

Using HEDIS to Improve Health Equity

October 6, 2022



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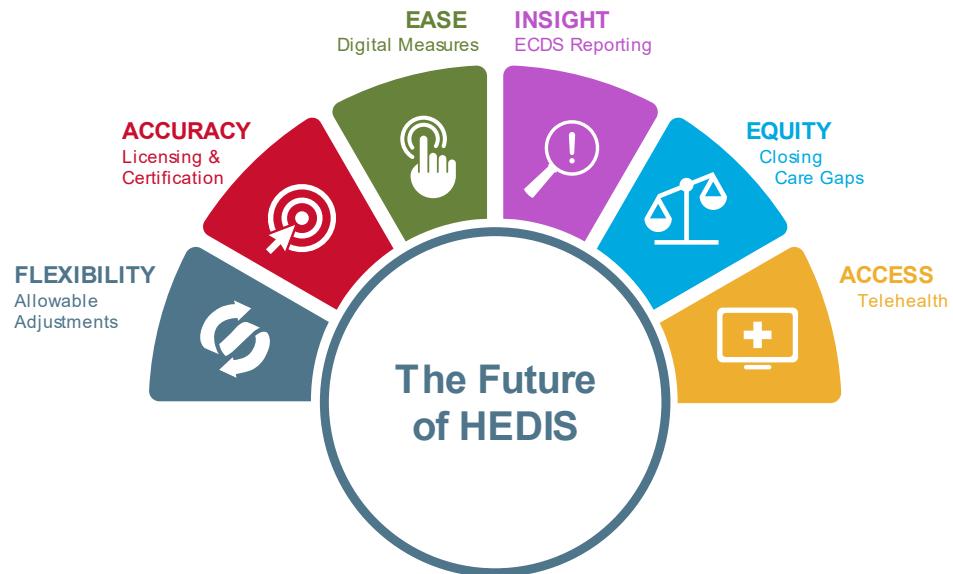
Andy Reynolds: 00:06

Hello. Welcome to this, the 12th episode in NCQA's webinar series, The Future of HEDIS. I'm Andy Reynolds, your host. Over the last three years of this webinar series, we have presented to you six themes or six elements that define the future of HEDIS.

6 themes

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

[https://www.ncqa.org/
hedis/the-future-of-hedis/](https://www.ncqa.org/hedis/the-future-of-hedis/)



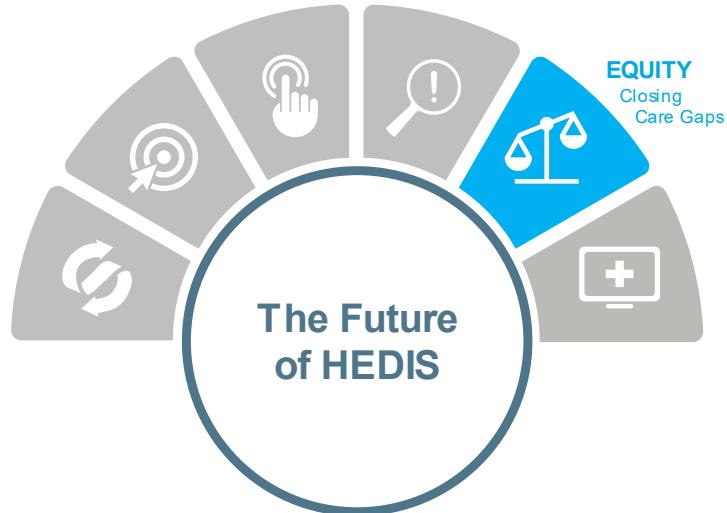
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The graphic on your screen lays those out for you. We invite you to visit the webpage shown on this screen to learn more about any one of those elements.

6 themes

Equity

Closing care gaps to make care **equitable** makes care better.



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00:39 Today's event, however, is about the piece you see on the far right, that light blue piece, health equity. Our presenters are two NCQA leaders who work every day to make sure that HEDIS supports health equity. They are NCQA manager Keirsha Thompson and NCQA senior research associate Sarah Paliani.

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01:04 Now Keirsha and Sarah's slides will be available to you, along with the recording of this event, on Monday. We will send everyone a link to the slide and a link to the recording on Monday. That's true even if your colleagues signed up for this event and didn't get a chance to make it. Everyone who registered will receive that email on Monday.

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01:27 We will leave plenty of time for Q&A, so we invite you to submit your questions using the Q&A button at the bottom of your screen. In fact, the sooner you submit questions, the earlier we see them, and the higher they rise in our queue and the more likely we are to get to your questions. So do send us your questions anytime.

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01:47 With that, it's my pleasure to turn things over to NCQA manager in NCQA's Performance Measurement Department, Keirsha Thompson. Keirsha, the floor is yours.

The BIG Idea

High quality care
is equitable care

No quality
without equity

Build equity into
all NCQA
measures and
programs

30 Keirsha Thompson: 01:58

Thank you so much, Andy. Good afternoon, everyone. It's my pleasure to be here with you all today. So I'd just like to level set a bit before we dive into some detailed updates for you all.

02:08

At NCQA, we believe that high-quality care must be equitable care and that there's really no such thing as having quality without having equity as well. Equity is something that should naturally be steeped and embedded in everything we do. Therefore, it's imperative that we build equity into all of our measures, products, and programs at NCQA. That's the big idea that we're speaking to today. Next slide, please.

Addressing Health Equity with HEDIS

Goals



- **Bring transparency** to inequities in health care quality.
- **Promote inclusive approaches** to measurement and accountability.
- **Address social needs** to improve health outcomes.
- **Incentivize equity** with benchmarks and performance scoring.

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02:31 So with that in mind, NCQA has been working on an equity and HEDIS initiative, both focusing on individual measures but also cross-cutting topics. You can see the goals of this effort laid out here.

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02:43 We're focused on how our HEDIS measures can bring transparency to the inequities in care, promote inclusive approaches to measurement and accountability, address social risks to improve outcomes, and incentivize equity in terms of benchmarks and performance scoring. At a high level, this is what our equity-focused updates for measurement year 2023 are building towards in HEDIS. Next slide, please.

Today we'll cover...

Measurement Year 2023

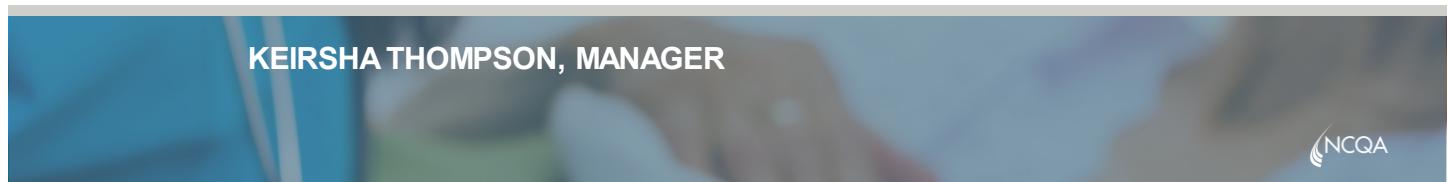
- “Tour of HEDIS”: Where components of equity work are reflected in the volumes, as it relates to:
 - Race Ethnicity Stratification
 - Social Needs Quality Measurement
 - Gender-inclusive Measurement
- Upcoming learning opportunities & resources

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50	03:09	Today my colleague Sarah Paliani and I will be covering a lot of ground with you all. Specifically, we'd like to take you on a tour of HEDIS and spotlight some key updates to the different components of our equity work in HEDIS measurement year 2023. We'll share details on the race and ethnicity stratification, our social needs measurement development work, as well as our efforts to advance gender equity in HEDIS.
55	03:31	Throughout the presentation, we'll also provide some previews of upcoming learning opportunities and resources that you can all be on the lookout for. Next slide, please.



Equity in HEDIS MY 2023
**Race and Ethnicity
Stratification**



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So with that, I'd like to just spend a few minutes discussing updates related to our race and ethnicity stratification first. Next slide.

Race Ethnicity Stratification Expansion

Measure List as of HEDIS MY 2023

Domain	Measure
Prevention & Screening	Immunizations for Adolescents
	Adult Immunization Status
	Breast Cancer Screening
	Colorectal Cancer Screening
Respiratory	Asthma Medication Ratio
Cardiovascular	Controlling High Blood Pressure
Diabetes	Hemoglobin A1c Control for Patients With Diabetes
Behavioral Health	Follow-Up After Emergency Department Visits for Substance Use
	Pharmacotherapy for Opioid Use Disorder
Access and Availability of Care	Initiation and Engagement of Substance Use Disorder Treatment
	Prenatal and Postpartum Care
Utilization	Well-Child Visits in the First 30 Months of Life
	Child and Adolescent Well Care Visits

Measures stratified for MY 2022

Measures to be stratified for MY 2023

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03:50 You might recall that in measurement year 2022, NCQA introduced the stratification to a select set of measures in order to hold health plans accountable for addressing disparities by race and ethnicity. Now we've added the strata to additional measures. This slide displays the full portfolio of stratified measures for the measurement year 2023 publication we released this past August.

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04:14 Measures shown here in green indicate those that we've just expanded the stratification to for this upcoming year. The measures in white were already stratified by race and ethnicity. In total, there are 13 measures that include the stratification.

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04:27 We're excited to share that these measures represent different measure domains and they capture range of conditions, populations, as well as various points along the care continuum, ranging from measures that capture preventive screenings to instances of follow up. So it's very exciting.

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04:43 Now you might be wondering how do we land on these measures? I will say that in part it was based on the evidence and guidelines and what they highlight about current disparities. But also we've seen a lot of interest in these measures from external stakeholders we've engaged with the past few years, including from measurement advisory panels to our equity in HEDIS expert work group, to other stakeholders who participated in our annual HEDIS public comment period.

90 05:09 Now it's also important for me to say that we aren't stopping here. NCQA plans to continue expanding the race and ethnicity stratification to additional measures in the coming years. You can look out for our next proposed list of measures to stratify in the annual HEDIS public comment period, which will be posted next February. Next slide, please.

Stay Tuned

Upcoming Project



Stratification is a tool for transparency, quality improvement and accountability.



Ongoing struggle to integrate race and ethnicity into structured quality reporting.



Need for practical insights and solutions, including baseline understanding of performance patterns.



95 05:30 Now I'd like to take a few moments to chat about some really exciting upcoming work that NCQA will be taking on, also related to the race and ethnicity stratification.

100 05:39 Because of our race and ethnicity work, NCQA has been in a really unique position the last few years to hear from stakeholders across the healthcare system about the different challenges and opportunities for raising race and ethnicity stratified reporting. We were the first national program to introduce this type of stratification as a standard tool in quality measurement for transparency, quality improvement, and accountability.

105 06:05 Now being early on that curve also meant we got to hear a lot of very interesting feedback from stakeholders who are excited about this, but they're struggling with how to do it in practice. There are lots of questions about the data, the data sources, and how to interpret it all.

105 06:20 What we've really heard is that stakeholders are eager for very practical insights and solutions. They want to know what are the processes that

they can put in place to bring different parts of their organizations together and link it all to support quality measure reporting.

110 06:34 What are the data infrastructures that they need to navigate this? Then how can they use the race and ethnicity data to actually inform focused quality improvement initiatives and reduce disparities?

06:46 Then there are other stakeholders who are very eager to get a first look at performance patterns. They want to know what does this look like in terms of where the gaps are and what the current state of the data is.

115 06:58 NCQA aligns with these stakeholders in that we're also extremely interested in really grappling with these questions and these topics. Therefore, we plan on investigating all these uncertainties around the data and how organizations can successfully integrate the stratification into their systems and processes.

120 07:14 So in the near future, we envision working with plans to learn more about the key quantitative and qualitative questions as far as where the race and ethnicity data currently stands.

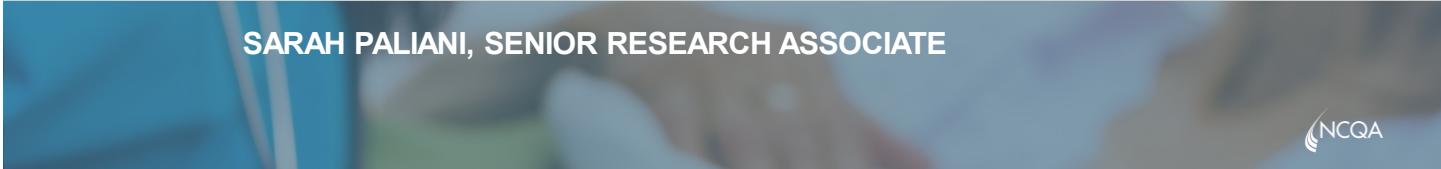
125 07:24 So quantitatively, we really want to get a sense of plans' ability to report on the stratification, see preliminary performance rates and variations by racial and ethnic subgroups, and also explore data source and completeness.

130 07:39 On the qualitative side, we hope to hear from organizations how it is that they're achieving the stratifications operationally. For example, what processes, procedures, organizational improvements, or even technical standards did they have to implement to get at the recent ethnicity data? What challenges did they have to overcome and what outstanding needs have they identified that would support them in this work as they seek to really integrate the stratification?

135 08:04 So that's all I'm going to say on this for now, as the details of this work are still being parsed out internally. But please definitely stay tuned for more information on this in the future. We have a lot more to come here in terms of this race/ethnicity stratification. With that, I will turn the presentation over to my colleague, Sarah Paliani. Thank you very much.



Equity in HEDIS MY 2023
**Social Needs Quality
Measurement**



SARAH PALIANI, SENIOR RESEARCH ASSOCIATE

 NCQA

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Sarah Paliani: 08:28

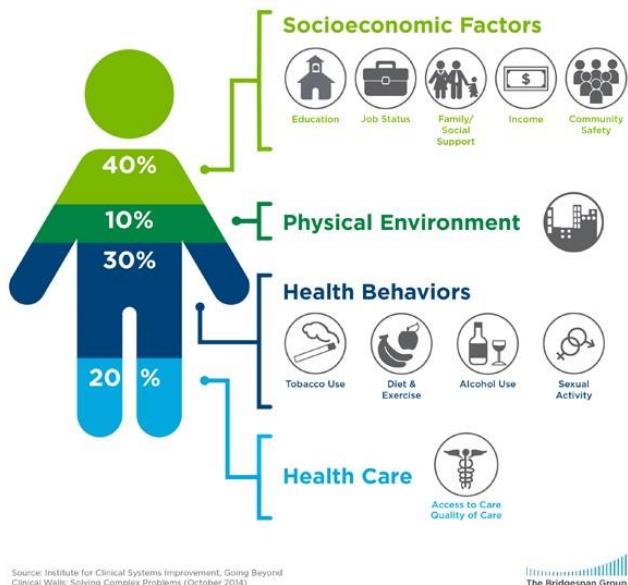
Thanks, Keirsha. I'm now going to provide a quick primer on how HEDIS is approaching social needs quality measurement in measurement year 2023 and beyond, with a specific focus on our new social needs screening and intervention measure, which was just released in the most recent HEDIS volume.

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Why Address Social Needs?

Social factors drive health outcomes

What Goes Into Your Health?



The Bridgespan Group

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08:51

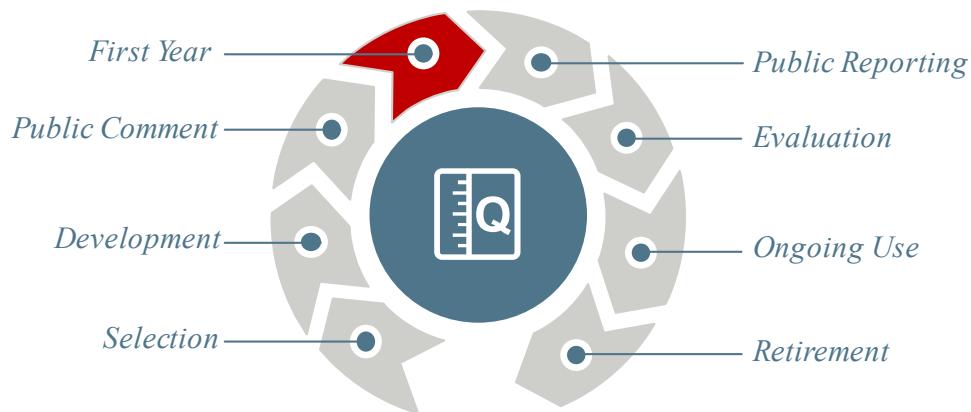
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So first, briefly to touch on the why here, why address social needs? While we know that health is about more than just clinical or behavioral factors, that a substantial contribution to health outcomes may be attributed to social factors. Further, that these social factors are driving many of the disparities in care and outcomes that we seek to eliminate. So to truly advance outcomes and pursue health equity, we need to be thinking beyond just clinical factors and start to think about social factors in quality measurement as well.

HEDIS Measure Development Process

New social need screening and intervention (SNS) measure status



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09:29 So to that end, NCQA recently developed a new measure looking at social needs screening and intervention. What you see here is our HEDIS measure development process, which I know may be familiar to some here. But we start by selecting a high-priority measurement topic, in this case social needs. We conduct the research, development, and testing to bring that new measure concept to life, post the measure to public comment to gain stakeholder feedback before actually publishing the new measure in HEDIS.

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10:03 So this new social need screening measure was really born out of our prioritization of equity and addressing social determinants of health and measurement that Keirsha spoke to. It was developed and tested last year and posted for public comment in the spring of this year.

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10:21 So this measure was officially published in August in the measurement year 2023 HEDIS volume. 2023 will be this measure's first year in use with health plans.

Measure Specification

Social Need Screening and Intervention (SNS)

Measure Description

The percentage of members who, during the measurement period, were screened at least once for unmet food, housing and transportation needs using a pre-specified screening instrument and, if screened positive, received a corresponding intervention.

Six Indicators:

1. Food Insecurity Screening
2. Food Insecurity Intervention
3. Housing Screening
4. Housing Intervention
5. Transportation Insecurity Screening
6. Transportation Insecurity Intervention

Product Lines

Commercial, Medicaid, Medicare

Reporting Method

Electronic Clinical Data Systems

Exclusions

Hospice

I-SNP

LTI

Age Stratification

- ≤ 17
- 18-64
- 65+

10:37

The social need screening and intervention measure assesses the percentage of members who during the measurement period were screened at least once for unmet food, housing, and transportation needs using a pre-specified instrument and, if screened positive, receive a corresponding intervention. So the measure has six indicators, one each for screening and intervention for each of the three social needs.

11:01

The measure will be reported by Medicare, Medicaid, and commercial plans using electronic clinical data systems, which I'll talk a bit more about momentarily. Individuals are excluded from the measure if they are in hospice, enrolled in institutional special needs plans, or are in long-term care institutions. The measure is specified for all age ranges, but rates are reported stratified by age. So plans report rates for children, adults, and older adults.

Different Reporting Methods for HEDIS

	<u>Method</u>	<u>Data Source</u>
	Administrative Method: Transaction Data	<i>Enrollment, Claims, Encounter</i>
	Hybrid Method: Administrative + Sample	<i>Manual Medical Record Review</i>
	Survey Method	<i>CAHPS®, Medicare Health Outcomes Survey</i>
	Electronic Clinical Data Systems Method	<i>Enrollment, Claims, Encounter, EHRs, Registries, Case Management</i>

11:39 Now I just mentioned this measure is reported via electronic clinical data systems, ECDS. I know many on this call are probably familiar with this method, but for those who may be less familiar, there are a few different methods of reporting HEDIS measures. Some are reported using the administrative method, which rely on enrollment claims or encounter data. Some measures are reported using the hybrid method, which rely on manual record review in addition to administrative data.

12:09 Some are reported using survey data. Then we have measures reported using electronic clinical data systems method. These measures rely on administrative and clinical data that may live in various electronic systems like EHRs, case management systems, clinical registries, et cetera.

Social Needs Electronic Data Standards

Gravity Project



- A national public collaborative that develops consensus-based data standards involving social determinants of health (SDOH).
- NCQA's Social Need Screening and Intervention measure aligns with current Gravity Project data elements.

Confidential - Do Not Distribute

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200	12:34	So as a measure that does use electronic data, we developed this measure with close attention to the most current electronic data standards related to social determinants of health data, to ensure that the data elements actually exist to support this measure.
205	12:50	So we've aligned this measure and its components with the standards coming out of the Gravity Project. For those who aren't familiar, the Gravity Project is a national multi-stakeholder initiative to develop consensus-based standards in the social determinants of health space. Gravity brings together stakeholders and subject matter experts from a wide range of fields and disciplines to identify the SDOH data elements that need to be able to be captured and exchanged in electronic data, and then develops the terminology, the vocabulary necessary to do so.
210	13:30	So Gravity has done the work of developing standards and electronic terminology for documentation of social need screening, diagnosis, goal setting, and intervention. They began with some of the domains you see here, food, housing, and transportation, which are obviously the focus of this measure, but have also built out standards for additional social need domains as well. So these are really the standards to which this new measure is built and around which we've defined each component of this measure.
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Screening Indicators

Allowed Instruments

Numerator: Members with 1+ documented result on food/housing/transportation screening

Denominator: Members 0+ continuously enrolled during MY

Screening Instruments (Documented via LOINC):

- Accountable Health Communities
- AAFP Social Needs Screening Tool
- Health Leads Screening Panel ^{®1}
- Hunger Vital Sign [™]
- PRAPARE
- Safe Environment for Every Kid(SEEK)
- We Care Survey
- WellRx Questionnaire
- Housing Stability Vital Signs [™]
- Comprehensive Universal Behavior Screen (CUBS)
- PROMIS
- USDA Food Security Survey

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14:10 So with that as background, I am now going to dive into a little bit more detail about exactly what this measure assesses, starting with the screening indicators.

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14:23 The denominator for the three screening indicators of this measure is health plan members of any age, excluding those who meet exclusion criteria. The numerators assess the members in the denominator who have at least one documented result on a screening instrument for food, housing, and transportation respectively.

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14:45 Screenings count towards the numerator if they were conducted using one of a list of pre-specified screening instruments you see here. So you'll see the accountable health communities, health-related social needs screening tool, health leads, PRAPARE, et cetera.

Intervention Indicators

3 Intervention Indicators (Food, Housing, Transportation)

Interventions defined by Gravity

Project value sets, and fall into 8 categories of intervention type.



Members who **received a corresponding intervention with in 30 days** of first positive screen

Members with at least 1 positive result for food, housing, transportation

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15:10

So now I'll move on to the intervention indicators of this measure. The intervention indicators assess among the subset of members who screen positive for food, housing, or transportation the percent who receive a corresponding intervention within 30 days of the first positive screen during the measurement year. The interventions included here are defined in value sets, which are referenced in the specification. The interventions are categorized into eight types, including assistance, assessment, coordination, counseling, education, evaluation, provision, and referral.

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15:46

So the interventions included here are those which have been defined by the Gravity Project standards as appropriate for each social need domain. Within each of these categories in the value sets defined in the measure, you'll find the individual intervention types that account for each domain.

Tour of HEDIS Impact

Volume 2: Technical Specifications for Health Plans

Volume 2 Narrative Specification

Outlines specific reporting requirements for each measure rate.

Social Need Screening and Intervention (SNS-E)	
SUMMARY OF CHANGES TO HEDIS MY 2023	
<ul style="list-style-type: none">• This is a first-year measure.	
Description	<p>The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.</p> <ul style="list-style-type: none">• <i>Food Screening</i>. The percentage of members who were screened for food insecurity.• <i>Food Intervention</i>. The percentage of members who received a corresponding intervention within 1 month of screening positive for food insecurity.• <i>Housing Screening</i>. The percentage of members who were screened for housing instability, homelessness or housing inadequacy.• <i>Housing Intervention</i>. The percentage of members who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness or housing inadequacy.• <i>Transportation Screening</i>. The percentage of members who were screened for transportation insecurity.• <i>Transportation Intervention</i>. The percentage of members who received a corresponding intervention within 1 month of screening positive for transportation insecurity.

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16:11

So now I will briefly share where in HEDIS you'll find this new measure. You'll first find this new measure in HEDIS Volume 2, which includes the narrative specification for the measure. This measure is located in the section of measures reported using electronic clinical data systems. The specification outlines all of the details of the reporting requirements and lists each data element that's required for reporting on this measure.

Tour of HEDIS Impact

Volume 2: Technical Specifications for Health Plans

Volume 2 Narrative Specification

References value sets to support identification of interventions.

Value Sets:

- NCQA_Hospice-2.0.0
 - Hospice Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1761>)
 - Hospice Intervention (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1762>)
- SNSE_HEDIS_MY2023-1.0.0
 - Food Insecurity Procedures (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2262>)
 - Homelessness Procedures (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2410>)
 - Housing Instability Procedures (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2412>)
 - Inadequate Housing Procedures (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2411>)
 - Transportation Insecurity Procedures (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2264>)

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16:44

The narrative specification also includes a list of the value sets necessary to identify interventions. So all those interventions I just talked about are defined in these value sets. You can locate the individual codes included in those value sets in the value set directory that accompanies the volume.

Tour of HEDIS Impact

Volume 2 Digital Specification

Digital Measure Specification

Includes human -readable and machine-readable digital version of the measure specification.

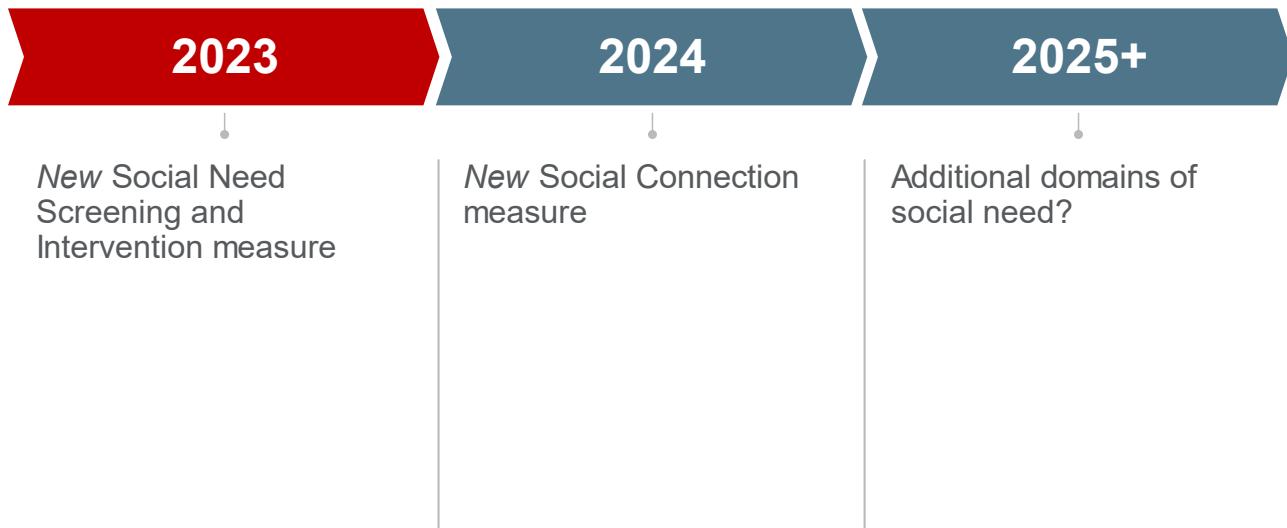
Measure title	Social Need Screening and Intervention	Measure ID	SNS-E
Description	<p>The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.</p> <ul style="list-style-type: none">• <i>Food Screening</i>. The percentage of members who were screened for food insecurity.• <i>Food Intervention</i>. The percentage of members who received a corresponding intervention within 1 month of screening positive for food insecurity.• <i>Housing Screening</i>. The percentage of members who were screened for housing instability, homelessness or housing inadequacy.• <i>Housing Intervention</i>. The percentage of members who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness or housing inadequacy.• <i>Transportation Screening</i>. The percentage of members who were screened for transportation insecurity.• <i>Transportation Intervention</i>. The percentage of members who received a corresponding intervention within 1 month of screening positive for transportation insecurity.		

17:04

Then, lastly, as a digital measure reported using electronic clinical data systems, there is a companion digital specification for this measure, which includes the human-readable and machine-readable version of the digital measure specification.

Social Need Measurement Moving Forward

Expanding social need focus to additional domains



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17:24

So to briefly end by touching on timeline for this measure, before I move on to the next topic and where we go from here, so 2023 will be this new measure's first year in HEDIS, after which we'll conduct first year analysis. But beyond that, we're thinking through measurement of additional high-priority social need domains like social connection and potentially others in future measurement years. So you can expect to potentially see NCQA explore additional measurement in this space with additional social need domains in the future.

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Equity in HEDIS MY 2023
**Gender-Inclusive
Measurement**



SARAH PALIANI, SENIOR RESEARCH ASSOCIATE

NCQA

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18:07

All right, so I'm going to shift gears now a little bit and turn to the topic of how NCQA is approaching gender-inclusive measurement and changes we have initiated recently to make existing HEDIS measures more inclusive from a gender perspective.

Advancing Equity and Inclusion in HEDIS

Sexual Orientation and Gender Identity

High quality care must be equitable care.

How do we take action towards health equity for LGBTQ+ and gender diverse persons?

Current State of HEDIS

- Treats gender as a binary (Male, Female); no acknowledgement of other gender identities.
- Exclusionary in language and practice
 - *Example:* “Deliveries in which women...”
 - *Example:* “percentage of women screened for cervical cancer”
 - *Example:* Measures reported by HEDIS vendors use gender values; members without a value of M or F may be left out of reporting altogether.
- Silent on needs of LGBTQ+ population

Goals for Future State of HEDIS

- Less exclusive measures
- More intentionally inclusive measures
- Measure concepts that are meaningful to communities and help move the needle on barriers to care and disparities for sexual and gender minority populations.

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280	18:27	So for some background here with our goal, our mission statement that high-quality care must be equitable care, we are now in the process of evaluating how do we take action towards equity for gender-diverse persons. So our first step was really to evaluate the current state of HEDIS and identify what it was that we needed to change to get HEDIS to get us to where we want to be.
285	18:56	So previously, HEDIS treated gender as a binary, referencing sex and gender interchangeably with binary values of male and female and a lack of clarity on exactly which concept gender or clinical sex is meant to be captured in measures, and with really no acknowledgement of other gender identities.
290	19:19	So the results of this is that this approach results in gender-diverse individuals potentially being systematically left out of measurement. For example, measures related to pregnancy or reproductive health may be limited to women, which may exclude individuals who don't have woman listed as gender on record, but nonetheless require prenatal care or preventive care like cervical cancer screenings. This also entirely excludes individuals who have something other than male or female listed as gender on record from reporting.
295	19:51	So we want to move towards a state that is informed by best evidence, best practices, and evolving standards for documentation of gender identity and clinical sex. We want HEDIS measures to be less exclusive
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and eventually more intentionally inclusive with measurement of concepts that are really meaningful to gender and sexual minority populations and that are intentionally promoting disparities reduction for these populations.

Gender-inclusive Measurement

Opportunities to Improve- a Phased Approach

MY2023
published
Aug 2022

Phase 1: Gender and Pregnancy

- HEDIS refers to female pregnancy/deliveries; excludes trans & non -binary individuals

MY2024
published
Aug 2023

Phase 2: Gender-based Eligible Populations & Stratifications

- Go back to intent – gender vs. physiology
- Alignment with practice guidelines for transgender and gender -diverse members

MY2025
published
Aug 2024+

Phase 3. Gender in Risk Adjustment

- How do we account for broader set of variables?

Phase 4. Sexual Orientation

- How can we address quality of care and disparities for SGM populations?

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24 | NCQA

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20:22 So to do this, we planned out the implementation of this work into four phases across the next few years, starting with measurement year 2023, the most recent HEDIS volume. We started with how HEDIS addresses gender in relation to pregnancy, which I'll talk a bit more about momentarily, and from there, plan to work through measures which have gender-based eligible populations or those which are stratified by gender, moving to looking at how gender is approached in risk adjustment, and finally moving into how we might address disparities in care by sexual orientation.

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20:59 So I'm going to walk through the changes that were implemented in measurement year 2023 that you'll notice in the most recent HEDIS volume, related to how HEDIS handles gender in relation to pregnancy.

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21:12 So for context, HEDIS has a set of measures related to quality of care surrounding pregnancy and deliveries, as well as an exclusion for pregnancy that is applied across several measures. These typically refer to deliveries among women and pregnant women, excluding transgender and gender-diverse persons who experience pregnancy and deliveries.

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So we made several changes which aimed to address this issue in the most recent HEDIS volume. Next slide.

Measures Updated

MY 2023 Updates

Category	Measure
Delivery-based Measures	Prenatal and Postpartum Care
	Prenatal Immunization Status
Pregnancy Exclusion	Controlling High Blood Pressure
	Hospitalization Following Discharge From a Skilled Nursing Facility
	Plan All -Cause Readmissions
	Statin Therapy for Patients with Cardiovascular Disease
	Statin Therapy for Patients with Diabetes
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

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21:47

Great. So these are the measures which were affected by these changes, which really fall into two categories: delivery-based measures and measures with a pregnancy exclusion. So we have prenatal and postpartum care and prenatal immunization status, which fall into this delivery-based measures category. These measures were revised to reflect deliveries among members versus deliveries among women, to acknowledge that not just women experienced deliveries.

22:15

Then we have this set of measures from which pregnant women were previously excluded. This exclusion language was revised to exclude pregnant members, to again acknowledge that not just women experienced pregnancy. We hope that these changes really ensure that all of the individuals that should be included in the denominators for these measures and be assessed for the quality of care that these measures assess are included.

Tour of HEDIS Impact

Volume 2: Technical Specifications for Health Plans

Volume 2 Specifications: Delivery-based Measures

Delivery-based measures revised to be inclusive of all members who give birth (vs. limited to women).

Prenatal and Postpartum Care (PPC)

SUMMARY OF CHANGES TO HEDIS MY 2023

- Replaced all references of "women" to "member" throughout the measure specification.
- Added a required exclusion for members who died during the measurement year.
- Clarified continuous enrollment requirements for step 2 of the Timeliness of Prenatal Care numerator.
- Revised the "Other" criteria in the Nonclinical Components table under *Rules for Allowable Adjustments of HEDIS*.
- Revised the "Required exclusions" criteria in the Clinical Components table under *Rules for Allowable Adjustments of HEDIS*.

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345

22:46 So you'll find these changes reflected throughout volume two in the specifications for delivery-based measures. Here's a snapshot of prenatal and postpartum care with the summary of changes at the top of the specification, highlighting that women was changed to members throughout the specification.

23:06 You'll also see this reflected in the specifications for measures which have a pregnancy exclusion. On the next slide, for example, we see statin therapy for cardiovascular disease here.

Tour of HEDIS Impact

Volume 2: Technical Specifications for Health Plans

Volume 2 Specifications: Pregnancy Exclusions

Delivery-based measures revised to be inclusive of all members who give birth (vs. limited to women).

Statin Therapy for Patients With Cardiovascular Disease (SPC)

SUMMARY OF CHANGES TO HEDIS MY 2023

- Clarified in the "Event/diagnosis" criteria that required exclusions are not a step.
- Replaced the reference to "female members" with "members" in the pregnancy required exclusion.

Required exclusions

Exclude members who meet any of the following criteria:

- Members with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or the year prior to the measurement year.

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So the exclusion language now reads members with a diagnosis of pregnancy versus previously female members with a diagnosis of pregnancy.

Future Directions for Gender-inclusive Measurement

Opportunities to Improve- a Phased Approach

MY2023
published
Aug 2022

Phase 1: Gender and Pregnancy

- HEDIS refers to female pregnancy/deliveries; excludes trans & non-binary individuals

MY2024
published
Aug 2023

Phase 2: Gender-based Eligible Populations & Stratifications

- Go back to intent – gender vs. physiology
- Alignment with practice guidelines for transgender and gender-diverse members

MY2025
published
Aug 2024+

Phase 3. Gender in Risk Adjustment

- How do we account for broader set of variables?

Phase 4. Sexual Orientation

- How can we address quality of care and disparities for SGM populations?

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355	23:32	So this was the start of our planned work here. There is still much left to do to address gender inclusivity in HEDIS. So from here, we have really set our sights on beginning to tackle the set of measures which have gender-based eligible populations. So these are measures which have eligible populations currently defined as men or women, or which have rates reported among both men and women.
360	24:01	What we hope to do is to evaluate the intent of these measures. So whether it is the concept of gender or clinical sex intended to be captured in these measures, typically clinical sex, and really bring the measure into greater alignment with that intent and also into alignment with current guidelines for care of transgender and gender-diverse persons.
365		

Gender-based Eligible Populations

Consequences of Specification



- Does not capture individuals who do not have documented MF gender



- Contributes to disparities in care by omitting gender-diverse members in need of services from quality targets and improvement efforts



- Updates to guidelines and new electronic and clinical data sources may provide opportunity to address past barriers

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24:25 We're pursuing this because currently the way HEDIS measures are reported, members without a binary male/female gender value or whose values are perhaps unclear or change over time may not be reported in HEDIS performance rates, which means that we're really missing a view into quality for this population.

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24:47 Relying on the current approach to gender in HEDIS may also inadvertently contribute to disparities in care. HEDIS measures are used to set quality targets and guide improvement efforts, and by omitting trans and other gender-diverse members in need of these services, they may not be included in QI or other intervention efforts.

25:07

We're also faced with an evolving guideline and data environment. So leaving measures as is just might not reflect best evidence and most reliable data for measurement now.

Gender-based Eligible Populations

Current HEDIS Measures which Require Revision

Measure	Data Source	Measure Language
Statin Therapy for Patients with Cardiovascular Disease	Administrative	Males 21–75 years of age and females 40–75 years
Osteoporosis Management in Women Who Had a Fracture	Administrative	The percentage of women 67–85 years of age who
Osteoporosis Screening in Older Women	Administrative	The percentage of women 65–75 years
Breast Cancer Screening	Administrative ECDS	The percentage of women 50–74 years
Cervical Cancer Screening	Administrative Hybrid	The percentage of women 21–64 years of age who were screened for cervical cancer
Chlamydia Screening in Women	Administrative	The percentage of women 16–24
Non-Recommended Cervical Cancer Screening in Adolescent Females	Administrative	The percentage of adolescent females 16–20
Non-Recommended PSA-Based Screening in Older Men	Administrative	The percentage of men 70 years and older

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25:20 So here you can see the list of current HEDIS measures that have that gendered eligibility language. There are a wide range of measures here, some you'd expect, like measures of cervical breast and prostate cancer, but also measures related to osteoporosis and statin therapy.

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25:37 There are eight in total that we're exploring changes to. We likely won't address all of these at once, but you can expect to see some of these changes rolled out to these measures over the next few years.

25:52 So with that, we're going to pause and open it up for questions here. I'll turn it over to Andy to facilitate our Q&A.



Questions

390

Andy Reynolds: 26:03

Thank you, Sarah. You probably need a break by now. You've been talking for a few minutes. So I'd like to turn things over to Keirsha, for Keirsha to knock out some of these questions that have come in. We encourage the audience to keep your questions coming. Then, Sarah, you can take a breath and we'll bring you back into the game.

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26:23

So, Keirsha, one question that has come in concerns unknown values, specifically will unknown values for race and ethnicity be deemed indirect even if they come from direct sources? Keirsha, what can you tell us on that?

400

Keirsha Thompson: 26:39

Thank you so much, Andy. Thank you for that question, too. So, yes, if the data cannot be validated as coming from a direct source, so, for instance, if we know for sure that the data came from, say, the member declined or checked off, choose not to answer or prefer not to say, or an equivalent response, then that would be considered as asked but no answer, indirect. But if the data in any other case could not be validated as direct, even though it's unknown, then it will be considered as unknown and indirect in that case.

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27:12

So it really all depends on if we can validate where the response is coming from exactly. That'll be the deciding factor ultimately, and whether it's unknown or asked but no answer.

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	Andy Reynolds:	27:25	Okay. Thanks, Keirsha. Another question for you has to do with a big picture question, and that is do you have any recommendations for strategies, strategies for obtaining race and ethnicity data? Any how-to-do-it tips?
415	Keirsha Thompson:	27:39	Yeah, that's another great question. So I would say, at a high level, we would definitely suggest that all organizations prioritize sources that are higher reliability, more granular sources. We definitely strongly encourage plans to report directly collected data when possible, when available. We really emphasize the importance of improving completeness of that direct or patient self-reported gold standard data.
420		28:07	I will say too that we are ... As I mentioned, that project I spoke about very briefly, we are going to be working through our research internally in ways to help share tools or any guidance when possible to help provide some more concrete recommendations on this, too. So please stay tuned for that. But those are some of our higher level recommendations for you all.
425	Andy Reynolds:	28:28	Thanks. Sarah, why don't we go over to you? Viewer notes that for the social needs measure, the measure requires that members be screened at least once during the measurement period. The question is does this require that the health plan be the one to do the screening, or are results from a provider screening acceptable? Sarah, what's the word on that?
430	Sarah Paliani:	28:53	Sure. So the measure doesn't specify who is administering the screening. So screenings that are administered at the health plan level by providers, by community organizations would all count towards this measure. The requirement is that the plan have access to the screening results in electronic clinical data systems in order to report this measure as an electronic clinical data systems reported measure. So, no, it does not have to be the health plan. Screenings conducted by other entities also count for the measure.
435	Andy Reynolds:	29:30	Okay. Sarah, while we have you, can you give us examples of data elements that relate to social determinants of health?
440	Sarah Paliani:	29:38	Sure. So the data elements that are of interest or are the focus of this measure would include screening results and intervention procedures, I guess, you could call. So screening results are typically documented using LOINC codes, which is a vocabulary that's used to document assessment results in electronic systems and interventions. Intervention data elements are typically documenting using what are called SNOMED or CPT codes, which are procedure codes used to document procedures and other interventions of this nature.
445		30:21	So those are the data elements that are really of interest or are the subject of this measure. Certainly, there are other data elements related to social determinants of health. You might see social need diagnosis codes and other things, but those screening and intervention data elements are what we're focusing on here.
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455	Andy Reynolds:	30:40	Thanks. Keirsha, why don't we go back over to you? A viewer would like to know something regarding geolocation. Geolocation.
	Keirsha Thompson:	30:47	Yes.
	Andy Reynolds:	30:48	The question is do you have any guidance, any advice regarding use of geolocation to determine race and ethnicity and to protect patient or sensitive information? Keirsha, what's the word on geolocation?
460	Keirsha Thompson:	31:00	Yes. So the word of the day. No. Yeah, so when applying any of those indirect data methods that involve assignment of race or ethnicity based on geographic data, members' location of residence, the smallest geographic unit possible is preferred. For example, any geographic assignment at the census block level is likely to be more accurate than an assignment using census tract or zip code-level data. So I think that would be the main takeaway there, the main recommendation from us.
465		31:31	I would also say again that whether sources are indirect or direct, but the data sources and methods should always be evaluated for liability and validity. A selection of a source and method should also be prioritized based on demonstrated validity and reliability for that specific population. So definitely checking validity against the specific population you're looking at is definitely another thing I would focus on as well. Thank you for that question.
470	Andy Reynolds:	32:02	Keirsha, another question for you has to do with what's coming or how much might things change, and it is. Will the stratification field such as race and ethnicity and the categories such as Pacific Islander, Asian, Black, et cetera, will these remain the same? Will they be consistent going forward? Keirsha, what can we expect?
475	Keirsha Thompson:	32:23	Yes.
480	Andy Reynolds:	32:23	What can we expect?
485	Keirsha Thompson:	32:25	Yeah, so right now, yes, the plan is that we plan on keeping the categories consistent for both race and ethnicity. I will say that we intend to continue to align with the OMB, generally. So unless something changes drastically in terms of the categories externally at the OMB level, we plan to remain consistent year to year.
	Andy Reynolds:	32:45	Okay.
	Keirsha Thompson:	32:47	Great Question.
490	Andy Reynolds:	32:48	Sarah, let's go back over to you. Must the assessment screening be performed and documented during the measurement year? In other words, is this screening required yearly?

	Sarah Paliani:	33:02	Yes. So the measure requires that the screening occurs at least once during the measurement year. So each member in the denominator would need to have at least one screening result documented within the measurement year. And so, that would be an annual occurrence.
495	Andy Reynolds:	33:25	Okay. Shifting gears a little bit, do you anticipate the administrative method for measurement being Z codes?
500	Sarah Paliani:	33:33	So that's a good question on Z codes. So Z codes, for those unfamiliar, are diagnosis codes for documentation of social needs. Currently, Z codes are not included in this measure specification. So they're not a way of identifying social need screenings for a couple of reasons.
		33:55	One, Z codes do not enable identification of a specific screening instrument. So we've limited this measure to a set of standardized social need screening instruments, and Z codes do not enable you to identify what screening instrument was implemented.
505		34:15	The second reason is that Z codes don't enable the documentation of a negative screening. So you wouldn't be able to calculate your total screening rate using a Z code because you're not able to see who was screened and actually had a negative result. So at this point, Z codes are not a part of the reporting for this measure.
510	Andy Reynolds:	34:39	Sarah, you mentioned ECDS. We have a question on ECDS, so why don't we turn this question to you? The question is where can people find the value sets for the ECDS measures? Do people need to buy those in addition to HEDIS Volume 2?
515	Sarah Paliani:	34:57	So my understanding is that the value set directory is a document that is included as a part of the HEDIS Volume 2 publication. So I believe it should be a supplementary material with that volume. I will triple-check that and confirm that I'm correct about that before the end of this webinar, hopefully, or follow up afterwards.
520	Andy Reynolds:	35:27	Now, Sarah, you're just going to show off your multitasking ability if you're going to check something while you answer questions. So we'll let you do that. Keirsha, back over to you. A question about completeness. When will a completeness threshold, a completeness threshold, be put in place for direct data?
525	Keirsha Thompson:	35:46	Yeah, another good one. I know that was going to come up. So I will say that we don't yet have a specific timeline on when we're going to enact any data completeness thresholds yet for this stratification, but we are actively having internal conversations around when we should implement data source and/or data completeness thresholds.
530		36:05	I will say that when NCQA does decide on a timeline, we will first put that timeline forth as a proposal in the annual HEDIS public comment period, just so that stakeholders, so you all can share your reactions and voice

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any questions that might come up. But we won't enact any sort of data threshold for the stratification without providing ample notice to HEDIS users and implementers, for sure. So that's a great one. Thank you for asking.

Andy Reynolds: 36:29

Keirsha, we also have a question about cohorts. Will NCQA publish performance by cohort for eligible measures? Is NCQA expecting to compare plan performance using these cohorts?

Keirsha Thompson: 36:44

Good question. I will say that we are still internally thinking through based on ... We have to conduct, as part of the typical HEDIS cycle, the first year analysis before we can figure out whether or not, one, the stratified rates in these measures should be publicly reported. So after we conduct those analyses and make a determination as to whether or not we should publicly report, the measures with the stratified rates and the affected measures, then we'll make a decision about cohorts and all of that afterwards. So still TBD, but please stay tuned on a more concrete answer on that in the future.

Andy Reynolds: 37:19

Okay. Sarah, I believe it was you who mentioned LOINC codes earlier, so why don't we funnel this question to you? Do LOINC codes need to be billed to count or just recorded?

Sarah Paliani: 37:37

My understanding is LOINC codes typically wouldn't be included on a claim. So LOINC, they just have to be documented and recorded. There's no requirement that they are billed or paid to count for the measure.

Andy Reynolds: 37:54

No requirement. Okay. Sarah, we have a question that has come in about observations from a viewer who notes that they are in a very rural area and collecting the kind of information we're talking about on this webinar can be hard. So do we have a toolkit or any tips or education for frontline staff about collecting data given the difficulty in certain parts of the country, in certain communities of collecting this information?

Sarah Paliani: 38:31

Yeah. So I think this probably applies across a lot of what we've talked about, the topics we've talked about today. NCQA ourselves don't have yet a resource guide on best practices for collecting this type of information. But a lot of organizations who really work deeply in these clinical and topic areas have produced really helpful resources.

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So, for example, the Fenway Institute has some really good resources out there about collecting SOGI and best practices for collecting SOGI from patients. So I think there are ample resources out there that we would recommend or turn you to take a look at what others have recommended as far as best practices for cultural competency and collecting this information.

Andy Reynolds: 39:31

Okay. Sarah, I'll stick with you. I'm going to pass along a question as it has come in, and there will be some acronyms to translate, please. That is are VSD codes used for the SNS/E typical codes that providers are

575		currently dropping, or will there be a lot of education on coding needed? So, Sarah, please define for us or remind us what VSD codes are, and that SNS/E typical codes education coming.
580	Sarah Paliani: 40:01	Sure. So the VSD, the value set directory, includes all of the value sets that are used to report our measure. In the context of SNS/E, the social need screening and intervention measure, the value set directory includes a set of value sets with procedure codes for documenting social need interventions.
585		Now many of these codes are very new. So the Gravity Project, over the last few years, have been building out these code sets. So particularly for the transportation domain, for example, some of these codes are pretty new and probably are not yet in wide use by clinicians and organizations.
	40:26	
	40:48	So I think there is a level of adoption that will happen in terms of using these codes to document these activities in a standardized way. But they are types of codes that are widely in use by clinicians and other entities in electronic systems.
590	Andy Reynolds: 41:09	Okay. Let's stay with you, Sarah. A related question also about codes, regarding the social need screening measure. The measure suggests that providers use their own screening tools, but answers to the tools have to be in LOINC codes. That may be hard for health plans. Health plans may not be set up that way. So the question is can we map homegrown codes to LOINCs so that we can ingest the data for HEDIS? What do you say on homegrown codes?
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600	Sarah Paliani: 41:43	Sure. So the requirement for the specification is that the list of pre-specified screening instruments were used and identified using the LOINC codes that are specified in the measure. If an organization is currently using homegrown codes to document the accountable health communities screening tool, for example, or started documenting this before these LOINC codes even existed, you could certainly figure out your process for transitioning to the use of these LOINC codes for documentation of those screening instruments.
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	42:28	So the bottom line is that what you report to us has to be screenings identified using these LOINC codes. If there's internal work you need to do to transition from homegrown codes to those LOINC codes, that would certainly be suitable.
610	Andy Reynolds: 42:44	Okay. Keirsha, why don't we loop back to you? Can you tell us any more about other measures or measure areas where NCQA is considering adding race and ethnicity stratification, even a few years-
	Sarah Paliani: 43:01	Yeah.
	Andy Reynolds: 43:02	Yeah. So think big, looking where?

615	Keirsha Thompson: 43:03	Yeah, just where we're headed generally. Sure. So I will say that each year, as we continue to expand the stratification, we go through this rigorous process, if you will, where we consult with the disparities' literature and evidence, and then we also solicit input from various expert stakeholder panels, as well as get public comment feedback, I'm sure, from a lot of you all on here today about what measures or measure areas to focus on.
620	43:28	So we really heed that when we make these lists each year. We've gotten a lot of interesting feedback the past two years from plans, states, researchers, providers, et cetera, and that's shown us what specific areas are the priorities right now.
625	43:42	So I would say that going forth, measures focused on immunizations, cancer screenings, and behavioral health, including both those with a focus on substance use, but also mental illness-focused measures. I would say that overall those are the key measure topic areas that we're going to be really be looking at for expansion the next few years.
630	44:02	So definitely we're looking at getting at those measure areas and intend to make sure that we capture a wide variety of members across different populations, different age groups, different product lines, et cetera. So I'll say that's where we're headed. I hope that's helpful.
635	Andy Reynolds: 44:19	Okay. You touched on this a little earlier, but maybe you could say more or repeat for people who may be tuning in later. Do you have any information or updates on plans for data source and completeness threshold requirements?
640	Keirsha Thompson: 44:33	Data source and ... Yeah, so right now we're actively having internal conversations around when we should be implementing any data source and completeness thresholds requirements. But I will say that when we do decide on a timeline on how we want to execute the implementation of these data and completeness threshold requirements, we'll definitely put forth a proposal in one of our annual HEDIS public comment periods. We definitely invite you all to comment on that as we do that.
645	45:05	But we don't plan to enact any sort of data completeness thresholds or sourcing thresholds without providing you all a lot of advanced notice, I'll say. So still TBD overall, but we will definitely have more on that in the future for you.
650	Andy Reynolds: 45:23	Thanks, Keirsha. Sarah, back over to you. For categories that are gender specific, how will gender inclusivity be applied? Will all members fall into the denominator?
	Sarah Paliani: 45:37	So this is really the work that we are doing right now, is to figure out for measures like cervical cancer screening and breast cancer screening, prostate cancer, what do the guidelines say as far as who should receive

655			these screenings and how do we redefine the eligible population to bring in all of the people that should be included?
660	46:06		So the details as far as whether that means we're going to be relying on sex assigned at birth or specific gender identities being pulled in are still being worked through. But we're really taking into consideration what do the guidelines say as far as how this should apply to transgender and gender-diverse individuals? What are the data elements that are out there that enable us to identify different populations? Then what's going to be the most feasible and evidence-based way to capture the population that should be included?
665	46:45		So I don't have a specific answer necessarily, but just to give you a sense of some of the types of questions that we're working through and thinking about as we pursue this work.
670	Andy Reynolds:	46:56	Sarah, you mentioned sex assigned at birth. That bridges to the following question. Do you need gender assigned at birth and self-identified gender to ensure proper medical care?
675	Sarah Paliani:	47:11	Yeah. So I think where we come from is that we want our measures to really be assessing quality of care for individuals regardless of gender identity that is necessary and appropriate for every individual. Whether that means that the care should be determined based on gender identity or sex assigned at birth might look differently for different clinical topic areas, but again is something that we're working through. But I guess at a high level, I think, yes, thinking about providing gender-affirming care and gender-inclusive care would require really attention to an individual's gender identity.
680	Andy Reynolds:	48:09	Thanks, Sarah. Keirsha, why don't we go back over to you? Here's a question about case-mix adjustment. Case-mix adjustment. Is NCQA considering case-mix adjustment for any of the equity measures?
685	Keirsha Thompson:	48:25	Great. Another great one. Let me think about this a little bit. So I will say that while NCQA does case-mix adjust some of our measures, that's always based on evaluation and after testing and initial measure development. So it takes some time before we decide on whether or not to case mix based on measures. I don't know why that's such a hard term to say.
690	Andy Reynolds:	48:47	It is. It is.
	Keirsha Thompson:	48:50	But at this point in time, we don't include adjustment for race and ethnicity and don't intend to, at least at this point in time. However, we do overall see stratification, specifically this race and ethnicity stratification, as a really important tool to evaluate differences, of course, based on social risks.

695		49:06	So just, again, at this point in time, we don't foresee or intend to a case mix. But, yeah, that's all I'll say on that. Maybe down the road potentially, but for now the answer is no.
700	Andy Reynolds:	49:21	Okay. Sarah, you touched on this earlier, but a viewer would like some clarification. What if plans are using adapted or translated versions of screening tools? Adapted or translated versions of screening tools. What's your recommendation?
705	Sarah Paliani:	49:40	Sure. So organizations that are ... So the measure does not prohibit adaptation or translation. There are many reasons why an organization would need to adapt a tool for the needs of their specific population. The measure is limited to the instrument specified and the LOINC codes associated with those instruments.
710		50:05	That said, we encourage organizations to work with tool developers on what adaptations are allowed and permitted within the parameters that tool developers set out. Many tool developers have publicly available guidance on what adaptations are allowed to be made to a given tool and still be considered that tool. We've seen examples of organizations working with tool developers to get approval for specific adaptations.
715	Andy Reynolds:	50:39	So that is not prohibited. We just encourage organizations to really consult with tool developers on what's allowed.
720		50:51	Great minds think alike. Another viewer wants to know, "We have a tool that's not reflected in the specs, but I'd like it to be added. What do I do?" Adding tools not reflected in specs. Any specific advice there?
725	Sarah Paliani:	51:04	Sure. So for context on how we decided on the tools that are included in this measure, one, the tool had to be approved by the Gravity Project. So included on the list of instruments approved by the Gravity Project for each of these domains. The second was the availability of that terminology, the vocabulary to document the results of that screening.
730		51:34	Obviously we know this is evolving over time, so there are more and more screening instruments potentially that will have terminology available. We are monitoring that and plan to keep our measure in line with the most available terminology moving forward.
		51:50	That said, if you have a tool that you believe does belong in the measure that appears on the Gravity Project lists, I encourage you to submit it to us via our policy clarification system. I know we have a slide on how to do that in just a couple of moments.
	Andy Reynolds:	52:12	Well, actually that might be a good time to shift gears a little bit and present a little more information. But before we do that, why don't we get through a couple more questions? Sarah, we have a question on ... I'll just read it as it's come in. Are health plans allowed to add additional

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questions to screening instrument, or does the instrument need to remain in its original form?

Sarah Paliani: 52:42

So this one is a combo of the issue of adapting tools. So adaptations of specific screening questions that are specified in the measure would fall under the guidance of work with the tool developer to get approved for any adaptations you made.

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53:06

Additional questions would not appear in our measure because the way that this measure is specified is we look for ... On the hunger vital sign, you were asked about your food insecurity and what was your response to that question. If you add a screening item or a question, that's not going to be captured in our measure specification. So that would be something that you'd need to submit for consideration to be added to the measure.

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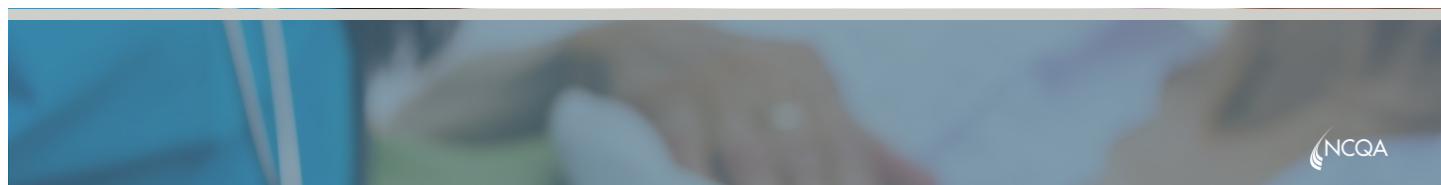
Andy Reynolds: 53:39

Got it. Thank you. Okay. Why don't we shift gears? I suggest we proceed with the extra information that I know Sarah and Keirsha wanted to share with our audience today. Then I'll wrap things up before the top of the hour.

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Where to learn more ...



Sarah Paliani: 53:55 Great. Next slide, please.

Want more details on HEDIS and equity?



Registration:
ncqasummit.com

Social Need Quality Measurement in HEDIS
Wednesday November 2, 3:30-4:20PM ET

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So I wanted to just share a little bit about some upcoming events. Many of you may have heard of our Health Innovation Summit, which will be happening later this fall.

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54:12 We will have a team presenting at the upcoming Health Innovation Summit. This particular session I've highlighted is focused on social need quality measurement in HEDIS. This is one of many sessions focused on HEDIS and one of many focused on health equity and social determinants of health. So if you haven't already, I encourage you to browse the agenda and register at ncqasummit.com. Next slide.

How to ask questions after today's Q&A

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Policy Program
Clarification Support

▶ **Ask a Question**

▶ **My Questions**

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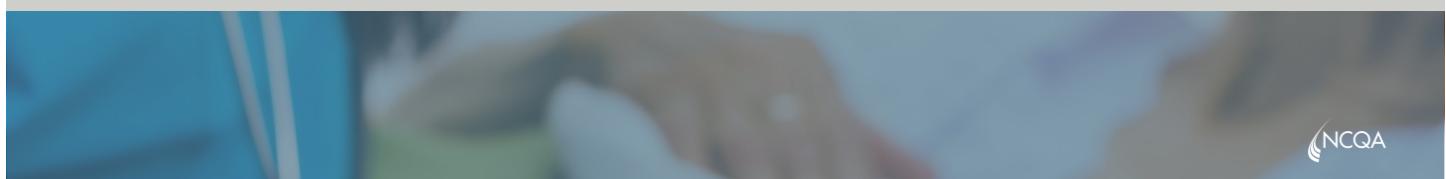
54:38

Then we just answered some questions. I know we may not have gotten to everything. So if you have any questions remaining after today, the best way to ask those questions on these topics is online at myncq ... Oops, I muted myself. So this slide here shows the order of things to click so that we get your question to the right person at NCQA quickly. So myncqa.org for remaining questions.

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Join our growing staff!



55:09

Then, lastly, I want to briefly share that NCQA has a number of new roles which we are hiring for, which we thought we'd share with this group.



ncqa.org/jobs

**Applied Research
Scientist,
Health Equity**

**Applied Research
Scientist,
Behavioral Health**

**Director,
Digital Measurement
Community**

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So we're hiring for several research scientists on our health equity and behavioral health teams, as well as a director of our digital measurement community.

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55:30 So we encourage you to review these postings, circulate them with your network if you know of individuals that you think would be interested and good fits for these roles. You can find those at ncqa.org/jobs. I'll turn it over to Andy to close us out.

Andy Reynolds: 55:48 Thank you. We do like to give people a little bit of time at the top of the hour to make their next appointment. So thank you, Keirsha, thank you, Sarah, for being with us, and thank you to our audience for joining us.

56:00 Let me add one last piece of information. We acknowledge that given the number of people on these large webinars, we are unable to get to all of the questions. And so, that's why we do urge you to consider joining the HEDIS user group. That's because the HEDIS user group gets a preview of this same information a few days earlier than these large webinars.

56:24 An advantage to that forum is it's a smaller group, and so we are able to get to more questions. It's more of a one-on-one or smaller group forum than we have on these large events.

56:38 Nevertheless, we hope you've enjoyed today's event. As we said at the beginning, we will email everyone who registered for this webinar a link to

the slides and a link to the recording. We look forward to having you back for our then 13th edition of the Future of HEDIS webinar. Thank you for joining us. Have a good day.