

# Quality *Advance* Program – Connecticut 2018 Overview

Summary of changes for 2018

Category	QAP 2018	QAP 2017
Clinical Quality & Patient Safety (HEDIS)	Submit HEDIS performance (all payer data) -1 process measure, 3 outcome measures	Submit HEDIS performance (all payer data) -1 process measure, 3 outcome measures
Patient Experience Survey	Conduct annual survey	Conduct annual survey
Health Equity	<i>Select</i> one initiative from 2 options	<i>Select</i> one initiative from 3 options
Infrastructure Support Program	2 initiatives required: (1) Prevent unplanned hospital admissions (2) Reduce avoidable Emergency Department visits	<i>Select</i> 2 initiatives from 3 options: PCMH, Cost Efficiency or "Choosing Wisely"

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**Health Services**  
January 1, 2018

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## Introduction

The Quality *Advance* Program (QAP) 2018 Overview describes the components of Harvard Pilgrim Health Care's (HPHC) Local Care Unit (LCU) pay for performance program. Please see Appendix 1 for a summary of QAP program elements. For more information on the QAP program: [www.harvardpilgrim.org/MedDir](http://www.harvardpilgrim.org/MedDir)

## I. Clinical Quality & Patient Safety (HEDIS)

**Description:** The LCU submits all-payer data for the following measures, based on 2018 dates of service.

1. Diabetes Outcome Measure: BP Good Control < 140/90 [CDC]
2. Diabetes Outcome Measure: HbA1C Poor Control > 9.0 [CDC]
3. Controlling High Blood Pressure [CBP]
4. Adolescent Well Care [AWC]

**Target:** The HMO/POS NCQA HEDIS national performance in 2018 (2019 Quality Compass). Graduated payout is based on the LCU performance compared to the 2019 Quality Compass national percentiles as described below.

Gate	Target: national Quality Compass 2018	Earnings % Measure PMPM
1	≥ 75th percentile	25%
2	1/3 distance between 75th percentile and 90th percentile	38%
3	1/2 distance between 75th percentile and 90th percentile	50%
4	2/3 distance between 75th percentile and 90th percentile	75%
5	≥ National 90th percentile	100%

See [www.harvardpilgrim.org/MedDir](http://www.harvardpilgrim.org/MedDir) for information on Harvard Pilgrim's Quality Management Reports and a HEDIS measure primer.

## II. Patient Experience Survey

**Description:** The Patient Experience Survey category recognizes the LCU's patient experience survey program with 4 levels of payment.

Levels of achievement, may be earned separately
1. The LCU (a) Conducts a patient experience survey 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 its primary care practices. There is no requirement on which survey is used, provided it is included in the HPHC-approved survey list in Appendix 3. (b) Shares its survey tool with Harvard Pilgrim.
2. The LCU survey tool includes at least two (2) of the following CG-CAHPS categories further described in Appendix 3– Access, Communication, Integration/Coordination of Care, and/or Self-Management Support.
3. The LCU shares its survey <u>results</u> with Harvard Pilgrim.
4. The LCU survey results are publicly reported on (a) the LCU or practice web site and/or (b) the state's collaborative web site, if available.

The LCU report (covering levels 1-4) is due Dec. 31, 2018.

Please see Appendix 2 for more information.

### III. 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. These groups are often part of various community outreach collaborations and patient engagement or patient safety programs.

As an example for seniors and Low-Literacy Populations, an option is to develop engagement and outreach programs or to simplify language for medical instructions to patients or caregivers. Another option is to leverage emerging technologies, such as telehealth options, especially for patients in rural locations or to support Limited-English Proficiency language needs. These initiatives may relate to various aspects of clinical care, including medical and behavioral health.

**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. LCU reviews their membership diversity data and develops at least one intervention based on the identified vulnerable population needs.

If you have any questions, please contact [HPhc\\_NMM@Harvardpilgrim.org](mailto:HPhc_NMM@Harvardpilgrim.org)

See Appendix 3 for more information.

### IV. 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 to 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.
  - b. **Reduce avoidable Emergency Department (ED) admissions.** 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.

**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, more fully described in Appendix 2.

Please see Appendix 4 for more information.

## **APPENDIX 1**

### **Program Elements Summary**

#	Category	LCU deliverable due date	Payment frequency	Payment date
I	Clinical Quality & Patient Safety (HEDIS)	All payer HEDIS performance due June 30, 2019	Annually	10/31/2019
II	Patient Experience Survey	Report due 12/31/2018	Annually	3/31/2019
III	Health Equity	Plan- 6/29/2018; Final report- 1/31/2019	Twice annually	8/31/2018, 3/31/2019
IV	Infrastructure Support	1. Medical Director attends 2 Medical Directors' meeting (10%)  2. Infrastructure Plan- 3/30/2018; Final report- 1/31/2019 (90%)	Quarterly	5/31/2018, 8/31/2018, 11/31/2018 3/31/2019

Documentation submission dates are posted on [www.harvardpilgrim.org/MedDir](http://www.harvardpilgrim.org/MedDir). See “HPHC Important Dates 2018” posted under “Quick Links”.

Please send all submissions to: [HPHC\\_NMM@harvardpilgrim.org](mailto:HPHC_NMM@harvardpilgrim.org)

## APPENDIX 2

## Patient Experience Survey Composites

<b>CG-CAHPS Composite</b>	<b>Adult PES Short Form Questions</b>
Access	<p><b>Composite of 3 questions:</b></p> <p>In the last 12 months,</p> <ol style="list-style-type: none"> <li>(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?</li> <li>(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?</li> <li>(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?</li> </ol>
Communication	<p><b>Composite of 4 questions:</b></p> <p>In the last 12 months,</p> <ol style="list-style-type: none"> <li>(1) how often did this provider explain things in a way that was easy to understand?</li> <li>(2) how often did this provider listen carefully to you?</li> <li>(3) how often did this provider show respect for what you had to say?</li> <li>(4) how often did this provider spend enough time with you?</li> </ol>
Integration/ Coordination of Care	<p><b>Composite of 3 questions:</b></p> <p>In the last 12 months,</p> <ol style="list-style-type: none"> <li>(1) how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?</li> <li>(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?</li> <li>(3) how often did you and someone from this provider's office talk about all the prescription medicines you were taking?</li> </ol>
Self- Management Support	<p><b>Composite of 2 questions:</b></p> <p>In the last 12 months,</p> <ol style="list-style-type: none"> <li>(1) did you and anyone in this provider’s office talk about specific goals for your health?</li> <li>(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?</li> </ol>

### Approved Patient Experience surveys:

CG- CAHPS

Health Catalyst- Patient Experience Explorer

NRC Connect survey

Sullivan Luallin Group

If your survey is not on this list, please contact us at [HPHC\\_NMM@harvardpilgrim.org](mailto:HPHC_NMM@harvardpilgrim.org)

## APPENDIX 3

## **Health Equity**

**Health Equity Initiative:** The Provider Group (LCU) submits a detailed description of one (1) Health Equity initiative to Harvard Pilgrim by June 29, 2018 via an email to [hphc\\_nmm@harvardpilgrim.org](mailto: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, 2019.

Please choose one of the following:

1. LCU regularly measures and reports at least one health outcome (i.e. colonoscopy or mammography screening rate) based on their vulnerable populations,

Or

2. LCU reviews their membership diversity data and develops at least one intervention based on the identified vulnerable population needs.

The QAP option is focused on the following list of vulnerable groups that traditionally experience health care disparities:

- Racial (all races)
- Ethnic
- Age (i.e. children, adolescents, seniors)
- Individuals with Disabilities
- Gender (i.e. male, female, Transgender)
- Veterans
- Low Education Level
- Sexual Orientation (LGBTQ)
- Language (i.e. verbal & written for Limited-English Proficiency)
- Rural Location (i.e. based on home or work locations and distance to healthcare providers)
- Low Socioeconomic Status (i.e. federal poverty levels)

If you have any questions, please contact [HPhc\\_NMM@Harvardpilgrim.org](mailto:HPhc_NMM@Harvardpilgrim.org).

## **APPENDIX 4**

### **Infrastructure Support Program**

## 1. LCU Medical Director Responsibilities

The LCU Medical Director is the liaison between Harvard Pilgrim and the LCU clinicians and staff, 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 providers about Harvard Pilgrim's QAP 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:

### a. **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>.

- HPHC Provider Reports PAID dashboard readmissions
- HPHC daily inpatient/discharge census

**b. Reduce Avoidable Emergency Department 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 ED visits to LCU practices.
- LCU/PCP office follow up for patients with recent ED visit.
- Care management outreach to ED frequent fliers by PCP office to anticipate patient needs, redirect care, and identify driving conditions for which PCP may improve medical management.

**Resources:**

- HPHC Provider Reports PAID dashboard ED visits

**ISP Business Plan Deliverables**

**A. Business Plan:** On or before March 30, 2018, the LCU documents the following information for each of two (2) initiatives:

- a. Description of 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

**B. Final Report:** On or before January 31, 2019, the LCU documents the following information for each of two (2) initiatives:

- a. Achievement of milestones, deliverables and measures of success.
- b. Please answer the following questions:
  - i. What barriers did you address?
  - ii. What aspects of your project went particularly well and were essential to its success?
  - iii. What were the lessons learned in designing and implementing your project?
  - iv. Your next steps?
  - v. Is the initiative transferrable to the HPHC network?

**LCU Submission:** Please use this Infrastructure Support Business Plan form, available on [www.harvardpilgrim.org/MedDir/P4P](http://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](mailto: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. 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 30, 2018**

Title	
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Describe any prior work in this area	
Key Activities/ Interventions	
Two (2) measures of success	1.
	2.
Expected Timeline: Milestones and Deliverables	Q1 2018
	Q2 2018
	Q3 2018
	Q4 2018
<b>Final Report</b>  <i>Due 1/31/2019</i>	<ol style="list-style-type: none"> <li>1. Achievement of milestones, deliverables and measures of success.</li> <li>2. Please answer the following questions: <ol style="list-style-type: none"> <li>a. What barriers did you address?</li> <li>b. What aspects of your project went particularly well and were essential to its success?</li> <li>c. What were the lessons learned in designing and implementing your project?</li> <li>d. Your next steps?</li> <li>e. Is the initiative transferrable to the HPHC network?</li> </ol> </li> </ol>

b. Reduce Avoidable Emergency Department Visits— Business Plan due March 30, 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 2018
	Q2 2018
	Q3 2018
	Q4 2018
<b>Final Report</b>  <i>Due 1/31/2019</i>	<ol style="list-style-type: none"> <li>1. Achievement of milestones, deliverables and measures of success.</li> <li>2. Please answer the following questions: <ol style="list-style-type: none"> <li>a. What barriers did you address?</li> <li>b. What aspects of your project went particularly well and were essential to its success?</li> <li>c. What were the lessons learned in designing and implementing your project?</li> <li>d. Your next steps?</li> <li>e. Is the initiative transferrable to the HPHC network?</li> </ol> </li> </ol>

**Medical Director Attestation**

I have fulfilled the Medical Director responsibilities described in this Appendix (p.12) 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](mailto:HPHC_NMM@harvardpilgrim.org)