



HEDIS(Healthcare Effectiveness Data & Information Services) 2016

23th Feb 2017

Agenda

- Introduction & Features
- Measures
- Measure Lifecycle
- Differences in HEDIS 2015 and 2016
- Data Collection Methods
- Health Insurance Plan Ratings
- Advantages & Challenges
- References

HEDIS

- The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measure in the United States.
- HEDIS was originally developed by employers and the HMO group in 1991; NCQA took charge of HEDIS in 1992
- NCQA began developing HEDIS in the early 1990s and has been collecting HEDIS on a nationwide basis for commercial, Medicaid and Medicare managed care plans since 1997
- Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts

HEDIS Measures

HEDIS consists of 90 measures across 7 domains of care

Measures	HEDIS 2016
Effectiveness of Care	53
Access/Availability of Care	7
Experience of Care	3
Utilization and Risk Adjusted Utilization	14
Relative Resource Use	5
Health Plan Descriptive Information	7
Measures Collected Using Electronic Clinical Data Systems	1

HEDIS Measures : Domains

- **Effectiveness of Care**
 - Provides consumers and purchasers important information about the quality of clinical care that health plans provide
 - Effectiveness of Care measures generally look at the impact of care delivered to certain populations enrolled in a health plan.
 - In most cases, the measured impact is positive and higher the score on a measure, the better

- **Access/ Availability of Care**
 - This domain includes measures that assess how many members use basic plan services (such as preventive and ambulatory services or dental services)

- **Experience of Care**
 - Member satisfaction survey results can be another effective tool in evaluating health plan performance—a tool that can be used by purchasers making health plan selections for their employees

HEDIS Measures : Domains

- **Utilization And Risk Adjusted Utilization**
 - The aim of applying a risk adjustment strategy to these utilization measures is to allow better comparison of inpatient and ED use across health plans and to create an “even playing field” by removing the effect of select patient characteristics and health status differences on the reported results.

- **Relative Resource Use**
 - Relative Resource Use (RRU) measures indicate how intensively plans use physician visits, hospital stays and other resources to care for members identified as having one of five chronic diseases; cardiovascular disease, COPD, diabetes, hypertension and asthma. When evaluated alongside quality measures, RRU measures make it possible to consider quality and spending simultaneously

HEDIS Measures : Domains

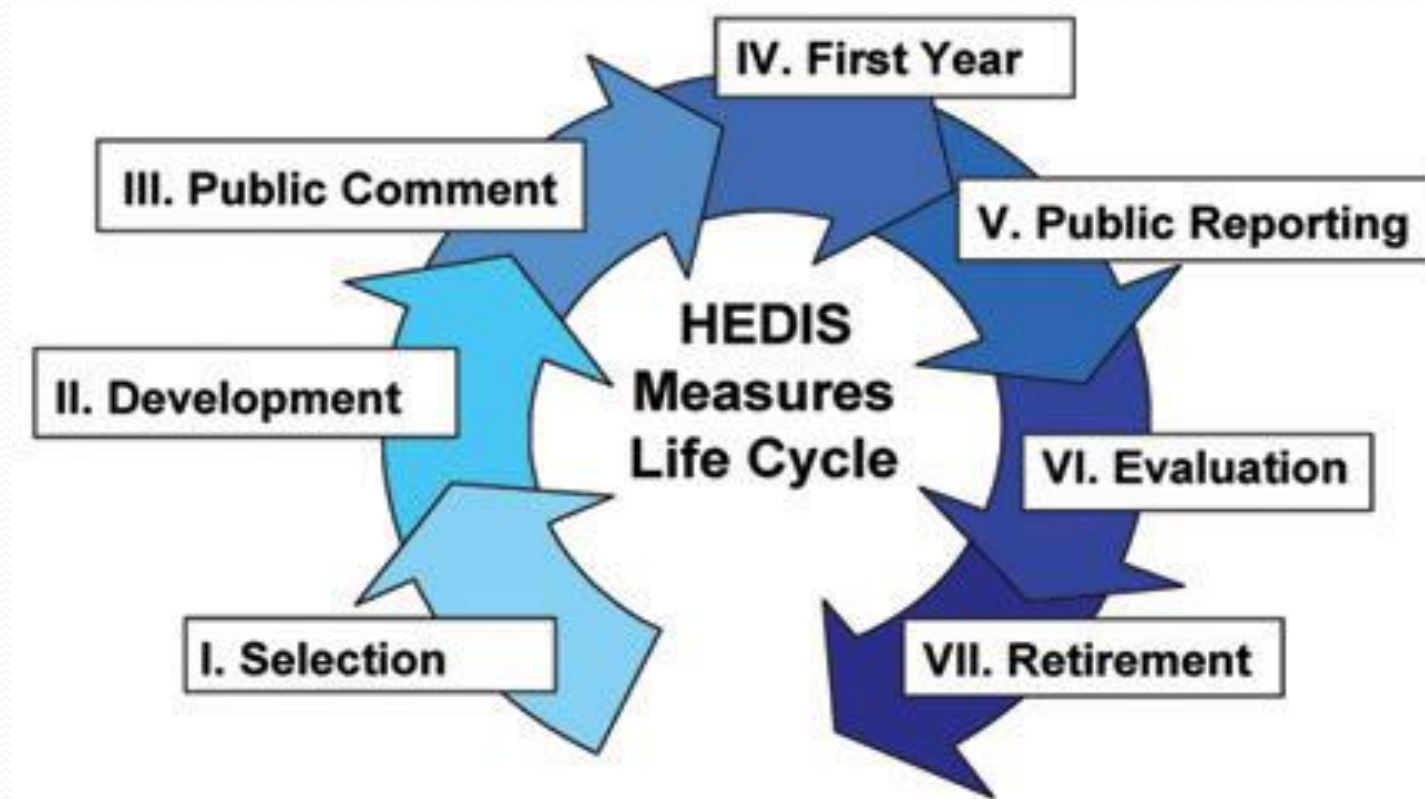
- **Health Plan Descriptive Information**

- This domain provides consumers and purchasers with information about health plan's structure, staffing and enrollment characteristics, and how these factors contribute to the plan's ability to provide its members with effective health care

- **Measures Collected Using Electronic Clinical Data Systems**

- The ECDS(Electronic Clinical Data Systems) provides automated access to information and can create data files for quality reporting.

Measure Lifecycle



Difference in HEDIS 2015 and 2016 (2/2)

There are now 7 domains of care rather than 5

- Utilization and Relative Resource Use (now split into 2 domains)
 - Relative Resource Use Utilization
 - Risk Adjusted Utilization
- Measures Collected Using Electronic Clinical Data Systems (new)

HEDIS 2016 adds the following 6 new measures:

- Effectiveness of Care
 - Statin Therapy for Patients With Cardiovascular Disease
 - Statin Therapy for Patients With Diabetes
- Utilization And Risk Adjusted Utilization
 - Inpatient Hospital Utilization
 - Emergency Department Utilization
 - Hospitalization for Potentially Preventable Complications
- Measures Collected Using Electronic Clinical Data Systems
 - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)

Data Collection Methods

HEDIS Data Collection Methods

- **Administrative Method:**
 - This method requires health plans to identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters (i.e., statistical claims).
- **Hybrid Method:**
 - This method requires health plans to identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator.

Sample Size for Hybrid Data

If the Current Year's Administrative Rate Is...	...the Sample Size Is:	If the Current Year's Administrative Rate Is...	...the Sample Size Is:
≤50%	411	73%	328
51%	411	74%	321
52%	410	75%	313
53%	410	76%	305
54%	409	77%	296
55%	407	78%	288
56%	405	79%	279
57%	403	80%	270
58%	401	81%	260
59%	398	82%	250
60%	395	83%	240
61%	392	84%	229
62%	388	85%	219
63%	384	86%	207
64%	380	87%	196
65%	376	88%	184
66%	371	89%	172
67%	366	90%	159
68%	360	91%	147
69%	354	92%	134
70%	348	93%	120
71%	342	94%	106
72%	335	≥95%	100

Data Collection Methods

e.g. A plan that has 10,000 members who qualify

Using the administrative method, if the plan finds that 4,000 members out of the 10,000 had evidence of a postpartum visit using only administrative data, the final rate for this measure would be 40 percent

After randomly selecting 411 eligible members, the plan finds that 161 members have evidence

The plan then obtains and reviews medical records for the 250 members who do not have evidence

Of those 250 members, the plan finds 54 additional members who have a postpartum visit recorded in the medical record

The final rate for this measure, using the hybrid method, would be $(161 + 54)/411$, or 52 percent

Data Collection Methods

- **Survey Method:**

NCQA uses the CAHPS survey to assess member experience with care as part of the Satisfaction With Experience of Care domain of HEDIS, a set of health plan performance measures used for both public reporting and accreditation.

The surveys include a core set of questions, with some questions grouped to form composites, or summary results, of key areas of care and service.

The CAHPS version 5.0H surveys are designed to capture accurate and reliable information from consumers about their experiences with their health plan.

To become an NCQA-certified CAHPS 5.0H survey vendor, an organization must demonstrate that it has the capabilities, experience and expert personnel to accurately collect and report survey results.

HEDIS Data Submission

NCQA collects HEDIS survey results directly from health plans and PPOs through the Healthcare Organization Questionnaire (HOQ)

HEDIS non survey data is collected through the Interactive Data Submission System (IDSS)

Sample xml file

```
<?xml version="1.0" ?>
- <submission xmlns="http://www.ncqa.org/ns/2006/idss/hedis" gu
- <data>
  - <component type="GS">
    - <measures>
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        <benefit>true</benefit>
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        </data-element>
        - <data-element id="eligpop">
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        </data-element>
        - <data-element id="eligdtp">
          <value>NR</value>
        </data-element>
      </data-elements>
    </measure>
  </measures>
</component>
</data>
</submission>
```

Plans and Ratings

NCQA changed its rankings methodology in 2015. The new methodology will be an overall “rating” in half-point increments on a scale of 1–5, where 5 is the highest score and 1 is the lowest score

Which Plans are Rated?











- Plans with complete data are rated
- Plans with partial or no data are listed but not rated
- **Plans with Partial Data**
 - Plans with partial data do not receive a rating, but NCQA lists them in the ratings and shows their scores on the measures they report . A plan is considered to be Partial if :
 - It submits HEDIS and CAHPS measure data for public reporting, but has “missing values” (i.e., NA or NB) in more than 50 percent of the weight of the measures used in the methodology
 - It submits clinical data for public reporting but did not submit CAHPS data, or vice versa
 - It achieved NCQA Accreditation without HEDIS data and does not submit clinical or CAHPS data for public reporting
- **No Data Reported**
 - Plans that submit results but do not publicly report their data
 - Plans that report no HEDIS or accreditation information to NCQA, are given a Rating status of “No data reported”

Performance calculation

- To be rated, plans must submit valid rates for at least 50 percent of the weight of measures and have submitted both HEDIS and CAHPS
- Weights align with the ratings are :
 - “1” = Process measures (e.g., screenings, visits).
 - “1.5” = Patient Experience measures.
 - “3” = Outcome measures (e.g., HbA1c Control, BP Control).
- Health plans who are accredited through the NCQA will receive points for their accreditation status. Accredited plans may increase their overall rating by up to a half-point.
 $(\text{Actual/possible pts}) \times 5 \times 10\%$ of the weight of valid reported measures
- Interim accredited plans may increase their overall rating by one-third the amount that accredited plans
 $(\text{Actual/possible pts}) \times 5 \times (1/3) \times 10\%$ of the weight of valid reported measures

Plans : Ranked

Below is the sample Health Plan Rating for 2015-2016

Rating 	Plan Name 	States	Type 	NCQA Accreditation 	Consumer Satisfaction  	Prevention  	Treatment  
5.0	Harvard Pilgrim Health Care	MA	PPO	Yes	4.0	4.5	4.5
5.0	Harvard Pilgrim Health Care	ME, MA	HMO/POS	Yes	4.0	4.5	4.5
5.0	Harvard Pilgrim Insurance	MA	PPO	Yes	4.0	4.5	4.5
5.0	Kaiser Foundation Health Plan of Northern California	CA	HMO	Yes	3.5	4.5	4.5
5.0	Kaiser Foundation Health Plan of the Mid-Atlantic States	DC, MD, VA	HMO	Yes	4.0	4.5	4.5
5.0	Tufts Associated Health Maintenance Organization	MA, RI	HMO/POS	Yes	3.5	4.5	4.5
5.0	Tufts Benefit Administrators	MA, RI	PPO	Yes	4.0	4.5	4.5
4.5	Blue Cross and Blue Shield of Massachusetts	MA	PPO	Yes	3.5	4.5	4.5
4.5	Blue Cross and Blue Shield of Massachusetts HMO Blue	MA	HMO/POS	Yes	3.0	4.5	4.5

Advantages

- HEDIS Measures focus largely on processes of care and are directly actionable for quality improvement activities
- Ensures health plans are offering quality preventive care and service to members.
- Employers, consultants, and consumers use HEDIS data, along with accreditation information, to help them select the best health plan for their needs
- HEDIS results are included in Quality Compass, an interactive, web-based comparison tool that allows users to view plan results and benchmark information

Challenges

- For most organizations, HEDIS filing is an expensive, stressful, and often cumbersome process.
- Compliance rates are published nationally and performance numbers significantly impact a health plan's reputation, network relationships and profit margin

Measures : Effectiveness of Care Domain (1/3)

Measures

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adult BMI Assessment

Annual Monitoring for Patients on Persistent Medications

Antidepressant Medication Management

Appropriate Testing for Children With Pharyngitis

Appropriate Treatment for Children With Upper Respiratory Infection

Aspirin Use and Discussion

Asthma Medication Ratio

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

Breast Cancer Screening

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Care for Older Adults

Cervical Cancer Screening

Cervical Cancer Screening

Chlamydia Screening in Women

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Measures : Effectiveness of Care Domain (2/3)

Measures

Colorectal Cancer Screening

Comprehensive Diabetes Care

Controlling High Blood Pressure

Diabetes Monitoring for People With Diabetes and Schizophrenia

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Disease-Modifying Anti Rheumatic Drug Therapy for Rheumatoid Arthritis

Fall Risk Management

Flu Vaccinations for Adults Ages 18-64

Flu Vaccinations for Adults Ages 65 and Older

Follow-Up After Hospitalization for Mental Illness

Follow-Up Care for Children Prescribed ADHD Medication

Human Papillomavirus Vaccine for Female Adolescents

Immunizations for Adolescents

Lead Screening in Children

Management of Urinary Incontinence in Older Adults

Medical Assistance With Smoking and Tobacco Use Cessation

Measures : Effectiveness of Care Domain (3/3)

Measures

Medicare Health Outcomes Survey

Medication Management for People With Asthma

Medication Reconciliation PostDischarge

Metabolic Monitoring for Children and Adolescents on Antipsychotics

Non-Recommended Cervical Cancer Screening in Adolescent Females

Non-Recommended PSA-Based Screening in Older Men

Osteoporosis Management in Women Who Had a Fracture

Osteoporosis Testing in Older Women

Persistence of Beta-Blocker Treatment After a Heart Attack

Pharmacotherapy Management of COPD Exacerbation

Physical Activity in Older Adults

Pneumococcal Vaccination Status for Older Adults

Potentially Harmful Drug-Disease Interactions in the Elderly

Statin Therapy for Patients With Cardiovascular Disease

Statin Therapy for Patients With Diabetes

Use of High-Risk Medications in the Elderly

Use of Imaging Studies for Low Back Pain

Use of Multiple Concurrent Antipsychotics in Children and Adolescents

Measures : Access/Availability & Experience of Care domain

Domains	Measures
Access/Availability of Care	Adults' Access to Preventive/ Ambulatory Health Services
	Children's and Adolescents' Access to Primary Care Practitioners
	Annual Dental Visit
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
	Prenatal and Postpartum Care
	Call Answer Timeliness
Experience of Care	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
	CAHPS Health Plan Survey 5.0H, Adult Version
	CAHPS Health Plan Survey 5.0H, Child Version
	Children With Chronic Conditions

Measures : Utilization And Risk Adjusted Utilization

Measures

Frequency of Ongoing Prenatal Care

Well-Child Visits in the First 15 Months of Life

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Adolescent Well-Care Visits

Frequency of Selected Procedures

Ambulatory Care

Inpatient Utilization—General Hospital/ Acute Care

Identification of Alcohol and Other Drug Services

Mental Health Utilization

Antibiotic Utilization

Plan All-Cause Readmissions

Inpatient Hospital Utilization

Emergency Department Utilization

Hospitalization for Potentially Preventable Complications

Measures : Relative Resource Use

\Health Plan Descriptive Information \ ECDS

Domains	Measures
Relative Resource Use	Relative Resource Use for People With Diabetes
	Relative Resource Use for People With Cardiovascular Conditions
	Relative Resource Use for People With Hypertension
	Relative Resource Use for People With COPD
	Relative Resource Use for People With Asthma
Health Plan Descriptive Information	Board Certification
	Enrollment by Product Line
	Enrollment by State
	Language Diversity of Membership
	Race/Ethnicity Diversity of Membership
	Weeks of Pregnancy at Time of Enrollment
Measures Collected Using Electronic Clinical Data Systems	Total Membership
	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

References

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THANK YOU