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Please contact Renée Nowland at (202)955-3527 for more information about any of NCQA’s projects.
Expanding Participation in the Diabetes Physician Recognition Program
The DPRP was developed in 1997, as a joint venture between NCQA and the American Diabetes Association. The goal of the program is to improve the care given to people with diabetes by recognizing those physicians who not only provide high quality care, but also document and improve their delivery of care. Program measures include HbA1c control, BP control, complete lipid profile, cholesterol control, eye exam, foot exam, nephropathy and smoking cessation. This program is used by health plans for quality improvement, by Bridges to Excellence for pay for performance, and by Medical Boards for meeting some Diplomate recertification criteria. We also anticipate that this and the HSRP (see below) may be used as part of the data collection in the patient centered medical home projects.

Expanding Participation in the Heart Stroke Recognition Program
The HSRP was modeled after the DPRP, as a joint venture between NCQA and the American Heart/American Stroke Associations. The goal of the program is to address the impact of CV diseases and provide a platform to aid physicians in the development of practice protocols to improve care and the well-being of patients. Program measures include BP control, complete lipid profile, cholesterol control, use of antithrombotics, smoking status and cessation advice. This program is used by health plans for quality improvement, by Bridges to Excellence for pay for performance and by Medical Boards for meeting some Diplomate recertification criteria.

Expanding Participation in the Physician Practice Connection Program
NCQA’s evaluation program, Physician Practice Connections, recognizes physician practices that use information systematically to enhance the quality of patient care. Meeting PPC standards means that practices have connections—to patients, to information, to other practitioners and to evidence. The connections in PPC take several forms, and NCQA evaluates standards that cover:
- Enabling patients to communicate with and access the practice easily
- Using systems to track patients, their treatments and conditions
- Managing patients’ care proactively over time
- Supporting patients’ self-management of their health
- Using electronic prescribing tools
- Tracking and following up lab and imaging tests
- Tracking and following up referrals
- Measuring and working to improve performance
- Updating to interoperable electronic systems

Reward programs available in some areas of the country, including Bridges to Excellence, use PPC as a performance assessment. The potential for a rapid increase in participation in the PPC – and potentially other RPs -- is anticipated in 2007-2008 if health plans, as is likely, (see PCMH below) use PPC as the means to identify “patient centered medical homes” (PCMH) in reimbursement demonstration programs. An additional boost could occur if the mandated CMS demonstration of the PCMH also decides to use the PPC as the primary basis of qualifying practices as patient centered medical homes.

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Expanding Participation in the Back Pain Recognition Program
NCQA developed the Back Pain Recognition Program (BPRP) requirements from widely accepted medical evidence, with significant input from physician specialists and health plan and employer representatives. BPRP-Recognized physicians provide patients with the care that best meets their needs, restores health and mobility and avoids unnecessary treatment and tests. Physicians who demonstrate high-quality performance-based care from the outset of patient contact and understand and consider previous treatment history to help avoid inappropriate treatment will help patients receive care that best meets their needs and avoid unnecessary treatment, tests and expenses. The program is designed with an understanding that patients may seek the care of various types of practitioners—primary care, spine specialists, chiropractors—for treatment of an episode of back pain. Like the DPRP and HSRP programs it is the goal to have this program used by health plans for quality improvement, by Bridges to Excellence for pay for performance, and by Medical Boards for meeting some Diplomate recertification criteria.

Developing a Patient Centered Medical Home
The American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics and the American Osteopathic Association have recently announced their agreement on principles and constructs of the “Patient Centered Medical Home” and in linking the PCMH to revised reimbursement for primary care. NCQA is working with these four groups to modify the existing Physician Practice Connection Program (PPC- see above), to serve as the instrument that would identify practices that would be designated as patient centered medical homes. As with practices in the BTE program using the existing PPC, these practices would receive reimbursement from health plans (and CMS in the CMS demonstration) for the degree of “patient centered medical home” they provide. There may also be use of the DPRP and HSRP in evaluating the impact of the PCMH. The main goal of the program is to ensure that patients are receiving the highest quality of care, including prevention and care of chronic illness from their primary care physicians. NCQA expects to launch the Patient Centered Medical Home program in 2007/2008.
II. Key Activities Associated with HEDIS® and Accreditation

Exploration of New HEDIS Performance Measures
NCQA will consider development of new HEDIS (health plan and physician) measures in the following areas in 2007:

- Asthma Persistency – In 2007, NCQA will work with the Respiratory Measurement Advisory Panel to consider the feasibility of developing a measure that assesses persistent use of asthma medications based on established clinical guidelines.
- Childhood, Adolescent, and Adult immunizations – In 2007, NCQA will work with the Centers for Disease Control’s American Council of Immunization Prevention to consider how new antigens align with and impact existing immunization measures in HEDIS.
- PPO Measure Development – In 2007, NCQA will work to evaluate preferred provider organizations (PPOs) on the same set of standards, clinical measures and patient experience ratings on which NCQA has evaluated health maintenance organizations (HMOs) and point-of-service (POS) plans. PPOs seeking NCQA Accreditation would be required to report clinical quality results using HEDIS and CAHPS.
- Wellness – Focusing on wellness and prevention, NCQA will explore opportunities to develop new measures that can be included in existing evaluation programs at the health plan and physician levels. A detailed work plan will be developed in early 2007 with execution throughout 2008.

Reevaluation of Existing HEDIS Measures
In order to ensure the reliability and growth of the HEDIS measurement set, each measure must be reevaluated every three years to ensure relevance, feasibility and scientific soundness. Each year a subset of the measures are studied to identify changes in the clinical guidelines or health care delivery systems in which they operate NCQA will reevaluate and/or implement changes for the following HEDIS measures:

2007 and 2008
- Appropriate Treatment for Children w/Upper Respiratory Infection
- Appropriate Testing for Children w/Pharyngitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Controlling High Blood Pressure
- Cholesterol Management for People w/Cardiovascular Conditions
- Medical Assistance w/Smoking Cessation
- Management of Urinary Incontinence for Older Adults

Implementing New HEDIS Performance Measures
Once a measure is approved for HEDIS, a number of key steps are required to ensure successful implementation. Since reporting of HEDIS is an important component of health plan accreditation, it is critical that health plans and related providers are fully educated when new measures are released. As part of new measure launch and implementation for HEDIS, NCQA

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works with health plans, medical boards, specialty societies, voluntary health associations and others to develop awareness campaigns to ensure measure utilization and adoption.

- **Efficiency / Relative Resource Use Measures for Chronic Conditions**
  Over the past two years, health care efficiency and affordability have emerged as major issues, with both employers and health plans pushing for access to data. To respond to this need, NCQA has developed and tested measures which provide a standardized approach for assessing resource use. When coupled with HEDIS quality of care measures, they will provide more information about the efficiency or value of services rendered by a health plan. The following measures will be implemented in HEDIS 2007 and 2008:

  - Relative Resource Use for People with Diabetes
  - Relative Resource Use for People with Cardiac Conditions
  - Relative Resource Use for People with Asthma
  - Relative Resource Use for People with Chronic Obstructive Pulmonary Disease
  - Relative Resource Use for People with Uncomplicated Hypertension
  - Relative Resource Use for People with Acute Low Back Pain

**Exploration of New Accreditation Standards**

**Accreditation 2008**

NCQA wants to improve the quality of care for all Americans by extending its core focus on quality measurement, reporting and improvement. The proposed standards for Accreditation 2008 seek to extend the improvements accomplished in HMO and POS plans to PPO plans by requiring HEDIS and CAHPS® reporting and by evaluating the effectiveness of disease management, wellness and complex case management programs. Further increase the emphasis on quality by making HEDIS and CAHPS results account for 50% of Accreditation scoring for all plans. Currently, such results account for 36% of scoring for HMO and POS plans—and are not counted at all for PPOs. This will allow consumers, employers and purchasers to compare health plan performance across HMOs, PPOs and POS plans by establishing comparable accreditation requirements for all plans.

**Exploration of Part D Quality Evaluation**

NCQA will explore how Medicare Part D may provide opportunities to assess quality of Part D plan sponsors’ pharmaceutical management services. Depending on CMS interpretation of policy guidelines NCQA may explore how to develop a program to help assess how Part D PDPs and MA-PDs can improve quality care.
III. Making the Business Case for Quality: Key Events, Publications and Tools

Key Events

2007 Public Policy Conference
For the second year, NCQA and other leading health care thought leaders will conduct an in-depth examination of a critical issue in the health care system. As the leader in providing objective health care quality information, NCQA is at the forefront of building the case among key decision makers for quality in the health care system. This conference will present objective, thoughtful and critical information. Conference presenters will include members of the Administration, policy makers, health industry leaders, researchers, F100 employers and other health care decision makers.

2007 Health Disparities Awards: Promoting Culturally and Linguistically Appropriate Services
In 2007, NCQA and the California Endowment Foundation will conduct a conference and an awards event, in Washington D.C., to recognize health plans for innovative approaches to culturally and linguistically appropriate services (CLAS). The event will highlight tools and resources available for addressing CLAS needs, and will review poster presentations and identify strategies of successful initiatives implemented by health plans and medical groups.

2007 Health Quality Awards Dinner – March 15, 2007
In the spring of 2007, NCQA will hold the 2007 Health Quality Awards Dinner. The dinner will bring together many diverse stakeholders and health care luminaries who have demonstrated a commitment to making quality health care a priority. The event will honor key supporters and others whose dedication to quality health care has helped advance NCQA’s mission. In 2007 Senator Chuck Grassley (R-IA), The Honorable Kathleen Sebelius, Governor of the State of Kansas, Edward H. Wagner, M.D., M.P.H., Director, MacColl Institute at the Center for Health Studies/GHC and Let's Just Play Go Healthy Challenge, recognizing the collaborative leadership of the Alliance for a Healthier Generation (American Heart Association & William J. Clinton Foundation) and Nickelodeon, will be honored at NCQA’s 2007 Health Quality Awards.

2008 Health Quality Awards Dinner
In 2008, NCQA will once again hold what is now our annual Health Quality Awards Dinner. The dinner will bring together many diverse stakeholders and health care luminaries who have demonstrated a commitment to making quality health care a priority. While the honorees have yet to be determined the NCQA Health Quality Award will recognize a demonstrated and ongoing commitment to improving the quality of health care by one or more of the following criteria:

- Improving the management or delivery of health care in such a way as to make the system more effective, efficient and compassionate.
- Advancing health care quality through development of appropriate public policy.
- Conducting research or analysis that facilitates efforts to improve the health care system or that actually leads to such improvements.
- Developing public education campaigns to promote awareness of critical health issues.

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Publications

NCQA produces a number of publications each year. With sponsor support, NCQA can identify additional key contacts and customers that will benefit from receiving any or all of the publications listed below. A few examples are listed below.

- HEDIS Volumes
- Standards and Guidelines for the Accreditation of MCOs
- State of Health Care Quality Report
- Toolkits—Health Plan, Medicaid
- White Papers
  - Consumer Driven Health Plans
  - Part D
- Policy Brief Series
- Issue Briefs

One example of how NCQA could distribute complimentary publications and materials is the dissemination of the *MCO Accreditation Standards and Guidelines* and *HEDIS® volumes* to state Medical Directors and State Medicaid Administrator offices.

Additionally, with sponsor support NCQA would like to explore the distribution of print and CD versions of our Medicaid toolkit to Medicaid agencies, federal contacts, consultants and other national organizations. Updated annually, this toolkit describes how NCQA’s evaluation programs can be used by states in Medicaid managed care oversight. The toolkit includes a summary and detailed comparison of NCQA’s standards with federal Medicaid managed care regulations. In addition, it provides a detailed description of specific circumstances under which accreditation and HEDIS may be utilized by states and plans as part of federal compliance. The primary audience for the toolkit is Medicaid directors and their staff involved in managed care oversight and quality improvement. With support, NCQA would like to present the toolkit to national agencies with Medicaid members and at various regional and national meetings as they become available and work with key contacts and agencies to understand the extent to which they are using or plan to use NCQA’s programs and provide assistance as needed in the development of their quality strategies and oversight processes.

Tools

NCQA produces a resources based on the data collected through HEDIS. NCQA can identify a list of key contacts and customers that will benefit from receiving tools to help them make informed decisions about the quality of health care. A few examples illustrating of the tools NCQA produces are below.

**Quality Compass** – With sponsor support, NCQA could disseminate Quality Compass to additional key stakeholders such as employers. Quality Compass is one of the primary quality tools offered by NCQA. It is the most comprehensive database of health plan performance data available and included information on NCQA Accreditation and plan-specific results on HEDIS.

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and CAHPS measures, data sets that measure clinical performance and member satisfaction, respectively and allows employers to directly compare a health plan’s HEDIS and CAHPS scores to other health plans or to national and regional benchmarks. The database allows users to sort by plan to see which health plans achieved “best-in-class” designation on measures covering such conditions as heart attacks, diabetes care and immunization rates. In 2007, Quality Compass will include comprehensive national, regional and state averages and benchmarks for commercial plans. Disseminating this tool to key stakeholders such as state regulators, medical schools, specialty societies or others is an important way to educate key influencers on quality of care and opportunities for improvement.

**Quality Dividend Calculator** – NCQA could also disseminate a new version of the Quality Dividend Calculator (QDC) to mid-sized and small employers and other purchasers of health care. QDC demonstrates that choosing high-quality health plans frequently results in lower health care costs and improved worker productivity. The QDC was recently updated with new data about clinical performance, disease prevalence, employee wages and other information that help determine the return on investment when purchasers choose to contract with high-quality plans. Using HEDIS data, the QDC estimates the number of sick days and lost productivity resulting from illness. Employers can plug in unique information about their company and receive detailed estimates of potential savings. The QDC provides summary data showing how effectively various plans treat prevalent, high-cost illnesses such as diabetes, asthma and cardiac issues; in doing so, the tool offers users a means to determine which plan in their area represents the best value. The QDC considers the following health conditions, each of which has a substantial indirect cost when poorly treated or cared for: alcohol dependency and substance abuse, asthma, chicken pox, depression, diabetes, heart disease, hypertension and smoking. Users who have access to two or more plans’ HEDIS scores can make side-by-side comparisons, or use pre-loaded data to compare an "average" health plan to a high-performing health plan.
IV. Educational Opportunities

Disseminating quality information is one of the many ways in which NCQA works towards achieving its mission. To educate stakeholders that influence health care delivery about quality of care, existing trends, and available tools helps to improve care for patients. NCQA also makes information available to consumers through its Web site. NCQA can work to identify stakeholders such as State health care administrators, Employers and Employer Coalitions, Medical Schools and students, and other key health care decision makers that can benefit from knowing how to use performance measurement and quality improvement tools.

In 2007-2008 NCQA staff will work to educate a variety of key health care stakeholders about how to use accreditation, HEDIS performance measurement, physician recognition, and other quality tools to improve the quality of care. NCQA could work to customize an outreach strategy to various decision makers, one example that may be of interest is educating state regulators and policy makers on how to provided to state residents, Medicaid beneficiaries, and state employees quality health care. Planned activities could include:

**Educating State Regulators and Policy Makers**

In 2007-2008 NCQA staff will educate state regulators and policy makers about how to use accreditation, HEDIS performance measurement, physician recognition and other quality tools to improve the quality of care provided to state residents with private insurance, Medicaid beneficiaries, as well as state employees. With sponsor support, NCQA could undertake the activities outlined below and include information focused around specific HEDIS measures. Planned activities could include:

1) **Key state outreach** - In an effort to educate state regulators about quality of health care, existing trends and tools available to improve care for patients, each year NCQA identifies key states on which to focus educational efforts and outreach. The goal of this outreach is to:

   - Educate state lawmakers about how and why they should create the authority for regulators to deem accrediting organizations.
   - Educate state lawmakers and regulators about how and why they should allow plans to submit accreditation results to waive some or all of the state’s review to reduce duplicative oversight.
   - Educate state lawmakers about how and why they should consider requiring plans to maintain accreditation.
   - Educate state lawmakers and regulators about HEDIS and public reporting at the plan and physician level.

Currently, NCQA maintains deeming status and strong relationships with over 38 states for our accreditation, certification and HEDIS programs. To build on activities underway with both existing and new state relationships, NCQA provides education to State Medical Directors, State Medicaid Administrators and senior leadership within insurance regulatory bodies, on an ongoing basis.

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**Educating Health Plans**

In 2007, NCQA’s Education department will deliver programs on changes to HEDIS measures to managed care and preferred provider health plan medical directors, case managers and other key quality improvement staff. In addition to educating plans on these measures, the programs will also provide details on how plans will report this measure and other new measures included in the 2008 measurement set. Programs will be delivered via live conferences and online.

Development and Delivery of an Online Program – NCQA’s online program could be developed as a CME or non-CME program (NCQA has found that CME credit increases program participation). The program would be 1 hour in length and would be available online 24 hours per day/7 days per week. The content would include information about treatment guidelines, details about the new and changed HEDIS measures, as well as information about quality improvement and best practices. Program promotion would include both online and hard copy mailings. Additional marketing activities could be attached to the program.

**Educating Employer Coalitions and Other Audiences**

Each year NCQA’s staff attends national conferences such as the National Business Coalition on Health Conference, the Academy of Managed Care Pharmacy conference, the Disease Management Manufacturers of America conference, and the America’s Association of Health Plans conference to educate key stakeholders about NCQA’s quality improvement agenda. In 2007-2008, NCQA could customize onsite outreach at these events to include strategic meetings or presentations on the HEDIS measures and other NCQA activities linked to improved care.

NCQA could also deliver customized Webex presentations on new or changes to existing measures. Programs could be developed as non-CME so that marketing and promotional opportunities around the events could be maximized. NCQA could also help promote the events to over 15,000 educational contacts in our database (health plans, employers, physicians).

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