

**Evaluation of 2019 Harvard Pilgrim Quality Program
Executive Summary
HPHC, Inc., HPHC-NE and Harvard Pilgrim Insurance Company
(HPIC)**

December 2019

The following is the Executive Summary of the results of the clinical and service quality initiatives on Harvard Pilgrim's 2019 Quality Improvement (QI) Work Plan, as well as an assessment of the overall effectiveness of Harvard Pilgrim's 2019 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 2019 QI Program Evaluation that details the 2019 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 physical and behavioral health and wellness. The initiatives used in the work plan feed into the overarching organization goals.

The 2019 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; 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:*** 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 medications 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
- ***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 that are seen in primary care and are the top conditions from our data. These conditions include 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 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. Initiatives in service quality 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, this 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 2019 QI Work Plan.

Quarterly, 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 have mid-cycle corrections or changes to improve performance of their measures and programs.

The December 2019 project-level evaluation report provides the detailed accomplishments and results, as well as key activities and challenges, for each initiative on the 2019 QI Work Plan.

Initiatives that Met or Partially Met their 2019 Objective

Out of the seven QI work plan submissions, all either fully met their objectives or partially met by year-end, with two not meeting their year-end goal. 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 a stoplight reporting system, giving the status of green, yellow or red.

Each of these programs will be continued in 2020, with modifications as necessary to meet the goals set. Revised goals have been set for initiatives using benchmark performance data such as patient safety and hospital readmissions as there continues to be opportunities for improvement.

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.

Continuous Enrollment- 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 2019 for commercial products, due to loss of large accounts mid-year and at year end making denominator comparisons difficult. 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	Continuous Enrollment	Goal Setting
NCQA Quality Performance and Ratings	✓		✓
Medication Adherence/Patient Safety		✓	✓
Common Chronic Conditions/ Improve Coordination and Continuity of Medical Care		✓	✓
Health Equity	✓		✓
Improve Member Understanding	✓		

NCQA Quality Performance and Ratings

Our overall ratings stayed the same for 2019 and did not decline from last year. During Q4 2019 we reviewed the NCQA results in greater detail to understand where we have opportunities to improve. Specifically, we looked at our Prevention (Massachusetts PPO) and Consumer Experience (Connecticut) scores where we see slight declines from last year. In addition, we looked at our past initiatives to understand their impact and how we compare to our regional and national competitors.

From a national perspective, the Northeast continues to be very competitive – all 5-rated plans are located on the Eastern seaboard. There was one New England plan that was rated 5.0 in 2019, this being Tufts Health Plan HMO/POS and PPO plans. Nationally, the other 5-rated plans are Capital District Physicians Health Plan and Kaiser Mid-Atlantic.

Our HPHC Inc. PPO plan declined in prevention scores and is trailing both BCBSMA and Tufts Health Plan in PPO products for 2019. The HPHC, NE prevention and treatment scores are on-par with our New Hampshire competitors.

Consumer experience scores were consistent with 2018 for our HPHC NE HMO/POS plan. In comparison to our competitors, HPHC Inc. HMO/POS, our consumer experience scores are better than most of our competitors in the Northeast, the exception being Martin’s Point in ME (a provider integrated plan) and Tufts Health Plan which saw an improvement in consumer experience this year. The HPIC CT PPO plan’s Consumer experience fell in 2019 after improving in 2018, however several other CT competitors also saw declines in this composite. Anthem is still the lead in the CT market.

NCQA has moved from a numeric rating (1–5) to a “star” rating system (1–5 stars) for September 2020. Rating metrics measure health care quality and patient satisfaction.

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.

There were significant improvements when comparing Medication Management for People with Asthma (MMA) data HEDIS 2019 to HEDIS 2018. 90th percentile was met for all products.

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 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%.

Diabetes showed improvement and increases in all products when comparing Station Therapy for Patients with Diabetes (SPD) HEDIS 2019 to HEDIS 2018. Although 90th percentile goals were not met for HPHC NE Marketplace NH product. We added information to all our diabetes materials, specifying the importance of statin therapy even if cholesterol is within a normal range. All messages went out to newly identified members as well as the whole population, which may have contributed to the improvement seen.

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

Use of Opioids from Multiple Prescribers (OUP) data comparison from HEDIS 2019 to HEDIS 2018 showed a decrease (lower is better with the exception of the HPHC NE-HMO product). The 90th percentile was not met for any product but with the initiation of the Multiple Prescriber Opioid Summary Report to PCPs the team hypothesizes that the improvement in the measure will continue.

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),
- 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.

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Health Equity

Harvard Pilgrim conducts an annual population assessment, a process through which we synthesize data from multiple sources to analyze our members' needs and identify potential gaps. The plan gathers data on age, gender, income, education, race, and preferred language, each of which can impact members' health status and the care they receive. Through systematically profiling, measuring, and assessing, we aim to identify any existing gaps in our members' care. The specific purpose of this assessment is to promote informed decision-making regarding existing processes (such as gap engagement programs and case management enrollment) and enable us to plan programs and service delivery initiatives to provide better quality care for our members. This includes member level social determinants of health. Harvard Pilgrim assess several domains including religious/cultural needs, language preference, transportation,

health literacy, and food stability. As an example, in the new Jiva (Care Mgt. system), upgraded December 2019, care managers assess for food instability:

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.

In all areas if there are needs identified the care mgt. will work with the member on addressing these areas; in addition this information becomes information to better inform plan/product design to influence the entire HPHC member population. In addition, to increase cultural competency, all care managers in 2019 were required to take two inclusion courses this year: “An action plan for Cultural Competence” and “The LGBTQ Community, Part 1”.

Improve Member Understanding

The goal for member understanding was set at 40%, but ultimately was 30.9% for How my plan works, 30.7% for what’s covered and 29.1% for my costs.

In 2019, Harvard Pilgrim continued to hypothesize that member’s lack of understanding of how their health plan works has a significant impact on satisfaction (CAHPS) scores. A key driver analysis has shown that helping members understand and use their health plan by providing timely, relevant, easy to understand information on costs, benefits, covered services, and network configuration has a positive impact on member satisfaction and their overall health care experience.

A leading lesson from 2019 was that we needed to improve members access to information on the member portal. Using member feedback, Harvard Pilgrim enhanced menu sections of the members portal to include hover over drop downs that help clarify the information contained in each section. Members often expressed that information was not always clear and they had difficulty finding the information they needed. These enhancements were completed in Q4 of 2019. 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 2020.

For 2020, more detail will be paid to quality improvement support and skill building. After receiving feedback from business owners, it was determined that quarterly email updates were not found to be as effective for improvement activities. Instead, options for meeting during open hours will be used in order to work with these business owners for skill building and quality improvement opportunities.

For the coming NCQA 2021 accreditation survey, resources have been consistent in the Quality and Clinical Compliance Department throughout 2019, including the Director of Quality and Clinical Compliance and 4 FTEs.

In 2019, new committees and workgroups were all successfully piloted, and are continuing into 2020. We added a delegation lead team, a Network Access improvement team, a Health Services QI team and now sit on the member experience team that were successfully live in 2019. This has helped improve the quality culture and focus on outcomes and NCQA compliance across the organization.

For 2020, bi-monthly NCQA business owner’s meetings will occur in order to stay ready for the 2021 survey. A mock audit with our external consultant is scheduled for January 2020 in order to review all evidence for submission under the 2019 NCQA standards. From this, we will build on what may need to be updated and changed in order to stay in compliance with new standards.