# Embracing HEDIS/Star Metrics

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# Lessons from Population Health: How Quality Metrics Work
# Our Speakers

- ***Mary Barton, MD,*** oversees the development, use, and maintenance of techniques National Committee for Quality Assurance (NCQA) uses. She ensures the scientific integrity of NCQA measurement and research. She also leads NCQA in winning and executing health care quality measurement contracts for federal and state governments. Before joining NCQA she was the scientific director of the US Preventive Services Task Force.

- ***Robert Smith, PhD,*** is a cancer epidemiologist and VP of cancer screening at the American Cancer Society. His primary research interests are cancer epidemiology, evaluation of cancer prevention and early detection programs, quality assurance in the delivery of health services, and cancer rehabilitation and survivorship.

- **Hannah Green, MPH**, is the national director of health policy for the American Lung Association (ALA). She oversees the Lung Association's policy work on access to care for lung disease patients, particularly in Medicaid and state marketplaces, and is the American Lung Association's expert on lung cancer policy and other lung health and healthcare system policies.

# Insurers earn $billions each year with higher metrics. Health insurer promotion has led to more preventive care.

- CMS provides quality bonus payments to Medicare Advantage contracts that meet certain quality standards measured under a quality rating system called Star Rating. Similar systems apply to ACA plans and Medicaid Managed Care

- Examples of Star metrics

  C01: Breast Cancer Screening

  C02: Colorectal Cancer Screening

  C03: Annual Flu Vaccine

  C12: Osteoporosis Management in Women who had a Fracture

  C13: Diabetes Care – Eye Exam

  C14: Diabetes Care – Kidney Disease Monitoring

  C15: Diabetes Care – Blood Sugar Controlled

https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/Star-Ratings-Technical-Notes-Oct-10-2019.pdf

# How would Providers and Payers Respond to a Population Health Metric for Lung Cancer Screening?
# Our Speakers

- ***Congresswoman Allyson Y. Schwartz***, a former member of the US House of Representatives from Pennsylvania who served from 2005-2015, is president and CEO of Better Medicare Alliance and a nationally recognized leader on health care issues. Better Medicare Alliance is the nation's leading research and advocacy organization supporting Medicare Advantage.

- **Lisa LaCarrubba, MD,** is Medical Director, Clinical Reengineering at Horizon Blue Cross Blue Shield NJ, where she is responsible for creating and implementing value based programs designed to enhance population health outcomes. Her team supports value based partners with clinical transformation support. Previously she served as Northeast Regional Medical Director of Humana Senior Products and as Senior Medical Director of AmeriHealth NJ.

- ***Laisha Washington,*** is Vice President, Clinical Quality at Healthfirst, the largest not-for-profit insurer in downstate NY. Laisha has over 15 years experience in quality and performance improvement, clinical quality measurement, audit, and managed care operations. At Healthfirst, she has oversight of the Clinical Quality, Clinical Documentation & Coding and Health Information Exchange teams.

- ***Suresh K. Mukherji, MD***, is a radiologist with clinical, research, and administrative roles. He served as Chair of the Certificate of Need Commission for Michigan, and as Chair of Radiology at Michigan State University, and is active in the National Alliance of Health Care Purchasers Coalition, an employer-focused group. His interests include accountable care and socioeconomic determinants of health.

# Straw Dogs for a Lung Cancer Screening Population Metric

Like most of HEDIS/Stars metrics, these focus on an insurer's population, not a particular provider's patients. Testing on administrative data will tell how viable these are.

1. **Traditional**: Ratio of # of screened *members* to # of *members* eligible for screening
   - It's too hard to know the # of members eligible for screening in a population
   - EMRs won't help. I don't have a plausible solution.

2. **Stage-shift**: Ratio of early stage incident lung cancers to total incident lung cancers among *members*
   - Administrative data uses ICD-10 diagnosis codes, which do not capture stage
   - Possible solution: use pseudo-stage based on treatment patters to identify early stage

3. **Yield**: Ratio of screen-detected lung cancers to total incident lung cancers among *members*
   - Do more screen-detected lung cancers result in better outcomes?

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# Thank you

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