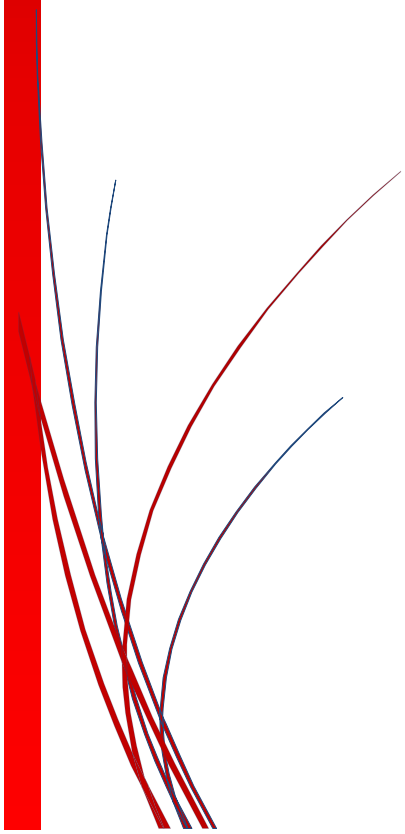
2019

Quality *Advance* Program

For Connecticut Participants



- Rewards for Excellent (HEDIS)
- Patient Experience Survey
- Health Equity
- Infrastructure Support

Harvard Pilgrim Health Care

Harvard Pilgrim Health Care

Quality *Advance* Program – Connecticut
2019 Overview

Summary of Changes for 2019

Summary of Changes		
Components	QAP 2019	QAP 2018
Rewards for Excellence (HEDIS)	• Remove Gates for Target: National Quality Compass	• Submit HEDIS performance (all payer data) -1 process measure, 3 outcome measures
Patient Experience Survey	• Added CMS MSSP survey as an option	• Conduct annual survey
Health Equity	• Added social determinates to initiative	• *Select* one initiative from two options
Infrastructure Support Program	• No changes	• Two initiatives required: 1. Prevent unplanned hospital admissions 2. Reduce avoidable Emergency Department visits

Harvard Pilgrim Health Care

Program Overview

Category	Responsibility	Deliverable Dates	Payment Date	Page
Rewards for Excellence	LCU	All payer HEDIS performance due June 30, 2020	10/31/2020	3
Patient Experience Survey	LCU	12/31/2019	3/31/2020	4-5
Health Equity	LCU	1.Plan- 6/28/2019 2.Final report 1/31/2020	8/31/2019, 3/31/2020	6
Infrastructure Support	LCU	1. Attend 2 Medical Director meetings (10% of payment for applicable Quarter.) 2. Business Plan (90%) Plan- 3/29/19 3. Final report due 1/31/2020	5/31/2019, 8/31/2019, 11/30/2019, 3/31/2020	7-9
Appendix				**Page**
Infrastructure Support Program Business Plan Form				10-13

Harvard Pilgrim Health Care

Introduction

The Quality *Advance* Program (QAP) 2019 Overview describes the components of Harvard Pilgrim Health Care's (HPHC) Local Care Unit (LCU) pay for performance program. For more information on the QAP program: **www.harvardpilgrim.org/MedDir/P4P**

Rewards for Excellence

Description: The LCU submits all-payer data for the following measures, based on 2019 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]

Instructions: Please supply data for dates of service January 1, 2019 – December 31, 2019 and specify the population of Commercial, Medicare or a Blend of both. Required in your submission are the numerators and denominators along with the rate. This information is due to HPHC_NMM@harvardpilgrim.org by June 30, 2020.

See www.harvardpilgrim.org/MedDir/P4P for information on Harvard Pilgrim's Quality Management Reports and a HEDIS measure primer.

Harvard Pilgrim Health Care

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 conducts a patient experience survey of primary care practices at least annually using a *single* **standardized survey tool. The survey is conducted over a representative sample or all of its primary care practices. There is no requirement on which survey is used, provided it is included in the HPHC-approved survey list below. The LCU submits a copy of the survey tool to HPHC.** CG-CAHPS Health Catalyst- Patient Experience Explorer NRC Connect survey Sullivan Luallin Group CMS MSSP If your survey is not on this list, please contact us at HPHC_NMM@harvardpilgrim.org
2. The LCU survey tool includes at least two (2) of the following CG-CAHPS categories further described on page 5– Access, Communication, Integration/Coordination of Care, and/or Self-Management Support.
3. The LCU shares its survey results with Harvard Pilgrim, including comparative benchmarks.
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.

The LCU report (covering levels 1-4) is due Dec. 31, 2019.

Harvard Pilgrim Health Care

Patient Experience Survey Composites

(For Connecticut PES Requirement 2)

CG-CAHPS Composite	Adult PES Short Form Questions
Access	**Composite of 3 questions:** In the last 12 months: (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	**Composite of 4 questions:** In the last 12 months: (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	**Composite of 3 questions:** In the last 12 months: (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	**Composite of 2 questions:** In the last 12 months: (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?

Harvard Pilgrim Health Care

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 determinants[1] 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

Commented [HT1]: Link to HealthPeople 2020

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

Harvard Pilgrim Health Care

Infrastructure Support

Commented [HT2]:

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.

Harvard Pilgrim Health Care

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.
- LCU may use PatientPing (or similar technology and process) to reduce unplanned admissions/readmissions and reduce recurrent ED use.

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

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:

- HPHC 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, please provide the following:
   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 HPHC network?

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

Harvard Pilgrim Health Care

Quality Advance Program 2019 Infrastructure Support Program Business Plan Report Form

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.

Harvard Pilgrim Health Care

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 ***Due 1/31/2020***	1. Achievement of milestones, deliverables and measures of success. 2. 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 HPHC network?	

Harvard Pilgrim Health Care

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 ***Due 1/31/2020***	1. Achievement of milestones, deliverables and measures of success. 2. 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 HPHC network?	

Medical Director Attestation

I have fulfilled the Medical Director responsibilities described in this document (p. 7) 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