Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

2024 Quality Improvement Work Plan Summary

Project	Objectives/Actions
Project #1: Member Support **Project Description:** The goal of this project is to improve the efficiency, timeliness, and resolution of member issues requiring assistance from partner departments. By the end of the project, the number or partner departments committed to working with Member Support on the timely resolution of member escalations will have expanded. In addition, response and resolution monitoring will be in place. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct, One Care Senior Products: -Tufts Health Plan Medicare Preferred HMO, PPO -Tufts Health Plan Medicare Care Partners CT HMO -Tufts Health Plan Senior Care Options (SCO) Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** Meet with identified departments/teams to present the plan, SLA, and answer outstanding questions **Activity #2:** Monitor results from request intake to resolution **Activity #3:** Provide feedback to partner departments
Project #2: SCO Member Satisfaction – Consumer Advisory Committee and Governing Board **Project Description:** The THP SCO Governing Board and Advisory Committee are channels for member feedback on opportunities for quality improvement. The goal for 2024 is to hold a minimum of 2 SCO Advisory Committee meetings and 2 SCO Governing board meetings. **Product(s):** Tufts Health Plan Senior Care Options (SCO)	**Activity #1:** 2024 SCO Governing Board and Consumer Advisory Committee Workplan-Summary Document **Activity #2:** Hold two SCO Governing Board meetings **Activity #3:** Hold two SCO Consumer Advisory Committee meetings
Project #3: Point32Health Quality Improvement Workplan Evaluation and Program Plan Evaluation **Project Descrption:** This project's purpose is to ensure the Point32Health QI Workplan is comprehensive and represents all HPHC and THP products, is evaluated using the most recent HEDIS data (when applicable to the project), opportunities for improvement are assessed, and all the projects on the QI workplan are staying on track with the evaluation process. The project also includes annual evaluation of the Point32Health QI Program Plan, ensuring that the QI Program Plan is kept up to date and in compliance with all regulatory requirements.	**Activity #1:** Complete HEDIS measurement and analysis **Activity #2:** Ensure 100% completion of 2023 QI Workplan project evaluations **Activity #3:** Complete the 2024 QI Program Plan evaluation **Activity #4:** Assess opportunities for improvement **Activity #5:** Assess representation of projects on Workplan, by product

Product(s): All Products Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct, One Care Senior Products: -Tufts Health Plan Medicare Preferred HMO, PPO -Tufts Health Plan Medicare Care Partners CT HMO -Tufts Health Plan Senior Care Options (SCO) -Harvard Pilgrim Health Care Medicare Stride NH Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	
Project #4: Culturally and Linguistically Appropriate Services (CLAS) **Project Description:** Completing a culturally and linguistically appropriate services (CLAS) quality project is essential to the organization making efforts to ensure inclusivity and equity. The project is designed to help address the diverse needs of individuals from different cultures and linguistic backgrounds, promoting better access, understanding, and outcomes. This is done through strengthening the organizations' ability to implement trainings, collect expansive demographic data on members and practitioners, and provide diversity and inclusion trainings for staff and the organizations network. The project was determined by indicating a qualitative analysis of external requirements and organizational goals. The determination was made through assessing factors like cultural sensitivity, language proficiency, and understanding specific needs of diverse communities, ultimately focusing on effective communication, and understanding. Quantitative data compliments this analysis demonstrated by reviewing current state demographic data collection for member and practitioners. **Product(s):** All Products Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct, One Care Senior Products: -Tufts Health Plan Medicare Preferred HMO, PPO -Tufts Health Plan Medicare Care Partners CT HMO -Tufts Health Plan Senior Care Options (SCO) -Harvard Pilgrim Health Care Medicare Stride NH Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** Demographic Data Collection/Expansion: All products will achieve the following demographic data collection percent complete: • 80% self-reported race and ethnicity data by 12/31/2025 • 30% self-reported language data by 12/31/2025 • 80% self-reported sexual orientation and gender identity data by 12/31/2027 All products will begin collection disability data effective 12/31/2025. **Activity #2:** Staff DEIA cultural competency training(s), including newly designed disability competency training **Activity #3:** Practitioner trainings **Activity #4:** Percent complete of the following demographic data points: • Race • Ethnicity • Language • Practice language

Project #5: Diabetes Disease Care Management Improve HbA1c Control (<8%) Culturally and Linguistically Appropriate Services (CLAS), Stratification of data **Project Description:** The aim of this project is to improve diabetic member's glycemic control (HbA1c Control <8%) in order to improve health outcomes by avoiding or delaying long-term diabetic complications. This project will focus on HbA1c <8% rates in Black/African American members, Spanish speaking members, and male members. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct Commercial Products: -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** Perform general provider education to promote awareness of measure by publishing HEDIS tip sheet and article in provider newsletter **Activity #2:** Perform targeted outreach to providers to promote HbA1c screening and control **Activity #3:** Perform member education
Project #6: Continuity and Coordination of Medical Care: Commercial 30-day Readmissions **Project Description:** Improving transitions between care settings is critical to improving the member's quality of care, quality of life and health outcomes. The main goal of the Tufts Health Plan (THP) and Harvard Pilgrim Health Plan (HPHC) Transitions of Care (ToC) program is to ensure overall patient/member safety by avoiding adverse outcomes following a discharge from a facility to the community. This project aims to promote effective processes related to care transitions to prevent medication errors, identify issues for early intervention, prevent unnecessary hospitalizations and readmissions, support member preferences/ choices, and to avoid duplication of processes and efforts to utilize resources more effectively. **Product(s):** Senior Products: -Tufts Health Plan Medicare Preferred HMO, PPO -Tufts Health Plan Medicare Care Partners CT HMO -Harvard Pilgrim Health Care Medicare Stride NH Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** Perform general provider education to promote awareness of measure **Activity #2:** Perform targeted outreach to providers to promote best practice for reducing readmissions **Activity #3:** CM Team will perform member outreach per ToC policy and procedure **Activity #4:** Perform Member education
Project #7: Commercial Diabetes Disease Care Management Improve HbA1C Control (<8%) **Project Description:** Diabetes is an important public health threat and one of the most common illnesses worldwide, with more than 500 million people affected, and its prevalence continues to rise. Unmanaged or undermanaged diabetes can lead to serious and costly complications. Glycemic control is	**Activity #1:** Perform general provider education to promote awareness of measure **Activity #2:** Perform targeted outreach to providers to promote HbA1c screening and control **Activity #3:** Perform member education

critical to avoiding complications of diabetes. An estimated 74% of total diabetes expenditures are due to complications such as nephropathy, retinopathy, cardiovascular disease, stroke, peripheral artery disease, etc. The aim of this project is improve diabetic member's glycemic control (HbA1c Control <8%) in order to improve health outcomes by avoiding or delaying long-term diabetic complications. **Product(s):** Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	
Project #8: Obstetrical Care Management; Increase the Commercial Prenatal Immunization Rate **Project Description:** Maternal vaccination for Flu and Tdap (tetanus, diphtheria and pertussis) during pregnancy is important to provide passive maternal antibody transfer to the developing fetus and can protect neonates and infants who are too young to receive the immunizations. Flu and pertussis can be potentially life threatening for newborns until they can get their own vaccines. The Project Team elected to set a goal for MY 2024 to increase the combined prenatal immunization rate by 2 percentage points over MY2022 for THP & HPHC Commercial products by 12/31/2024 and increase the influenza and Tdap HEDIS AIS-E rate by 2 percentage points over MY2023 for HPHC Marketplace products by 12/31/2024. **Product(s):** Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** Perform general provider education to promote awareness of measure **Activity #2:** Perform targeted outreach to providers to promote best practice for improving prenatal immunization rates **Activity #3:** Perform member education related to the measure
Project #9: Continuity and Coordination of Medical Care (QI 3): Public Plans 30-day Readmissions **Project Description:** Improving transitions between care settings is critical to improving the member's quality of care, quality of life and health outcomes. The main goal of the Tufts Health Public Plans Transitions of Care (ToC) program is to ensure overall patient/member safety by avoiding adverse outcomes following a discharge from a facility to the community. This project aims to promote effective processes related to care transitions to prevent medication errors, identify issues for early intervention, prevent unnecessary hospitalizations and readmissions, support member preferences/ choices, and to avoid duplication of processes and efforts to utilize resources more effectively.	**Activity #1:** Perform general provider education to promote awareness of measure **Activity #2:** Perform targeted outreach to providers to promote best practice for reducing readmissions **Activity #3:** CM Team will perform member outreach per ToC policy and procedure **Activity #4:** Perform Member education

Product(s): Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct	
Project #10: Diabetes Disease Care Management Improve HbA1c Control (<8%) **Project Description:** Unmanaged or undermanaged diabetes can lead to serious and costly complications. Glycemic control is critical to avoiding complications of diabetes. An estimated 74% of total diabetes expenditures are due to complications such as nephropathy, retinopathy, cardiovascular disease, stroke, peripheral artery disease, etc. The aim of this project is improve diabetic member's glycemic control (HbA1c Control <8%) in order to improve health outcomes by avoiding or delaying long-term diabetic complications. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct	**Activity #1:** Perform general provider education to promote awareness of measure **Activity #2:** Perform targeted outreach to providers to promote screening **Activity #3:** Perform member education
Project #11: Obstetrical Care Management: Increase the prenatal immunization rate **Program Description:** Maternal vaccination for Flu and Tdap (tetanus, diphtheria and pertussis) during pregnancy is important to provide passive maternal antibody transfer to the developing fetus and can protect neonates and infants who are too young to receive the immunizations. Flu and pertussis can be potentially life threatening for newborns until they can get their own vaccines. The project goal is to increase the combined prenatal immunization rate by 2 percentage points over MY 2022 for THPP MA Together MCO and ACO; and RI Together and increase the modified HEDIS AIS rate by 2 percentage points over MY 2023 for THPP Direct by 12/31/2024. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct	**Activity #1:** Perform general provider education to promote awareness of measure **Activity #2:** Perform targeted outreach to providers to promote best practice for improving prenatal immunization rates **Activity #3:** Perform member education related to the measure
Project #12: Commercial and Public Plans Continuity and Coordination Between Medical and BH - HEDIS Antidepressant Medication Management (AMM) **Project Description:** The Antidepressant Medication Management (AMM) Project is focused on improving medication adherence for members who were newly prescribed an antidepressant medication, for Major Depression Disorder (MDD). The project focuses on risk reduction, to support members newly prescribed antidepression medication. To educate and build a clinical referral pathway for members to maintain community stabilization and medication compliance for the continuation phase of treatment, 6 months. This AMM QI project was identified based on HEDIS performance, HPHC	**Activity #1:** Medical care managers to continue depression screening for members as part of the Priority Care Program. Medical care managers to refer to BH care managers as appropriate for consultation and referral when there are behavioral health issues to be addressed **Activity #2:** Member engagement outreach calls, monthly antidepressant New Starts Report **Activity #3:** Behavioral Health care managers (CMs) to review medication issues and adherence in assessment with all new members who become involved in the case management programs. CMs help to address any medication compliance issues

Commercial BH insourcing and continuity and coordination between medical and BH (QI 4) for all LOB. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct, One Care Senior Products: -Tufts Health Plan Medicare Preferred HMO, PPO -Tufts Health Plan Senior Care Options (SCO) Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #4:** Depression screenings to continue for THPMP members that are in a complex case management program, though THPMP Case Managers **Activity #5:** Update educational depression brochure on website available to members. Depression brochure addresses antidepressant medication compliance **Activity #6:** Share AMM Performance data with BH Community Partners, Commercial Provider groups and Accountable Care Organizations (ACO) data exchange and reporting meetings. Review performance, share strategies for improvement, best practices, and member level data to encourage gaps in care closure through provider collaboration **Activity #7:** Education to PCPs regarding HEDIS AMM measure to be provided through articles posted on the web, in newsletters and in provider e-mails **Activity #8:** Working with Marketing on SMS or email members communication
Project #13: Commercial and Public Plans Continuity and Coordination Between Medical and BH - HEDIS Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) **Project Description:** The Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Project is focused on working with providers to support members with a new episode of alcohol or other drug dependence to initiate treatment within 14 days of the initial diagnosis (initiation phase); and to continue in treatment with two or more additional visits within 30 days (engagement phase). Engagement in SUD treatment once diagnosed is recommended to make sure that members are aware of treatment options and are encouraged to take the necessary steps in their recovery. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct, One Care Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** Utilization managers will continue to review and discuss the importance of developing a comprehensive discharge plan for those members who have been hospitalized with substance abuse diagnoses **Activity #2:** Partner with hospitals/EDs to improve timely initiation and engagement in treatment. Outreach to SUD providers to provider educational information, rates, best practices **Activity #3:** Utilize our THP Addiction Recovery Care Management (ARCM) program to provide support to commercial and public plans members who are in early recovery from the use of opiates, alcohol, or other substances. Provide enhanced member care coordination **Activity #4:** Determine availability of SUP BH providers who specialize in treating substance use disorder **Activity #5:** Determine trends of engagement based on race, ethnicity, language, and gender
Project #14: Commercial and Public Plans Continuity and Coordination Between Medical and BH - HEDIS Follow Up After Hospitalization for Mental Illness (FUH)	**Activity #1:** Provide general provider education on FUH to promote awareness of measure, strategies etc. via newsletters, website; training opportunities at MABS

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Project Description: It is important for members who have been hospitalized with a psychiatric illness to begin their outpatient aftercare as soon as possible following their discharge, follow up care by a behavioral health provider is critical. The HEDIS FUH measure looks at continuity of care post inpatient treatment and assesses that adults and children, 6 years of age and older, who had an inpatient psychiatric admission have an outpatient follow up visit with a mental health practitioner within 7 or 30 days of discharge. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct, One Care Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #2:** BH UM Clinicians to discuss aftercare appointment planning at time of first review; and document discharge information in system **Activity #3:** Utilize our care management transition to home program to work with Eligible members being discharged from an inpatient BH facility to support them to adhere to scheduled appointments **Activity #4:** Ongoing recruitment effort by allied health to contract additional outpatient PP BH providers for both MA and RI **Activity #5:** Meet with ACO behavioral health workgroups on a regular basis to discuss strategies for improvement for this measure **Activity #6:** Share FUH performance with high volume hospitals to drive performance management, stressing importance of this measure, for quality care and reduction in possible readmissions **Activity #7:** Provide general member education on FUH and importance of follow up care after inpatient care via e-mails, mailings etc.
Project #15: Public Plans Continuity and Coordination Between Medical and BH - HEDIS Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) **Project Description:** This quality improvement project focuses on whole person care and challenges associated with this Seriously Mentally Ill (SMI) population who may suffer with paranoia, disorganized thoughts, mood dysregulation and executive functioning hurdles increasing the difficulty of managing multiple provider relations, scheduling, and keeping appointments. In addition to the obstacles of limited health literacy and social determinants of health like housing and transportation instability. Through this project mail and telephonic outreach is made to high volume, low performing Prescribers and to PCP, when the member is engaged, to encourage them to conduct diabetes screenings and develop a collaborative treatment team approach to care. Including PCP, BH Prescriber, BH O/P treatment team members and community support providers. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together	**Activity #1:** BH HEDIS/Quality improvement workgroup will meet monthly to review its performance, discuss strategies for improvement and to resolve barriers **Activity #2:** The HEDIS QI team will produce and distribute monthly gaps in care reports for ACO partners **Activity #3:** Pharmacy Antipsychotic Pre Auth approval letter to be improved with blood glucose and cholesterol screening reminder for targeted prescribing provider diabetes screening education **Activity #4:** Targeted Provider education to promote awareness of diabetes screening for members prescribed antipsychotic medication **Activity #5:** General Provider Outreach Publication article of HEDIS tip sheet and newsletter article **Activity #6:** BH UM to request IP facilities complete diabetes screening for members prescribed antipsychotic medication while inpatient or include instructions on Discharge plan for PCP follow up **Activity #7:** Collaborate with BH Care Coordinator & CM to include diabetes screening education/coaching to Care Plan interventions for member, caretaker, and PCP

	Activity #8: BH HEDIS PM presents SSD QI performance at quarterly BH Community Partner (CP) Agency to improve SSD performance **Activity #9:** Meeting with Marketing to evaluate automated member communication
Project #16: Commercial and Public Plans Continuity and Coordination Between Medical and BH- HEDIS Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) **Project Description:** Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Children and adolescents on antipsychotic medications are at risk for developing serious metabolic health complications which may have lifelong consequences; therefore, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications. Based on the MY 2022 and Q3 2023 evaluation of HEDIS performance data it was determined both Commercial and Public plans LOB would benefit from continued quality improvement activities. This project focuses on the coordination of care between Medical and Behavioral health care. **Product(s):** Tufts Health Plan Public Plan Products: - MA Together, RI Together Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** BH HEDIS/Quality improvement workgroup will meet monthly to review its performance, discuss strategies for improvement and to resolve barriers **Activity #2:** The HEDIS QI team will produce and distribute monthly gaps in care reports for ACO partners **Activity #3:** Pharmacy Antipsychotic Pre Auth approval letter to be improved with blood glucose and cholesterol screening reminder **Activity #4:** Perform targeted outreach to providers to promote screening **Activity #5:** Provider education to promote awareness of metabolic monitoring for members prescribed antipsychotic medication **Activity #6:** BH UM request IP facilities complete metabolic monitoring for members prescribed antipsychotic medication while IP **Activity #7:** Collaborate with BH CM (all LOB) to include metabolic monitoring education/coaching to Care Plan interventions for member, caretaker, and PCP
Project #17: Senior Care Options Readmissions Management **Project Description:** Improving transitions between care settings is critical to improving the member's quality of care, quality of life and health outcomes. Convening a group of clinical and operational leads in the Senior Care Options LOB to identify, track, measure and enhance initiatives focused on reducing acute inpatient readmissions. One of the main goals of the workgroup is to ensure overall patient/member safety by avoiding adverse outcomes following a discharge from a facility to the community. This project aims to promote effective processes related to care transitions to prevent medication errors, identify issues for early intervention, prevent unnecessary hospitalizations and readmissions, support member preferences/ choices, and to avoid duplication of processes and efforts to utilize resources more effectively.	**Activity #1:** Expansion of serial calls **Activity #2:** Expansion of education and clinical resources for SCO care managers **Activity #3:** SCO Member ED/Observation outreach – Social Determinants of Health and Behavioral Health **Activity #4:** Increase utilization of remote patient monitoring in SCO population **Activity #5:** Improve Medication Reconciliation Performance (EOHHS PIP) **Activity #6:** Optimization of the PCT process

Product(s): Senior Products: -Tufts Health Plan Senior Care Options (SCO)	
Project#18: SCO performance: Increase SCO performance in HEDIS measures **Project Description:** This workplan is intended to track performance of the HEDIS measures included in the SCO Model of Care. **Product(s):** Senior Products: -Tufts Health Plan Senior Care Options (SCO)	**Activity #1:** Post hospitalization assessment **Activity #2:** Collect functional status assessment medical records from providers- Part of standard HEDIS Medical Record data collection processes which are uses for all HEDIS hybrid measures for all products each year. Data collection runs from February to April with hybrid samples being pulled in January **Activity #3:** Perform provider and member education to support transitions of care (ToC) **Activity #4:** SCO Readmissions workgroup- Group of clinical and operational leads in the Senior Care Options LOB that identify, track, measure and enhance initiatives focused on reducing acute inpatient readmissions **Activity #5:** Perform targeted outreach to members to promote screening **Activity #6:** Collect medical records from providers- Part of standard HEDIS Medical Record data collection processes which are uses for all HEDIS hybrid measures for all products each year. Data collection runs from February to April with hybrid samples being pulled in January **Activity #7:** Perform targeted member outreach to members who are not meeting medication adherence
Project #19: Tufts Health One Care: 30-Day Readmissions **Project Description:** The goal of this project is to improve member continuity and care coordination across multiple settings to reduce avoidable medical and behavioral health re-hospitalization rates, utilizing the transitions of care (ToC) program. In addition, the goal is for the Cityblock Health (CBH) team to assist members with follow-up care after discharge. **Product(s):** Tufts Health Plan Public Plan Products: - One Care	**Activity #1:** Member Interventions - Pre-Hospitalization **Activity #2:** Member Interventions - Post Hospitalization **Activity #3:** Provider Interventions **Activity #4:** Care Navigator Program
Project #20: Senior Products - Reducing Disparities: Diabetes CCIPs **Project Description:** This is a Chronic Care Improvement Program (CCIP) which is required by CMS to be completed by all Medicare Advantage Organizations. This CCIP started in 2021 and is on the topic of improving diabetes through focus on controlling HbA1c levels. This topic was chosen as a large number of the membership have diabetes and is something	**Activity #1:** CPCT Care Management (CPCPT only) **Activity #2:** Hartford Health care team (CPCT only) **Activity #3:** Provider Education (all LOBs) **Activity #4:** Enrollee outreach (All LOBs)

where there are related measures such as the HEDIS CDC HbA1c <9 that could be improved upon. This CCIP will target members who have been diagnosed with Diabetes and who work with Care Managers. The CCIP workgroup will create interventions for these members aimed at keeping them within a controlled HbA1c level. Utilize Care Management interventions to support diabetic members in achieving a controlled HbA1c. In 2024 each product line will add a health equity component to this CCIP. This will be done by reviewing the population analysis and identifying groups that have lower rates of controlled HbA1c. Each product will then create an intervention to specifically target this group to make the project more equitable. **Product(s):** Senior Products: -Tufts Health Plan Medicare Preferred HMO, PPO -Tufts Health Plan Medicare Care Partners CT HMO -Tufts Health Plan Senior Care Options (SCO) -Harvard Pilgrim Health Care Medicare Stride NH	**Activity #5:** Pharmacy Medication Adherence program (TMP only) **Activity #6:** Better Together (TMP only)
Project #21: CAHPS Quality Improvement – Access to Care **Project Description:** An enterprise-wide Access to Care Workgroup was formed during Q4 of 2023 in response to a downward trend in access to care related measure scores from the CAHPS survey. The required annual survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. The purpose of this workgroup is to identify an enterprise-wide access to care related opportunity for improvement and implement interventions developed to impact access to care for members ultimately improving CAHPS scores on access to care measures. **Product(s):** All products Tufts Health Plan Public Plan Products: - MA Together, RI Together, QHP Direct, One Care Senior Products: -Tufts Health Plan Medicare Preferred HMO, PPO -Tufts Health Plan Medicare Care Partners CT HMO -Tufts Health Plan Senior Care Options (SCO) -Harvard Pilgrim Health Care Medicare Stride NH Commercial Products: -Tufts Health Plan HMO/POS/PPO -Harvard Pilgrim Health Care NE HMO/POS -Harvard Pilgrim Health Care Insurance Company PPO -Harvard Pilgrim Health Care Inc. HMO/POS/PPO	**Activity #1:** Perform general provider education to promote awareness of this project and engage in discussions around access to care, and barriers that exist related to access **Activity #2:** Collaborate with internal survey resources to glean insights into CAHPS results, specific to access to care measures **Activity #3:** Provider Directory project, receive updates from the Provider Directory project regarding updating the directory information to ensure members have accurate provider information **Activity #4:** Tailor reporting of CAHPS/internal survey access to care measures results to CM/BH Navigators/CHW's, identify specific access activities