The Future of HEDIS®

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Episode 3: October 30, 2019

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

*Episode 3 of this webinar series*

30% of attendees are new
Why change HEDIS, and why now?

Health care environment
Feedback
Market research
What’s the purpose?

Improve utility of HEDIS

Maintain integrity of measures throughout the system
We don’t have all the answers
Changes will be gradual

A process, not an event
Collaboration, not commands
Readiness varies, so the pace will vary
Coming... OCTOBER

31

8 DIGITAL MEASURES
We are early in this journey

More webinars and dialogue to come
Recommended Viewing

See our earlier webinars:
ncqa.org/future_of_hedis

Episode 1: July 12, 2019
Episode 2: September 30, 2019
Save the date!

Look for invitations to future webinars

The Future of HEDIS®

Episode 4: December 10, 2019
Michael S. Barr, MD
NCQA Executive Vice President
5 Themes

“Infrastructure”
How HEDIS works

NOT

Content
What HEDIS measures

The Future of HEDIS

ACCURACY
Licensing & Certification

EASE
Digital Measures

INSIGHT
ECDS Reporting

TIME
Schedule Change

FLEXIBILITY
Allowable Adjustments
Allowable Adjustments

Measures are used for multiple purposes. To give you flexibility to do that, we’ll tell you what those allowable adjustments are.
Licensing and Certification

Then, we'll make sure uses of our measures are accurate and reflect the quality of the care you provide.
Digital Measures
We’ll start giving you measures in a digital format that’s easier to work with.
The Future of HEDIS

5 Themes

Electronic Clinical Data Systems (ECDS)
A new reporting method helps clinical data create insight.
Schedule Change
And we’ll do all of this earlier to give you more time each year.
Schedule Change

So What? “Why should I care?”

NOW

2019

JAN  JUL  DEC

Measures apply to 2019 period

Year is half over before plans see the newest version of measures

2020

JAN  JUN  DEC

Report HEDIS results for 2019 period

NEW

2021

JAN  AUG  DEC

HEDIS measures released

2022

JAN  DEC

Measures apply to 2022 period

Plans have 5-month advance notice on measures

2023

JAN  JUN  DEC

Report HEDIS results for 2022 period

Created by aditvest

Report HEDIS results for 2022 period
**Schedule Change**

*So What? “Why should I care?”*

**NOW**

- **2019**
  - JAN
  - JUL
  - DEC
  - Measures apply to **2019 period**
  - HEDIS measures released

- **2020**
  - JAN
  - JUN
  - DEC
  - Report HEDIS results for **2019 period**

**NEW**

- **2021**
  - JAN
  - AUG
  - DEC
  - HEDIS measures released

- **2022**
  - JAN
  - DEC
  - Measures apply to **2022 period**
  - Plans have 5-month advance notice on measures

- **2023**
  - JAN
  - JUN
  - DEC
  - Report HEDIS results for **2022 period**

**Measure specs, 11 months sooner**
Schedule Change

Now What? “What’s the next step?”

A related simplification: the HEDIS naming convention.

What’s the difference?
Why so many?
### Schedule Change

**Now What?** “What’s the next step?”

**Transition Year: Two HEDIS editions coming July 1, 2020.**

<table>
<thead>
<tr>
<th>Task</th>
<th>HEDIS MY 2020</th>
<th>HEDIS MY 2021</th>
<th>HEDIS MY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publish Vols. 1 &amp; 2</td>
<td>7/1/2020</td>
<td>7/1/2020</td>
<td>8/1/2021</td>
</tr>
<tr>
<td>Publish Vol. 2 Technical Update</td>
<td>10/1/2020</td>
<td>3/31/2021</td>
<td>3/31/2022</td>
</tr>
<tr>
<td>First Year Public Reporting</td>
<td>10/1/2020</td>
<td>10/1/2021</td>
<td>10/1/2022</td>
</tr>
<tr>
<td>Complete HEDIS Vendor Certification (Survey)</td>
<td>12/15/2020</td>
<td>12/15/2021</td>
<td>12/15/2022</td>
</tr>
<tr>
<td>Complete HEDIS Vendor Certification</td>
<td>2/15/2021</td>
<td>10/1/2021</td>
<td>7/1/2022</td>
</tr>
<tr>
<td>Data Submission Due</td>
<td>6/15/2021</td>
<td>6/15/2022</td>
<td>6/15/2023</td>
</tr>
</tbody>
</table>
Now let’s get into your questions during and after our last webinar…
What’s next for digital measures?

Available for preorder in the NCQA store

October 31 Release

2020 Release - TBD

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations for Adolescents</td>
<td>IMA</td>
</tr>
<tr>
<td>Use of Opioids from Multiple Providers</td>
<td>UOP</td>
</tr>
<tr>
<td>Appropriate Treatment for Upper Respiratory Infection</td>
<td>URI</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</td>
<td>AAB</td>
</tr>
<tr>
<td>Appropriate Testing for Pharyngitis</td>
<td>CWP</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>CCS</td>
</tr>
<tr>
<td>Metabolic Monitoring for Children/Adol. on Antipsychotics</td>
<td>APM</td>
</tr>
<tr>
<td>Non-Recommended PSA-Based Screening in Older Men</td>
<td>PSA</td>
</tr>
</tbody>
</table>

Guidance how to use these Digital Measure specifications along with Volume 2 specifications
What Are Digital Measures?

HEDIS BCS Digital Version

```python
context Patient

define "Denominator":
  "Initial Population"

define "Mastectomy Exclusion":
  ( Count("Unilateral Mastectomy Procedure")= 2 )
  or ( ( exists "Right Mastectomy Diagnosis"
       or exists "Right Mastectomy Procedure"
       )
       and ( exists "Left Mastectomy Diagnosis"
            or exists "Left Mastectomy Procedure"
            )
  )
  or exists "History Bilateral Mastectomy"
  or exists "Bilateral Mastectomy Procedure"

define "Numerator":
  exists ( ["Diagnostic Study, Performed": "Mammography"] Mammogram
    where ( Mammogram.relevantPeriod ends 27 months or less before day of
            end of "Measurement Period"
            )
  )
```

Machine Readable Specifications

- NCQA produces standardized measure code for customers
- Use international standards to represent measure logic
- Use U.S. standards to represent data elements
- Perform the function of measure calculation
- Use the same terminologies as paper specifications
**ECDS Myth #1**
All ECDS measures are digital and all digital measures are ECDS

**Reality**
ECDS measures are digital measures, but traditional HEDIS measures can also be digital.
HEDIS / 88
non-survey measures

ECDS / 11

DIGITAL / 19
Why is NCQA producing Digital Measures?

Easier transfer of measures into your IT system

Reduce interpretation, recoding, human error

Standardize to ease use across care continuum
Evolving eCQM Standards

Definitions:

HQMF – Health Quality Measure Format
CQL – Clinical Quality Language
QDM – Quality Data Model
Supporting Clinical Care: Realizing the Promise of HIT

In order to realize the potential Digital quality measurement offers, we need:

• Standards that support the quality use cases
• Ability of a HIT system to support users through automated recommendations

Clinical Quality Language (CQL)

• Data model-agnostic expression language
• Allows authors to build efficient clinical quality measures (eCQMs) that are both machine- and human-readable.
• Simplifying artifacts to improve the ability to implement and share
HEDIS Transformation to Digital

Depression Screening and Follow-up

**Paper**

Positive Depression Screen Value Set

HCPCS G8431: Screening for depression is documented as being positive

**Digital**

<table>
<thead>
<tr>
<th>Instruments for Adolescents (12–17 years)</th>
<th>Positive Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Health Questionnaire Modified for Teens (PHQ-9M)</td>
<td>Total Score (\geq 5)</td>
</tr>
</tbody>
</table>

**Definition**

Define **Positive Adolescent Depression Screen with result**:

\[
\text{define Positive Adolescent Depression Screen with result ( ["Assessment, Performed": "Patient Health Questionnaire 9 Modified for Teens total score"] PHQ9M where PHQ9M.result \(\geq 5\) )}
\]

Code "Patient Health Questionnaire 9: Modified for Teens total score [Reported.PHQ.Teen]": '89204-2' from "LOINC" display

Define "Denominator 2":

exists "Positive Adolescent Screen"

Define "Follow Up on Positive Screen Within 30 Days":

\[
\text{define "Follow Up on Positive Screen Within 30 Days": ( ( ( ["Encounter, Performed": "Follow Up Visit"]}
\]
Electronic Clinical Data Systems (ECDS)

Fundamental Principles

- Quality measurement should be useful beyond just reporting quality scores, it should be valuable for QI
  - Prospective measurement supports decision-making
  - HEDIS is a great mechanism for introducing innovation

- ECDS measures should identify all the necessary resources and provide the knowledge to provide high-quality, person-centered care

- ECDS measures should encourage the sharing of detailed, individual-specific data between source systems
ECDS Myth #2
ECDS is completely replacing HEDIS admin claims reporting

Reality
Admin data is still a very relevant and informative data source and is one of the four major data categories for reporting ECDS.

If an organization has all the information required for an ECDS measure within its admin files...

...that is all it needs to report to NCQA
ECDS: The Next Generation of Quality Measurement

A Person-specific Quality Measurement Model

- Person-specific definitions that relate to an individual’s unique healthcare circumstances

- ECDS measures are a “compass” pointing healthcare towards quality improvement:
  - a patient-centered focus
  - Knowledge generated is meaningful to many
  - Prospectively supports care processes – not a retrospective assessment of care coordination failures
ECDS Myth #3

EMRs have all the information needed to report HEDIS ECDS measures and are the best source for this information. If the data is not in the EMR, it is the fault of the provider who didn’t enter it properly in the first place.

Reality

EMRs are limited in the amount of longitudinal information they contain for any one patient. Plans have access to a wealth of information from across a much larger network than any single provider.

ECDS is designed to encourage organizations to seek alternative sources of data to fill gaps in knowledge about a person’s health care experiences and future requirements.
ECDS Myth # 4

ECDS was designed specifically for fully integrated health systems

Reality

ECDS was designed with the existing HEDIS ecosystem in mind. It is intended to facilitate the use of more member data but encourages reporting organizations to creatively assess what data could be valuable.

ECDS should be approached as you would any other HEDIS data.
ECDS Myth #5

Digital measures are a passing “fad” that will be gone tomorrow.

Reality

The world has embraced the reality of our digital ecosystem (iPhone apps, Twitter, Instagram).

Quality measurement lags behind with regard to adoption of technology to improve knowledge and efficiency of the process.

*Digital measurement is the new normal.*
First ECDS measure to be publicly reported

Prenatal Immunization Status

HEDIS MEASUREMENT YEAR 2020
(Reported June 2021)
**ECDS Myth #6**

Only fully integrated payers can meet the requirements for ECDS reporting

**Reality**

Fully integrated plans do have somewhat of an advantage in terms of accessing EMR data, however EMRs often do not contain comprehensive information for any one individual.

ECDS is specifically designed as a transition strategy for building capability and momentum towards a more meaningful, relevant and less burdensome measurement enterprise.
Person-Specific Measurement in the Future

A Meaningful and Relevant High-Value Measurement Enterprise

Current HEDIS Measure Description

The percentage of women 52–74 years of age who have been enrolled in a health plan for at least two years and who have had a mammogram to screen for breast cancer every other year.

- Does not account for patient risk profile
- Does not include women who recently changed plans
- Does not account for patient preferences
- Does not consider the significance of positive and negative findings

Person-Specific HEDIS Measure Description

Are women…

…getting high-quality preventive services?
Digital Measurement Community

Coming Soon

A NEW interactive platform for stakeholders engaged in the development and implementation of digital quality measures

To sign up, visit:
www.ncqa.org/dmc

or email
digital.measures@ncqa.org
Questions
Thank you