

## ***Proposed Retirement for HEDIS<sup>®1</sup> 2020<sup>2</sup>: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)***

NCQA seeks public comment on the proposed retirement of the *Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)* measure. Introduced to HEDIS in 2005, this measure assesses whether patients 18 years and older with a diagnosis of rheumatoid arthritis (RA) were dispensed at least one disease-modifying anti-rheumatic drug (DMARD) during the measurement year.

NCQA is considering retirement of this measure for several reasons:

1. Treatment strategies focusing on proactive use of DMARDs early in the course of RA, with the goal of low disease activity or remission, have made DMARD-free sustained remission a realistic goal.<sup>3</sup> Research indicates that about 10%–15% of patients can achieve sustained DMARD-free remission, although rates vary due to differences in treatments, definitions of sustained remission and time frames and tools used to assess remission.<sup>3</sup> In any population of persons with RA, a small but significant number of patients may be in remission without the use of DMARDs, but the measure does not currently account for these patients and there are no exclusions for patients in remission. Experts indicated the face validity of the measure would suffer without excluding these patients, but could not identify a method for reliable exclusion, particularly using claims data.
2. Experts indicated that performance rates may have reached a ceiling, even though there appears to be room for improvement in the Medicaid and Medicare product lines. Commercial plan average performance is high (88.3% in 2017). The average performance in 2017 was 77.7% for Medicare plans and 74% for Medicaid plans. Experts suggested it may be difficult for plans to improve performance because patients in the denominator may not be eligible for DMARDs (due to miscoding and inappropriate inclusion of patients who do not have RA in the denominator) or may be appropriately removed from DMARD treatment (e.g., patients in remission).
3. Experts supported retiring the measure, although they acknowledged the importance of measures for patients with RA due to its impact on patient functioning, pain and quality of life. They also noted that the relatively high rates across all product lines may be because the measure only assesses whether patients receive *at least one* DMARD during the measurement year. Assessing DMARD adherence throughout the year might reveal larger performance gaps; however, the face validity challenges described above for any measure of DMARD medications would remain.

Supporting documents include the current measure specification and performance data.

### **NCQA acknowledges the contributions of the Bone & Joint Measurement Advisory Panel and the Geriatric Measurement Advisory Panel**

<sup>1</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup>We recommend retiring the measure for commercial and Medicaid product lines for HEDIS 2020. The measure is also reported by Medicare plans, but because it is used in the Medicare Star Ratings program, we must adhere to CMS regulatory requirements for the program. If this measure is approved for retirement in May, we will work with CMS to determine the HEDIS volume to remove it for Medicare reporting.

<sup>3</sup>Ajeganova, S., and T. Huizinga. 2017. "Sustained remission in rheumatoid arthritis: latest evidence and clinical considerations." *Therapeutic Advances in Musculoskeletal Disease* 9(10), 249–62.

## ***Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)***

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### **PROPOSED RETIREMENT FOR HEDIS 2020**

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#### **Description**

The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

#### **Eligible Population**

*Note: Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.*

<b>Product lines</b>	Commercial, Medicaid, Medicare (report each product line separately).
<b>Ages</b>	18 years and older as of December 31 of the measurement year.
<b>Continuous enrollment</b>	The measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
<b>Anchor date</b>	December 31 of the measurement year.
<b>Benefits</b>	Medical and pharmacy.
<b>Event/diagnosis</b>	Two of the following with different dates of service on or between January 1 and November 30 of the measurement year. Visit type need not be the same for the two visits.

- An outpatient visit (Outpatient Value Set), with any diagnosis of rheumatoid arthritis (Rheumatoid Arthritis Value Set).
- A telephone visit (Telephone Visits Value Set) with any diagnosis of rheumatoid arthritis (Rheumatoid Arthritis Value Set).
- An online assessment (Online Assessments Value Set) with any diagnosis of rheumatoid arthritis (Rheumatoid Arthritis Value Set).
- A nonacute inpatient discharge, with any diagnosis of rheumatoid arthritis (Rheumatoid Arthritis Value Set). To identify nonacute inpatient discharges:
  1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
  3. Identify the discharge date for the stay.

Count a nonacute-to-nonacute direct transfer as two discharges only if both discharges have a diagnosis of rheumatoid arthritis and different dates of service.

Only one of the two visits may be a telehealth visit, a telephone visit or an online assessment. Identify telehealth by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) associated with the outpatient visit.

**Exclusions**

Exclude from Medicare reporting members age 66 and older as of December 31 of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
  - Use the run date of the file to determine if a member had an LTI flag during the measurement year.

Exclude members from all product lines age 81 and older as of December 31 of the measurement year with frailty. To identify frailty, members must have at least one claim for frailty (Frailty Value Set) during the measurement year.

Exclude members from all product lines age 66 and older as of December 31 of the measurement year with advanced illness and frailty. Members must meet both the frailty and advanced illness criteria to be excluded. To identify frailty, members must have at least one claim for frailty (Frailty Value Set) during the measurement year. To identify members with an advanced illness condition, any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years), meet criteria:

- At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) or different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits.
- At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
- A dispensed dementia medication (Dementia Medications List).

***Dementia Medications***

Description	Prescription
Cholinesterase inhibitors	<ul style="list-style-type: none"> <li style="margin-right: 10px;">• Donepezil</li> <li style="margin-right: 10px;">• Galantamine</li> <li>• Rivastigmine</li> </ul>
Miscellaneous central nervous system agents	<ul style="list-style-type: none"> <li>• Memantine</li> </ul>

## Administrative Specification

**Denominator** The eligible population.

**Numerator** Members who had at least one ambulatory prescription dispensed for a DMARD during the measurement year. There are two ways to identify members who received a DMARD: by claim/encounter data and by pharmacy data. The organization may use both methods to identify the numerator, but a member need only be identified by one method to be included in the numerator.

*Claim/encounter data.* A DMARD prescription (DMARD Value Set) during the measurement year.

*Pharmacy data.* Members who were dispensed a DMARD during the measurement year on an ambulatory basis (DMARD Medications List).

### DMARD Medications

Description	Prescription		
5-Aminosalicylates	• Sulfasalazine		
Alkylating agents	• Cyclophosphamide		
Aminoquinolines	• Hydroxychloroquine		
Anti-rheumatics	• Auranofin • Leflunomide	• Methotrexate • Penicillamine	
Immunomodulators	• Abatacept • Adalimumab • Anakinra • Certolizumab	• Certolizumab pegol • Etanercept • Golimumab • Infliximab	• Rituximab • Tocilizumab
Immunosuppressive agents	• Azathioprine	• Cyclosporine	• Mycophenolate
Janus kinase (JAK) inhibitor	• Tofacitinib		
Tetracyclines	• Minocycline		

### Exclusions (optional)

- A diagnosis of HIV (HIV Value Set; HIV Type 2 Value Set) any time during the member's history through December 31 of the measurement year.
- Female members with a diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year.

## HEDIS Health Plan Performance Rates and Denominators: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

### Performance Rates

**Table 1. HEDIS ART Measure Performance—Medicaid Plans**

Measurement Year	Number of Plans	Performance Rates						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2017	170	74.0	9.3	61.9	68.8	74.5	81.0	84.5
2016	170	73.1	9.7	62.3	68.0	73.1	79.5	84.3
2015	147	71.8	10.6	57.4	65.7	72.3	79.3	85.7

**Table 2. HEDIS ART Measure Performance—Commercial Plans**

Measurement Year	Number of Plans	Performance Rates						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2017	355	88.3	4.4	83.6	85.8	88.7	91.0	93.5
2016	366	87.4	5.8	81.7	85.2	88.2	90.8	92.8
2015	357	88.1	4.6	83.1	85.7	88.5	90.9	93.3

**Table 3. HEDIS ART Measure Performance—Medicare Plans**

Measurement Year	Number of Plans	Performance Rates						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2017	373	77.7	6.8	69.2	73.6	78.0	81.7	86.5
2016	358	77.0	7.7	67.2	73.3	77.4	82.2	86.0
2015	346	77.5	8.0	66.7	73.2	78.2	82.9	86.6

**Denominators**

**Table 5. HEDIS ART Measure Denominator—Medicaid Plans**

Measurement Year	Number of Plans	Denominator						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2017	170	363	460	51	104	241	417	827
2016	170	349	435	47	97	226	416	744
2015	147	283	336	50	89	181	355	561

**Table 6. HEDIS ART Measure Denominator—Commercial Plans**

Measurement Year	Number of Plans	Denominator						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2017	355	512	779	54	95	210	564	1,251
2016	366	497	766	55	98	214	554	1,134
2015	357	483	743	59	95	206	532	1,125

**Table 7. HEDIS ART Measure Denominator—Medicare Plans**

Measurement Year	Number of Plans	Denominator						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2017	373	627	1,225	47	83	220	658	1,424
2016	358	601	1,081	46	91	220	648	1,403
2015	346	555	960	54	95	231	628	1,309