Webinar Transcript:
Episode 7 – September 29, 2020

Emerging Strategies for Telehealth, HEDIS and NCQA Products
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Please note: This transcript has been lightly edited to facilitate reading spoken statements in writing

Speakers
Peggy O’Kane, NCQA President
Brad Ryan, NCQA, Chief Product Officer
Michael Barr, NCQA EVP, Quality Management and Research Group

Peggy O’Kane (00:10): Good afternoon, everybody and welcome to NCQA’s Quality Innovation Series.
Well, let's face the facts. Our cheese got moved. Everybody's cheese got moved and what we really want to emphasize is quality matters more than ever. It's going to look a little different. We're going to have to take different routes to get there, but it is still crucially important that our healthcare system really work hard to deliver a high-quality health care.
Of course, healthcare can't solve every problem. There are background issues like social justice. A lot of the inequities we see in healthcare outcomes really stem from larger causes. So what healthcare can do is what healthcare is accountable for, gaps in care and the larger issues have to be dealt with elsewhere.
So what we're thinking about a lot these days is the digital future, moving from measurement alone to improvement and how data informs what we do.
So why do we need to change HEDIS? Well, we want to do more quality improvement with less emphasis on quality measurement and we want to take advantage of delivery system capabilities. So when we started with HEDIS there were no delivery system data capabilities. Today, while they’re not as well organized as they might be, there are lots of capabilities out there and it’s like having hidden treasure. We’d like to take advantage of that and really make the whole quality enterprise work much better for the people that work in it and for the outcomes we’re able to achieve for our patients.

Our aim

Greater utility of HEDIS at point of care

Integrity of measurement throughout the system

So our aim is to have greater utility of HEDIS at the point of care and greater integrity of measurement throughout the system.
These changes will be steady. So this is a marathon, not a sprint or a process, not an event. It’s about collaboration, not commands and it’s purposeful and deliberate and learning constantly from what happens when we make a change. So we’re early in this journey.
We have many more webinars and conversations to come and we want to thank you for being with us here and going on this journey with us. Now I'm going to turn it over to Brad Ryan, NCQA's chief product officer.

Brad Ryan (02:55): Great, thank you, Peggy and thanks to all of you for joining us to talk this important and exciting set of topics.
As Peggy mentioned, I want to talk a little bit about the digital future in quality and then speak a little bit about what NCQA is thinking and how we're developing and moving down that path. It's not to say that we don't have digital or don't have technology as part of the quality infrastructure today, but you could say that a lot of the technology that we've brought to bear has been reinforcing of the traditional people and paper based process that we've developed over several decades.

That enables not just technology to reinforce the previous system, but it allows for a re-imagining of what the quality system can look like and should look like in the future. When we think about that vision of the future, we see several benefits for the system overall. The ability to create and use more clinically relevant measures that are more directly linked to the clinical best practices that our physicians are trained on and that our patients are dealing with as they go through and deal with their healthcare and health.

To be able to provide more actionable insights and improve the accountability at every level. We have traditionally measured plans and thought about accountability at the plan level, but more and more, there's a need to think further up the chain towards healthcare delivery systems, individual providers, and to give them the tools, not just to report on quality, but to take action to improve it.

Related, we see the digital quality future as enabling much more timely insights before and during a patient's engagement with their healthcare or with their health. Quality insights that are claims-based or administrative in nature tend to come on the backend of those claims being submitted and processed and paid. Quality in the future can move much more into a proactive or near real time setting. In a connected future, digital quality care plans, not just data or quality measurement, but the care plans for what the care gaps that need to be closed
or the plans of care that they need to be enacted across multiple players in the ecosystem can follow patients where they go and where they engage and that connected infrastructure is well beyond data interoperability and really gets towards knowledge and our interoperability and shared insights about patients as opposed to data exchange.

Then finally, we believe that there needs to be some common infrastructure that supports this digital quality future and that common infrastructure is more than standards. It includes standards like fire that you may have heard of or clinical quality language CQL, but it's more than just the standards, because it enables some of the connectivity that we're describing to be able to share knowledge, whether that be a measure or a care guideline or a care plan, as well as sharing data such as the data required for reporting on quality.

So that's a little bit about the future as we envision it and many in the space who are thinking about digital transformation envision it. I want to say a little bit to help connect where NCQA plays a role both today and in the future to that digital quality vision.

**NCQA enables healthcare organizations to...**

If you think about the roles that NCQA has traditionally played, we think about that in four categories. Helping drive alignment for organizations to meet the regulatory standards and the expectations of the organizations that are purchasing healthcare and paying for healthcare.

That manifests itself in a lot of our accreditation and recognition programs. The solutions that help support care delivery improvement. So not just measuring, but helping provide insights that can close care gaps and can help drive the standards that help organizations to perform better in their quality programs, such as our patient center medical home program. Solutions that support validated data reporting and validated measure execution for apples to apples comparisons around quality.
That’s really where our HEDIS program has become the industry standard for a truly comparable, standardized set of quality measures that are used for many incentive-based payment programs, including stars, including many of the plan value-based payment programs and contracts that are out there. Then finally around performance, enabling organizations to substantiate their value propositions and settle those incentive-based contracts through measurement and reporting and the results of that such as our health plan ratings and quality compass products.

That whole value chain is really underpinned by trust and NCQA’s role as an independent third-party evaluator and apples to apples mechanism for comparing quality across organizations really facilitates that. That is a role that we see NCQA playing in this digital future, just like we play in today’s model. So I want to talk a little bit about how what we do currently is evolving and will continue to evolve into that digital future.

**Digitizing current services and offering new digital products**

*Digital transformation*

<table>
<thead>
<tr>
<th>CURRENT</th>
<th>DIGITAL EXPANSION</th>
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| Alignment | - Consensus & Alignment Processes  
- Accreditation & Credentialing | - Digital Community  
- Telehealth & Virtual Networks |
| Care Delivery | - Recognition (e.g., PCMH)  
- Population Health Programs | - Care Improvement Solutions |
| Reporting | - HEDIS Certification  
- Data Validation Audit | - Digital Measures  
- Reporting Solutions |
| Performance | - Data & Ratings Products | - VBOP/Provider Measures  
- Performance Solutions |

In each of those four categories, you can imagine digital solutions that support similar set of value propositions. So we’ve launched recently in the alignment category, our digital measures community and that’s something we’re going to be expanding and growing and adding more capabilities into for things like collaboration and knowledge sharing, as well as helping to facilitate those consensus and alignment processes that NCQA drives today to help drive standards and common approaches to measurement and policy.

In the second category of care delivery, we really want to invest and again, moving upstream and moving towards the provider side of the equation to provide solutions that help more readily influence care delivery and improve care related to quality. So beyond the measurement, before the measurement, more proactive, more relevant, more timely. In the reporting space, we’ve already launched several digital measures. So measures that no longer require interpretation development and maintenance by a set of third-party developers that can be imported and that define themselves in an executable way.
So they look more like computer code than paper specifications and we think that's going to reduce a lot of unneeded development effort and maintenance effort, as well as speed the distribution of those measures and updates to those measures with our ecosystem. We think there's a lot of opportunity to digitize some of the data validation, auditing and reporting mechanisms that we have and to tech enable those or to automate some of those processes and we're launching programs today that help expand those reporting programs in our data aggregator validation program, our NLP working group and future digital solutions that may offer the opportunity to tech enable those programs substantially.

Then finally around performance taking our data products and our ratings products and thinking how they support value-based payment and value-based contracting more explicitly and helping facilitate the creation and administration of those contracts with our stakeholders that are already using those products in their incentive contracts, but extending them and building them more explicitly for that purpose.

Digital quality benefits across key stakeholders

So just a few examples of how we see today lining up with tomorrow when it comes to this digital quality future. We think that benefits, not just the organizations that work directly with NCQA, but stakeholders really across the ecosystem. We've mentioned a few of these, but at the practice or provider group level, ease and burden reduction in reporting and timely and relevant insights. At the payer level, whether it's CMS or the private payers, some common components in multi plan, multi measure infrastructure and approaches that help ease the administration of their own payment programs and quality programs and ease the burden on their networks for participating in those.

Then for a large number of the stakeholders that sit in and around the payers and providers in the quality value chain, we think really there's a lot of opportunity to reduce manual effort and in many cases, redundant effort that should result in those organizations making it easier for them to access our content, implement
our content, maintain our content as well as facilitating redistribution of their investment dollars against things like quality improvement, where we really want the industry focusing rather than on tasks measure maintenance when we make updates to our measures.

So we think this is a bright future and we’re excited about the progress we’ve already made and the progress that’s still to come as we evolve in this exciting space. So with that, I’m going to turn it over to Michael Barr who’s going to talk a little more specifically about our HEDIS program and the evolution and future of HEDIS as it relates to digital and beyond. Michael?

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**The Future of HEDIS: The Big 6 Themes**

Michael S. Barr, MD  
NCQA Executive Vice President

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Michael Barr (15:04): Thank you Brad.
If you are among the thousands of people who have attended our future HEDIS webinar series over the past year and a half, what I’m about to show will look somewhat familiar. It has been several months since we shared this information so seeing it again could be a useful refresher. If you have not seen a future HEDIS webinar, what I’m about to say, well, we all knew. We invite you to watch previous webinars the web address shown here: https://www.ncqa.org/hedis/the-future-of-hedis/. We’ll cover each of the six themes briefly now and spend a bit more time on electronic clinical data systems or ECDS reporting.
We know people want to use HEDIS measures for purposes other than health plan reporting. That’s why we have HEDIS allowable adjustments. Allowable adjustments provide the flexibility to modify certain aspects of measures without undermining their clinical integrity. Narrowing a specified age range or focusing on a sub-population within the specified eligible population are two easy, quick examples. Another would be turning off continuous enrollment requirements.
6 themes

Licensing & Certification

We'll make sure uses of our measures are **accurate** and **reflect quality** of care.

Licensing and certification provide the accuracy needed to make sure the use and output of our measures reflect the quality of care provided.

6 themes

*Digital Measures*

We'll give you measures in a **digital** format that's **easier** to work with.

Learn more during our #QISeries:

- [HEDIS 2020 First Year Results](#)
  Thursday, October 8, 3pm ET

- [Building on the HEDIS Foundation: Digital Quality Measures](#)
  Thursday, November 5, 3pm ET
We write digital measures as computer codes so you don't have to. Using digital measures, reduces human error, implementation time and non-standardization. NCQA digital measures are downloadable and machine readable from the MCQA store. For those organizations that can download the measures directly into an execution environment, the benefit translates into significant cost savings, programming and reduce time to implementation.

We'll talk about digital measures in the webinars listed here on October 8th and November 5th.

6 themes

ECDS

A new reporting method helps clinical data create insight.

ECDS reporting or electronic clinical data systems is NCQA’s newest reporting method. As digital measures, these have all the efficiencies that are referenced on the prior slide. This reporting method was designed to help you as implementers increase the efficiency of quality reporting and to use data and clinical information from many sources, not just electronic health records to generate new quality insights from data created as care is delivered. I'll come back to tell you more about ECDS in a moment, but first, the next big theme in the future of HEDIS is a shift in our publication schedule.
The HEDIS publication will be released on July 1st, 2020 was a two-fer. It has HEDIS specifications for measurement year 2020 and measurement year 2021. That two in one or a double serving of HEDIS specs was a big step in bringing you HEDIS specifications earlier than when we used to do.

6 themes

 schedule change

We will release HEDIS specs earlier to give you more time each year.

6 themes

Telehealth

Align. Adapt. Innovate.

Recent recommendations of our Taskforce on Telehealth Policy:
ncqa.org/telehealth

Learn more during our #QISeries:
- HEDIS Measurement Year 2020 & Measurement Year 2021: Changes and New Measures
  Thursday, October 22, 2pm ET

Telehealth use has expanded dramatically during the COVID-19 pandemic, providing much needed access to care. We've added telehealth codes to HEDIS
measures and are exploring how to support and sustain telehealth as a modality for delivering high quality healthcare.

Three words capture what NCQA is doing in telehealth. Align, adapt and innovate. We are working to align policies that enhanced telehealth, adapt the quality enterprise to optimize and promote telehealth and innovate new ways that integrate and enable telehealth.

Future of HEDIS: More on ECDS

Michael S. Barr, MD
NCQA Executive Vice President

Those are the six big themes that define the future of HEDIS. I want to circle back now to ECDS because I have some news about it. Let me be clear which HEDIS measures currently use ECDS reporting.
We had 11 measures available for ECDS reporting and measurement to your 2019. These include the eight measures at the top of this page, which you could say were kind of born as ECDS measures.

There are also three measures that were specified for ECDS reporting. In 2019, we added voluntary ECDS reporting for these familiar and widely used measures. Breast cancer screening follow-up care for children prescribed ADHD medication, and colorectal cancer screening. Now that you know what the ECDS measures are, let’s look at how they work.
Electronic clinical data systems contain a plan member's health information and experience of care information. Each key data element, for example, numerator is reported by the source system of record where that data element was found and categorized by one of these four types. EHR, clinical registry, including health information exchanges, case management systems and administered claims and enrollment data. Organizations follow hierarchy for the data categories to ensure that key data elements are only counted once even if they exist in multiple data sources.
Three learning collaboratives, which all ended this summer taught us how health plans can improve reporting and performance of ECDS behavioral health measures. Our three collaborators are listed on the left. The middle shows some of what our teams learned, including incentives for data sharing, data access through HIEs, data vendors, case management programs, and use of standardized screening tools for behavioral health and enhancing outreach to people with positive screenings. Successful strategies of plans implemented on the right and you can learn more about these findings during the digital pioneers panel on October 15th and hear about health plans experiences reporting HEDIS measures using ECDS.
We conducted quantitative and qualitative analysis of the measures reported using ECDS. The quantitative analysis included a view reporting and performance trends for the three measures that use traditional and ECDS reporting. That would be screening for breast cancer and colon cancer and follow-up care for children prescribed ADHD medication. We compare performance across both of those methods and we were encouraged that 25% of plans use both methods to report.

Our qualitative analysis consisted of semi-structured interviews with health plans and auditors because we wanted to hear about plans experiences with the three measures specified both traditional ECDS reporting. You can hear more details about these analysis during the HEDIS 2020 first year results session on October 8th, including comparison of the performance rates between the two types of reporting. We are excited about the ECDS. It's a big part of the Future of HEDIS.
ECDS Reporting

Go deeper

Learn more during our #QISeries:

- **HEDIS 2020 First Year Results**
  Thursday, October 8, 3pm ET

- **The Digital Measures**
  Pioneer Panel
  Thursday, October 15, 3pm ET

- **Building on the HEDIS Foundation:**
  Digital Quality Measures
  Thursday, November 5, 3pm ET

That's why we're dedicating a lot of time to ECDS in this Quality Innovation series. I mentioned several upcoming sessions. Here they are again. First-year results on October 8th, the pioneer panel on October 15th and more about digital quality measures on November 5th.

And something new that's not ECDS...

Michael S. Barr, MD
NCQA Executive Vice President
Something new that’s not ECDS. While we are enthusiastic about digital quality measurement, we recognize that there are real challenges, including data access, data quality, and the costs associated with transition. As always, we look forward to your feedback, questions, and guidance here at the quality innovation series and online through the new Digital Measurement Community we launched in July.

You’ll find content for payers, clinicians, informaticists, and policy experts, including blogs, podcasts and videos. There’s also the community forum where people engage on topics that just digital quality measures, digital innovation, public policy, and relevant news items. So we welcome you to share your experiences and lessons through the community forum. The link to join for free is on the slide. Thank you for your Interest and I look forward to your questions.