Advancing Digital Quality Transformation

December 1, 2023
Brad Ryan, MD – Chief Growth Officer, NCQA

The webinar will begin momentarily...
Introduction & Objectives

Why digital quality and why the industry transformation is occurring now

How digital quality supports a learning health system & value-based care

Development layers supporting digital quality transformation and NCQA offerings

Roadmap to digitalize HEDIS® measures

Questions & Answers
Why Digital Quality?

- Quality, while important, has been fragmented and burdensome
- Emerging standards and regulations are enabling a digital transformation
- Quality will be better aligned with care delivery and a learning health system
- It will lead to reduced burden and costs, better alignment, more relevant measures and ultimately, better care & outcomes
Why Now?

Industry Feedback
The market is asking for reduced measure burden, a more effective learning health system, and more support for value-based care.

Maturity of Standards
The industry has taken steps to adopt interoperability standards as regulatory forces drive investment, and quality is the top use case.

Payment Arrangements
The financial shift from fee-for-service to value-base care continues, driving new priorities and creating greater need for accountability and measurement at all levels and contexts of healthcare.
Measures content can be developed and distributed easily and seamlessly to reduce interpretation, development, and maintenance needed today.

Measures content can be configurable and used in different workstreams for different use cases, including quality improvement, population management, and analytics.

Quality measures must move beyond signals or gates to meet evolving VBC needs. The industry needs connected (data) and consistent (methodology), built around priority populations and conditions, to be relevant and actionable across contexts and accountability models.
In 2016, the 21st Century Cures Act was signed into law “to help accelerate medical product development and bring new innovations and advances to patients.”

It included requirements to:

- Promote health information interoperability
- Improve data sharing with patients
The federal government has also embraced FHIR® and CQL to promote trusted data exchange.

In 2020, ONC and CMS issued rules requiring EHR technologies and health plans to implement FHIR®-based application programming interfaces.

2020 ONC Rule
- Certified EHR technology (CEHRT) required FHIR®-based application programming interfaces (APIs) supporting exchange of all United States Core Data for Interoperability (USCDI) version 1 data elements according to the US Core Implementation Guide (IG) by December 31, 2022

2020 CMS Rule
- Regulated health plans must’ve implemented FHIR®-based APIs
- For patient access of claims, encounter, and USCDI data by July 2021
- To transfer USCDI data among payers by January 2022
More recently, CMS has prioritized digital quality measures to improve the quality and usefulness of clinical data.

CMS has set a goal of transitioning to all digital measures by 2030.

Its “Universal Foundation” aims to align quality measures across CMS quality programs.
Access the CMS Digital Quality Strategic Roadmap at:

A Learning Health System In Quality
Make Knowledge Actionable
Measure & Analyze To Generate Knowledge
Capture Actions & Exchange Information
Make Knowledge Actionable
Quality-Enabled Learning Health System
Make Knowledge Actionable

Measure & Analyze To Generate Knowledge

Capture Actions & Exchange Information

Are STANDARDS & GUIDELINES consistent & actionable?

Is MEASUREMENT clinically relevant and supportive of value-based care?

Is DATA COLLECTION & TRANSFER agreed and trusted?

Quality-Focused Learning Health System
Building Blocks of a Learning Health System

Are STANDARDS & GUIDELINES consistent & actionable?

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Building Blocks of a Learning Health System

How have these activities and organizations worked together in the past?

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Variation Non-standardized Need for validation
Building Blocks of a Learning Health System

How have these activities and organizations worked together in the past?

“Specs” only Limited by data Retrospective

Is MEASUREMENT clinically relevant and supportive of value-based care? PARTIALLY

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Industry Standardization

Industry standards bring these previously separate domains into a common expression language (aka interoperability).
NCQA Alignment

How NCQA is building products and programs to deliver on digital quality

- **STANDARDS & GUIDELINES**: Build practice guidance and standards into digital quality content. Configurable measures become usable for quality improvement and population mgt.

- **ENABLEMENT (INFRASTRUCTURE, TOOLS & RESOURCES)**: Build resources and stakeholder engagement to support digital quality adoption and implementation.

- **MEASUREMENT**: Build and deliver better measures that are more clinically relevant and better support value-based incentive programs across contexts and levels of healthcare, at lower cost and easier distribution.

- **DATA COLLECTION & TRANSFER**: Build programs that help standardize data expectations for quality, validate data used for reporting and performance, and build trust in data.
**Development Layers To Support Digital Quality Transformation**

- **Application/Content Layer**
  - Innovative Quality Applications
    - NCQA Digital Content Services
    - NCQA Data Quality Self-Assessment Tool
    - Future NCQA Quality Apps
    - Non-NCQA Quality Apps
  - (proprietary, business model, and marketplace driven)

- **Enablement Layer**
  - Clinical Reasoning and Tools
    - (open, non-proprietary, standards-based, and crowd-sourced)

- **Data Layer**
  - Sources of Data
    - (Standards-Based from Electronic Health Records, Claims, Health Information Exchanges, Data Aggregators, Membership, Patient Reported)
# Digital Quality Offerings

## Offerings

### Actionable Content
- Configurable HEDIS® DQMs with encoded clinical guidance to support expanded use cases

### Measurement
- All HEDIS® measures available as Digital Quality Measures

### Data Collection (FHIR®)
- Data Aggregator Validation - FHIR
- Bulk FHIR® Data Quality Coalition
- Data Quality Self-Assessment Tool*
- Automation-First FHIR® Validation*

### Enablement (Aligned Infrastructure)
- Open-Source Reference CQL Engine
- Digital Quality Implementers Community
- HEDIS® Core Implementation Guide
- Digital Community (Resources, Peer Learning, etc.)

## Now

- Begin using NCQA Digital HEDIS® content for quality improvement and population management applications.
- Gain familiarity with NCQA Digital HEDIS® content and begin using measures on reference CQL engine.
- Assess your data quality and maturity against FHIR® standards for quality uses. Optimize your data pipeline (inputs and outputs) for quality use.
- Leveraging open-source code and Digital Quality Implementer Community to develop and test CQL engines to support digital HEDIS® and other common use cases (e.g., CMS).

## Next

- Use more consistent, prospective guideline content encoded for quality improvement.
- Run digital measures on supported vendor CQL engine. Test against reference CQL engine as desired.
- Source and validate more electronic data for trusted quality insights and measure reporting at lower cost and burden.
- Leverage Implementers Community to improve CQL engine in alignment with common requirements (e.g., NCQA, CMS, ONC).

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* - Future

Dotted Line = NCQA Applications
HEDIS® Content: Deciding Your Delivery Method

How do you want quality content delivered?

I want reference measure specs to do my own implementation of quality measures.

Use HEDIS® Volume 2 as reference + Traditional Implementation + Measure Certification
Run measures you build and maintain on a traditional HEDIS® engine (your own or third-party).

I want to use digitalized, configurable FHIR® CQL measures from NCQA that are fully specified and tested.

Access through Digital Content Services

How do you want to execute this content?

I want to build my own CQL engine or use a third-party proprietary CQL engine.

Supported Stack from Implementer Community + Digital Certification
Use digitalized measures built by NCQA and run them on standards-based CQL engine and a reduced measure certification process.

I want to run it on a reference CQL engine that meets requirements for HEDIS®.

Reference Engine through Digital Content Services + "Pre-Certification"
Use digitalized measures and run them on the NCQA reference CQL engine and a reduced measure certification process.
Digital Quality Transition Highlights By Phase

**Phase 1: Digital Introduction**
- Measure Year: 2023
- Current Early Adopters
- Subset of measures
- Reference CQL Engine through Digital Content Services for measure processing

**Phase 2: DigitallyEnabled**
- Measure Years: 2024-2026
- Admin components of measures fully digital
- Digital measures (dQMs) delivered through Digital Content Services
- Addition of Pre-Certified & Digital Certification
- Ability to use digital measures for health plan Reporting
- Can use any supported CQL engine for processing

**Phase 3: Fully Digital**
- Measure Years: TBD
- All measures fully digital
- Hybrid measures retired and replaced with measures using full population data collection
- Option to maintain traditional development and certification

**Phase 4: Digital Only**
- Measure Year: ~2030
- Sunset traditional HEDIS® Volume 2 paper specs
- Sunset traditional Measure Certification
# Digital HEDIS® Transition: NCQA’s Phased Approach

## PAPER SPECS

<table>
<thead>
<tr>
<th>Measure Years Implemented</th>
<th>Phase 1: Digital Introduction</th>
<th>Phase 2: Digitally Enabled</th>
<th>Phase 3: Fully Digital</th>
<th>Phase 4: Digital Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>What measure years will these characteristics be effective for?</td>
<td>2023</td>
<td>2024-2026</td>
<td>TBD dependent on hybrid measure conversion roadmap (timeline will be announced in 2024)</td>
<td>Dependent on market maturity ~2030</td>
</tr>
</tbody>
</table>

## Measure Delivery Method

<table>
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<tr>
<th>What path is taken to receive measure requirements and logic?</th>
<th>Traditional Vol 2 Paper Specs</th>
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<td>Subset of measures digital Delivery via Digital Content Services</td>
<td>Digital delivery through Digital Content Services (no longer available via store “bundles”)</td>
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## Digital Measure Availability

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<tr>
<th>Which measures are available as digital quality measures?</th>
<th>Subset of measures digital</th>
<th>Admin components of measures fully digital</th>
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## Use Cases

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<th>What different uses will digitalized measures support?</th>
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## Certification Logic/Validation

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<th>How does NCQA certify measure logic and execution for reporting?</th>
<th>Traditional Measure Certification</th>
<th>Three options: Pre-Certified, Digital Certification, Traditional Measure Certification (depending on execution framework)</th>
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## Execution Engine

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<th>What path is taken to execute measure requirements and logic?</th>
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<td>Access CQL reference engine in Digital Content Services</td>
<td>Use any supported CQL engine</td>
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## Hybrid Data Collection

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<th>What is the methodology for collecting data for hybrid measures?</th>
<th>Traditional collection methods</th>
<th>Traditional collection methods (including hybrid sampling)</th>
<th>Sunset hybrid sampling collection measure by measure until all full population</th>
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| Digital HEDIS® Transition: NCQA’s Phased Approach | Fully Digital |}

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<td>• Digital measure bundles will no longer be offered in the NCQA store.</td>
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<tr>
<td>• The only way to access digital HEDIS measures will be through Digital Content Services.</td>
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<td>• As measures are transitioned to digital, narrative descriptions will continue to be available for reference.</td>
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<th>HYBRID REPORTING &amp; DATA COLLECTION</th>
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<td>• Administrative portion of measure is fully digital with measures available through Digital Content Services.</td>
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<tr>
<td>• The digital measure can use clinical data from the clinical data source (e.g. EHR).</td>
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<tr>
<td>• The “medical record” component for sampling of the clinical data retrieval and collection of clinical data from medical records will use the traditional protocol.</td>
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<td>• Over time, Hybrid measures will be phased out measure-by-measure</td>
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<td>• Certified measures delivered with the Digital Content Services reference engine.</td>
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<td>• If using your own or a third-party proprietary engine, digital certification will include:</td>
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<td>• Share test decks via API</td>
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<td>• Automatic Scoring</td>
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<td>• API for submission</td>
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<td>• New Certification methods will be significantly less burdensome and offer real time feedback.</td>
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<th>PROPRIETARY CQL ENGINES</th>
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<td>• The Digital Certification Process will validate the engine to support NCQA dQM requirements or any changes to the NCQA code.</td>
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<tr>
<td>• Recommend joining the Digital Quality Implementers' Community for consistent standards and requirements for implementors.</td>
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<td>• Consider parallel (Digital &amp; Traditional) measurement for a period of time.</td>
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**Key Takeaways**

**NOW**

All HEDIS® measures will be digitalized and delivered through NCQA Digital Content Services.

**WHAT IT MEANS**
- Use digitalized measures on any CQL engine that meets standard-based requirements.
- Begin to build infrastructure, test, and compare results to traditional HEDIS®.
- Using digital measures will reduce Measure Certification burden.
- Hybrid measures will be phased out measure by measure. Over time, this will lessen the need for medical chart review.

**NEXT**

In the future, organizations that reference HEDIS® Volume 2 to build measures will instead use digital content.

**WHAT IT MEANS**
- Eliminates the need to interpret HEDIS® specs and code measures.
- Measures will run on any standards-based CQL engine.
- Eliminates the need for traditional Measure Certification.
- CQL engine maintainers should begin planning for this transition.

**LATER**

NCQA will create more clinically meaningful measures that are better connected to VBC priorities and uses.

**WHAT IT MEANS**
- Paves the way for better more meaningful content built around populations and conditions.
- Measures will better support value-based care needs.
- Measures will be able to be released and updated faster.
NCQA Digital Content Benefits and Approach

**Lower Cost, Burden, Variability**
1. Easier to Distribute (CQL)
2. Easier to Model Data (FHIR)
3. Easier to Collect Data (Policy Alignment)
4. Reduced Variability in Logic and Scores
5. Easy to Update/Manage

**Support Full Learning Health System Use Cases**
1. Content for Data, Guidance and Measures in Each Quality Domain
2. Configurable for Many Use Cases (e.g., quality improvement, population management)
3. Flexible, Timely Data (across clinical, administrative, lab, registry, etc.)

**Better Value-Based Care Support**
1. Relevant Across Healthcare Contexts (e.g., payer, provider) and Accountability Models (e.g., ACO)
2. Address Top Priority Quality Domains for VBC
3. Higher Resolution (“finer brush” than traditional measures)
4. Scoped to Highest Value Levers (processes and outcomes) in Each Quality Domain

**Paper to Software**
**New Architecture**
**Better Measurement System**
What Path To Choose

If you want to...

Start **using digital content now** for population health and quality improvement and preparing for digital transition

Build/modify a CQL engine or other infrastructure and tools

Develop your FHIR® data strategy and begin to build data pipelines

Then you should consider...

Digital Content Services

Digital Community

HEDIS® Core Implementation Guide

Digital Quality Implementer Community

HEDIS® Core Implementation Guide

Open-Source Reference CQL Engine

Digital Community

Digital Community

Digital Community

Bulk FHIR® Quality Coalition

Data Aggregator Validation - FHIR
Thank you!

Questions?

More information: www.ncqa.org/digital