

# Leveraging Electronic Clinical Data for HEDIS®

## *Insights and Opportunities*

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## Moving Toward a Digital Quality System



As health care systems evolve toward greater use of electronic clinical data, quality measures must also evolve. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®<sup>1</sup>) has incorporated two specific features along this pathway.

First, NCQA is specifying measures as Digital Quality Measures, which use a standards-based interoperability format—an improvement on traditional quality measures.<sup>2</sup> This format enables sharing of the measures electronically between systems.

Second, NCQA added a new reporting method to HEDIS: Electronic Clinical Data Systems (ECDS). ECDS is a reporting standard that encourages the use and sharing of electronic clinical data across health care systems. ECDS reporting is part of NCQA's larger strategy to enable a Digital Quality System<sup>3</sup> and is aligned with the industry's move to digital measures.<sup>2</sup>

These enhancements aim to move measurement toward the ability to assess patient-specific outcomes, provide results in real-time and ultimately improve the value of care provided.

This issue brief showcases strategies to improve clinical data use and sharing, based on interviews with health plans that have begun reporting HEDIS measures using the ECDS reporting standard.

## Leveraging Electronic Data for HEDIS

### *About HEDIS*

HEDIS is a widely used measurement set for comparing health plans on important dimensions of health care delivery. For example, HEDIS assesses whether health plan members receive preventive services, chronic disease management and follow-up care, per clinical guidelines. HEDIS measures are reported using a plan's administrative data, such as claims for health care services and enrollment files. Some measure concepts cannot be reported through administrative data only; in these cases, plans use a sample of medical records and review information manually to ascertain whether health care services were provided.

Introduced in 2015, ECDS reporting builds on the successful HEDIS quality reporting framework to encourage interoperability of health data systems and collection and use of clinical and patient-reported outcomes data.<sup>4</sup>

### *The HEDIS ECDS Reporting Standard*

HEDIS ECDS reporting provides a standardized way to use and report structured data from a variety of electronic data sources, including but not limited to claims, EHRs, case management systems, registries and health information exchanges (HIE).

NCQA first introduced ECDS reporting in three depression measures,<sup>5</sup> which can assess improvement in health outcomes but require specific information not found in claims (e.g., use of a standardized tool to assess and monitor depression and the resulting assessment score), and added six additional measures over the last three years (Box 1).

Because ECDS is fairly new to HEDIS, reporting measures that use the ECDS standard is optional and encouraged for most health plans, although some states have begun to require it.<sup>6</sup> Analysis of HEDIS submissions for measures reported using ECDS showed an increase from 2019–2020, yet only a portion of the total number of plans reporting HEDIS participated in ECDS reporting. The immunization measures were reported most often, with about one quarter of all Medicaid and commercial plans that submitted HEDIS also reporting the *Prenatal Immunization Status* measure.

#### Box 1. HEDIS Measures for ECDS Reporting

- Adult Immunization Status
- Prenatal Immunization Status
- Alcohol Screening and Follow-Up
- Depression Screening and Follow-Up for Adolescents and Adults
- Depression Monitoring Using the PHQ-9
- Depression Remission or Response
- Prenatal Depression Screening and Follow-Up
- Postpartum Depression Screening and Follow-Up

#### Box 2. HEDIS Measures with Administrative/Hybrid\* and ECDS Reporting

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

\*Administrative and Hybrid reporting rely on administrative data. Hybrid reporting also provides instructions for reviewing medical record data for a sample of members.

To better understand health plans' views and challenges, NCQA conducted qualitative interviews with plans around the country. We interviewed 10 plans in 2019 and 9 plans in 2020—all had varying levels of experience reporting measures using the ECDS method. This includes the 8 measures originally developed for ECDS reporting (Box 1) and 3 measures that use “traditional” HEDIS reporting methods, with the addition of ECDS reporting instructions as an alternative (Box 2). We also interviewed representatives from 3 organizations licensed to audit HEDIS measures.

This report summarizes the findings from the interviews and opportunities to advance the collection and use of clinical data for improving care and quality measurement.

## Facilitators and Barriers to ECDS Reporting

Themes emphasized areas of opportunity to improve health care quality through insights generated by ECDS reporting. Interviewees agreed with NCQA's strategy to encourage greater use of clinical data through ECDS reporting overall and shared ideas about the value of reporting, and their motivation for reporting:

**Better insights.** Plans discussed how clinical data provides a more complete picture of quality and improves plans' ability to measure outcomes, conduct quality improvement activities (e.g., closing gaps in care) and provide better care management for members.

**Real-time data.** Plans stated that ECDS reporting encourages real-time data collection, which can reduce the burden of medical record review and other retrospective methods.

**Data integrity.** Plans noted that ECDS reporting can lead to better efficiency, standardization, accuracy and integrity of data, particularly when quality measures specify clinical data that is captured routinely during care delivery using standard formats.

**Standardization.** Plans were motivated to collect and report ECDS because it aligns with current industry standards and regulations supporting interoperability and data sharing, such as the CMS Interoperability and Patient Access final rule.<sup>7</sup>

Key interview themes are organized in the following tables; they align with the overarching goals of NCQA's Digital Quality strategy. Interviewees cited barriers and facilitators to achieving goals and shared recommended strategies and opportunities.

<p><b>Goal</b></p> <p>Better, more complete clinical data shared across systems to support care delivery and quality improvement</p>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Not all clinicians use EHRs.</li> <li>• Documentation of patient outcomes in records is not always standardized.</li> <li>• Lack of readiness in the field to exchange clinical data efficiently, lack of standardization of data formats across systems.</li> <li>• Concerns about the quality and completeness of data from HIEs and case management.</li> <li>• Pushback from providers and vendors on sharing data: concerns about privacy of patient data and not understanding the value of providing data.</li> <li>• Geographically dispersed health plan membership makes it challenging to establish data-sharing agreements with providers.</li> </ul> <p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>• Federal/state policies that support data standardization, data sharing and interoperability.</li> </ul>	<p><b>Goal</b></p> <p>Increase participation and improve performance for ECDS reporting</p>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Plans have insufficient resources and staff to develop new data collection and validation methods.</li> <li>• Difficulty locating the original source of clinical data for validation.</li> <li>• Difficulty finding and using unstructured clinical data, such as historical patient data.</li> <li>• Lack of clarity in ECDS reporting guidelines.</li> <li>• The Covid-19 pandemic interrupted plans' efforts to improve data access.</li> </ul> <p><b>Facilitators</b></p> <ul style="list-style-type: none"> <li>• Frame ECDS reporting as a "pilot," providing an opportunity for plans to learn before measures are required.</li> <li>• Include measures in reporting programs.</li> <li>• Reduce the quality measurement burden in other areas.</li> </ul>
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## Stakeholder Actions to Support Better Use and Sharing of Clinical Data

Strategies cited by interviewees to help overcome challenges are also relevant to stakeholders. This section summarizes stakeholder actions that can drive better use and sharing of electronic clinical data across the health care system.

### NCQA and Reporting Programs



#### **Communications**

- Provide regular communication and updates about NCQA's ECDS strategy to health plans and other stakeholders in order to help leadership understand and communicate next steps and procure and plan resources to invest toward the effort. NCQA will continue the **Future of HEDIS** webinar series (begun in 2019).<sup>8</sup>

#### **Technical Assistance**

- Provide education, technical resources (including performance benchmarks) and best practices on ECDS reporting and digital measures to support implementation.
- NCQA launched the **Digital Measurement Community** as a place to disseminate and share information across stakeholders.<sup>9</sup>
- Publish an **ECDS Toolkit** to support health plan reporting based on results of three Learning Collaboratives that included ECDS reporting.

#### **Burden Reduction**

- NCQA is assessing the appropriateness of removing the Hybrid reporting method from select HEDIS measures.

**Use in Programs**

- Include measures reported using ECDS in programs to facilitate adoption and allow “optional” and “pilot” reporting before ECDS reporting is required. NCQA continues optional reporting of measures using ECDS, and in 2022 will include the *Prenatal Immunization Status* measure in NCQA’s Health Plan Ratings for Medicaid and commercial plans.

**Health Plans**



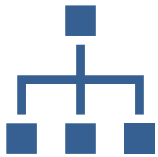
**Data Sharing**

- Incorporate data sharing into value-based payment arrangements to incentivize greater sharing of clinical data between plans and providers.
- Exchange data with providers, other health plans and HIEs using the Fast Healthcare Interoperability Resources (FHIR®) standard.<sup>10</sup>

**Data Collection**

- Establish case management and health risk assessment services to facilitate collection of patient-reported outcomes at the plan level which can be used for ECDS reporting if data can be shared with patient care teams.

**Data Vendors**



**Data Standardization**

- Standardize data collected in EHRs and aggregated to HIEs to support more efficient sharing and use of clinical data across health care systems.
- EHR vendors can increase standardization of data elements captured at the point of care and align with standards for health care data exchange.<sup>11</sup>
- Data aggregators can work to align data formats with quality measure specifications. NCQA recently launched the **Data Aggregator Validation** program to ease the burden of auditing aggregated clinical data for HEDIS reporting.<sup>12</sup>

**Providers**



**Documentation**

- Standardize electronic documentation of care provided and patient outcomes to facilitate quality measurement and care improvement efforts.

**Data Sharing**

- Connect EHR systems to HIEs and other aggregated data sources to enable sharing of clinical information across entities. Data sharing across providers and health plans can lead to better patient care (e.g., more real-time information about hospitalizations and ED visits, reducing duplicate tests or medications).

**Policymakers**



**Regulations and Infrastructure**

- Recent and proposed federal regulations such as the **Interoperability and Patient Access** final rule<sup>7</sup> support exchange of electronic health information between patients, providers and payers. These regulations will help all stakeholders involved in quality to realize long-awaited benefits of capturing health data electronically, and will also support more efficient and effective quality measurement.
- States can invest in efforts to support electronic clinical data exchange by developing HIEs and policies that align with federal regulations for data exchange and interoperability.<sup>13</sup>

## Conclusion

Nearly all health plans interviewed stated they were aware of the value of ECDS reporting and using more clinical data for quality measurement to improve patient care. Yet, as noted in the respondent comments, challenges remain, particularly regarding standardized data capture at the point of care and efficient sharing of relevant information between health care systems. NCQA, health plans and other stakeholders should undertake multi-pronged approaches to address these challenges and create sustainable, cost-effective and high-value processes for measuring meaningful outcomes.

## Acknowledgments

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