NCQA & HEDIS QUALITY MEASURES

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Objectives

- Definitions & Goals of NCQA
- NCQA & Health Care Quality
- Definitions and Goals of HEDIS
- Structure of HEDIS
- HEDIS Measures
- HEDIS Data Submission, Collection, & Benchmarks
- HEDIS Advantages vs Disadvantages
- Summary



NCQA

National Committee for Quality Assurance (NCQA)

- A private, non-profit organization that is dedicated to the improvement of healthcare quality via:
 - Development of quality measures
 - Accreditation of health plans, ACOs, and PCMHs
 - Design of providers recognition programs
- Health plans that are seeking accreditation assess performance through the administration and submission of HEDIS scores



The Role of NCQA in Health Care Quality Improvement

- NCQA Health Plan Accreditation includes two major components on which a plan's performance is scored:
 - Standards: an evaluation of the plan's structure and processes to maintain and improve quality in five core areas
 - HEDIS: an evaluation of the plan's performance on process and outcomes in clinical care and member experience of care.
- *CAHPS, or Consumer Assessment of Healthcare Providers and Systems, was developed by AHRQ (Agency for Healthcare Research and Quality) to support and promote the assessment of consumers' experiences with health care.



What is **HEDIS**?

- Health Plan Employer Data and Information Set (HEDIS)
- Developed by the NCQA
- Used by more than 90% of America's Health Plans
- Measures performance in various areas of service
- Allows comparison of health plan performance
- Component of health plan accreditation



The Structure of HEDIS

- □ There are a total of 81 measures within 5 domains.
 - Measures refer to characteristics
 - Domains refer to categories
- Domains
 - Effectiveness of Care
 - Access/Availability of Care
 - Experience of Care
 - Use of Services
 - Health Plan Descriptive Information



What Issues Does HEDIS Address?

Broad Range of Health Issues

- Asthma Medication Use
- Controlling High Blood Pressure
- Persistence of Beta-Blocker Treatment post-Heart Attack
- Comprehensive Diabetes Care
- Antidepressant Medication Management
- Childhood & Adult Weight/BMI Assessment
- Breast Cancer Screening
- Childhood & Adolescent Immunization Status



The Life Cycle of a HEDIS Measure



The Value of a HEDIS Measure?

- Desirable Attributes of a HEDIS Measure
 - Relevance
 - Meaningfulness
 - Health Importance
 - Scientific Soundness
 - Clinical Evidence
 - Validity & Reproducibility
 - Feasibility
 - Specifications
 - Reasonable Cost



HEDIS Summary Table 1

HEDIS 2015 Summary Table of Measures, Product Lines and Changes (continued)

| Changes to HEDIS 2015 | | | |
|---|--|--|--|
| | | | |
| alue sets were split of the illness. tify the antigen now a <u>r Cancer Value Set</u> , ined into a single <u>t.</u> e System Value Set. r <u>um Value Set</u> (with | | | |
| ministered Value Set. <u>t</u> . <u>lue Set</u> . I Value Set. | | | |
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HEDIS Summary Table 2

HEDIS 2015 Summary Table of Measures, Product Lines and Changes (continued)

| | Applicable to: | | | | | | |
|--|-------------------------------------|---|----------|--|--|--|--|
| HEDIS 2015 Measures | asures Commercial Medicaid Medicare | | Medicare | Changes to HEDIS 2015 | | | |
| Effectiveness of Care | | | | | | | |
| Flu Vaccinations for Adults Ages 18-64 | ~ | ~ | | This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2015, Volume 3: Specifications for Survey Measures. | | | |
| Flu Vaccinations for Adults Ages 65 and Older | | | ~ | This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2015, Volume 3: Specifications for Survey Measures. | | | |
| Medical Assistance With Smoking and Tobacco Use Cessation | ~ | ~ | ~ | This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2015, Volume 3: Specifications for Survey Measures. | | | |
| Pneumococcal Vaccination Status for Older Adults | | | ~ | This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2015, Volume 3: Specifications for Survey Measures. | | | |
| Access/Availability of Care | | | • | | | | |
| Adults' Access to Preventive/ Ambulatory Health Services | ~ | ~ | ~ | No changes to this measure. | | | |
| Children's and Adolescents' Access to Primary Care Practitioners | ~ | ~ | | No changes to this measure. | | | |
| Annual Dental Visit | | ~ | | Added a Note to refer to Appendix 3 for the definition of dental practitioner. | | | |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | ~ | ~ | ~ | Replaced "facility code" with "inpatient discharge" in the event/diagnosis criteria. Clarified that an inpatient admission in combination with a diagnosis of AOD meets criteria when identifying initiation and engagement. Clarified that initiation events may not include inpatient detoxification or detoxification codes. Clarified that the member is removed from the denominator for both indicators if the initiation event was an inpatient stay with a discharge date after December 1 of the measurement year. | | | |
| Prenatal and Postpartum Care | ~ | ~ | | Reversed step 6 and step 7 in the diagram. Removed the Note allowing registered nurses to conduct prenatal and postpartum visits. | | | |
| Call Answer Timeliness | ~ | ~ | ✓ | No changes to this measure. | | | |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | ~ | ~ | | First-year measure. | | | |



HEDIS Pharmacy Measures

| HEDIS/Pharmacy Measures | | | | | |
|---|--|--|--|--|--|
| Breast Cancer Screening - Mammogram | Glaucoma Screening | | | | |
| (ages 40 to 69) | (ages 65 and older) | | | | |
| Cholesterol Management for Patients With Cardiovascular | Colorectal Cancer Screening | | | | |
| Conditions (ages 18-75) | (ages 50 to 75) | | | | |
| Diabetic Care - Eye Exams | Diabetic Care - HbA1c (ages 18 to 75) | | | | |
| (ages 18 to 75) | Actual lab test results | | | | |
| Diabetic Care - LDL-C Screening | Diabetic Care - LDL-C Screening, | | | | |
| (ages 18 to 75) | less than 100mg/dL (ages 18 to 75 years) | | | | |
| Diabetic Care - Nephropathy Screening (ages 18 to 75) | Osteoporosis Management in Women who had a Fracture (females ages 67 and older) | | | | |
| Rheumatoid Arthritis – DMARD (ages 18 and older) | D14-High Risk Medication - Members 65 and older who received prescriptions for certain drugs with a high risk of side effects when there may be safer drug choices. | | | | |
| D15-Diabetes Treatment - evaluates number of members | D16-Part D Medication Adherence for Oral Diabetes | | | | |
| being treated for both diabetes and hypertension that are | Medications - evaluates % of Medicare enrollees* that adhere | | | | |
| currently taking a renin angiotensin system (RAS) | to their prescribed diabetes medication based upon their | | | | |
| antagonist. | prescription fill history. | | | | |
| D17-Part D Medication Adherence for Hypertension (ACEI or ARB) – evaluates % of Medicare enrollees that adhere to their prescribed RAS antagonist hypertension medication (ACE inhibitor, ARB or aliskiren) based upon their prescription fill history. | D18-Part D Medication Adherence for Cholesterol (Statins) – evaluates % of Medicare enrollees that adhere to their prescribed "statin" cholesterol medication based upon their prescription fill history. | | | | |





HEDIS – Data Submission

- Used to calculate national performance statistics and benchmarks, and to set standards for measures included in NCQA's Accreditation Program
- NCQA collects HEDIS data from:
 - Health Plan Organizations
 - Preferred Provider Organizations
 - Medicare (on behalf of CMS)
 - Medicaid (on behalf of state agencies)



HEDIS – Data Collection

HEDIS collects data through:

- Surveys
- Medical charts
- Insurance claims
- Types of Data
 - Administrative Data: claim or encounter data submitted to health plan
 - Hybrid Data: both administrative and medical record data
 - Review of random sample of medical records for services not reported to health plan through claims/encounter data

Data Reporting

- Quality Compass: detailed data on measures
 - Intended for employers, consultants, and insurance brokers who purchase health insurance for groups
 - Summary of HEDIS results by Health Plan (on NCQA website)



How is a HEDIS Measure Calculated?

Principles

- Determine number of NAs and NBs
- Compare HEDIS measure results to regional and national benchmarks
- Assign points to each result based on NAs and NBs
- Take the average regional and national points for each measure
- Add up the scores to calculate the aggregate score

How is a HEDIS Measure Calculated?

Table 3A: Commercial HMO/POS—HEDIS Point Allocation With a Reportable Rate on Comprehensive Diabetes Care*

| | HEDIS Rate | | | | | |
|-----------------------------------|--|---|---|---|---|-------------------------|
| Number of NA or NB Measures | Meets or Exceeds the 90th Percentile Benchmark Nationally | Meets or Exceeds the 75th Percentile Threshold Regionally or Nationally | Meets or Exceeds the 50th Percentile Threshold Regionally or Nationally | Meets or Exceeds the 25th Percentile Threshold Regionally or Nationally | Falls Below the 25th Percentile Threshold Regionally or Nationally | Receives NR on Audit |
| 0 | 1.429 | 1.257 | 0.972 | 0.571 | 0.286 | 0.000 |
| 1 | 1.494 | 1.314 | 1.016 | 0.597 | 0.299 | 0.000 |
| 2 | 1.565 | 1.377 | 1.064 | 0.626 | 0.313 | 0.000 |
| 3 | 1.643 | 1.446 | 1.117 | 0.657 | 0.329 | 0.000 |
| 4 | 1.729 | 1.522 | 1.176 | 0.692 | 0.346 | 0.000 |
| 5 | 1.826 | 1.606 | 1.241 | 0.730 | 0.365 | 0.000 |
| 6 | 1.933 | 1.701 | 1.314 | 0.773 | 0.387 | 0.000 |
| 7 | 2.054 | 1.807 | 1.397 | 0.822 | 0.411 | 0.000 |
| 8 | 2.191 | 1.928 | 1.490 | 0.876 | 0.438 | 0.000 |
| 9-22 | Scored on Standards and CAHPS only or standards only | | | | | |

| | | | Regional Th | reshold | National Threshold or Benchmark Rate | | Averaged Points or National | |
|--|----|--|-------------|---------------------|---|---------------------|--|--|
| (Commercial) HEDIS Measure ABC's Reported Rate: Commercial Population | | ABC's Reported Rate +4 (Scoring Purposes Only) | Percentile | Point Allocation | Percentile | Point Allocation | Threshold Rate (Whichever Is Higher) | |
| Comprehensive Diabetes Care (Eye | 62 | 66 | 75 | 1.257 | 75 | 1.257 | | |
| Exam, HbA1c Testing, LDL Screening, Medical Attention for Nephropathy) | 82 | 86 | 50 | 0.972 | 25 | 0.571 | 0.964 | |
| | 86 | 90 | 75 | 1.257 | 75 | 1.257 | 0.001 | |
| | 73 | 77 | 25 | 0.571 | 25 | 0.571 | | |
| Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%) | 33 | 29 | 25 | 0.571 | 50 | 0.972 | 0.972 | |
| Controlling High Blood Pressure | 62 | 66 | 75 | 1.257 | 75 | 1.257 | 1.257 | |
| Flu Shots for Adults (Ages 50-64) | 50 | 54 | 75 | 1.257 | 75 | 1.257 | 1.257 | |
| Follow-Up After Hospitalization for Mental Illness (7-Day Rate Only) | 50 | 54 | 25 | 0.571 | 25 | 0.571 | 0.571 | |
| Follow-Up for Children Prescribed | 41 | 45 | 75 | 1.257 | 75 | 1.257 | | |
| ADHD Medication (Initiation Phase and Continuation Phase) | 45 | 49 | 75 | 1.257 | 75 | 1.257 | 1.257 | |
| Medical Assistance With Smoking and Tobacco Use Cessation (Advising Smokers and Tobacco Users to Quit Only) | 75 | 79 | 75 | 1.257 | 50 | 0.972 | 1.115 | |
| Persistence of Beta-Blocker Treatment After a Heart Attack | 74 | 78 | 75 | 1.257 | 75 | 1.257 | 1.257 | |
| Prenatal and Postpartum Care | 96 | 100 | 90 | 1.429 | 90 | 1.429 | | |
| (Timeliness of Prenatal Care and Postpartum Care) | 82 | 86 | 50 | 0.972 | 75 | 1.257 | 1.115 | |
| Use of Appropriate Medications for People With Asthma (Total Rate)* | 92 | 96 | 90 | 1.429* | 75 | 1.257 | 1.343 | |
| Use of Imaging Studies for Low Back Pain | 77 | 79 | 75 | 1.257 | 50 | 0.972 | 1.115 | |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD | 36 | 40 | 75 | 1.257 | 75 | 1.257 | 1.257 | |
| | | | | | Total HEDI | S Measure Points | 24,451 | |

HEDIS – Benchmarks

| Benchmark | Interpretation |
|-----------------------------|-----------------------------------|
| 90 th percentile | In top 10% of all health plans |
| 75 th percentile | In top 25% of all health plans |
| 25 th percentile | In bottom 25% of all health plans |
| 10 th percentile | In bottom 10% of all health plans |



Advantages vs Disadvantages

Advantages

- Rigorous selection process for HEDIS measures
- Data is useful for evaluating performance and goalsetting
- Over 90% of US Health Plans use HEDIS measures
- Cost-effectiveness & better outcomes
- Disadvantages
 - Lack of Transparency
 - Conflict of Interest



Summary

- NCQA is a private, non-profit organization that provides accreditation to a number of healthcare entities and organizations.
- Used by more than 90% of America's Health Plans, HEDIS measures performance in various areas of service and allows comparison of health plan performance.
- HEDIS measures undergo a rigorous cycle of selection, development, and evaluation.
- HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans.



References

- Garner, John C. Health Insurance Answer Book. New York: Aspen, 2009. Print.
- http://www.ncqa.org/HomePage.aspx
- http://www.ncqa.org/HEDISQualityMeasurement/ WhatisHEDIS.aspx
- http://www.ncqa.org/HEDISQualityMeasurement/H EDISMeasures/HEDIS2015.aspx
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Thank You for your Attention!

Any Questions?



