

A photograph of a smiling woman with dark curly hair holding a baby. In the background, the back of an older woman's head with white hair is visible.

The Future of HEDIS[®]: Health Equity

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June 22, 2021



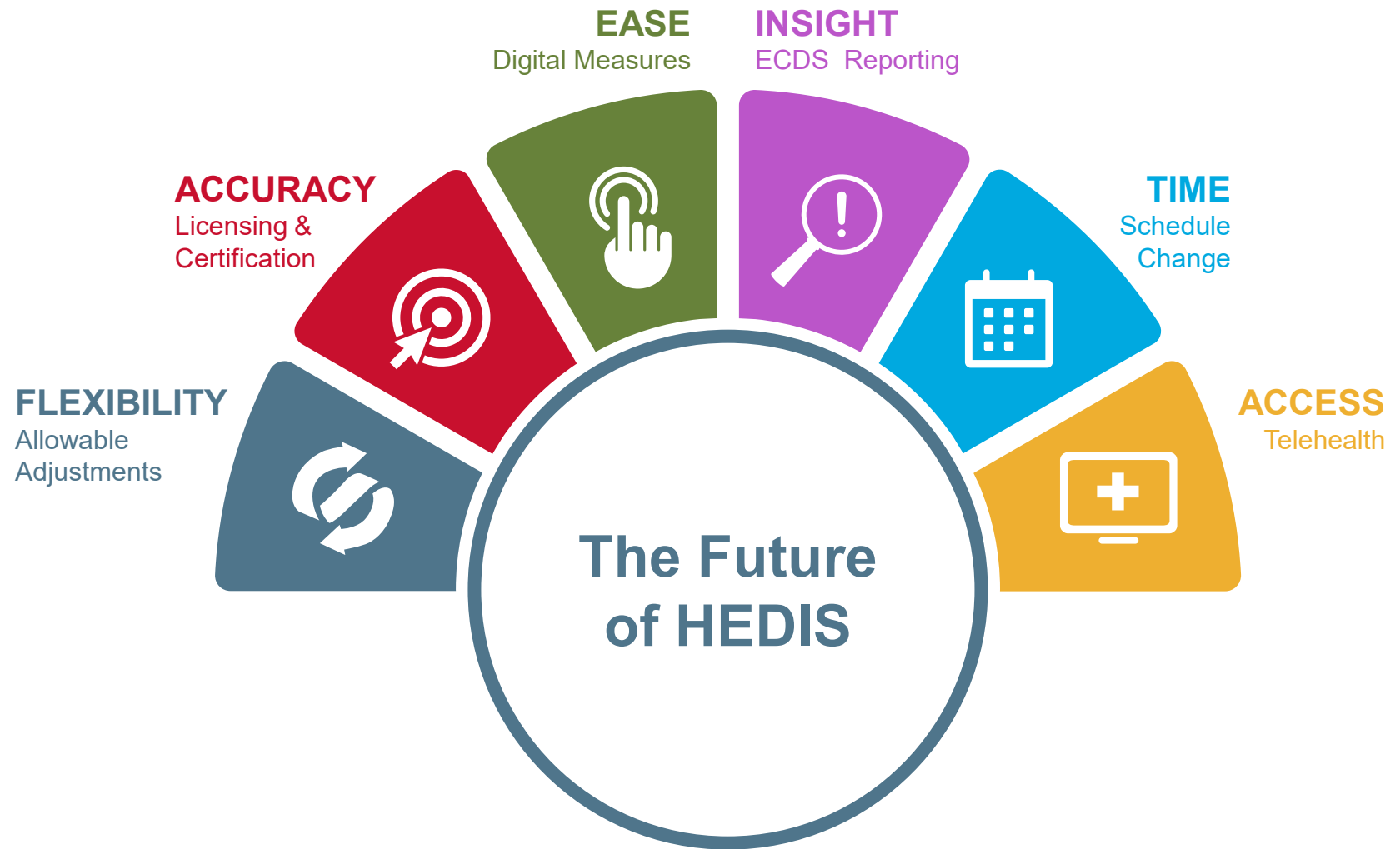
Michael Barr

Where HEDIS is Headed

6 themes

See our **Future of HEDIS** webinar series:

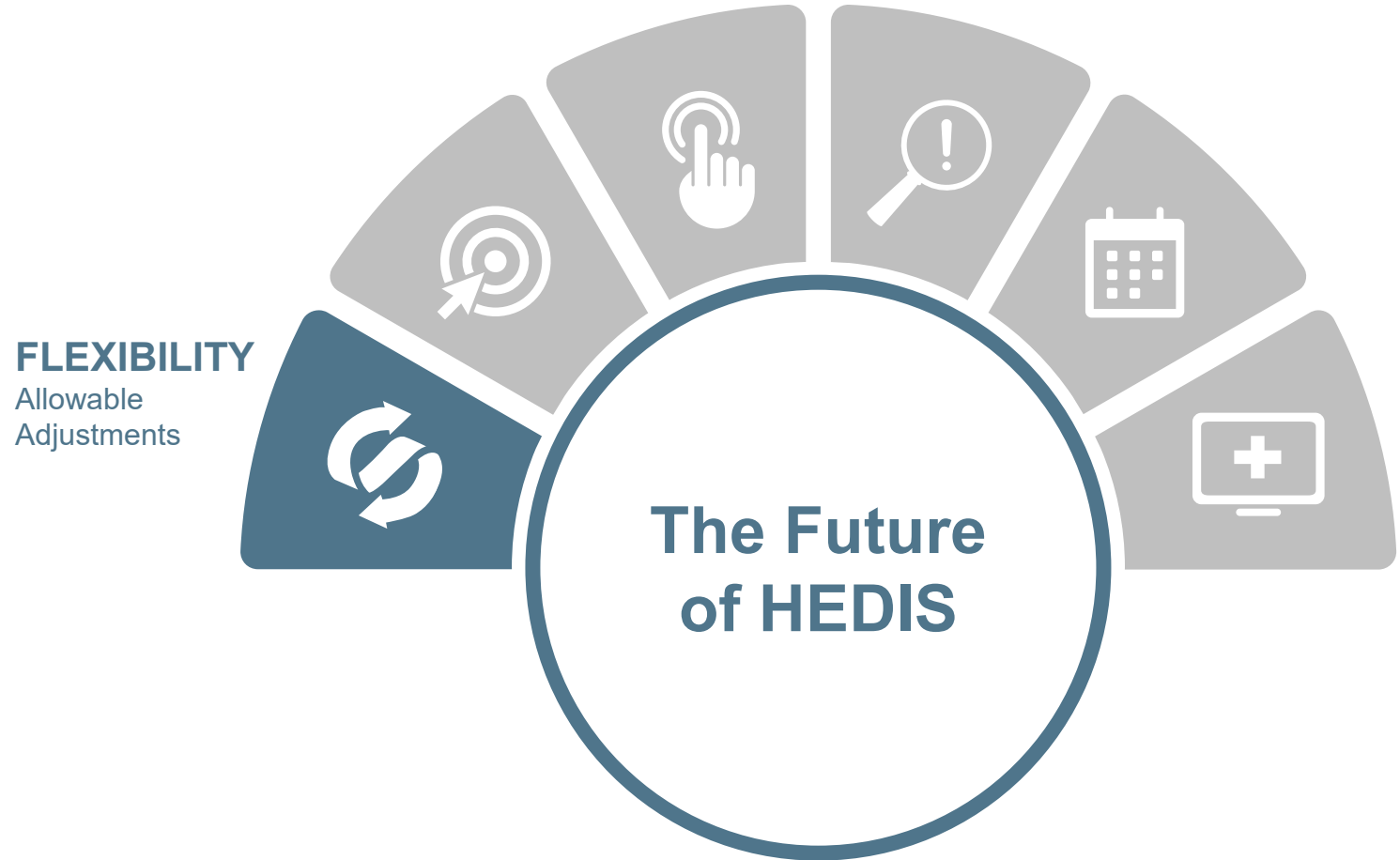
<https://www.ncqa.org/hedis/the-future-of-hedis/>



6 themes

Allowable Adjustments

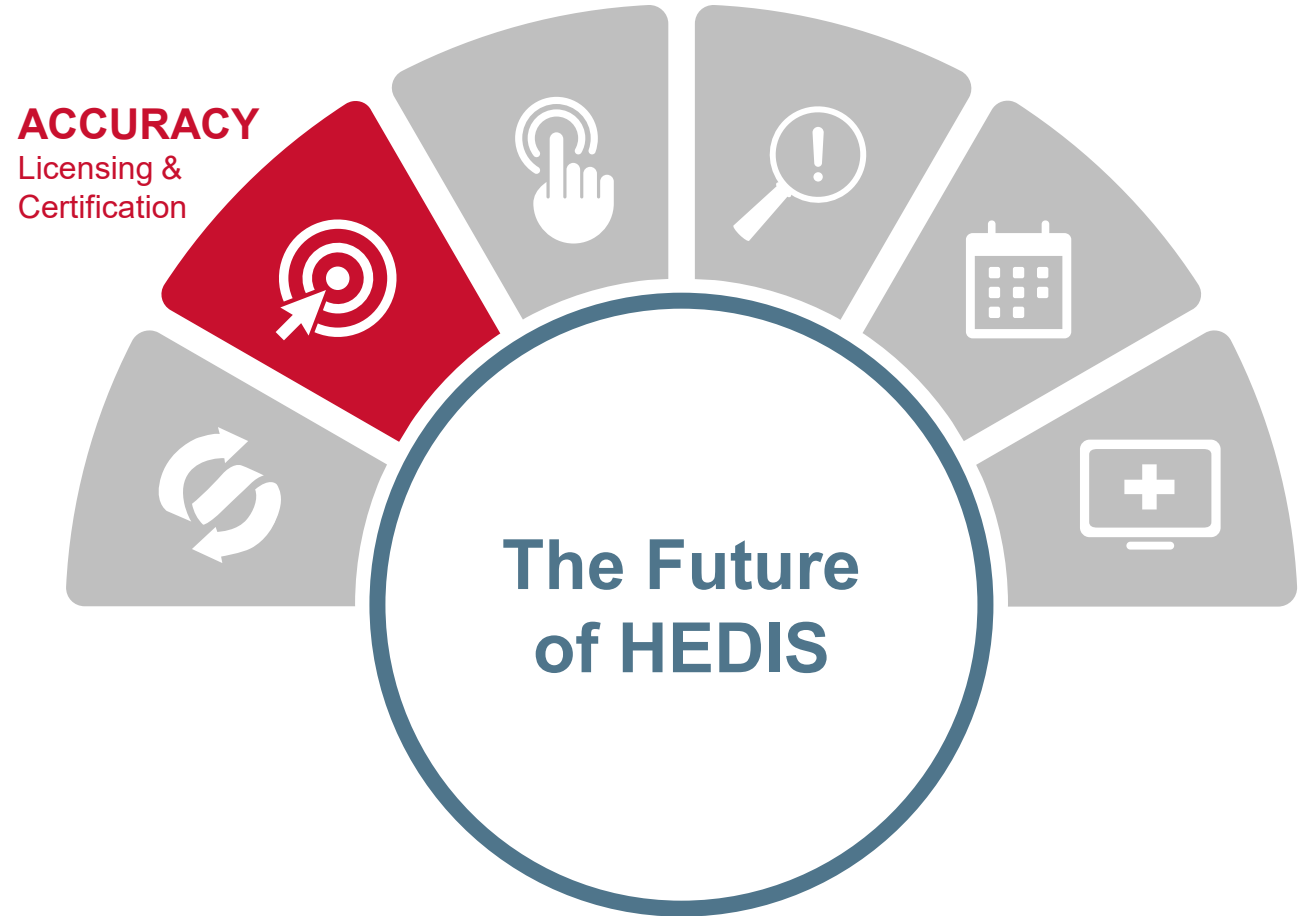
To give you **flexibility** in how you use our measures, we'll tell you their **allowable adjustments**.



6 themes

Licensing & Certification

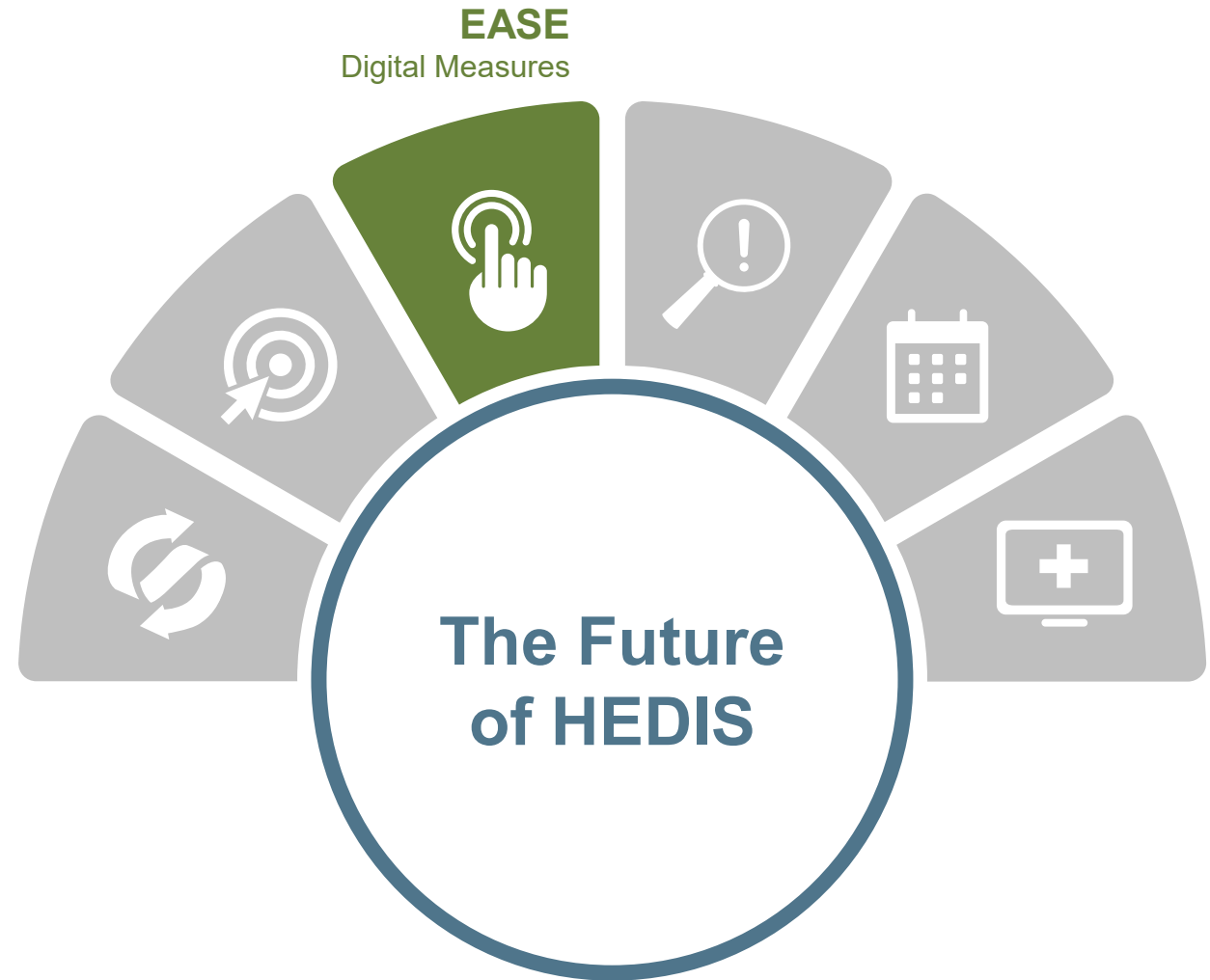
We'll make sure uses of our measures are **accurate** and **reflect quality** of care.



6 themes

Digital Measures

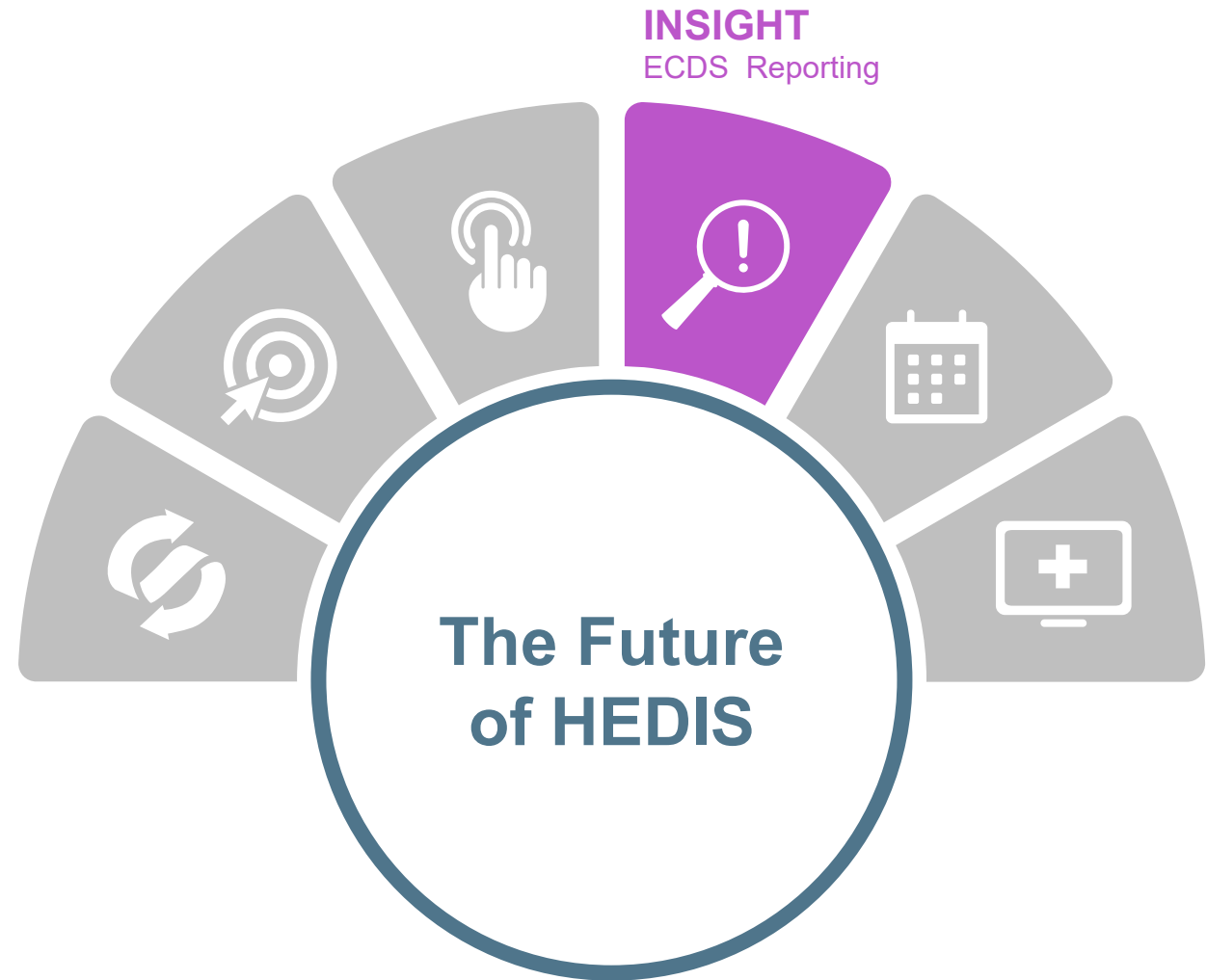
We'll give you measures in a **digital** format that's **easier** to work with.



6 themes

ECDS

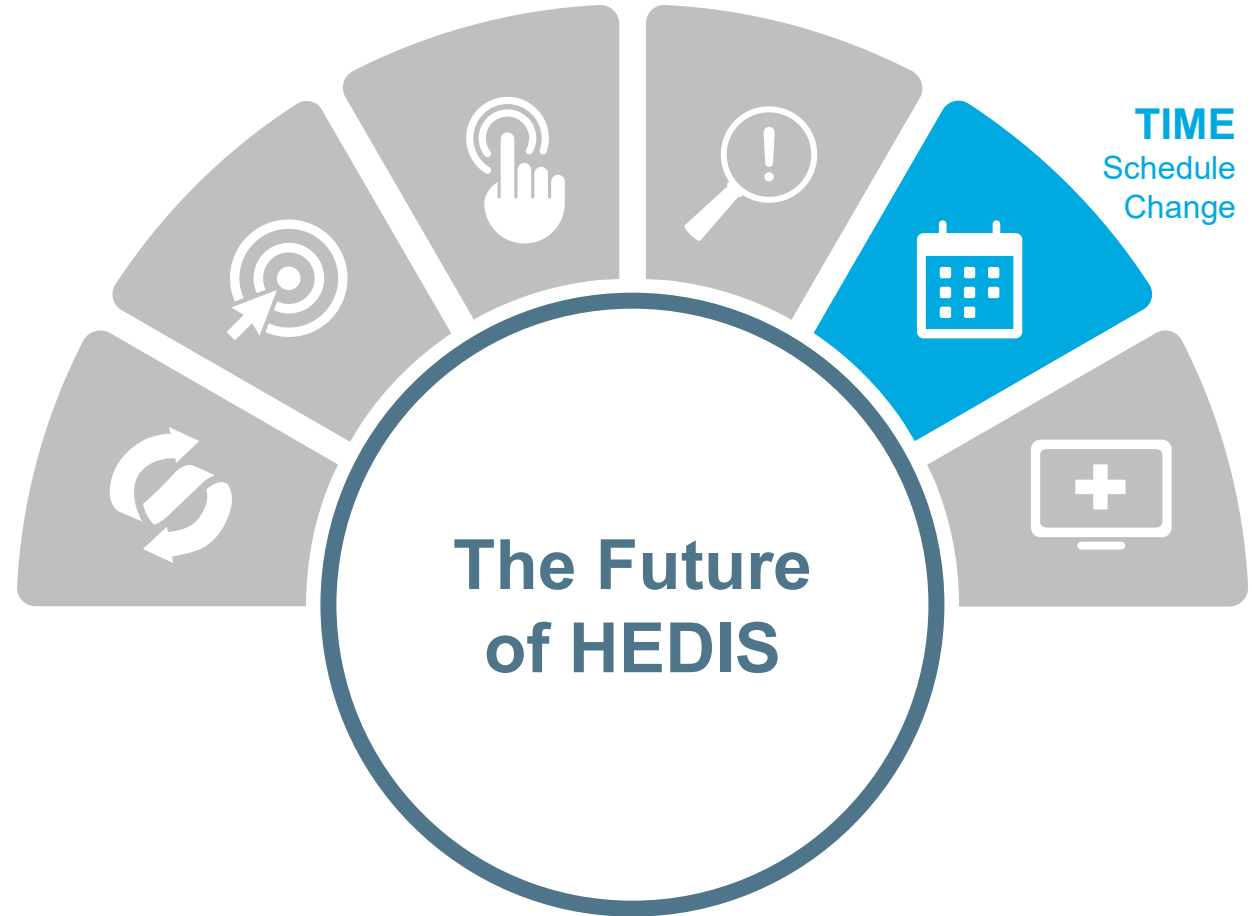
A new **reporting method** helps clinical data create **insight**.



6 themes

Schedule Change

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



Schedule Change



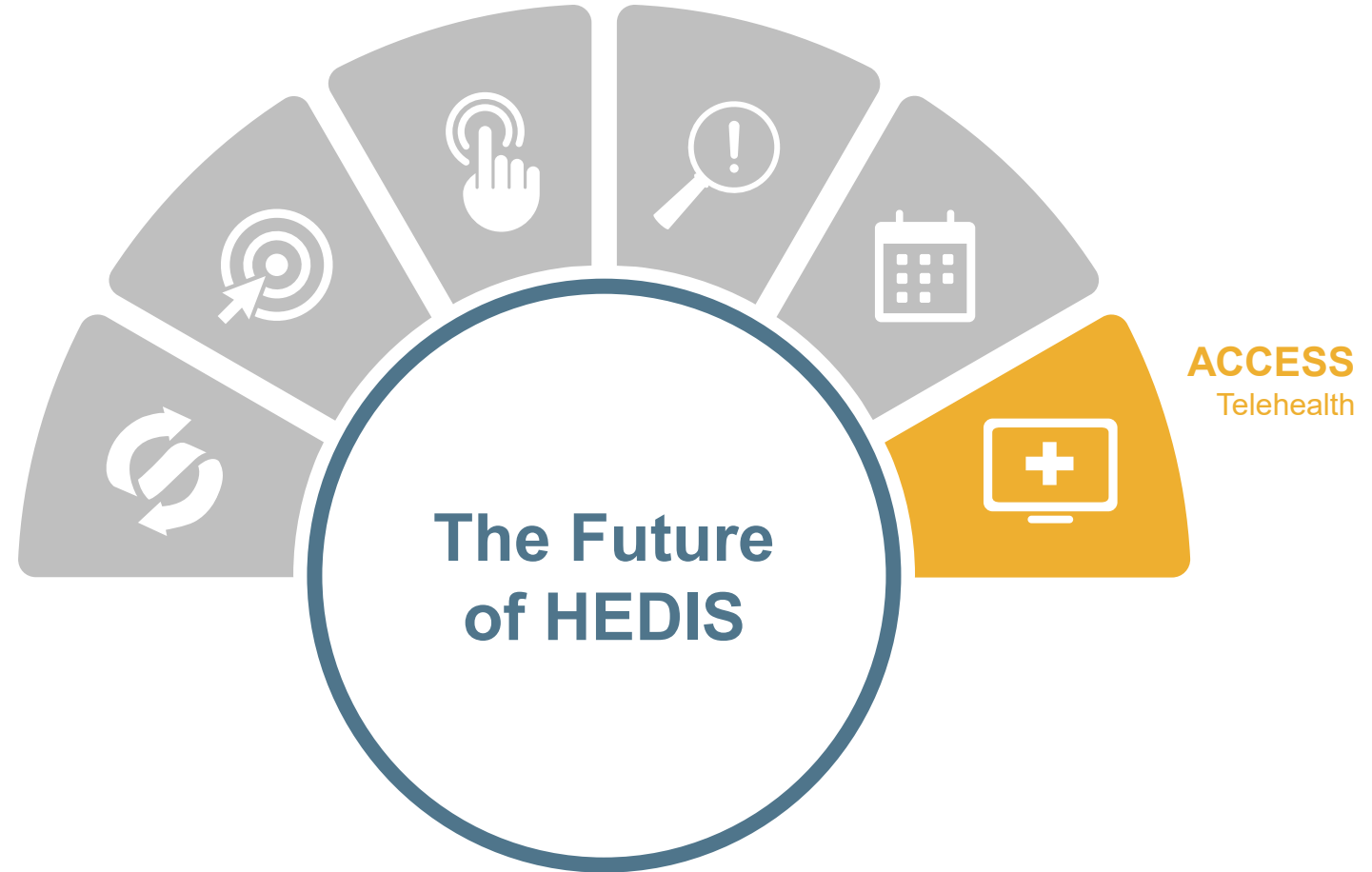
	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022
Publish Vols. 1 & 2	7/1/2020	7/1/2020	8/2/2021
Publish Vol. 2 Technical Update	10/1/2020	3/31/2021	3/31/2022
First Year Public Reporting	10/1/2020	10/1/2021	10/1/2022
Complete HEDIS Vendor Certification (Survey)	12/15/2020	12/15/2021	12/15/2022
Complete HEDIS Vendor Certification	2/15/2021	10/1/2021	7/1/2022
Data Submission Due	6/15/2021	6/15/2022	6/15/2023

6 themes

Telehealth

Align. Adapt. Innovate.

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



Deidre Washington & Rachel Harrington

HEDIS Race and Ethnicity Stratification for MY 2022

The BIG Idea

High quality care is
equitable care

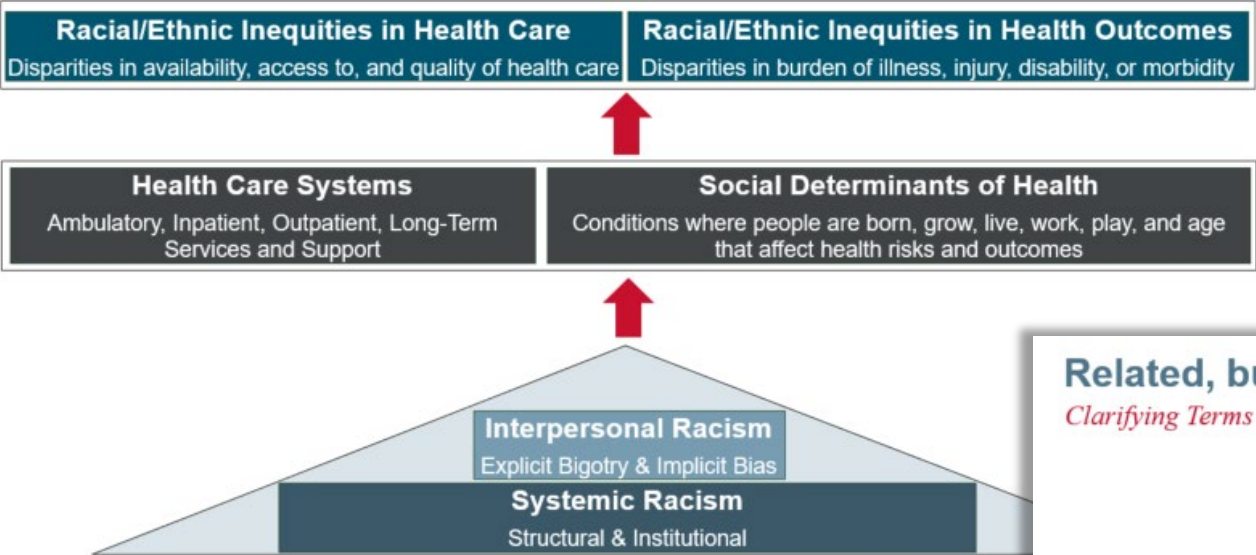
No quality without
equity

Build equity into all
NCQA programs

Building on previous discussions...

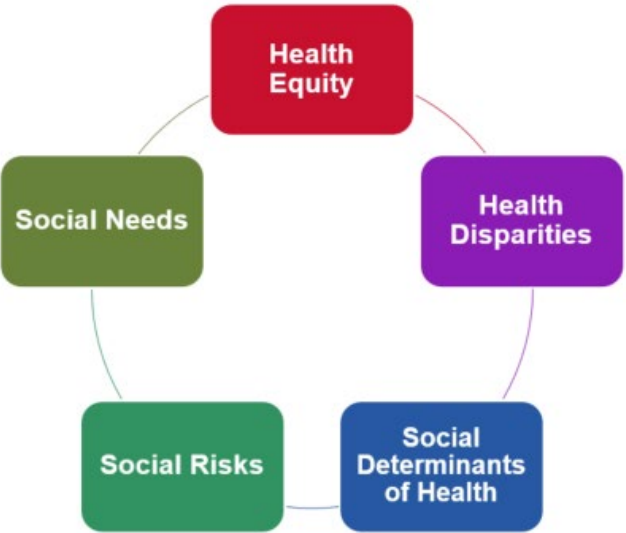
Health Inequity: Racial and Ethnic Disparities

An Example



Related, but not Interchangeable

Clarifying Terms and Concepts



Today we'll cover...

Measurement Year 2022

- Key elements of how stratification is specified
- Measures selected for MY 2022 stratification
- “Tour of HEDIS”: Where components of equity work are reflected the volumes
- Timeline for expanding stratification
- Upcoming learning opportunities & resources

Key Elements of Stratification

Measurement Year 2022

- ✓ Align race and ethnicity reporting with Office of Management and Budget (OMB) categories, with options for *Asked but No Answer* and *Unknown* (missing)
- ✓ Separate stratification (reporting tables) for race and ethnicity
- ✓ Path for reporting **using both direct and indirect data**, regardless of completeness, **with separate reporting fields by source**
 - **Guidance for appropriate indirect methods**
- ✓ **Existing HEDIS Audit and Hybrid Sampling guidelines apply**
- ✓ **Five final measures** identified for proposed stratification for MY 2022

Measures with Race and Ethnicity Stratification

Measures Selected for MY2022 Stratification

Measure	Product Lines	Domain
Colorectal Cancer Screening (COL; COL-E)	Commercial, Medicare	Effectiveness of Care
Controlling High Blood Pressure (CBP)	Commercial, Medicaid, Medicare	
Hemoglobin A1c Control for Patients With Diabetes (HBD)	Commercial, Medicaid, Medicare	
Prenatal and Postpartum Care (PPC)	Commercial, Medicaid	Access & Availability of Care
Child and Adolescent Well Care Visits (WCV)	Commercial, Medicaid	Utilization

Tour of HEDIS Impact

Volume 1: Narrative

Volume 1 Using HEDIS

Describes NCQA’s intent in requiring reporting by race and ethnicity, and expectations for use of such data.

HEDIS Reporting by Race and Ethnicity

Commitment to Advancing Health Equity

NCQA believes that high-quality care must be equitable care. Advancing equity is fundamental to NCQA’s mission of improving the quality of health care, identifying inequities in care and promoting | health equity through performance measurement. As a fundamental part of this effort, NCQA seeks to leverage HEDIS to highlight existing disparities in care and hold health plans accountable for implementing interventions to reduce those disparities.

Health Inequities by Race and Ethnicity

Disparities in morbidity and mortality by race and ethnicity have been well documented as leading health organizations elevate health equity as a priority.^{2,3} Organizations such as the Centers for Disease

Full details available in HEDIS MY 2022 publication, to be released on August 2, 2021.

Volume 1 Using HEDIS

Provides considerations for data collection methods.

Data Collection Methods

NCQA allows identification of race and ethnicity using two methods: direct collection of race and ethnicity from members, and the use of indirect methods to assign race and ethnicity.

Direct Data Collection. An individual’s self-identification of race and ethnicity is the gold standard and is always preferred to indirect imputation methods. Direct methods of data collection include methods for which a member at some point self-reported their race and ethnicity, such as through a survey or enrollment data. Direct collection of data is preferred because it is the most accurate method of correctly identifying an individual’s race and ethnicity, and therefore it can support more accurate estimates of disparities.

Indirect Assignment. NCQA currently allows use of indirect imputation methods of race and ethnicity assignment for reporting HEDIS measures, while encouraging plans to work toward achieving a high level of completeness of directly collected member data over time. Where directly collected member data is not available, a common alternative approach is to identify demographic information using a community proxy, such as aggregated geographic-level data from national surveys or data sources

Volume 2 General Guideline

GG 33: Race and Ethnicity (RES) Stratification provides details needed for plans to implement the stratification:

33. Race and Ethnicity (RES) Stratification

The following measures instruct the organization to categorize Medicare, Medicaid and Commercial members by the race and ethnicity stratification:

- Colorectal Cancer Screening
- Controlling High Blood Pressure.
- Hemoglobin A1c Control for Patients With Diabetes.
- Prenatal and Postpartum Care.
- Child and Adolescent Well-Care Visits.

Volume 2 General Guideline

Describes required OMB reporting categories for race

Categories:

- White
- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Some Other Race
- Two or More Races
- Asked but No Answer
- Unknown (missing)

Determining race reporting category	<p>For each product line, report members in only one of the nine race stratifications listed below and the total.</p> <ul style="list-style-type: none">▪ <i>White</i>: Identification with one or more nationalities or ethnic groups originating in Europe, the Middle East or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun and Chaldean.▪ <i>Black or African American</i>: Identification with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian and Bahamian.▪ <i>American Indian and Alaska Native</i>: Identification with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
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Volume 2 General Guideline

Describes required OMB reporting categories for ethnicity

Categories:

- Hispanic/Latino
- Not Hispanic/Latino
- Asked but Not Answer
- Unknown (missing)

Determining ethnicity reporting category

For each product line, report members in only one of the four ethnicity stratifications listed below and the total.

- *Hispanic/Latino:* Identification with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South America and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican and Colombian. "Hispanic, Latino or Spanish origin" also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian or Venezuelan.
- *Not Hispanic/Latino:* People not of Hispanic, Latino or Spanish culture or origin.
- *Asked but No Answer:* People who the organization asked to identify ethnicity but who declined to provide a response.

Volume 2 General Guideline

Instructions on...

Acceptable data sources

Data source	Approved data sources include data collected directly from members or data obtained through indirect methods. NCQA strongly encourages plans to report directly collected data when available and emphasizes the importance of improving completeness of directly collected member race and ethnicity data.
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Sampling requirements

Sampling	For measures collected using the Hybrid Method with the race and ethnicity stratification, follow the guidelines for sampling outlined in Guidelines for Calculation and Sampling <i>Guidelines for the Hybrid Method</i> . The race and ethnicity stratifications are applied to the eligible population and denominator after hybrid sampling.
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How to report

Reporting	Reporting of the race and ethnicity stratification follows the parameters for denominator size outlined in <i>General Guideline 10: Reporting</i> .	
Table RES-A-1/2/3: CMS Categories Crosswalked to HEDIS/OMB Race and Ethnicity		
CMS Category	HEDIS/OMB Race	HEDIS/OMB Ethnicity

Volume 2 Specifications

Outlines specific data elements required for each measure with stratification

<i>Prenatal and Postpartum Care</i>	<i>1</i>
<i>Prenatal and Postpartum Care (PPC)</i>	
SUMMARY OF CHANGES TO HEDIS MY 2022	
<ul style="list-style-type: none">• <u>Added instructions to report the rates stratified by race and ethnicity for each product line.</u>• Removed the definition of <i>last enrollment segment</i> and clarified continuous enrollment requirements for steps 1 and 2 of the Timeliness of Prenatal Care numerator.• Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.• Clarified that services provided during a telephone visit, e-visit or virtual check-in may be used for Administrative and Hybrid collection methods.• Added required exclusions to the <i>Rules for Allowable Adjustments</i>.• <u>Added new data elements tables for race and ethnicity (RES) stratification reporting.</u>	

Volume 2 Specifications

Update to *Race/Ethnicity Diversity of Membership* to reference and align with new General Guideline 33.

<i>Race/Ethnicity Diversity of Membership (RDM)</i>
SUMMARY OF CHANGES TO HEDIS MY 2022
<ul style="list-style-type: none">Updated the measure to align with and reference <i>General Guideline 33: Race and Ethnicity (RES) Stratification</i>.Removed detailed definitions of reporting categories and replaced with reference to <i>General Guideline 33</i>.Removed tables RDM-A-1 (CMS Categories Crosswalked to HEDIS/OMB Race and Ethnicity) and RDM-A-2 (Combined Categories Crosswalked to HEDIS/OMB Race and Ethnicity) and replaced with reference to corresponding <i>General Guideline 33</i> tables (RES-A-1/2/3 and RES-B-1/2/3, respectively).Updated “Declined” category label to “Asked but No Answer” to align with category labels in <i>General Guideline 33</i>.Updated Reporting Category notes to align with corresponding notes in <i>General Guideline 33</i>.

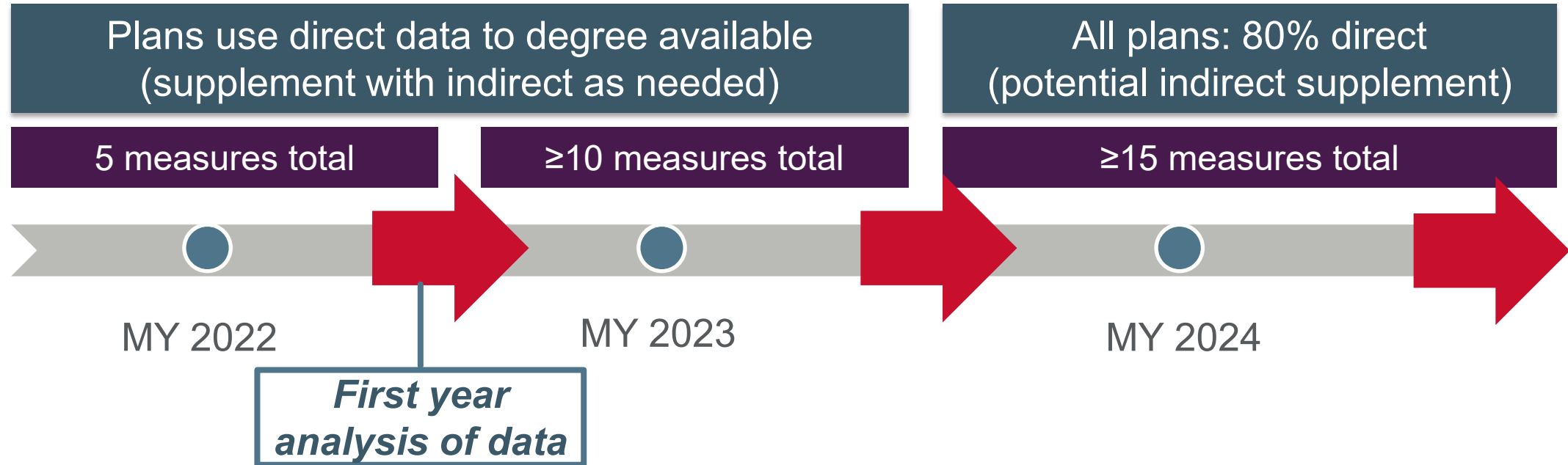
Digital Specifications

Outlines specific data elements required for digital measure with stratification.

Colorectal Cancer Screening (COL-E)	
SUMMARY OF CHANGES TO HEDIS MY 2022	
<ul style="list-style-type: none">• Updated the logic for the measure to be expressed in FHIR.• Added instructions to report rates stratified by race and ethnicity for each product line.• Added new data elements tables for race and ethnicity stratification reporting.<ul style="list-style-type: none">• Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.	
Description	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

Timeline for Expanding Stratification

Path forward



- ✓ Provides bridge from where we are to where we want to be
- ✓ Gives plans time to improve direct data collection



Where to learn more...

New resource available!

ISSUE BRIEF



Health Equity and Social Determinants of Health in HEDIS: Data for Measurement

Available at ncqa.org/equity-HEDIS-brief

DIGITAL QUALITY SUMMIT

July 13–15 | Online

Register at **digitalqualitysummit.org**



July 14 (Wednesday) 10:30-11:15am ET

General Session: Dissecting Algorithmic Bias

Ziad Obermeyer, MD

Blue Cross of California Distinguished Associate Professor of Health Policy and Management, UC Berkeley

Want more details on HEDIS and equity?

Quality
INNOVATION
SERIES

Evolving HEDIS for Equity: Updates and Future Directions

**Wednesday, October 13, 2021
1:00 pm ET**



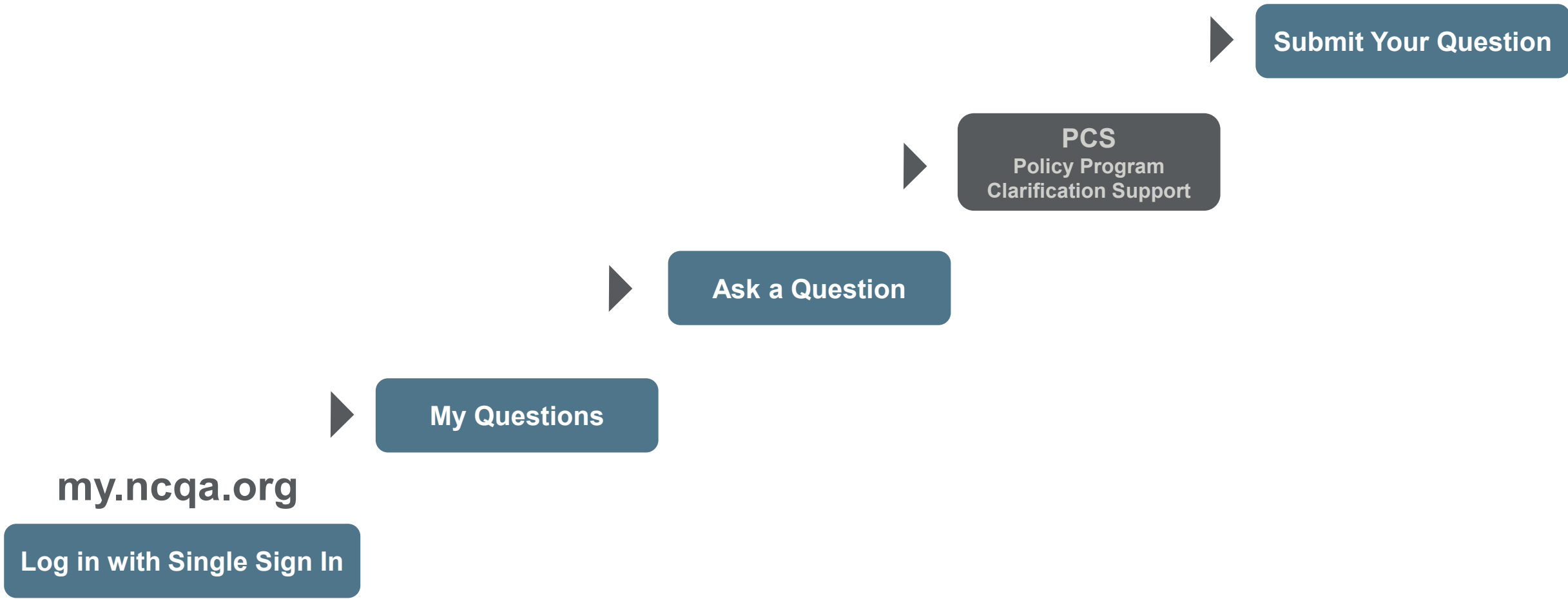
Rachel Harrington
Research Scientist
NCQA



Deidre Washington
Research Scientist
NCQA

Registration:
ncqa.org/qiseries

How to ask questions after today's Q&A





Questions

