



National Committee for Quality Assurance

An Orientation to NCQA and HEDIS

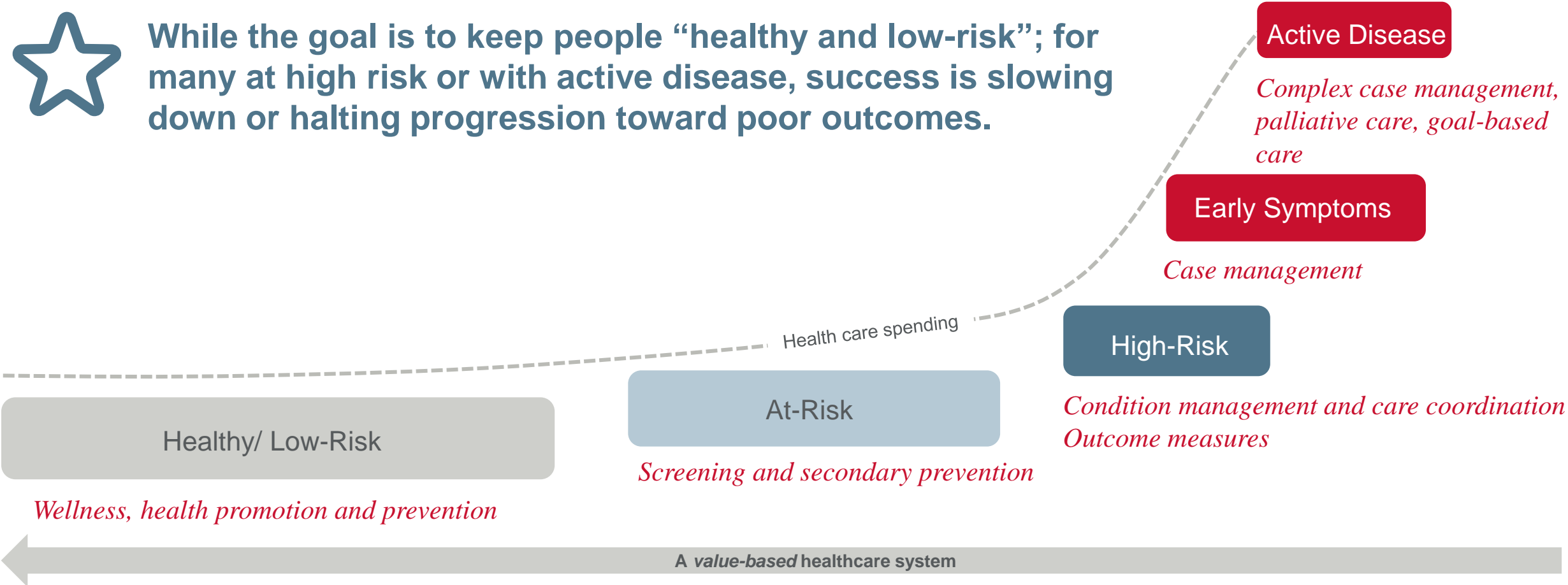
Mary B. Barton, MD, MPP

Vice President, Performance Measurement

What should “Value Based” Health Care Do?



While the goal is to keep people “healthy and low-risk”; for many at high risk or with active disease, success is slowing down or halting progression toward poor outcomes.



*Adapted from Nico Pronk, HealthPartners



Measurement set used by more than 90 percent of America's health plans

Allows for comparison of health plans across important dimensions of care and service

Receive
preventive services

*Colorectal Cancer
Screening*

Manage chronic
conditions

*Comprehensive
Diabetes Care*

Address
behavioral health

*Follow-Up After ED Visit
for Mental Illness and
Follow-Up After ED Visit
for Alcohol and Other
Drug Abuse or
Dependence*

Coordinate
Care

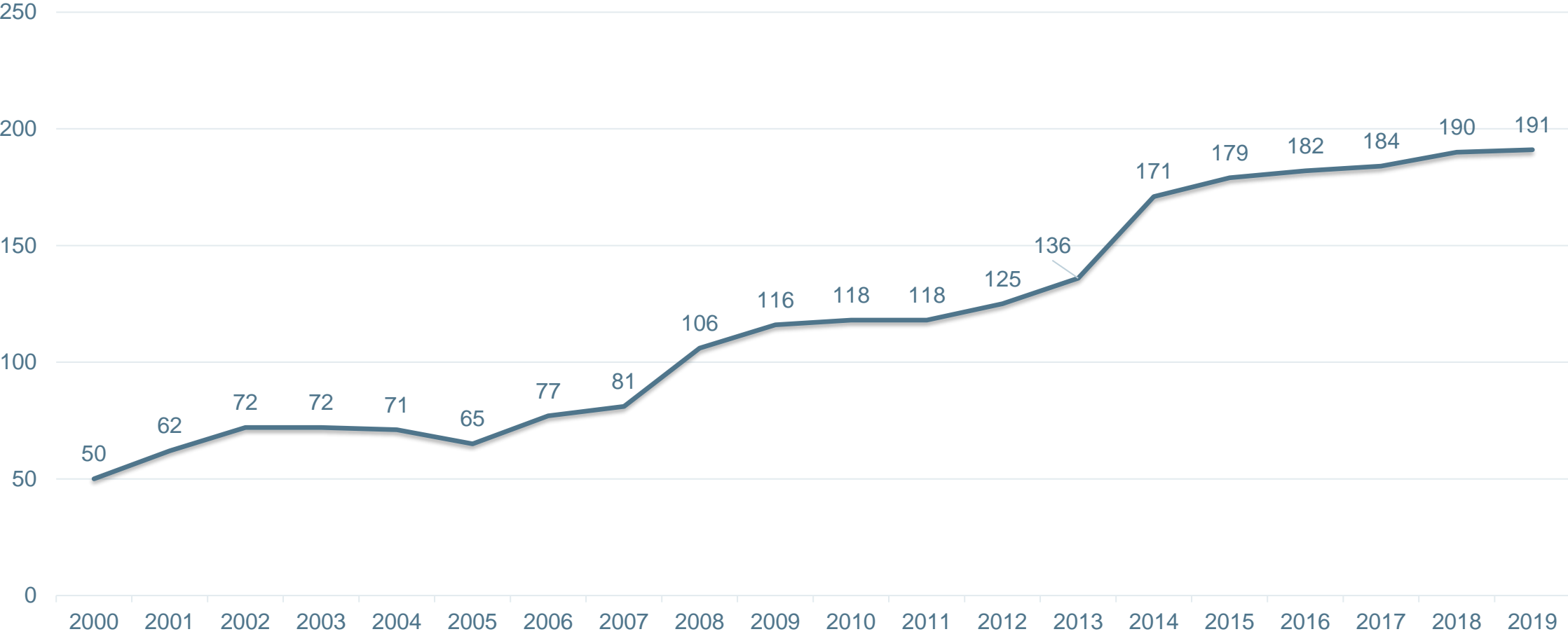
Transitions of Care

Overuse/
Appropriateness

*Risk of Continued
Opioid Use*

Positive Trend Toward Accountable Health Care Systems: 2000-2019

Millions of members in health plans that report HEDIS (audited)



HEDIS Measurement Year (MY) 2020–2021

92 measures across 6 domains

- Effectiveness of Care (55)
- Access/Availability of Care (5)
- Experience of Care (3 CAHPS Surveys)
- Utilization (8) and Risk Adjusted Utilization (5)
- Health Plan Descriptive Information (5)
- Measures Collected Using Electronic Clinical Data Systems (11)

Use in *Programs*

- CMS ACO: 10 measures
- CMS Quality Payment Program: 33 measures
- CMS Quality Rating System: 24 measures
- CMS Part C Star Ratings: 14 measures | CMS Part C Display: 10 measures
- Medicaid Adult Core Set: 17 measures
- Medicaid Child Core Set: 12 measures

HEDIS MY 2020–2021 Measurement Set

- **Effectiveness of Care (55)**

- Prevention and Screening (9)
- Respiratory (4)
- Cardiovascular (4)
- Diabetes (3; including 8 indicators)
- Musculoskeletal (3)
- Behavioral Health (12)
- Medication Management and Care Coordination (2; including 4 indicators)
- Overuse/Appropriateness (10)
- Measures collected through Health Outcomes Survey (HOS) (4)
- Measures collected through CAHPS Survey (4)



Measure Development

Measure Development

Desirable Attributes for Measures

Relevance



- Meaningful to stakeholders
- Important to enhanced health
- Financial impact of improvement
- Controllable
- Potential for improvement
- Substantial variation

Scientific Soundness



- Based on best available evidence
- Process or structural measures are linked to outcomes
- Accurate-reliable-valid

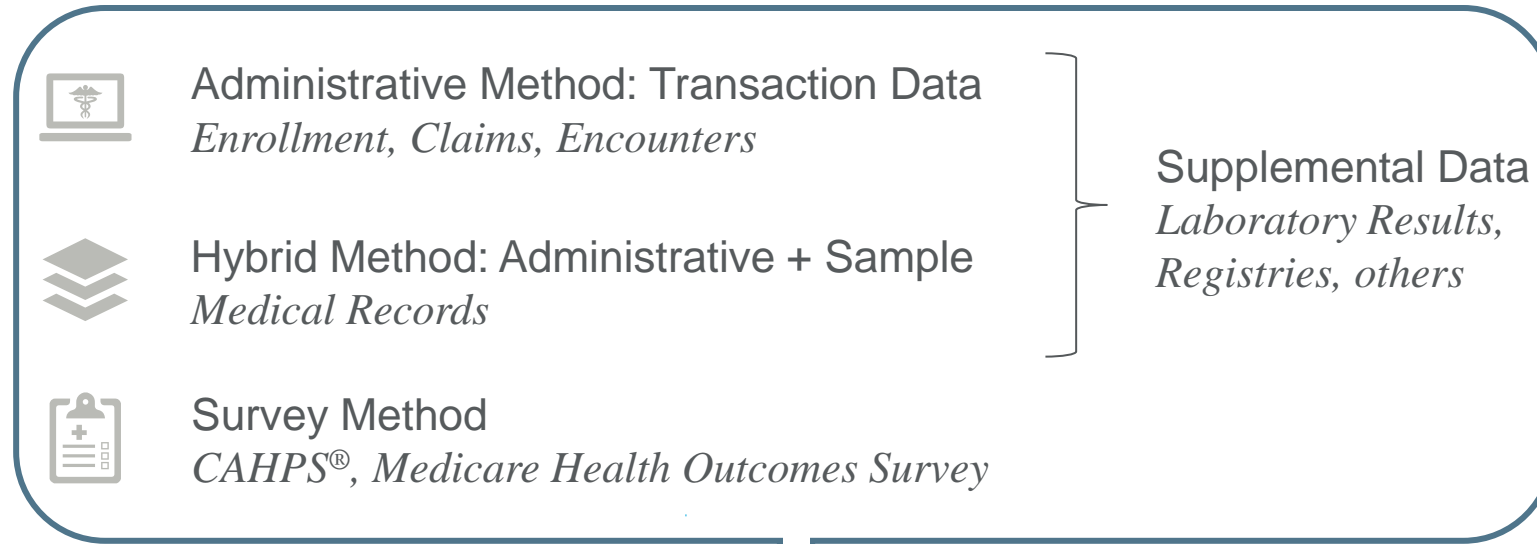
Feasibility



- Precisely specified
- Needed data available
- Cost of data collection is reasonable
- Auditable

HEDIS Data Sources and Collection Methods

Harnessing an evolving data landscape



Electronic Clinical Data Systems Method
EHRs, Registries, Case Management, Claims

<http://www.ncqa.org/ECDS>

Data Collection Methods



	Administrative	Hybrid	Survey	ECDS
<i>Denominator</i>	Entire eligible population	Systematic sample	Random sample	Entire eligible population
<i>Pros</i>	Less expensive and time consuming	Can be more accurate	Captures patient perspective	Captures clinical data efficiently and more actionable
<i>Cons</i>	Lack of clinical detail	Resource intensive	Expensive and less actionable	Health plan capabilities vary

Not All Great Ideas Make Great Measures



Clinical

- Lack of clinical evidence
- Science is changing
- Risk adjustment (where appropriate)



Technical

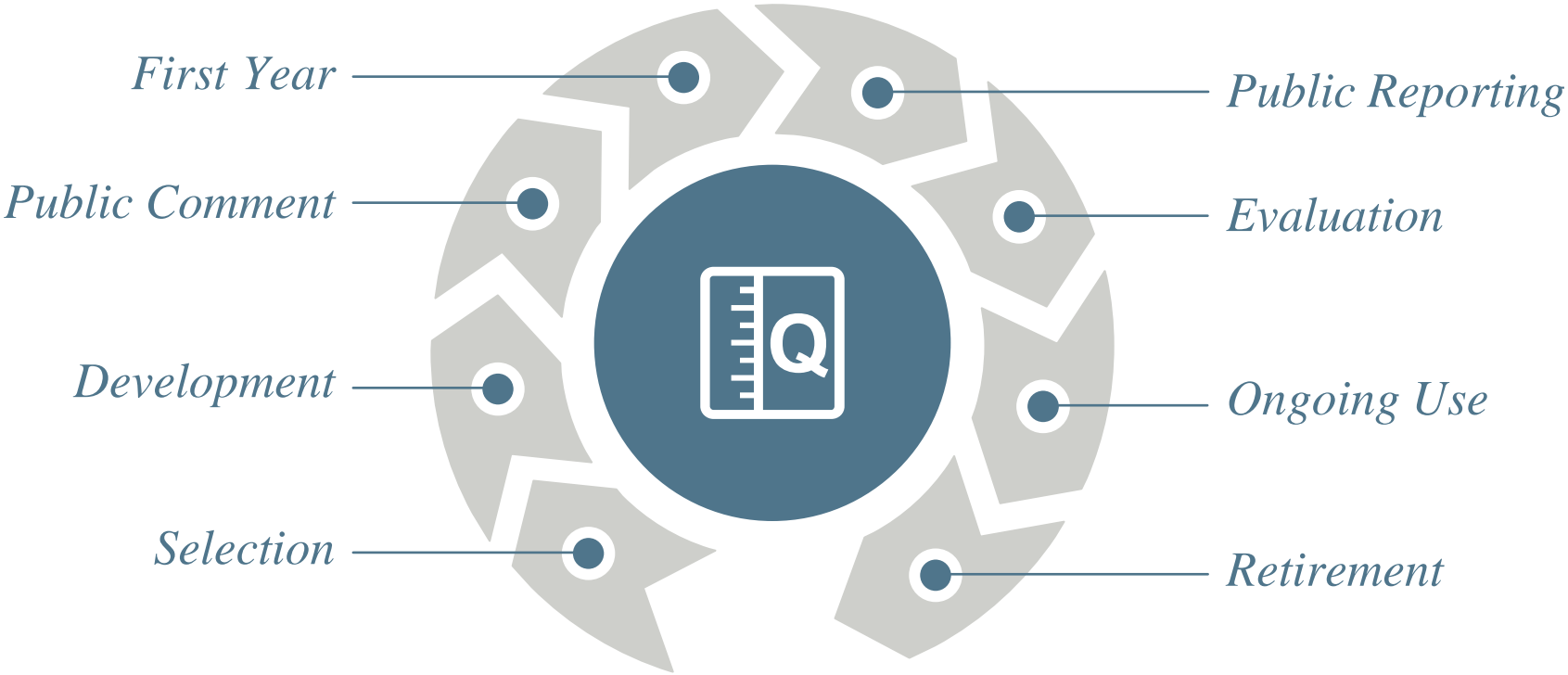
- Small numbers
- Data Sources



External Issues

- Users must be able to understand results
- What accountable entities can control or influence
- Differences in delivery systems, regions, etc.

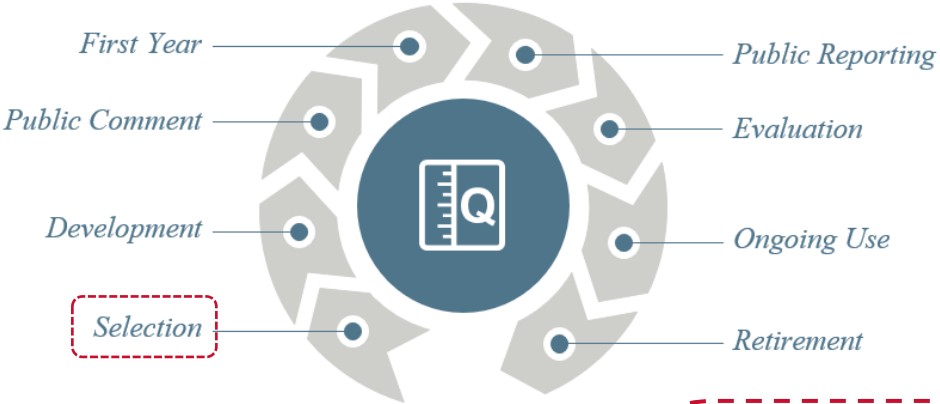
HEDIS Measure Development Process



HEDIS Measure Development Process



HEDIS Measure Development Process



Measure Selection

The measure selection process is informed by research, policy issues and emerging priorities



- Conduct an environmental scan
 - Review guidelines
 - Review evidence
 - Consult stakeholders



- Prioritize measure concepts

HEDIS Measure Development Process



HEDIS Measure Development Process



Measure Development

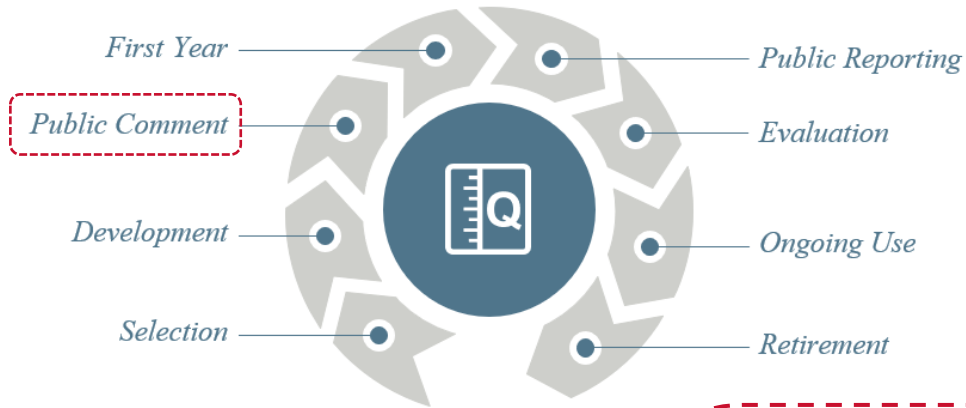
Measure development is an iterative process and includes stakeholder consensus throughout

- Assess feasibility (availability of data, burden)
- Draft specifications (outline measure components)
- Evaluate importance (gap in quality)
- Testing to assess scientific soundness

HEDIS Measure Development Process



HEDIS Measure Development Process



HEDIS Public Comment

Every new and reevaluated measure is included in the HEDIS public comment period held annually from Feb-March



Stakeholders participating:

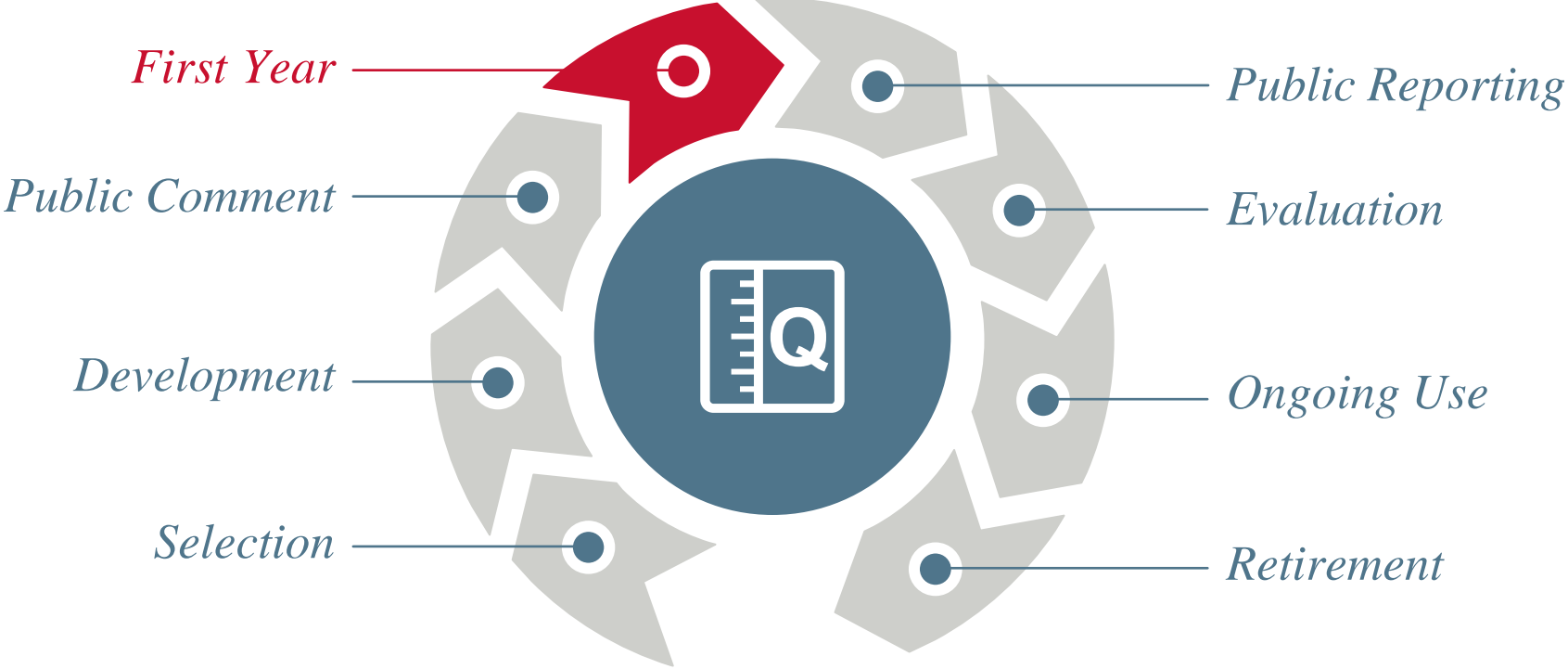
- Health plans
- Clinicians
- Specialty groups
- Consumers
- Policy makers
- Advocacy groups



Feedback includes:

- Relevance and importance
- Feasibility and burden
- Technical specification details
- Global measure development comments

HEDIS Measure Development Process



HEDIS Measure Development Process



First-Year Analysis

All first-year measures are evaluated for suitability for public reporting



Works as Designed



Reporting Feasibility



Variation in Performance

HEDIS Measure Development Process



HEDIS Measure Development Process



Public Reporting

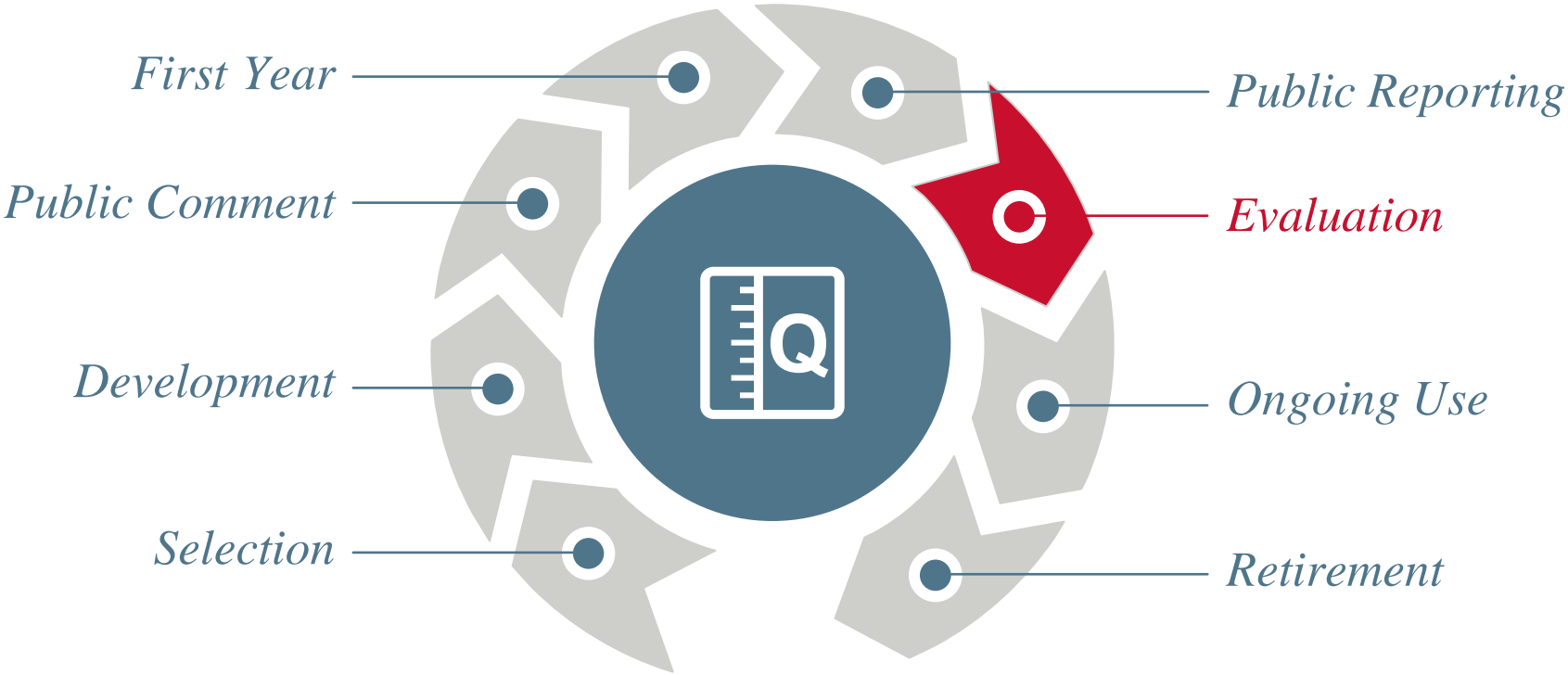
Performance data for measures approved by the CPM for public reporting will be made available starting the following year



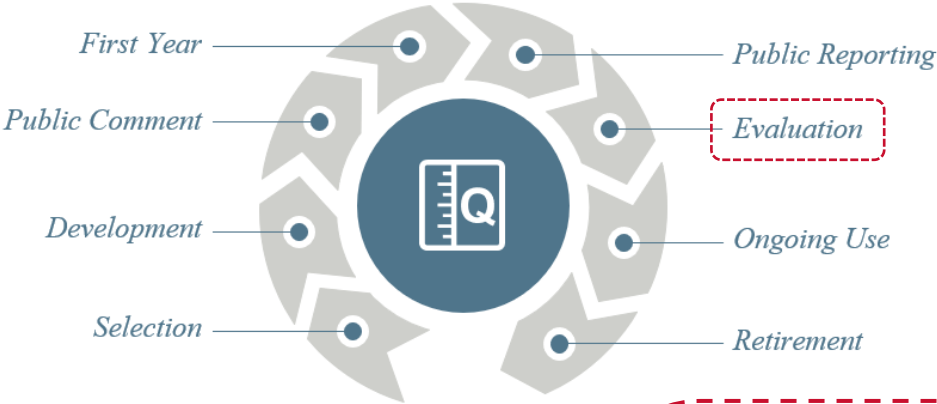
How and Where?

- Stakeholders are notified during the October Technical Update
- Results are made available on NCQA's *Quality Compass*[®] and incorporated into NCQA's *Health Plan Ratings*[®]

HEDIS Measure Development Process



HEDIS Measure Development Process



Evaluation

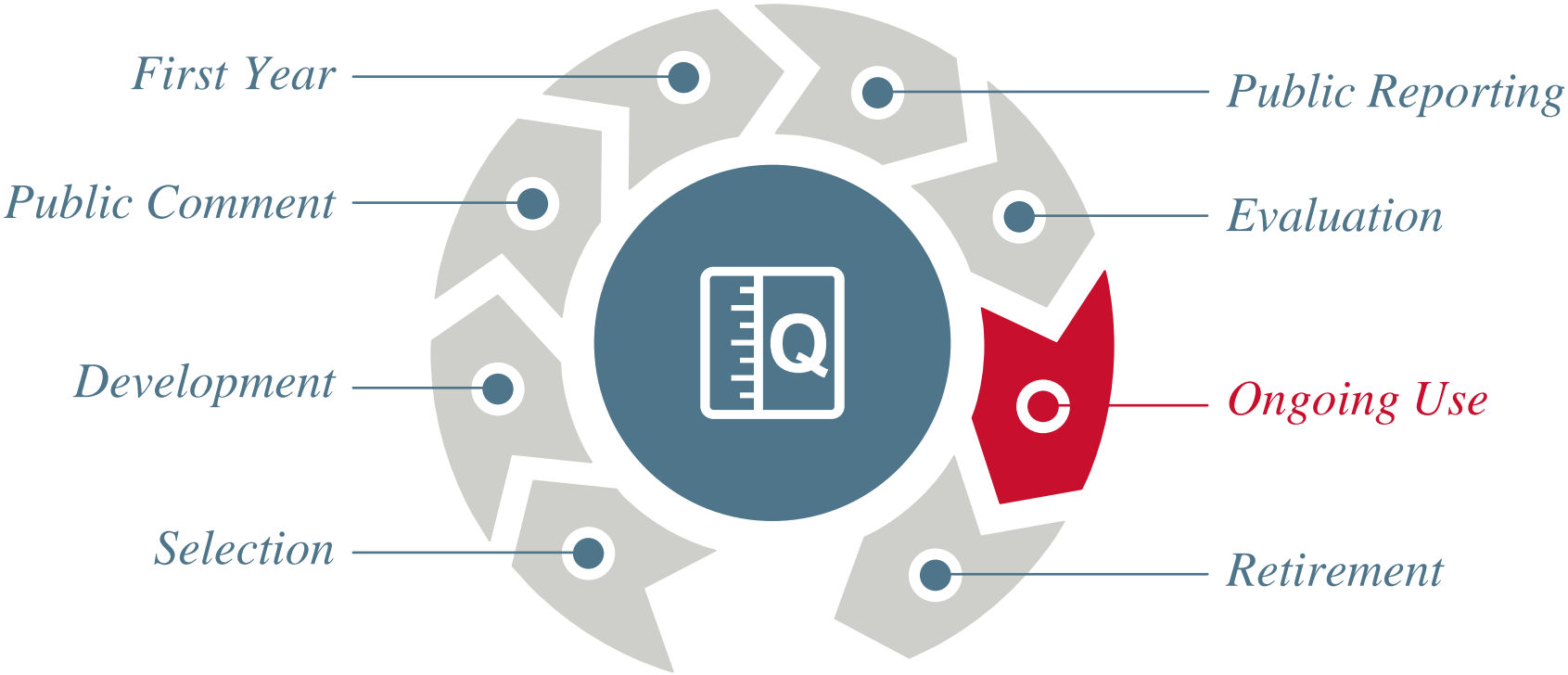
Measures are periodically evaluated for updates or changes



Reevaluation Processes

- Review updates to guidelines or changes within the healthcare delivery system
- Review feedback received from the Policy Clarification Support system ([My.NCQA](#))
- Solicit feedback from panels, public stakeholders, Federal partners and measure users
- Analyze historic performance results

HEDIS Measure Development Process



HEDIS Measure Development Process



Ongoing Use

Ongoing maintenance ensures that measures remain current and appropriate for continued use



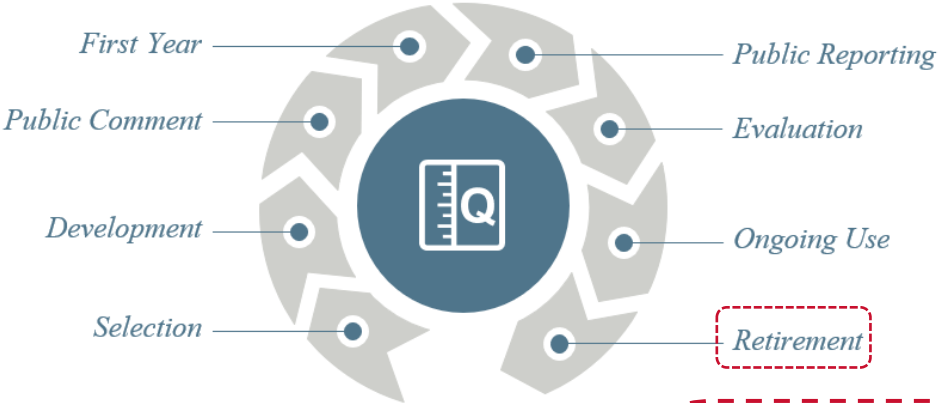
Maintenance Processes

- Review of codes, drugs and NDC list by NCQA panels
- Update models used for risk adjustment (HCCs, CCs)
- Review feedback/comments from the field (Policy Clarification Support System, HEDIS user group)

HEDIS Measure Development Process



HEDIS Measure Development Process



Retirement

The decision to retire a measure is informed by several factors



**Continued
Relevance and
Importance?**



**Has the Quality
Gap Closed?**



**Better Measures
Available?**



Putting Measurement to Work: NCQA Programs

NCQA: Committed to Measurement, Transparency, Accountability

Quality Measurement Means

- Use of objective measures based on evidence
- Results that are comparable across organizations
- Impartial third-party evaluation and audit
- Public Reporting

NCQA Quality Programs

- Accreditation of health plans using performance data
- HEDIS clinical measures
- CAHPS consumer survey
- Health Plan Ratings
- Measurement of quality in provider groups, ACOs, Marketplaces
- Physician Recognition



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NCQA Plan Performance ★★★★ best ★★★ very good ★★ good ★ fair ○ poor

Here are the results of your search: [New Search](#)

Plan	Product Line/Product	Access & Service	Qualified Providers	Staying Healthy	Getting Better	Living with Illness	Overall Accreditation
Plan Alpha	Commercial/HMO	★★★★	★★★	★★★★	★★★★	★★★★	EXCELLENT
Plan Beta	Commercial/POS	★★	★	★	★★★★	★	ACCREDITED
Plan Delta	Commercial/POS	★★	○	★★	★	★	PROVISIONAL
Plan Gamma	Commercial/HMO	★★★★	★★	★★★★	★★	★★★★	COMMENDABLE