

SESSION SEVEN: POLICY & REIMBURSEMENT – POPULATION HEALTH METRICS – HEDIS

Lessons from Population Health: How Quality Metrics Work—*Cancer Screening* *QIW XVII, October 30, 2020*

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National Lung Cancer Roundtable





HEDIS and Performance Measurement

- The ***Healthcare Effectiveness Data and Information Set*** (HEDIS) is a group of measures that has been published annually by the NCQA to provide information to employers and to other purchasers of health services about the performance of managed care (HMO) plans.
- The transparency achieved through public reporting of screening rates was predicted to stimulate accountability ***that would raise screening rates among NCQA members, and potentially non-members.***

HEDIS measures of cancer screening

- **Breast Cancer Screening**

- Women ages 50-74 who had a screening mammogram within the past 2 years

- **Cervical Cancer Screening**

- Assesses women 21–64 years of age who were screened for cervical cancer using either of the following criteria:
 - Women age 21–64 who had cervical cytology performed every 3 years
 - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years, or HPV testing alone every 5 years

- **Colorectal Cancer Screening**

- Assesses adults 50–75 who had appropriate screening for colorectal cancer with any of the following tests:
 - Fecal occult blood test every 1 year, stool DNA test every 3 years, flexible sigmoidoscopy every 5 years, computed tomography colonography every 5 years, colonoscopy every 10 years

Example of a proposed change to a HEDIS measure



Draft Document for HEDIS Public Comment—Obsolete After March 11, 2019

Proposed Changes to Existing Measure for HEDIS^{®1} 2020: Cervical Cancer Screening (CCS)

NCQA seeks comments on proposed modifications to the HEDIS Health Plan *Cervical Cancer Screening* measure. NCQA proposes to add primary screening with a high-risk human papillomavirus (hrHPV) test as a screening option for this measure.

The current measure assesses the proportion of women 21–64 years of age who were screened for cervical cancer by either cervical cytology within the last 3 years or, for women who are at least 30, cervical cytology with hrHPV cotesting within the last 5 years.

In August 2018, the U.S. Preventive Services Task Force released updated guidelines on cervical cancer screening, with a new screening option for women 30–65 years of age: screening with hrHPV testing alone every 5 years. The Task Force continues to recommend the cytology and cotesting options.

Our expert panels supported adding the primary HPV testing method to the measure so that screening by any of the three methods recommended by the Task Force are numerator compliant:

- Cytology screening every 3 years for women 21–64.
- Cotesting every 5 years for women 30–64.
- Primary HPV testing every 5 years for women 30–64 (*new*).

Measure	Age Range	DOB Range	Valid DOS
CCS	21-64	1998-1955	2017-2019
CCS w/hrHPV co-testing	30-64	1989-1955	2015-2019
Cervical high-risk human papillomavirus (hrHPV) testing	30-64	1989-1955	2015-2019

Optional exclusion

Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year.



2020 HEDIS® Measure Breast Cancer Screening

Updated Information for Medicare Advantage Breast Cancer Screening (BCS)

Your practice may have received a Cigna HEDIS Provider Partnership Guide in past years. The information provided below has been updated. Please retain this flyer for future reference.

Following is updated information for Cigna Medicare Advantage.

What has changed for BCS

This measure examines the percentage of women ages 50-74 who had a mammogram to screen for breast cancer.

Screenings include


- Mammogram – any time on or between October 1st two years prior to the measurement year and December 31st of the measurement year
- Digital Breast Tomosynthesis – any time on or between October 1st two years prior to the measurement year and December 31st of the measurement year

Medical record documentation includes

- Note indicating the date and type of screening completed
 - Biopsies, breast ultrasound, and MRI's do not meet criteria
- Report indicating the date and type of screening completed
- Bilateral mastectomy (exclusion)

Codes include

- 3014F-Screening for mammography documented and reviewed



Note: 3 months
Flexibility for
the measurement



2020 HEDIS® Measure Colorectal Cancer Screening

Updated Information for Medicare Advantage Colorectal Cancer Screening (COL)

Your practice may have received a Cigna HEDIS Provider Partnership Guide in past years. The information provided below has been updated. Please retain this flyer for future reference.

Following is updated information for Cigna Medicare Advantage.

What has changed for COL

This measure examines the percentage of members ages 50-75 who had one of the following screenings

- Fecal Occult Blood Test (FOBT) – with required number of samples during the measurement year
- Fecal Immunochemical Test (FIT) - with required number of samples during the measurement year
- Cologuard (FIT DNA) - during measurement year or the two years prior to the measurement year
- Flexible Sigmoidoscopy – during the measurement year or four years prior to measurement year
- Colonoscopy – during measurement year or the nine years prior to the measurement year
- CT Colonography – during measurement year or the four years prior to the measurement year

Medical record documentation includes

- Note indicating the date and type of screening completed
 - Digital rectal exams (DRE) or tests performed on a sample collected via DRE do not meet criteria
- Pathology report indicating the date and type of screening completed
- Current diagnosis or history of colorectal cancer (exclusion)
- Total colectomy (exclusion)

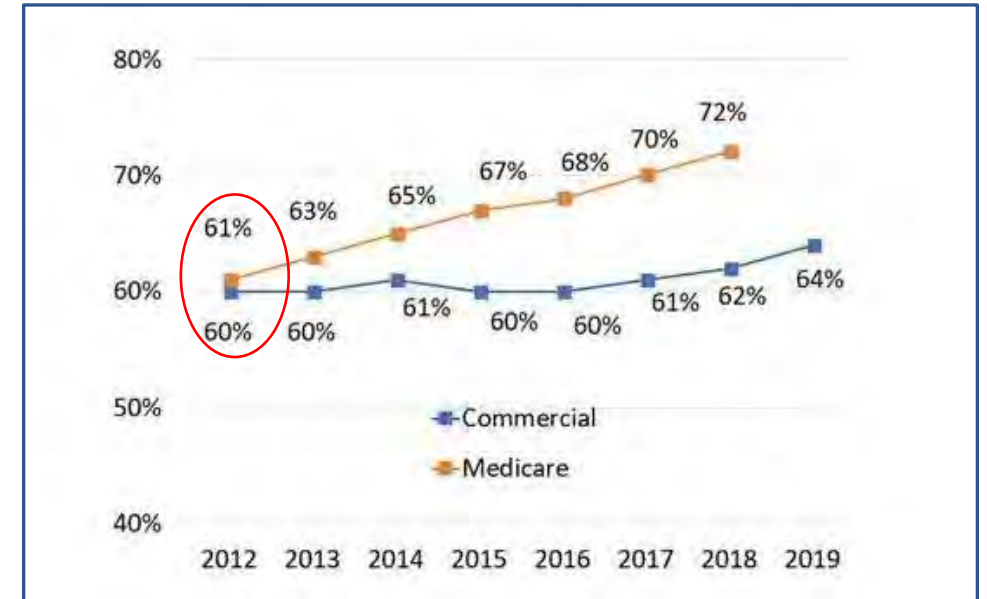
Health Plans receive credit for CRC screening tests that took place in the past if insured by a different Plan



HEDIS Colorectal Cancer Screening Rates

Colorectal Cancer Screening Rate

Year	Commerical HMO	Commercial PPO	Medicare HMO	Medicare PPO
2018	64.1	60.3	71.1	75.2
2017	63.0	59.3	69.6	71.7
2016	62.0	58.3	67.1	69.8
2015	62.8	57.1	67.4	66.7
2014	64.3	57.7	66.5	62.9
2013	63.3	56.6	64.3	60.8
2012	63.3	55.8	62.1	58.4
2011	62.4	54.6	60.0	55.2
2010	62.6	47.6	57.6	41.0
2009	60.7	47.0	54.9	40.1
2008	58.6	45.3	53.1	41.8



The Effect of HEDIS Measurement of Colorectal Cancer Screening on Insurance Plans in Pennsylvania

Mona Sarfaty, MD, and Ronald E. Myers, PhD

- A nationwide survey of health plans conducted in 1999- 2000 showed deficiencies in insurance coverage for recommended CRC screening tests
 - Only 57% offered coverage for colonoscopy
 - Only 41% had any system for monitoring delivery or outcome of screening
 - Fewer than 25% had patient reminder systems
 - Only 16% had provider reminder systems
 - Only 11% had tracking systems to determine whether invited enrollees completed screening
 - Only 5% tracked to determine whether individuals with positive screens received proper follow-up

The Effect of HEDIS Measurement of Colorectal Cancer Screening on Insurance Plans in Pennsylvania

Mona Sarfaty, MD, and Ronald E. Myers, PhD

- In 2003, in an effort to improve the country's screening record, the National Committee for Quality Assurance (NCQA) added the CRC screening rate to the measures it requests from its health maintenance organization (HMO) member plans and announced that it would begin reporting these rates to the public in 2006.
- NCQA's decision created the opportunity for a natural experiment in which it became possible to document the changes associated with this new public policy.


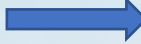

The Effect of HEDIS Measurement of Colorectal Cancer Screening on Insurance Plans in Pennsylvania

Mona Sarfaty, MD, and Ronald E. Myers, PhD

• Methods

- Survey data were collected in 2006 on screening policies of 13 Pennsylvania commercial insurers offering 37 plans.
- All companies that met the inclusion criteria were surveyed.
 - At least one commercial plan in the state, and at least one plan with 25,000+ members
 - 13 plans representing > 8 million people met inclusion criteria, and all responded to the survey
- Medical directors answered questions about how HEDIS measures affected plan benefit designs.
- Responses were analyzed using descriptive statistics.

Screening Policies Before and After the 2003 NCQA Announcement of the New Healthcare Effectiveness Data and Information Set (HEDIS) Colorectal Cancer (CRC) Screening Measure

Activity	No. (%)			
	Before 2003	2003 or After	Unknown	No Response
Adopted practice guidelines	6 (46)	2 (15)	2 (15)	3 (23)
Revised guidelines	2 (15) 	7 (54)	0	4 (31)
Measured CRC screening rate	1 (8) 	8 (62)	1 (8)	3 (23)
Implemented the HEDIS measure	— 	9 (69)	0	5 (39)

Has Your Plan Implemented Any of the Following in Response to the Healthcare Effectiveness Data and Information Set (HEDIS) Colorectal Cancer (CRC) Screening Measure?

Activity	No. (%)	
	Yes	No
Coverage of more types of CRC screening tests ^a	3 (23)	9 (69)
Lowered out-of-pocket charges for CRC screening ^b	1 (8)	10 (77)
New or updated enrollee or provider reminder systems ^a	6 (46)	6 (46)
New or updated data systems to track CRC screening ^a	6 (46)	6 (46)

^aThere were 12 respondents to this question.
^bThere were only 11 respondents to this question.

Take-away Points

The addition of screening for colorectal cancer to the publicly reported Healthcare Effectiveness Data and Information Set (HEDIS) measures in 2006 is associated with changes implemented by Pennsylvania health plans that have been shown to increase screening rates, such as the following:

- Revised screening guidelines that shape physician recommendations for screening
- Implementation of guidelines for those plans that did not previously have them
- Measurement of screening rates
- New reminder systems for patients
- New tracking systems

These changes were implemented even by plans that did not have a formal reporting relationship with the National Committee for Quality Assurance, which collects and reports the HEDIS data.

Summary

- The introduction of HEDIS measures has been shown to influence uptake of cervical, breast, and colorectal cancer screening, and HPV vaccinations
- The influence of HEDIS is enduring, but greatest during the period when uptake of a preventive health intervention is low
- Metrics tied to direct incentives i.e., revenue (Medicare Stars program) create additional incentives to improve performance
- In 2020, NCQA agreed to work with the National Lung Cancer Roundtable member organizations to explore developing a HEDIS measure for lung cancer screening