Quality
INNOVATION
SERIES

Emerging Strategies for Telehealth, HEDIS and NCQA Products

September 24, 2020

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NCQA

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Please note: This transcript has been lightly edited to facilitate reading spoken statements in writing

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Speakers

6   Peggy O'Kane, NCQA President
Brad Ryan, NCQA, Chief Product Officer
8   Michael Barr, NCQA EVP, Quality Management and Research Group

Peggy O'Kane (00:10):   Good afternoon, everybody and welcome to NCQA's Quality Innovation Series.

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Well, let's face the facts. Our cheese got moved. Everybody's cheese got moved and what we really want to emphasize is quality matters more than ever. It's going to look a little different. We're going to have to take different routes to get there, but it is still crucially important that our healthcare system really work hard to deliver a high-quality health care.
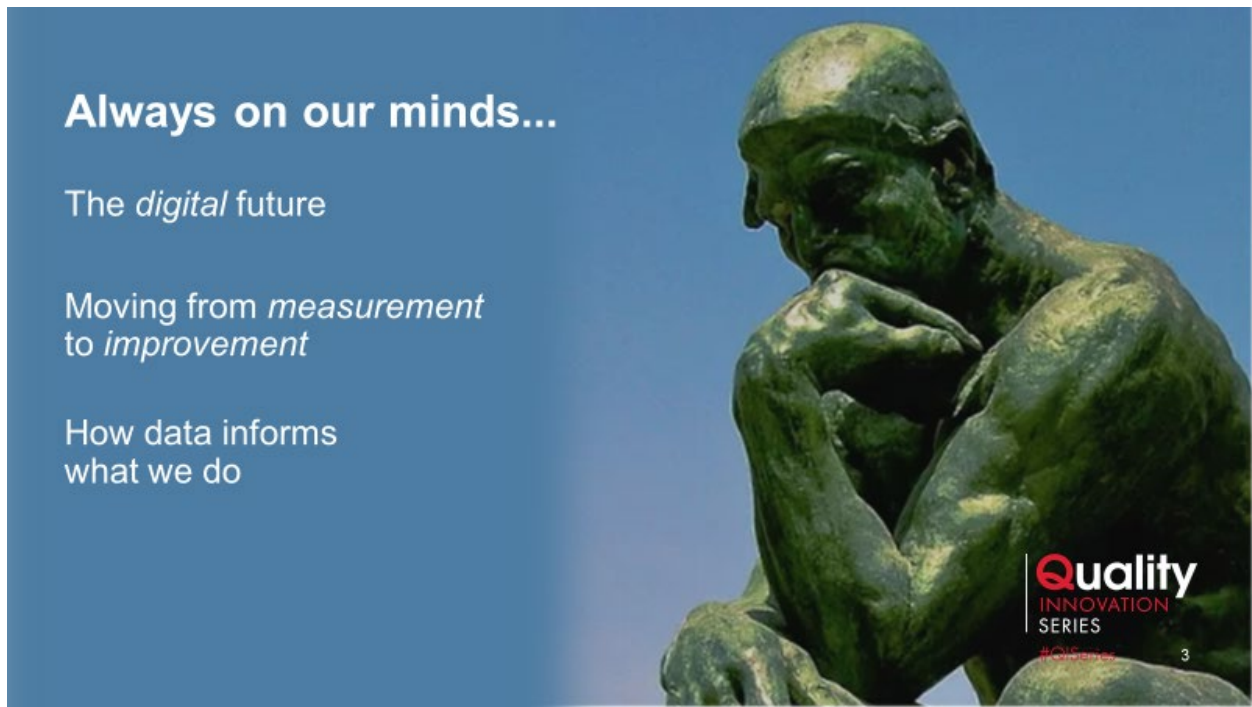
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Of course, healthcare can't solve every problem. There are background issues like social justice. A lot of the inequities we see in healthcare outcomes really stem from larger causes. So what healthcare can do is what healthcare is accountable for, gaps in care and the larger issues have to be dealt with elsewhere.

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So what we're thinking about a lot these days is the digital future, moving from measurement alone to improvement and how data informs what we do.
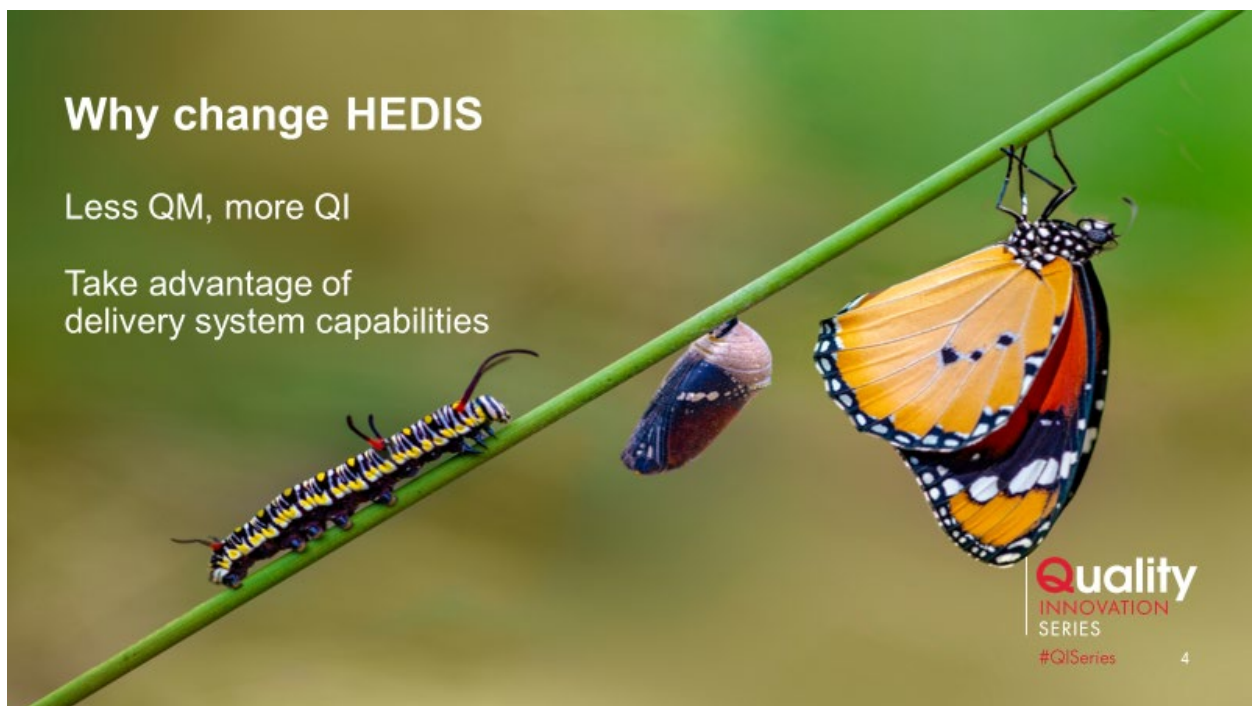
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So why do we need to change HEDIS? Well, we want to do more quality improvement with less emphasis on quality measurement and we want to take advantage of delivery system capabilities. So when we started with HEDIS there were no delivery system data capabilities. Today, while they're not as well organized as they might be, there are lots of capabilities out there and it's like having hidden treasure. We'd like to take advantage of that and really make the whole quality enterprise work much better for the people that work in it and for the outcomes we're able to achieve for our patients.

Our aim

Greater utility of HEDIS at point of care

Integrity of measurement throughout the system

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So our aim is to have greater utility of HEDIS at the point of care and greater integrity of measurement throughout the system.

Changes will be steady
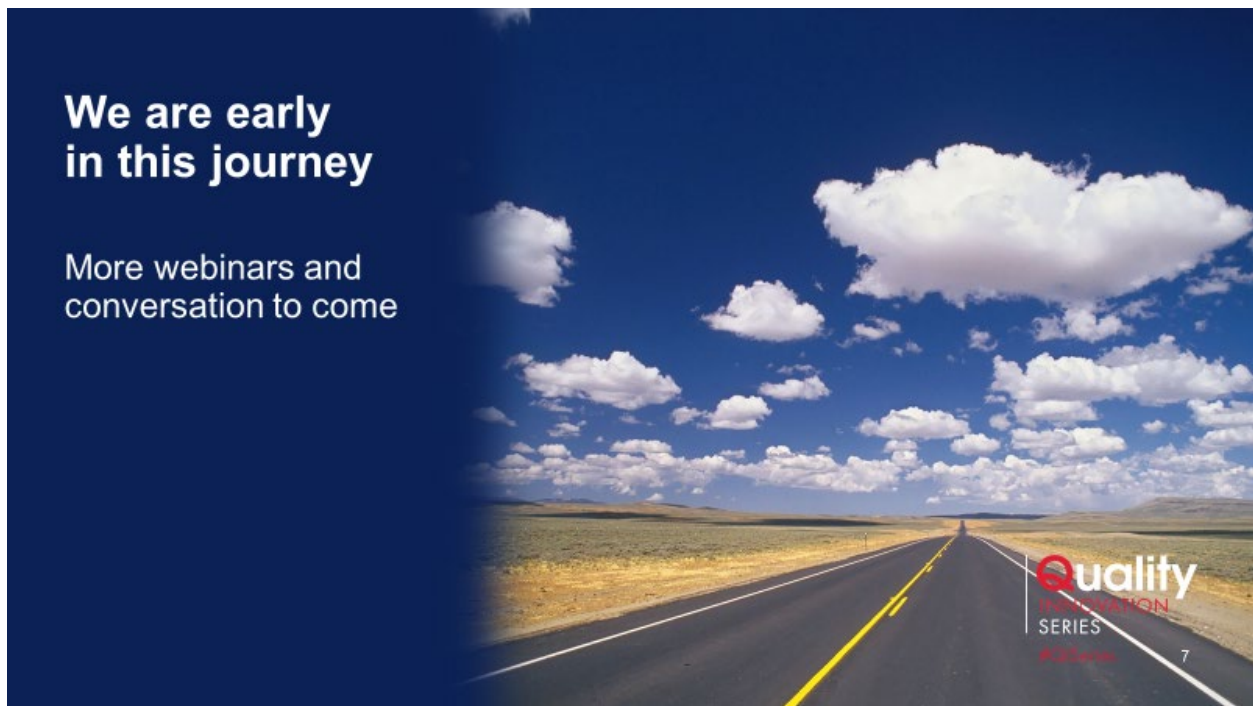
A process, not an event

Collaboration, not commands

Purposeful, not rushed

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These changes will be steady. So this is a marathon, not a sprint or a process, not an event. It's about collaboration, not commands and it's purposeful and deliberate and learning constantly from what happens when we make a change. So we're early in this journey.

We are early in this journey

More webinars and conversation to come

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44   We have many more webinars and conversations to come and we want to thank you for being with us here and going on this journey with us. Now I'm going to turn it over to Brad Ryan, NCQA's chief product officer.

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48   Brad Ryan (02:55):   Great, thank you, Peggy and thanks to all of you for joining us to talk this important and exciting set of topics.

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Benefits of Digital Quality

WHAT	More clinically relevant measures	
WHY	Actionable insights with improved accountability at all levels	
WHEN	Timely insights before and during patient engagement	
WHERE	Care plans that follow patients	
WHO	Shared among ecosystem stakeholders	
HOW	Connected digital quality infrastructure	

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As Peggy mentioned, I want to talk a little bit about the digital future in quality and then speak a little bit about what NCQA is thinking and how we're developing and moving down that path. It's not to say that we don't have digital or don't have technology as part of the quality infrastructure today, but you could say that a lot of the technology that we've brought to bear has been reinforcing of the traditional people and paper based process that we've developed over several decades.

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That enables not just technology to reinforce the previous system, but it allows for a re-imagining of what the quality system can look like and should look like in the future. When we think about that vision of the future, we see several benefits for the system overall. The ability to create and use more clinically relevant measures that are more directly linked to the clinical best practices that our physicians are trained on and that our patients are dealing with as they go through and deal with their healthcare and health.

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To be able to provide more actionable insights and improve the accountability at every level. We have traditionally measured plans and thought about accountability at the plan level, but more and more, there's a need to think further up the chain towards healthcare delivery systems, individual providers, and to give them the tools, not just to report on quality, but to take action to improve it.

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Related, we see the digital quality future as enabling much more timely insights before and during a patient's engagement with their healthcare or with their health. Quality insights that are claims-based or administrative in nature tend to come on the backend of those claims being submitted and processed and paid. Quality in the future can move much more into a proactive or near real time setting. In a connected future, digital quality care plans, not just data or quality measurement, but the care plans for what the care gaps that need to be closed

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80   or the plans of care that they need to be enacted across multiple players in the ecosystem can follow patients where they go and where they engage and that connected infrastructure is well beyond data interoperability and really gets

82   towards knowledge and our interoperability and shared insights about patients as opposed to data exchange.

84   Then finally, we believe that there needs to be some common infrastructure that supports this digital quality future and that common infrastructure is more than

86   standards. It includes standards like fire that you may have heard of or clinical quality language CQL, but it's more than just the standards, because it enables

88   some of the connectivity that we're describing to be able to share knowledge, whether that be a measure or a care guideline or a care plan, as well as sharing

90   data such as the data required for reporting on quality.

92   So that's a little bit about the future as we envision it and many in the space who are thinking about digital transformation envision it. I want to say a little bit to help connect where NCQA plays a role both today and in the future to that digital

94   quality vision.
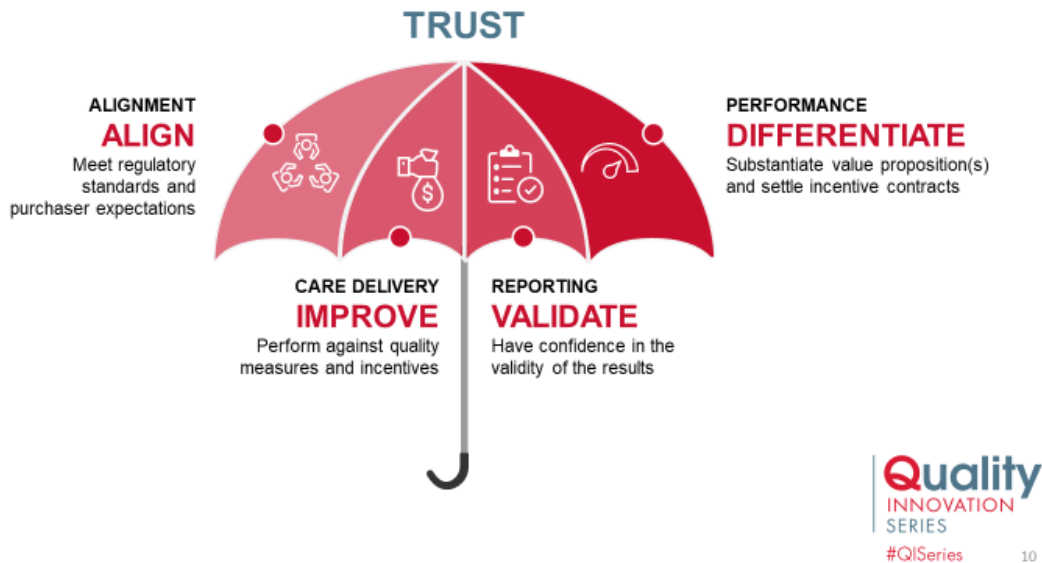
96   If you think about the roles that NCQA has traditionally played, we think about that in four categories. Helping drive alignment for organizations to meet the

98   regulatory standards and the expectations of the organizations that are purchasing healthcare and paying for healthcare.

100   That manifests itself in a lot of our accreditation and recognition programs. The solutions that help support care delivery improvement. So not just measuring, but

102   helping provide insights that can close care gaps and can help drive the standards that help organizations to perform better in their quality programs,

104   such as our patient center medical home program. Solutions that support validated data reporting and validated measure execution for apples to apples

106   comparisons around quality.

108 That's really where our HEDIS program has become the industry standard for a
truly comparable, standardized set of quality measures that are used for many
110 incentive-based payment programs, including stars, including many of the plan
value-based payment programs and contracts that are out there. Then finally
112 around performance, enabling organizations to substantiate their value
propositions and settle those incentive-based contracts through measurement
and reporting and the results of that such as our health plan ratings and quality
114 compass products.

116 That whole value chain is really underpinned by trust and NCQA's role as an
independent third-party evaluator and apples to apples mechanism for comparing
quality across organizations really facilitates that. That is a role that we see
118 NCQA playing in this digital future, just like we play in today's model. So I want to
talk a little bit about how what we do currently is evolving and will continue to
120 evolve into that digital future.

Digitizing current services and offering new digital products
Digital transformation

	ALIGNMENT Meet purchaser needs	CARE DELIVERY Improve care	REPORTING Trust in the numbers	PERFORMANCE Differentiate and transact
CURRENT	• Consensus & Alignment Processes • Accreditation & Credentialing	• Recognition (e.g., PCMH) • Population Health Programs	• HEDIS Certification • Data Validation Audit	• Data & Ratings Products
DIGITAL EXPANSION	• Digital Community • Telehealth & Virtual Networks	• Care Improvement Solutions	• Digital Measures • Reporting Solutions	• VBC/Provider Measures • Performance Solutions

DIGITAL INFRASTRUCTURE

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122 In each of those four categories, you can imagine digital solutions that support
similar set of value propositions. So we've launched recently in the alignment
124 category, our digital measures community and that's something we're going to be
expanding and growing and adding more capabilities into for things like
126 collaboration and knowledge sharing, as well as helping to facilitate those
consensus and alignment processes that NCQA drives today to help drive
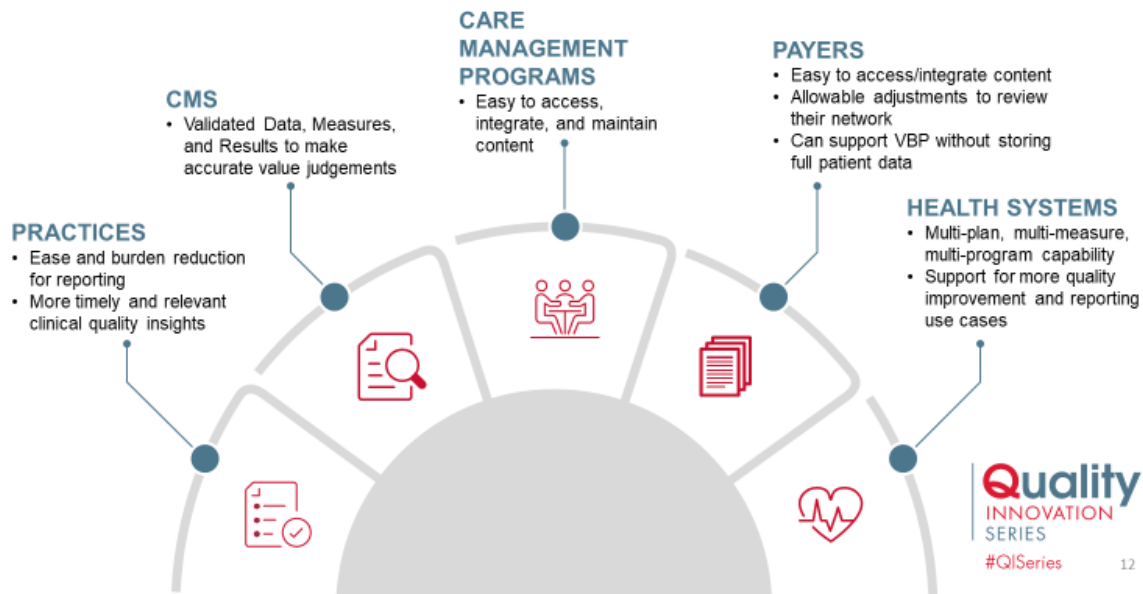128 standards and common approaches to measurement and policy.

In the second category of care delivery, we really want to invest and again,
130 moving upstream and moving towards the provider side of the equation to
provide solutions that help more readily influence care delivery and improve care
132 related to quality. So beyond the measurement, before the measurement, more
proactive, more relevant, more timely. In the reporting space, we've already
134 launched several digital measures. So measures that no longer require
interpretation development and maintenance by a set of third-party developers
136 that can be imported and that define themselves in an executable way.

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So they look more like computer code then paper specifications and we think that's going to reduce a lot of unneeded development effort and maintenance effort, as well as speed the distribution of those measures and updates to those measures with our ecosystem. We think there's a lot of opportunity to digitize some of the data validation, auditing and reporting mechanisms that we have and to tech enable those or to automate some of those processes and we're launching programs today that help expand those reporting programs in our data aggregator validation program, our NLP working group and future digital solutions that may offer the opportunity to tech enable those programs substantially.

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Then finally around performance taking our data products and our ratings products and thinking how they support value-based payment and value-based contracting more explicitly and helping facilitate the creation and administration of those contracts with our stakeholders that are already using those products in their incentive contracts, but extending them and building them more explicitly for that purpose.

Digital quality benefits across key stakeholders

CARE MANAGEMENT PROGRAMS
- Easy to access, integrate, and maintain content

CMS
- Validated Data, Measures, and Results to make accurate value judgements

PAYERS
- Easy to access/integrate content
- Allowable adjustments to review their network
- Can support VBP without storing full patient data

PRACTICES
- Ease and burden reduction for reporting
- More timely and relevant clinical quality insights

HEALTH SYSTEMS
- Multi-plan, multi-measure, multi-program capability
- Support for more quality improvement and reporting use cases

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So just a few examples of how we see today lining up with tomorrow when it comes to this digital quality future. We think that benefits, not just the organizations that work directly with NCQA, but stakeholders really across the ecosystem. We've mentioned a few of these, but at the practice or provider group level, ease and burden reduction in reporting and timely and relevant insights. At the payer level, whether it's CMS or the private payers, some common components in multi plan, multi measure infrastructure and approaches that help ease the administration of their own payment programs and quality programs and ease the burden on their networks for participating in those.

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Then for a large number of the stakeholders that sit in and around the payers and providers in the quality value chain, we think really there's a lot of opportunity to reduce manual effort and in many cases, redundant effort that should result in those organizations making it easier for them to access our content, implement

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our content, maintain our content as well as facilitating redistribution of their investment dollars against things like quality improvement, where we really want the industry focusing rather than on tasks measure maintenance when we make updates to our measures.

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So we think this is a bright future and we're excited about the progress we've already made and the progress that's still to come as we evolve in this exciting space. So with that, I'm going to turn it over to Michael Barr who's going to talk a little more specifically about our HEDIS program and the evolution and future of HEDIS as it relates to digital and beyond. Michael?

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The Future of HEDIS: The Big 6 Themes

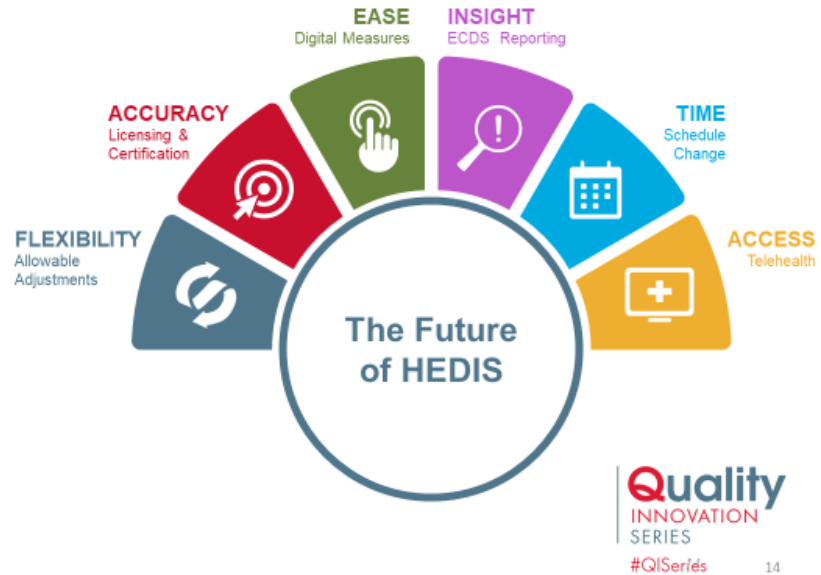Michael S, Barr, MD
NCQA Executive Vice President

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Michael Barr (15:04):   Thank you Brad.

6 themes

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

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

ACCURACY
Licensing & Certification

EASE
Digital Measures

INSIGHT
ECDS Reporting

TIME
Schedule Change

ACCESS
Telehealth

FLEXIBILITY
Allowable Adjustments

The Future of HEDIS

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If you are among the thousands of people who have attended our future HEDIS webinar series over the past year and a half, what I'm about to show will look somewhat familiar. It has been several months since we shared this information so seeing it again could be a useful refresher. If you have not seen a future HEDIS webinar, what I'm about to say, well, we all knew. We invite you to watch previous webinars the web address shown here. **https://www.ncqa.org/hedis/the-future-of-hedis/**. We'll cover each of the six themes briefly now and spend a bit more time on electronic clinical data systems or ECDS reporting.

6 themes
Allowable Adjustments

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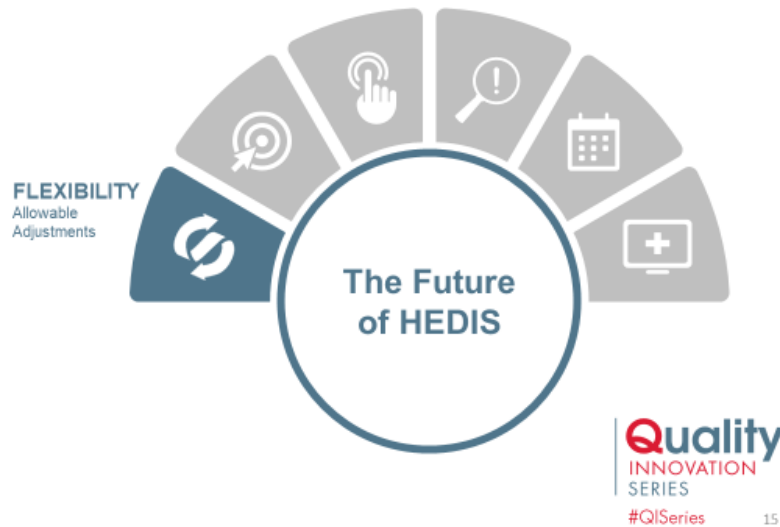

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We know people want to use HEDIS measures for purposes other than health plan reporting. That's why we have HEDIS allowable adjustments. Allowable adjustments provide the flexibility to modify certain aspects of measures without undermining their clinical integrity. Narrowing a specified age range or focusing on a sub-population within the specified eligible population are two easy, quick examples. Another would be turning off continuous enrollment requirements.

6 themes
Licensing & Certification

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

ACCURACY
Licensing & Certification

The Future of HEDIS

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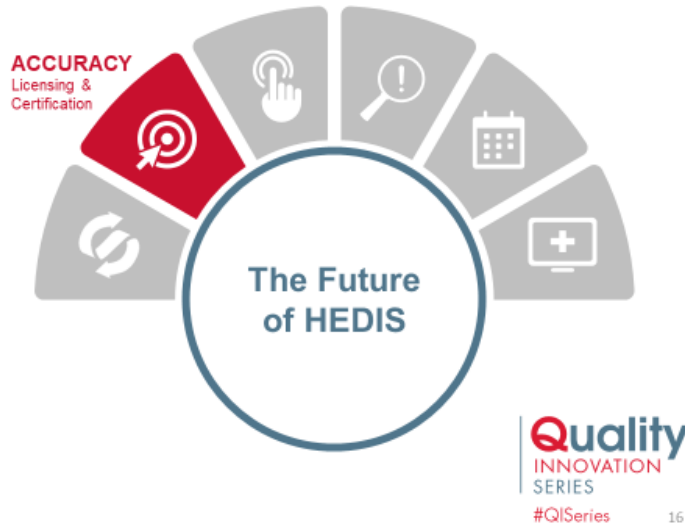
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198   Licensing and certification provide the accuracy needed to make sure the use and output of our measures reflect the quality of care provided.
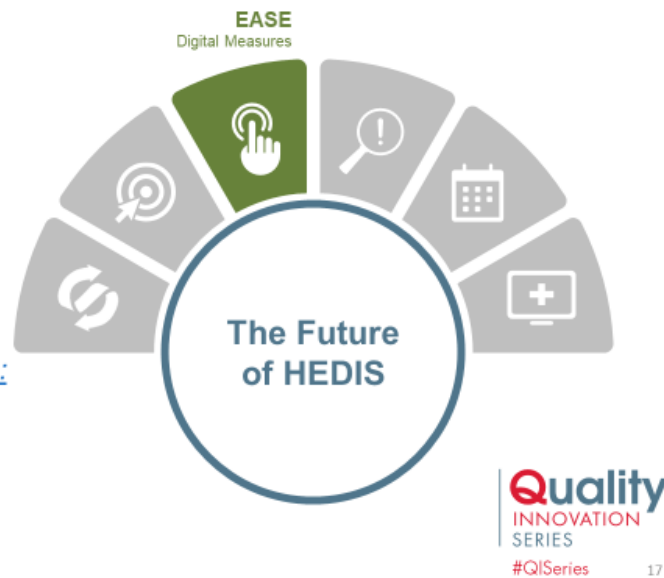
6 themes
Digital Measures

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

Learn more during our #QISeries:
- *HEDIS 2020 First Year Results* Thursday, October 8, 3pm ET

- *Building on the HEDIS Foundation: Digital Quality Measures* Thursday, November 5, 3pm ET

EASE
Digital Measures

The Future of HEDIS

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202   We write digital measures as computer codes so you don't have to. Using digital measures, reduces human error, implementation time and non-standardization.

204   NCQA digital measures are downloadable and machine readable from the MCQA store. For those organizations that can download the measures directly

206   into an execution environment, the benefit translates into significant cost savings, programming and reduce time to implementation.

208   We'll talk about digital measures in the webinars listed here on October 8th and November 5th.

6 themes
ECDS

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

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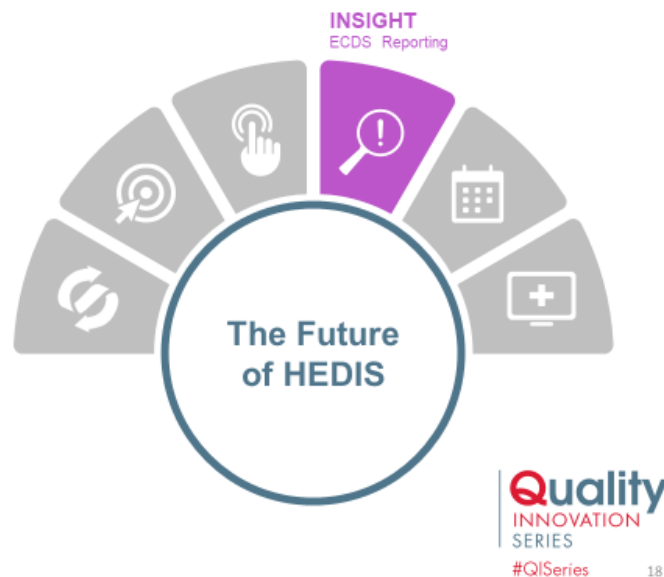
212   ECDS reporting or electronic clinical data systems is NCQA's newest reporting method. As digital measures, these have all the efficiencies that are referenced on the prior slide. This reporting method was designed to help you as

214   implementers increase the efficiency of quality reporting and to use data and clinical information from many sources, not just electronic health records to

216   generate new quality insights from data created as care is delivered. I'll come back to tell you more about ECDS in a moment, but first, the next big theme in

218   the future of HEDIS is a shift in our publication schedule.

6 themes
Schedule Change

We will release HEDIS specs **earlier** to give you **more time** each year.
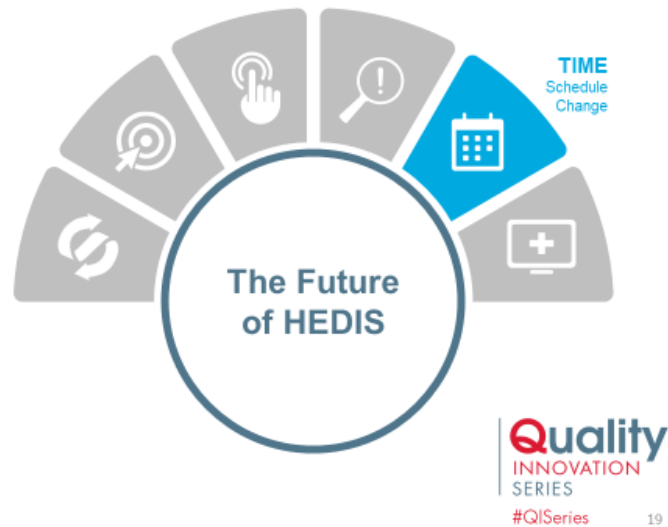
220   The HEDIS publication will be released on July 1st, 2020 was a two-fer. It has HEDIS specifications for measurement year 2020 and measurement year 2021.

222   That two in one or a double serving of HEDIS specs was a big step in bringing you HEDIS specifications earlier than when we used to do.
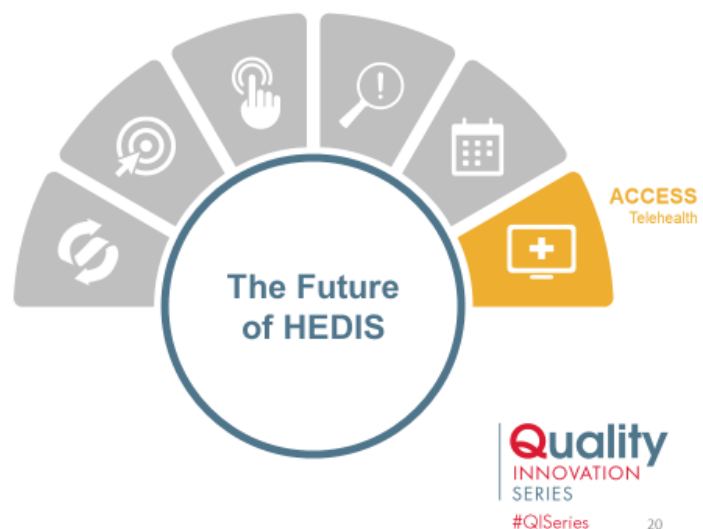
6 themes
Telehealth

Align. Adapt. Innovate.

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

Learn more during our #QISeries:
- *HEDIS Measurement Year 2020 & Measurement Year 2021: Changes and New Measures* Thursday, October 22, 2pm ET

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226   Telehealth use has expanded dramatically during the COVID-19 pandemic, providing much needed access to care. We've added telehealth codes to HEDIS

228   measures and are exploring how to support and sustain telehealth as a modality for delivering high quality healthcare.

230   Three words capture what NCQA is doing in telehealth. Align, adapt and innovate. We are working to align policies that enhanced telehealth, adapt the quality enterprise to optimize and promote telehealth and innovate new ways that

232   integrate and enable telehealth.

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Future of HEDIS: More on ECDS

Michael S, Barr, MD
NCQA Executive Vice President

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236   Those are the six big themes that define the future of HEDIS. I want to circle back now to ECDS because I have some news about it. Let me be clear which HEDIS measures currently use ECDS reporting.

ECDS Reporting
What are the measures?

8 Measures *Originally Introduced* into HEDIS with ECDS 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

3 Existing Measures *Newly* Specified for ECDS Reporting

- Breast Cancer Screening
- Follow-Up Care for Children Prescribed ADHD Medication
- Colorectal Cancer Screening

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240   We had 11 measures available for ECDS reporting and measurement to your 2019. These include the eight measures at the top of this page, which you could say were kind of born as ECDS measures.

242   There are also three measures that were specified for ECDS reporting. In 2019, we added voluntary ECDS reporting for these familiar and widely used

244   measures. Breast cancer screening follow-up care for children prescribed ADHD medication, and colorectal cancer screening. Now that you know what the ECDS

246   measures are, let's look at how they work.

ECDS Reporting
How does it work?

DATA SOURCES

- EHRs
- Clinical Registry
- Case Management
- Admin/ Enrollment

DATA REQUIREMENTS

Standardized layouts

Data accessible to care team upon request

Elements (e.g. numerators) reported according to data source

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    Electronic clinical data systems contain a plan member's health information and experience of care information. Each key data element, for example, numerator is reported by the source system of record where that data element was found

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    and categorized by one of these four types. EHR, clinical registry, including health information exchanges, case management systems and administered

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    claims and enrollment data. Organizations follow hierarchy for the data categories to ensure that key data elements are only counted once even if they

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    exist in multiple data sources.

Lessons from Our Learning Collaboratives
Better reporting and performance of ECDS behavioral health measures

COLLABORATIVE	IMPROVEMENT STRATEGIES	SUCCESSES
Alcohol Screening Began Spring 2018 CA, NY, OR, VA **Adolescent Depression** Began Summer 2018 CA, DC, NY, OR **Perinatal Depression** Began Winter 2020 CA, DC, HI, PA	**Data Access** • Incentivize provider reporter/data sharing • Help providers get LOINC codes into EHRs • Leverage HIEs and other data vendors • Access data in case mgt. programs **Behavioral Health** • Teach providers to use standardized screening tools and coding terminology • Incorporate screenings/data capture into clinical workflow • Enhance outreach to patients with positive screening or diagnosis	✓ Identified key areas for improvement ✓ Improved access to clinical data ✓ Performance improvements at the practice-level for screening and follow-up

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258 Three learning collaboratives, which all ended this summer taught us how health
plans can improve reporting and performance of ECDS behavioral health
260 measures. Our three collaborators are listed on the left. The middle shows some
of what our teams learned, including incentives for data sharing, data access
262 through HIEs, data vendors, case management programs, and use of
standardized screening tools for behavioral health and enhancing outreach to
264 people with positive screenings. Successful strategies of plans implemented on
the right and you can learn more about these findings during the digital pioneers
266 panel on October 15th and hear about health plans experiences reporting HEDIS
measures using ECDS.

ECDS Analysis
Measurement Year 2019

Quantitative

- Understand ECDS reporting and performance trends
- *For 3 existing measures:*
  - *How many and which types of plans participated in ECDS reporting?*
  - *Are there differences in results between ECDS and traditional reporting methods?*

Qualitative

Health Plan Interviews
- *For plans that reported both methods, what were their experiences?*

HEDIS Auditor Interviews
- *To understand auditor's experience*

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270   We conducted quantitative and qualitative analysis of the measures reported using ECDS. The quantitative analysis included a view reporting and performance trends for the three measures that use traditional and ECDS

272   reporting. That would be screening for breast cancer and colon cancer and follow up care for children prescribed ADHD medication. We compare performance

274   across both of those methods and we were encouraged that 25% of plans use both methods to report.

276   Our qualitative analysis consisted of semi-structured interviews with health plans and auditors because we wanted to hear about plans experiences with the three

278   measures specified both traditional ECDS reporting. You can hear more details about these analysis during the HEDIS 2020 first year results session on October

280   8th, including comparison of the performance rates between the two types of reporting. We are excited about the ECDS. It's a big part of the Future of HEDIS.

ECDS Reporting
Go deeper

INSIGHT
ECDS Reporting

Learn more during our #QISeries:
- *HEDIS 2020 First Year Results*
  Thursday, October 8, 3pm ET

- *The Digital Measures Pioneer Panel*
  Thursday, October 15, 3pm ET

- *Building on the HEDIS Foundation: Digital Quality Measures*
  Thursday, November 5, 3pm ET

The Future of HEDIS

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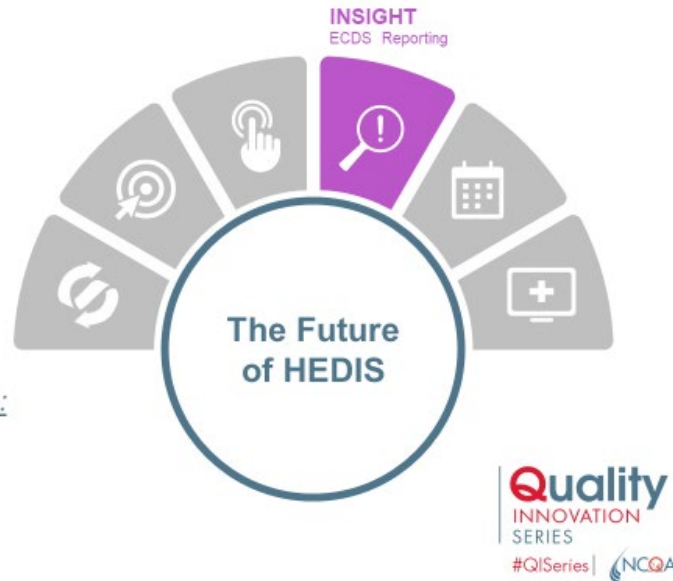
That's why we're dedicating a lot of time to ECDS in this Quality Innovation series. I mentioned several upcoming sessions. Here they are again. First-year results on October 8th, the pioneer panel on October 15th and more about digital quality measures on November 5th.

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And something new that's not ECDS...
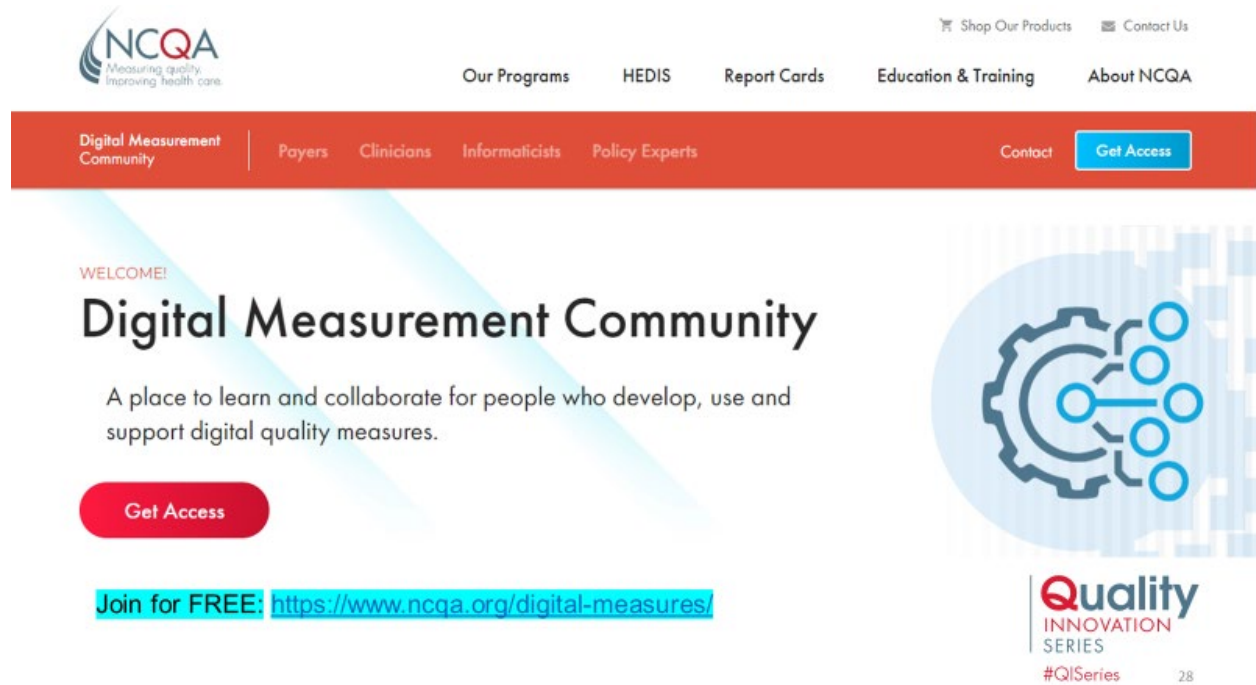
Michael S, Barr, MD
NCQA Executive Vice President

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Something new that's not ECDS. While we are enthusiastic about digital quality measurement, we recognize that there are real challenges, including data access, data quality, and the costs associated with transition. As always, we look forward to your feedback, questions, and guidance here at the quality innovation series and online through the new Digital Measurement Community we launched in July.

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You'll find content for payers, clinicians, informaticists, and policy experts, including blogs, podcasts and videos. There's also the community forum where people engage on topics that just digital quality measures, digital innovation, public policy, and relevant news items. So we welcome you to share your experiences and lessons through the community forum. The link to join for free is on the slide. Thank you for your Interest and I look forward to your questions.

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