

**2024**

## **HMSA's Quality Improvement Program Evaluation Report Executive Summary**

### **I. Overview**

HMSA's Quality Improvement (QI) program strives to achieve the highest quality of care, resulting in the best value for members through an emphasis on health improvement and the clinical process of care.

This mission is supported through the provision of information and resources to stakeholders, an emphasis on research and innovation, and a dedication to the principles of continuous quality improvement.

The QI program monitors various aspects of clinical and organizational care and service provided to members, while identifying opportunities for improvements to existing programs and new program development.

### **II. Scope of the 2024 QI Work Plan**

The 2024 QI work plan included initiatives in the following major areas:

- **Physician quality programs:** Focusing on continuation of the Payment Transformation (PT) program and ongoing evaluation of HMSA's Advanced Hospital Care program.
- **Population health improvement and quality initiatives:** Enhancing the physician-patient relationship; improving the management of chronic conditions such as asthma, diabetes, and cardiovascular disease; and improving health outcomes, as measured by Healthcare Effectiveness Data and Information Set (HEDIS®) effectiveness of care rates.
- **Patient safety:** Improving patient safety through continued hospital-based initiatives and pharmacy-related activities.
- **Behavioral health:** Improving the continuity and coordination between medical and behavioral health services and programs to address specific behavioral health conditions.
- **Service quality:** Implementing activities to monitor and improve member satisfaction and monitor various aspects of customer service such as web and phone inquiry resolution and the timely resolution of complaints, grievances, and appeals.
- **Oversight of delegated relationships:** Providing ongoing oversight of delegated relationships for functions, including case management, utilization management, behavioral health, quality management, and pharmacy benefit management, to ensure that HMSA members receive services in accordance with HMSA expectations.
- **Quality infrastructure:** Addressing the internal structure of quality committees to ensure the ongoing monitoring and compliance with the clinical quality and service standards of the state, Centers for Medicare & Medicaid Services (CMS), Office of Personnel Management, and key accrediting bodies such as the National Committee for Quality Assurance (NCQA).

This 2024 QI program evaluation report highlights the successes and challenges of improving the quality of care and services delivered to HMSA members and represents the collective efforts of HMSA participating providers, HMSA vendor partners, HMSA staff, and others.

The following is a summary report highlighting results of the clinical and service quality initiatives from the 2024 QI Work Plan and an assessment of the overall effectiveness of the HMSA 2024 QI program.

**III. 2024 Assessment of Overall Effectiveness**

**Quality Metrics**

HMSA maintains its ongoing commitment to improving the quality of care and service delivered to our members. This commitment is exemplified as HMSA has established goals for achieving high levels of performance in the areas of clinical quality, customer experience, affordability, and healthiest membership.

**NCQA Health Plan Rating**

Health plans are rated in three categories: private/commercial plans, in which people enroll through their employer or on their own; plans that serve Medicare beneficiaries in the Medicare Advantage program (not supplemental plans); and plans that serve Medicaid beneficiaries. NCQA doesn't rate Exchange plans. NCQA ratings are based on three types of quality measures: measures of clinical quality from NCQA's HEDIS and Health Outcomes Survey; measures of patient experience using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®); and results from NCQA's review of a health plan's health quality processes (NCQA accreditation). NCQA rates health plans that choose to report measures publicly.

Plan	2023 Rating	2024 Rating
HMSA PPO	4.0	4.0
HMSA HMO/POS	4.0	4.0
HMSA Akamai Advantage®	4.0	3.5
HMSA QUEST	3.5	3.5

## **Medicare Stars Ratings**

- For contract year 2024 (reported in 2023), HMSA Akamai Advantage plans received an overall rating of four (3.5) stars out of five stars from CMS. These ratings are based upon key clinical, satisfaction and plan administrative data, with overall ratings ranging from one to five stars, with one star representing poor performance and five stars representing excellent performance. HMSA will continue to work toward its goal of achieving a five-star rating for its HMSA Akamai Advantage plans.

## **NCQA Re-accreditation Survey**

- In 2022, HMSA completed its NCQA health plan re-accreditation survey for all product lines. The commercial HMO/POS, commercial PPO, Medicare PPO, Medicaid HMO, Marketplace PPO, and Marketplace HMO achieved “Accredited” status.
- The next re-accreditation survey will occur in June 2025; however, HEDIS and CAHPS outcomes are assessed annually and affect annual NCQA health plan rating scores.

To further accelerate progress towards achieving its goals, HMSA continued its relationship with CVS Caremark® (pharmacy) and Caredon Behavioral Health<sup>SM</sup> (behavioral health) to provide coordinated resources and enhanced capabilities in a more integrated, innovative, and synchronized fashion.

The following describes highlights of programs and initiatives aimed at supporting HMSA’s quality and enterprisewide objectives:

## **Payment Transformation**

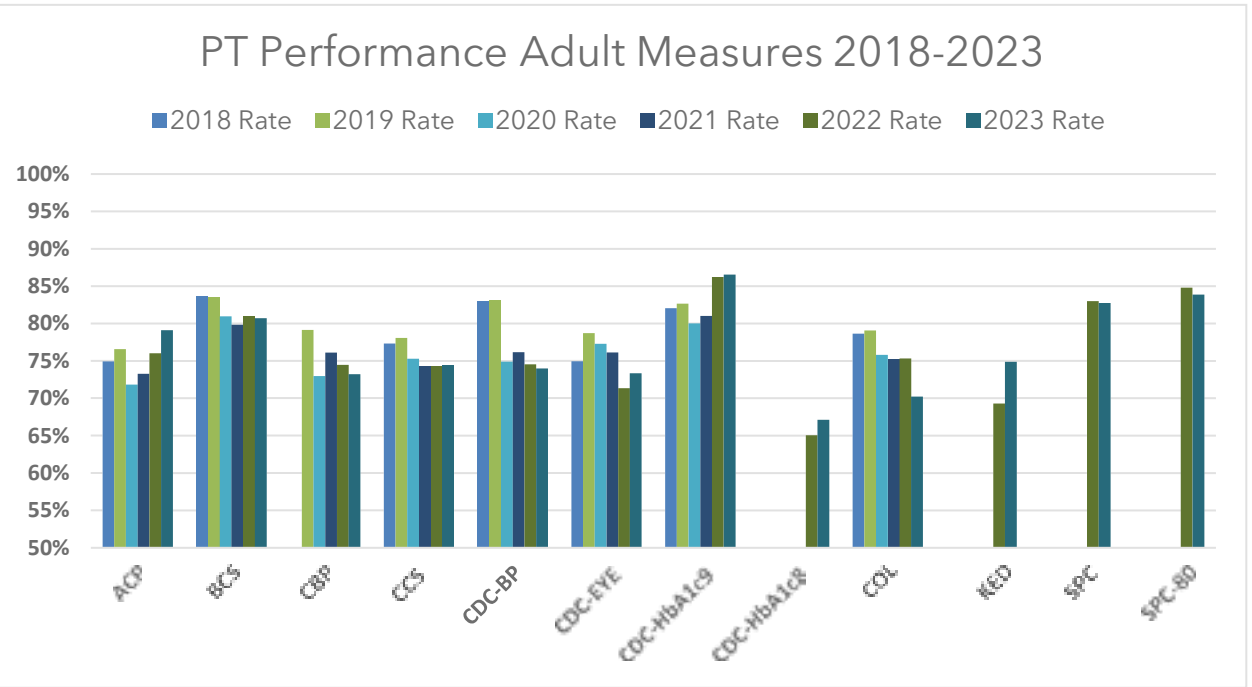
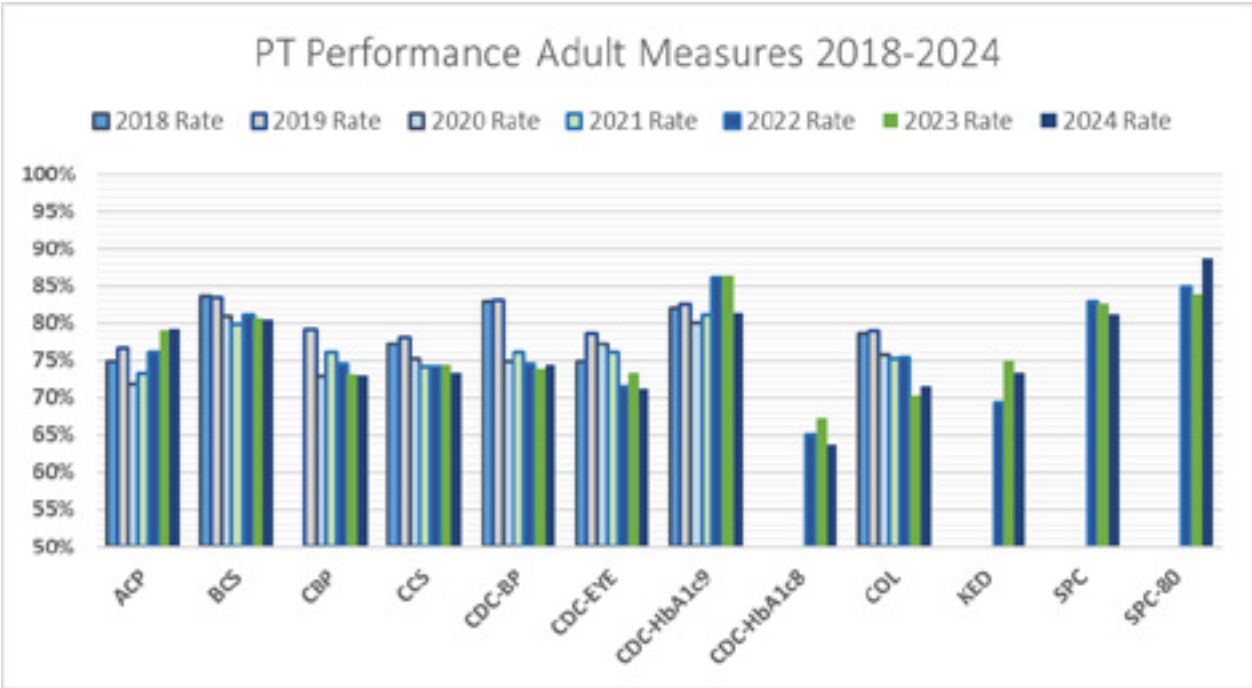
Since 2016, HMSA has worked with select physician organizations (POs) and their primary care providers (PCPs) to design and implement a new reimbursement model called the PT program. This reimbursement model moves away from fee-for-service payment to a per member, per month global payment for nearly all services rendered by PCPs. The PT program aligns with national value-based payment models, including CMS’ Comprehensive Primary Care Plus model.

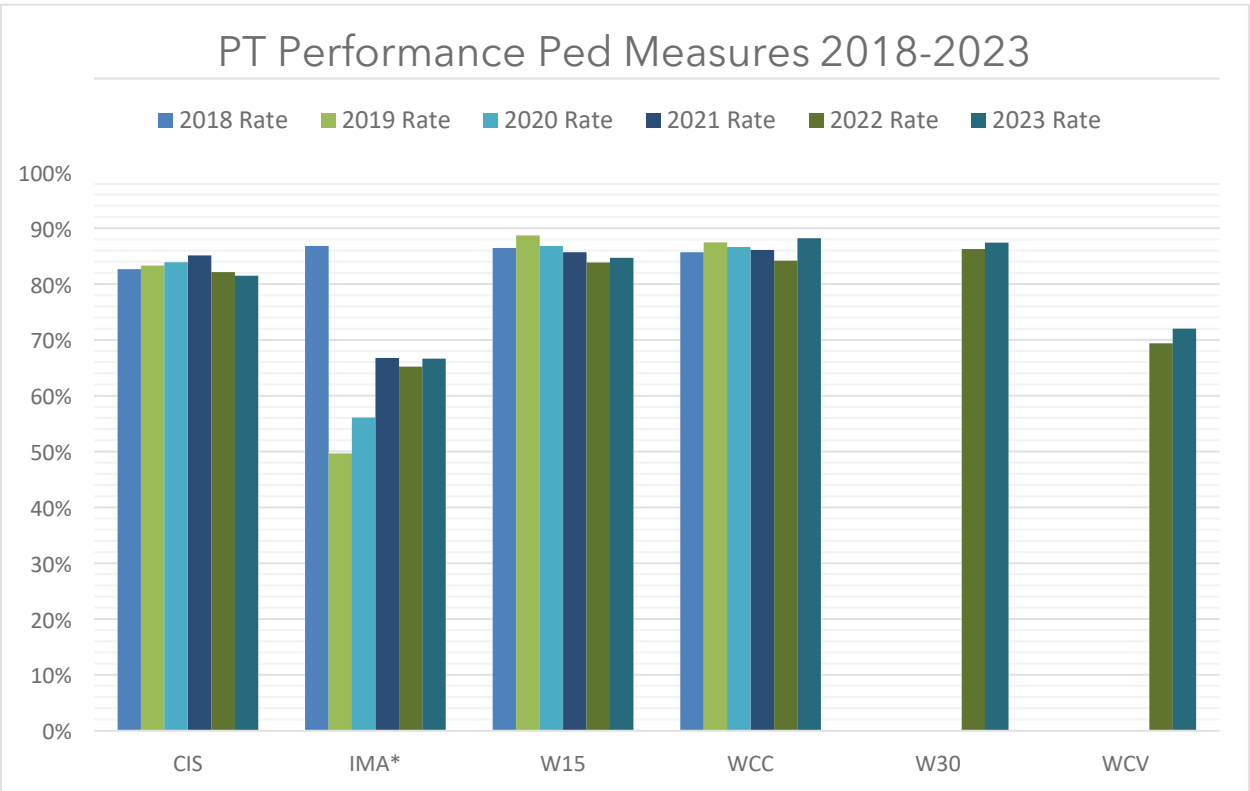
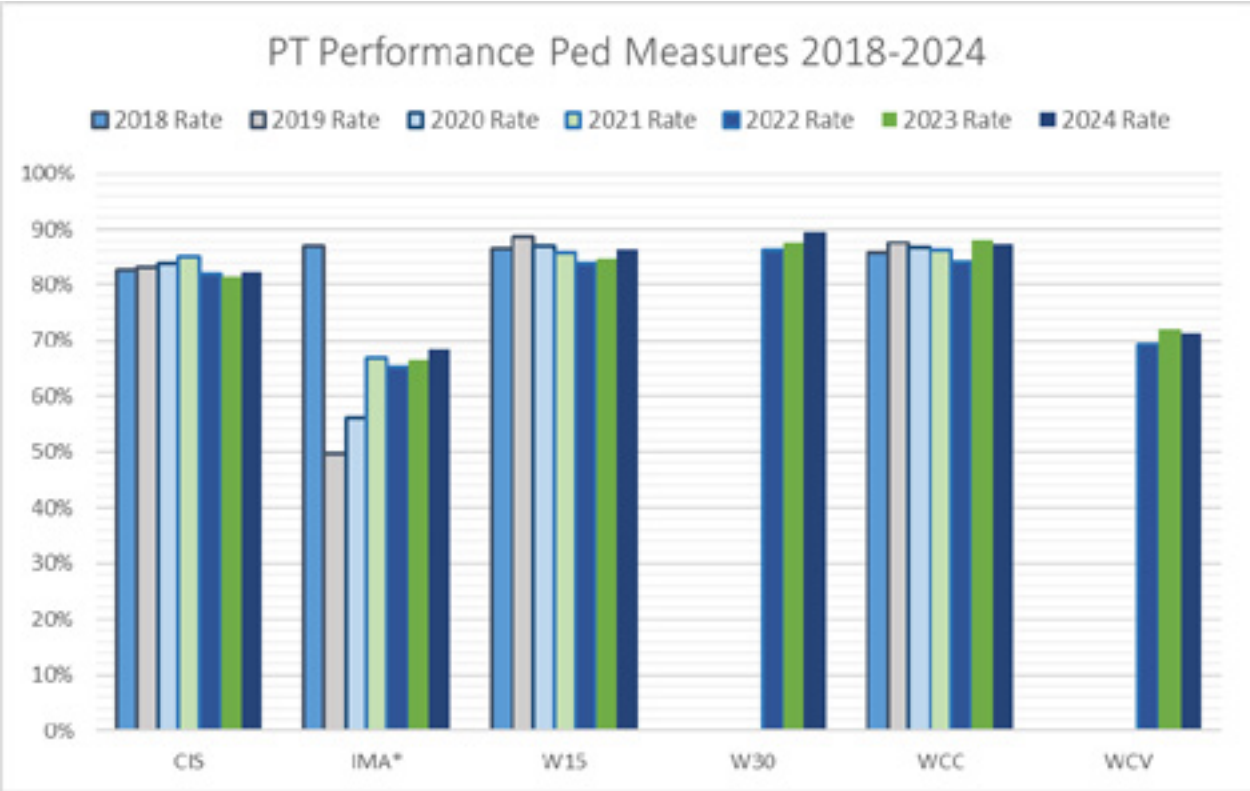
One of the goals of PT is to optimize care delivery. In 2017, the PT program became available to the entire HMSA network and over the past four years has dramatically increased the number of impacted lives (108,000 to 473,000). As of November 2024, HMSA had 555 PCPs and nine POs in PT, covering approximately 501,423 lives across the commercial, Medicare Advantage, and QUEST lines of business.

While several quality measures from HMSA’s Pay-for-Quality program have been involved with the PT program over time, the 2024 measure set continued to align with HEDIS methodology where applicable and continued aligning minimum and target thresholds to each line of business’s general 50th and 90th percentile benchmarks, with the exception of Medicare where we adjusted higher for 4- to 5-star points.

Due to this shift, there continues to be variances in the metrics for some measures year-over-year. There were also new measures introduced in 2024 for which there was no historical performance, and some historical measures that operated under updated metrics and names. For example, we added two HEDIS depression screening measures for display only status and kept our standard scored depression screening measure. We allowed for the code set from the scored depression screening measure to account for numerator compliance across all three measures.

Additionally, since we made the initial shift to break out thresholds by lines of business and align with HEDIS methodology in the last three years, measure comparison has begun to stabilize for the measure sets that have been consistent with the program year-over-year.





For graphs above, please note that the 2024 rate isn't finalized yet due to run out data.

## **Advanced Hospital Care Program**

In 2024, HMSA continued its Advanced Hospital Care (AHC) program by assessing hospitals against measures in the following standard domains:

- Patient Experience
- Healthcare Associated Infections
- Coded Harm
- Preventable Readmissions
- Mortality
- Perinatal

Each domain is scored based on baseline, benchmark, and actual performance for the reporting period. Benchmarks are based on performance from a national cohort.

### **Patient Experience**

Purpose: To evaluate efforts to improve patients' experiences in the hospital setting, including their perception of the quality of care, communication received from providers, and service from staff.

Outcomes: Despite the slight decline from the 2020 COVID-19 pandemic, our hospitals continued to make improvements through their Patient Engagement Committees, nursing/quality joint efforts, and performance data dashboards. Other thoughts for improvement included changing overall hospital culture and hiring a person dedicated to patient experience improvement.

### **Hospital Associated Infections**

Purpose: To reduce infections to patients by addressing cases documented as having been acquired after the patient was admitted to the hospital.

Outcomes: Catheter Associated Urinary Tract Infections (CAUTI) performance made a significant improvement from 2021 to 2022 and carried on in 2023. Moreover, Hawaii hospitals overall performed better than the national average. The decline from 2020 to 2021 may be attributed to the pandemic. Hospital quality teams continue to work on prevention and safety by increasing patient and staff awareness, improving reporting, and applying best practices.

In contrast to CAUTI, Hawaii hospitals didn't improve their central line-associated blood stream infections performance from program year 2020. Although they have consistently performed better than their national peers, Hawaii hospitals performed slightly below the national average. In the past, hospitals attributed their performance to an effect of the pandemic. However, despite the progress toward normalization, CAUTI performance continues to decline. Some hospitals have used intensivists who continue to monitor their cases and trends and work on improvement strategies.

Similarly, Hawaii hospitals didn't improve on their methicillin-resistant staphylococcus aureus (MRSA) performance, as MRSA infections are also gradually increasing nationally. Despite the trend, our Hawaii hospitals still managed to perform better than the national average. Our hospitals continued to improve their processes and protocols by involving medical directors and educating patients and their families.

Although we observed massive improvements for 2022, surgical site infection rates have been a mixed bag when it comes to hospital performance. For hysterectomy surgical site infections, despite no improvement, the Hawaii hospitals continued to have a weighted average hospital

rate of 0, which is “perfect.” That puts Hawaii well above the national average for this measure. As for colon surgical site infections, the slight improvement in 2022 hit their hospital performance harder as the hospitals performed their worst in 2023. Hospital quality teams continued to make improvements in the measure and their prevention efforts, including increased utilization of their quality performance and safety surveillance tracking tools. Some hospitals are also intending to have an infection preventionist as well.

## **Coded Harm**

Purpose: To reduce harm by addressing cases documented as having been acquired after the patient was admitted to the hospital.

Outcomes: For falls and trauma and pressure ulcers, there was an overall improvement from program year 2020 to 2021, followed by a decline in 2022. Fortunately, for falls and trauma, Hawaii hospitals improved significantly at 25.76%. In contrast, pressure ulcers observed a decline in 2023. Nationally, Hawaii hospitals continued to perform below the 50<sup>th</sup> percentile for both measures.

Unfortunately, from 2021 to 2023, not only did Hawaii hospitals’ performance decrease, but they also continue to perform below their national peers.

For C-diff, our Hawaii hospitals made a huge decline in 2023, performing closer than they did during the pandemic. Despite this decrease in performance, Hawaii continues to perform above the national average. Although C-diff is too common to be entirely unavoidable, hospitals continue to work on overall harm reduction/avoidance.

## **Preventable Readmissions**

Purpose: To determine preventable readmissions cases that can result in medical cost reduction, improve quality, and improve patient care.

Outcomes: For 2022 and 2023, Hawaii hospitals weighted average hospital rate landed right below the national average, with their 2023 performance further declining from 2022.

Although there are many risk adjustments, calculators, and tools used to improve readmissions expectancy, this domain continues to be an area of challenge for Hawaii hospitals, which have been working on better discharge planning and transitions of care.

Discussions with hospitals circled around “refocusing” efforts such as putting their attention on patients with case management, ER capturing, and length of stay balance.

## **Mortality**

Purpose: To measure hospitals on the rate of unexpected patient deaths during the hospital stay.

Outcomes: Participating AHC hospitals made great strides in dealing with hospital mortality from 2021 to 2023, gradually improving every year. This keeps Hawaii above the 50<sup>th</sup> percentile of the national average. The weighted average hospital rate is less than 1.0, which means the observed cases were less than the expected number of deaths based on diagnosis, comorbidities, and other contributing factors. This also means that hospitals were able to prevent unnecessary deaths. As our AHC hospitals continue to review data and discuss learnings from mortality events, a consistent outstanding hospital mortality rate is anticipated.

## **Perinatal Measures**

Purpose: To improve the quality and safety of medical care, reduce the risk of complications, and increase best practices delivered for newborn infants and their mothers receiving care in an inpatient setting.

Outcomes: For early elective deliveries, our Hawaii hospitals made improvements in 2022, but declined in 2023, performing almost similar to 2021 results. They are also still not doing better compared to the national average, perhaps due to the disadvantage. Though for primary C-section, Hawaii's weighted average hospital rate improved and is performing better than the national average.

## **Population Health and Quality Initiatives**

### **HMSA Model of Care**

In 2024, HMSA continued its Model of Care (MOC) programs, focusing on six key aspects of the care continuum:

- Complex Case Management
- Event Driven Care
- Condition Care
- Pregnancy and Postpartum Support
- Disease Management
- Preventive Care

MOC is designed to identify and engage members at their most vulnerable point or near-term utilization to quickly involve a community care team, coordinate with their provider(s), and surround and support the member to improved health and well-being.

### **Complex Case Management Program**

The primary diagnoses for members enrolled in the Complex Case Management program were cardiovascular, oncology, and endocrine-related diagnoses. A total of 220 social determinants of health interventions occurred to support members. There were 1,877 members screened or in the screening process as of the end of 2024, resulting in 666 enrolled members. Excluding members still in the screening process at the end of the year yields a 36% enrollment rate.

The majority of members who enrolled in the program were closed due to care coordination completed (67%) or program completion (32%), with 1% no response.

### **Event Driven Care**

This program engaged 1,556 members in 2024, with a 78% enrollment rate. Of these enrolled members, 79% participated and graduated from the program. In addition, 46% of members attended a follow-up appointment within 14 days of discharge and 74% of members had their initial recovery plan of care shared with their PCP. Reasons members did not enroll include they did not respond to outreach (55%), they opted out (21%), and they transitioned to hospice care (13%). Of the members who weren't enrolled, 24% were directly connected with other external programs (e.g., supportive care, QUEST, behavioral health, or transferred to our other MOC programs).



## **Condition Care Program**

The program achieved a 54% engagement rate. The majority of members who enrolled in the program were closed because care coordination was completed (90%) or the program was completed (9%), with 1% no response. Of members enrolled, 28% had their actionable care plan shared with their PCP. An additional project held in 2024 included Start SMART blood pressure classes developed by the clinicians and delivered to members and their personal support team via virtual or in-person sessions. A total of 194 members participated in the program and all received home blood pressure monitors.

## **Pregnancy and Postpartum**

There was a total of 547 referrals made to the Pregnancy and Postpartum Support (PAPPS) program and 260 members were enrolled. Of enrolled members, 82 completed and graduated from the program and 178 continued to be managed into 2025. Members may choose to self-enroll in this voluntary program or may be identified as high risk by their health care providers or through claims and encouraged to enroll. Program objectives include member education, satisfaction, breastfeeding for six months or more, appointment adherence, reducing pre-term labor and delivery, addressing and assisting with social determinants of health, and reducing avoidable NICU admissions.

## **Sexual and Gender Minority Support Program**

There was a total of 35 referrals received, with 94% self-referrals, indicating growing awareness and demand for gender-affirming care and support. The consistent self-referrals contribute to improvements in members being able to navigate health insurance and access necessary services.

## **Disease Management**

The program identifies members who have one of the following chronic conditions: asthma, chronic obstructive pulmonary disorder, diabetes, ischemic heart disease, congestive heart failure, or hypertension. Self-management support available to members includes educational materials, referrals, and resources (such as fillable care plans, trackers, and logs), which members can use to regain, maintain, or establish control of their condition. This program is now integrated into the event driven care and condition care programs.

## **Preventive Care Program**

This program continues to support five provider organizations: Mary Savio Medical Plaza, Pacific Medical Administrative Group, Hawaii Filipino Healthcare, Hawaii IPA - Oahu/Maui, and Population Management Service Organization. Members identified with care gaps are supported in the Preventive Care program. Care gaps are defined by various quality measures, such as HEDIS, Medicare Stars, and quality payment programs. A total of 6,323 supplemental data entries were addressed/closed and there were 125 huddles with PCP offices and staff members.

## **Patient Safety**

In 2024, HMSA continued its efforts to promote patient safety through several hospital-based initiatives as well as a variety of pharmacy-related activities to support providers in ensuring that members are receiving appropriate medications, avoiding potential negative drug interactions, and receiving appropriate therapeutic dosages.

Patient safety activities in 2024 included:

- Quality of care complaints and grievances.
- CVS Patient and Safety Program.
- Identification of provider performing unnecessary IV infusions.
- Potential safety impact of the increase and expanded use of GLP-1.

HMSA will continue to collaborate with community physicians, pharmacies, and hospital providers to promote evidence-based clinical practice guidelines, medication reconciliation, and infection prevention, and to avoid “never events.”

## **Behavioral Health**

Carelon continued to provide behavioral health services and HEDIS interventions for HMSA members. Specifically, Carelon continued the following:

- Initiatives to improve the following HEDIS clinical quality rates:
  - Antidepressant Medication Management.
  - ADHD follow-up care in children.
  - Follow up after Hospitalization for Mental Illness.
  - Follow up after Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence.
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment.
- Collaboration with HMSA’s MOC to manage coexisting behavioral health and medical conditions through care coordination, case consultation, and intensive case management.
- Service Coordination for HMSA’s QUEST members with special health care needs whose primary need is a behavioral health condition.

## **Health Disparities**

In 2024, HMSA approached and focused on ways to use data to track health disparities and inform program and policy development. HMSA is paralleling Health People 2030’s strategy to address health disparities.

HMSA has made addressing health disparities for Native Hawaiian and Pacific Islander members a priority through its social determinants of health strategy and through the support of several health equity initiatives managed by HMSA’s Community Health and Equity department.

HMSA is partnering with communities and FQHCs on solutions to address these disparities. Some areas of focus are:

- a. Develop in-language translations for a breast cancer screening email campaign for Pacific Islanders.
- b. Validate translation quality and cultural appropriateness using community-based organizations with specific expertise in each Pacific Island language and culture being translated.
- c. Develop a value-added service benefit for QUEST members that engages Pacific Islanders in community settings and enables connection to the appropriate health care provider.
- d. Develop community-facing training for community-based community health workers to better assist HMSA members with health care access and navigation.
- e. Curate and implement a Hawaii-centered training on implicit bias for all HMSA.

## Member Satisfaction

The experience of our members as they interact with HMSA as their health plan and the quality of care and access to services provided is important to us. Our annual CAHPS survey results for all product lines enables us to learn what we're doing well and what we can do better.

Ongoing initiatives include:

- Educational materials for HMSA's provider network about CAHPS.
- Emphasizing the importance of a relationship with a PCP.
- Educational materials for members.

The following composites and ratings have been identified as areas to improve:

- Commercial (PPP/Health Plan Hawaii): Customer Service, Getting Care Quickly, How Well Doctors Communicate.
- QUEST: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of Personal Doctor, Rating of Specialist.
- HMSA Akamai Advantage: Customer Service, Rating of Drug Plan, Rating of Health Plan.

## Delegation

HMSA maintains delegation agreements to provide a variety of services to members on behalf of HMSA. Each written delegation agreement describes the specific activities being delegated and addresses accountability and oversight of the delegated activities by HMSA, as well as frequency of reporting by the delegates to HMSA.

For each delegated arrangement, HMSA is responsible for monitoring and evaluating the initial implementation of the delegated functions within specified time frames set by HMSA. HMSA is responsible for continuous and ongoing evaluation of the delegated activities and monitors the delegate's performance through approval of the delegate's quality monitoring program, review of regular specified reports via the appropriate HMSA Quality Committee (e.g., Utilization Management Committee, Case Management Committee, Quality Improvement Operations Committee), and through the annual delegation oversight audit process.

In 2024, HMSA monitored the performance of the following delegate partners:

- AbleTo
  - Tele-Health behavioral health services for individuals coping with a chronic medical condition or traumatic life event.
- Adventist Health Castle
  - Adventist Health Castle is a full-service medical center offering a wide range of inpatient, outpatient, and home-based services.
- American Specialty Health
  - Alternative Benefit (Chiropractic, Acupuncture, Massage) Utilization Management.
  - Credentialing.
- Carelon
  - Behavioral Health Utilization Management, Behavioral Health Quality Improvement, Behavioral Health Case Management, Complex Case Management.
- CVS Caremark, Inc.
  - Pharmaceutical utilization management, patient safety, medication adherence.
- Community Care Management Agencies
  - Health Coordination Services for QUEST members.

- eviCore Healthcare
  - Rehabilitation therapy utilization management.
- MinuteClinic
  - Credentialing of providers employed at MinuteClinic locations.
- Online Care Network II.P.C.
  - Credentialing of providers who practice through HMSA's Online Care®.
- Hawaii Pacific Health
  - Credentialing of providers contracted or employed for their clinics and facilities.
- Hawaii Health Partners
  - Complex Case Management.
- Queen's Clinically Integrated Physician Network (QCIPN)
  - Complex Case Management.
- EyeMed Vision Care, LLC; First American Administrators Inc.
  - Credentialing of vision providers contracted with EyeMed statewide.
- TruHearing
  - TruHearing provides hearing services, hearing aids, and related accessories provided through a nationwide network of audiologists and hearing instrument specialists.
- XL Home PC (Optum)
  - Credentialing of providers providing services on behalf of Optum.

### Overall Effectiveness of QI Program

Based on review of the 2024 annual evaluations for respective QI activities and programs addressing quality and safety of clinical care and quality of service, HMSA's QI program continues to effectively meet safe clinical practice goals with adequate QI program resources, practitioner participation, and leadership involvement in the QI program. At this time, no restructuring or changes to the QI Committee, subcommittee structure, and QI program for the upcoming year is necessary.

## IV. 2025 Outlook

### Payment Transformation

In 2025, HMSA will continue to meet with PO leaders to address transforming the PT program.

Workgroup	Objective
2026 PCP and PO Measures	Update and review the PCP and PO Engagement and Performance Measures for 2025.
PT 3.0	Discuss updates to enhance and transform the program to improve the quality of care and overall member experience.
CAHPS	Identify a methodology to implement a measure at the PO performance level that helps HMSA achieve ideal CAHPS scores using PO support and strategy.

## **Advanced Hospital Care Program**

For 2025, minor program changes have been made, which include the removal of the Sepsis individual measure under Preventable Readmissions and PC-01 Early Elective Deliveries under Perinatal Care to align with CMS priorities. This has been done in anticipation of a program redesign for 2026 measurement year. While the program has aligned with CMS's Hospital Inpatient Quality Reporting Program, HMSA has been reviewing the design to potentially focus the hospitals on other work efforts to address quality metrics that would have a larger effect on plan performance or tackle items that could greatly reduce cost of care. This is being done in conjunction with a review of the hospital value-based contracts to ensure a holistic and synchronous redesign.

## **HMSA Model of Care**

The MOC programs continue to help more members and support them with their overall health and well-being.

- Expanding member engagement strategies.
- Increasing member enrollment per year.
- Ongoing growth and development training/support for clinicians.
- Enhancement and improvements of assessments and workflows.
- Engage and establish new relationships with providers and other POs.
- Improving current risk stratification system and technology for case management.
- Continue to maintain established relationships with facilities and providers for continuity of care.

The MOC department is transitioning to a new clinical information system. The system will have expanded features and comprehensive tools to increase program delivery by identifying members, addressing care gaps, offering interventions, and coordinating care.

## **Disease Management Program**

In 2024, program members were integrated in the MOC programs. The creation of online resources in 2022 via hmsa.com continues to provide members resources in real time.

## **Pregnancy Support Program**

The PAPPS program will continue to support families pre and postnatal. Focus will be on capturing data of initial prenatal visits within the first trimester, increasing member satisfaction response rates, and continuing to expand partnerships in the community.

## **Member Satisfaction**

HMSA has a long history of consistently excelling in customer satisfaction. As we move forward into 2025, we are dedicated to further enhancing member satisfaction through the following key initiatives:

- Enhance member educational materials to improve member perception of access to care across all product lines.
- Monitor access to care and rating of personal doctor.
- Leverage data from multiple surveys to continuously improve member experience and enhance satisfaction.
- Maintain close monitoring of our current member satisfaction levels.

## **Enhanced Partnerships**

HMSA has partnered with leading health care companies to deliver best in class services and programs to increase overall value for our members, purchasers (both commercial and government), and provider stakeholders. In 2025, HMSA will continue to work closely with its existing partners to facilitate access to quality, affordable health care for all members. Additionally, HMSA plans to partner with new delegates in 2025 and expand partnerships wherever necessary.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

HMSA Akamai Advantage® is a PPO plan with a Medicare contract. Enrollment in HMSA Akamai Advantage depends on contract renewal.

CVS Caremark® is an independent company providing pharmacy benefit management services on behalf of HMSA.

Carelon Behavioral Health<sup>SM</sup> is an independent company providing behavioral health utilization management and quality improvement services on behalf of HMSA.

Amwell is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.