

## *HPHC 2018 Quality Improvement Work Plan Summary*

<i>Project Name</i>	<i>Key Objectives/Activities</i>
1. HEDIS Effectiveness of Care (EOC) measures	<ul style="list-style-type: none"> <li>Analyze results, identify improvement opportunities and implement programs to demonstrate improvement in HEDIS EOC results</li> <li>Identify programmatic opportunities related to new or proposed measures</li> <li>Achieve national 90<sup>th</sup> percentile on all accreditation measures by maintaining clinical programs that align with the EOC measures, including outreach to, and education of, members and their practitioners</li> </ul>
2. Common Chronic Conditions	<ul style="list-style-type: none"> <li>Improve self-management skills and outcomes for patients with common chronic conditions including diabetes, asthma, chronic obstructive pulmonary disease (COPD), high blood pressure, rheumatoid arthritis and cardiac disease</li> <li>Enhance practitioners' ability to treat members with common chronic conditions including diabetes, asthma, high blood pressure, rheumatoid arthritis and cardiac disease</li> <li>Run monthly algorithms to identify members at high risk for asthma, diabetes, COPD, and cardiac disease</li> <li>Identify and report on gaps in care (e.g., gaps in care patterns for prevalent conditions, disease management, medication adherence, and patient safety)</li> </ul>
3. Improve Coordination and Continuity of Medical Care	<ul style="list-style-type: none"> <li>Monitor and identify opportunities to improve continuity and coordination of care across settings and/or transitions in care</li> <li>Monitor and identify opportunities to improve continuity and coordination of care in Primary and integrated care settings</li> </ul>
4. Achieve Health Equity & Eliminate Health Care Disparities	<ul style="list-style-type: none"> <li>Identify strategies to increase collection of member-level data on race, ethnicity and primary language (REaL) for all product segments</li> <li>Evaluate opportunities to address disparities and make recommendations to senior leadership</li> <li>Explore and, if feasible, launch project to address a significant disparity in HEDIS results. Support other QI and Medical Management areas to incorporate health equity best practices, as well as eliminate barriers that result in health care disparities.</li> <li>Review availability of translated materials needed to support clinical improvement initiatives related to identified disparities in care</li> <li>Identify opportunities to promote health care equity competency initiatives by PCPs, facilities and PCMHs having significant numbers of Harvard Pilgrim vulnerable population members in their panels (including culturally and linguistically appropriate services - CLAS)</li> <li>Support the Civil Rights Compliance Officer to ensure nondiscrimination in health plans, as required for Protected Classes that encompasses individuals who are protected from discrimination in health care on the basis of race, color, national origin, age, disability and sex, including discrimination based on pregnancy, gender identity and sex stereotyping</li> </ul>
5. Serving Members with Complex Health Needs	<ul style="list-style-type: none"> <li>Ensure that members with complex health needs are systematically identified</li> <li>Promote access to care and coordination of services for members with complex health needs via member outreach and/or program participation</li> <li>For complex case management program participants, monitor acute hospital admission and emergency room visit rate annually and recommend program revisions based on outcomes data</li> </ul>
6. Marketplace QIS: Improving Diabetes Care	<ul style="list-style-type: none"> <li>Improve diabetes care and reduce disparities by incenting Massachusetts QHP (Qualified Health Plan) members with diabetes to obtain recommended tests through improved medical and self-management. Implement program for Massachusetts QHP members with diabetes, based on approved implementation plan</li> <li>Implement Quality Improvement Strategy (QIS) with incentive for Maine &amp; New Hampshire QHP members with diabetes.</li> </ul>
7. Medicare CCIP and QIP: Improving blood pressure control	<ul style="list-style-type: none"> <li>The 2018 CCIP will focus on improving blood pressure control through improved medication adherence for members with hypertension.</li> <li>The goal of the 2018 QIP is to promote effective coordination of care in members with diabetes</li> </ul>

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<b>Wellness &amp; Health Promotion</b>	
8. Employer Group Health Services	<ul style="list-style-type: none"> <li>▪ Support Sales, employers, brokers and consultants by providing health education programs for employees</li> <li>▪ Provide multiple channels for members to access clinical and health education programs</li> <li>▪ Support priority clinical initiatives with employer-focused programming</li> <li>▪ Pilot new programming and worksite-based challenges</li> <li>▪ Evaluate and integrate new technology (e.g. incentive designs, web and mobile based technology)</li> <li>▪ Explore solutions for obtaining biometrics in varying populations</li> </ul>
9. Wellness Programs	<ul style="list-style-type: none"> <li>▪ <u>Wellness Platform</u>: Offer wellbeing program open to all members. Designed to foster online community through challenges, community blogs/forums, custom content and quarterly raffles. Also provides affordable and scalable wellbeing program option for employers that covers all major elements of wellbeing.</li> <li>▪ Continue to roll out wellness platform including capabilities for administering challenges, incentive based programming, health risk assessments, personalized content, event scheduling, and population wide programming.</li> <li>▪ Evaluate new wellness platform options to support business goals; provide recommendation for '19 implementation.</li> <li>▪ <u>Member Savings and Fitness Reimbursement</u>: Evaluate programming with recommendation for '19 implementation.</li> <li>▪ <u>Millennial Product</u>: Evaluate options for millennial product with recommendations for 7/1/18 and '19 implementation.</li> <li>▪ <u>Mindfulness</u>: Evaluate additional program expansion opportunities in both delivery method and populations reached</li> </ul>
<b>Patient Safety</b>	
10. Medication Safety	<ul style="list-style-type: none"> <li>▪ <u>Anticoagulation Management</u>: Improve percentage of patients on warfarin whose INR monitoring intervals fall within recommended guidelines</li> <li>▪ <u>Medication Reconciliation</u>: Reduce the incidence of outpatient medication errors in at-risk patients discharged from hospitals</li> <li>▪ <u>Multiple Prescriber Report (MPR)</u> - Improve communication and coordination of care among providers for members with diabetes with multiple prescribers</li> <li>▪ Improve <u>Medication Adherence</u> in patients taking beta-blockers post MI</li> <li>▪ <u>Cardiac Medication Adherence Report for PCPs</u> – Improve adherence to cardiac medications and coordination of care</li> <li>▪ <u>Asthma controller medication adherence</u> – Improve adherence to controller medications in members with asthma and identify asthma related ER visits</li> <li>▪ <u>Improve medication adherence in members with Rheumatoid Arthritis (RA)</u></li> <li>▪ Benchmark best practices in medication safety</li> <li>▪ <u>Vivitrol Registry</u> - Sent to prescribers to improve adherence to vivitrol therapy by encouraging counseling along with drug therapy</li> <li>▪ <u>Metabolic Monitoring for Children on Antipsychotics</u> - Encourage PCPs and specialists to monitor for common metabolic side effects associated with antipsychotic therapy so appropriate action can be taken to avoid adverse effects like weight gain, diabetes and high cholesterol</li> </ul>
<b>Behavioral Health</b>	
11. Improve Coordination and Continuity between medical and behavioral health care	<ul style="list-style-type: none"> <li>▪ Collaborate with our behavioral health vendor to monitor and improve communication between primary care and behavioral health practitioners regarding patient care</li> </ul>

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<b>Service Quality</b>		
12. Improve Member Experience	A. Zoldowski	<ul style="list-style-type: none"> <li>▪ Continue to monitor and leverage customer-impacting work taking place across the organization to improve the experience for our Commercial and Marketplace members</li> <li>▪ Continue to execute numerous STAR program initiatives to improve the care and experience HPHC delivers to our Medicare Advantage members</li> <li>▪ Continue development and launch of HPHC's Voice of the Customer program (VOC), a systematic approach to gather, aggregate, integrate, interpret and distribute ongoing member feedback to more effectively influence and direct improvement activities, guide tradeoffs and allocate resources. CAHPS and other NCQA required surveys included in the VOC program, but more relevant and timely member feedback/input will serve as the foundation for experience improvement efforts for both Commercial and Marketplace members.</li> <li>▪ Identify where to best help support commercial members during the most important journeys with use, create improved experiences to help them through these journeys and implement</li> </ul>
13. Improve Member Understanding	A. Zoldowski	<ul style="list-style-type: none"> <li>▪ Assess new website experiences using feedback from online member panels and website visitors to understand and act on opportunities for improvement.</li> <li>▪ Identify website improvement opportunities to help members navigate and find the information and tools needed to better use and understand their specific plan.</li> <li>▪ Continue to utilize proprietary member community – Harvard Pilgrim Listens – to provide member input into our decisions early and often.</li> <li>▪ Continue to create online member educational presentations to help improve member understanding.</li> <li>▪ Launch a pilot of a redesigned new Member Welcome Experience to help new members, before their effective date, know what they need to do to transition to their new Harvard Pilgrim Plan.</li> <li>▪ Learn from new Member Welcome Experience pilot and transition to production.</li> <li>▪ Redesign and implement a new Cost Estimator tool that is more focused on member usability.</li> <li>▪ As part of <b>Voice of Customer program (VOC)</b>, routinely monitor member feedback obtained through multiple studies designed to help us better understand members' experience during the important to identify pain points and opportunities for improvement.</li> </ul>
14. Improve Customer Service Experience	M. Fitzgerald	<ul style="list-style-type: none"> <li>▪ Continue initiatives to improve call metrics and enhance the customer service experience by 1) leveraging new performance improvement specialists to improve quality and representative performance and 2) continuing cross training of staff to handle a wider variety of calls and 3) maintaining staff levels to manage the work load</li> <li>▪ Continue practice of incorporating verbal health literacy toolkit principles into verbal skills training for Customer Service reps and into call monitoring form</li> <li>▪ Monitor feedback from member services surveys to help gain better understanding of the members' customer experience and institute improvement actions, as needed</li> </ul>

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15. Delegation	C. Harwood (interim)	Monitor and evaluate performance of delegated groups to ensure ongoing compliance with HPHC, NCQA and all regulatory requirements and standards. Delegated groups include: <ul style="list-style-type: none"> <li>▪ United Behavioral Health dba Optum (UBH)</li> <li>▪ MedImpact (MI) (Pharmacy Benefit Management)</li> <li>▪ Atrius Health (formerly HVMA)</li> <li>▪ Reliant Medical Group (RMG)</li> <li>▪ National Imaging Associates (NIA) (Radiology, Spine &amp; Sleep Management)</li> <li>▪ CVS Caremark (Medical Drug Management)</li> <li>▪ Benevera Health (Complex Case Management/NH)</li> <li>▪ AIM Specialty (Molecular Diagnostics Management eff 1/1/18 Medicare, 3/1/18 Commercial)</li> </ul>
16. Credentialing Delegation	C. Stirling	Monitor and evaluate performance of credentialing delegates to ensure ongoing compliance with HPHC, NCQA and all regulatory requirements and standards. Credentialing delegates include: <ul style="list-style-type: none"> <li>▪ United Behavioral Health dba Optum (UBH), Dartmouth Hitchcock North &amp; South, Aperture, Inc. LLC, United Health Care (UHC), Dental Benefit Providers (division of UHC/ ACA dental benefit provider), Yale Medical Group (CT), ProHealth Physicians (CT), Healthways Wholehealth Networks, Inc (acupuncture), University of Vermont Health Network Credentialing &amp; Enrollment and Doctor on Demand (telemedicine)</li> </ul>
<b>Quality Infrastructure</b>		
17. Quality Program & Work Plan: Quality Monitoring, Project Tracking and Annual Evaluation	C. Harwood (interim)	<ul style="list-style-type: none"> <li>▪ Track &amp; report progress on the QI Work Plan to appropriate oversight bodies</li> <li>▪ Conduct routine monitoring of clinical &amp; service quality indicators, e.g., member complaints &amp; appeals, guidelines, credentialing, HEDIS &amp; CAHPS</li> <li>▪ Evaluate the effectiveness of the quality program on an annual basis</li> </ul>
18. Network Quality Programs	T. Whitney	Align efforts of HPHC's network with its mission & quality agenda including: <ul style="list-style-type: none"> <li>▪ <u>Physician Group P4P (pay-for-performance)</u>: Through financial incentives, support LCU practices to deliver high quality care that is patient-centered, ensures health equity and cost-efficient, for the commercial and Medicare populations.</li> <li>▪ <u>Physician Group Honor Roll</u>: Evaluate all contracted physician groups using a set of nationally endorsed quality measures and create an annual Physician Group Honor Roll to be posted on the HPHC Web site (including icons in physician directories)</li> <li>▪ <u>Quality Grants</u>: Fund and oversee the 2018 portfolio of network-managed QI projects and evaluate and communicate results of the 2017 projects</li> <li>▪ <u>Hospital P4P</u>: Administer the 2018 hospital pay-for-performance program</li> <li>▪ <u>Bundle arrangements</u>: Design and implement innovative care models based on bundling of services to improve cost and quality of care.</li> </ul>
19. NCQA Compliance	Tami Ireland	<ul style="list-style-type: none"> <li>▪ Maintain NCQA excellent accreditation</li> <li>▪ Ensure ongoing compliance with NCQA standards</li> <li>▪ Continue preparations for the 2018 NCQA survey (submission 4/17/18, onsite 6/4/18 and 6/5/18)</li> </ul>