The Future of HEDIS®: Health Equity

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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.
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.
<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>8/2/2021</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>
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*

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

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

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

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

**Related, but not Interchangeable**

*Clarifying Terms and Concepts*

- Health Equity
- Social Needs
- Social Risks
- Social Determinants of Health
- Health Disparities

**Interpersonal Racism**
- Explicit Bigotry & Implicit Bias

**Systemic Racism**
- Structural & Institutional
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 in 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*

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

<table>
<thead>
<tr>
<th>HEDIS Reporting by Race and Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment to Advancing Health Equity</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Health Inequities by Race and Ethnicity</strong></td>
</tr>
<tr>
<td>Disparities in morbidity and mortality by race and ethnicity have been well documented as leading health organizations elevate health equity as a priority. Organizations such as the Centers for Disease</td>
</tr>
</tbody>
</table>
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.
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.
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)
Describes required OMB reporting categories for ethnicity

Categories:
- Hispanic/Latino
- Not Hispanic/Latino
- Asked but Not Answer
- Unknown (missing)
Volume 2 General Guideline

Instructions on...

**Acceptable data sources**

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.

**Sampling requirements**

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 Guidelines for the Hybrid Method. The race and ethnicity stratifications are applied to the eligible population and denominator after hybrid sampling.

**How to report**

Reporting of the race and ethnicity stratification follows the parameters for denominator size outlined in General Guideline 10: Reporting.

Table RES-A-1/2/3: 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>
</table>
Outlines specific data elements required for each measure with stratification

**Summary of Changes to HEDIS MY 2022**

- Added instructions to report the rates stratified by race and ethnicity for each product line.
- Removed the definition of *last enrollment segment* 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 *Rules for Allowable Adjustments*.
- Added new data elements tables for race and ethnicity (RES) stratification reporting.
Update to Race/Ethnicity Diversity of Membership to reference and align with new General Guideline 33.

**Race/Ethnicity Diversity of Membership (RDM)**

**SUMMARY OF CHANGES TO HEDIS MY 2022**

- Updated the measure to align with and reference *General Guideline 33: Race and Ethnicity (RES) Stratification*.
- Removed detailed definitions of reporting categories and replaced with reference to *General Guideline 33*.
- 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 *General Guideline 33* 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 *General Guideline 33*.
- Updated Reporting Category notes to align with corresponding notes in *General Guideline 33*. 
Digital Specifications

Outlines specific data elements required for digital measure with stratification.

**Colorectal Cancer Screening (COL-E)**

**SUMMARY OF CHANGES TO HEDIS MY 2022**

- 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.
  - Refer to the Technical Release Notes 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!

Available at ncqa.org/equity-HEDIS-brief
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?

Evolving HEDIS for Equity: Updates and Future Directions

Wednesday, October 13, 2021
1:00 pm ET

Registration:
ncqa.org/qiseries
How to ask questions after today’s Q&A

my.ncqa.org

Log in with Single Sign In

My Questions

Ask a Question

PCS
Policy Program
Clarification Support

Submit Your Question
Questions