Holding Health Plans Accountable: The HEDIS measurement system

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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
  - Prenatal, Childhood, Adolescent and Adult Immunization Status

- Manage chronic conditions
  - Comprehensive Diabetes Care
  - Statin Therapy for Patients with Cardiovascular Disease and Diabetes

- Address behavioral health
  - Follow-Up After ED Visit for Mental Illness and Substance Use Disorder
  - Prenatal and Post-Partum Depression Screening and Follow-Up

- Coordinate Care
  - Transitions of Care
  - All-Cause Readmissions
  - Hospitalization Following Discharge from a SNF

- Overuse/ Appropriateness
  - Risk of Continued Opioid Use
  - Non-Recommended PSA Screening in Older Men

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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
- Private Sector Value-Based Contracting Programs: (multiple measures)
Measure Development

Desirable Attributes for Measures

**Relevance**
- Meaningful to stakeholders
- Important to enhanced health
- Addresses Equity
- 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

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

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

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

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

http://www.ncqa.org/ECDS
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

- First Year
- Public Comment
- Development
- Selection
- Public Reporting
- Evaluation
- Ongoing Use
- Retirement
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
>190 million people in HEDIS-reporting health plans
Colorectal Cancer Screening Measure

Adults age 50–75 years (enrolled for two years)
Screened for colorectal cancer by any of the following:

- Fecal occult blood test/fecal immunochemical test during the year
- Flexible sigmoidoscopy in the last 5 years
- Colonoscopy in the last 10 years
- Computed tomography colonography in the last 5 years
- FIT-DNA in the last 3 years

Exclusions: frailty and advanced illness, colorectal cancer, total colectomy
Overview

What do the data tell us?

- Commercial plans not moving fast
- But look at Medicare!
Average National Performance, Measurement Year 2010–2018

*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.
**Box and Whisker Plot Key**

- **Median (50th percentile)**
- **Mean (average)**
- **Interquartile range** (25th percentile to 75th percentile)
- **Minimum**
- **Maximum**

*These values include outlier plans with particularly high or low performance.*
Commercial Health Plans

![Boxplot showing the distribution of health plans over years 2014 to 2018. The boxplot indicates the median, quartiles, and potential outliers for each year.](image-url)
Number of Commercial Plans Over 80%
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