

Andy Reynolds:

Hello, welcome to the 11th episode in NCQA's webinar series, the Future of HEDIS. I'm Andy Reynolds, your host. Our topic today, adapting HEDIS to get to better measures, better data, and better health. The slides you're about to see will be available to you today. Then, by the end of the week, we will email everyone who registered for this event a link to the slides and a link to a recording of today's [00:00:30] presentation. If we go on to the next slide, I'll fill you in on what we're going to cover and who's going to bring it to you.



First up, we'll hear from our founder. NCQA founder and President Peggy O'Kane will acquaint us with the big picture—her thoughts on how and why HEDIS needs to evolve. Peggy also has a big new hire to tell you about, a new member of the NCQA Leadership Team to introduce. He is Dr. Eric Schneider, [00:01:00] and we will hear from Eric as well.

Then Vice President for Performance Measurement Dr. Mary Barton will outline our “big six.” That is, the half dozen core or recurring themes that define where HEDIS is headed.

Two leaders closest to the work of digitalizing HEDIS measures have new information about how and when digitalization will occur. They are Emily Morden, who is Director of [00:01:30] Electronic Clinical Measurement Strategy, and also Fern McCree, who is a Senior Research Associate again, in Electronic Clinical Measurement Strategy.

We will have time for Q&A. So please send us your questions anytime using the Q&A button at the bottom of your screen. In fact, the sooner you send us your questions, the higher in the queue, your question comes, and the more likely we are to get to your questions. So do send us questions anytime, please. With that, I'd [00:02:00] like to turn things over to Peggy O'Kane. Peggy, the floor is yours.

The Big Picture

by Peggy O'Kane



Peggy O'Kane:

Thank you, Andy. I appreciate the introduction and I want to welcome—we have a lot of new people that have not attended one of these before in the audience today, and I want to welcome you, and look forward to sharing our exciting new directions with you. If we could go to the next slide.

[00:02:30] Why are we doing this? I think, I just like to remember that we are incredibly proud of the trail that we've blazed doing quality measurement in the United States and it's a proud legacy. And Dr. Mary Barton, and Emily Morden, and Fern have been part of that. It's wonderful to be [00:03:00] looking to the future and thinking about, how can measurement be better in the future?

This is really the point. Health care can be better if we have digital data available at the point of care and then quality measurement flows from the digital data that's used to do the right thing at the right time. It's no longer yet another task in the lives of busy health care practitioners [00:03:30] who have, as we know, have been through a lot in the last few years. We don't want quality measurement to be part of their burden. We want their excited engagement and quality improvement, and we believe this is the way to get there.

With that, we have a lot to tell you about today. Well, let me just say a few words. You can go to the next slide to introduce Eric Schneider.



Eric Schneider, MD, M.Sc.

Executive Vice President, Quality Measurement and
Research Group



Dr. Eric Schneider is an internist [00:04:00] with a really brilliant career in a lot of quality measurement agencies and direct quality measurement work. He was at the RAND Corporation for seven years and he just is completing, I think it's seven years at the Commonwealth Fund, where I think the Commonwealth Fund has been a champion for the digitalization of health care. So he comes to us with the kind of broad [00:04:30] view that we really need, and also with the real expertise in thinking about our delivery system, and how do we get quality measurement embedded in it in a way that makes delivering quality health care the kind of default option? So we're thrilled to have him, and we're going to let him say a few words.

Eric Schneider: Great. Thank you, Peggy. And I will be brief, but I did think it would be helpful to give—Peggy thought it'd be helpful, I think it's helpful—to give you a little background and [00:05:00] maybe a little bit of introduction, as many of you probably don't know me.

So, I am a physician trained in general internal medicine, practiced and taught primary care for nearly 25 years at a local Boston hospital. I'm also a health policy researcher. My research career focused on applying innovations in health care quality broadly. I have a long history with NCQA. I joined NCQA in the mid-1990s as a research fellow. And NCQA, at that point, and [00:05:30] I think going forward, has always been oriented to the future. There were seven HEDIS measures when I joined and then a plan to expand them. I led a project on emerging digital health technologies. And in 1999, we published NCQA's vision for a digital health information framework for performance measurement. At the time, the digital technologies were too primitive. It's actually hard to recall how primitive they were—flip phones, dial-in, log-in, [00:06:00] DSL, and the like, but that has changed. In 1997, I went back to the Harvard School of Public Health and I led several projects developing and evaluating health care quality measures.

Then, as Peggy mentioned, in 2009, I founded a health research unit for RAND in Boston, where we studied a variety of topics that are really, I think, about the future of performance measurement in many ways. Or at least I thought of them that way, including care coordination and how to achieve that, [00:06:30] the digital measurement capabilities of organizations, because we know that varies a lot, and the impact of quality improvement, collaboratives

campaigns, and other QI activities that really are needed to complete the cycle of measurement and improvement.

During the past seven years, as Peggy mentioned, I served as Chief Science Officer at the Commonwealth Fund. And I led, in addition to our digital strategy, [00:07:00] I also led several performance reporting initiatives, comparing high income countries' health system performance to one another, comparing the performance of US states, and comparing the quality of care for racial and ethnic groups. So within and across states, as health equity was an important consideration at the Fund. Coming back to NCQA, though, I spent much of that last decade also chairing NCQA's Committee on Performance Measurement.

[00:07:30] I have to say, to my mind, the HEDIS process for bringing measures to the marketplace has really represented a gold standard in the approach. It marshals evidence, it distills complex technical issues for stakeholders and the public. And it enables the debate we need to have to get to agreement about which measures meet the high bar to merit inclusion in HEDIS—as well as which measures are really ready for retirement because they have either [00:08:00] not achieved our objectives, or we've already achieved what that measure was designed to address.

I'm joining NCQA at a very exciting and important moment for both the nation's health care system and for NCQA. The health care workforce and the organizations that deliver care have labored under tremendous strain over the past two pandemic years, but in their responses to the pandemic, we have learned new ways of working. We've applied new digital technologies and telehealth [00:08:30] applications and new data capabilities. I think digital data technologies are finally coming into their own in health care and are really poised to open new vistas for performance measurement and reporting—some of the things we imagined 20 years ago, but can now, we're really on the precipice of them becoming a reality.

The path to that future though is complicated and complex. I've learned over and over again in my career, the health care organizations [00:09:00] are at very different points on this journey. They have a lot of other obligations and responsibilities. So, as the title implies in this session, NCQA and HEDIS are also on this journey. I believe that NCQA and HEDIS can assist US health care to achieve higher performance, but we really need to have a goal in front of us to make the measurement, performance measurement systems and reporting systems more [00:09:30] effective at driving improvement, less burdensome for the people who are engaged in that activity, and they have to be nimbler and more adaptable in the future. I'll stop there and turn the podium back to our next speaker. But thank you again for this opportunity, Peggy.

Andy Reynolds: Thank you, Eric. It's Andy Reynolds, again. Peggy, you're welcome to add any more comments, or this might be a good time to proceed with Mary Barton's [00:10:00] update.

Peggy O'Kane: Absolutely. We want to have plenty of time. I think we've had a couple of really good questions in the Q&A, and we encourage you to put more in there. But I think we want to get to the newsy part of this, so let's go. Thank you, Mary.

The slide features a dark blue background with the NCQA logo on the left and the title "The Big 6: Future Themes" in white text on the right. Below the main slide is a smaller, blurred image showing hands interacting with a screen, with the NCQA logo in the bottom right corner.

The Big 6: Future Themes

108 Mary Barton: Well, thank you very much, Peggy, and Andy.

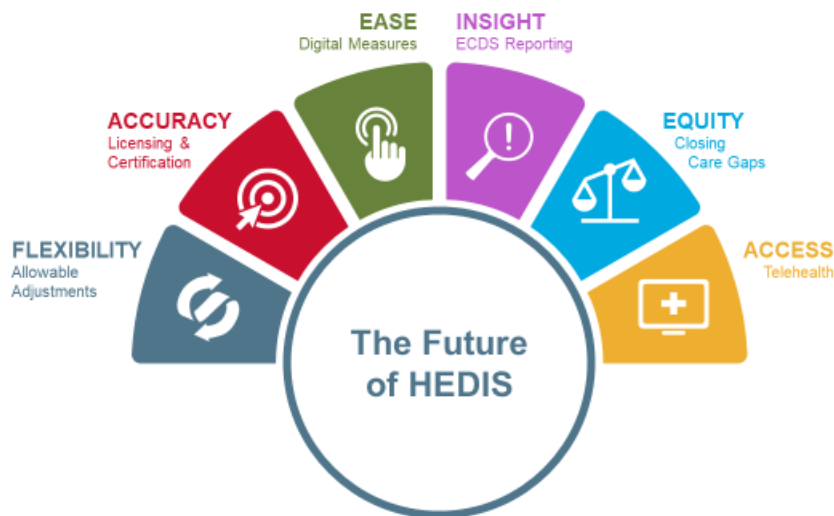
110 Peggy O'Kane: Let's get the right slide up, please. Sorry.

112 Mary Barton: Thank you. Thanks, Peggy. And thanks, Andy. [00:10:30] And welcome, Eric. I'm very proud to
114 have trained with Eric at the same internal medicine program all those years ago. So we're really
116 very, very glad to have him at NCQA now. I'm going to talk to you about future themes, and this is
really perhaps a review for some of you who have been regular attendance at these Future of
HEDIS webinars, but it will be new to many of you for whom this is the first such webinar.
[00:11:00] If we go to the next slide, please. I'm going to show you this sort of card deck of six
things.

6 themes

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

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

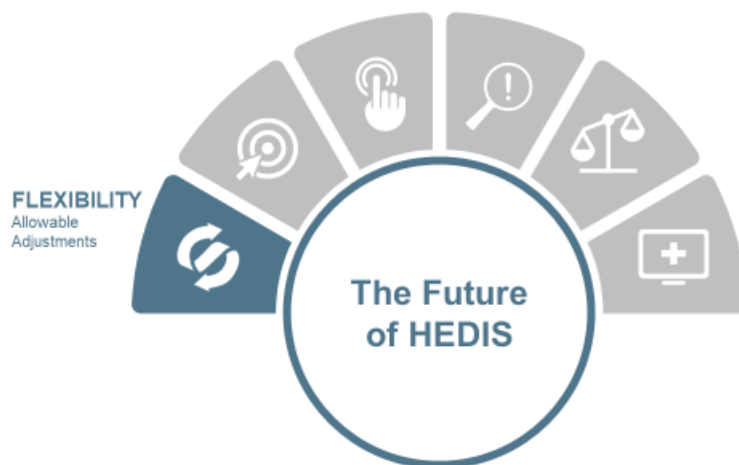


I'm going to talk a little bit about each one. I want to make sure that you know that if you're interested in learning more about this, you can go and see all of the past webinars on our website. The website is listed there. It's www.ncqa.org/hedis/the-future-of-hedis. This graphic, it represents the six themes that define where HEDIS headed: flexibility, accuracy, ease, insight, equity, and access. I'm going to briefly introduce you to each of these themes. Can I have the next slide please?

6 themes

Allowable Adjustments

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

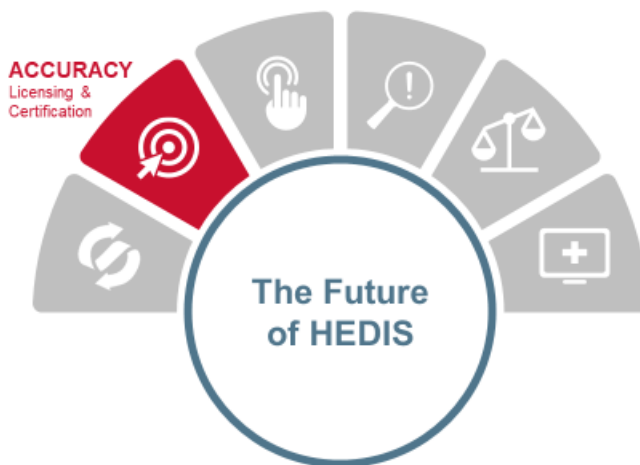


[00:12:00] Flexibility, this is really important because we recognized that people wanted to use our measures, not only at the health plan level for reporting to us at the end of the year, but that they had a need for using measure and quality improvement in real time. So we set up an array of coding and other tools [00:12:30] that we attached to the measures. We called this Allowable Adjustments, so that we were ready to offer our measures to be used in those new ways by focusing in on a specific age grouping, for example, or a particular population--allowing people that freedom to use measures in the way that would best propel [00:13:00] quality forward. Next slide, please.

6 themes

Licensing & Certification

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

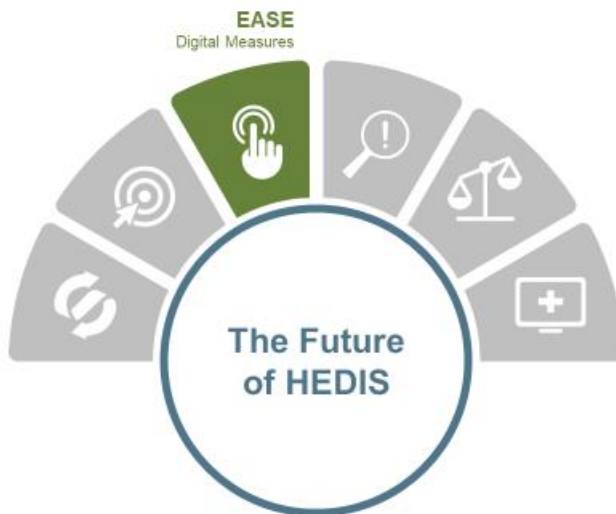


Licensing and certification is really a great tool that NCQA is very proud to run because we need accurate data. It's very important to us that when we give a health plan a score at the end of the year, or we compare them to their peers, [00:13:30] that we're using accurate data. The accuracy of that data is supported by certification, which is a program that NCQA runs to enable plans or vendors to know that they are calculating measures correctly. That certification is really key to [00:14:00] making sure that we have accurate data. Next slide, please.

6 themes

Digital Measures

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

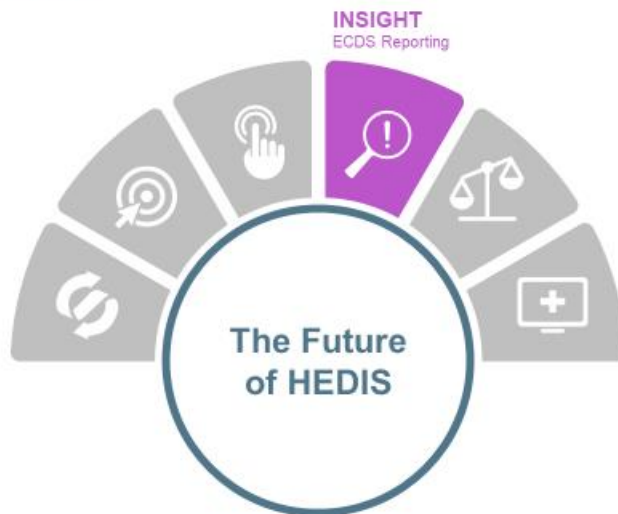


The next three themes will be covered in more detail during today's webinar. First, digital measures. When we say digital measures, we mean that NCQA writes measures in a digital format. And that computer code that we provide so that you don't have to write computer [00:14:30] code. That's our vision, that we could do that part of it. That would make a huge reduction in human error, a huge reduction in work and implementation time, and non-standardization. Really, we think that this is a win-win because we get better data and you have an easier time of it. That's our vision for digital measures. They're downloadable from the NCQA [00:15:00] store. For organizations that are capable of downloading the measures directly into an execution environment, digital measures will be making it easy to do that—lower programming costs and faster implementation. Next slide, please.

6 themes

Leveraging electronic clinical data in measurement

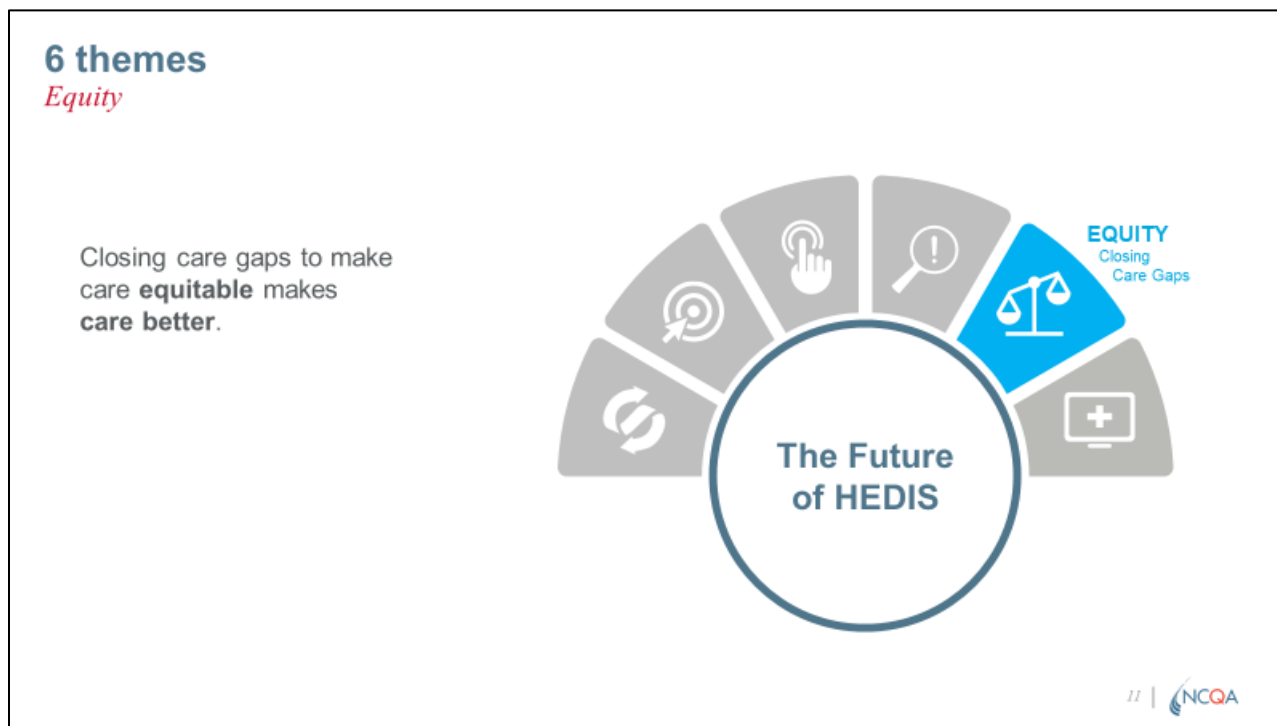
A new **reporting method** helps clinical data create **insight**.



10 | 

Insight is what we're calling [00:15:30] a new reporting method that facilitates the use of clinical data in the reports. We have, Peggy talked about our proud heritage here at HEDIS, 30 years of measuring. The first 25 of those years, we really relied on claims information. That was the most accurate source of data. It was the most ubiquitous source of data. And [00:16:00] that was really how we built many of our measures.

Now, we believe that it's time, as Eric referred to, maybe this is the moment for electronic data to be used. And to be used to its full capacity, we have created measures that rely on electronic clinical data, which provides better insight. It provides a higher bar [00:16:30] of a quality measure and also a higher bar for care improvement. We will discuss this topic more later today, along with the next theme. Next slide, please.



The fifth piece of this is equity. We believe at NCQA that high quality care is equitable care. There can be no quality about equity. [00:17:00] We've committed to building equity into everything that we do, including HEDIS measures. That means stratifying certain measures by race, ethnicity, or language.

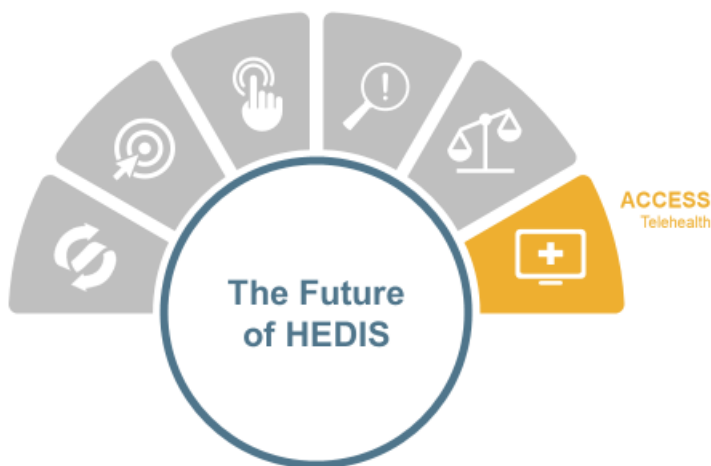
We're collecting and reviewing how data for sexual orient and gender identity plays into the measures. And we're looking forward to focusing, and this is not about the HEDIS measures, but about an [00:17:30] accreditation product that we have, which is Health Equity Plus, where we think we can really move the needle on people getting the data they need to know whether they're providing equitable care or not, to give them a roadmap to how to improve. Next slide, please.

6 themes

Telehealth

Align. Adapt. Innovate.

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



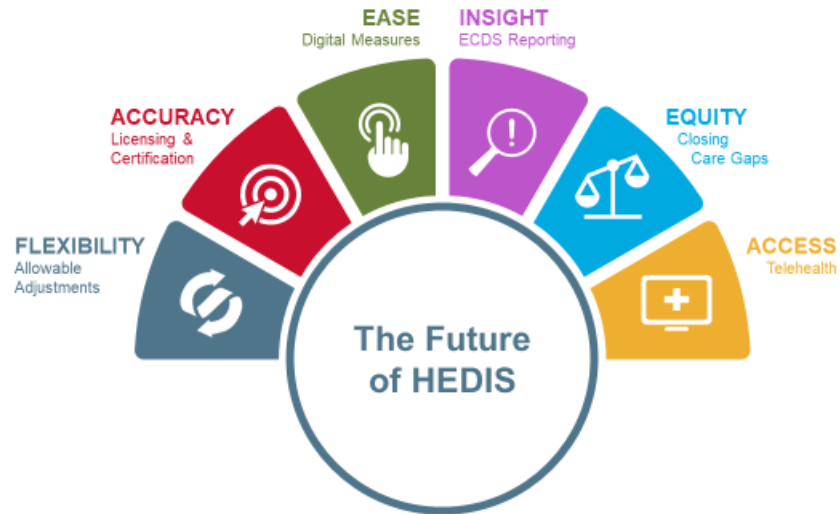
The sixth element is telehealth. [00:18:00] Of course, we were already interested in how telehealth played a role in excellent health care. And then a pandemic came along and really upped the attention and the ante on telehealth. We had a task force on telehealth policy, which is linked here on the slide, ncqa.org/telehealth, where Peggy O'Kane and others laid out an agenda for what needs [00:18:30] to happen from a policy point of view, to increase the use of high caliber telehealth medicine. We also have undergone a look at all of our measures and added codes for telehealth wherever we could, and we're exploring what role we can play to sustain [00:19:00] telehealth as a modality for delivering high quality care.

We're working to align policies, to adapt the quality enterprise, to optimize and promote telehealth, and to innovate new ways to integrate and enable telehealth. If we go to the next slide, that's the picture of the six cards here. [00:19:30]

6 themes

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

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



We're going to talk a little bit more about ease, insight, and equity. There's a little bit more about each of these themes online at the web address that you see here. And now, I'd like to turn things over to Emily Morden and Fern McCree who have some news about digitalizing the HEDIS measurement set.



Emily Morden:

Great. Thank you, Mary. My name is Emily Morden. I'm Director of Electronic Measurement Strategy [00:20:00] at NCQA. And we're going to now walk through our roadmap for evolving HEDIS for this future by using better data, getting to better measures, and supporting more levels of the health care system through that better alignment of measures. We can go to the next slide.

Roadmap to the Future

Evolving HEDIS measures content



Moving from measurement to **improvement**
Greater **utility** of HEDIS at the **point of care**

Digitalization, interoperability, health information exchange
Integrity of measurement throughout the system

Positioning
for the
Future

With this roadmap, as we've been discussing, we're really seeking to evolve our HEDIS measures content, but why is this so important? Overall, we're [00:20:30] really aiming to move from measurement to being able to really help the delivery system more easily drive of those improvements in care. And we need to have greater utility of our quality measures at the point of care to really be able to do this.

Now, we're also positioning quality measurement for the future where the use of digital tools and standards, better interoperability of health data are really going to support our ability [00:21:00] to have those more sophisticated measures. And we know there have been a lot of investment made into health information technology over the last couple of decades. So we're really hopeful that now is a time where we're going to start to be able to realize some of the benefits of these investments. Now, we also want to make sure that we continue to have integrity of measurement throughout all levels of the health care system, so that [00:21:30] we are measuring the right things at the right time for the right patients. That's just a bit of background about the why we're doing this evolution. If we go to the next slide, let's start with a reminder of where we are today, especially since a number of you are new to this Future of HEDIS webinar series.

HEDIS Content Today



Preventive Services and Wellness



Chronic Condition Management



Access and Availability



Utilization

Measurement set
used by more than

90%

of America's health plans

Allows for **comparison**
of health plans across
important dimensions
of care and service

HEDIS is a measurement set that is widely used. It's used by more than 90% of health plans [00:22:00] in the US. It allows for comparison of health plans across important dimensions of care. And our measures cover several domains from preventive services to management of chronic conditions, access to care and utilization—including measures around appropriateness and overuse.

Now, HEDIS, of course, is a longstanding measurement set and it is widely used across the health care system. We know that [00:22:30] but as mentioned earlier, we also recognize that many of our HEDIS measures still rely on claims data and more retrospective methods to understand quality. So this is where we see opportunities to really evolve the content of our measures so that HEDIS can remain relevant with the changing ecosystem in terms of health IT and available data, and that it's also [00:23:00] going to be able to support new care delivery models. For example, care delivered through telehealth or care at home programs.

Really importantly, we also want to make sure that HEDIS can continue to really address the measurement areas that are of highest priority to stakeholders. Now, given that HEDIS has such a strong reputation and our measures are so widely used, [00:23:30] it's really important to us that we maintain the value and the integrity of HEDIS as we are evolving the content. And most importantly, we want to make sure that our customers and our stakeholders feel like they are coming along on this journey with us, and that our pace of change is reasonable and that the measurement tools that we are developing will really work for you. That's one reason [00:24:00] why we're here today, to share this roadmap with you all. We can go to the next slide.

NCQA Measures Roadmap

Evolve HEDIS as the
*best possible performance
measurement system* ,
to address
equitable care ,
and to support
new care delivery models .

Goal

All HEDIS measures
digital in 5 years



17

This brings us to our measures roadmap. Again, this encompasses both an evolution of our measures content and how we will deliver that content digitally. Our overall goal is to really evolve HEDIS to be the best possible performance measurement system, to address equitable [00:24:30] care, and to support new care delivery models. We also have a goal to have all of our HEDIS measure content in digital format in the next five years. So the opportunities that we have to achieve these goals are in three key areas, which we're going to talk about today.

Using better data, having better measures, and getting better alignment of measurement. These three areas also, of [00:25:00] course, help us to achieve that ultimate goal, which is getting better care for patients. We're going to walk through quickly these three areas, and then we'll dive a little bit deeper into how we're going to do this work over the coming years.

Measures Roadmap

Have more standardized
measure calculations
that leverage
BETTER DATA



First, better data. We want to have more standardized measure calculations expressed digitally that can all also leverage more clinical data. [00:25:30] And using better data will go hand in hand, if we click next, with being able to have better measures.

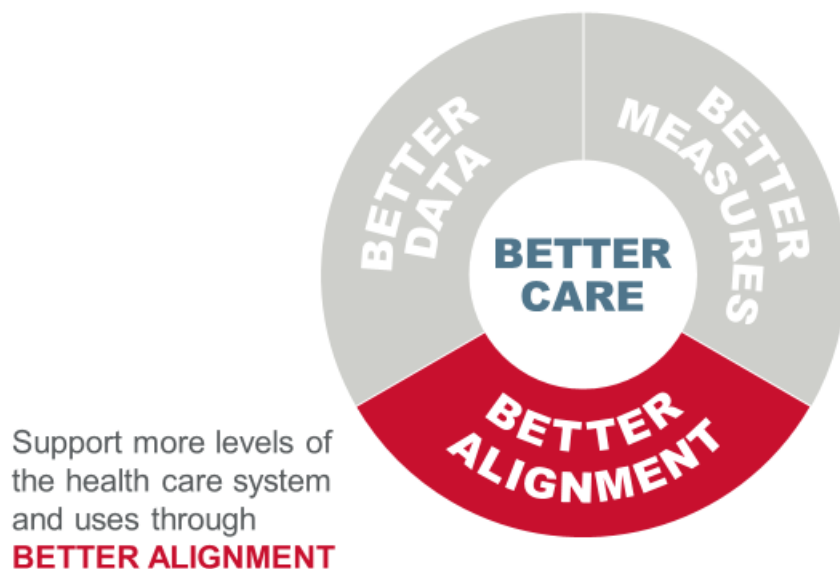
Measures Roadmap

Assess more meaningful
concepts with
BETTER MEASURES



We really want to be able to get to these more meaningful concepts, such as patient specific outcomes through having better measures.

Measures Roadmap



20 | 

Then last but not least, through better alignment of measurement, we can support more levels of the health care system in their quality efforts [00:26:00] and more use cases for measurement to really drive those improvements toward better care. Now I'm going to turn it over to Fern, to walk us through the details.

Better Data

Standardized data and measure calculations



Today

Subset of measures leverage electronic clinical data

22 digital quality measures downloadable from NCQA

Future

More measures leverage electronic clinical data

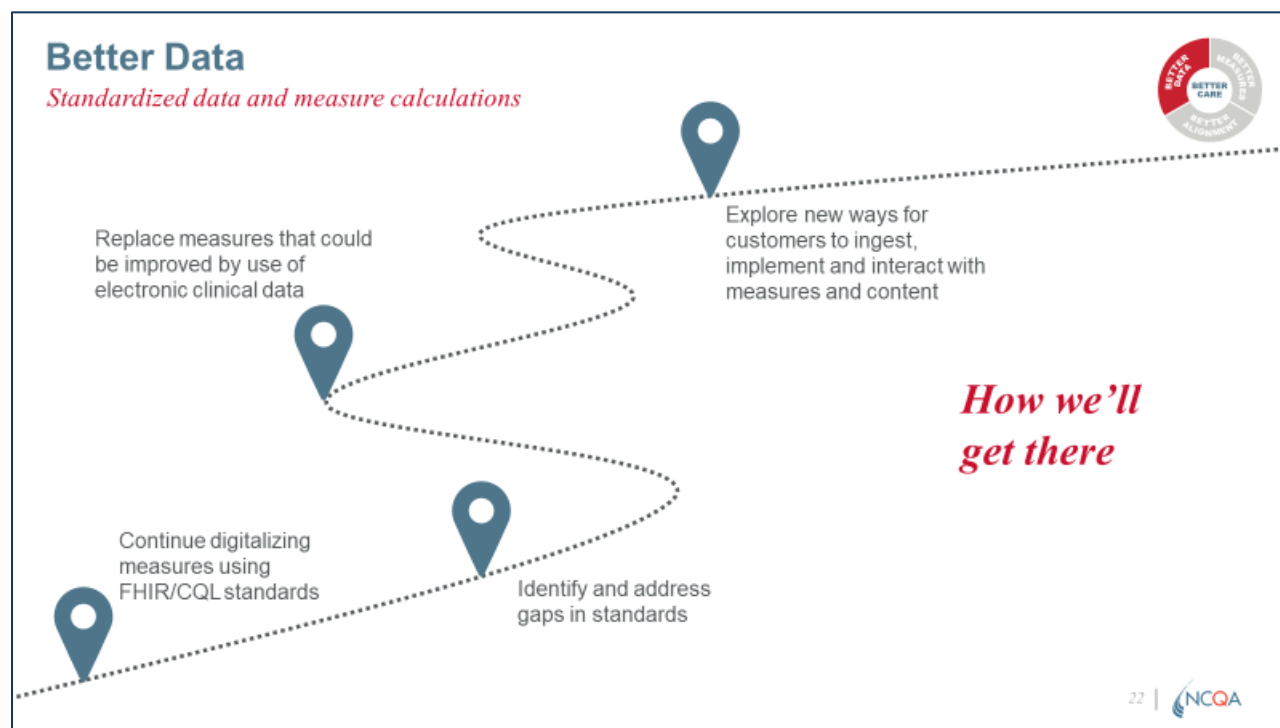
All HEDIS measures digital in 5 years

Digital measures as software components

Fern McCree:

Great. Thank you, Emily. Good afternoon, everyone. As Emily said, I'll be walking through each of these three areas, better data, better measures, better alignment, and discuss where we are today, where we want to get to in the future, and also how we're going to get there. [00:26:30] I'll start with getting to better data. Leveraging standardized electronic clinical data for measurement will be key to achieving this overall vision. Today, we have a subset of HEDIS measures that were developed to leverage electronic clinical data, such as our depression suite of measures, as well as our immunization measures.

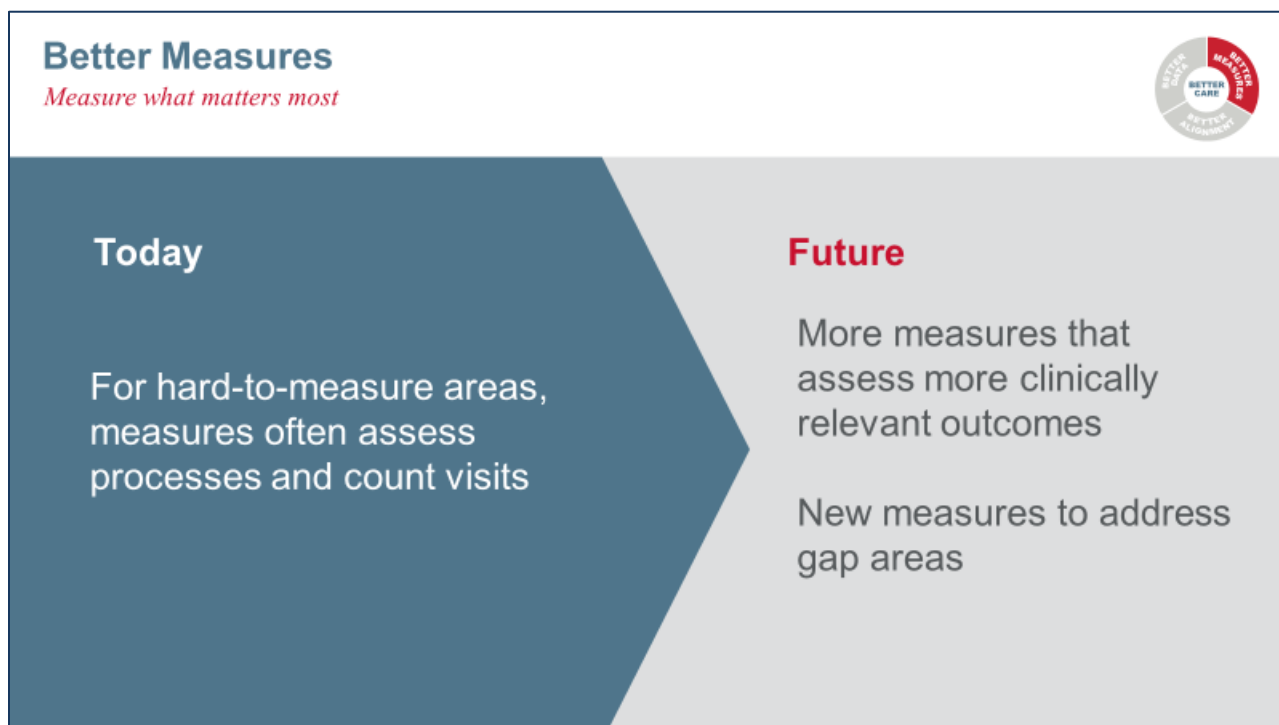
Also, digital quality measures are an important part of our overall strategy to improve quality measurement and encourage [00:27:00] information exchange and standardized measure calculations. So we've been working, also working to write our specifications in a standardized digital format, and we've released our first set of FHIR-CQL digital quality measures representing a subset of measures last year. Looking towards the future, we plan to continue to build off of this work by having more measures that leverage electronic clinical data. [00:27:30] We plan to convert all HEDIS measures to digital within the next five years. And in terms of digital measures, we're planning to evolve, not only what we're measuring and expanding the data sources used, but also how measures are delivered—how you take in, install, and work with the measure software.



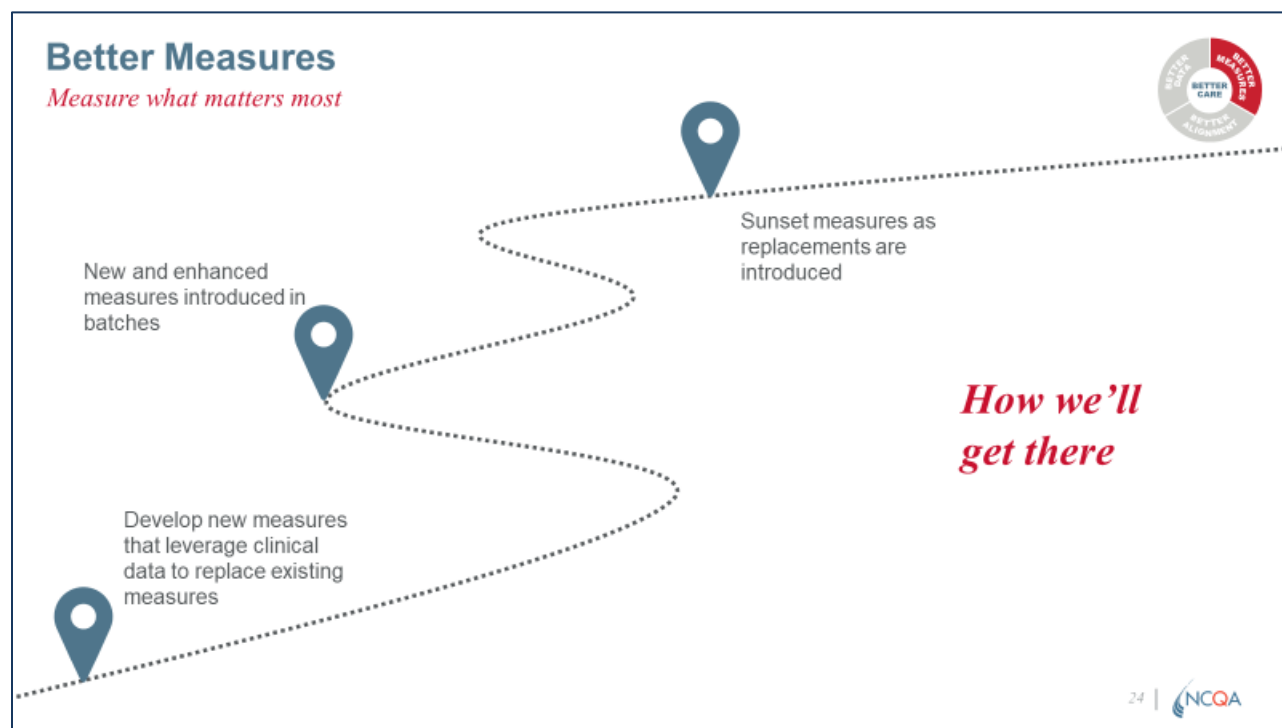
How do we get there? We're going to start by continuing to digitalize measures in batches each year, [00:28:00] using the FHIR-CQL standards and address more measure concepts. Some measures are well suited to transition to digital as they are currently specified, and as the standards currently support. So, for example, this first year, we may prioritize measures looking at follow up after acute events for certain chronic conditions. We'll also identify and address gaps and standards that would be needed to enable [00:28:30] us to digitalize different measure concepts. For some measure concepts such as those that include risk adjustment, we will convert those once the standards support it.

There are some measures where we actually want to improve them first before digitalization. For example, many measures addressing chronic conditions are limited by only being able to pull in

administrative claims or there's a reliance [00:29:00] on medical record review data. So we'd like to replace them with measures that can leverage electronic clinical data going beyond administrative claims. All these efforts to enhance and involve HEDIS will provide a strong foundation to developing digital solutions in the future. And we will explore new ways for customers to ingest, implement, and interact with measures and content. By implementing the FHIR-CQL standards, this has been an important [00:29:30] step to getting us there.



Now moving on to better measures by being able to leverage more and better data that allows us to get to these better measures. So, what do we mean? Today, for some of the hard to measure areas, measures often assess processes and counts of visits. However, while process measures tied to outcomes remain valuable, we do want to develop more [00:30:00] meaningful patient centered measures. In the future, by leveraging more and better data, that'll allow us to enhance quality measurement and get to more measures that address more relevant clinical outcomes and support care improvement. This will allow us to close gaps and address areas that we haven't been able to measure just yet.



How do we get to [00:30:30] better measures? This data enables us to have greater insight into really important topics. For example, some measures look at the most recent blood pressure reading, but we could instead look at better management of blood pressure over time. The same could be applied to diabetes care management. Looking at screening measures, we could look at the receipt of appropriate follow up or intervention after preventive screenings. [00:31:00] It's not just about evolving and enhancing what we currently have, but also, how do we address gaps in measurement? So we're currently exploring ways that we can address social determinants of health and measures. You'll hear a little bit more about that later in the presentation.

And we'll introduce new and enhanced measures and batches over time. We recognize that these measures, many of [00:31:30] these measures are widely used in programs. So we plan to have a transition period where we sunset measures after the replacement measures are introduced.

A good example of this could be the Adult Immunization Status measure that was developed to assess receipt of immunizations using electronic clinical data. And this measure has been in HEDIS for a couple years in use. We're now proposing [00:32:00] to retire the three survey vaccination measures from HEDIS, as you'll see in the current public comment period. We want to focus instead on the adult immunization indicators, which provide more specific clinical information regarding vaccinations and do not rely on patient recall.

Another example for the future is, let's say we develop a new measure, assessing outcomes [00:32:30] for hypertension. We may have a one or two-year transition period where we remove the original measure before we remove the original measure from HEDIS. Then there will be some measures that we just retire from HEDIS as well. Throughout this process, we'll use Public comment as a way to announce changes, provide advanced notice, as well as get input on new measures, changes to measures, [00:33:00] as well as retirement of measures.

Better Alignment

Support more levels of the health care system



Today

Variation in measurement
across programs and levels

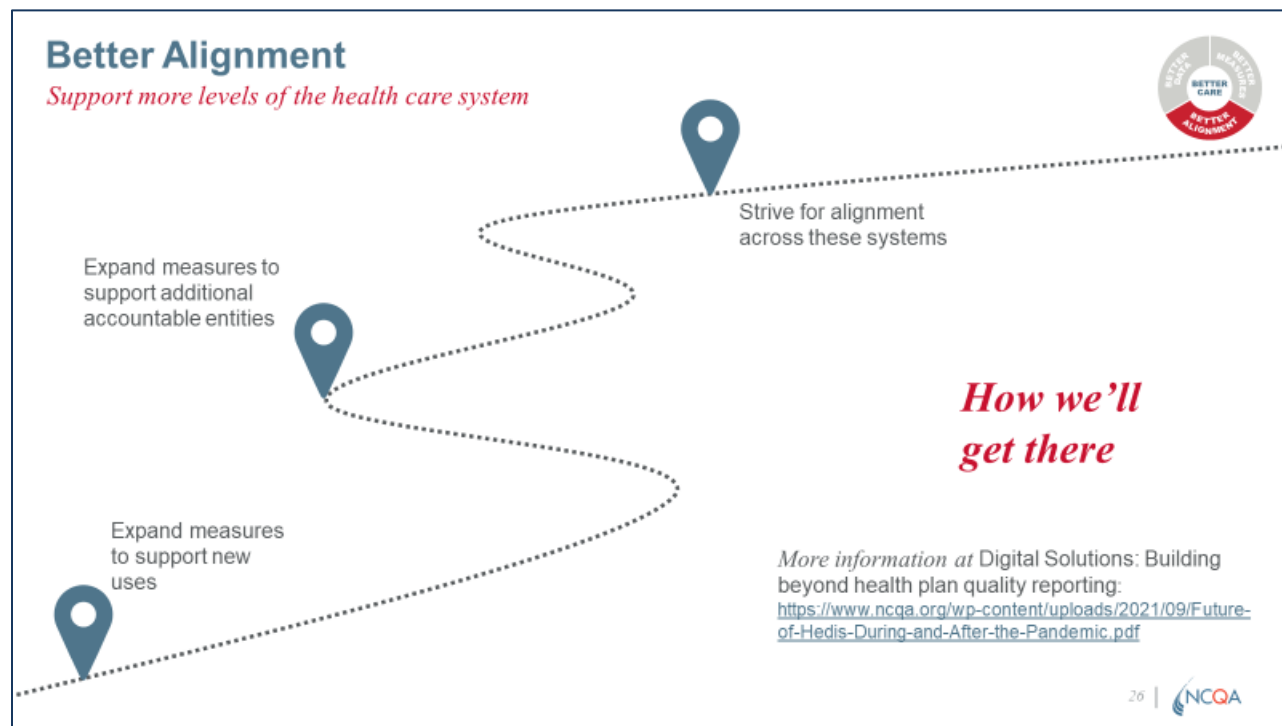
Future

Measures...

- Address multiple accountable entities
- Are **consistent** - work similarly between levels
- Are **connected** - calculations roll up to next level
- Drive **care improvement**

Having better data and having better measures works alongside getting to better alignment. Today, we have variation in measurement across programs and levels. For example, HEDIS measures' design for health plan reporting in accountability trickles down to providers. And [00:33:30] we've introduced allowable adjustments that provides flexibility so different levels of the health care system can use HEDIS measures for other reasons besides health plan reporting, such as guiding clinical interventions, closing care gaps. This was really our first thought—enabling that flexibility.

Looking ahead, we want to further support more levels of the health care system. [00:34:00] We want to address multiple accountable entities—not just the delivery system, but also thinking about how the measures roll up to, let's say, state-level accountability. We want our measures to be consistent, connected able to drive care improvement at these different levels.



How do we get to better alignment? Again, we want to expand [00:34:30] measures to support new use cases. So, quality improvement, being able to close gaps in care, clinical decision support. We want to expand measures, again to support additional accountable entities, as well as being--we're striving for alignment across these different systems.

We will start with some of our measures that we have already put in the digital format, and we're going to work to see how we can deliver [00:35:00] these measures in new ways that can better support the other quality activities that go alongside reporting for HEDIS--again, closing gaps in care and quality improvement and things of that nature. We're in the earlier stages of this work, so we have a lot of exciting work ahead, but if you want to learn more about our efforts related to digital solutions, we do encourage you to check out the previous [00:35:30] Feature of HEDIS session that was held in September, this past September, and also stay tuned for more announcements to come.

As noted, all of the links will be provided in the slide deck so you can access those websites. And we're also putting them in the chat as well.

Measuring Unmet Social Needs for Food, Housing, Transportation

Proposed new measure posted for public comment



Measure Description: Members screened at least once for unmet food, housing and transportation needs, and received intervention if they screened positive.

Six rates: Food screening, Food intervention, Housing screening, Housing intervention, Transportation screening, Transportation intervention

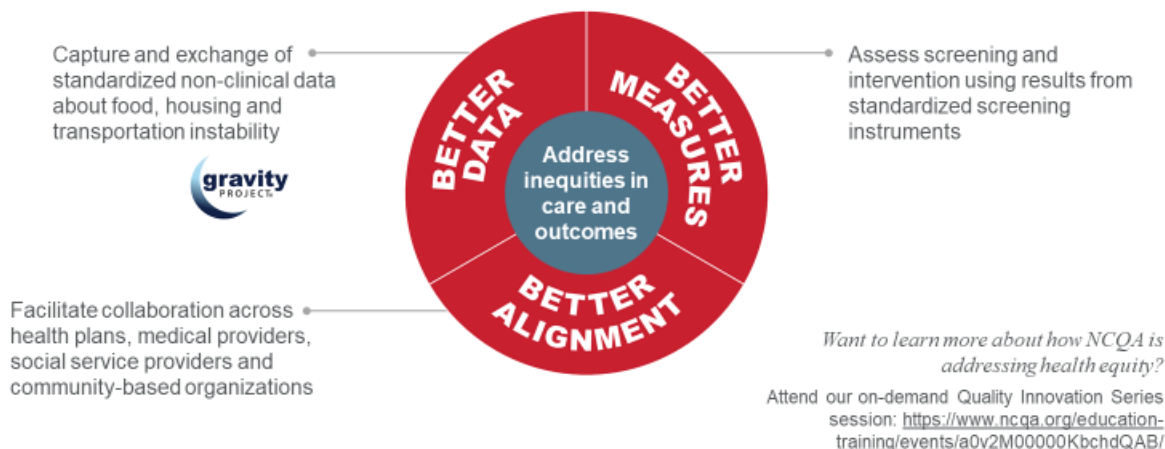
Product Lines: Commercial, Medicaid, Medicare

Let's tie all of these three concepts together: better data, better measures and better alignment. [00:36:00] We'd like to do this by walking through one of our new proposed HEDIS measures that is currently posted for Public comment. This is the Social Needs Screening and Intervention measure. This measure assesses whether members were screened for unmet food, housing and transportation needs, and then receive corresponding intervention if needed.

There are six rates reported and it's proposed for commercial, Medicaid and [00:36:30] Medicare product lines. This measure is developed to advance health equity through addressing these social needs which have been identified as high priority and actionable by health plans, providers and other key stakeholders. Most health care quality measures focus on clinical processes and outcomes. And there are currently no national health plan-level measures that assess and address patients' social needs. So key stakeholders see this as a critical quality measurement gap [00:37:00] to fill.

Measuring Unmet Social Needs for Food, Housing, Transportation

Proposed new measure posted for public comment



But we want to just walk through this measure in the context of these three different concepts of better data, better measures, better alignment.

First, this proposed measure addresses better data as it requires capture in exchange of standardized nonclinical information about unmet social needs. This information [00:37:30] needs to be incorporated into the patient's medical record and accessible at the point of care so that it can be used for clinical decision making. NCQA has also been aligning with the efforts of the Gravity Project, which was launched to develop consensus driven coding standards on social determinants of health. We're getting to a better measure as it helps to standardize [00:38:00] the process of screening and the care workflow. It assesses receipt of referral and intervention based on results from standardized screening tools.

And better alignment. This measure supports and facilitates collaboration across health plans, medical providers, social service providers, as well as community-based organizations. [00:38:30]

Lastly, this measure would encourage systems to identify specific needs and connect members with the resources necessary to overcome social barriers to their wellness, which will lead to better care and better outcomes. So we encourage you, if you'd like to learn more about NCQA's efforts to addressing health equity, to attend our on-demand Quality Innovation Series session, where you can find [00:39:00] previous presentations related to our work in health equity.

Give Us Your Feedback

HEDIS Public Comment Period: February 11 – March 11, 2022

<https://www.ncqa.org/about-ncqa/contact-us/public-comments/hedis-public-comment/>



HEDIS® Public Comment

Reviewers are asked to submit comments in writing via the NCQA [public comment website](#) by 5:00pm (ET), Friday, March 11.

NCQA is releasing for public comment proposed new measures, changes to existing measures and proposed measure retirements for HEDIS MY 2023.

OVERVIEW MEMO

Proposed New Measures

- [Topical Fluoride for Children](#)
- [Oral Evaluation, Dental Services](#)
- [Social Need Screening and Intervention](#)
- [Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes](#)

Again, as I noted, this measure is currently posted for the HEDIS public comment, which will run until March 11th, which is next Friday. So you can go to the links here on the slide to share your input on this new proposed measure, along with the other measure concepts we are seeking feedback on, [00:39:30] or you can also access the public comment through my.ncqa.org.

Available Resources

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

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

Visit our **ECDS** webpage:

<http://www.ncqa.org/ecds>



Issue brief on leveraging electronic clinical data for HEDIS

Special report summarizing HEDIS results for measures that leverage clinical data

New! Resource guide on reporting the *Colorectal Cancer Screening* measure

We wanted to leave you with a few different resources to support your work. One is to encourage you to see the previous 10 Future of HEDIS sessions, which are all posted on the Future of HEDIS webpage.

Also, we encourage you to visit the ECDS [00:40:00] webpage, which is where we post information about leveraging electronic clinical data for HEDIS reporting. We also use this page to post different announcements related to measures, as well as different resources, such as the one we're highlighting here. We released the Issue Brief that summarizes strategies for leveraging electronic clinical data in HEDIS, based on interviews with health plans. A special report last year we [00:40:30] released summarizes aggregate level HEDIS results for measures that leverage electronic clinical data. Just this week, we released a new resource guide for supporting leveraging clinical data and reporting for the Colorectal Cancer Screening measure, which is useful as NCQA is planning to proceed with moving this measure to electronic clinical data systems reporting exclusively [00:41:00] for measurement year 2024.

Key Takeaways

HEDIS content is evolving to...

- Have more standardized measure calculations that leverage **better data**
- Assess more meaningful concepts with **better measures**
- Support more levels of the health care system and uses through **better alignment**

Evolution will be gradual with opportunities for stakeholders to provide feedback



To summarize, we want to just note, HEDIS content is evolving. It's evolving to have more standardized measure calculations that leverage better data to assess more meaningful measure concepts, such as patient specific outcomes with better measures, to support more levels of the health care system and more use cases through better alignment [00:41:30] of measurement. But the evolution will not happen overnight. It will be gradual over the next five years, and we'll continue to engage and seek feedback from our stakeholders to ensure that our work is aligned with their priorities and their needs. With that, I thank all of you for participating in today's webinar. I'm going to ... Turning it over to Andy to open up the Q&A. We'd love to hear your questions and comments.



Questions

- Andy Reynolds: [00:42:00] Thanks, Fern, and thanks to our many audience members who have been busily submitting questions. Let me take care of a few common questions. Yes, the slides you're seeing today will be available to you today. And, if you have colleagues who registered for this webinar but weren't able to make it, by the end of this week, we will email everyone who registered, the slides and a link to the recording. You'll have all of this information, and so will your colleagues. Mary, why don't we start with you? A [00:42:30] viewer asked, if you could please elaborate on what you meant when you referenced enhancing the utility of HEDIS at the point of care. Mary.
- Mary Barton: Yes. Thank you so much, Andy. This is an excellent question. The first thing that I want to say is that, in creating the allowable adjustments for HEDIS measures, we also added mapping to new [00:43:00] nomenclatures—RxNorm, SNOMED. That was an effort because we recognized that people have access to different kinds of data depending on where in the delivery system they are.
- That's the story sort of from the beginning part of the cards. But really, the answer going forward is going to be better digital measures. [00:43:30] And we're looking forward to releasing digital measures that have more flexibility and more usability in the delivery system. For example, measures that are able to turn off and on different elements of the measure—perhaps to take away the continuous enrollment requirement, for example. And then to be able to use digital [00:44:00] measures in order to improve care at the point of care. That is something you'll be hearing more about. I can't promise exactly when, but I'm sure in a webinar at some point in the coming year, we'll be able to talk more about that.
- Andy Reynolds: Thanks, Mary. Emily, why don't we go over to you? Another viewer has asked, when will we see all of the admin or hybrid measures released in ECDS format? Emily?
- Emily Morden: Yeah. [00:44:30] And I'm going to take this question apart a little bit, because I think it's helpful to remember that electronic clinical data systems is a reporting method for HEDIS—so, for health plan-level measures. And it really involves having a standardized way to use claims data and clinical data for that measure report. So in terms of having more measures that really bring in this [00:45:00] clinical data, we envision that this is going to be a transition period over the coming

years. There's no set date when all of our measures will use a certain HEDIS reporting method, but we're really looking to how we can enhance some of our existing measures to better pull in that standardized clinical data.

I think one of the other questions that we get a lot [00:45:30] around this is, will the hybrid method be going away? We do have measures in HEDIS that rely on using medical record review for a sample of members. And it's a small set of measures, but some really important measures. Again, we are really trying to work towards that future where more of the data that we're relying on to capture these outcomes would come from [00:46:00] clinical data that's standardized and being shared electronically. But that's not going to immediately reduce the need for medical record abstraction. Again, this is going to be a transition.

As we have specific measures that we think are ready to really transition over to electronic clinical data systems reporting, we will be providing advanced notice, as [00:46:30] we've done in the past through Public comment periods or webinars like this, so that everyone has that advanced notice to know what's coming. And hopefully with a lot of notice, because we know that this will take time to really transition measures to use the new method and pull in that structured clinical data.

Andy Reynolds: Thanks, Emily. Mary, why don't we go back over to you? A viewer would like to know, [00:47:00] with regard to better data, how are unstructured and text documentation used or applied to a HEDIS measure?

Mary Barton: So they're not yet, but we're looking towards how they can be. The topic of natural language processing is one that we have been very interested in. We think that there is certainly, [00:47:30] in the foreseeable future, a time when there will be capture of data that is in pretext. Right now, we're still dependent on standardized tools and standardized fields in the measures that we're creating and the measure that we're updating. But I think it's not too far in the future that we'll be looking to make maximum use of all [00:48:00] the information that is in electronic records.

Andy Reynolds: Thanks, Mary. Emily, why don't we ping over to you? A newer question comes in, do providers need to give their EMR access to every health plan that they're doing business with?

Emily Morden: That would be very burdensome. We are really excited about the new standards that [00:48:30] are going to really support exchange of data between providers and other providers, as well as between providers and payers. And so, there are HL7 FHIR standards that are helping to support this, but also there are a number of resources and implementation guides from HL7 that are really designed to help support this data exchange. Certainly that backend [00:49:00] kind of access to EMRs to collect quality information has been useful. But we're really looking to the future where these processes become more automated, so that data can be shared quickly, efficiently without having to do that kind of manual review of records.

Andy Reynolds: Got it. Thanks, Emily. Mary, back over to you. A viewer would like to know, do digital measures mean less [00:49:30] CPT2 coding? Less coding in the future there, Mary?

Mary Barton: I can't promise what might be useful for a certain plan or for a certain practice, but I can assure you that NCQA is not interested in using CPT2 codes in our measures anymore. Right now, I know there's a couple of measures that continue to be reportable [00:50:00] that way, but that's not the future. When we talk about measuring care, we want to have the process of care that's reflected in the medical record be reflected in the measures as a secondary effect. We do not want to have extra work of clinicians to go in and mark CPT2 codes after the visit [00:50:30] to be a part of the measure. That's not our goal.

486 Andy Reynolds: Thanks, Mary. Fern, why don't we get you back into the game? A viewer would like to know, with
488 regard to the COL measures—and check me here, Fern, I think that's Colorectal Cancer
Screening—will hybrid methodology be going away in 2024? Fern.

490 Fern McCree: Yes, I can clarify that. So for the Colorectal Cancer Screening measure, this was a measure that
492 [00:51:00] we've had available for optional electronic clinical data systems reporting alongside
traditional reporting, hybrid or administrative reporting for the last couple years. And so, we had
494 announced our strategy to move this measure exclusively to electronic clinical data systems
reporting. We announced this earlier last year. Since then, we've been getting feedback on that
496 timeline to make sure we're selecting [00:51:30] a timeline that allows for that adaption and
transition. We are moving forward with our strategy to transition that measure fully to electronic
clinical data assistance reporting for measurement year 2024.

498 So that means removing the traditional reporting options, hybrid and administrative reporting. I
mentioned that we also just released a toolkit that could be useful to implementers and [00:52:00]
500 health plans for leveraging electronic clinical data for the colorectal cancer screening measure
that is posted on our website on the ECDS website.

502 Andy Reynolds: Thank you. There are lots of questions coming in, and I see that my NCQA colleagues are
504 answering some directly in typed responses. Let me suggest that we sort of share the answers
and I'll read some of these aloud. [00:52:30] Picking one question here, can somebody clarify if
we're moving to get rid of or remove hybrid measures five years from now, or is that five years
from next year? What do we mean by, "in five years"?

506 Emily Morden: This is Emily. I can help to clarify this. So with all this work, we have outlined a rough timeline of
508 about [00:53:00] five years. In terms of when specific hybrid measures may not use the hybrid
methodology in the future, again, we would be posting information about that to our public
comment periods with advanced notice. It really depends on what we're trying to get at. We want
510 to move away from these more retrospective methods in general, and certainly not introduce
[00:53:30] new measures that use that data collection method. But I can't say for sure that in five
512 years all hybrid will be done away with.

514 Part of the thing that we're looking at, too, is a number of these measures are widely used in
programs. And we want to make sure that we're supporting the use of quality measures in
programs by others, as well as we're transitioning to new reporting [00:54:00] methods.

516 Andy Reynolds: Thanks, Emily. A general question has come in. Can somebody contextualize or explain how the
518 information we're covering today, how does that relate to other digital initiatives that NCQA is
undertaking? I would note that, in addition to our principal presenters, Mary, Emily, Fern, Peggy,
520 Eric, we do have other NCQA leaders on the line. So I would invite [00:54:30] anyone to speak up
or answer that overarching question. How is what we're talking about in HEDIS today, how does
that relate to other digital activities NCQA is undertaking?

522 Brad Ryan: Andy, that might have been a reference for me, I wasn't sure if you were calling on me. Thank
524 you for the question. NCQA, in [00:55:00] some previous webinars, we've shared a little bit more
of our broad digital strategy that includes the digital measures, but also includes how we evolve
526 the role that we believe we can play in helping catalyze some of this digital future. And one of the
main places that, that plays out, in the near term and in the roadmap, is in the data collection and
528 data validation space. Some of you may know that we have a program [00:55:30] called the Data
Aggregator Validation program, which takes what we've done traditionally through the HEDIS
530 audit, to validate the clinical data back to the primary source and kind of decouple that validation
from the HEDIS season—so that we're doing that prospectively so that people can have
532 confidence that the data they're using is valid throughout the year. And we're doing it upstream
from the plan at the source of the data, whether it's an aggregator like an HIE, [00:56:00] or a

vendor, or even in some cases, providers themselves. We're validating that data for use across payers. That's a step in the right direction, but we feel like there's a lot we can do to make that process more automated, efficient, and to better support the emerging standards like FHIR as a transmission and not just a data model.

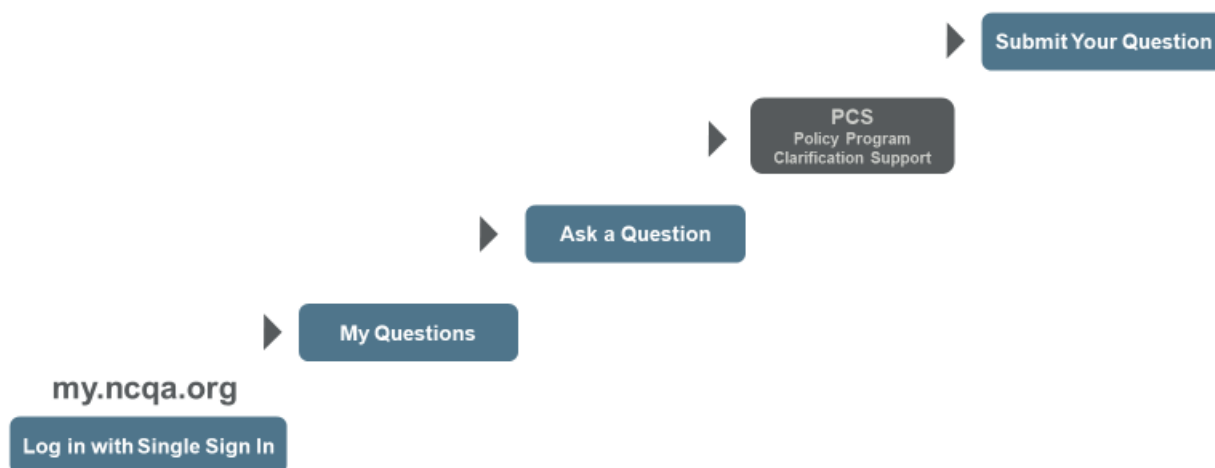
If that doesn't make sense to you, we may talk about it in a future webinar, but that's one of the main [00:56:30] places where there's a really tight coupling between the strategy for the data collection and validation and where we're going with digital measures.

Andy Reynolds: Thank you, Brad. Yes, I was thinking of you. For those of you who haven't met Brad, that's Dr. Brad Ryan, our Chief Product Officer. Brad, before you go too far away, it occurs to me that in two weeks you are presenting on some of these issues you just related or mentioned. You're presenting at the HIMSS Conference. Can you summarize what you'll [00:57:00] be talking about at HIMSS in two weeks?

Brad Ryan: Sure. In fact, we'll be both ViVE and HIMSS in the next couple of weeks, a nice chance to get to Florida in the winter. The main topic there will be some of the remaining roadblocks at an industry level for really getting the value out of the clinical data that we're capturing electronically now. So, we, as a country, have invested a lot in [00:57:30] digitizing the clinical data in the electronic health records and other sources. It still suffers from being an inconsistent, incomplete, and sometimes, just inaccurate implementation. There's a huge amount of value to be unlocked and we are going to talk about that in a lot more depth at HIMSS and ViVE, and including some of the ways NCQA believes our programs can help support that.

Andy Reynolds: Got it. Thank you, Brad. I see we're coming up on the top of the hour. [00:58:00] So if we could advance to our final slide, please, I'd like to wrap thing up by sharing with our audience some upcoming events.

How to ask questions *after* today's Q&A



As always, if you have questions after today, many of you on today's webinar are familiar with My.NCQA. That is the best place to follow up with us. Let us know if you have other questions.

What's coming in 2022

April 21

NCQA's signature event, in Washington, DC and online
qualitytalks.org

April-June

A virtual learning series.
ncqa.org/qiseries

July 12-13

An interactive summit on bridging gaps in digital quality measurement.
digitalqualitysummit.org

Oct 31-Nov 3

NCQA's newest event on all aspects of quality, in Washington, DC.
ncqasummit.com/savethedate/

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Here are other events we commend to you. On April 21st, if you have only one full day to give to an NCQA conference [00:58:30] this year, let it be Quality Talks. That is our answer to TED Talks. We feature stirring, succinct, inspirational stories from leaders across different health care sectors.

In the spring, we will bring back our Quality Innovation Series. That is a series of instructional webinars that was born during the pandemic—very well received, a terrific avenue for learning about particular hands-on topics, [00:59:00] or NCQA-related material and elsewhere. If you are looking for a two-day deep dive into the nitty-gritty of digital quality measurement, we recommend the digital quality summit in July.

And if you're interested in being part of the largest in-person comprehensive event that NCQA has ever organized, you'll want to come to DC for the health innovation summit in the fall. That's several [00:59:30] days of intensive, comprehensive discussion. We're looking forward to bringing people back in-person. It will be the largest event NCQA has ever convened—multi-day, and we commend that to you. Our thanks to our speakers and thanks to our audience for being here. We'll see you next time.

Peggy O'Kane: Can I just say something Andy, before we sign off?

Andy Reynolds: Of course. Sure.

Peggy O'Kane: I just want to thank everyone for the fantastic questions and to let you know that you're giving us a [01:00:00] lot of good content for future events, and that we commit to you that we will answer all your questions and your concerns. I don't have to tell you how complicated this journey is. So I think our commitment to you is to really work with you to make this work. And we ask you for the same thing coming from your direction. Because there's nothing that's going to deliver more benefit to health care. It's not digital [01:00:30] quality measurement, it's a digital health care future. So thank you so much for your attendance today, and we look forward to working with you. Thank you.