The Future of HEDIS®: Digital Measures and Health Equity

February 24, 2021
Agenda

WHY CHANGE HEDIS
WHAT WE’RE CHANGING IN HEDIS
NEW IDEAS ON ECDS REPORTING
HEDIS AND HEALTH EQUITY
Q&A
Peggy O’Kane
Why Change HEDIS
Why change HEDIS

Less QM, more QI

Take advantage of delivery system capabilities
Our aim

Greater utility of HEDIS at point of care

Integrity of measurement throughout the system
Always on our minds...

The *digital* future

Moving from *measurement* to *improvement*

How data informs what we do
Changes will be steady

A process, not an event

Collaboration, not commands

Purposeful, not rushed
This will be a long journey

More webinars and dialogue to come
If you remember only 1 thing from today...

HEDIS Public Comment
Open until March 11

ncqa.org/PublicComment
Michael Barr

What We’re Changing in HEDIS
6 themes

See our Future of HEDIS webinar series:

https://www.ncqa.org/hedis/the-future-of-hedis/
To give you **flexibility** in how you use our measures, we'll tell you their **allowable adjustments**.
6 themes

Licensing & Certification

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

**Digital Measures**

We’ll give you measures in a **digital** format that’s **easier** to work with.
A new reporting method helps clinical data create insight.
We now release HEDIS specs earlier to give you more time each year.
## Schedule Change

<table>
<thead>
<tr>
<th>Event</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>
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<tr>
<td>Data Submission Due</td>
<td>6/15/2021</td>
<td>6/15/2022</td>
<td>6/15/2023</td>
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</tbody>
</table>
6 themes

Telehealth

Align. Adapt. Innovate.

See recommendations of our Taskforce on Telehealth Policy: ncqa.org/telehealth
Fern McCree, Senior Health Care Analyst

Roadmap for Electronic Clinical Data Systems Reporting Method
NCQA’s Vision for Quality Measurement

Better accountability at all levels

Programs use better measures

Measures move beyond visit counts and low-bar process

New data sources, improved content and flow

Meaningful, patient-specific measures

Standardized electronic data

Measure harmonization across programs

Standardized, machine readable logic (CQL)
NCQA’s Digital Measures Roadmap

Moving towards greater use and sharing of standardized electronic data across providers and systems

Writing specifications in clinical quality language (CQL) – “digital measures”

Transitioning digital measures to the FHIR-CQL data model

Evaluating measures for Electronic Clinical Data Systems (ECDS) reporting
What Are Digital Quality Measures (dQMs)?

dQMs are machine-readable, i.e., written as computer code

dQMs available for MY 2020/2021:

- **8** digitized versions of existing measures reported using traditional methods
- **11** specified for ECDS reporting

**Easier transfer of measures into your IT system**

**Reduce interpretation, recoding, human error**

**Standardize to ease use across care continuum**
NCQA is moving to FHIR®!

FHIR-CQL measures to be released in Fall 2021

- Fast Healthcare Interoperability Resources (FHIR) - interoperability standard that aligns quality measurement with other use cases
- Aligns with the direction of other key stakeholders

Plan to release 22 dQMs in FHIR-CQL in Fall 2021 (Measurement Year 2022)

Proposed New dQMs
- Follow-Up After Emergency Department Visit for Mental Illness
- Risk of Continued Opioid Use
- Childhood Immunization Status

Released 5 draft FHIR-CQL HEDIS measures in November 2020
• Intended for education and information gathering only
Electronic Clinical Data Systems (ECDS)

Reporting standard for HEDIS

A **structured method** to collect and report **electronic clinical data** for HEDIS® quality **measurement** and for quality **improvement**

To qualify, data must use **standard layouts**, meet the **technical specifications** and be **accessible by the care team** upon request

Organizations report each measure component **by source system of record**

For more information on ECDS: [http://www.ncqa.org/ecds](http://www.ncqa.org/ecds)
Measures Currently Available for ECDS reporting

11 measures available for ECDS reporting for MY 2020/2021

<table>
<thead>
<tr>
<th>8 Measures <strong>Originally Introduced</strong> into HEDIS with ECDS Reporting</th>
</tr>
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<tbody>
<tr>
<td>• Prenatal Immunization Status</td>
</tr>
<tr>
<td>• Adult Immunization Status</td>
</tr>
<tr>
<td>• Depression Screening and Follow-Up for Adolescents and Adults</td>
</tr>
<tr>
<td>• Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults</td>
</tr>
<tr>
<td>• Depression Remission or Response for Adolescents and Adults</td>
</tr>
<tr>
<td>• Unhealthy Alcohol Use Screening and Follow-Up</td>
</tr>
<tr>
<td>• Prenatal Depression Screening and Follow-Up</td>
</tr>
<tr>
<td>• Postpartum Depression Screening and Follow-Up</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Existing HEDIS Measures specified for ECDS Reporting</th>
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</thead>
<tbody>
<tr>
<td>• Breast Cancer Screening</td>
</tr>
<tr>
<td>• Follow-Up Care for Children Prescribed ADHD Medication</td>
</tr>
<tr>
<td>• Colorectal Cancer Screening</td>
</tr>
</tbody>
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Available for optional ECDS reporting alongside administrative and hybrid
ECDS Goals and Strategy

Digital Measures Roadmap

**Stakeholder engagement**
- Health plan interviews
- State/panel presentations
- Public comment

**Inform pace**
- Quantitative analysis of ECDS results

**Improve uptake**
- Learning collaboratives
- Add more measures to ECDS reporting

**Overall support for ECDS reporting**
- Prioritize screening and immunization measures
- Provide additional resources to support adoption

**Increased number of plans reporting ECDS**
- Increased use of HIE, registry, EHR data sources
- Challenges exchanging behavioral health information

**Gained insight into strategies for data sharing**
- Encouraging results for dual reported measures
What’s Next for ECDS Reporting?
Proposed Transition to ECDS Only Reporting for:

- Breast Cancer Screening
- Follow-up Care for Children Prescribed ADHD Medication
- Colorectal Cancer Screening

<table>
<thead>
<tr>
<th></th>
<th>Current Publication MY 2020/2021</th>
<th>Next Publication MY 2022</th>
<th>MY 2023</th>
<th>MY 2024</th>
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</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>Optional ECDS reporting alongside Admin</td>
<td>Permit plans to choose ECDS or Admin</td>
<td>ECDS only Admin removed</td>
<td></td>
</tr>
<tr>
<td>ADHD Medication</td>
<td></td>
<td>Permit plans to choose ECDS or Admin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Optional ECDS reporting alongside Hybrid</td>
<td>Permit plans to choose ECDS or Hybrid</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>ECDS only Hybrid removed</td>
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<td></td>
</tr>
</tbody>
</table>
## Proposed Measures for ECDS Reporting

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Why</th>
</tr>
</thead>
</table>
| **MY 2022** | Potentially allow optional ECDS reporting for additional measures:  
  • *Childhood Immunization Status*\(^1\)   
  • *Immunizations for Adolescents*\(^1\)  
  • *Metabolic Monitoring for Children & Adol. on Antipsychotics*\(^2\)                                                                   | Stakeholder interest in *preventive care and immunization* measures  |
| **MY 2023** |  
  • *Cervical Cancer Screening*\(^1\)                                                                                                                                                                 | Information well-captured in *structured data*                       |
| **Looking Ahead** | Enhance and replace existing measures using ECDS                                                                                                                                                  | Better measures that leverage clinical data captured during the course of care |

\(^1\)Traditionally reported administrative or hybrid  
\(^2\)Traditionally reported administrative
Supporting ECDS Adoption

ECDS Reporting Roadmap

Resources

Report summarizing stakeholder feedback on the ECDS reporting standard

Coming soon!

Toolkit highlighting best practices in ECDS reporting

Coming soon!

Quality Innovation Series: Digital Quality, Measurement and Reporting

• 4-6 virtual sessions; 1 session will highlight lessons learned from ECDS reporting
• Sign up to receive additional information: https://www.ncqa.org/qiseries/savethedate/
Digital Measurement Community (DMC)

Learn and Collaborate

*Sharing Best Practices* - To promote quality and accountability in the field

*Education* - To facilitate the adoption of digital measures and related standards

*Collaboration* - Collaborating to build a vibrant digital measurement community

To sign up, visit: [www.ncqa.org/dmc](http://www.ncqa.org/dmc)
Save the Date

July 13-15, 2021
Online

digitalqualitysummit.org
Public Comment

ECDS Reporting Roadmap

- Proposed timeline for removing traditional reporting from measures currently specified for ECDS.
- Suggestions on measure concepts that would be well-suited for future ECDS reporting.
- How can NCQA further support adoption of the EDCS reporting standard?

Public comment runs until March 11, 2021
https://www.ncqa.org/about-ncqa/contact-us/public-comments/
Rachel Harrington, Research Scientist

Introduction of Race and Ethnicity
Stratification into Select HEDIS Measures
Equity is in our *mission*

NCQA exists to improve health care.

High quality care is equitable care.

Inequitable care is *low quality* care.
Related, but not Interchangeable

Clarifying Terms and Concepts

Health Equity

Social Needs

Health Disparities

Social Risks

Social Determinants of Health
Health Inequity: Racial and Ethnic Disparities

An Example

### Racial/Ethnic Inequities in Health Care
- Disparities in availability, access to, and quality of health care

### Racial/Ethnic Inequities in Health Outcomes
- Disparities in burden of illness, injury, disability, or morbidity

### Health Care Systems
- Ambulatory, Inpatient, Outpatient, Long-Term Services and Support

### Social Determinants of Health
- Conditions where people are born, grow, live, work, play, and age that affect health risks and outcomes

### Interpersonal Racism
- Explicit Bigotry & Implicit Bias

### Systemic Racism
- Structural & Institutional
Where are we now?

EQUITY AND SDOH IN EXISTING NCQA EFFORTS
Equity & SDOH in Existing NCQA Programs

Assess SDOH at population level and individual level

Requires CLAS programming and addressing disparities

Collection of SDOH at the individual level
Equity & SDOH in Current HEDIS Measures

Two descriptive measures of race, ethnicity and language of membership

- Race/Ethnicity Diversity of Membership
- Language Diversity of Membership

Four measures stratified by socioeconomic status (Medicare Advantage)

- Comprehensive Diabetes Care
- Breast Cancer Screening
- Colorectal Cancer Screening
- All-Cause Readmission
Resources for Stakeholders

Tackling social determinants and health equity

Resource Guide
ncqa.org/white-papers/sdoh-resource-guide

Policymaker Perspectives
blog.ncqa.org

Social Determinants of Health Resource Guide

Developed with support from Janssen Scientific Affairs, LLC
Where are we going?

PUSHING EQUITY TO THE FOREFRONT OF QUALITY
Pathway towards Health Equity

Efforts to drive improvement

High quality care is equitable care

Standards and Programs

Provide a roadmap

Measures

Create transparency

Evaluation

Define targets and methods for accountability

Research, partnerships, technology, policy, stakeholder engagement

Health Equity
Public Comment
Proposal for Race/Ethnicity Stratifications in HEDIS

• Specification for race/ethnicity stratifications
  • Definition of race and ethnicity categories
  • Acceptable source and method for imputation with indirect data
  • Decision criteria for use of direct or indirect data source
  • Data reporting structure
• Proposed list of measures

Public comment runs through March 11, 2021
https://www.ncqa.org/about-ncqa/contact-us/public-comments/
## Definition of race and ethnicity categories

### Current HEDIS Approach

### Race/Ethnicity Diversity of Membership

#### Table RDM-A-1: CMS Categories Crosswalked to HEDIS/OMB Race and Ethnicity

<table>
<thead>
<tr>
<th>CMS Category</th>
<th>HEDIS/OMB Race</th>
<th>HEDIS/OMB Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>White</td>
<td>Unknown</td>
</tr>
<tr>
<td>Black</td>
<td>Black</td>
<td>Unknown</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>American Indian/Alaska Native</td>
<td>Unknown</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>Asian</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Unknown</td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>Other</td>
<td>Some Other Race</td>
<td>Unknown</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>(No equivalent category)</td>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>Unknown</td>
</tr>
<tr>
<td>(No equivalent category)</td>
<td>Two or more races</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Proposal:**

Apply approach currently used in descriptive HEDIS measure.

Stratify Race and Ethnicity separately for purpose of reporting.
Insights from current HEDIS measure

Completeness of Race and Ethnicity Data

Proportion of Plans With Data on ≥ 80% of Members

Medicare
- Race: 80%
- Ethnicity: 60%
- Both: 60%

Medicaid
- Race: 80%
- Ethnicity: 80%
- Both: 80%

Commercial
- Race: 40%
- Ethnicity: 40%
- Both: 40%
## Sources for Race/Ethnicity Data

### Alternatives for Measurement

Race & ethnicity can be collected either directly or indirectly.

<table>
<thead>
<tr>
<th>Direct</th>
<th>Indirect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual self-reported information:</strong></td>
<td><strong>Imputation from secondary sources:</strong></td>
</tr>
<tr>
<td>• Health plan enrollment data (claims-based measures)</td>
<td>• Assignment by geographic location (characteristics at zip code, census block, e.g. Census, ACS)</td>
</tr>
<tr>
<td>• EHR data (electronic clinical data systems measures)</td>
<td>• Surname analysis &amp; imputation</td>
</tr>
</tbody>
</table>

**Advantage**: gold standard accuracy  
**Challenge**: inconsistent collection, lack of standardization, technical concerns

**Advantage**: various methods, broadly accessible  
**Challenge**: lower precision, lag in data
Data Source and Methods

Proposed Bridging Strategy

- Plans meeting 80% completeness: Direct only
- All other plans: Indirect only

- All Plans: Direct (potential indirect supplement)

- MY 2022
- MY 2023
- MY 2024

✓ Provides bridge from where we are to where we want to be (direct)
✓ Gives plans time to improve direct data collection
✓ Ensures consistent level of data validity/completeness in years 1 and 2
Use of Indirect Data

Allowed Methods and Sources

Proposal: Allow reporting with indirect data using specific defined methods

Geographic Assignment
- Assign race/ethnicity based on most common value at a given geographic unit (census tract)

Bayesian Indirect Surname and Geocoding (BISG)¹,²
- Statistical imputation using surname and geographic data

Potential Technical Approaches

Proposed Options for Public Comment Feedback

Option 1: Direct Data Completeness Threshold at Measure Level

- Reporting using direct data allowed if measure-specific denominator population meets data completeness threshold (80%).
- The same plan may report different measures using different data sources (ex. Measure A: Direct, Measure B: Indirect)

Option 2: Direct Data Completeness Threshold at Plan Level

- Reporting using direct data allowed if data completeness threshold (80%) met across plan enrollment in order to report stratification for all measures.
- The same plan reports all measures using the same data source (ex. Measure A: Direct, Measure B: Direct)
Measure Selection Process for Stratification

Timeline and Criteria

Measure stratification timeline:
• Target of **5 measures** stratified for MY 2022
• Minimum of **15 measures** stratified by MY 2024

10 potential candidate measures identified for MY 2022

Criteria for selecting initial measure set:

<table>
<thead>
<tr>
<th>Exclude</th>
<th>Prioritize</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECDS/Digital</td>
<td>High priority for disparities</td>
</tr>
<tr>
<td>Risk-Adjusted Measures</td>
<td>Represent multiple HEDIS domains</td>
</tr>
<tr>
<td>First Year Measures</td>
<td>Represent multiple product lines</td>
</tr>
<tr>
<td>Slated for Retirement</td>
<td></td>
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<tr>
<td>Small Denominators</td>
<td></td>
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<tr>
<td>Domain</td>
<td>Measure</td>
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<td>------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>Controlling High Blood Pressure (CBP)</td>
</tr>
<tr>
<td></td>
<td>Comprehensive Diabetes Care (CDC)</td>
</tr>
<tr>
<td></td>
<td>• HbA1c Control &lt;8%</td>
</tr>
<tr>
<td>Effectiveness of Care</td>
<td>Comprehensive Diabetes Care (CDC)*</td>
</tr>
<tr>
<td></td>
<td>• Eye Exam</td>
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<tr>
<td></td>
<td>Antidepressant Medication Management (AMM)</td>
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<td></td>
<td>Follow-Up After ED Visit for People With Multiple High-Risk Chronic Conditions (FMC)</td>
</tr>
<tr>
<td>Access and Availability of Care</td>
<td>Adults' Access to Preventive/Ambulatory Health Services (AAP)</td>
</tr>
<tr>
<td></td>
<td>Prenatal and Postpartum Care (PPC)</td>
</tr>
<tr>
<td>Utilization</td>
<td>Well-Child Visits in the First 30 Months of Life (W30)</td>
</tr>
<tr>
<td></td>
<td>Child and Adolescent Well-Care Visits (WCV)</td>
</tr>
<tr>
<td></td>
<td>Mental Health Utilization (MPT)</td>
</tr>
</tbody>
</table>

* Separate measures, if approved for MY 2022
How HEDIS Measures are Reported

Data Collection and Evaluation

Data collected by plan at patient level

Reporting elements calculated by plan at plan level

Data reported to NCQA by plan at plan level

NCQA evaluates data at plan level
Summary of Proposal for Public Comment

Race & Ethnicity Stratifications in MY 2022

• Align race and ethnicity categories with existing HEDIS definitions
• Path for reporting using of both direct and indirect data
  • Allow direct data for reporting if an 80% completeness threshold is met (two options for defining completeness)
  • Allow indirect data for reporting using pre-specified methods
• Timeline for transition to direct data requirement
• Ten measures identified for potential stratification, targeting five for MY 2022

Public comment runs until March 11, 2021
https://www.ncqa.org/about-ncqa/contact-us/public-comments/
Questions
How to Submit Comments after today’s Q&A

HEDIS Public Comment: Feb 11-March 11, 2021

Digital Measures: Updates on reporting Electronic Clinical Data System (ECDS) measures
Health Equity: Introduction of Race and Ethnicity Stratification Into Select HEDIS Measures

Submit comments at my.ncqa.org

Public Comments
Weigh in on changes to NCQA products and programs.
To see a list of products available for public comments, visit Open Public Comments