

2019

Quality *Advance* Program

For Massachusetts, Maine, and New Hampshire Participants

- ◇ Rewards for Excellence (HEDIS Measures)
- ◇ Patient Experience Survey
- ◇ Health Equity
- ◇ Infrastructure Support



Harvard Pilgrim
Health Care



Quality *Advance* Program (QAP) 2019 Overview

Summary of Changes		
Components	QAP 2019	QAP 2018
Rewards for Excellence	<ul style="list-style-type: none"> • Change in National Quality Compass Earning Gates from 5 to 3. • Three Rewards for Excellence programs based on measure denominator 	<ul style="list-style-type: none"> • Two Rewards for Excellence programs based on measure denominator.
Patient Experience Survey	<ul style="list-style-type: none"> • LCU to Identify improvement plan 	<ul style="list-style-type: none"> • Conduct annual survey
Health Equity	<ul style="list-style-type: none"> • Added Social Determinates to initiative 	<ul style="list-style-type: none"> • <i>Select</i> one initiative from two options
Infrastructure Support Program	<ul style="list-style-type: none"> • No Change 	<ul style="list-style-type: none"> • Two initiatives required: <ol style="list-style-type: none"> 1. Prevent unplanned hospital admissions 2. Reduce avoidable Emergency Department visits

Program Overview

Component	Responsibility	Deliverable Dates	Payment Date	Page
Rewards for Excellence				
HEDIS Patient Safety and Prevention	Harvard Pilgrim	None – Collected by Harvard Pilgrim	10/31/2020	4-5
HEDIS Clinical Processes	Harvard Pilgrim	None	10/31/2020	4-5
HEDIS Health Outcomes	LCU	Post outcome data to server by April 1, 2020	10/31/2020	4-5
HEDIS Behavioral Health Integration	Harvard Pilgrim	None	10/31/2020	4-5
HEDIS Payment Gates				5
Patient Experience	MA -Harvard Pilgrim/LCU ME/NH- LCU	12/31/2019	3/31/2020	6-8
Health Equity	LCU	1. Plan- 6/29/2019; 2. Final report 1/31/2020	8/31/2019, 3/31/2020	9
Infrastructure Support	LCU	1. Attend 2 Medical Director meetings (10% of payment for applicable Quarter.) 2. Business Plan (90%) Plan- 3/30/19 3. Final report- 1/31/2020	5/31/2019, 8/31/2019, 11/30/2019, 3/31/2020	10-12
Appendix				Page
Infrastructure Support Program Business Plan Form				13-16

Documentation submission dates are posted on www.harvardpilgrim.org/MedDir “HPHC Important Dates 2019” posted under “Quick Links”

Please send all submissions, except the HEDIS Outcome Measures data collection tool, to the Harvard Pilgrim mailbox: HPHC_NMM@harvardpilgrim.org

Exception: HEDIS Outcome Measures data collection tool. The tool must be re-posted to the secure server, per instructions in the data collection tool.



The document describes the components of Harvard Pilgrim Health Care's (Harvard Pilgrim) physician group pay for performance program.

Rewards for Excellence (R4E)

Through the R4E Component of QAP, Harvard Pilgrim offers an array of HEDIS measures important to Harvard Pilgrim's performance and which align with important clinical initiatives observed in our provider network. The programs offered reflect measures for which the LCU has sufficient denominators.

- A. **Required Measures & Menu Selection:** *Where an LCU can demonstrate meaningful data with sufficient denominators (typically 30), Harvard Pilgrim offers a wide selection of measures across 4 domains of clinical effectiveness, including health outcomes. In addition to required measures, the LCU selects measures from a menu provided by Harvard Pilgrim.*
- B. **Required Measures & Health Outcomes:** *Where an LCU has a smaller membership, there may be fewer HEDIS measures with sufficient denominators. For these LCUs, Harvard Pilgrim requires three standard clinical process measures and three health outcomes measures that have sufficient denominator.*
- C. **Required Measures:** *Where an LCU does not have a sufficient denominator for health outcome measures, Harvard Pilgrim requires three standard clinical process measures.*

Please reference your QAP Attachment received with your annual Notice Letter to determine which program applies to your LCU.

For more information on the QAP program: www.harvardpilgrim.org/MedDir/P4P

If you have questions, please contact HPHC_NMM@harvardpilgrim.org



A. R4E Required Measures & Menu Selection

Where an LCU can demonstrate meaningful data with sufficient denominators (typically 30), Harvard Pilgrim offers a wide selection of measures across 4 domains of clinical effectiveness, including health outcomes. In addition to required measures, the LCU selects measures from a menu provided by Harvard Pilgrim.

The 2019 Quality *Advance* Program is customized for each Local Care Unit (LCU) to maximize Harvard Pilgrim support to the LCU's ongoing clinical programs. The LCU has the opportunity to select preferred measures in seven (7) domains of patient-centered care to create a measure set that supports their initiatives and practice goals.

The LCU notifies Harvard Pilgrim of their selections between July 13 and August 17, 2018. This finalized measure set is included as the Notice Letter attachment sent to the LCU by September 30, 2018.

Target: The HMO/POS NCQA HEDIS national performance in 2019 (2020 Quality Compass). Graduated payout is based on the LCU performance compared to the 2020 Quality Compass national percentiles as described below:

HEDIS Patient Safety and Prevention

Description: HEDIS measures of clinical processes known to detect illness, prevent disease, safely manage chronic conditions and prevent accidental harm.

HEDIS Clinical Processes

Description: HEDIS measures of the specific care delivery steps that are known to lead to optimal results for certain medical conditions.

Comprehensive Diabetes Care Composite combined performance in eye exam, nephropathy monitoring, HbA1c testing is a required measure.

HEDIS Health Outcomes

Description: HEDIS outcome measures reflecting the health state of patients resulting from patient-centered and effective health care processes. Three (3) measures are required:

1. Comprehensive Diabetes Care - HbA1c Poor Control (> 9.0%)
2. Comprehensive Diabetes Care - Blood Pressure Control (<140/90)
3. Controlling High Blood Pressure – Total

HEDIS Health Outcomes measures are submitted by the LCU. By the first week of March, Harvard Pilgrim will deliver to the secure server the data collection tools for the 3 outcomes measures (Diabetes HbA1c and BP; Controlling BP in hypertensives). LCUs should submit their completed work by reposting to the secure server and notifying Harvard Pilgrim of their submission for retrieval. Full instructions are included in the communication when the outcomes data collection tools are posted.

HEDIS Behavioral Health Integration

Description: HEDIS process measures reflecting the coordination of care between behavioral health and primary care clinicians to address mental health and substance abuse conditions that negatively impact health outcomes.



B. R4E Required Measures & Health Outcomes

Where an LCU has a smaller membership, there may be fewer HEDIS measures with sufficient denominators. For these LCU's, Harvard Pilgrim requires three standard clinical process measures and three health outcomes that have sufficient denominator.

- Adolescent Well-Care Visits
- Breast Cancer Screening
- Cervical Cancer Screening
- Comprehensive Diabetes Care Composite combined performance in eye exam, nephropathy monitoring, HbA1c testing
- Comprehensive Diabetes Care – HbA1c Poor Control (> 9.0%)
- Comprehensive Diabetes Care – Blood Pressure Control (<140/90)

C. R4E Required Measures

Where an LCU does not have a sufficient denominator for health outcome measures, Harvard Pilgrim requires three standard clinical process measures.

- Adolescent Well-Care Visits
- Breast Cancer Screening
- Cervical Cancer Screening

R4E Payment Gates

Gate	Target: National Quality Compass 2019	Earnings % Measure PMPM
0	< 75th percentile	0%
1	≥ 75th percentile up to the midpoint between the 75 th and 90th percentile	25%
2	≥ Midpoint up to the 90 th percentile	50%
3	≥ 90 th percentile	100%

If the denominator on any measure is less than 30, then no payment will be allotted to that measure.

Please see www.harvardpilgrim.org/MedDir/P4P for information on Harvard Pilgrim's Quality Measures Reporting and a QAP measure primer.



Patient Experience Survey

Description: The Patient Experience Survey category recognizes the LCU’s patient experience survey program with 4 levels of payment for ME and NH and 5 levels in MA.

New Hampshire and Maine	
Levels of achievement, may be earned separately	
<p>1. The LCU conducts a patient experience survey <i>commercially insured patients</i> of primary care practices at least annually using a <i>single</i> standardized survey tool. The survey is conducted over a representative sample or all of their primary care practices. The survey tools listed are Harvard Pilgrim approved surveys and qualify for the PES section of the QAP. The LCU submits a copy of the survey tool to Harvard Pilgrim.</p> <p>Approved Patient Experience surveys: CG-CAHPS Health Catalyst- Patient Experience Explorer NRC Connect survey SullivanLuallin Group Press Ganey</p> <p>If your survey is not on this list, please contact us at HPHC_NMM@harvardpilgrim.org</p>	
<p>2. The LCU survey tool includes at least two (2) of the following CG-CAHPS categories further described on Table 1– Access, Communication, Integration/Coordination of Care, and/or Self-Management Support.</p>	
<p>3. The LCU shares its survey results with Harvard Pilgrim, including comparative benchmarks.</p>	
<p>4. The LCU identifies an area in Patient Experience in need of improvement. Describe the improvement plan for this area. If no areas of improvement are identified, please explain your success.</p>	
<p>The LCU report (covering levels 1-4) is due December 31, 2019.</p>	

New Hampshire and Maine		Weight
Survey Component		75%
1	Shares patient experience tool	25%
2	Tool includes key domains of PES	25%
3	Shares results, including benchmarks	25%
Intervention Component		25%
4	Conducts initiative to address gap	25%



Massachusetts	
1)	<p>LCU performance on one or more of the four (4) Mass Health Quality Partnership (MHQP) PES composites meets or exceeds the Harvard Pilgrim network 75th percentile. Each composite- Access, Communication, Integration of Care, and Self-Management Support- is earned individually.</p> <p>Harvard Pilgrim reports MA level performance based on PES survey responses reported by Mass Health Quality Partnership.</p> <p><i>Massachusetts LCU's are not required to report PES measure results to Harvard Pilgrim.</i></p>
2)	<p>The LCU identifies an area in Patient Experience in need of improvement. Describe the improvement plan for this area. If no areas of improvement are identified, please explain your success.</p> <p>Reporting of this requirement is due December 31, 2019.</p>

Massachusetts		Weight
Survey Component		80%
1	Performance: Access	20%
2	Performance: Communication	20%
3	Performance: Integration of Care	20%
4	Performance: Self-Management Support	20%
Intervention Component		20%
5	Conducts initiative to address gap	20%



Table 1 - Patient Experience Survey Composites
For New Hampshire and Maine PES Requirement 2

CG-CAHPS Composite	Adult PES Short Form Questions
Access	<p>Composite of 3 questions:</p> <p>In the last 12 months:</p> <ol style="list-style-type: none"> (1) When you called this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? (2) When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? (3) When you called this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?
Communication	<p>Composite of 4 questions:</p> <p>In the last 12 months:</p> <ol style="list-style-type: none"> (1) How often did this provider explain things in a way that was easy to understand? (2) How often did this provider listen carefully to you? (3) How often did this provider show respect for what you had to say? (4) How often did this provider spend enough time with you?
Integration/ Coordination of Care	<p>Composite of 3 questions:</p> <p>In the last 12 months:</p> <ol style="list-style-type: none"> (1) How often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists? (2) When this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you these results? (3) How often did you and someone from this provider's office talk about all the prescription medicines you were taking?
Self-Management Support	<p>Composite of 2 questions:</p> <p>In the last 12 months:</p> <ol style="list-style-type: none"> (1) Did you and anyone in this provider’s office talk about specific goals for your health? (2) Did anyone in this provider’s office ask you if there are things that make it hard for you to take care of your health?



Health Equity

Description: Harvard Pilgrim is committed to achieving health equity for our members and the communities we serve. We look to the provider community to put programs in place to identify and eliminate health care disparities to ensure that all patients have equal access to health services.

Health Equity activities and projects relate to any quality improvement efforts to eliminate health care disparities in vulnerable populations. As a reference, the targeted populations in the Health Equity menu option relate to individuals that can be described in one of the following demographic groups: race, ethnicity, language (including those with Limited English Proficiency and/or low health literacy levels), low socioeconomic status, low educational level, gender (including those identifying as Transgender), age (especially children, adolescents and seniors), geographic locations (especially those in rural locations), veteran status, LGBTQ, and Individuals with Disabilities. Examples of health equity interventions may include engagement or outreach programs for select populations, leveraging emerging technologies such as telehealth for patients in rural locations, or to support Limited-English Proficiency language needs, etc.

Target: The Provider Group (LCU) provides a detailed description and year-end update for at least *one* of the following initiatives:

1. LCU regularly measures and reports on at least one health outcome (for example, colonoscopy screening rate) based on their vulnerable populations
- Or
2. Describe your process for assessing social determinants of health and the interventions provided to patients based on their needs.

Health Equity Initiative: The Provider Group (LCU) submits a detailed description of one (1) Health Equity initiative to Harvard Pilgrim by June 29, 2019 via an email to HPHC_NMM@harvardpilgrim.org. The initiative may be at the LCU level or at a large practice. The LCU submits a final report by Jan. 31, 2020.

Social determinants¹ are defined as:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

¹ Social Determinants of Health. (n.d.). Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>



Infrastructure Support

Description: The LCU Medical Director and management team support LCU practices with clinical leadership and support for infrastructure development. There are two (2) requirements:

1. The LCU Medical Director demonstrates leadership and support in the collaborative efforts to deliver high quality, cost-efficient, patient centered care to Harvard Pilgrim members and attends two (2) Harvard Pilgrim Medical Director meetings.
2. Under the direction of the Medical Director, the LCU implements two (2) LCU-wide initiatives that address one or more of the root causes for (a) unplanned hospital readmissions and (b) avoidable emergency department (ED) utilization:

a. Reduce unplanned hospital readmissions. Hospital readmissions for patients with chronic conditions often result from poor access to primary or urgent care, suboptimal care integration between providers, communication gaps with patients and caregivers, and unmet behavioral health needs. The program should address all cause readmissions within 30 days of discharge, and within 60 days and 90 days. Describe the impact of the intervention and provide data if available.

b. Reduce avoidable ED visits. Like unplanned hospital readmissions, ED visits for ambulatory care-sensitive conditions may reflect gaps in the primary care model. In particular, members with behavioral health and/or substance abuse disorders contribute heavily to the issue of ED overutilization and may benefit from improved care coordination with the local ED. Describe the impact of the intervention and provide data if available.

Target:

1. **Medical Director leadership measure:** The target is met when the Medical Director attends two (2) Harvard Pilgrim Medical Directors' meetings. Each meeting is valued at 10% of the Infrastructure Support payment for that period.
2. **Infrastructure Support measure:** The target is met when the LCU submits an initial business plan and final report for the two (2) required initiatives.

Infrastructure Support Details

1. Medical Director Role and Responsibilities

The LCU Medical Director is the liaison between Harvard Pilgrim and the LCU providers, supporting the delivery of high quality, cost-efficient, patient centered care to patients through oversight of the Quality Advance Program and other initiatives.

Responsibilities:

- Attends two (2) Harvard Pilgrim Medical Directors' meetings.
- Submits an annual business plan and final report for two (2) Infrastructure Support initiatives.
- Submits a detailed description and results of a Health Equity initiative.
- Assists with the resolution of any Harvard Pilgrim concerns related to care provided by LCU clinicians.
- Provides regular updates to LCU providers about Harvard Pilgrim's Quality *Advance* program performance.

2. Infrastructure Support Business Plan

Description: The LCU implements a program that addresses one or more of its root causes for (a) unplanned hospital readmissions and (b) avoidable emergency department (ED) utilization:

Suggestions:

- Reduce Unplanned Hospital Readmissions
- Develop a process to get timely discharge data from all hospitals.
- Measure the LCU baseline readmission rate, determine root causes, and set a target for reduction.
- Focus on care coordination and communication between all providers, patients and families.
- Intensify discharge follow-up. For example, set up appointment for all discharged patients to see their PCP within a set goal number of days.
- Conduct medication reconciliation on recently discharged patients.
- Coordinate readmission prevention efforts with local hospital stakeholders.
- Implement Transitions of Care interventions.

Resources:

- CMS Hospital Readmission Reduction Program:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HRRP/Hospital-Readmission-Reduction-Program.html>.
- Harvard Pilgrim Provider Reports PAID dashboard readmissions
- Harvard Pilgrim daily inpatient/discharge census

3. Reduce Avoidable ED Visits

- Provide expanded hours of operation and same day appointments to accommodate urgent visits.
- Provide after-hours/urgent care information to patients. (e.g. local urgent care centers with affiliation to the PCP office for integrated communication and continuity of care).
- Develop processes for timely notification of patient ER visits to LCU practices.
- LCU/PCP office follow up for patients with recent ER visit.
- Care management outreach to ER frequent fliers by PCP office to anticipate patient needs, redirect care, and identify driving conditions for which PCP may improve medical management.

Resources:

- Harvard Pilgrim Provider Reports PAID dashboard ER visits



Business Plan Deliverables

1. **Business Plan:** On or before March 29, 2019, the LCU will provide the following for each initiative:
 - a. Please describe any prior work done in the area
 - b. Key activities/components (bullets)
 - c. Project milestones and deliverables during the calendar year
 - d. Two (2) measures of success

2. **Final Report,** on or before January 31, 2020, the LCU will provide the following for each initiative:
 - a. Achievement of milestones, deliverables and measures of success.

 - b. Please answer the following questions:
 - a. What barriers did you address?
 - b. What aspects of your project went particularly well and were essential to its success?
 - c. What were the lessons learned in designing and implementing your project?
 - d. Your next steps?
 - e. Is the initiative transferrable to the Harvard Pilgrim network?

Please use this Infrastructure Support Business Plan form, available on www.harvardpilgrim.org/MedDir/P4P.

The LCU can use this form or provide its own comparable report to address the topics. Please attach copies of relevant communications and reports. LCU Medical Director- please sign attestation at end and send to: HPHC_NMM@harvardpilgrim.org

LCU #	
LCU Name	

Description: The LCU implements a program that addresses one or more of its root causes for (a) unplanned hospital readmissions and (b) avoidable emergency department (ED) utilization:

- a. **Prevent unplanned hospital readmissions.** Hospital readmissions for patients with chronic conditions often result from poor access to primary or urgent care, suboptimal care integration between providers, communication gaps with patients and caregivers, and unmet behavioral health needs. The program should address all cause readmissions within 30 days of discharge, and within 60 days and 90 days.
- b. **Reduce avoidable ED visits.** Like unplanned hospital readmissions, ED visits for ambulatory care-sensitive conditions may reflect gaps in primary care delivery. In particular, members with behavioral health and/or substance abuse disorders contribute heavily to the issue of ED overutilization and may benefit from improved care coordination with the local ED.

a. Prevent Unplanned Hospital Readmissions- Business plan due March 29, 2019

Title		
Describe any prior work in this area		
Key Activities/ Interventions		
Two (2) measures of success	1.	
	2.	
Expected Timeline: Milestones and Deliverables	Q1 2019	
	Q2 2019	
	Q3 2019	
	Q4 2019	
Final Report <i>Due 1/31/2020</i>	<ol style="list-style-type: none"> 1. Achievement of milestones, deliverables and measures of success. 2. Please answer the following questions: <ol style="list-style-type: none"> a. What barriers did you address? b. What aspects of your project went particularly well and were essential to its success? c. What were the lessons learned in designing and implementing your project? d. Your next steps? e. Is the initiative transferrable to the Harvard Pilgrim network? 	

b. Reduce Avoidable Emergency Department Visits— Business Plan due March 29, 2019

Title		
Describe any prior work in this area		
Key Activities/ Interventions		
Two (2) measures of success	1.	
	2.	
Expected Timeline: Milestones and Deliverables	Q1 2019	
	Q2 2019	
	Q3 2019	
	Q4 2019	
Final Report <i>Due 1/31/2020</i>	<ol style="list-style-type: none"> 1. Achievement of milestones, deliverables and measures of success. 2. Please answer the following questions: <ol style="list-style-type: none"> a. What barriers did you address? b. What aspects of your project went particularly well and were essential to its success? c. What were the lessons learned in designing and implementing your project? d. Your next steps? e. Is the initiative transferrable to the HPHC network? 	

Medical Director Attestation

I have fulfilled the Medical Director responsibilities described in this document (p. 10) and provided leadership in support of the above Infrastructure Support Plan.

Medical Director Signature: _____

Medical Director name (print): _____

Submitted by: _____

Date: _____

E-mail to: HPHC_NMM@harvardpilgrim.org