



HEDIS Measures – NCQA’s 20 Years of Experience with Measurement

For twenty years, NCQA has refined our process for developing, testing, implementing and maintaining health care quality measures. Researchers, clinicians, purchasers and consumers and other stakeholders are essential to the steps in developing and improving HEDIS measures.

HEDIS is the most widely reported set of performance measures in the industry, used by health plans, medical groups, federal and state governments. More than 300 peer reviewed journal articles have used HEDIS measures to evaluate health care quality.

Deciding What Measures to Develop

When developing new measures, NCQA and its advisory groups consider the following criteria:

- **Relevance and Importance.** What is the relative magnitude of the health care problem a potential measure would seek to address in terms of its toll on patients and impact on the health care systems?
- **Scientific Soundness.** Is there sufficient evidence that the action or level of control implicit in the measure helps patients? Do evidence-based clinical guidelines identify the interventions likely to provide the best outcomes?
- **Validity and Reliability.** Does the measure capture what it is intended to capture? Does it produce results that are consistent and reasonably stable over time?
- **Gap and Variation in Care.** Can providers actually do something that benefits patients and results in better performance on the measure? Is care better or substantially better in some places than others?
- **Feasibility.** Are data needed to report the measures widely available and accurate?

In addition to gathering input from its own advisory committees and stakeholders, NCQA also considers priorities identified by groups such as the Institute of Medicine, the National Quality Forum, federal agencies and more recently the National Priorities Partnership.

Funding Development of HEDIS Measures

In the past, funding for measure development and maintenance was from revenues earned from accreditation and other evaluation programs. However, supporting measure development and maintenance has become increasingly time consuming and expensive with the increasing sophistication and complexity of measures and need for multiple external stakeholder reviews. At the same time, many policymakers would like measures to be available without charge to all users.

An increasing share of measure development and maintenance is now paid for by private and public (primarily federal) grants and contracts. NCQA does not accept any corporate sponsorship of measure development.

While the cost of measure development depends on the complexity of the measure and the extent of pilot testing of the measures, a reasonable estimate is about \$500,000 per measure or set of measures developed together.

Measure Development Process

The process is transparent and incorporates multiple points of review and broad stakeholder input. HEDIS measure development is based on our belief that measures should address important problems, be grounded in scientific evidence and be feasible to collect. The Institute of Medicine and the National Quality Forum also embrace these principles.

NCQA measures are designed to be useful in public reporting, pay for performance programs and quality improvement.

Stakeholder Input: NCQA first convenes an advisory panel of researchers, clinical experts and others to consult on the content of our measures.

A panel of researchers, consumers, purchasers and clinicians – called the Committee on Performance Measurement – reviews and votes on all measures and recommends them for approval by NCQA’s Board of Directors, which also is made up of a broad and diverse group of health care leaders.

Public Feedback: Any measure development process should be open and transparent. NCQA posts all measures for public comment before implementation, after the first year in use and whenever the measure is revised. NCQA posts the notice on its Web site and actively solicits comment from more than 1,000 organizations. Staff reviews and responds to these comments and then the Committee on Performance Measurement (CPM) reviews before moving forward in the measure process.

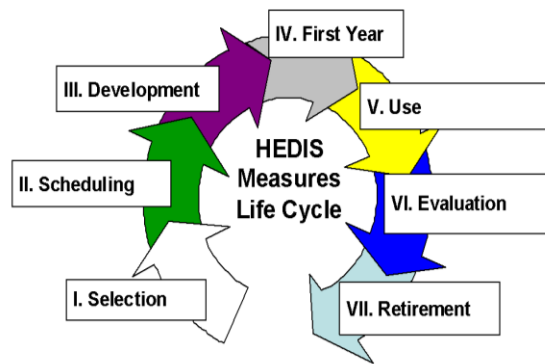
Detailed Specifications: NCQA’s measures are detailed and specific so that different organizations will calculate the measures the same way, making performance comparable for rankings, consumer and purchaser reports and payment. NCQA’s staff members review the structure and measure specification with input from technical panels that help with coding for pharmacy, laboratory and other areas.

Testing Measures in the Field: NCQA takes several steps to ensure measures are feasible, valid and reliable. For instance:

- Different advisory groups assess “face” validity (an expert judgment that a measure does what it is intended to do.)
- A field trial tests the measure with actual users, such as health plans or physician groups.
- Measures undergo one or more years of provisional status before public reporting or use in accreditation scoring.

National Quality Forum Endorsement (NQF): NCQA routinely seeks NQF endorsement, as it reviews measures for broad use. Nearly all NCQA measures submitted receive full NQF endorsement.

HEDIS Measure Development Timeline



While NCQA can develop measures in six to nine months or less, full HEDIS measure adoption, with public comment and in-depth pilot testing, usually requires 12-24 months, with the total duration depending on the complexity of the measure set.

HEDIS measures are not publicly reported for at least one year after release. If implementation is difficult or changes are needed after the initial year, the process may take more time.

Maintaining Measures

The close attention NCQA devotes to regularly updating and reviewing the measures is critical to the success of HEDIS measures.

First year: After a new HEDIS measure is launched, NCQA analyzes results for variation and compares results to the field test. The Committee on Performance Measurement (CPM) reviews the results and votes on moving the measure to public reporting.

Ongoing: Measures used for accountability (as opposed to a single research project) must be updated to reflect new medications or procedure coding on an ongoing basis. NCQA's HEDIS policy staff works with coding experts to keep the measures up to date. NCQA seeks constant input from users of HEDIS; one source is a formal group of users called the HEDIS Users Group.

Periodic Review: Every three years, NCQA reviews HEDIS measures against evidence-based guidelines. Staff monitor research and obtain input from CPM and advisory group members regarding new scientific evidence that may affect HEDIS measures. If the evidence changes, NCQA reconvenes the appropriate advisory panel and addresses possible changes, following an expedited version of the usual processes. NCQA retires measures that have a high and uniform rate of performance or that are no longer of major importance.

Addressing Conflict of Interest

NCQA has a strong conflict of interest policy, approved by the Board and displayed on the Web site. Committee members make written disclosures and review potential material conflicts before new members are appointed. NCQA asks for updates to the written statements annually and requires verbal disclosure of potential conflicts. NCQA also seeks balanced representation on committees as a further check on the potential for undue influence from a single stakeholder perspective.

APPENDIX: NCQA COMMITTEES THAT PROVIDE INPUT ON MEASURES

An overview of the various groups involved in the process of measure development and implementation is below.

Committee on Performance Measurement (CPM)

NCQA's Committee on Performance Measurement oversees the development of the measurement set. It includes representatives of purchasers, consumers, managed care organizations, clinicians, researchers and policy makers. The CPM advises on priority areas for measure development based on their knowledge of what consumers and purchasers want to know, the capabilities of measurement technology, and the scientific evidence on which performance measurement is based. Staff informs the CPM at each critical point in the measure development process.

Measurement Advisory Panels (MAPs)

Measurement Advisory Panels provide scientific and clinical expertise for creating new measures and for revising existing measures. MAP members come from leading academic research institutes and clinical practice and have special knowledge related to the given area. Most MAPs include one or more generalist physicians, consumers or purchasers, and academic researchers. Current MAPs are organized around Oncology, Asthma, Cardiovascular, Behavioral Health, Geriatrics, Women's Health, Children's Health, and Utilization and Cost/Resource Use.

Technical Advisory Group (TAG)

All measure specifications are reviewed by NCQA's Technical Advisory Group – a group of measurement experts. Measures must meet the criteria of relevance, scientific soundness and feasibility in order to be incorporated into HEDIS.

Advisory Councils NCQA also receives feedback on measure development and other areas through regular meetings and communications with various advisory councils. These groups include the Managed Care Organization Advisory Council, Purchasers Advisory Council, Consumer Advisory Council, and Public Sector Advisory Council. This network of key stakeholders ensures that NCQA's products meet the various needs of multiple stakeholders.