National Committee for Quality Assurance

An Orientation to NCQA and HEDIS
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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*
HEDIS®

Healthcare Effectiveness Data and Information Set

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

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

- **Administrative Method: Transaction Data**
  *Enrollment, Claims, Encounters*

- **Hybrid Method: Administrative + Sample**
  *Medical Records*

- **Survey Method**
  *CAHPS®, Medicare Health Outcomes Survey*

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

- **Supplemental Data**
  *Laboratory Results, Registries, others*

http://www.ncqa.org/ECDS
## Data Collection Methods

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

- Selection
- Development
- Public Comment
- First Year
- Public Reporting
- Evaluation
- Ongoing Use
- Retirement
HEDIS Measure Development Process

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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
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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
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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
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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

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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

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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
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**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)
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HEDIS Measure Development Process

The decision to retire a measure is informed by several factors:

- Continued Relevance and Importance?
- Has the Quality Gap Closed?
- Better Measures Available?

Retirement
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