

Evaluation of 2018 Harvard Pilgrim Quality Program
Executive Summary
HPHC, Inc., HPHC-NE and HPIC (HPHC Insurance Company)
December 2018

The following is the Executive Summary of the results of the clinical and service quality initiatives on Harvard Pilgrim's 2018 Quality Improvement (QI) Work Plan, as well as an assessment of the overall effectiveness of Harvard Pilgrim's 2018 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 December 2018 QI Program Evaluation that details the 2018 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. This process is documented in the QI Program Evaluation, along with individual project plans which support the work plan and provide detailed milestones that are tracked and reported on throughout the year.

The 2018 QI Work Plan included initiatives in these major areas:

- *Population Health Improvement (HEDIS and Health Equity)*: includes member and/or practitioner outreach for common chronic conditions like asthma, diabetes, cancer, and heart disease; includes projects related to HEDIS effectiveness-of-care (EOC) measures, coordination of care, providing culturally and linguistically appropriate services to help achieve health equity and eliminate health care disparities, serving members with complex health needs via identification, outreach and complex care management programs and projects related to regulatory requirements, as needed.
- *Wellness & Health Promotion*: addresses numerous and evolving approaches to worksite health and wellness programs, which are becoming increasingly customized for members and employers, and includes initiatives to assist with developing personalized lifestyle management.
- *Patient Safety*: includes programs addressing medication adherence and improving coordinating care between inpatient and outpatient settings, especially related to prescribing and monitoring.
- *Behavioral Health*: focuses on improving the coordination between medical and behavioral health care, including collaboration with the behavioral health partner/vendor on programs that address specific behavioral health conditions, for common conditions like Attention Deficit Hyperactivity Disorder, Depression (and postpartum depression), Substance use disorder and children and adolescents on anti-psychotics.
- *Service Quality*: includes projects directed at achieving excellent customer service as assessed by our members. Launched 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. Initiatives address issues identified from member complaints, appeals, experience surveys, and regulatory requirements, and focus on improving Harvard Pilgrim's ability to provide online support via health education information and providing members with information and tools that improve their health insurance literacy. Also includes projects that improve member experience with the Health Plan and Customer Service operations.

- *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.

Assessment of Overall Effectiveness

Harvard Pilgrim Health Care assesses if the individual projects met the established workplan goals as outlined in the 2018 QI Work Plan. Of the 18 initiatives:

- 9 fully met their objectives by year-end,
- 2 partially met their objectives and
- 7 did not meet their objectives by year-end

The December 2018 project-level evaluation report provides the detailed accomplishments and results, as well as key activities and challenges, for each initiative on the 2018 QI Work Plan.

Initiatives that Met or Partially Met their 2018 Objective

Out of the 18 QI work plan submissions, the nine of those that fully met their objectives and two that partially met by year-end include:

- Credentialing Design
- Delegation
- Employer Group Health Services
- Improve Coordination and Continuity between Med. and Behavioral Health Care
- Improve Customer Service Experience
- Marketplace QIS Improving Diabetes Care
- Network Quality Programs
- Wellness Programs
- Improving Member Experience
- Medicare CCIP and QIP: Improving Blood Pressure Control
- Serving Members with Complex Health Needs

Each of these programs will be continued in 2019, with the exception of Credentialing Design and Delegation, which will be retired because they are meeting their objectives/goals. In addition, the Medicare QIP will also be retired for 2019, as it is no longer required by CMS.

Common Themes and Barriers

On a review of the evaluations, three specific common themes were noted, and these are defined as:

Resources- With limited resources, retirements and staffing changes in specific departments, it was difficult to obtain information and materials in a timely manner. This was commonly identified as a gap when measures and goals were shared between departments.

Population Shift- The nature of health insurance is that members do not have long term continuous enrollment requirement where improvement efforts for the intervention and re-measurement to take place. This is particularly true in Marketplace products where price point is often the decision for which plan to purchase. This has become a challenge to meet multi-year goals and making it difficult to evaluate the effectiveness of QI projects.

Goal setting- 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.

	Resources	Population Shift	Goal Setting: HEDIS 90th Percentile Goal
NCQA Quality Performance Prevention and Treatment HEDIS Measures	✓		✓
Medication Adherence/Patient Safety		✓	✓
NCQA Accreditation	✓		
Common Chronic Conditions/ Improve Coordination and Continuity of Medical Care		✓	✓
Improve Member Understanding	✓		

NCQA Quality Performance Prevention and Treatment HEDIS Measures

In the 2017 Staff Bonus plan the goal was set to obtain NCQA Clinical Quality Rating of 4.5 or more on Preventive Services & Treatment this was not met; and then in 2018 the bar was set at improving the ratings in 2018- which would have been obtaining in some measures a half point increase and/or a 5-rated score. This seems difficult to achieve based on the NCQA Percentiles and trending of HPHC HEDIS performance over time.

Medication Adherence/Patient Safety

The 90th percentile has not been reached for most products but with changing populations it is hard to evaluate the full impact of the program. The team will continue to evaluate the rates and look for trends.

Most product rates were below the goal which for HEDIS related measures equals the 90th percentile. For asthma there was one exception, Harvard Pilgrim Health Care, Inc. Marketplace ME was 64.3% which is 6.6% above the goal. For diabetes there were two exceptions, Harvard Pilgrim Health Care, Inc. HMO/POS met the goal and Harvard Pilgrim Health Care, Inc. PPO exceeded goal by 1.5%. For beta blocker adherence HPHC marketplace MA and ME and HPIC CT goals were met but these populations are small and may not be statistically significant.

The 90th percentile goal for the Asthma Metric for HMO/POS and Marketplace products was 57.7%. For the PPO products, the 90th percentile was 59.9%.

For the Diabetes Metric, the HMO/POS and Marketplace products 90th percentile goal was 67.8%. The PPO products 90th percentile was 66.2%.

For Asthma, in general we perform at the 50th percentile but that is where our competition in NE region performs. As an establishment, we set the goal high at the 90th percentile for HEDIS measures based on health plan performance.

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.

NCQA Accreditation

Results were slightly under goal standard score a full 50 points. Additionally, with the addition of CAHPS and HEDIS we did not meet the threshold for Excellent for the HPHC NE and HPHC Insurance Company. Marketplace plans are only eligible for Accredited level from NCQA. Upon the new HEDIS and CAHPS scores for the 2019-year Harvard Pilgrim Health Care, Inc. HMO/POS Accreditation level dropped to Commendable. In these plans there is room for improvement in CAHPS and HEDIS scores.

NCQA accreditation score will be in place for 3 years. Quality and Compliance completed a lessons learned and opportunities for stakeholders in October. This will be incorporated into the project plan for the next 3-year cycle. Feedback from NCQA business owners from the lessons learned document included:

- Monthly/Quarterly check-in meetings desired
- 2 Mock Audits with Mock File Review desired
- Clear Ownership of Standards needed
- DLT and HSQI meetings are great help (improved QI committee meeting structure)

A RASCI (R=Responsibility, A=Accountable, C=Consulted, S=Support, I=Informed) responsibility grid is one of the methods used to assign and display responsibilities of individuals in the organization for specific jobs or tasks. RASCI grids are currently being completed for each standard to identify owner and supports and this will be the basis for starting the 2019 project plan, addressing the feedback of having clear ownership of standards. New workgroups and committees have been formed to increase participation in NCQA readiness and quality culture, also addressing feedback of consistent meetings and check-ins.

Increased focus is being placed on CAHPS and HEDIS improvement for HPHC NE and HPHC Insurance Company to move accreditation level in the next annual cycle.

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)
- Cardiac Medication Adherence Report for PCPs – Improve adherence to cardiac medications and coordination of care.
- Multiple Prescriber Report – Improve communication and coordination of care among providers for members with diabetes with multiple prescribers.

Providers prefer information that is current and actionable. The provider reports accomplish both. Provider feedback has been positive in that providers find the information useful and responsible for identifying discrepancies in medication adherence and coordinating care.

The 90th percentile has not been reached for most products but with changing populations it is hard to evaluate the full impact of the program. The team will continue to evaluate the rates and look for trends.

Health Equity

The Health Equity is a multi-year project and the goal will be evaluated on HEDIS 2020 information.

In the next Jiva (Care Mgt. system upgrade) there will be a question on food insecurity:

Are you able to get yourself food and drink? Hint: Describe typical meals and cups of fluid in a day;
Barriers to following recommended diet e.g. insufficient funds, lack of time, access, religious or cultural.

Medicare HEDIS 2019 includes Socioeconomic stratification for several measures- the results from this new reporting will be reviewed in 2019 for opportunities with our membership.

HEDIS Statin Adherence Initiative annual HEDIS data will be reviewed in 2019 for CY 2018 to determine if there is movement on the adherence gap and will be reviewed for additional interventions.

Both the qualitative and quantitative results have been analyzed to understand our best approach to closing the gap/ improving support for these members. There is a cross functional Health Services, Marketing, and CII workgroup looking at interventions and partnering with a provider organization on next steps.

Improve Member Understanding

The goal for member understanding was set at 40%, but ultimately was 29.5% for How my plan works, 30.6% for what's covered and 29.2% for my costs.

The focus for 2019 will be to continue taking the complexity out of our plans. Product will be focused on implementing the infrastructure and capabilities to increase the flexibility of product design and not passing on the complexity to our members.

Digital strategy will continue to work on a member CRM capability to enable us to more directly engage with our members on a timelier basis. They will also continue to identify website improvement opportunities to help our members better use and understand their plan.

The Member Experience team will focus on key pain points and journeys of our members and design more simple experiences.

How will we Improve

Each initiative has set individual goals to yield improvement, however there are general ways to improve the ultimate functionality of each work plan initiative for 2019.

For 2019, more detail will be paid to goal setting and intermittent data review. Identifying the benchmark, baseline performance and goal will increase attention and focus on the performance. Specifically, data received on a quarterly basis will be analyzed upon receipt. This way, we may be able to establish an idea of performance and create new interventions that may need to occur before year end to see improvements.

For the coming NCQA 2021 accreditation survey, resources have since been changed through the structure and committees of the Quality and Clinical Compliance Department.

The Director of Quality and Clinical Compliance position was vacant for a majority of 2017. This resulted in the first mock audit results not having rigorous follow up and additional support did not materialize to business leaders with deficiencies. This role has since been filled as of 1/2/2018. In addition, the Quality and Compliance team is now fully staffed at 4 FTEs.

In order to address this the 2021 readiness preparedness includes a full RASCI review included a lead business owner, a back-up business owner and supervisors identified in the project plan.

HPHC quality infrastructure including workgroups and committees needed reinvigorating and required to span the entire organization not just be focused or centered on Health Services. In Q3 and Q4 of 2018 the Quality and Compliance team has reviewed the quality structure and has approached several other stakeholders outside of Health Services to participate in workgroups and committees. We have added a delegation lead team, a Network Access improvement team, a Health Services QI team and now sit on the member experience team. This will improve the quality culture and focus on outcomes and NCQA compliance across the organization.

With these new resources, restructured committees and new RASCI exercises identifying responsibilities to give more support in accomplishing NCQA and QI related activities.