

Quality *Advance* Program 2018 Overview

CATEGORIES

HEDIS: (6 measures required & select 5)

I. Patient Safety and Prevention

Select: 2

II. Clinical Processes

Required: 1 process composite (3 diabetes measures)

In addition, select: 2

III. Health Outcomes

Required: 3

IV. Behavioral Health Integration

Select: 1

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V. Patient Experience Survey

VI. Health Equity

Select: 1

VII. Infrastructure Support

Required: 2

Health Services

January 1, 2018

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Introduction

The 2018 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 12 and August 18, 2017. This measure set is finalized as the Notice Letter attachment sent to the LCU by September 30, 2017.

See Appendix 1 for a summary of QAP program elements and the schedule for deliverables and payments.

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

I. Patient Safety and Prevention

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

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 and in Appendix 2:

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%

II. Clinical Processes

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

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 in Category I above and in Appendix 2.

III. 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

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 in Category 1 above and in Appendix 2.

IV. 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.

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 in Appendix 2.

V. Patient Experience Survey

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

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 of 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 results 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 (e.g., MHQP Health Care Compass or MHMC Get Better Maine).
5. (MA only) – LCU performance on one or more of the four (4) Mass Health Quality Partnership (MHQP) PES composites meets or exceeds the HPHC network 75th percentile. Each composite- Access, Communication, Integration of Care and Self-Management Support- is earned individually.

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

HPHC reports MA level 5 performance based on PES survey responses reported by Mass Health Quality Partnership.

See Appendix 3 for more information.

VI. 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

See Appendix 4 for more information.

VII. 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 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.

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 5.

See Appendix 5 for more information

APPENDIX 1

Program Category Summary

#	QAP II Category	LCU deliverable due date	Payment frequency	Payment date
I	Patient Safety & Prevention	(none)	annually	10/31/2019
II	Clinical Processes	(none)	annually	10/31/2019
III	Health Outcomes	post outcome data to server by April 1, 2019	annually	10/31/2019
IV	Behavioral Health Integration	(none)	annually	10/31/2019
V	Patient Experience Survey	12/31/2018	annually	3/31/2019
VI	Health Equity	Plan- 6/29/2018; Final report-1/31/2019	semi-annually	8/31/2018, 3/31/2019
VII	Infrastructure Support	1. Attend 2 Medical Director meetings (10%) 2. Business Plan (90%) Plan- 3/30/18; Final report-1/31/2019	Quarterly	5/31/2018, 8/31/2018, 11/30/2018, 3/31/2019

Documentation submission dates are posted on www.harvardpilgrim.org/MedDir “HPHC Important Dates 2018” posted under “Quick Links”

Please send all submissions to the HPHC 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.

APPENDIX 2

HEDIS Measures

See www.harvardpilgrim.org/MedDir for information on Harvard Pilgrim's Quality Management Reports (QMR) and a QAP measure primer.

Target for all HEDIS measures: The HMO/POS NCQA HEDIS national performance in 2018 (2019 Quality Compass available in September 2019). Graduated payout is based on the LCU performance compared to the 2018 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%

If the LCU denominator for any measure is less than 20, then the value of that measure will be reallocated across the remaining HEDIS measures.

APPENDIX 3

Patient Experience Survey Composites

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?

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

APPENDIX 4

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. 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.

APPENDIX 5

Infrastructure Support

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:

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 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 30, 2018, 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, 2019, the LCU will provide the following for each initiative:

- 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?

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



Harvard Pilgrim
Health Care

Quality Advance Program 2018
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.

a. Prevent Unplanned Hospital Readmissions- Business plan due March 30, 2018

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
Final Report Due 1/31/2019	<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?

b. Reduce Avoidable Emergency Department Visits— Business Plan due March 30, 2018

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
Final Report <i>Due 1/31/2019</i>	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 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