

We will begin Momentarily

Anna Bentler, AVP, Quality Informatics Fern McCree, Director, Quality Informatics 03/25/2025

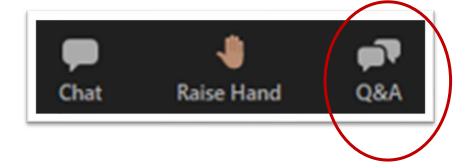


Zoom Housekeeping



How to Submit Questions During the Webinar

- 1) Locate the 'Q&A' icon on the menu bar.
- 2) During the webinar, please submit questions via the 'Q&A' box.
- 3) Your question will be responded to live by one of the presenters.





ECDS Explained: Key Insights and Common Questions

Anna Bentler, AVP, Quality Informatics Fern McCree, Director, Quality Informatics 03/25/2025







Agenda

What is ECDS?

ECDS Transitions and Updates

Measure use and Adoption

Frequently Asked Questions

Q&A





Background Electronic Clinical Data Systems (ECDS)

ECDS, dQMs

Related but not synonymous



Electronic Clinical Data Systems (ECDS)

- A HEDIS reporting method
- Provides a structured way to aggregate electronic data for HEDIS reports
- Incentivizes electronic exchange of clinical data

Digital Quality Measure (dQM)

- A standard, interoperable format
- Computer interpretable, fully specified, standards-based (i.e., FHIR-CQL) measure content
- Improves the delivery of specifications and makes it easier to use measure content
- ECDS and traditional HEDIS measures are available as dQMs through <u>Digital Content Services</u>.

Visit the <u>Digital Quality Hub</u> to learn more about NCQA's Digital Quality Transformation.



Digital Quality Transformation

Availability of Electronic Health Data Enables Digital HEDIS



Traditional HEDIS

Measures rely on claims and retrospective methods of assessing quality

Enables tailoring to nonstandard local health data environments

Future HEDIS

Focus on leveraging more electronic health data for greater insight

Advancement of measures focused on health outcomes

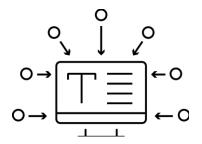
ECDS is a **HEDIS** Reporting **Method** that encourages the use and exchange of electronic data sources.



Electronic Clinical Data Systems (ECDS) Reporting Method



Objectives



More data, greater insights

Any relevant data source can be used for any part of the measure.



Interoperability standards

Data must be stored in structured electronic formats that use standard layouts

Promotes the use of clinical terminologies such as LOINC, SNOMED CT



Bi-directional data exchange

Data must be available to the care team upon request



History of HEDIS ECDS Reporting





Developed measures addressing patient outcomes for depression¹ which require clinical information not often found in claims

Introduced new HEDIS ECDS reporting method

Added measures addressing gap areas such as unhealthy alcohol use screening, prenatal and postpartum care, immunization, and social needs

Transitioning traditional (administrative and hybrid) HEDIS measures to the ECDS reporting standard

Currently, there are 19 HEDIS measures specified for ECDS reporting.

¹https://www.ncqa.org/hedis/the-future-of-hedis/hedis-depression-measures-specified-for-electronic-clinical-data/



Measures that use HEDIS ECDS Reporting Method

Measurement Year 2025



12 Measures
Originally
Developed for
ECDS-only
reporting

- Prenatal Immunization Status
- Adult Immunization Status
- Depression Screening and Follow-Up for Adolescents and Adults
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- Depression Remission or Response for Adolescents and Adults
- Unhealthy Alcohol Use Screening and Follow-Up
- Prenatal Depression Screening and Follow-Up
- Postpartum Depression Screening and Follow-Up
- Social Needs Screening and Intervention
- Blood Pressure Control for Patients With Hypertension
- Documented BI-RADS Assessment After Mammogram
- Follow-Up After Abnormal Mammogram Assessment

7 Administrative and Hybrid Measures transitioned to ECDS-only reporting

- Breast Cancer Screening
- Follow-Up Care for Children Prescribed ADHD Medication
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Colorectal Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status
- Immunization for Adolescents



Different Reporting Methods for HEDIS



Data Sources



Administrative Method: Administrative (Enrollment, Claims, Encounter) + Supplemental Data



Hybrid Method: Administrative + Supplemental Data + Medical Record Review



Electronic Clinical Data Systems Method Administrative, EHRs, HIEs, Registries, Case Management

ECDS provides a more standardized way to incorporate many of the data sources that are considered "supplemental" for traditional HEDIS reporting.

Understand the Difference in the Reporting Methods in HEDIS





Administrative + supplemental



Hybrid

Administrative + supplemental + medical record review



ECDS

Administrative, EHRs, HIEs, Registries, Case Management

Population	Full eligible population	Systematic Sample	Full eligible population	
Can administrative claims information be used?	Yes	Yes Yes		
Can clinical data be used for the denominator?	No, must follow "supplemental" data rules which do not allow non-administrative data to be used for the denominator	No, must follow "supplemental" data rules which do not allow non-administrative data to be used for the denominator	Yes, all relevant data sources can be used for any part of the measure.	
Considerations	Routinely collected and readily available	Enables tailoring to non-standard local health data environments	Captures clinical data more efficiently and more actionable	
	Limited clinical detail	Resource intensive, less actionable	Health plan capabilities vary	



NCQA Digital Strategy: Leverage Clinical Detail in Digital Form:

ECDS Reporting Method, Sunset Hybrid Reporting Method, Align Data Standards



Support existing ECDSreported measures and transitions 19 measures specified for ECDS reporting (7 transitioning from administrative and hybrid methods)

Support public reporting and uptake in programs



Transition the Hybrid Reporting method

Streamline data management processes and reduce the burden of manual record review

Expand use of ECDS methods and digital quality measure deployment



Strategic engagement in standards Align with the evolution of health data standards (such as USCDI) and the availability of electronic clinical data

Inform implementation of new measure concepts





ECDS Transitions



HEDIS Measures Transitioned to ECDS-only Reporting

7 measure transitions, as of Measurement Year 2025

ECDS-only beginning MY 2023

Breast Cancer Screening (BCS-E)

ECDS-only beginning MY 2024

- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Colorectal Cancer Screening (COL-E)

ECDS-only beginning MY 2025

- Cervical Cancer Screening (CCS-E)
- Childhood Immunization Status (CIS-E)
- Immunization for Adolescents (IMA-E)



HEDIS ECDS Data Collection Considerations



Transition to ECDS Reporting

Administrative to ECDS

Typically, plans use the **same data sources** for ECDS that they use for the Administrative reporting method (claims and supplemental data).

Hybrid to ECDS

For hybrid measures, some plans rely on clinical information found in medical charts. ECDS measure population includes all members who satisfy criteria (without sampling).

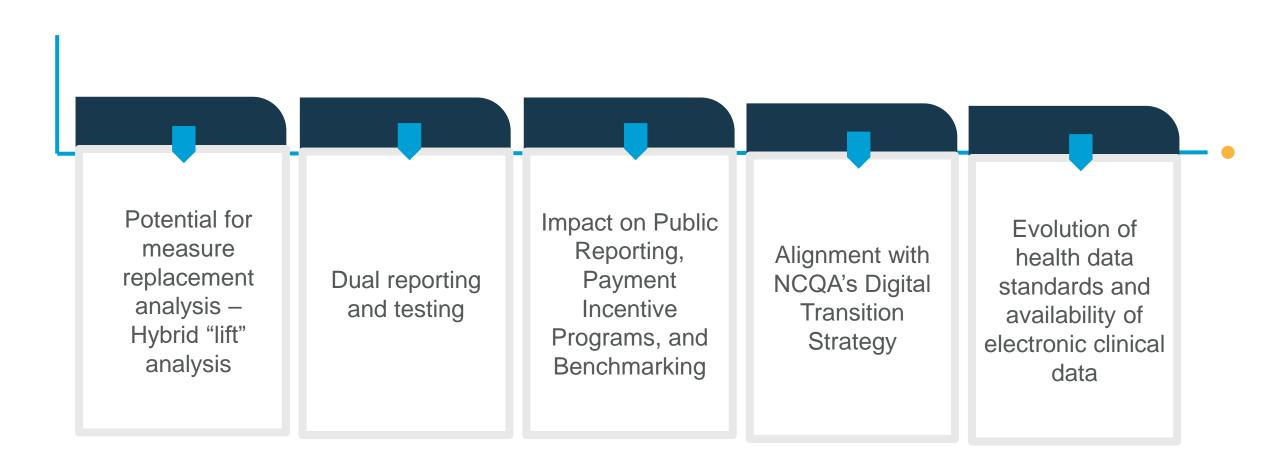
Data abstracted from medical records and **standardized** in an electronic source may also be used for ECDS.



Sequencing the Transition Away from Hybrid Method



Measure Specific Considerations



Planned Timeline to Sunset Hybrid Reporting Method



Goal: *Hybrid* measure specification and reporting method removed from HEDIS my *MY2029*.

Measure	MY 2025	MY 2026	MY 2027	MY 2028	MY 2029
Lead Screening in Children (LSC)		+ECDS			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			•		
Prenatal and Postpartum Care (PPC)				•	
Controlling High Blood Pressure (CBP)	+ECDS			•	
Blood Pressure Control for Patients with Diabetes (BPD)		+ECDS		•	
Glycemic Status Assessment for Patients With Diabetes (GSD) (formerly Hemoglobin A1c Control for Patients With Diabetes)			+ECDS		•
Transitions of Care (TRC)			+ECDS		•
Care for Older Adults (COA)			+ECDS		•

• = Removal of the hybrid reporting method only.

Pathway to Replacing Hybrid Measures with ECDS



Develop a new ECDS measure and then replace the original measure

Develop and test new ECDS measure/parallel testing

Implement new measure

Sunset original hybrid measure

Transition Period (~ 2-3 years)

- ✓ Evaluate HEDIS reporting data.
- ✓ Provide anticipatory guidance about benchmarks.
- ✓ Identify and close digital feasibility gaps through engagement in standards.



ECDS Updates for Measurement Year 2026

HEDIS Public Comment (February 13 – March 13, 2025)



PROPOSED

New ECDS Measures

Tobacco Use Screening and Cessation Intervention (TSC-E) Follow-Up After Acute Care Visits for Asthma (AAF-E)

Transition to ECDS

Lead Screening in Children (LSC-E)

CONFIRMED

Blood Pressure Control for Patients With Diabetes (BPD-E)

Statin Therapy for Patients With Diabetes (SPD-E)

Statin Therapy for Patients With Cardiovascular Disease (SPC-E)





Measure Use



ECDS Measure Use in NCQA Quality Programs





UALITYCOMPASS 15 ECDS-reported measures are now Publicly Reported



Accreditation of health plans and health systems

Health Plan Ratings - based on HEDIS results

ECDS Measure Use in External Programs



- CMS Quality Rating System
- CMS Part C Star Ratings / Display
- Medicaid Adult Core Set
- Medicaid Child Core Set
- State Reporting Programs
- Private Sector Value-Based Contracting Programs



Strategies and Resources Supporting ECDS Reporting

Strategies for Leveraging Electronic Clinical Data



- 1. Improve the *standardization* of data
- 2. Increase the **exchange** of electronic data

1. Improve Data Standardization



Consistent and reliable data

To facilitate data usability for quality measurement & QI, data should be captured using standard terminologies and codes

Example: Prenatal Immunization Status

	Example Codes	Example Code Systems
	88, 158, 205	CVX
Influenza	90630, 90756	CPT
	348047008, 46233009	SNOMED
Tdap	115	CVX
	90715	CPT
	428251000124104	SNOMED

2. Increase Data Exchange

Interoperability across systems

Strategies

Incorporate data sharing into value-based payment arrangements

Exchange data between providers, health plans, registries and HIEs using HL7 FHIR standards

New validation tools (e.g., <u>Data Aggregator</u> <u>Validation program</u>) evolving to support the management and exchange of health data and more efficient reporting.

Key Facilitators

Regulations and infrastructure; alignment with interoperability standards

HL7 Implementation Guides that support data exchange:

Data Exchange For Quality Measures (DEQM)

Framework to enable the exchange of measure data using FHIR

Payer Data Exchange (PDex)

 Enable health plans to create a member's health history using FHIR clinical resources



Stay Engaged



Visit our resource pages for updates and additional resources

Visit our **ECDS webpage**: http://www.ncqa.org/ecds

Digital Quality Hub:

https://www.ncqa.org/digital-quality-transition/





DIGITAL FACT CHECK OF THE CHECK









Yes! Administrative claims are an allowable data source used in ECDS reporting.

Note, some measures assess clinical outcomes which are not typically found in administrative data (e.g., depression screen results)

Link to ECDS FAQs:





What is the difference between ECDS, dQMs and eCQMs?



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HEDIS measures available for ECDS and traditional reporting are provided as dQMs through NCQA's Digital Content Services.

eCQM (Electronic Clinical Quality Measures)

 CMS-defined digital measures derived from EHR data (Quality Data Model and/or FHIR)

Link to ECDS FAQs:









There may be no differences in the data sources themselves. ECDS reporting provides a standardized way to incorporate data considered "supplemental" for traditional HEDIS reporting. While the primary source of data may be the same, ECDS reporting has specific guidelines (see HEDIS Volume 2) for how data are categorized. For example, immunization information systems data are considered "supplemental data" for traditional reporting and classified as "HIE/clinical registry" for ECDS reporting.

Link to ECDS FAQs:







Can data from medical records be used for ECDS reporting?

The intent of ECDS reporting is to encourage the electronic exchange of clinical data. However, we know not all organizations currently receive all data electronically. Therefore, we currently allow data abstracted from medical records to be used if they are captured and stored in structured formats that use standard layouts and meet the data source requirements laid out in the Guidelines for Measures Reported Using Electronic Clinical Data Systems.

Link to ECDS FAQs:



Questions?



