Evaluation of the Harvard Pilgrim 2021 Quality Program

Executive Summary

HPHC, Inc., HPHC-NE and Harvard Pilgrim Insurance Company (HPIC)

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The following is the Executive Summary of the results of the clinical and service quality initiatives on Harvard Pilgrim’s 2021 Quality Improvement (QI) Work Plan, as well as an assessment of the overall effectiveness of Harvard Pilgrim’s 2021 Quality Program. It includes an overview of the scope of the QI work plan and an assessment of its highlights, as well as observations about barriers and/or challenges to achieving anticipated results. This Executive Summary is the introductory document to the 2021 QI Program Evaluation that details the 2021 QI Work Plan project-level achievements, trended data and challenges. Both reports comprise the annual Evaluation of Harvard Pilgrim’s Quality Program.

Each year, in conjunction with the annual business planning and budgeting cycle, Harvard Pilgrim develops its plan of initiatives to improve clinical and service quality. The goal of the Quality Program at Harvard Pilgrim Health Care is to ensure the provision of consistently excellent health care, health information and customer service to Harvard Pilgrim members. This goal aligns with Harvard Pilgrim’s mission to enable members to maintain and improve their overall physical and behavioral health. The initiatives used in the work plan feed into the overarching organization goals.

The 2021 QI Work Plan included initiatives in these major areas:

- **Patient Safety**: Through coordination of care the program works to improve adherence and avoid duplications in drug therapy and adverse events to prescribed medications. Annual adherence/gap in care reports to providers alert of potential nonadherence/gaps in care based on real-time pharmacy claims. The program also identifies Opioid medication that should be used with caution and provides reports to help primary care providers (PCPs) coordinate care and prescribe medications safely and effectively. Monthly and annual mailings to members focus on the importance of medication adherence to prescribed medications not only to improve outcomes but to take medications safely without adverse drug events.

- **Member Experience**: Focusing on the key areas for improvement in our member journey to create an overall better member experience by leveraging insights, data and collaboration across teams. Areas of focus include web enhancements to enhance the member experience and improve self-service.

- **Clinical Quality Network Medical Management (NMM) Quality Programs**: focusing on the alignment of efforts of HPHC’s network with its mission & quality agenda including Physician Group P4P (pay-for-performance), Physician Group Honor Roll, Quality Grants, Hospital P4P.

- **Continuity and Coordination of Behavioral Health and Medical Care**: Focusing on improving HEDIS antidepressant medication adherence, initiation and engagement rates, and follow up after hospitalization rates.

- **Service Quality**: includes projects focused on achieving excellent customer service as assessed by members. HPHC’s new member guide, where after enrollment, members who create a portal account will be directed to the new member welcome guide. This guide will provide members with the ability to update their contact information, select a primary care provider (if required), access their digital ID card to set up appointments, and look up prescription drug costs.

- **Population Health/Care Management Improvement**: Focused on improving the unable to reach rate on all care management outreach efforts, regardless of program and improving care management utilization.

- **Quality Infrastructure**: includes initiatives related to programs and incentives to promote clinical quality in the provider network, and ongoing monitoring of activities such as compliance with the clinical quality and service standards of the National Committee for Quality Assurance (NCQA), the health plan accrediting body.

- **Measurement of complex behavioral health outcomes**: In coordination with our behavioral health partner—United Behavioral Health dba Optum—we are taking action to improve the member outcomes and experience in BH complex care management. Case outcomes are measured by a standardized tool called the MARs Maryland assessment of recovery scale, as well as member satisfaction surveys with the complex care mgt. program.
Assessment of Overall Effectiveness
Harvard Pilgrim Health Care assesses if the individual projects met the established work plan goals as outlined in the 2021 QI Work Plan.

The Quality and Clinical Compliance team works with business owners on a review of their process and intermediate results. This allows for an early indicator as to whether the annual outcome metrics will be met; and in turn provides an opportunity for the business owners to evaluate interim progress and as needed, implement small tests of change to improve performance of their measures and programs.

The December 2021 project-level evaluation report provides the detailed accomplishments and results, as well as key activities and challenges, for each initiative on the 2021 QI Work Plan.

Initiatives that Met or Partially Met their 2021 Objective
Out of all the seven QI work plan submissions, 5 fully met their objectives, 2 while partially met by year-end. A fully met goal can be defined as entirely meeting the process, intermediate goals and outcome goal for the year. A partially met goal is meeting the process and accomplishing intermediate goals, however, did not obtain the desired outcome goal. The initiatives are tracked throughout the year using quarterly update templates with the teams and reporting these updates to the CQIC committee bi-annually.

Projects/Programs will continue in 2022, with modification as necessary in order to achieve the goals set or incremental improvement identified.

Common Themes and Barriers
Upon review of the evaluations for 2021, specific common themes were noted, and these are defined as:

- **Resources** - With limited resources, retirements and staffing changes in specific departments, staffing resources were often identified as a constraint. The integration of HPHC and Tufts Health Plan was a large undertaking. This work has had impacts on everyday jobs and competing staffing resources. This was commonly identified as a gap when not meeting interim progress to goals.

- **Goal setting/Data Analysis** – As an organization, HPHC sets goals that are higher than average; generally, at the Quality Compass 90th Percentile. We will be looking to benchmark performance off comparable plans operating in the New England region when setting future goals where the gap between current performance and the 90th percentile is too significant of an improvement. In addition, survey response rates at times are too low to be able to make meaningful conclusions regarding improvement.

Program Performance Summaries:
NCQA Quality Performance and Ratings
NCQA announced that due to the COVID-19 pandemic, health plans may continue to use their 2019-2020 Health Plan Ratings for advertising and marketing purposes until the NCQA release of the 2021-2022 Health Plan Ratings in September 2021. A recap of last year's ratings are as follows:

- Harvard Pilgrim Health Care, Inc. HMO/POS and MA PPO plans achieved a 4.5 out of 5 rating.
- Harvard Pilgrim Health Care of New England (New Hampshire) received a 4.0 rating out of 5 rating.
- HPHC Insurance Company (Connecticut PPO) received a 3.5 rating out of 5 rating.

HPHC maintained it’s ratings year-over-year, as in 2021 the ratings were as follows:

- HPHC Inc. (MA) PPO: 4.5/5
- HPHC Inc. (ME, NH) HMO/POS: 4.5/5
- HPHC of New England Inc. (NH) HMO/POS: 4.0/5
- HPHC Insurance Company, Inc. (CT) PPO: 3.5/5

Medication Adherence/Patient Safety
The team continued to evaluate the rates and look for trends for 2021.

In 2021, we did not hit the 90th percentile for most product lines of business with the exception of HPHC Inc. Marketplace ME and NH and HPIC- PPO (CT). Although, we did see a decrease the percent of members who were 18 years and older, who have received opioids for ≥ 15 days during the measurement year from four or more prescribers and four or more pharmacies in CY2020 when compared to CY2019 for all product lines with the exception of HPHC Inc- PPO and HPHC Inc. Marketplace
The team will explore other opportunities to engage members and emphasize the importance of adherence medications and develop and send additional educational pieces as appropriate.

Common Chronic Conditions/ Improve Coordination and Continuity of Medical Care
Medication adherence reports are sent to providers at least annually in an effort to improve the coordination of care related to Diabetes, cardiac care and asthma.
For example:
• Asthma controller medication adherence report - Improve adherence to prescribed asthma controller medication(s),
• Multiple Prescriber Report – Improve communication and coordination of care among providers for members with diabetes with multiple prescribers.

Health Equity

Health Equity is an organization-wide area of focus. Point32Health is committed to achieving health equity for our members. We look to the provider community to put programs in place to identify and address health care disparities to ensure that all patients have equal access to health services. Health equity initiatives may relate to any quality improvement efforts to address health care disparities in vulnerable populations. HEDIS performance including access, immunization, behavioral health, chronic condition and women’s health measures are stratified by race in order to identify and address disparities.

In 2021, the Quality & Clinical Compliance Department developed a strategy for managing population health that identified specific goals for quality metrics. The strategy includes collaborations between teams to identify interventions, and every member is eligible for at least one program or touchpoint. We annually review CAHPS data, comparing responses across race and ethnicity to ensure the consistency of members’ experiences. This survey includes questions about ease of access, level of healthcare literacy, and personal interactions, such as the respect shown to a member by their health care providers. We also annually compare plan publicly reported measures to national, regional, state and local benchmarks and identify opportunities for improvement. In addition, to increase cultural competency, all care managers are annually required to take two inclusion courses: “An action plan for Cultural Competence” and “The LGBTQ Community”.

Measurement of complex behavioral health member outcomes
The Complex Care Program Evaluation for the previous year is completed in July annually. In July 2021, the evaluation was completed. The evaluation includes process and outcome metrics from the previous year’s program. In CY2020, 4,123 members qualified for the program, of which 1,396 (33.9%) were successfully contacted and offered complex case management (CCM) program enrollment, 24.4% of members reached opted out of the program, and of the members successfully contacted, 672 (48.1%) enrolled in the program, 503 (74.9%) of the members enrolled, engaged in the program.

Continuously improve member experience - Member VoC Program
A critical component of Harvard Pilgrim Customer Experience work is the Voice of the Customer program. This comprehensive program provides an enterprise-wide, integrated, single view of our member’s experiences to support decision making, action planning, implementation, and in-market life monitoring. It serves to listen to our members, aggregate and interpret what we are hearing, deliver insights to decision makers for action planning, and in-turn monitor those actions to determine the impact on the experience. The VoC program includes both structured and unstructured data sources (behavioral and operational data) collected and used in an ongoing manner as part of the insight development process:

VoC Study Redesign: In preparation for program expansion, study redesigns were conducted for the Member Services and Relationship studies. Redesigns for other studies are scheduled for 2022.

Updated Member Services Dashboards: Dashboards track identified drivers of the call center experience. A newly created dashboard focuses on the member’s problem resolution experience. Call Center leadership has access to these dashboards for continuous monitoring and real-time action planning.

New Member Services Supervisor Alerts: Call center supervisors and leaders are immediately notified when a member has an unsatisfactory experience with the call center or scores their problem resolution experience low. Supervisors are then tasked with following up with these members to help address their concerns or resolve their problem. Based on the outcome, call center representatives are provided with additional training as needed.

Digital member experience: Expanded use of web-intercept tools to capture real time member feedback through our digital channels (website). Data is fed into our member experience dashboards for identification of pain points and action planning.
**VOC Research Assessment:** HPHC engaged our VOC platform vendor in a full research assessment. The assessment reviewed the strategy, current survey design and measurement structure and was completed in February 2021. An action plan was created for implementing recommendations.

**Evaluation of the QI Program Committees and Physician Involvement**
For 2021, the Clinical Quality Improvement Committee (CQIC) met at a regular cadence throughout the year. Relevant agenda topics were covered at each meeting and participating physicians contributed to valuable discussion. The meeting is chaired by Chief Medical Officer Dr. Sherman. This committee also includes associate medical directors from MA, NH and CT. Moving forward, in 2022, the legacy Harvard Pilgrim Healthcare CQIC and the legacy Tufts Health Plan Quality Performance Improvement Team Committee (QPIT), were merged into one overarching committee, named QPIT (Point32Health), that will continue to have oversight of the Point32Health Quality Program. This update is reflected in the Point32Health 2022 QI Program Plan as well as in the Quality Committee structure. The QPIT Committee includes physicians from across the organization and various lines of business who actively participate in discussion and review of the Quality Program documents.

Committees and workgroups were all successfully run in 2021. Committees included the Quality and Healthcare Services Committee, Delegation Lead Team, Clinical Quality Improvement Committee, among others. This has helped improve the quality culture and focus on outcomes and NCQA compliance across the organization.

**How will we Improve**
Each initiative has set individual goals and included activities/interventions as an attempt to yield improvement, however there are general ways to improve the ultimate functionality of each workplan initiative for 2022.

**Legacy Harvard Pilgrim Healthcare and Legacy Tufts Health Plan QI Program Consolidation**
Consolidation of the legacy Harvard Pilgrim Health Care and legacy Tufts Health Plan QI Program Plan document took place in 2021 to form the newly developed Point32Health QI Program Plan. Consolidation efforts of the Legacy organization’s QI Workplan and Workplan Evaluation documents will continue in 2022. Additionally, in 2022, the legacy HPHC CQIC and legacy THP QPIT consolidated to form the Point32Health QPIT Committee. The QPIT committee will meet quarterly in 2022 and continue to have oversight of the QI Program. The QPIT Committee is Enterprise-wide cross-functional Committee including representatives from Operations, Care Management, Utilization Management, Quality Management, Compliance, Office of the CMO, Quality Measurement and Reporting, Behavioral Health, physicians from various business areas, among other key stakeholders from across the Point32Health organization. The QPIT is a forum where quality initiatives and projects are discussed, opportunities and synergies identified, barriers and solutions brainstormed, and collaboration among the business takes place.