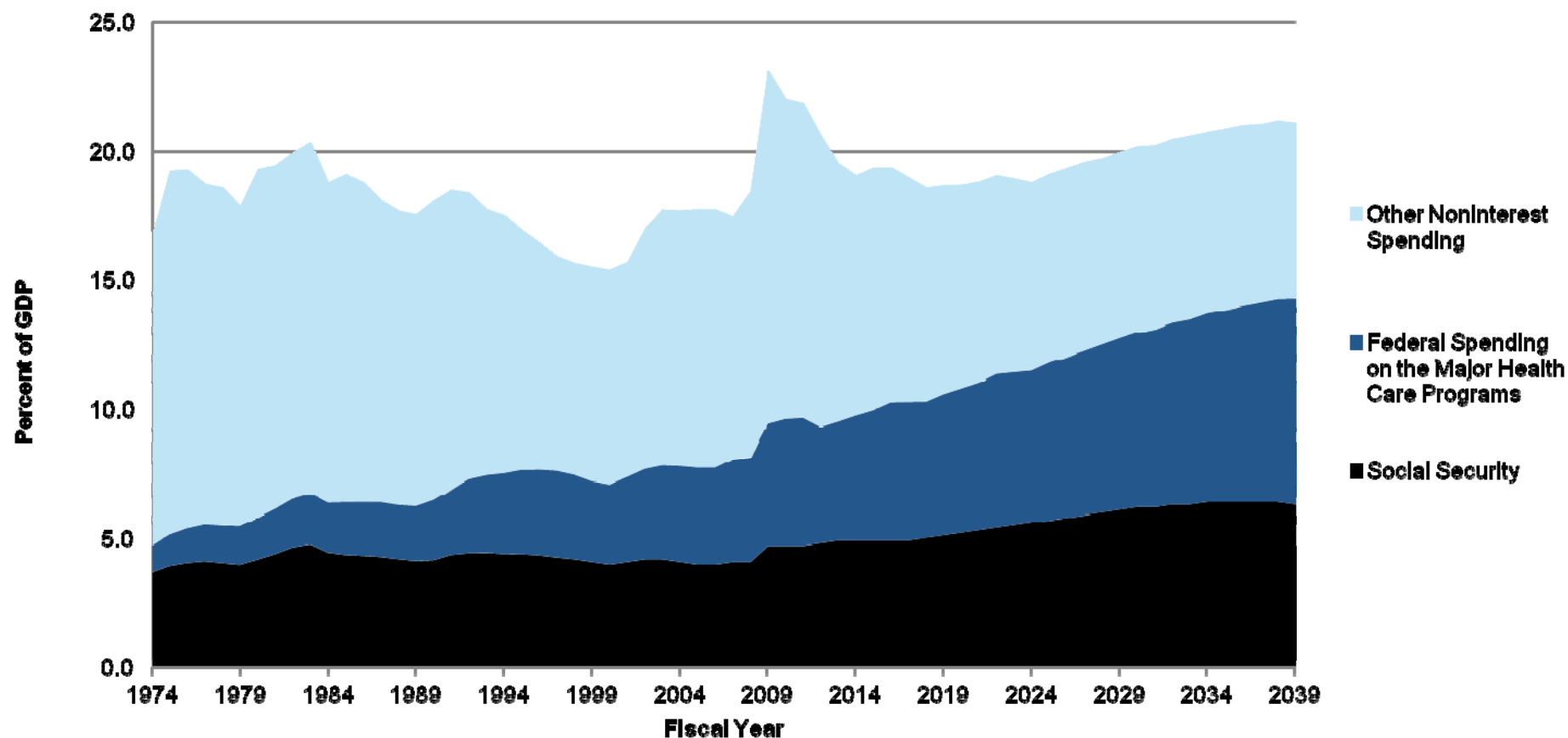
THE CASE FOR CHANGE

The State of U.S. Healthcare

As a % of GDP, the U.S. spends far more on health care than other nations



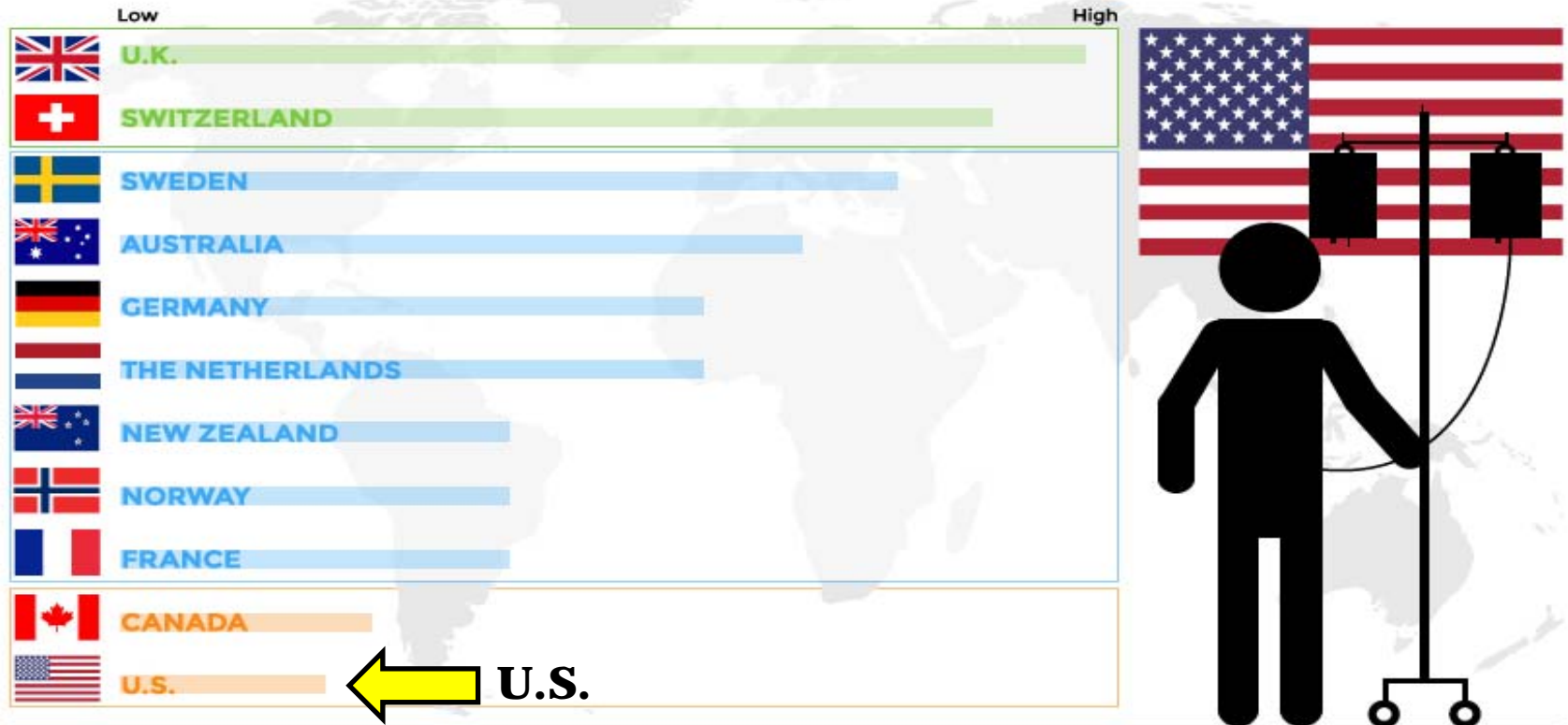
Long Term Federal Spending Projections, 1974-2039



Source: Congressional Budget Office, 2014 Long-Term Budget Outlook.

The State of U.S. Healthcare

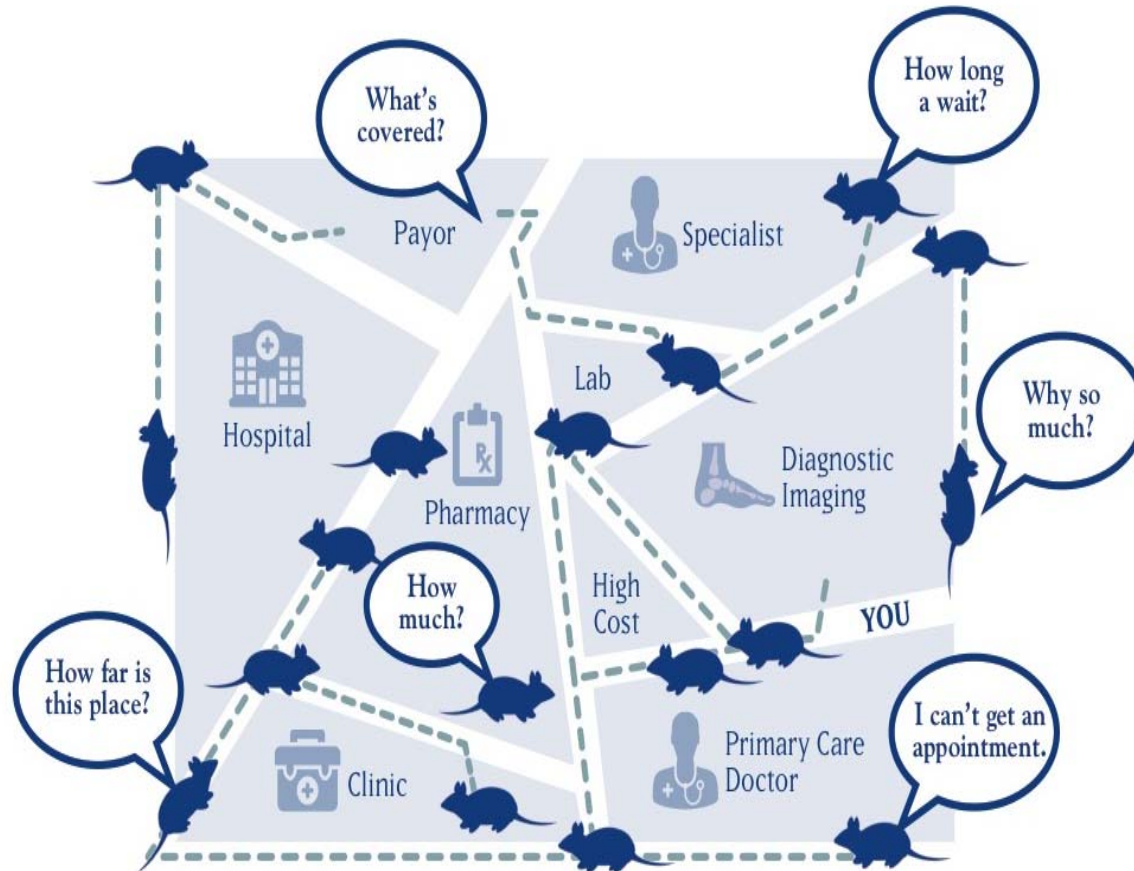
Overall Health Care Ranking



The
COMMONWEALTH
FUND

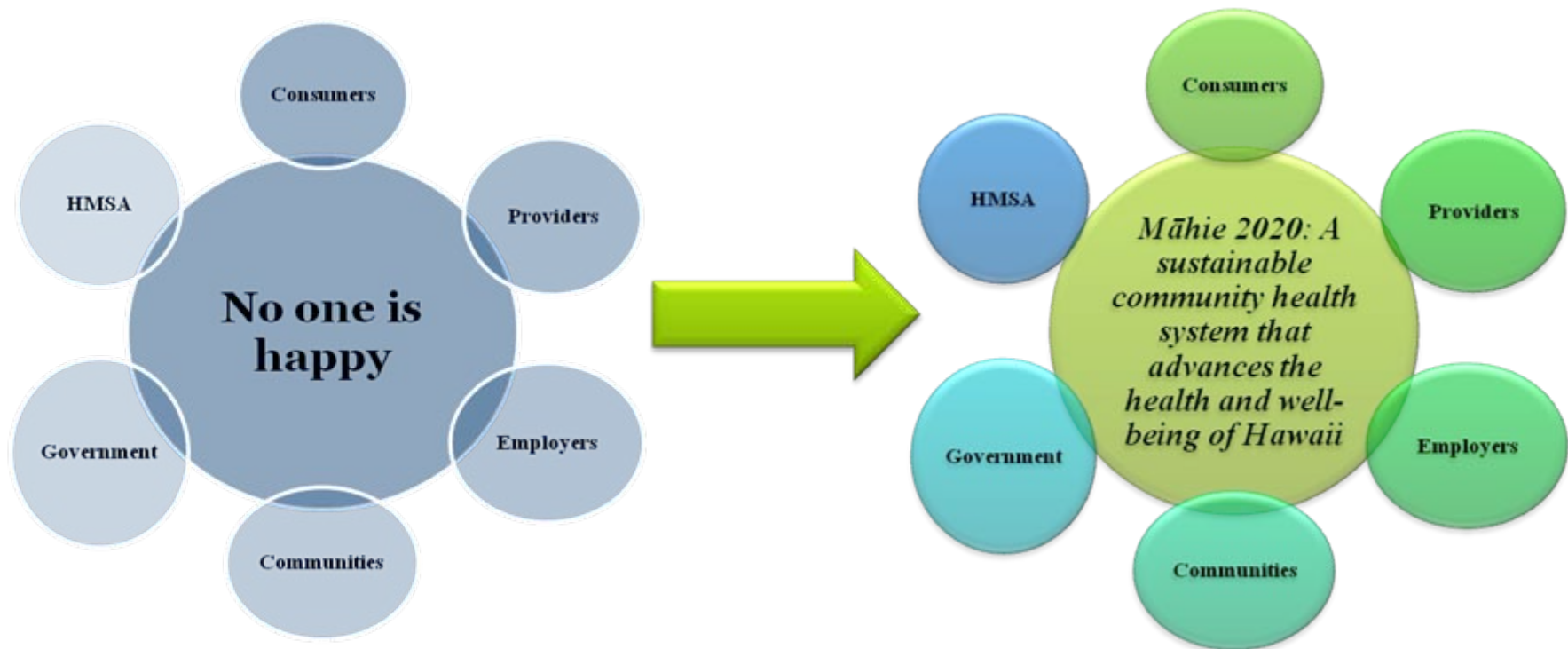
Source: K. Davis, K. Stremikis, D. Squires, and C. Schoen, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally*, 2014 Update, The Commonwealth Fund, June 2014.

Healthcare Industry - Where We Are Today



Adapted from Aetna – JP Morgan Healthcare Conference Presentations January 2014

HMSA as a catalyst for transformation



HMSA as a catalyst for transformation

*HMSA will serve as a **catalyst** to create a sustainable community system that advances the **health and well-being** goals of consumers, providers, employers, communities, and government.*

MAJOR OPPORTUNITY FOR US IN OUR ROLE:

Change the payment model to align physician incentives with desired goals.

TRANSFORMING THE PAYMENT MODEL

What's behind our broken healthcare system?

The NEW ENGLAND JOURNAL of MEDICINE

HOME ARTICLES & MULTIMEDIA ISSUES SPECIALTIES & TOPICS FOR A

Eliminating fee-for-service models would significantly reduce healthcare costs, report says

By Paul Demko | January 8, 2014

The most significant

drive down healthcare costs is

SOUNDING BOARD

Phasing Out Fee-for-Service Payment

Steven A. Schroeder, M.D., and William F. N Engl J Med 2013; 368:2029-2032 | May

JAMA The Journal of the American Medical Association

Comments open through May

Home Current Issue All Issues Online First Collections CME Multir

October 28, 1988, Vol 260, No. 16 >

< Previous Article Full content is available to subscribers Subscribe/Learn More Next A

ARTICLE | October 28, 1988

Physician Payment Reform: An Idea Whose Time Has Come

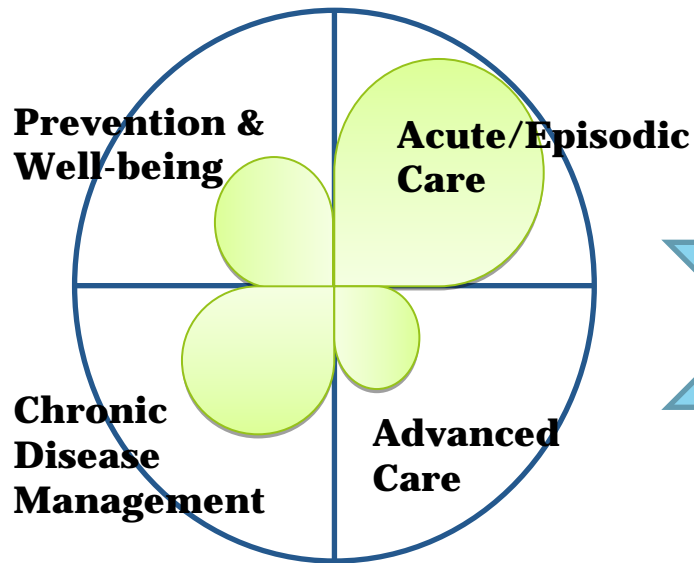
Philip R. Lee, MD; Paul B. Ginsburg, PhD

JAMA. 1988;260(16):2441-2443. doi:10.1001/jama.1988.03410160117015.

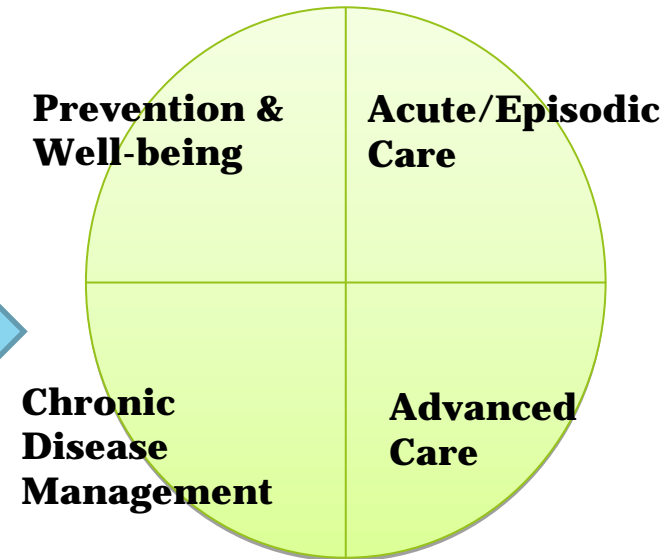
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Designing a system to meet members' needs

Current payment and delivery system

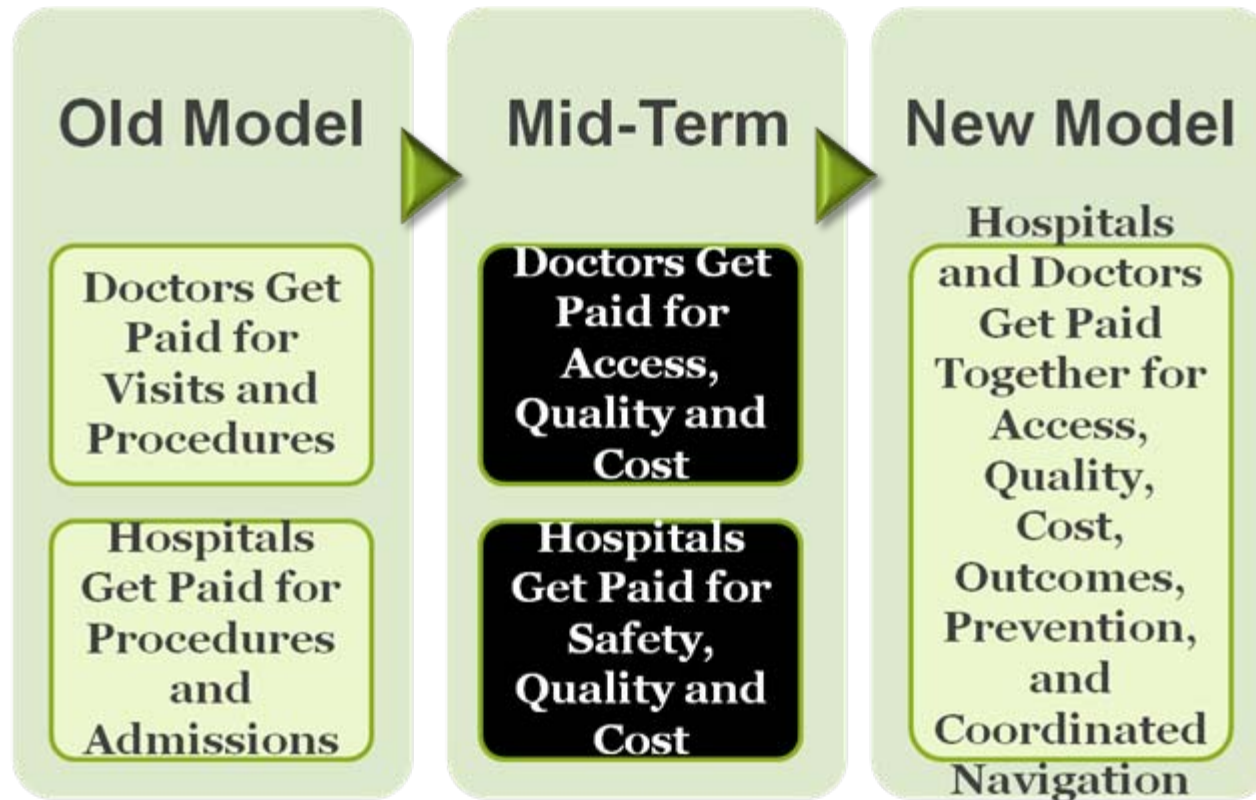


System that meets all members' health and well-being needs



**Next Generation Physician
Compensation Model**

Healthcare Industry Evolving Payment Models



Payment Transformation

Initial Goal: *To design, pilot, and implement a primary care provider compensation and incentive model that aligns compensation with **patient-centered, high-value** care.*

Subsequent Goals:

- *Incorporate physician organizations (or subsets) and engage them in health and well-being*
- *Integrate specialists and support transition away from FFS*
- *Rationalize facility payments across lines of business*

*The new payment model will reward physicians for **improvements in patient health and well-being, patient satisfaction and timely access to care, and care efficiencies.***

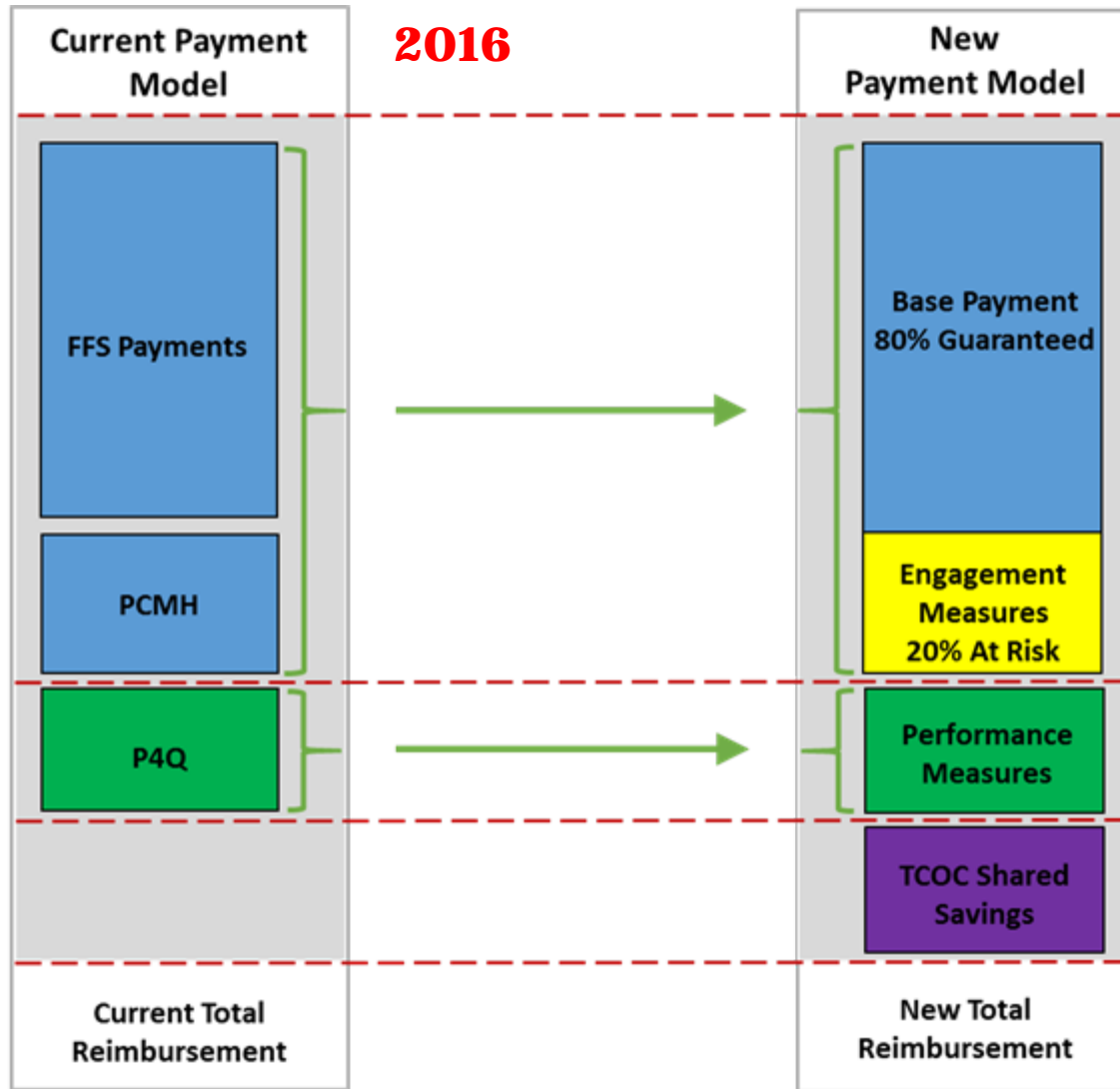
If successful, the new payment model should improve the system for patients, providers, and HMSA.

PAYMENT TRANSFORMATION MODEL REVIEW

Scope of New Payment Model

- By 2017, *virtually all* PCPs in HMSA's network paid under payment transformation methodology
 - PCPs must belong to a PO to participate
 - Alternative in 2017: Remain on frozen FFS schedule w/no additional quality dollars
- New payment model applies to all LOBs
 - *Exception:* Co-piloting alternative incentive model for Medicare (MLR pilots)
- All HMSA member groups included in payment transformation

Transitioning to a New Primary Care Payment Model



2017+

- **PMPM base paid in bands, with goal of keeping PCPs close to whole in Y1 (+/- 5%)**
- **PCMH dollars built into base PMPM band for Y1**
- **Glidepath strategy to move PCPs into fewer bands over time based on value – Quality, TCOC, panel risk**

PMPM Adjustment Strategy

1. **Y1 - Clinical RA built into PMPM payments:** *No additional clinical risk factor will be applied in year one, since PMPM bands will reflect providers' panels and past utilization.*
 - *Identify and begin collecting key SDH data from patients*
2. **Y2 - PMPMs will be clinically risk-adjusted and modified based on quality scores and TCOC performance**
 - *Pays for what matters (risk, quality, cost)*
 - *Creates incentive to submit accurately-coded encounters & to see complex patients*
3. **Long-term goal – Risk adjustment methodology will expand to include SDH & WB:** *PMPMs will be adjusted on both clinical and non-medical determinants of health, such as education, language, housing, and well-being. PMPMs will accurately reflect a providers performance in managing his/her entire panel's needs*

MEASURE SET REVIEW & SCORING METHODOLOGY - PCPS

PCP Performance Measures - Adults

Age and gender appropriate cancer screenings:

1. Breast cancer screening
2. Colorectal cancer screening
3. Cervical cancer screening

Diabetes care management:

4. HbA1C control
5. Eye exam
6. Medical attention for nephropathy
7. Blood pressure control

Population health management:

8. Screening for symptoms of clinical depression & anxiety (PHQ 4)
9. Flu vaccination rate
10. BMI assessment
11. Well-being 5 completion rate
12. Tobacco cessation and follow-up

Patient reported feedback:

13. Patient experience (satisfaction w/provider & practice; shared decision making)

Plan-driven measures:

14. CCS measure (Medicare only)

PCP Performance Measures Overview

Goals for Measure Selection:

- Make measure sets more clinically meaningful to patients & providers
- Simplify measure sets and scoring to drive desired behavior changes
- Use measure set to emphasize importance of well-being prevention, population health, patient engagement

Payment Transformation Measure Set:

- One measure set and thresholds for all LOBs
- 22 measures total
 - 14 measures carried over from HMSA Pay-For- Quality Program
 - 8 new measures
- Measures scored and paid by LOB
- Scored annually; measurement period= calendar year
- **Cozeva UI makes data easier to understand, more relevant, actionable**

Scoring Methodology Overview

- Performance Component
 - Performance relative to MINIMUM measure threshold
 - Capped at 100%
- Improvement Component
 - Performance relative to BASELINE
 - Greater weight on improvement than in current P4Q
 - Capped at 50% (versus P4Q capped at 25%)
- Bonus Component
 - Rewards PCPs for improvement above the TARGET threshold
 - Capped at 10%

PCP ENGAGEMENT MEASURES

PCP Engagement Measures

1. Access To and Use of Cozeva

Cozeva enables providers to manage their patient panel, monitor care gaps, and displays the PCPs performance and payment potential on PCP Performance Measures. PCP's and their office staffs will have their Cozeva use monitored.

2. Panel Management

PCPs will check on the wellbeing of all individual members in their panel at least once per measurement year. This requirement will be measured using an annual patient survey administered to a sample of each provider's attributed members at the end of the measurement period.

3. Engagement with Ecosystem

PCPs will refer patients to programs in the ecosystem (including but not limited to programs such as HMSA Care Model, HMSA health education workshops, Dr. Dean Ornish Program for Reversing Heart Disease™, etc.).

MEASURE SET REVIEW & SCORING METHODOLOGY – PO

Discussion: Ecosystem Roles and Responsibilities

High-Performing PO Role:

-Patient Access

- All LOBs
- Accepting new patients
- Timely appointment for all patients and after-hours care
- Online care, Email, Phone, Text (drive alternative visits)

-Create and Manage Systems to Ensure High-Value Care (managing TCOC)

- Referral and utilization management (local solutions)
- Care coordination and patient engagement
- Engagement with and contributions to ecosystem of care
- Data analytics and reporting

-Organizational Leadership and Sustainability

- Provider and administrative leadership
- Change management and performance improvement
- Independent funding and sustainability plan
- Provider support/improvement and recruitment
- Strong organizational communication
- Physician recruitment

Discussion: Ecosystem Roles and Responsibilities

HMSA Role:

-State-Wide Health System Fiduciary

- Design, organize, and promote free-choice health system
- Data analytics and reporting
- Patient engagement
- Advocacy

-Ecosystem Investments

- Partnerships with stakeholders
- Well-being improvement and interventions
- Panel management tools
 - Cozeva: population health management tool for scoring and payment on HMSA programs
- Care coordination and management
- Provider support (e.g. leadership initiatives)

-Foundational Health Plan Functionality

- Claims adjudication and processing encounter data
- Sales and marketing
- Regulatory compliance and revenue generation from all LOBs
- Utilization management policies

PO Payment Transformation - Engagement Metrics

Access:

1. Facilitating timely access for new patients – PO is accepting new patients
2. Facilitating timely access for existing patients – Routine care <21 days
3. Facilitating timely access for existing patients – PO accepts patients from all LOBs
4. Providing 24/7 coverage for attributed members – Access to live provider from PO (can be met via phone, online care, Cozeva personal, HMSA online care)

Collaboration:

5. Participation in HMSA meetings – PO administrator & medical director attend PO leadership meetings

Population health management:

6. Social determinants of health data collection – *Note: this measure will be introduced in 2017*

PO Payment Transformation - Performance Metrics

Access & Utilization:

1. Hospitalization for potentially preventable complications – chronic ambulatory care-sensitive conditions – Rate of discharges for members 65+ with ASCS (*Note: Would like to evolve this measure to include all adult patients in the future*)

- ACSCs included: Diabetes, asthma, COPD, hypertension, heart failure

2. ED Utilization –Rate of ED utilization for attributed members ages 0+ (all members)

Collaboration:

3. PO communication with PCPs - PCP response to annual survey question, *“Did your PO provide you with the information, training, and support necessary to understand how to succeed in HMSA’s Payment Transformation program?”*

Population health management:

4. Children with Special Health Care Needs (CSHCN) screener submission – Percentage of members ages 3-21 screened using the CSHCN tool every 3 years

5. Controlling high blood pressure – Percentage of members 18-85 w/hypertension with adequately controlled BP during measurement year

6. Engagement with ecosystem – PCP response to annual survey question, *“Did your PO provide you with the information, training, resources, and support necessary to understand how to effectively utilize ecosystem programs?”*

7. Cozeva’s Sure Metrics Analytics engine provides support to PO’s to monitor these activities

TOTAL COST OF CARE METHODOLOGY

Total Cost of Care

- TCOC balances incentives in a PMPM model:
 - Incentive for providers to understand and manage how their care decisions affect patients' health and costs
- TCOC factors into 2 places in the new payment model:
 - Shared savings opportunity at PO level
 - PO level score on TCOC factored into PCP band movement over time
- TCOC based on **PO's** performance against a budgeted trend
- Must pass Quality Gate to participate
- **Real Time Information on TCOC available in Cozeva**
- 2 PO measures related to TCOC: ASCS, ED utilization rates

KEY NEXT STEPS AND GOALS

Path to Achieving 2016 Corporate Initiative for PT

Four Arm Pilot Sites:

- *New payment model (Control A)*
- *New payment model for PB, QUEST; MLR program for AA (Control B)*
- *New payment model + social comparison data on New Cozeva UI*
- *New payment model + SC data + member/provider shared incentive (AIC control)*

Randomization occurs at practice site level

Rationalize PO structure and Accountable Care Agreements

Pilot ready plan development for specialists

Hospital/Facility Transformation plan begins



Questions? Discussion?

an electronic platform supporting payment transformation

wayne pan, md, mba

applied research works | palo alto

an electronic platform
supporting *physician*
behavior change

wayne pan, md, mba
applied research works | palo alto

what do you need to support **payment transformation?**



who are you working with in **payment transformation?**





A group of seven diverse medical professionals, including men and women of various ages and ethnicities, are standing in a row against a plain white background. They are all wearing white lab coats over collared shirts and ties. The word "physicians" is overlaid in large, bold, green lowercase letters across the center of the image.

physicians



what are
physicians
trained to do?

analyze **data**



so what are
physicians
going to ask for?



1. data
2. data
3. data



but what kind of **data**?





real-time



**real-time
accurate**



**real-time
accurate
comprehensive**





connected
calculations on the fly
seamlessly updated



**real-time
accurate
comprehensive**

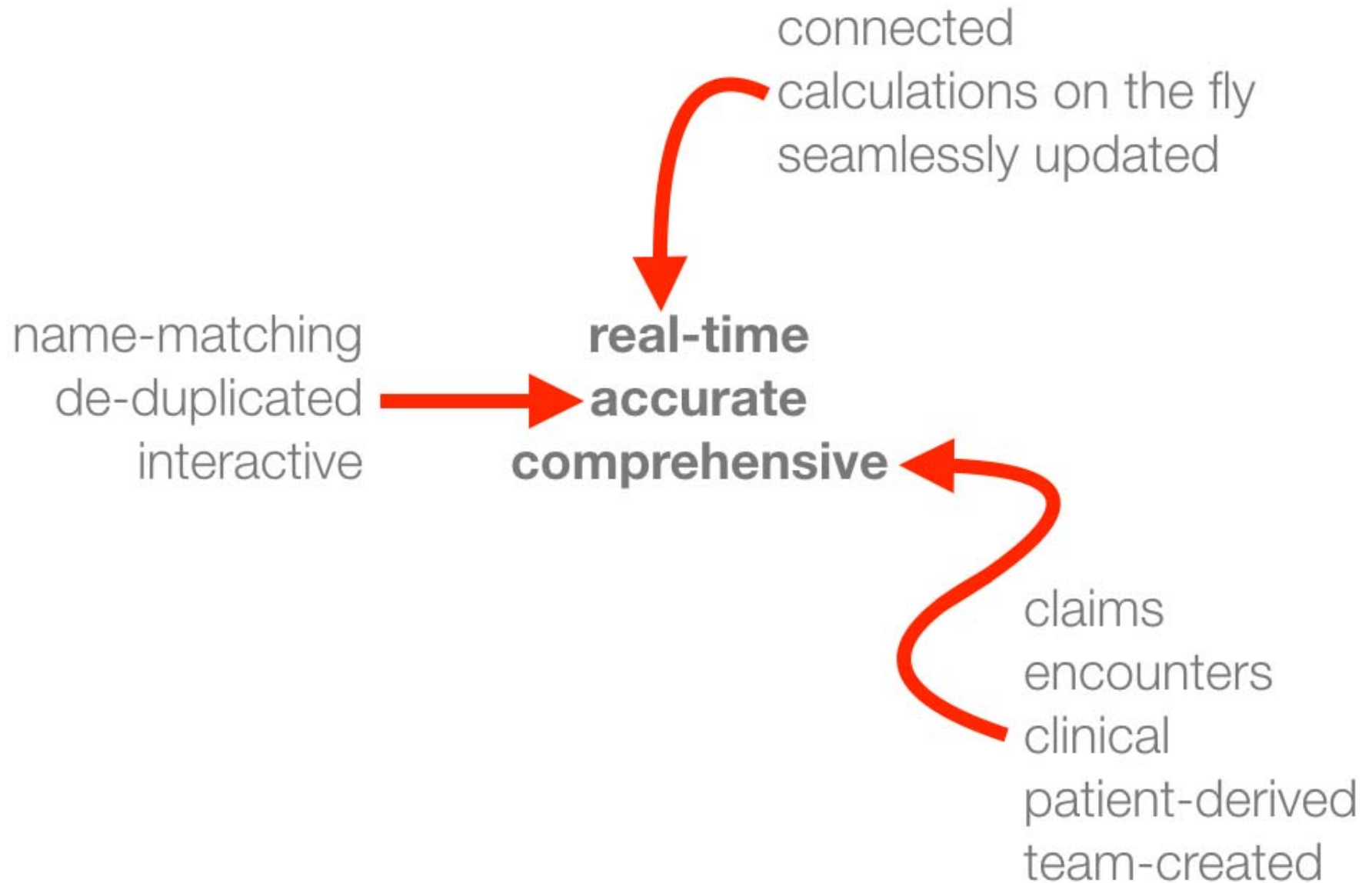


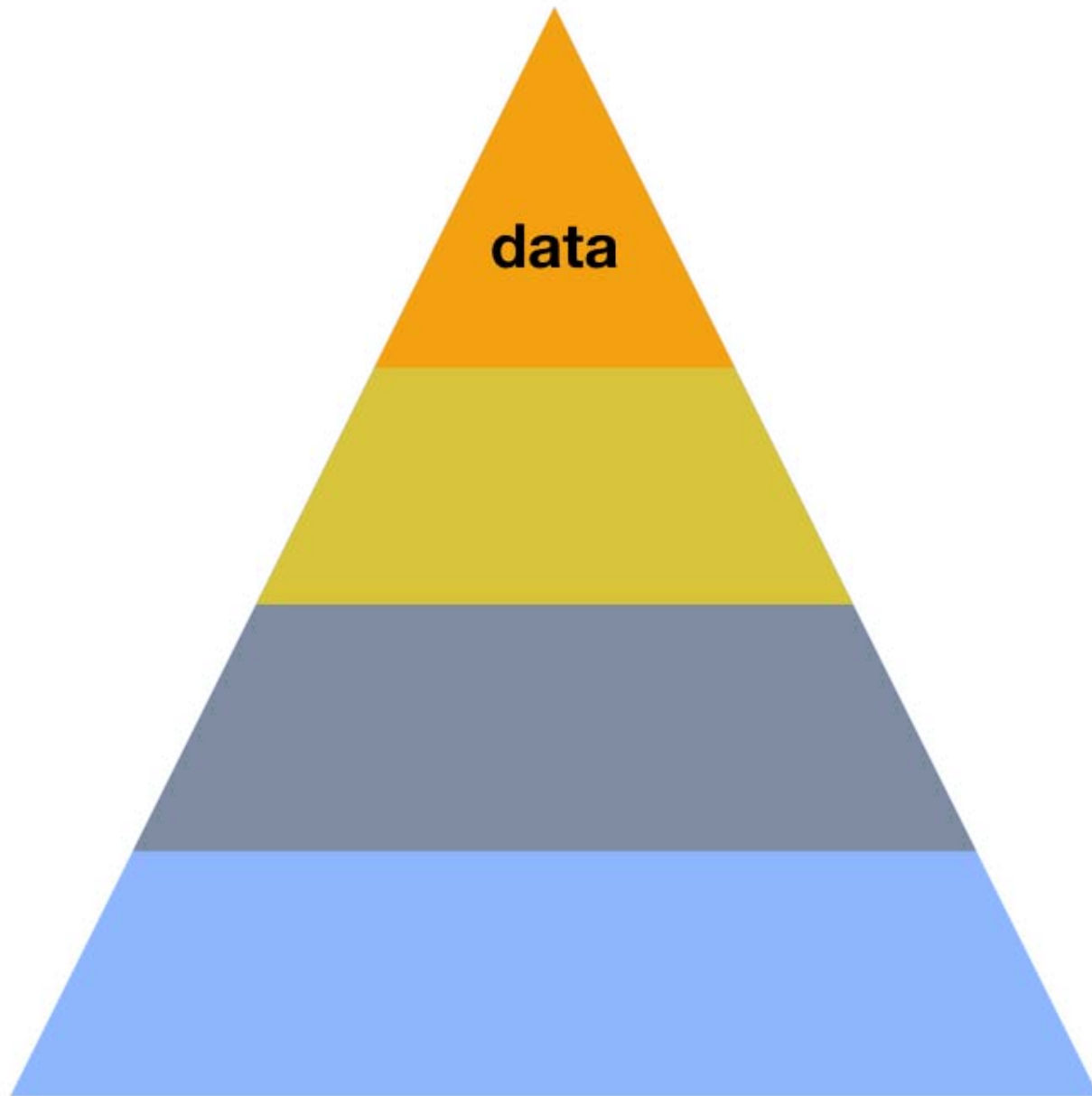
connected
calculations on the fly
seamlessly updated

name-matching
de-duplicated
interactive

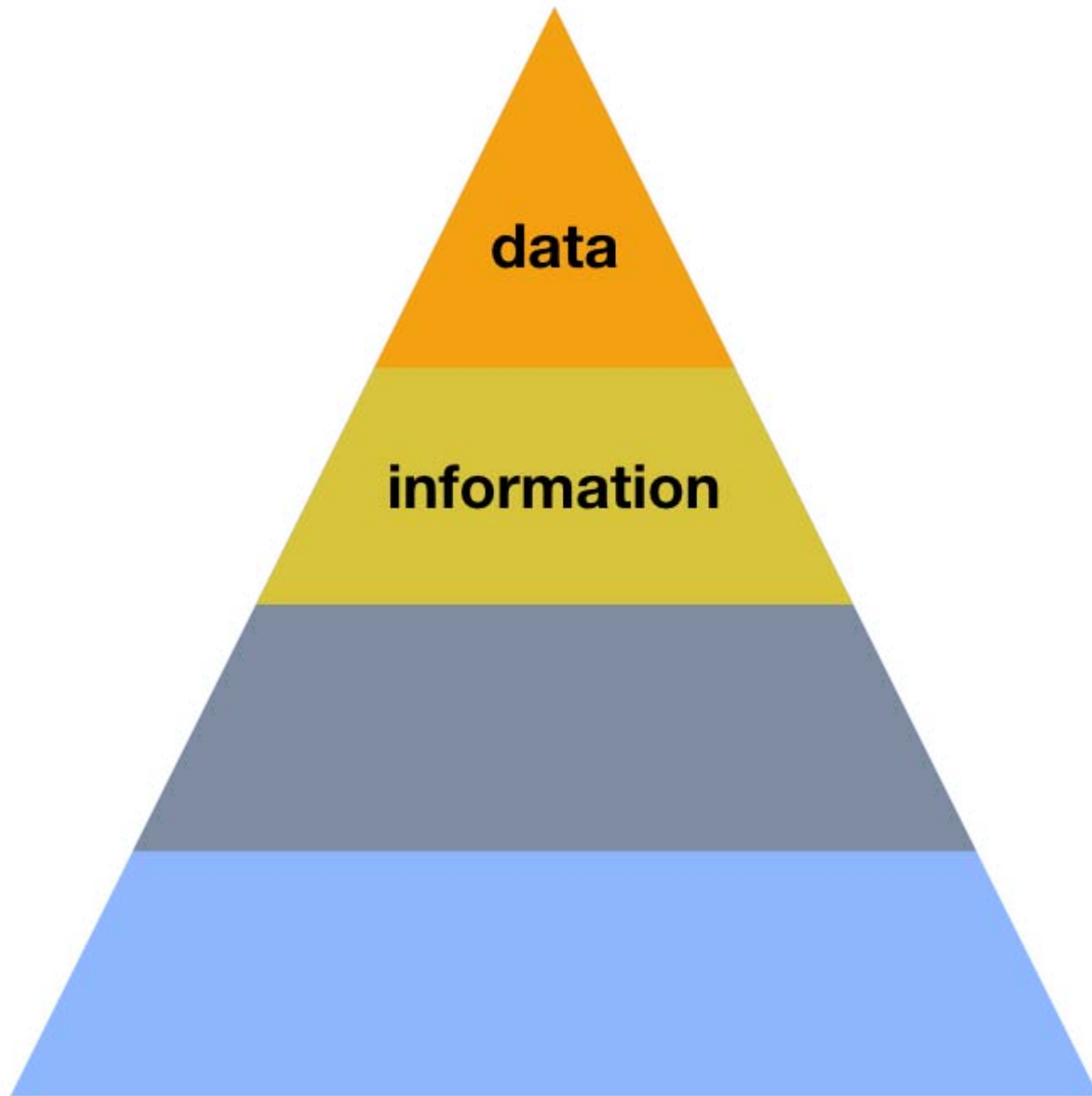
real-time
accurate
comprehensive



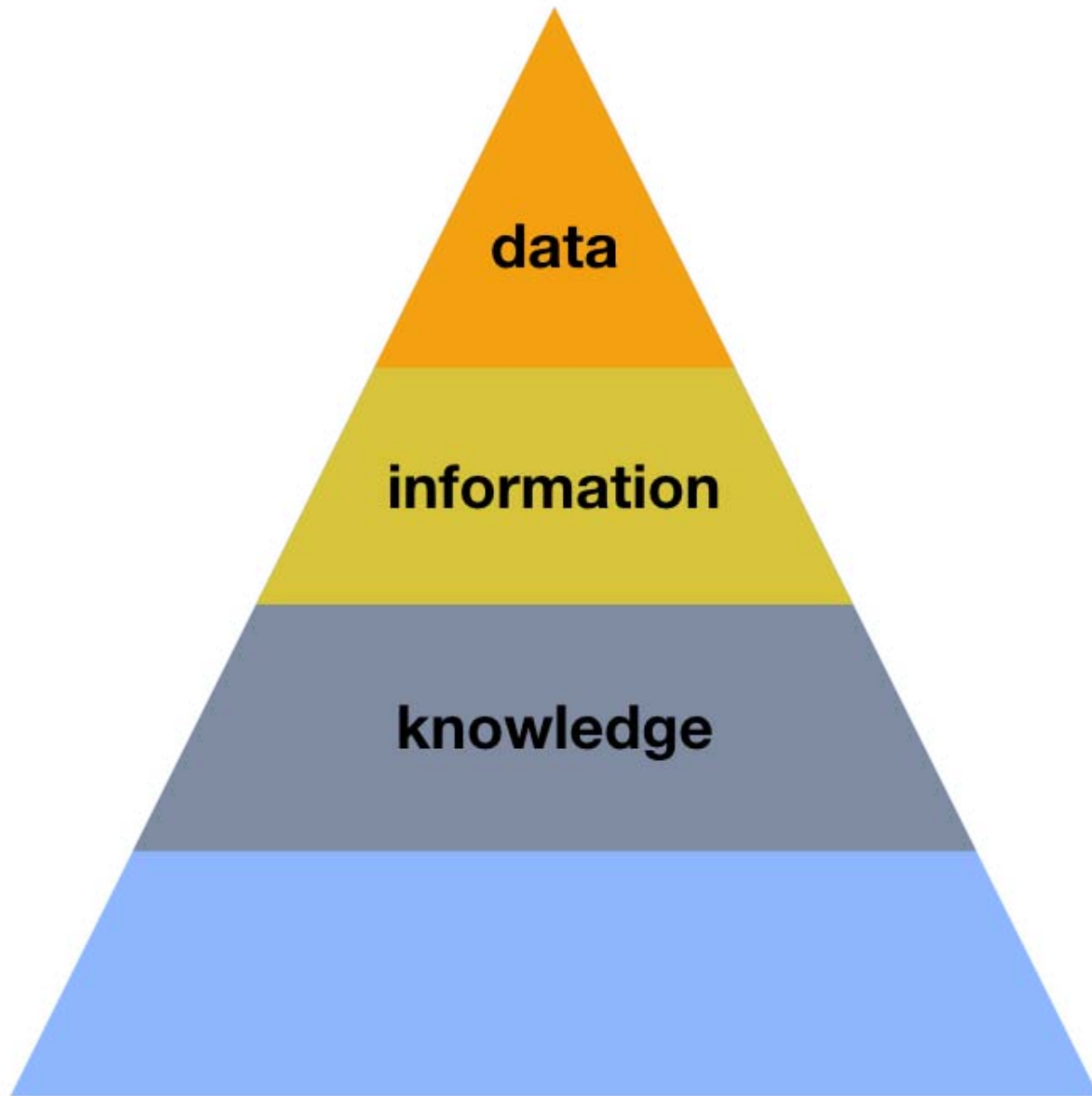




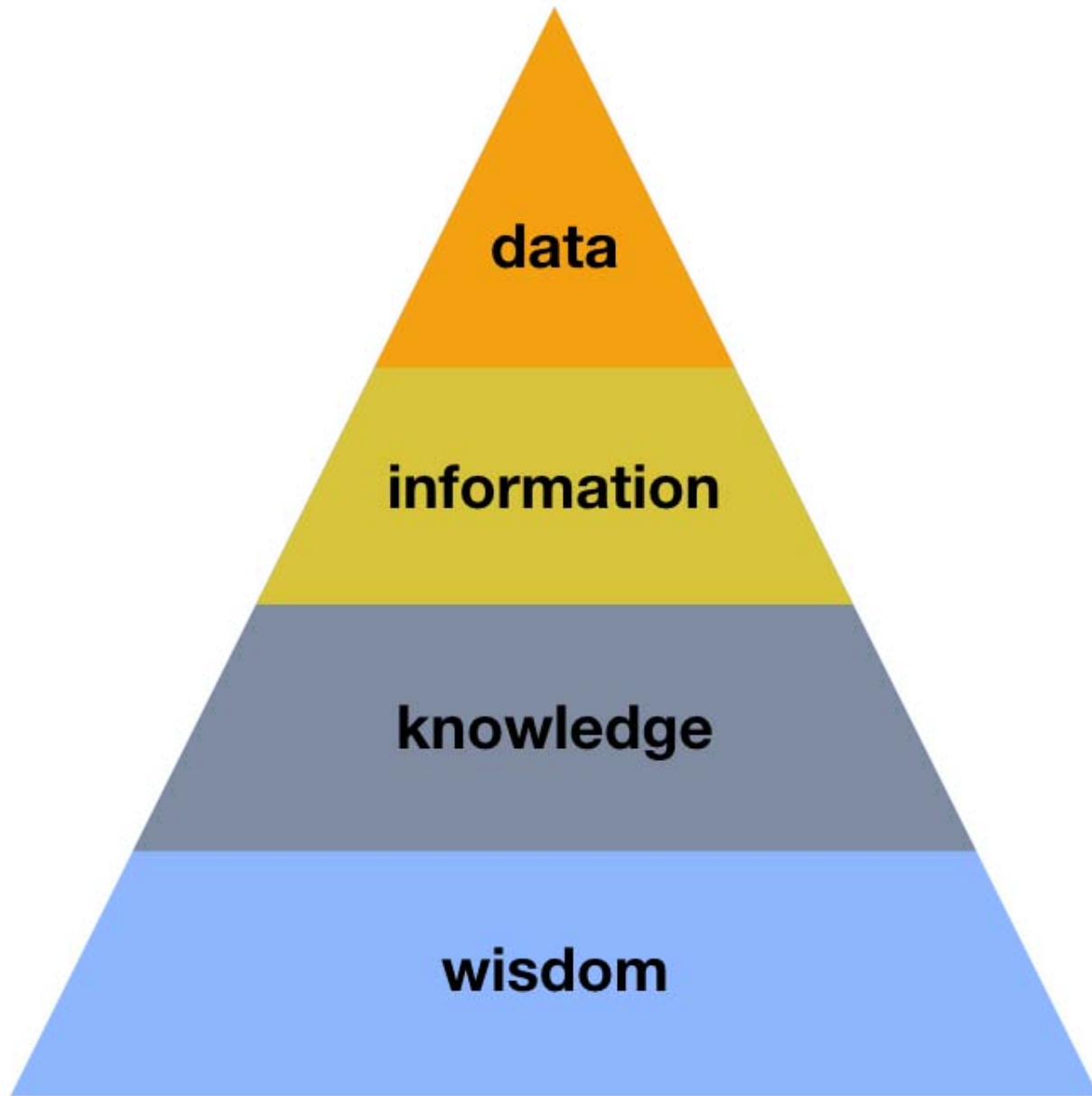
from Robert Logan, *What is information?* 2010



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actionable



**actionable
proactive outreach**



**actionable
proactive outreach
predictive modeling**



more than just **data**

must be embedded into the
workflow
of the provider office



user-centered design



**user-centered design
iterative**





user-centered design
iterative
accessible







gamification
real-time tracking
show me the money

simple

**all lines of business
task-oriented
patient-centered**

social

**all stakeholders/care team
performance relative to peers
patient portal**



Patients

Panel 46

Registries

Referrals

Reports

Practice

Calendar

Charts

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Messaging

Inbox 511

Task

ADT Messages

Network

Continuous Enrollment :

Yes

No

Axis

2015 Q3

Medicare (113)

Registry

Rank

Payments

Active Conditions

Uber AWW

90 of 113



1-2 Conditions

36 of 43



3-5 Conditions

15 of 23



6+ Conditions

5 of 9



Preventive

Breast Cancer

11 of 11



Colorectal Cancer

29 of 30



Body Mass Index
Assessment

25 of 25



Advanced Care
Planning

65 of 81



Preventative Dental
Screening*

0 of 0



Ey

2 of 2



Diabetes Nephropathy

8 of 8





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registry for risk adjustment (HCC) coding review

	Registry 1	Rank 1	Payments 1
Active Conditions			
Uber AWW	90 of 113		
1-2 Conditions	36 of 43		
3-5 Conditions	15 of 23		
6+ Conditions	5 of 9		

Preventive

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“measurized” by # of uncoded conditions

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36 of 43



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Yes

No

Axis ▾

2015 Q3 ▾

Medicare (113) ▾

of patients w/missing codes

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Axis

2015 Q3

Medicare (113)

how you rank compared to benchmarks

Payments

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2015 Q3

Medicare (113)

part of the gamification engagement tools

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Axis

2015 Q3

Medicare (113)

what % of your bonus this measure represents

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Axis ▾

2015 Q3 ▾

Medicare (113) ▾

this also keeps providers engaged

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registry for quality measure gaps in care

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clicking on a measure will show you a patient list

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Diabetes Nephropathy	8 of 8		

this is a list of patients who qualify for an uberAWV

	Name	DOB	Gender	Status ⓘ	Carriers	Product	Last Seen	Message	Date	Ops	Ops Wt	Gap	Events ⓘ	Lab Result
	Aakre Marnie ▾	10/18/1957	F	Other	Cigna	Commercial HMO			NA	2	NA	3.04		
	ABBOTT ISSAC ▾	06/06/1966	M	Added	Cigna	Commercial PPO	2015/11/03 03:46:43		NA	0	NA	2.97		
	ABBOTT MERVIN ▾	12/06/1963	M	Declined	Cigna	Commercial PPO	2015/11/01 23:39:55	10/05/2015	NA	0	NA	2.84		
	ABBOTT JAMEL ▾	08/28/1987	M	Declined	Cigna	Commercial HMO	2015/09/24 02:39:54		NA	0	NA	2.78		
	ABBOTT LAZARO ▾	02/14/1993	M	Declined	Cigna	Commercial PPO			NA	0	NA	2.60		
	ADE AMPARO ▾	08/11/1928	F	Declined	Cigna	Commercial PPO	2015/08/06 12:23:26		NA	1	NA	2.55		
	ADKINS LON ▾	10/04/1944	M	Current	Cigna	Commercial HMO			NA	0	NA	2.47		
	ADKINS DEANE ▾	11/07/1922	M	Current	Cigna	Commercial PPO			NA	0	NA	2.43		
	ADLAM BILLY ▾	07/14/1969	F	Declined	Cigna	Commercial PPO	2015/08/12 22:56:01		NA	0	NA	2.33		
	ADSIT LEANNA ▾	02/04/1930	F	Current	Cigna	Commercial PPO	2015/08/20 06:05:53		NA	0	NA	2.26		
	AGUILAR ASHA ▾	02/20/1941	M	© 2015 - Applied Research Works - Confidential and Proprietary						NA	0	NA	2.22	
						PPO								

list can be sorted by any column header

	Name	DOB	Gender	Status	Carrier	Product	Last Seen	Message	Date	Ops	Ops w	Risk Score Gap	Events	Lab Result
	Aakre Mamie	10/18/1957	F	Other	Cigna	Commercial HMO			NA	2	NA	3.04		
	ABBOTT ISSAC	06/06/1966	M	Added	Cigna	Commercial PPO	2015/11/03 03:46:43		NA	0	NA	2.97		
	ABBOTT MERVIN	12/06/1963	M	Declined	Cigna	Commercial PPO	2015/11/01 23:39:55	10/05/2015	NA	0	NA	2.84		
	ABBOTT JAMEL	08/28/1987	M	Declined	Cigna	Commercial HMO	2015/09/24 02:39:54		NA	0	NA	2.78		
	ABBOTT LAZARO	02/14/1993	M	Declined	Cigna	Commercial PPO			NA	0	NA	2.60		
	ADE AMPARO	08/11/1928	F	Declined	Cigna	Commercial PPO	2015/08/06 12:23:26		NA	1	NA	2.55		
	ADKINS LON	10/04/1944	M	Current	Cigna	Commercial HMO			NA	0	NA	2.47		
	ADKINS DEANE	11/07/1922	M	Current	Cigna	Commercial PPO			NA	0	NA	2.43		
	ADLAM BILLY	07/14/1969	F	Declined	Cigna	Commercial PPO	2015/08/12 22:56:01		NA	0	NA	2.33		
	ADSIT LEANNA	02/04/1930	F	Current	Cigna	Commercial PPO	2015/08/20 06:05:53		NA	0	NA	2.26		
	AGUILAR ASHA	02/20/1941	M	© 2015 - Applied Research Works - Confidential and Proprietary						NA	0	NA	2.22	











Cozeva can be used for patient outreach

	Name	DOB	Gender	Status	Carrier	Product	Last Seen	Message	Date	Ops	Care Ops Wt	Risk Score Gap	Events	Lab Result
	Aakre Mamie	10/18/1957	F	Other	Cigna	Commercial HMO			NA	2	NA	3.04		
	ABBOTT ISSAC	06/06/1966	M	Added	Cigna	Commercial PPO	2015/11/03 03:46:43		NA	0	NA	2.97		
	ABBOTT MERVIN	12/06/1963	M	Declined	Cigna	Commercial PPO	2015/11/01 23:39:55	10/05/2015	NA	0	NA	2.84		
	ABBOTT JAMEL	08/28/1987	M	Declined	Cigna	Commercial HMO	2015/09/24 02:39:54		NA	0	NA	2.78		
	ABBOTT LAZARO	02/14/1993	M	Declined	Cigna	Commercial PPO			NA	0	NA	2.60		
	ADE AMPARO	08/11/1928	F	Declined	Cigna	Commercial PPO	2015/08/06 12:23:26		NA	1	NA	2.55		
	ADKINS LON	10/04/1944	M	Current	Cigna	Commercial HMO			NA	0	NA	2.47		
	ADKINS DEANE	11/07/1922	M	Current	Cigna	Commercial PPO			NA	0	NA	2.43		
	ADLAM BILLY	07/14/1969	F	Declined	Cigna	Commercial PPO	2015/08/12 22:56:01		NA	0	NA	2.33		
	ADSIT LEANNA	02/04/1930	F	Current	Cigna	Commercial PPO	2015/08/20 06:05:53		NA	0	NA	2.26		
	AGUILAR ASHA	02/20/1941	M	© 2015 - Applied Research Works - Confidential and Proprietary						NA	0	NA	2.22	

by mail, secure message, text, IVR calling

	Name	DOB	Gender	Status	Carrier	Product	Last Seen	Message	Date	Ops	Care Ops Wt	Risk Score Gap	Events	Lab Result
	Aakre Marnie	10/18/1957	F	Other	Cigna	Commercial HMO			NA	2	NA	3.04		
	ABBOTT ISSAC	06/06/1966	M	Added	Cigna	Commercial PPO	2015/11/03 03:46:43		NA	0	NA	2.97		
	ABBOTT MERVIN	12/06/1963	M	Declined	Cigna	Commercial PPO	2015/11/01 23:39:55	10/05/2015	NA	0	NA	2.84		
	ABBOTT JAMEL	08/28/1987	M	Declined	Cigna	Commercial HMO	2015/09/24 02:39:54		NA	0	NA	2.78		
	ABBOTT LAZARO	02/14/1993	M	Declined	Cigna	Commercial PPO			NA	0	NA	2.60		
	ADE AMPARO	08/11/1928	F	Declined	Cigna	Commercial PPO	2015/08/06 12:23:26		NA	1	NA	2.55		
	ADKINS LON	10/04/1944	M	Current	Cigna	Commercial HMO			NA	0	NA	2.47		
	ADKINS DEANE	11/07/1922	M	Current	Cigna	Commercial PPO			NA	0	NA	2.43		
	ADLAM BILLY	07/14/1969	F	Declined	Cigna	Commercial PPO	2015/08/12 22:56:01		NA	0	NA	2.33		
	ADSIT LEANNA	02/04/1930	F	Current	Cigna	Commercial PPO	2015/08/20 06:05:53		NA	0	NA	2.26		
	AGUILAR ASHA	02/20/1941	M	© 2015 - Applied Research Works - Confidential and Proprietary						NA	0	NA	2.22	

based on patient preference

	Name	DOB	Gender	Status	Carrier	Product	Last Seen	Last Message	Next Visit Date	Care Ops	Care Ops Wt	Risk Score Gap	Events	Lab Result
	Aakre Marnie	10/18/1957	F	Other	Cigna	Commercial HMO			NA	2	NA	3.04		
	ABBOTT ISSAC	06/06/1966	M	Added	Cigna	Commercial PPO	2015/11/03 03:46:43		NA	0	NA	2.97		
	ABBOTT MERVIN	12/06/1963	M	Declined	Cigna	Commercial PPO	2015/11/01 23:39:55	10/05/2015	NA	0	NA	2.84		
	ABBOTT JAMEL	08/28/1987	M	Declined	Cigna	Commercial HMO	2015/09/24 02:39:54		NA	0	NA	2.78		
	ABBOTT LAZARO	02/14/1993	M	Declined	Cigna	Commercial PPO			NA	0	NA	2.60		
	ADE AMPARO	08/11/1928	F	Declined	Cigna	Commercial PPO	2015/08/06 12:23:26		NA	1	NA	2.55		
	ADKINS LON	10/04/1944	M	Current	Cigna	Commercial HMO			NA	0	NA	2.47		
	ADKINS DEANE	11/07/1922	M	Current	Cigna	Commercial PPO			NA	0	NA	2.43		
	ADLAM BILLY	07/14/1969	F	Declined	Cigna	Commercial PPO	2015/08/12 22:56:01		NA	0	NA	2.33		
	ADSIT LEANNA	02/04/1930	F	Current	Cigna	Commercial PPO	2015/08/20 06:05:53		NA	0	NA	2.26		
	AGUILAR ASHA	02/20/1941	M	© 2015 - Applied Research Works - Confidential and Proprietary						0	NA	2.22		

clicking on the patient name will open up the patient's chart

	Aakre Marnie ▾	10/18/1957	F	Other	Cigna	Commercial HMO			NA	2	NA	3.04
	ABBOTT ISSAC ▾	06/06/1966	M	Added	Cigna	Commercial PPO	2015/11/03 03:46:43		NA	0	NA	2.97
	ABBOTT MERVIN ▾	12/06/1963	M	Declined	Cigna	Commercial PPO	2015/11/01 23:39:55	10/05/2015	NA	0	NA	2.84
	ABBOTT JAMEL ▾	08/28/1987	M	Declined	Cigna	Commercial HMO	2015/09/24 02:39:54		NA	0	NA	2.78
	ABBOTT LAZARO ▾	02/14/1993	M	Declined	Cigna	Commercial PPO			NA	0	NA	2.60
	ADE AMPARO ▾	08/11/1928	F	Declined	Cigna	Commercial PPO	2015/08/06 12:23:26		NA	1	NA	2.55
	ADKINS LON ▾	10/04/1944	M	Current	Cigna	Commercial HMO			NA	0	NA	2.47
	ADKINS DEANE ▾	11/07/1922	M	Current	Cigna	Commercial PPO			NA	0	NA	2.43
	ADLAM BILLY ▾	07/14/1969	F	Declined	Cigna	Commercial PPO	2015/08/12 22:56:01		NA	0	NA	2.33
	ADSIT LEANNA ▾	02/04/1930	F	Current	Cigna	Commercial PPO	2015/08/20 06:05:53		NA	0	NA	2.26
	AGUILAR ASHA ▾	02/20/1941	M	© 2015 - Applied Research Works - Confidential and Proprietary					NA	0	NA	2.22



JENIFFER
MAREZ

02/12/1918 (97 y/o), F



0.74/6.43



97, K. R. Street
EWA BEACH, HI 96706



Axis023278 (MEDAD)



Thomas Davis





See more...

Stickets and Messages

- 10/08/15 Supplemental Data Entry has been rejected for Cerebral Hemorrhage
- 10/08/15 Supplemental Data Entry has been rejected for Diabetes with Renal

All Care Ops Axis 2015 Q3 Add +

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]
Health Risk Assessment				[+]

2015 Events

SEP 16 by - Thomas Davis, Internal Medicine

APR 15 Office/outpatient Visit Est
Hg A1c Level Lt 7.0%
Ldl-c <100 Mg/dl
Advnc Care Plan In Rcrd
Syst Bp >= 140 Mm Hg
Diast Bp 80-89 Mm Hg
by - Thomas Davis, Internal Medicine

APR 08 Ldlc Serpl Calc-mcnc
by - Thomas Davis, Internal Medicine

the top view is a summary of what's going on with the patient

HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015	Unknown
Opportunistic Infections					[+]
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013	
Quality Measures	Due PDC Result	Service Code	Provider	Service Date	
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015	[+]
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015	[+]
Preventive Health Screening Advanced Care Planning					[+]

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APR 07 Simvastatin Tab 40 Mg
Metoprolol Succinate Tab Sr 24hr 100 Mg
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg
by - Thomas Davis, Internal Medicine

MAR 30 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology

MAR 23 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology

MAR 17 Eye Exam & Treatment Refraction
by - Tamesha Hypolite

JAN 11 Office/outpatient Visit New



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Thomas Davis





See more...

Stickets and Messages

10/08/15	Supplemental Data Entry has been rejected for Cerebral Hemorrhage
10/08/15	Supplemental Data Entry has been rejected for Diabetes with Renal

2015 Events

SEP 16 by - Thomas Davis, Internal Medicine

sticky notes and secure messages about this patient

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]
Health Risk Assessment				[+]
Atherosclerosis of the Extremities with Ulceration or Gangrene				[+]
HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015
Opportunistic Infections				[+]
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013
Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015
Preventive Health Screening Advanced Care Planning				[+]

Advance Care Plan in Accord
Syst Bp >= 140 Mm Hg
Diast Bp 80-89 Mm Hg
by - Thomas Davis, Internal Medicine

APR 08 Ldlc Serpl Calc-mcnc
by - Thomas Davis, Internal Medicine

APR 08 Lipid Panel
by - Unknown

APR 07 Simvastatin Tab 40 Mg
Metoprolol Succinate Tab Sr 24hr 100 Mg
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg
by - Thomas Davis, Internal Medicine

MAR 30 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology

MAR 23 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology

MAR 17 Eye Exam & Treatment Refraction
by - Tamesha Hypolite

JAN 11 Office/outpatient Visit New

summary of clinical events from all providers (claims)

Stickets and Messages

10/08/15	Supplemental Data Entry has been rejected for Cerebral Hemorrhage
10/08/15	Supplemental Data Entry has been rejected for Diabetes with Renal

All Care Ops Axis 2015 Q3 Add

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				
Health Risk Assessment				
Atherosclerosis of the Extremities with Ulceration or Gangrene				
HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015
Opportunistic Infections				
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013
Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015
Preventive Health Screening Advanced Care Planning				

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2015 Events

SEP 16	by - Thomas Davis, Internal Medicine
APR 15	Office/outpatient Visit Est Hg A1c Level Lt 7.0% Ldl-c <100 Mg/dl Advnc Care Plan In Rcrd Syst Bp >= 140 Mm Hg Diast Bp 80-89 Mm Hg by - Thomas Davis, Internal Medicine
APR 08	Ldlc Serpl Calc-mcnc by - Thomas Davis, Internal Medicine
APR 08	Lipid Panel by - Unknown
APR 07	Simvastatin Tab 40 Mg Metoprolol Succinate Tab Sr 24hr 100 Mg Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg by - Thomas Davis, Internal Medicine
MAR 30	After Cataract Laser Surgery by - Craig Talamantez, Ophthalmology
MAR 23	After Cataract Laser Surgery by - Craig Talamantez, Ophthalmology
MAR 17	Eye Exam & Treatment Refraction by - Tamesha Hypolite
JAN	Office/outpatient Visit New



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Thomas Davis





See more...

Stickets and Messages

- 10/08/15 Supplemental Data Entry has been rejected for Cerebral Hemorrhage
- 10/08/15 Supplemental Data Entry has been rejected for Diabetes with Renal

All Care Ops Axis 2015 Q3 Add +

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]
Health Risk Assessment				[+]
Atherosclerosis of the Extremities with Ulceration or Gangrene				[+]
HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015
Opportunistic Infections				[+]
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013
Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015
Preventive Health Screening Advanced Care Planning				[+]

2015 Events

- SEP 16 PCP office visit
- APR 15 Office/outpatient Visit Est
Hg A1c Level Lt 7.0%
Ldl-c <100 Mg/dl
Advnc Care Plan In Rcrd
Syst Bp >= 140 Mm Hg
Diast Bp 80-89 Mm Hg
by - Thomas Davis, Internal Medicine
- APR 08 Ldlc Serpl Calc-mcnc
by - Thomas Davis, Internal Medicine
- APR 08 Lipid Panel
by - Unknown
- APR 07 Simvastatin Tab 40 Mg
Metoprolol Succinate Tab Sr 24hr 100 Mg
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg
by - Thomas Davis, Internal Medicine
- MAR 30 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology
- MAR 23 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology
- MAR 17 Eye Exam & Treatment Refraction
by - Tamesha Hypolite
- JAN 11 Office/outpatient Visit New



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Thomas Davis





See more...

Stickets and Messages

- 10/08/15 Supplemental Data Entry has been rejected for Cerebral Hemorrhage
- 10/08/15 Supplemental Data Entry has been rejected for Diabetes with Renal

All Care Ops Axis 2015 Q3 Add +

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]
Health Risk Assessment				[+]
Atherosclerosis of the Extremities with Ulceration or Gangrene				[+]
HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015
Opportunistic Infections				[+]
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013
Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015
Preventive Health Screening Advanced Care Planning				[+]

2015 Events

- SEP 16 by - Thomas Davis, Internal Medicine
- APR 15 Office/outpatient Visit Est Hg A1c Level Lt 7.0% Ldl-c <100 Mg/dl Advnc Care Plan In Rcrd Syst Bp >= 140 Mm Hg Diast Bp 80-89 Mm Hg by - Thomas Davis, Internal Medicine
- APR 08 Ldlc Serpl Calc-mcnc by - Thomas Davis, Internal Medicine
- APR 08 Lipid Panel by - Unknown
- APR 07 Simvastatin Tab 40 Mg Metoprolol Succinate Tab Sr 24hr 100 Mg Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg by - Thomas Davis, Internal Medicine
- MAR 30 After Cataract Laser Surgery by - Craig Talamantez, Ophthalmology
- MAR 23 After Cataract Laser Surgery by - Craig Talamantez, Ophthalmology
- MAR 17 Eye Exam & Treatment Refraction by - Tamesha Hypolite
- JAN 11 Office/outpatient Visit New

labs



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See more...

Stickets and Messages

- 10/08/15 Supplemental Data Entry has been rejected for Cerebral Hemorrhage
- 10/08/15 Supplemental Data Entry has been rejected for Diabetes with Renal

All Care Ops Axis 2015 Q3 Add +

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]
Health Risk Assessment				[+]
Atherosclerosis of the Extremities with Ulceration or Gangrene				[+]
HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015
Opportunistic Infections				[+]
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013
Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015
Preventive Health Screening Advanced Care Planning				[+]

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2015 Events

- SEP 16 by - Thomas Davis, Internal Medicine
- APR 15 Office/outpatient Visit Est
Hg A1c Level Lt 7.0%
Ldl-c <100 Mg/dl
Advnc Care Plan In Rcrd
Syst Bp >= 140 Mm Hg
Diast Bp 80-89 Mm Hg
by - Thomas Davis, Internal Medicine
- APR 08 Ldlc Serpl Calc-mcnc
by - Thomas Davis, Internal Medicine
- APR 08 Lipid Panel
by - Unknown
- APR 07 Simvastatin Tab 40 Mg
Metoprolol Succinate Tab Sr 24hr 100 Mg
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg
by - Thomas Davis, Internal Medicine
- MAR 30 After Cataract Laser Surgery
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- MAR 23 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology
- MAR 17 Eye Exam & Treatment Refraction
by - Tamesha Hypolite
- JAN 11 Office/outpatient Visit New

meds



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Thomas Davis





See more...

Stickets and Messages

- 10/08/15 Supplemental Data Entry has been rejected for Cerebral Hemorrhage
- 10/08/15 Supplemental Data Entry has been rejected for Diabetes with Renal

All Care Ops Axis 2015 Q3 Add +

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]
Health Risk Assessment				[+]
Atherosclerosis of the Extremities with Ulceration or Gangrene				[+]
HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015
Opportunistic Infections				[+]
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013
Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015
Preventive Health Screening Advanced Care Planning				[+]

2015 Events

- SEP 16 by - Thomas Davis, Internal Medicine
- APR 15 Office/outpatient Visit Est Hg A1c Level Lt 7.0% Ldl-c <100 Mg/dl Advnc Care Plan In Rcrd Syst Bp >= 140 Mm Hg Diast Bp 80-89 Mm Hg by - Thomas Davis, Internal Medicine
- APR 08 Ldlc Serpl Calc-mcnc by - Thomas Davis, Internal Medicine
- APR 08 Lipid Panel by - Unknown
- APR 07 Simvastatin Tab 40 Mg Metoprolol Succinate Tab Sr 24hr 100 Mg by -
- MAR 30 After Cataract Laser Surgery by - Craig Talamantez, Ophthalmology
- MAR 23 After Cataract Laser Surgery by - Craig Talamantez, Ophthalmology
- MAR 17 Eye Exam & Treatment Refraction by - Tamesha Hypolite
- JAN 11 Office/outpatient Visit New

specialist visits



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02/12/1918 (97 y/o), F



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Thomas Davis





See more...

Stickets and Messages

10/08/15	Supplemental Data Entry has been rejected for Cerebral Hemorrhage
10/08/15	Supplemental Data Entry has been rejected for Diabetes with Renal

2015 Events

SEP 16 by - Thomas Davis, Internal Medicine

risk adjustment coding gaps & quality measure “gaps in care”

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]
Health Risk Assessment				[+]
Atherosclerosis of the Extremities with Ulceration or Gangrene				[+]
HIV/AIDS	0.4700	PCP Visit	Unknown	04/15/2015
Opportunistic Infections				[+]
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013
Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015
Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015
Preventive Health Screening Advanced Care Planning				[+]

Advnc Care Plan In Rcrd
Syst Bp >= 140 Mm Hg
Diast Bp 80-89 Mm Hg
by - Thomas Davis, Internal Medicine

APR 08 by - Thomas Davis, Internal Medicine

APR 08 Lipid Panel
by - Unknown

APR 07 Simvastatin Tab 40 Mg
Metoprolol Succinate Tab Sr 24hr 100 Mg
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg
by - Thomas Davis, Internal Medicine

MAR 30 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology

MAR 23 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology

MAR 17 Eye Exam & Treatment Refraction
by - Tamesha Hypolite

JAN 11 Office/outpatient Visit New



JENIFFER
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02/12/1918 (97 y/o), F



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Axis023278 (MEDAD)



Thomas Davis





See more...

Stickets and Messages

10/08/15	Supplemental Data Entry has been rejected for Cerebral Hemorrhage
10/08/15	Supplemental Data Entry has been rejected for Diabetes with Renal







All Care Ops Axis 2015 Q3 Add +

Active Conditions	RAF	Reason	Provider	Service Date
Uber Annual Wellness Visit				[+]

2015 Events

- SEP 16 by - Thomas Davis, Internal Medicine
- APR 15 Office/outpatient Visit Est
Hg A1c Level Lt 7.0%
Ldl-c <100 Mg/dl
Advnc Care Plan In Rcrd
Syst Bp >= 140 Mm Hg
Diast Bp 80-89 Mm Hg
by - Thomas Davis, Internal Medicine

clicking on one of the measures in the dashboard brings you to the actions needed for that particular measure, in this case an Uber Annual Wellness visit

 Opportunistic Infections					[+]
 Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGN BY SPLISTS	Thomas Davis	08/13/2013	
 Quality Measures	Due PDC Result	Service Code	Provider	Service Date	
 Medication Adherence Hypertension (ACEI or ARB)		59746033790	Thomas Davis	04/07/2015	[+]
 Medication Adherence Cholesterol (Statins)		68180048003	Thomas Davis	04/07/2015	[+]
 Preventive Health Screening Advanced Care Planning		© 2015 - Applied Research Works - Confidential and Proprietary			[+]

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- 07 Metoprolol Succinate Tab Sr 24hr 100 Mg
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 Mg
by - Thomas Davis, Internal Medicine
- MAR 30 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology
- MAR 23 After Cataract Laser Surgery
by - Craig Talamantez, Ophthalmology
- MAR 17 Eye Exam & Treatment Refraction
by - Tamesha Hypolite
- JAN 11 Office/outpatient Visit New

JENIFFER MAREZ02/12/1918 (97 y/o), F29-V1-S31

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Axis023278 (MED)Thomas Davis

ENC - 54159Thomas Davis

HAAP Street HAAP city HILO - 12345, HI, USA (HAAP)

Nov 05 , 2015 04:51 am

Annual Wellness Visit

CC & HPICare OpsPMSHxImmunizationsAllergiesMedsFHxSHxROSVitalsPELabCare InstructionsA & P

CC & HPI

Care Instructions

AllCare OpsAxis2015 Q3

Active Conditions	RAF	Reason	Service Code	Provider	Service Date
Metastatic Cancer and Acute Leukemia					
Atherosclerosis of the Extremities with Ulceration or Gangrene					
HIV/AIDS	0.4700	PCP Visit	INTERNAL MEDICINE	Unknown	04/15/2015
Opportunistic Infections					
Chronic Kidney Disease, Severe (Stage 4)	0.2240	PAST DIAGNOSIS BY SPLISTS	585.4	Thomas Davis	08/13/2013
Quality Measures		Due PDC Result	Service Code	Provider	Service Date
Medica					07/2015
Medica					07/2015
Preventive Health Screening Advanced Care Planning			1157F	Thomas Davis	04/15/2015

Problem List

Problem	Status	Start	Note	Source
O'nyong-nyong fever (A92.1)	Unknown	Oct 26, 2015 00:00	---	Thomas Davis Internal Medicine ENC-3189
Zoster [herpes zoster] (B02)	Unknown	Oct 26, 2015 00:00	---	Thomas Davis Internal Medicine ENC-3189
Long chain/very long chain acyl CoA dehydrogenase deficiency (E71.310)	Unknown	Oct 26, 2015 00:00	---	Thomas Davis Internal Medicine ENC-3189
Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity (I70.798)	Unknown	Oct 26, 2015 00:00	---	Thomas Davis Internal Medicine ENC-3189
Flail joint, unspecified joint (M25.20)	Unknown	Oct 26, 2015 00:00	gik	Thomas Davis Internal Medicine ENC-3189
Occupant of railway train or railway vehicle injured by fall in railway train or railway vehicle, initial encounter (V81.5xxA)	Unknown	Oct 26, 2015 00:00	---	Thomas Davis Internal Medicine ENC-3189

Procedure History

Procedure	Type	Reason	Notes	Onset	Source
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US (20606)	Surgery			Oct 23, 2015 08:12	Thomas Davis Internal Medicine ENC-3189

Immunizations

this is the Uber Annual Wellness Visit document

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JENIFFER MAREZ
02/12/1918 (97 y/o), F
29-V1-S31

0.746.43

97, K. R. Street
EWA BEACH, HI 96706

Axis023278 (MEDAD)
Thomas Davis
--

ENC - 54159 Thomas Davis HAAP Street HAAP city HILO - 12345, HI, USA (HAAP) Nov 05 , 2015 04:51 am

Annual Wellness Visit

CC & HPI Care Ops PMSHx Immunizations Allergies Meds FHx SHx ROS Vitals PE Labs Care Instructions A & P

CC & HPI

Care Instructions

All Care Ops Axis 2015 Q3

Active Conditions	RAF	Reason	Service Code	Provider	Service Date
Metastatic Cancer and Acute Leukemia					
Atherosclerosis of the Extremities with Ulceration or Gangrene					
HIV/AIDS	0.4700	PCP Visit	INTERNAL MEDICINE	Unknown	04/15/2015
Opp					
Chr					013
Qual					Date
Mec					015
Mec					015
Prev					015

this guides the provider to complete and properly document all required components for the annual HRA, conducting an AWW, reviewing previous HCC codes, and closing quality gaps in care for CMS 5 STAR

Problem List

Problem	Classification	Source	Onset	Notes	Onset	Source
O'nyong-nyong fever (A92.1)	Unknown	Oct 26, 2015 00:00	--	Thomas Davis Internal Medicine	ENC-3189	
Zoster [herpes zoster] (B02)	Unknown	Oct 26, 2015 00:00	--	Thomas Davis Internal Medicine	ENC-3189	
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Procedure History

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ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US (20606)	Surgery			Oct 23, 2015 08:12	Thomas Davis Internal Medicine ENC-3189

Immunizations

this is an

this is an
operating system

this is an
operating system
for value-based

this is an
operating system
for value-based
healthcare

a **single** portal for all patients

(one stop shop)

showing quality, risk adjustment, and
resource management **metrics**

(where I am today)

identifying **actionable** care-related
issues that can be addressed now

(what can I do to get to where I want to be tomorrow)

**automatically tracked in real-time and
seamlessly incorporated into
the office **workflow****

(without disrupting what I'm doing today)

maximizing the **value** captured with
each patient encounter

(without leaving money on the table)

understanding the value of
interventions and resource
expenditures so as to **maximize roi**

(knowing how to get the biggest bang for the buck)

supporting **payment transformation**



A silhouette of a person in mid-jump, arms and legs spread wide, crossing a gap between two dark, jagged rock formations. The background is a bright blue sky with scattered white clouds and a large, glowing sun with prominent rays on the right side. The person is positioned in the center of the frame, bridging the space between the two rock formations.

**fee for
service**

**value
based
payment**

q&a&d

A grayscale background image showing two hands reaching towards each other from the left and right sides. Their index fingers are touching in the center, forming a point. The hands are slightly out of focus, emphasizing the point of contact.

thankyou

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