



Performance Measurement: HEDIS, STARS and More

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CAPG Educational Series
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Defining Quality & Performance Trends

The Triple Aim and National Priorities Partnership Goals

- **Triple Aim**
 - Population health
 - Total cost of care
 - Patient experience
- **National Priorities Partnership**
 - Patient and family engagement
 - Population health
 - Safety
 - Care coordination
 - Palliative and end of life care (advanced illness)
 - Overuse

Donabedian Model of Quality

organizational characteristics and structure, personnel, equipment, resources

Structure



prevention, diagnosis, interventions, medications, counseling

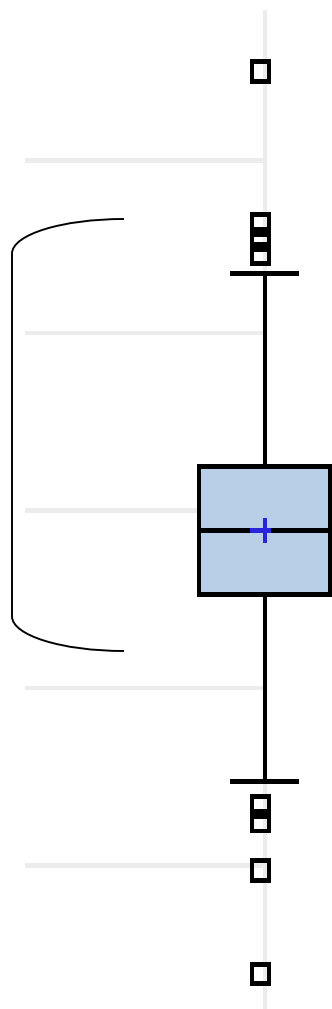
Process

Outcomes

Lab values, biometrics, remission, readmission, mortality, functional status, satisfaction, goal attainment, resource use

What *Is* vs. What *Could Be*

**Average
“quality gap”
in 2012:
16.1 points**



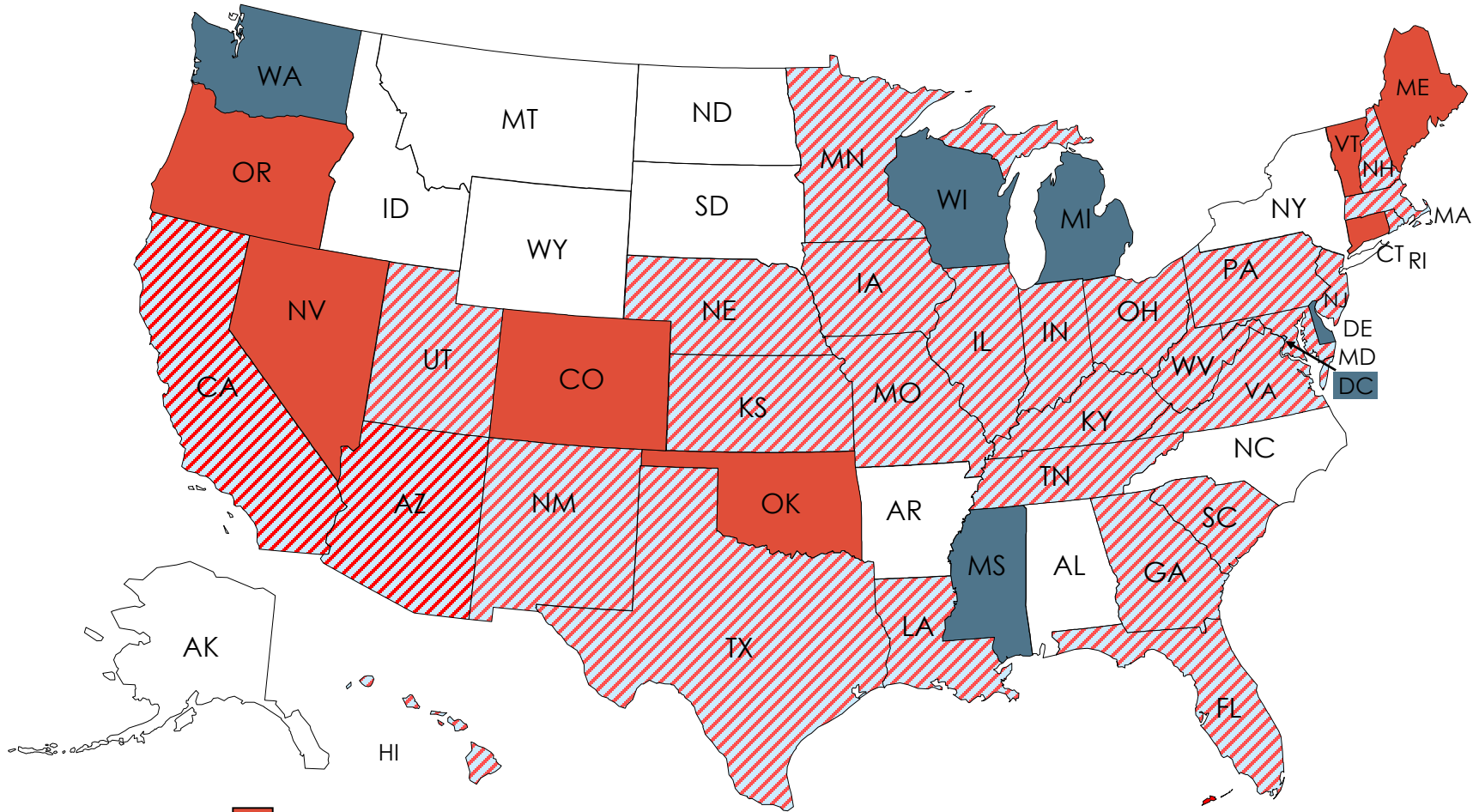
**What Could Be:
The 90th Percentile**

**What is:
System-wide
Average Performance**



HEDIS

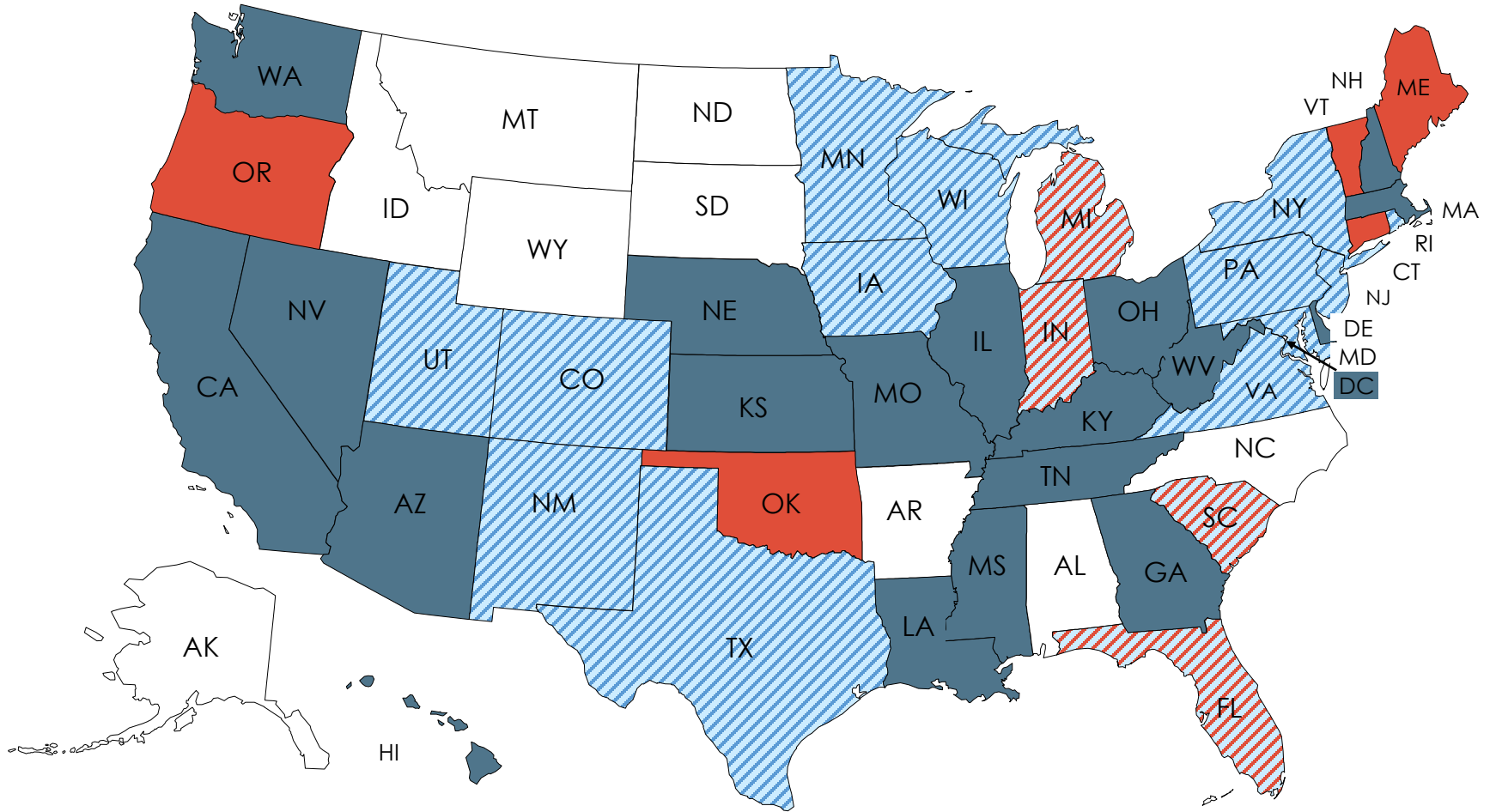
41 States Require or Use NCQA Health Plan Accreditation (May 2016)






- DOI/PEBP (7)
- Medicaid (6)

Both DOI/PEBP & Medicaid Require or Use NCQA HPA (28)

42 States Report HEDIS to NCQA and/or Use HEDIS for Other Purposes (May 2016)



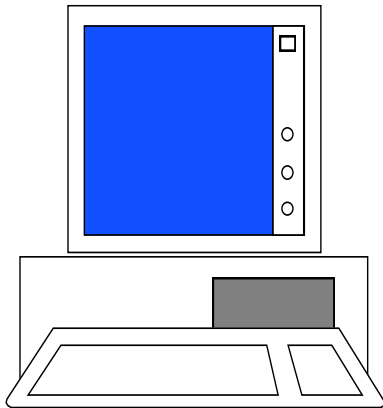
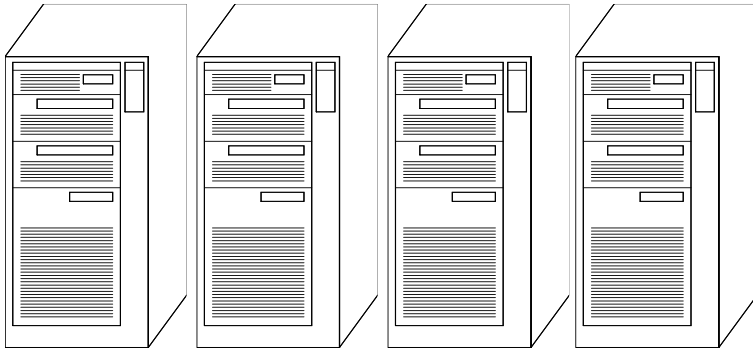
-  DOI/PEBP – Reports to NCQA and/or Uses (5)
-  Medicaid – Reports to NCQA and/or Uses (20)
-  Both DOI/PEBP & Medicaid – Reports to NCQA and/or Uses HEDIS (17)

HEDIS 2017 measurement

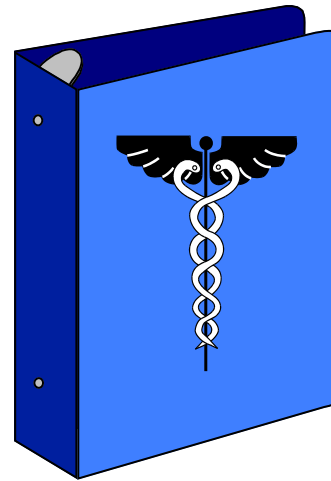
- **91 measures across 6 domains**
 - Effectiveness of Care
 - Access/Availability of Care
 - Experience of Care
 - Utilization and Relative Resource Use
 - Health Plan Descriptive Information
 - Measures Collected Using Electronic Clinical Data Systems

Three traditional HEDIS data sources

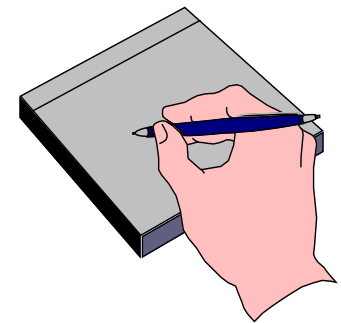
Claims Encounter Eligibility Provider



Administrative



**Medical
Records
/EHRs**



Surveys

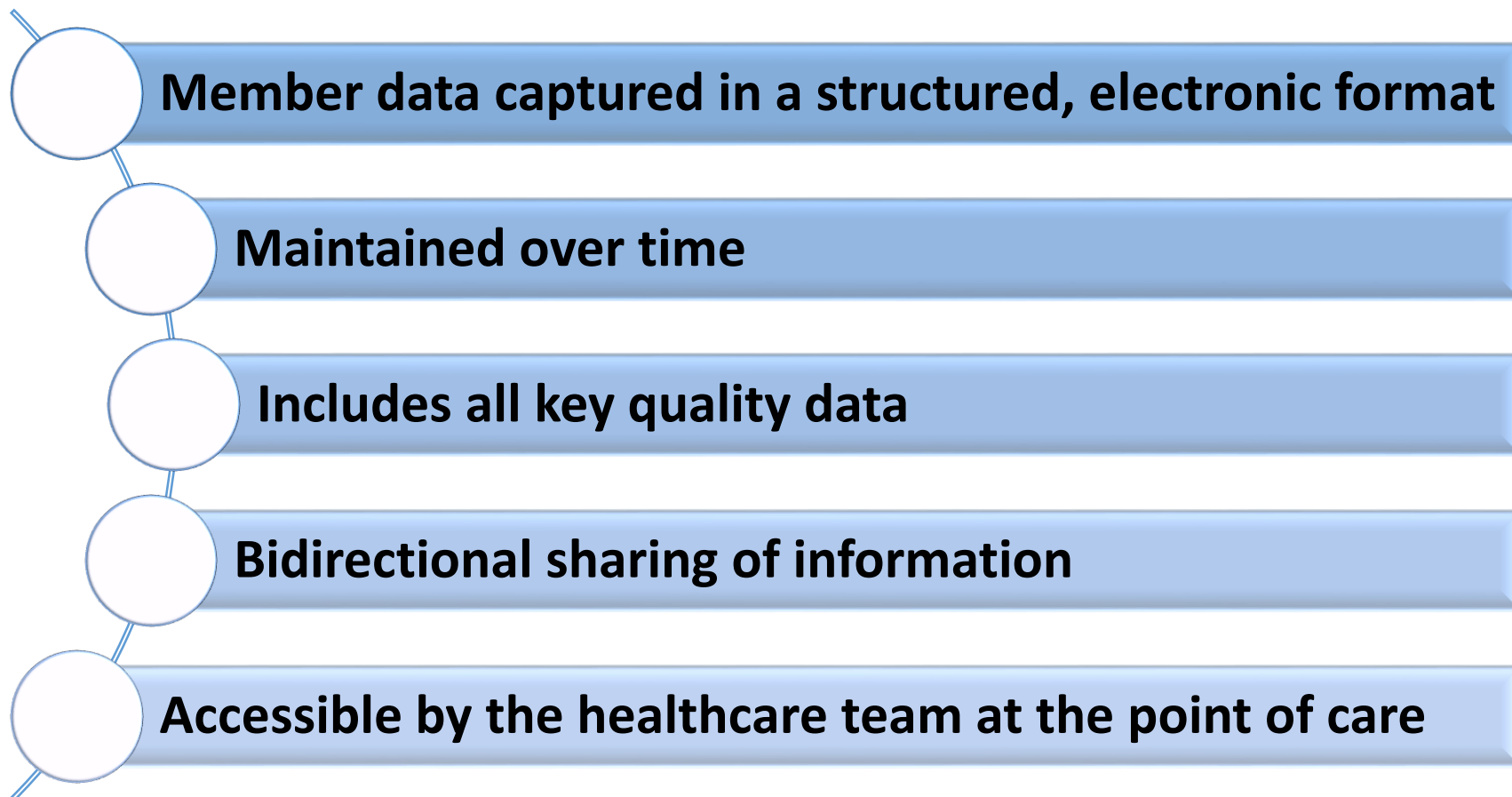
Data collection methods

- **Administrative:** Claims and encounter data
 - Denominator: based on entire eligible population
- **Hybrid:** Combination of administrative data and medical record review
 - Denominator: based on systematic *sample* of eligible members
- **Survey:** Patient reported data
 - Denominator: based on random sample of beneficiaries

New data collection method for HEDIS

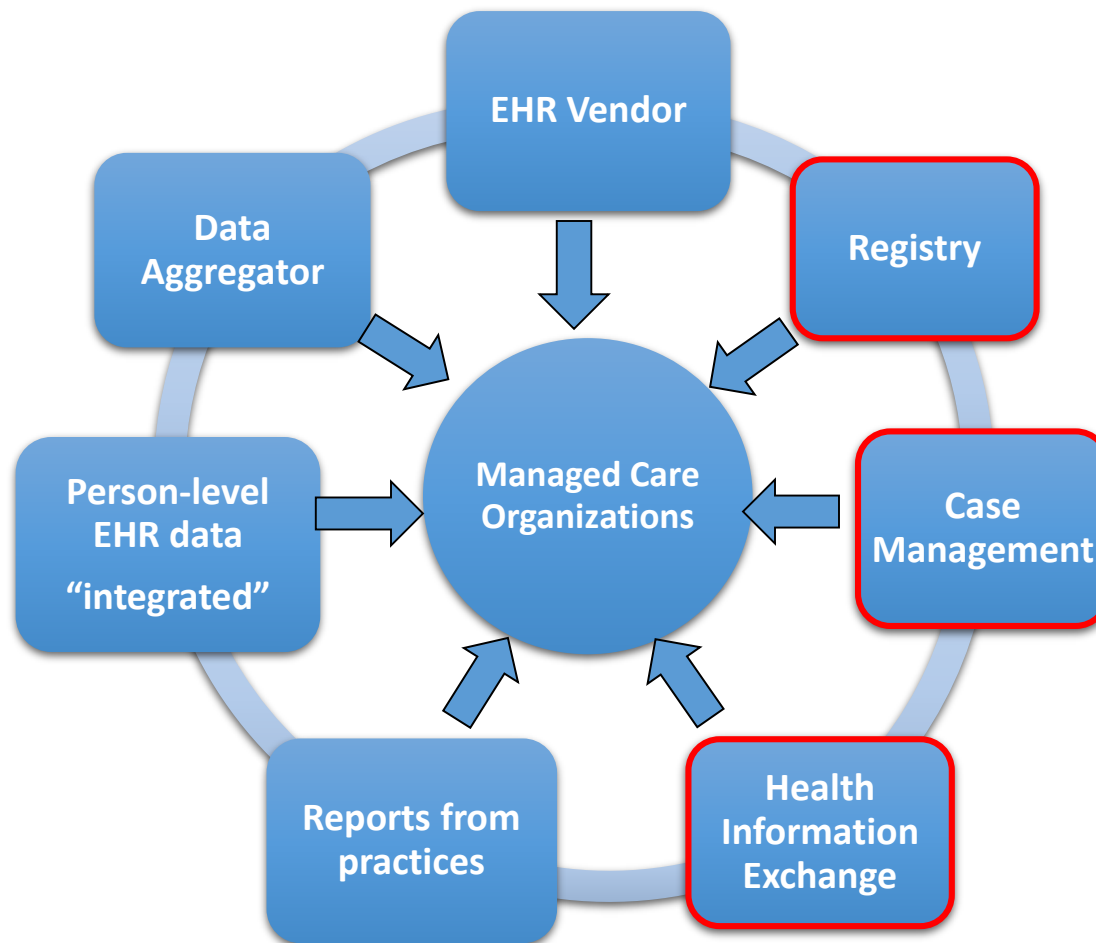
- Capture data from Electronic Clinical Data System (ECDS)
- Not all plans will initially be able to use this methodology - *optional reporting*
- Structural measure - ECDS Capture Rate: % of eligible population covered by ECDS

Electronic Clinical Data Systems (ECDS)



www.ncqa.org/ECDS

Potential data sources



Red outline = concern about data availability at the point of care

HEDIS Compliance Audit

- Data collection and calculation methods vary across plans
- A standardized audit identifies, quantifies and corrects errors
- The audit ensures comparability of results among plans



Measure Development Process

Parts and players in measuring quality

EVIDENCE DEVELOPMENT	GUIDELINE DEVELOPMENT	MEASURE DEVELOPMENT	MEASURE ENDORSEMENT	IMPLEMENTERS
<i>Develop the evidence base for what is effective treatment</i>	<i>Develop guidelines for practitioners based on evidence</i>	<i>Based on guidelines develop performance measures of adherence to guidelines</i>	<i>Provide assurance that performance measures are evidence-based, methodologically sound</i>	<i>Use measures to improve quality (AQA, HQA, PQA select implementation sets)</i>
- Researchers	- Physician specialty societies - Voluntary health organizations, e.g., ADA, AHA - Federally supported national groups e.g., USPSTF, ACIP	- CMS - NCQA - AHRQ - STS - TJC	- National Quality Forum	- CMS - NCQA - TJC

Desirable attributes for measures

- **Relevance**
 - Meaningful to all key stakeholders
 - Important to enhanced health
 - Financial impact of improvement
 - Controllable
 - Potential for improvement-substantial variation
- **Scientific Soundness**
 - Based on best available evidence
 - Process or structural measures are linked to outcomes
 - Accurate-reliable-valid (face/content/construct)
- **Feasible**
 - Precisely specified
 - Needed data available
 - Cost of data collection is reasonable
 - Auditable

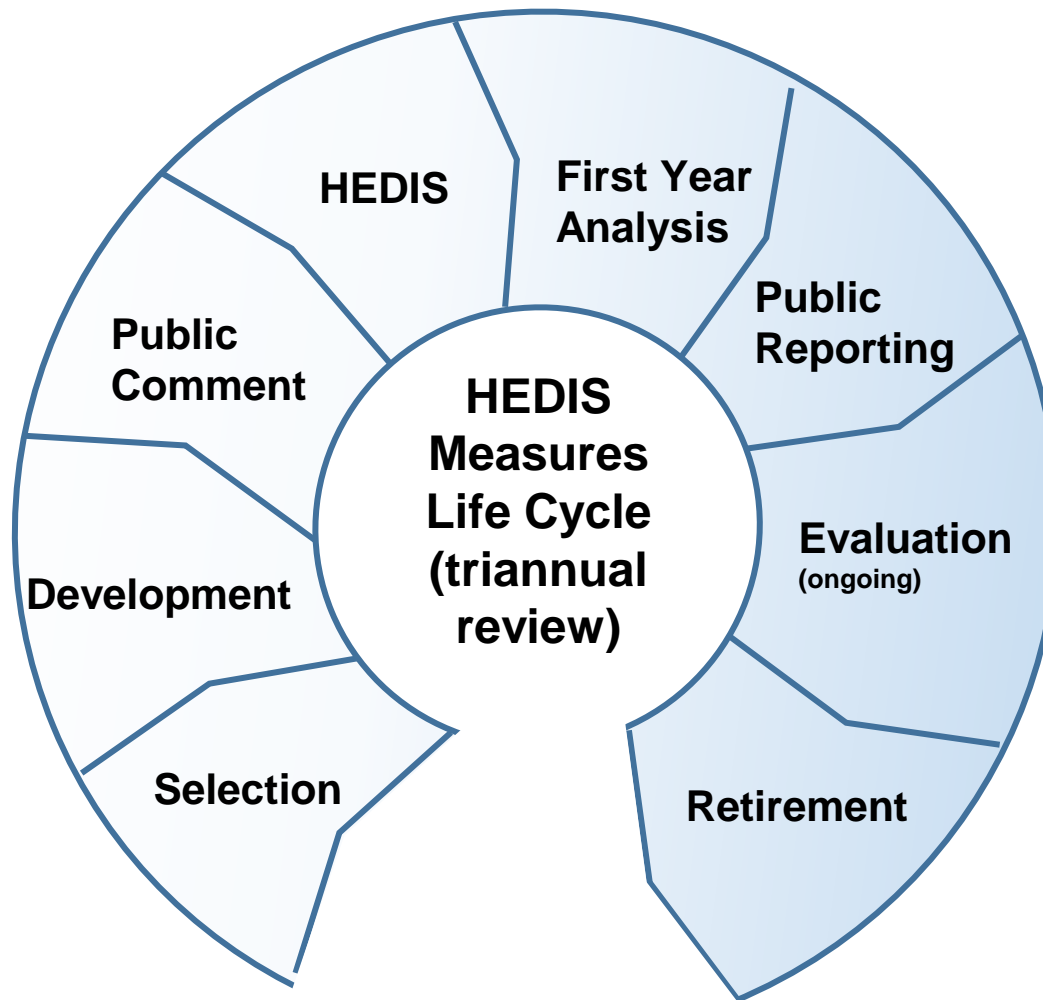
Not all great ideas make great measures

- **Clinical**
 - Lack of clinical evidence
 - Science is changing
 - Risk adjustment
- **Technical**
 - Small numbers
 - Data sources
- **External issues**
 - Users must be able to understand results
 - What accountable entities can control
 - Differences in delivery systems, regions, etc.

Who decides on HEDIS?

- **Committee on Performance Measurement (CPM)**
 - Oversees entire measure development process
 - Votes and recommends to Board of Directors
- **Measurement Advisory Panels (MAP):**
 - Support measure development process
 - Specific to condition, population or topic
 - Geriatric Measurement Advisory Panel (GMAP): work funded by CMS
- **Technical Advisory Groups**
 - Ad hoc and longstanding panels to provide special advice on measures, and address feasibility

HEDIS measures development process



HEDIS measures in clinician programs

	Measure	Consensus Core Set ACO/ PCMH	CPC+	NCQA PCMH
Acute	Appropriate Treatment for Children with Upper Respiratory Infection			✓
Behavioral Health	Follow-up Care for Children Prescribed ADHD Medication			✓
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		✓	✓
Chronic Disease Care	Controlling High Blood Pressure	✓	✓	✓
	Diabetes: Eye Exam, HbA1c Poor Control, Medical Attention for Nephropathy	✓	✓	✓
	Use of High-Risk Medications in the Elderly		✓	✓
Overuse	Use of Imaging Studies for Low Back Pain	✓	✓	✓
Preventive Care	Childhood Immunization Status			✓
	Breast Cancer Screening		✓	✓
	Cervical Cancer Screening		✓	✓
	Chlamydia Screening for Women			✓
	Colorectal Cancer Screening		✓	✓
	Pneumococcal Vaccination Status in Older Adults			✓
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents			✓

Annual measure maintenance

- **Purpose**

- To ensure that measures are up-to-date on a continuous basis.

- **Process**

- Review of Codes (CPT, ICD–10, DRG, HCPCS) by NCQA's Expert Coding Panel
- Review of drugs and NDC list by NCQA's Pharmacy Panel
- Reviewing feedback/comments from external environment through our Policy Clarification and Support System (PCS), HEDIS Users Group and the field

Measure re-evaluation

- **Purpose**

- Evaluate measures based on HEDIS desirable attributes and performance
- Most measures are reevaluated routinely (or if evidence changes)

- **Process**

- Review the clinical guidelines and health care delivery system
- Solicit feedback from panels and measure users including health plans
- Analyze results from previous years to ensure that the data is consistent

First-year analysis

- **Public Reporting Status for HEDIS 2017**

- Statin Therapy for Patients with Cardiovascular Disease **GO**
- Statin Therapy for Patients with Diabetes **GO**
- Medication Reconciliation Post-Discharge **GO**
- Asthma Medication Management and Asthma Medication Ratio (Medicare) **NO**
- Hospitalizations for Potentially Preventable Complication- *Risk Adjusted* **NO**
- Inpatient Hospital Utilization- *Risk Adjusted* **NO**
- Emergency Department Utilization- *Risk Adjusted* **GO**

New Measures- To HEDIS 2018 Public Comment

- **Public Comment (Feb-Mar 2017)**

- Transitions of Care

GO

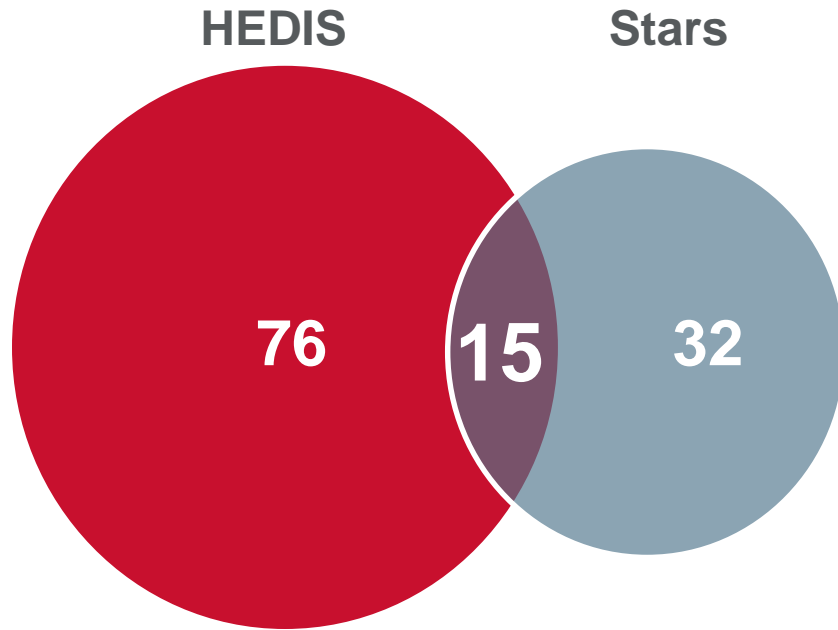
- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement After Inpatient Discharge
- Medication Reconciliation Post-Discharge

- Use of Opioid at High Dosage or From Multiple Providers

GO

- Five Indicators
- Commercial, Medicaid, Medicare

15 HEDIS measures are Star measures



- Breast Cancer Screening
- Colorectal Cancer Screening
- Monitoring Physical Activity
- Adult BMI Assessment
- Care for Older Adults – Medication Review
- Care for Older Adults – Functional Status Assessment
- Care for Older Adults – Pain Assessment
- Osteoporosis Management in Women Who Had a Fracture
- Diabetes Care – Eye Exam
- Diabetes Care – Kidney Disease Monitoring
- Diabetes Care – Blood Sugar Controlled
- Controlling Blood Pressure
- Rheumatoid Arthritis Management
- Reducing the Risk of Falling
- Plan All-Cause Readmissions

41 HEDIS measures are in MIPS

They include...

**Breast Cancer
Screening**

**Colorectal Cancer
Screening**

**Cervical Cancer
Screening**

**Diabetes:
Hemoglobin A1c
Poor Control >9%**

**Follow-Up After
Hospitalization for
Mental Illness**

**Osteoporosis
Management in
Women Who Had a
Fracture**

**Weight Assessment
& Counseling for
Nutrition & Physical
Activity for Children &
Adolescents**

**Persistent Beta
Blocker Treatment
After a Heart Attack**

**Controlling High
Blood Pressure**

**Medication
Reconciliation
Post-Discharge**

Value Based P4P At A Glance



**Approx.
\$550m**
paid out



200+
Medical Groups
and IPAs



10
Plans



Blue Shield of California
An Independent Member of the Blue Shield Association



KAISER PERMANENTE®

Western
Health
Advantage



Chinese
Community
Health
Plan

CCHP



8 Million
Californians



Value Based P4P Measures (MY 2016)

Measure Set: <http://www.iha.org/our-work/accountability/value-based-p4p/measure-set>

Clinical (60%)

Process and outcomes measures focused on six priority clinical areas

- Cardiovascular (5)
- Diabetes (7)
- Musculoskeletal (1)
- Prevention (10)
- Respiratory (4)
- Behavioral Health (1)

Patient Experience (30%)

Patient ratings of five components, including care overall:

- Communicating with Patients
- Coordinating Care
- Helpful Office Staff
- Overall Rating of Care
- Timely Care and Service

Meaningful Use of Health IT (10%)

- Ability to report selected e-measures (2)

Appropriate Resource Use

Utilization metrics spanning:

- Inpatient stays
- Readmissions
- ED visits
- Outpatient procedures
- Generic prescribing

Total Cost of Care

Average health plan and member payments associated with care for a member for the year, adjusted for risk and geography



MACRA, PCMH Redesign and Data Strategy

MACRA's direction is clear



- Incentives for value
- Discourages fee-for-service
- Puts more teeth into quality, cost and utilization measurement
- Advances HIT through the Advancing Care Information (ACI) Performance category
- Primary care as foundation

Top Priority: Helping clinicians move to APMs

*Goal to encourage clinicians to join together in APMs,
maximize improvement potential*



**Proposed rule
sets high bar**

**Clinicians need
guidance & help
to succeed!**

I WANT YOU TO REALIZE CAPG DOCS...

*Have the most to gain
from MACRA*

*Can probably be first
to form & join APMs*

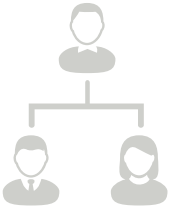
*Can use your clout to
push vendors*



PCMH works with *time* and the right...



data tracking



staffing



payment support



Reduce
non-value
added work,
increase practice
engagement

Strengthen
the link between
PCMH recognition,
performance

PCMH
transformation
is hard. Becoming
a recognized PCMH
shouldn't be.

We've heard...

Align
with other
reporting
requirements

Leverage
practices' investment
in HIT to support
PCMH recognition

What are the key issues?



Unaligned Measures

across the health care system



Inefficient Collection

of data to support quality measurement



Questions

about the accuracy and reliability of measure calculations



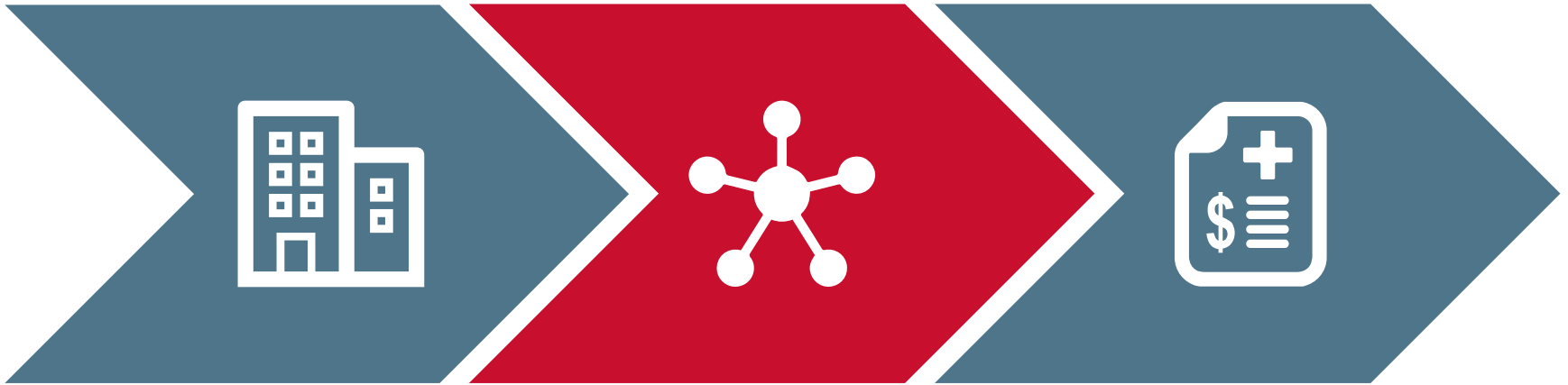
The Opportunity

to reinvent NCQA Recognition and Accreditation programs

Five components of data / measure strategy

- 1 To develop/modify & align measures** across health plans, clinically integrated networks, and practices.
- 2 To leverage data** generated at the point of care.
- 3 To reduce the work** associated with reporting HEDIS measures.
- 4 To establish data connections** in support of measurement and analysis of the healthcare system.
- 5 To support NCQA accreditation** and recognition programs.

Align measures across health care system



Practice

Network

Health Plan

USE industry standard specifications as building blocks

DEFINE core clinical concepts using same codes and value sets

System-specific attribution MODEL
(e.g., enrollment criteria at health plan level)

eMeasure certification program

Tests

and validates the integrity of software code that produces eCQM results



Improves

accuracy and reliability which facilitates use of data for benchmarks and comparisons

Will be

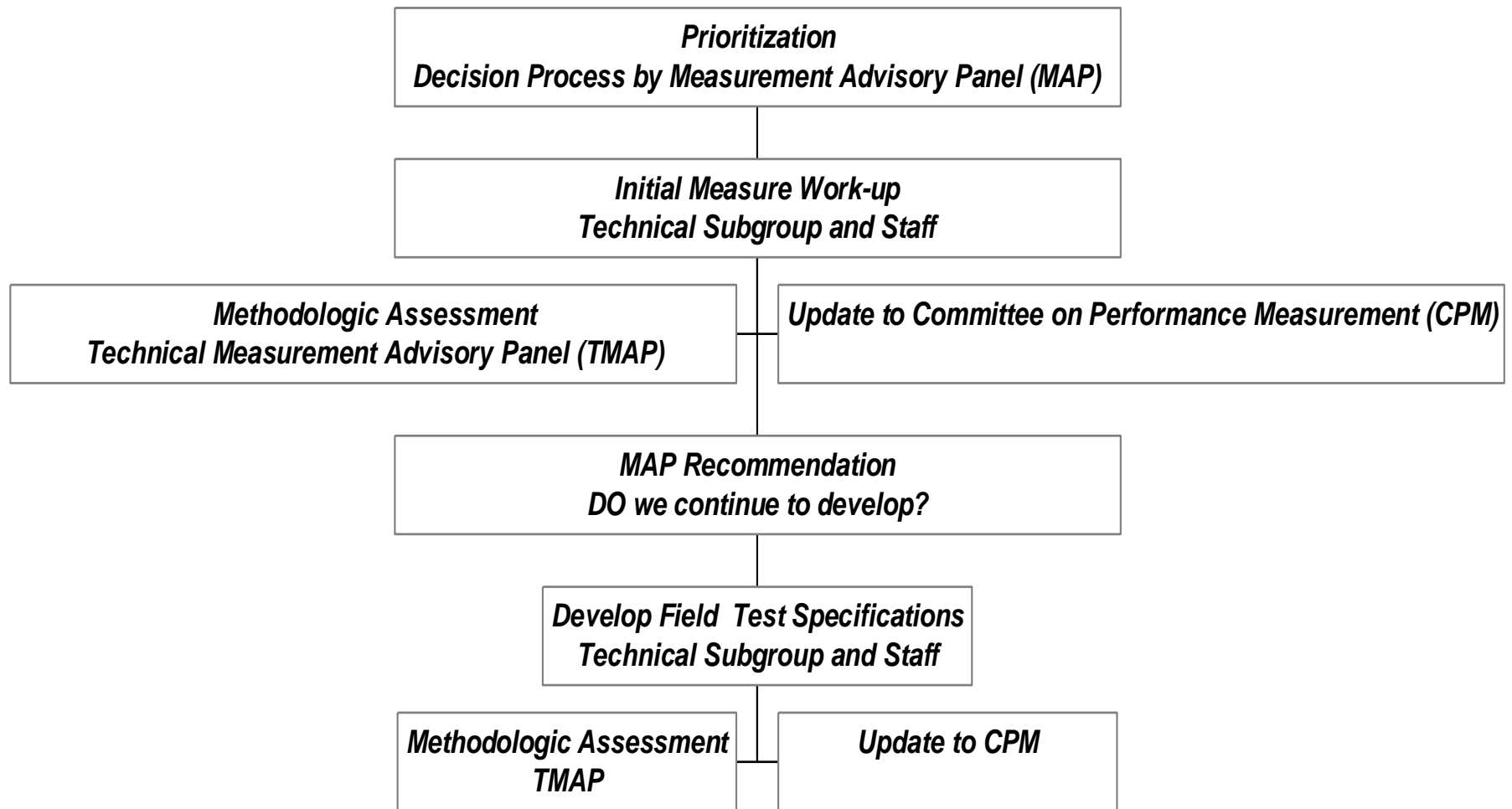
Required

of entities submitting eCQMs in NCQA Recognition programs by 2019

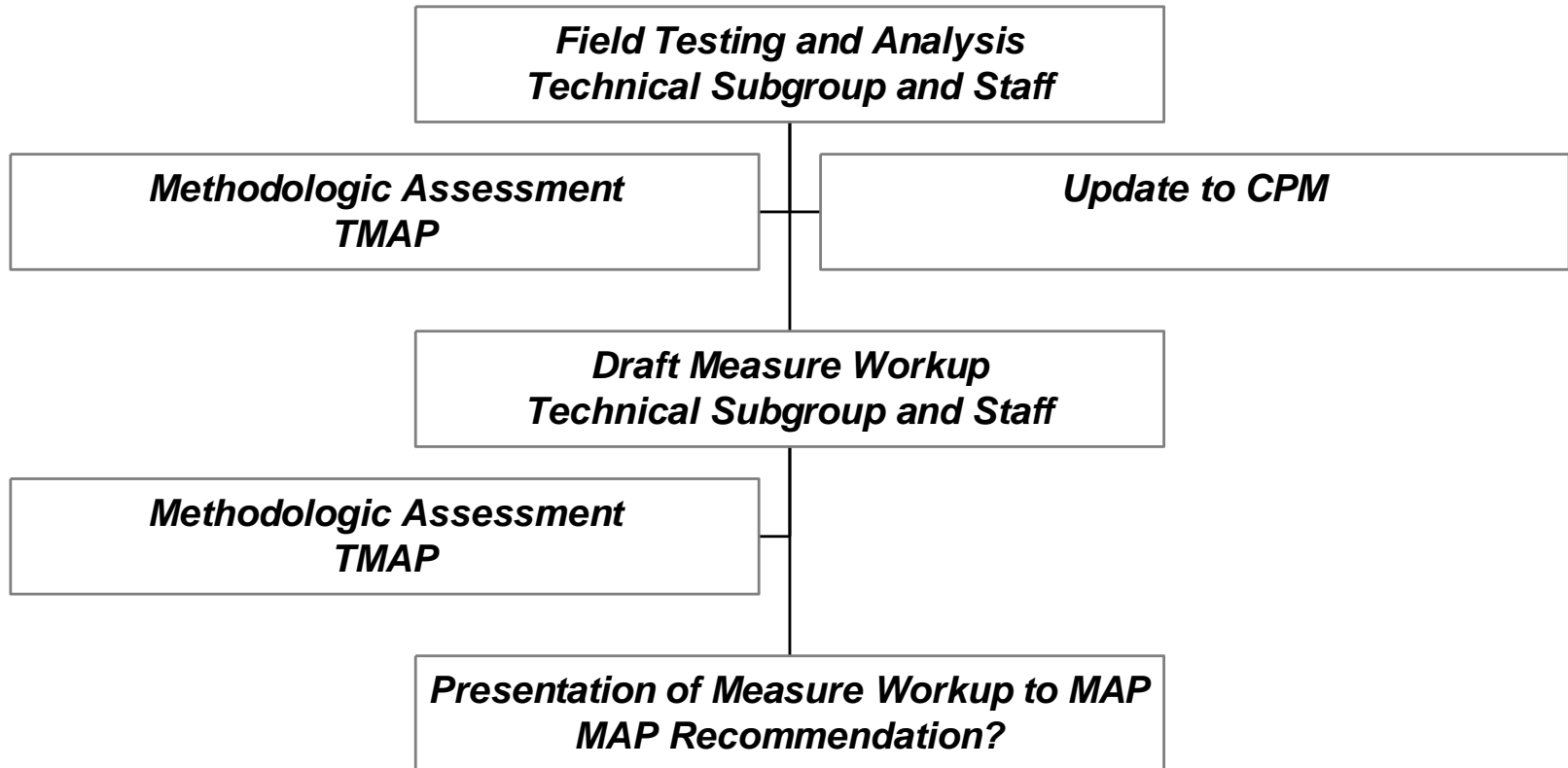


Appendix Material

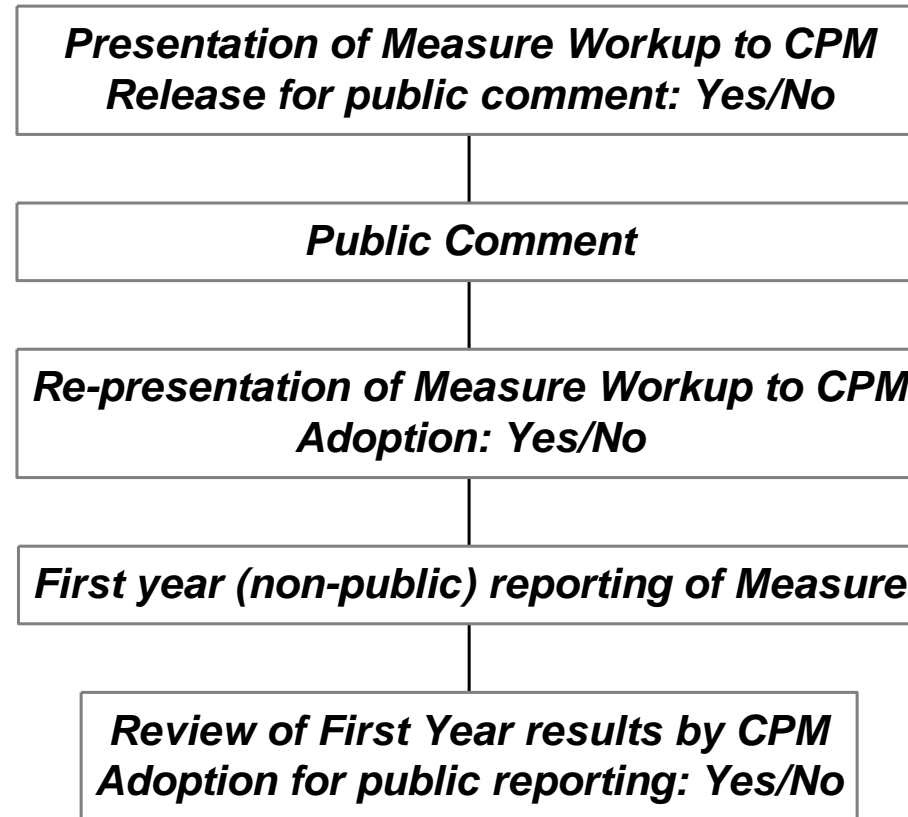
HEDIS Measure Development Process [1]



HEDIS Measure Development Process [2]



HEDIS Measure Development Process [3]



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Thank you