NCQA

The Future of HEDIS®: Digital Measures and Health Equity

February 24, 2021

Agenda

WHY CHANGE HEDIS

WHAT WE'RE CHANGING IN HEDIS

NEW IDEAS ON ECDS REPORTING

HEDIS AND HEALTH EQUITY

Q&A

NCQA

Peggy O'Kane

Why Change HEDIS

Why change HEDIS

Less QM, more QI

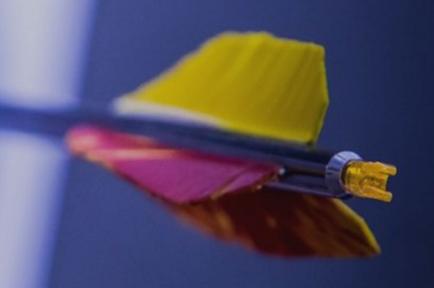Take advantage of delivery system capabilities

Our aim

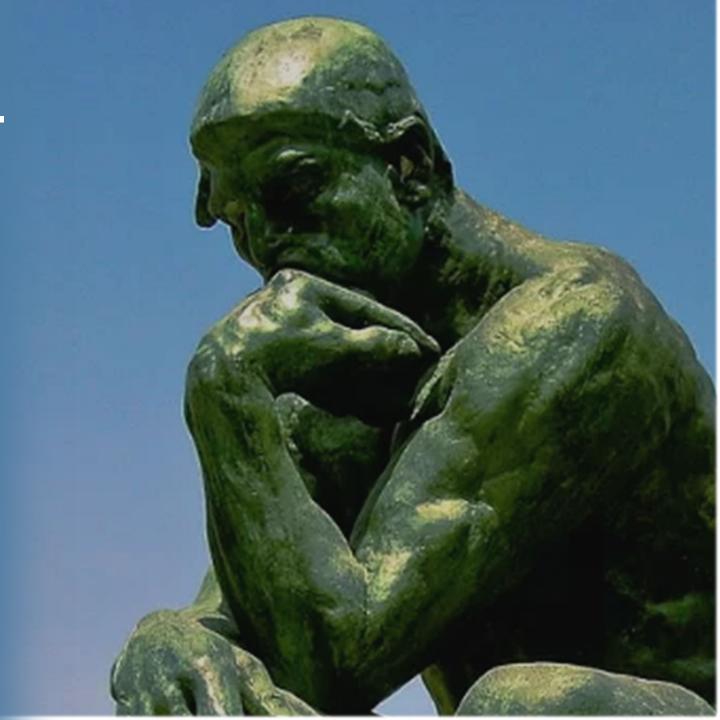Greater utility of HEDIS at point of care

Integrity of measurement throughout the system

Always on our minds...

The *digital* future

Moving from *measurement* to *improvement*

How data informs what we do

Changes will be steady

A process, not an event

Collaboration, not commands

Purposeful, not rushed

This will be a long journey

More webinars and dialogue to come

If you remember only 1 thing from today...

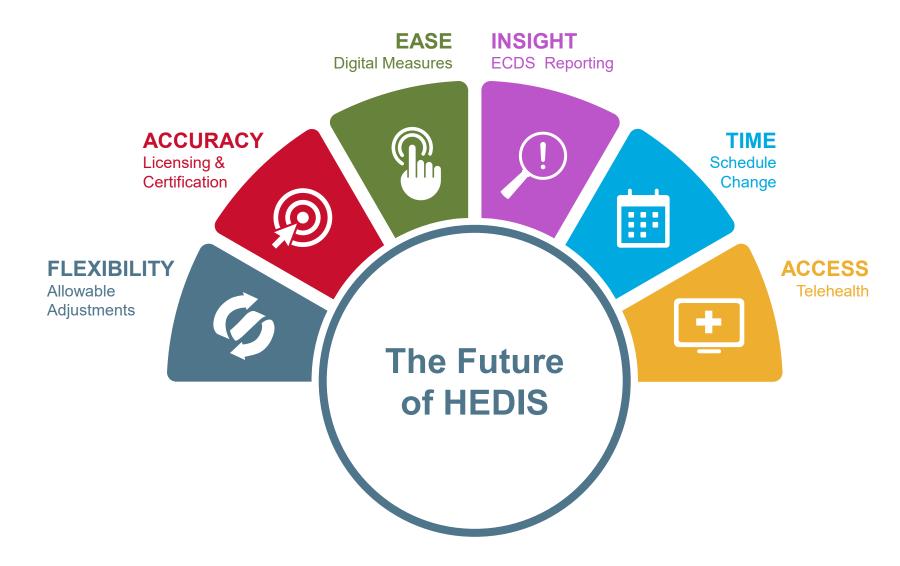**HEDIS Public Comment**
Open until March 11

ncqa.org/PublicComment

Michael Barr

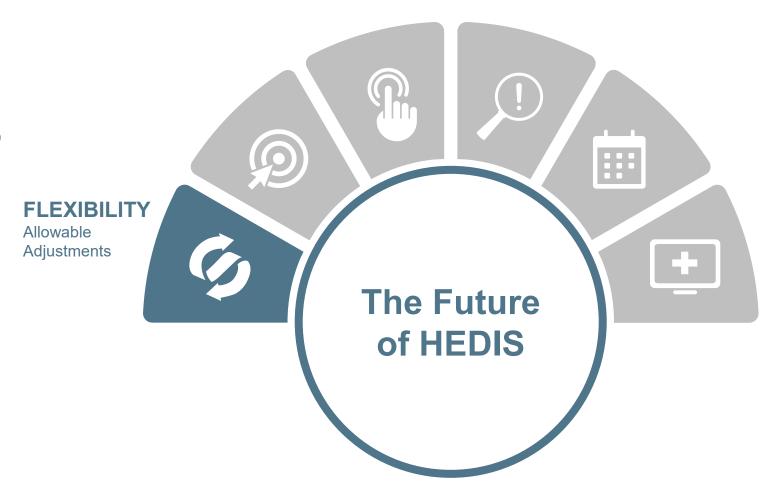# What We're Changing in HEDIS

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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

FLEXIBILITY
Allowable
Adjustments

ACCESS
Telehealth

**The Future
of HEDIS**

6 themes

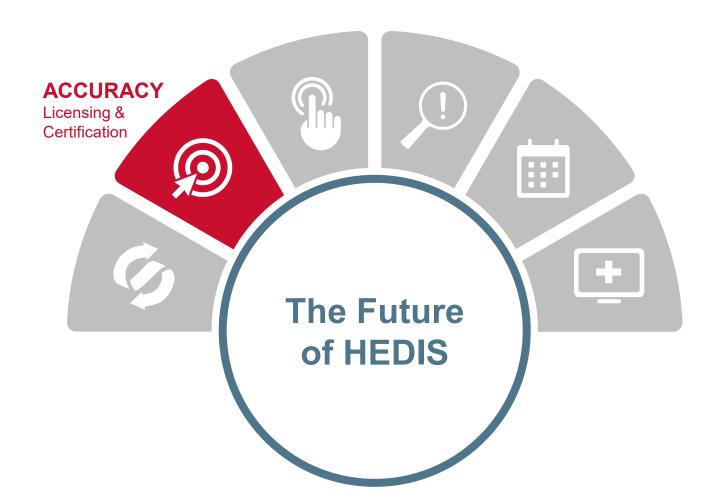*Allowable Adjustments*

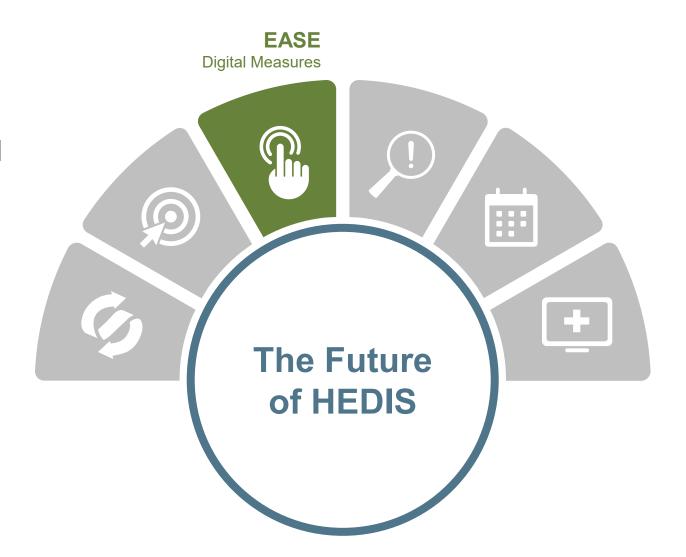To give you **flexibility** in how you use our measures, we'll tell you their **allowable adjustments**.

FLEXIBILITY
Allowable
Adjustments

The Future
of HEDIS

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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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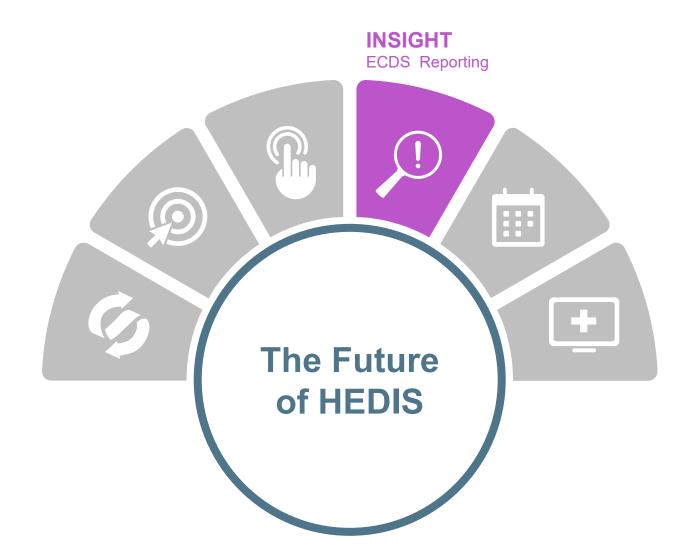
Digital Measures

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

EASE
Digital Measures

The Future of HEDIS

6 themes
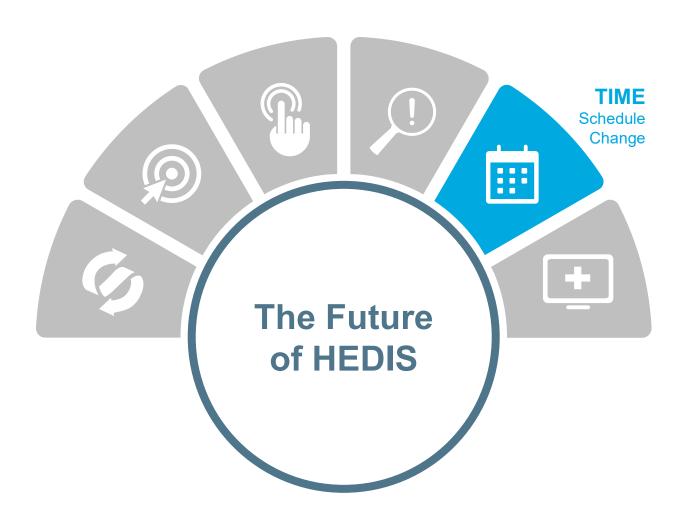
ECDS

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

INSIGHT
ECDS Reporting

The Future of HEDIS

6 themes

Schedule Change

We now release HEDIS specs **earlier** to give you **more time** each year.

TIME
Schedule
Change

The Future of HEDIS

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Schedule Change
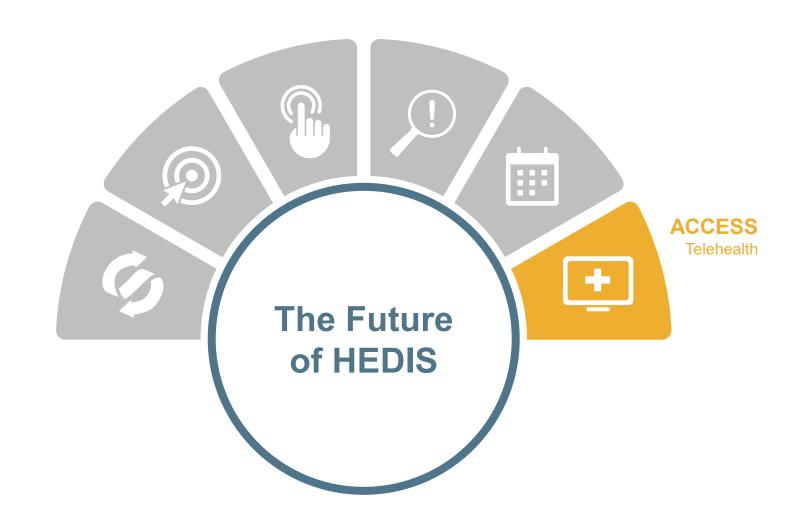
	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022
Publish Vols. 1 & 2	7/1/2020	7/1/2020	8/1/2021
Publish Vol. 2 Technical Update	10/1/2020	3/31/2021	3/31/2022
First Year Public Reporting	10/1/2020	10/1/2021	10/1/2022
Complete HEDIS Vendor Certification (Survey)	12/15/2020	12/15/2021	12/15/2022
Complete HEDIS Vendor Certification	2/15/2021	10/1/2021	7/1/2022
Data Submission Due	6/15/2021	6/15/2022	6/15/2023

6 themes

Telehealth

Align. Adapt. Innovate.

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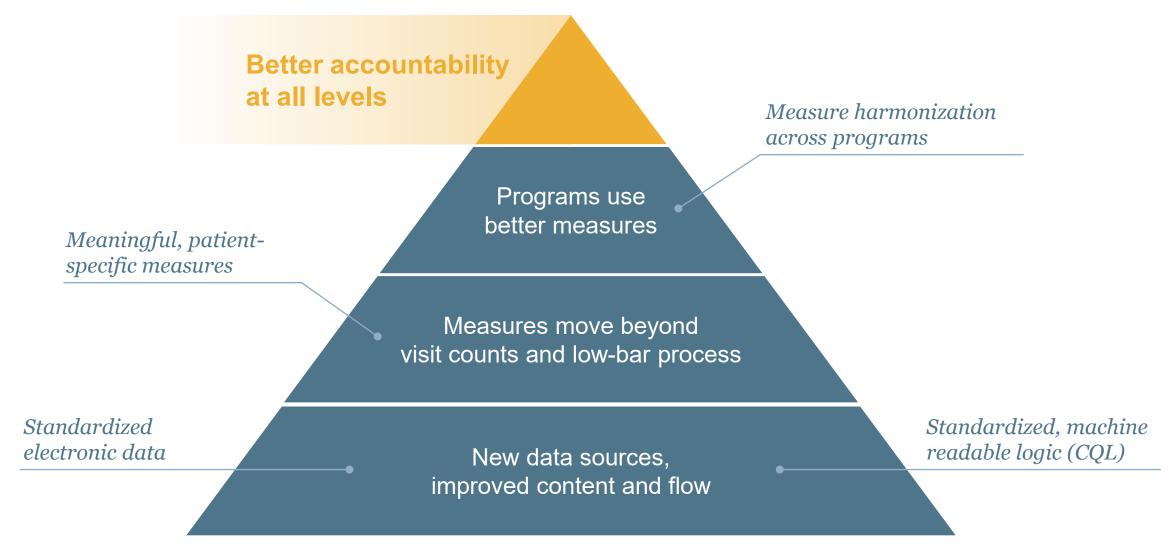Taskforce on Telehealth Policy:
ncqa.org/telehealth

**The Future
of HEDIS**

ACCESS
Telehealth

NCQA's Vision for Quality Measurement

Better accountability at all levels

Measure harmonization across programs

Programs use better measures

Meaningful, patient-specific measures

Measures move beyond visit counts and low-bar process

Standardized electronic data

New data sources, improved content and flow

Standardized, machine readable logic (CQL)

NCQA's Digital Measures Roadmap

Moving towards greater <u>use</u> and <u>sharing</u> of standardized electronic data across providers and systems

Writing specifications in **clinical quality language (CQL)** – "<u>digital measures</u>"

Transitioning digital measures to the **FHIR-CQL** data model

Evaluating measures for <u>**Electronic Clinical Data Systems (ECDS)**</u> reporting
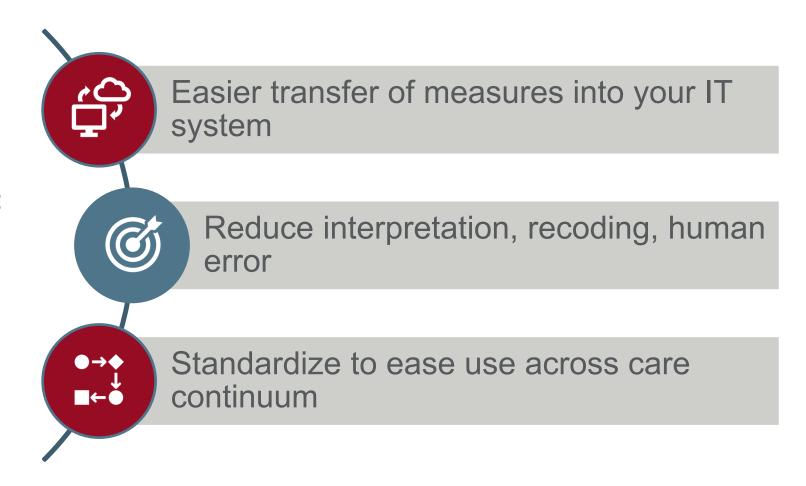
What Are Digital Quality Measures (dQMs)?

dQMs are machine-readable, i.e., written as computer code

dQMs available for MY 2020/2021:

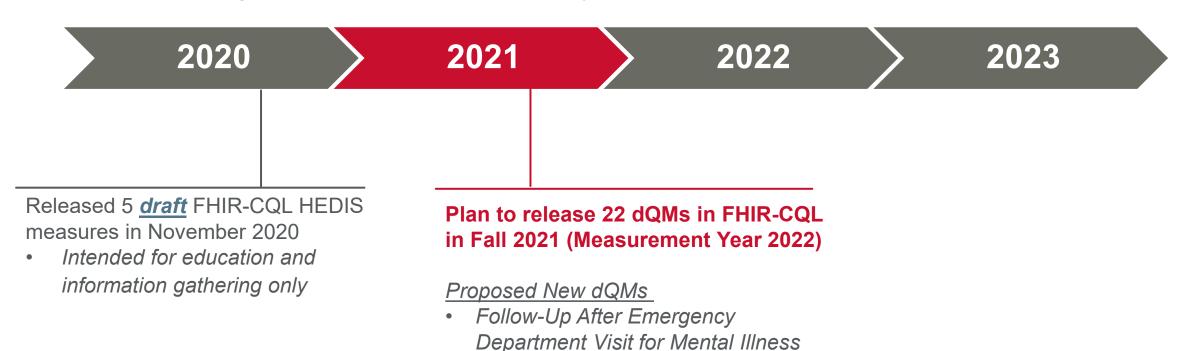**8** digitized versions of existing measures reported using traditional methods

11 specified for ECDS reporting

Easier transfer of measures into your IT system

Reduce interpretation, recoding, human error

Standardize to ease use across care continuum

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NCQA is moving to FHIR®!

FHIR-CQL measures to be released in Fall 2021

- ✓ **F**ast **H**ealthcare **I**nteroperability **R**esources (FHIR) - interoperability standard that aligns quality measurement with other use cases
- ✓ Aligns with the direction of other key stakeholders

2020	2021	2022	2023

Released 5 *draft* FHIR-CQL HEDIS measures in November 2020
- *Intended for education and information gathering only*

Plan to release 22 dQMs in FHIR-CQL in Fall 2021 (Measurement Year 2022)

Proposed New dQMs
- *Follow-Up After Emergency Department Visit for Mental Illness*
- *Risk of Continued Opioid Use*
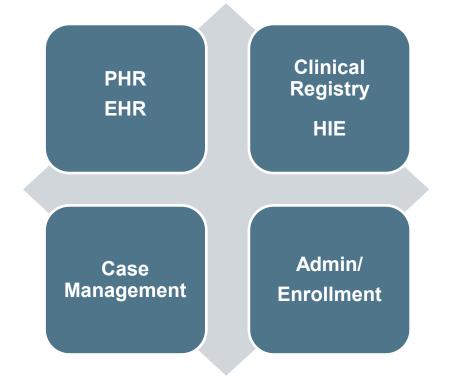- *Childhood Immunization Status*

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Electronic Clinical Data Systems (ECDS)

Reporting standard for HEDIS

> A **structured method** to collect and report **electronic clinical data** for HEDIS® quality **measurement** and for quality **improvement**

To qualify, data must use **standard layouts**, meet the **technical specifications** and be **accessible by the care team** upon request

Organizations report each measure component **by source system of record**

PHR EHR	**Clinical Registry HIE**
Case Management	**Admin/ Enrollment**

For more information on ECDS: *http://www.ncqa.org/ecds*

Measures Currently Available for ECDS reporting

11 measures available for ECDS reporting for MY 2020/2021

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 HEDIS Measures specified for ECDS Reporting

Available for optional ECDS reporting alongside administrative and hybrid

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

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ECDS Goals and Strategy

Digital Measures Roadmap

Stakeholder engagement

Health plan interviews

State/panel presentations

Public comment

Overall support for ECDS reporting

Prioritize screening and immunization measures

Provide additional resources to support adoption

Inform pace

Quantitative analysis of ECDS results

Increased number of plans reporting ECDS

Increased use of HIE, registry, EHR data sources

Challenges exchanging behavioral health information

Improve uptake

Learning collaboratives

Add more measures to ECDS reporting

Gained insight into strategies for data sharing

Encouraging results for dual reported measures

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What's Next for ECDS Reporting?

Proposed Transition to ECDS Only Reporting for:

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

	Current Publication MY 2020/2021	_Next Publication_ MY 2022	MY 2023	MY 2024
Breast Cancer Screening *ADHD Medication*	Optional ECDS reporting alongside Admin	Permit plans to choose ECDS *or* Admin	ECDS only Admin removed	
Colorectal Cancer Screening	Optional ECDS reporting alongside Hybrid		Permit plans to choose ECDS *or* Hybrid	ECDS only Hybrid removed

Proposed Measures for ECDS Reporting

When	*What*	*Why*
MY 2022	Potentially allow optional ECDS reporting for additional measures: • *Childhood Immunization Status*[1] • *Immunizations for Adolescents*[1] • *Metabolic Monitoring for Children & Adol. on Antipsychotics*[2]	Stakeholder interest in **preventive care and immunization** measures Information well-captured in **structured data**
MY 2023	• *Cervical Cancer Screening*[1]	
Looking Ahead	Enhance and replace existing measures using ECDS	**Better measures** that leverage clinical data captured during the course of care

[1]Traditionally reported administrative or hybrid

[2]Traditionally reported administrative

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Supporting ECDS Adoption
ECDS Reporting Roadmap

Resources

Report summarizing stakeholder feedback on the ECDS reporting standard
Coming soon!

Toolkit highlighting best practices in ECDS reporting
Coming soon!

Quality Innovation Series: Digital Quality, Measurement and Reporting
- **4-6 virtual sessions; 1 session will highlight lessons learned from ECDS reporting**
- **Sign up to receive additional information: https://www.ncqa.org/qiseries/savethedate/**

Digital Measurement Community (DMC)

Learn and Collaborate

Sharing Best Practices - To promote quality and accountability in the field

Education - To facilitate the adoption of digital measures and related standards

Collaboration - Collaborating to build a vibrant digital measurement community

To sign up, visit:
www.ncqa.org/dmc

The Transition to an All-Digital Quality Measure Ecosystem

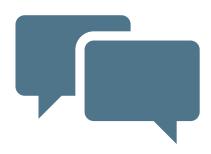01.29.2021 · Michael Klotz, Healthcare IT Entrepreneur, MK Advisory Services

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Public Comment

ECDS Reporting Roadmap

- Proposed timeline for removing traditional reporting from measures currently specified for ECDS.

- Suggestions on measure concepts that would be well-suited for future ECDS reporting.

- How can NCQA further support adoption of the EDCS reporting standard?

Public comment runs until March 11, 2021
https://www.ncqa.org/about-ncqa/contact-us/public-comments/
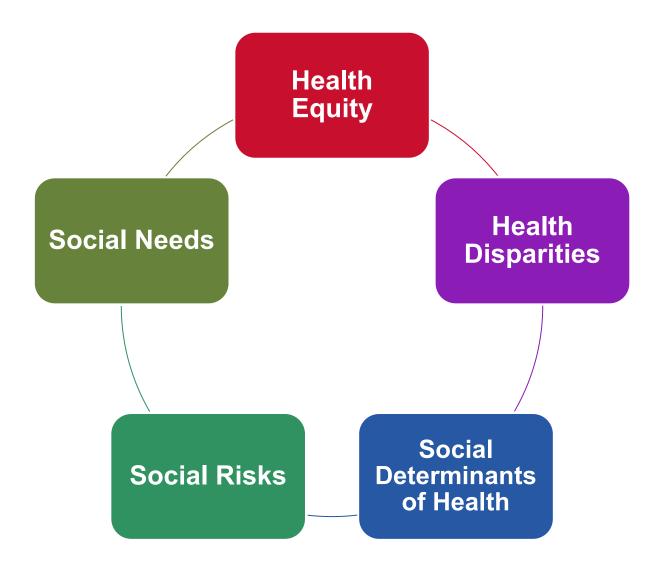
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Equity is in our *mission*

NCQA exists to improve health care.

High quality care is equitable care.

Inequitable care is *low quality* care.

Related, but not Interchangeable

Clarifying Terms and Concepts

Health Inequity: Racial and Ethnic Disparities

An Example

Racial/Ethnic Inequities in Health Care	Racial/Ethnic Inequities in Health Outcomes
Disparities in availability, access to, and quality of health care	Disparities in burden of illness, injury, disability, or morbidity
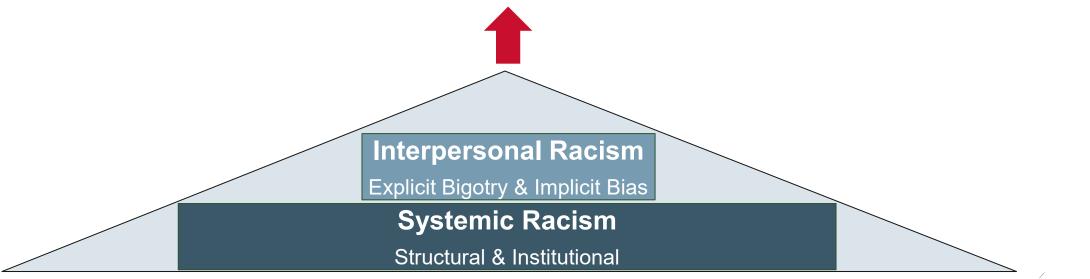
Health Care Systems	Social Determinants of Health
Ambulatory, Inpatient, Outpatient, Long-Term Services and Support	Conditions where people are born, grow, live, work, play, and age that affect health risks and outcomes

Interpersonal Racism

Explicit Bigotry & Implicit Bias

Systemic Racism

Structural & Institutional

Where are we now?

EQUITY AND SDOH IN EXISTING NCQA EFFORTS

Equity & SDOH in Existing NCQA Programs

Assess SDOH at population level and individual level

Requires CLAS programming and addressing disparities

Collection of SDOH at the individual level

Equity & SDOH in Current HEDIS Measures

Two descriptive measures of race, ethnicity and language of membership

Race/Ethnicity Diversity of Membership	Language Diversity of Membership

Four measures stratified by socioeconomic status (Medicare Advantage)

Comprehensive Diabetes Care	Breast Cancer Screening	Colorectal Cancer Screening	All-Cause Readmission

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Resources for Stakeholders

Tackling social determinants and health equity

Resource Guide
ncqa.org/white-papers/
sdoh-resource-guide

Policymaker Perspectives
blog.ncqa.org

10.09.2020

Social Determinants of Health Resource Guide

Developed with support from Janssen Scientific Affairs, LLC

INSIDE HEALTH CARE

Inside Health Care #55: Dr. Douglas Jacobs, Pennsylvania's Department of Human Services Chief Innovation Officer

December 29, 2020 | Lawrence Green

South Carolina Addresses Disparities Through Multicultural Health Care Distinction

January 12, 2021 | Amy Maciejowski

State & Federal Topics

Where are we going?

PUSHING EQUITY TO THE FOREFRONT OF QUALITY

Pathway towards Health Equity

Efforts to drive improvement

High quality care is equitable care

Standards and Programs

Provide a roadmap

Measures

Create transparency

Evaluation

Define targets and methods for accountability

Health Equity

Research, partnerships, technology, policy, stakeholder engagement

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Public Comment

Proposal for Race/Ethnicity Stratifications in HEDIS

- Specification for race/ethnicity stratifications
  - Definition of race and ethnicity categories
  - Acceptable source and method for imputation with indirect data
  - Decision criteria for use of direct or indirect data source
  - Data reporting structure
- Proposed list of measures

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Definition of race and ethnicity categories

Current HEDIS Approach

562   Race/Ethnicity Diversity of Membership

Table RDM-A-1: CMS Categories Crosswalked to HEDIS/OMB Race and Ethnicity

| CMS Category	HEDIS/OMB Race	HEDIS/OMB Ethnicity
White	White	Unknown
Black	Black	Unknown
American Indian/Alaska Native	American Indian/Alaska Native	Unknown
Asian/Pacific Islander	Asian	Unknown
Hispanic	Unknown	Hispanic/Latino
Other	Some Other Race	Unknown
Unknown	Unknown	Unknown
(No equivalent category)	Native Hawaiian and Other Pacific Islander	Unknown
(No equivalent category)	Two or more races	Unknown
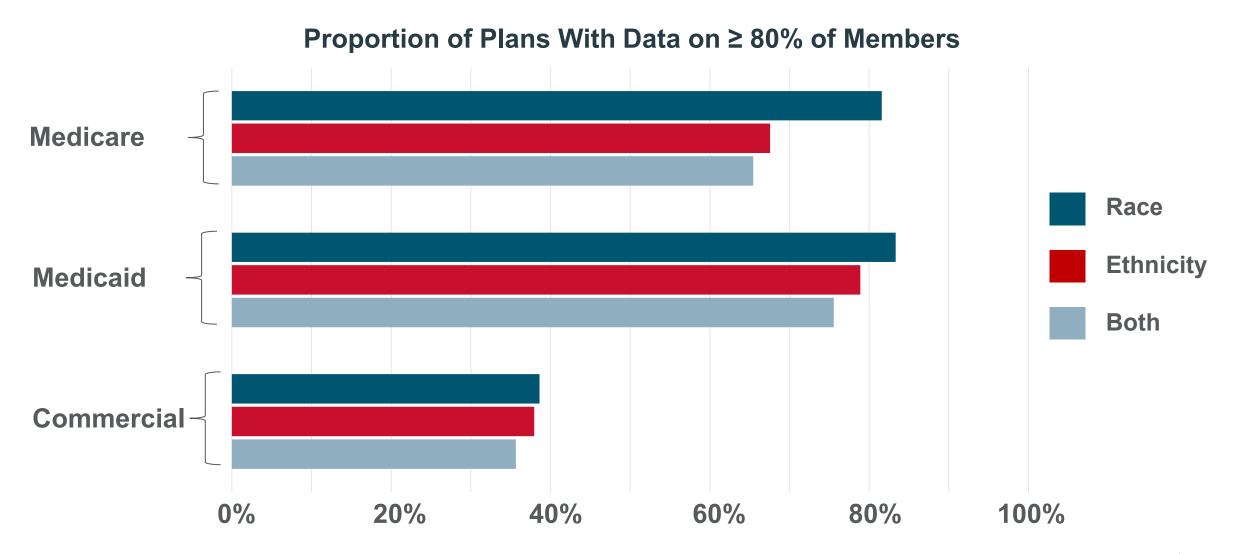
Proposal:
Apply approach currently used in descriptive HEDIS measure.

Stratify Race and Ethnicity separately for purpose of reporting

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Insights from current HEDIS measure

Completeness of Race and Ethnicity Data

Proportion of Plans With Data on ≥ 80% of Members

Sources for Race/Ethnicity Data

Alternatives for Measurement

Race & ethnicity can be collected either directly or indirectly.

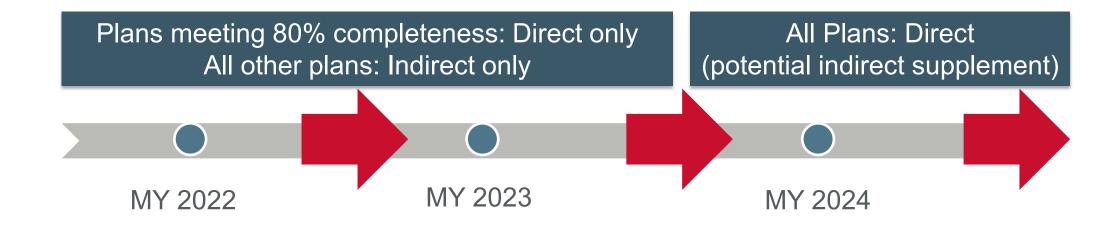| Direct	Indirect
Individual self-reported information:	Imputation from secondary sources:
• Health plan enrollment data (claims-based measures) • EHR data (electronic clinical data systems measures)	• Assignment by geographic location (characteristics at zip code, census block, e.g. Census, ACS) • Surname analysis & imputation
Advantage: gold standard accuracy **Challenge**: inconsistent collection, lack of standardization, technical concerns	**Advantage**: various methods, broadly accessible **Challenge**: lower precision, lag in data

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Data Source and Methods
Proposed Bridging Strategy

- ✓ **Provides bridge from where we are to where we want to be (direct)**
- ✓ **Gives plans time to improve direct data collection**
- ✓ **Ensures consistent level of data validity/completeness in years 1 and 2**

Use of Indirect Data

Allowed Methods and Sources

Proposal: Allow reporting with indirect data using specific defined methods

Geographic Assignment
- Assign race/ethnicity based on most common value at given geographic unit (census tract)

Bayesian Indirect Surname and Geocoding (BISG) [1,2]
- Statistical imputation using surname and geographic data

1. Elliott et al. (2008). A New Method for Estimating Race/Ethnicity and Associated Disparities Where Administrative Records Lack Self-Reported Race/Ethnicity. *Health Services Research*, *43*, 1722–1736.
2. Haas et al. (2019). Imputation of race/ethnicity to enable measurement of HEDIS performance by race/ethnicity. *Health Services Research*, *54*(1), 13–23.

Potential Technical Approaches
Proposed Options for Public Comment Feedback

Option 1: Direct Data Completeness Threshold at Measure Level

- Reporting using direct data allowed if **measure-specific denominator population** meets data completeness threshold (80%).

- The same plan may report different measures using different data sources (ex. Measure A: Direct, Measure B: Indirect)

Option 2: Direct Data Completeness Threshold at Plan Level

- Reporting using direct data allowed if data completeness threshold (80%) met **across plan enrollment** in order to report stratification for *all* measures.

- The same plan reports all measures using the same data source (ex. Measure A: Direct, Measure B: Direct)
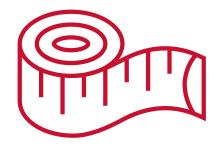
Measure Selection Process for Stratification

Timeline and Criteria

Measure stratification timeline:
- Target of **5 measures** stratified for MY 2022
- Minimum of **15 measures** stratified by MY 2024

<u>10 potential candidate measures identified for MY 2022</u>

Criteria for selecting **initial** measure set:

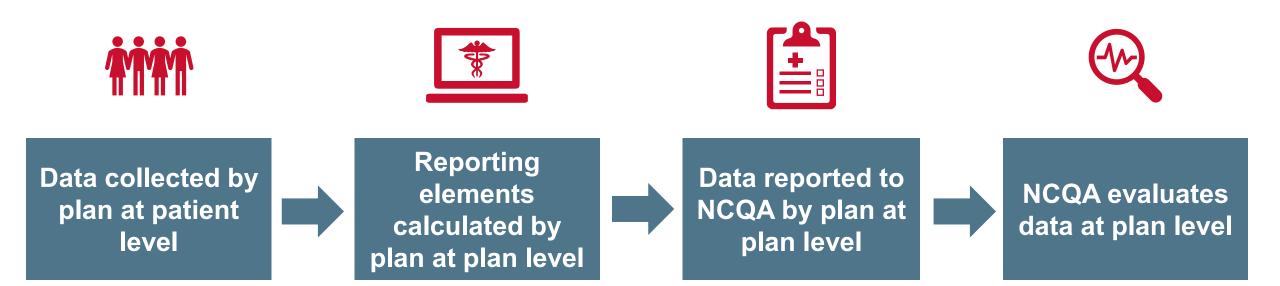| Exclude	Prioritize
• ECDS/Digital • Risk-Adjusted Measures • First Year Measures • Slated for Retirement • Small Denominators	• High priority for disparities • Represent multiple HEDIS domains • Represent multiple product lines

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Candidate Measures for Stratification

Proposed Measures for Public Comment

Domain	Measure	Commercial	Medicaid	Medicare
Effectiveness of Care	Controlling High Blood Pressure (CBP)	X	X	X
	Comprehensive Diabetes Care (CDC) • HbA1c Control <8%	X	X	X
	Comprehensive Diabetes Care (CDC)* • Eye Exam	X	X	X
	Antidepressant Medication Management (AMM)	X	X	X
	Follow-Up After ED Visit for People With Multiple High-Risk Chronic Conditions (FMC)			X
Access and Availability of Care	Adults' Access to Preventive/ Ambulatory Health Services (AAP)	X	X	X
	Prenatal and Postpartum Care (PPC)	X	X	
Utilization	Well-Child Visits in the First 30 Months of Life (W30)	X	X	
	Child and Adolescent Well-Care Visits (WCV)	X	X	
	Mental Health Utilization (MPT)	X	X	X

* Separate measures, if approved for MY 2022

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How HEDIS Measures are Reported

Data Collection and Evaluation

| Data collected by plan at patient level | → | Reporting elements calculated by plan at plan level | → | Data reported to NCQA by plan at plan level | → | NCQA evaluates data at plan level |

Summary of Proposal for Public Comment

Race & Ethnicity Stratifications in MY 2022

- Align race and ethnicity categories with existing HEDIS definitions

- Path for reporting using of both direct and indirect data

  - Allow direct data for reporting if an 80% completeness threshold is met (two options for defining completeness)

  - Allow indirect data for reporting using pre-specified methods

  - Timeline for transition to direct data requirement

- Ten measures identified for potential stratification, targeting five for MY 2022

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Questions

How to Submit Comments after today's Q&A

HEDIS Public Comment: Feb 11-March 11, 2021

Digital Measures: Updates on reporting Electronic Clinical Data System (ECDS) measures

Health Equity: Introduction of Race and Ethnicity Stratification Into Select HEDIS Measures

Submit comments at my.ncqa.org

Public Comments

Weigh in on changes to NCQA products and programs.

To see a list of products available for public comments, visit Open Public Comments

Public Comments

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