

Evaluation of 2017 Harvard Pilgrim Quality Program
Executive Summary
HPHC, Inc., HPHC-NE and HPIC
January 2018

The following is the Executive Summary of the results of the clinical and service quality initiatives on Harvard Pilgrim's 2017 Quality Improvement (QI) Work Plan, as well as an assessment of the overall effectiveness of Harvard Pilgrim's 2017 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 companion document to the January 2018 report that details the 2017 QI Work Plan project-level achievements, trended data and challenges. Both reports comprise the annual Evaluation of Harvard Pilgrim's quality program.

Scope of the 2017 QI Work Plan

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 annual QI Work Plan, along with individual project plans which support the work plan and provide detailed milestones that are tracked and reported on throughout the year.

The 2017 QI Work Plan included initiatives in these major areas:

- *Population Health Improvement*: includes member and/or practitioner outreach for common chronic conditions like asthma, diabetes, cancer, and heart disease; also 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 include initiatives to assist with developing personalized lifestyle management.
- *Patient Safety*: includes programs addressing medication adherence and reduction in medical errors in inpatient and outpatient settings, especially errors related to drug 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, like Attention Deficit Hyperactivity Disorder, antidepressant medication management, initiation and engagement in treatment for substance abuse and metabolic monitoring for children and adolescents on anti-psychotics and in our prevention and early detection program for postpartum depression in new mom's.
- *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, guide tradeoffs and allocate resources. 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.

- *Oversight of Delegated Relationships*: ongoing oversight of Harvard Pilgrim's behavioral health services vendor as it develops and implements programs to improve the detection, treatment and follow-up of behavioral health disorders among HPHC patients, plus oversight of the numerous other vended relationships such as those for credentialing, pharmacy, radiology, sleep management, musculoskeletal and medical drug management (injectables and infusibles)
- *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), a key accrediting body.

Assessment of Overall Effectiveness

Harvard Pilgrim Health Care met the goals of the 2017 QI Work Plan. Of the 19 initiatives on the 2017 QI Work Plan:

- 18 fully met their objectives by year-end and
- 1 partially met its objectives.

The January 2017 project-level evaluation report provides the detailed accomplishments and results, as well as key activities and challenges, for each initiative on the 2017 QI Work Plan.

Clinical Excellence and Challenges

Harvard Pilgrim's results on the HEDIS (Healthcare Effectiveness Data and Information Set) measures continue to contribute to HPHC's score on NCQA's rating of national health plans.

As the number of HEDIS EOC measures grows each year, the depth, breadth and scope of Harvard Pilgrim clinical quality initiatives increases as well, and the ongoing success of these programs is evident in consistently high performance over time. For the HEDIS EOC measures that are used by NCQA to determine clinical quality achievement for purposes of accrediting health plans, HPHC's results were as follows:

- Overall, Harvard Pilgrim met or exceeded the national 90th percentile on **HPHC, Inc. HMO/POS** accreditation measures, **HPHC-NE** accreditation measures and **HPHC, Inc. and HPIC** (Harvard Pilgrim Insurance Plan) **PPO** accreditation measures for **MA** members.
- Harvard Pilgrim has submitted **Marketplace** rates for our four marketplace submissions. There are no benchmarks currently available for this specific

population so we continue to monitor performance. In addition, the membership in marketplace continues to be small so results are to be interpreted with caution. Going forward, when benchmark comparisons become available, we will add results.

- **HPHC, Inc HMO/POS** did not achieve the 90th percentile on the following measures: Adult BMI Assessment, Comprehensive Diabetes Care HbA1c Poorly Controlled, Controlling High Blood Pressure, Flu Shots for Adults, Persistence of Beta Blocker Treatment After a Heart Attack, Prenatal and Postpartum Care, Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Antidepressant Medication Management Acute phase and Continuation, Comprehensive Diabetes Care-Neuropathy and Pharmacotherapy Mgmt COPD Exacerbation Bronchodilator & Systemic corticosteroid.
- **HPHC-NE HMO/POS** did not achieve the national 90th percentile on the following measures: Adult BMI Assessment, Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with Upper Respiratory Infection, Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis, Breast Cancer Screening, Cervical Cancer Screening, Childhood Immunization-combo 2, Chlamydia Screening in Women, Colorectal Cancer Screening, Controlling High Blood Pressure, Flu Shots for Adults, Persistence of Beta Blocker Treatment After a Heart Attack, Prenatal and Postpartum Care, Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Antidepressant Medication Management Acute phase and Continuation, Comprehensive Diabetes Care-Eye Exam, Comprehensive Diabetes Care—Nephropathy Monitoring, Pharmacotherapy Mgmt COPD Exacerbation- Bronchodilator
- **HPHC, Inc PPO* (MA)** did not achieve the national 90th percentile on the following measures: Adult BMI Assessment, Appropriate Testing for Children with Upper Respiratory Infection Controlling High Blood Pressure Childhood Immunization Combo 2, Comprehensive Diabetes Care-HbA1c-Poorly controlled, Prenatal and Postpartum Care, Use of Imaging Studies for Low Back Pain, Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Antidepressant Medication Management Acute phase and Continuation, Comprehensive Diabetes Care- HbA1c Testing, Follow Up for Children Prescribed ADHD Medication-Continuation Phase. *(Same rate and measures apply to **HPIC PPO (MA)**)

Although Harvard Pilgrim achieved excellent overall results, the measures not meeting the 90th percentile threshold represent areas for improvement efforts. Harvard Pilgrim has continued member and provider outreach to maintain and improve rates for diabetes, asthma, ADHD, child and adolescent immunizations, and colorectal, breast & cervical cancer screening measures. We have also continued to outreach members and practitioners regarding the availability of complex care programs via notification in the member postcard and on the member website and the practitioner newsletter *Network Matters*. We have continued educational outreach regarding medication adherence for the following measures: Persistence of beta blocker treatment (PBH), Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART), Comprehensive diabetes care (CDC), Follow-up for children prescribed ADHD medication (ADD) and Asthma medication management (ASM) (and revised the monthly asthma mailings based on health literacy guidelines and member feedback). The Quality Lead Team has identified

and reviewed gaps in care for chronic conditions including adherence to beta blockers, blood pressure control in members with diabetes and adherence to controller medications for members with asthma. Harvard Pilgrim continues member and practitioner outreach to maintain and improve rates by obtaining feedback from our network practitioners, particularly from Harvard Pilgrim's Clinician Advisory Committees and the Medical Director's meetings, to gain a better understanding of barriers and concerns about some of the HEDIS measures. Additional challenges include more stringent NCQA data collection requirements and the increasing number of new measures that have been added over the past few years, along with additional reporting requirements for Medicare and Marketplace results. Harvard Pilgrim will continue to focus energy on identifying and implementing interventions to address these issues in the hope that these results will improve over time.

Ongoing initiatives that are part of Harvard Pilgrim's Network Medical Management program include physician and hospital pay-for-performance (P4P) programs, Physician Group Honor Roll and the Quality Grants program. Each of these programs has varied incentives linked to quality targets. Sixty-six (66) physician groups were named to Harvard Pilgrim's Physician Group Honor Roll based on their 2017 performance in multiple clinical areas. The Quality Grants program had 30 proposals in 2017, topics included innovative outreach for diabetes, education on opioid prescribing for physicians, integration with behavioral health to improve timely visits, and transitions of care and telehealth. Fifteen (15) proposals were funded. The Quality Grants program also funded several statewide quality initiatives for Diabetes Care (MA) AND Behavioral Health Integration (NH).

We continue to devote attention to providing culturally and linguistically appropriate services to help reduce health care disparities and improve health literacy. In 2017, under the Health Equity Strategy was further developed and communication with a focus for 2017-2018 on medication adherence (i.e., reducing gaps in statin adherence in members with diabetes). The Health Equity Round Table was developed with a focus on Transgender Health in Greater Boston. Regional sessions were conducted that resulted in a report that was published by the HPHC Foundation and by regional publications such as the Boston Globe and Rainbow Times. Other work in 2017 included participation in the development of system requirements for Optum iPro replacement ensuing a focus on diversity and inclusions components related to Self-Identification and REaL (race, ethnicity and language) data collection/reporting.

Patient Safety

With the continuing interest in patient safety demonstrated by employer groups, patients, regulators, the media and the health care industry, Harvard Pilgrim offers a broad range of activities to improve safe clinical practice across the network, including a comprehensive and innovative Medication Safety & Adherence Program. Patient safety activities in 2017 included:

- Offering numerous clinical programs to members, and office-based tools to their clinicians, to reduce risks related to taking multiple chronic medications, changing

- medications during a hospital stay, and taking medications that require close monitoring, such as anticoagulants;
- Distributing a *Multiple Prescriber Report* which is sent biannually to PCPs of patients with diabetes who have five or more prescribers to help improve coordination of care, avoid drug duplication and monitor medication adherence;
 - Distributing a *Cardiac Medication Adherence Report* that notifies PCPs semiannually of their patients discharged after an AMI within the past two years and their six-month prescription fill history for cardiac medications to help PCPs identify non-adherence or discrepancies with a patient's cardiac medications and coordinate care with a specialist, if needed, in order to prevent secondary heart attacks or other cardiac events and/or readmissions;
 - Distributing an *Asthma Controller Medication Adherence Report* annually that notifies PCPs whose patients have persistent asthma and have filled their controller asthma medication <75% of the time, in an effort to improve asthma control through medication adherence;
 - Distributing a *Rheumatoid Arthritis (RA) Adherence Report* that is sent to PCPs to improve adherence to DMARDs (disease modifying anti-rheumatic drugs for RA); also includes nurse care manager outreach to members who did not have a DMARD on file;
 - Distributing two behavioral health reports, the biannual *Metabolic Monitoring Report* to PCPs and Specialists (alerts physicians to gaps in cholesterol and blood glucose levels) and the weekly *Vivitrol Registry* sent to Vivitrol prescribers (sent to prescribers whose patients have been newly prescribed Vivitrol therapy in an effort to encourage behavioral health support);
- Continued 'Pharmacy Newsletter' that is posted monthly on Care Management intranet site (CareSource); contains latest drug information including drug recalls, safety communications, label changes and new medications in an effort to reduce adverse drug events;
- Collaborating with external organizations, like the Massachusetts Coalition for the Prevention of Medical Errors, and working in partnership with practitioners and providers to improve health care delivery and minimize medical errors by promoting the use of electronic health records, e-prescribing and other electronic enhancements to the safety of patient care;
 - Providing a link on HPHC's member website to *Hospital Compare*, a national hospital quality data base that is available publicly, includes all hospitals and standardizes data using national measures;
 - Educating members about general patient safety and ways to improve their own care by maintaining a patient safety page on HPHC's member website, and educating providers about ways to improve the clinical care they deliver to patients;
 - Ongoing monitoring and reporting of Harvard Pilgrim's safety-related quality assurance activities, such as investigating members' quality-of-care complaints and clinical occurrences in the inpatient setting; and
 - Investigating and following up on so-called 'never events' and serious reportable events (SREs), medical errors that are clearly identifiable, preventable, and serious in their consequences for patients, and indicate a potential safety problem

in a health care facility (errors such as surgery on the wrong body part, a foreign body left in after surgery, or a mismatched blood transfusion).

Member Experience and Challenges

In 2017, Harvard Pilgrim maintained its ongoing focus on improving member experience in both the clinical and customer service realm. There continued to be a major emphasis on Harvard Pilgrim's decision support agenda designed to enhance members' ability to choose high quality care by providing them with accessible, understandable quality information regarding the practitioners and providers in Harvard Pilgrim's network. *DecisionAssist*, HPHC's decision support initiative, offers a comprehensive, integrated program for helping consumers make informed health care decisions.

An integral part of Harvard Pilgrim's approach to improving member experience is found in our wellness and health promotion initiatives. These key program areas promote health education for members through employer-based programs and/or to members directly via access to clinical and health education programs. Harvard Pilgrim provided 2,525 employer group worksite health programs in 2017. We also delivered Mindfulness program 209 sessions to 45 different clients.

Harvard Pilgrim also continues to offer its health questionnaire or HQ. The HQ addresses lifestyle management, medical conditions including mental health, productivity issues, major health risks, as well as biometric data. Members who complete an online HQ (9,569 completed in 2017) immediately receive an easy-to-read Individual Profile that offers a comprehensive picture of their individual health status and identifies key health risks. Members are provided with actionable information on how to reduce risks by changing specific health behaviors in each health category. Outreach by a lifestyle management coach occurs for members with specific risks who self-identify as being open to calls from HPHC and to behavior change. In addition, lifestyle management secure messages are sent to members based on their responses. The HQ also supports Harvard Pilgrim's efforts to identify and reduce racial and ethnic disparities in care by collecting information about users' race, ethnicity and language.

Overall satisfaction with the customer service provided by Harvard Pilgrim and by the practitioners in its network, as measured by NCQA's Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, has improved as it relates to member experience issues with customer service, claims processing however member understanding of cost-sharing, such as insurance deductibles and co-insurance continues to be problematic. CAHPS results also saw a decline in *Rating of Health Plan*. In response, Harvard Pilgrim continued the development and launch of the Voice of the Customer (VOC) program team. In April 2017 a new Net Promoter Score (NPS) study was launched to begin to regularly track our members relationship with US. In addition, in April 2017, member welcome experience sub-teams were launched, focusing on redesigning how we initially engage with our new members. The teams worked on a New Member Welcome pilot launched in December 2017 with initial results expected mid-February 2018. Based off work done in 2016 a Digital team was launched in Q2 2017. The team prioritized and implemented 10 key website enhancements which will be live in Q1 2018 to improve the member experience. The Cost Estimator was redesigned based on member feedback with a 1/1/2018 launch date.

As in prior years, we have responded by adding and/or modifying service projects on the QI Work Plan (*Improve Member Experience, Improve Member Understanding and Improve Customer Service Experience*) to address these areas of concern (the details of this work are featured in the Service Quality section of the project-level report that accompanies this *Executive Summary*). In 2017, efforts to improve member experience were initiated on many fronts, including improvements to HPHC's member portal. A Brainshark was created and posted in Dec. 2017 about limited networks, explaining limited networks in a generic approach for members.

The Customer Service department focused on staffing and operational improvements in 2017. In 2016 Performance Improvement Specialists were hired. All performance goals for 2017 were met in 2017. Member services has seen a .75% increase in quality and a 45 second improvement in average speed to answer. The department is slightly under needed staffing levels but hiring for Q1 2018 is in process. Health literacy is part of the training program for all staff. During 2017 the department worked on transitioning from a paper mail satisfaction survey to an email survey. A team monitors and responds to all member feedback obtained from the survey on a daily basis.

National Rating

With the September 2017 release of its Quality Compass results, NCQA announced the health plan rating results in the *Health Insurance Plan Ratings 2017-2018*. Harvard Pilgrim Health Care received NCQA's rating of **4.5** out of 5 for HPHC, Inc HMO/POS, HPHC, Inc PPO (MA) and HPIC PPO (MA). HPHC-NE HMO/POS received a score of 4 out of 5. Nationally, 42 private health plans received a top rating of **4.5** out of 5 (and 5 private health plans received a **5**). This national recognition, based on a comparison of HEDIS EOC results, CAHPS member experience data and the results of every-three-year NCQA accreditation survey is a testament to the ongoing success and overall effectiveness of Harvard Pilgrim's quality program.

Current external pressures on the quality program

This is a time of unprecedented change and challenge in health care, and the number of external forces potentially affecting the delivery of quality programming is great. Issues related to the Affordable Care Act continue to present challenges, including changes in the Administration. Also, employer groups are more and more actively engaged in implementing programs to help improve their employees' health. Competition for limited resources is ongoing and is expected to represent a continuing, and perhaps increasing, challenge. Despite so many competing forces, Harvard Pilgrim will continue to be a model for providing clinically excellent care and responsive customer service to its members.

Actions to support quality improvement in 2018 and beyond

Important actions occurring in 2017 that will continue and/or expand in 2018 that support Harvard Pilgrim's continuing commitment to quality improvement include:

- Promoting member engagement in wellness and preventive care services using targeted and personalized outreach including:
 - Sending secure messages, with links to information or activities that engage members in well-care, to members whose HQ responses trigger outreach for certain lifestyle management activities or chronic conditions

- Identifying members for lifestyle management coaching through HQ use
- Offering interactive tools that provide wellness recommendations based on an individual's attitudes and preferences
- Providing member incentives and the use of new social media tools;
- Comprehensive well-being program for members designed to foster online community through challenges, community blogs/forums, custom content and quarterly raffles.
- Innovative weight management and Diabetes Prevention Program, Gain Life
- Evaluating additional Mindfulness program expansion opportunities;
- Increasing use of Web-based technologies to support communication, education and direct access to self-service functions by members, practitioners and purchasers;
- Continue to expand ways to collect member-reported race, ethnicity and language information, including on-line enrollment and member surveys, exchanging data with hospitals and medical practices, and gathering the data from members via IVR (interactive voice response) and HPHC's HQ;
- Continuing promotion of quality in the network by awarding incentive funds to practices implementing innovative QI activities (Quality Grants), with a focus on incrementally building information technology supports and systems in primary care practices, expanding a quality-based pay-for-performance (P4P) practitioner and provider contracting model (Quality Advance and Practitioner P4P), publicly profiling network hospital performance on key clinical quality and patient safety measures (via *Hospital Compare*) and designing and implementing care delivery pilots with select partners to test innovative provider reimbursement models (Care Delivery Models);
- Continuing use of Medical Informatics technology to enable quality improvement efforts;
- Enhancing composition of Market Research member panels to support clinical and service improvement capabilities;
- Continuing focus on customer service improvements to improve member experience and health insurance literacy;
- Continuing work 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 in a more timely manner;
- Continue to develop and launch digital strategy
- Increasing numbers of effective partnerships with vendors offering specialized and innovative clinical services and supports to our members.

Resources, practitioner input and staffing

Harvard Pilgrim's commitment to quality improvement can be seen in several aspects of how the quality program is structured. HPHC utilizes their quality committees as the basis for their continued oversight of the quality program. Physician leadership from within the Medical Director's office as well as network practitioners' membership on key quality committees create a cohesive partnering for discussion and problem solving and demonstrates senior medical leadership investment in the quality program. Quality

program initiatives are annually updated and reviewed throughout each year. This work begins with approval of the Quality Program Description and QI Work Plan and continues with quarterly monitoring of QI Work Plan initiatives, a mid-year status report on QI Work Plan projects, and ends at year's end with an extensive evaluation of the quality program successes and opportunities for improvement. At each step of the way, network MDs provide valuable input to identified areas for improvement based on their interactions with their patients and their experience working within their practice groups, as noted in the meeting minutes maintained for all quality committees. HPHC's senior leadership MDs also provide a link between the quality committees and HPHC's corporate leadership.

During the planning and budget cycle staff resources and opportunities for practitioner input and participation in the quality program is reviewed. Practitioner participation in HPHC's quality program in 2017 was represented through the board Patient Care Assessment Committee, HPHC's external clinical advisory committee and network medical management medical director meeting that happen twice a year. Harvard Pilgrim's willingness to provide both staff and analytic support to the quality program enhances HPHC's ability to provide accurate and meaningful metrics to help guide our improvement efforts.

Of note, there were some key quality team transitions and retirements. The Director of Quality and Clinical Compliance position and Quality Specialist positions were open during the year. In addition, the Senior Medical Director position was vacated in November with recruitment ongoing at this time. The Associate Medical Directors from MA, MA and NH are currently filling the responsibilities of the Senior Medical Director. Attention will be paid in 2018 to identifying and training additional quality champions to ensure continued success in the program despite inevitable staffing transitions.

More information on the results of the 2017 QI Work Plan can be found in the companion project-level report, dated January 2018, available from the Health Services Department.