
# Quality Measures and the Role of CBOs: HEDIS

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# Agenda


1. HEDIS Measures Overview
2. Role of HEDIS to MCOs
3. Role of CBOs in HEDIS
4. How to use HEDIS Data in contracting

# What Are HEDIS Measures?


- **H**ealth **E**ffectiveness **D**ata and **I**nformation **S**et
- Tool used to measure performance of health plans
- 90% of all health insurance plans use HEDIS to measure performance
- HEDIS is the registered trademark of the National Committee for Quality Assurance (NCQA)
  - NCQA is a 501 (c)(3) not-for-profit organization
  - Founded in 1990

# Why Measure Health Plan Quality?


- HEDIS allows a consumer to use a independent, neutral criteria to directly compare health insurance plans
- All NCQA accredited health plans must report HEDIS measures
- NCQA is contracted with CMS to accredit Medicare Advantage (MA) and Health Insurance Exchange plans

# What Does HEDIS Measure?


- HEDIS measures provide an indication of how health plans perform on specific quality measures
- Most of the measures indicate the status of clinical outcomes for the population of beneficiaries enrolled in the health plan – plan members
- HEDIS also includes the CAHPS Survey
  - Consumer Assessment of Healthcare Providers and Systems
  - Evaluates consumer experiences with health care

# Why Are HEDIS Measures Important to MCOs?


- HEDIS is one component of the NCQA accreditation process
- As an indicator of quality, HEDIS measures reflect the quality of care for the population
- Poor performance on HEDIS could negatively impact:
  - NCQA Accreditation status
  - New Member enrollment
  - Retaining current members
  - Federal (MA) and State (Medicaid) health plan contracts

# How Does HEDIS Impact Physicians?


- As we move to value-based payment models, MCOs are increasingly contracting with physician groups based on HEDIS outcome performance
  - Pay for performance
  - Incentives to close “gaps in care”
  - Preferred contracting status
  - Larger patient panels

# How Do Consumers Influence HEDIS Outcomes?


- HEDIS measures indicate services that were rendered to the population.
  - Ordered services that were not rendered do not count
  - Consumer adherence or non-compliance are not accounted for and directly impact HEDIS outcomes

# Common HEDIS Measures


- Diabetes
  - Hgb A1C, foot screening, retinopathy screening, LDL, etc.
- Preventive Health Care
  - Colonoscopy screening
  - Breast cancer screening
- Immunizations
  - Flu, Pneumonia

# Example of Consumer Choice on HEDIS


- Retinopathy Screening for Diabetes
  - Ms. Jones has an order for Retinopathy screening. Unfortunately, she was not educated about the importance of Retinopathy screening and feels that she just got her “Eyes Checked” and prescription glasses adjusted.
- Colonoscopy Screening
  - Ms. Jones lives alone in an assisted living facility. Has limited care giver support. Her inability to secure transportation caused her to “No Show” for her ordered colonoscopy screen

# About HEDIA Measures


- HEDIS consists of 81 measures that cross 5 domains of care
- HEDIS Measures are updated annually
- New measures are introduced or modifications to current measures occur at the annual update

# HEDIS Data Sources


- There are two data sources for HEDIS measures
  - Primary
  - Supplemental
- The primary data source is claims data
- Supplemental data sources include the following:
  - Laboratory result files
  - Pharmacy data
  - Electronic health record (EHR) vendor system files
  - Data from NCQA Certified Measure Systems

# Primary Data Source Utilization


- Claims data is the primary data source for HEDIS
- It provides a definitive source to validate that a service was provided
  - Examples
    - Breast cancer screening
    - All–cause readmissions

# Example of the Impact of Data Source on HEDIS


- Data source example: Preventive Care - Flu shot
  - Ms. Jones receives a flu shot at the local senior center during a immunization fair
  - Ms. Jones sees her doctor and refuses the flu shot
  - No record of flu shot in claims data

# Example of Primary Data Reporting


- Current HEDIS Measure:  All-cause readmission
- All-cause readmission is calculated in the following manner:

$$\frac{\text{(Count of 30-Day Readmissions – Planned Readmissions)}}{\text{Count of Index Hospital Stays}}$$

- Claims data provides the outcome of this HEDIS measure for the population of health plan members, during the defined reporting period

# Unacceptable Data Sources


- Data sources that are not acceptable for HEDIS reporting include some of the following:
  - Member health surveys
  - Member completed Health Risk Assessments (HRAs)
  - Beneficiary self-reported data collected through phone surveys
  - Data sources that are not reviewed or validated by a qualified practitioner
  - Other data sources that are not collected in a NCQA-certified HEDIS reporting system or other certified Electronic Health Record system

# When is HRA data accepted?


- A Health Risk Assessment that is reviewed and completed by a practitioner – *with the member present* – is an acceptable supplemental data source
- A community-based organization (CBO) working with a practitioner can support the collection of HRA data, but it must be completed and reviewed by the practitioner – with the member present

# CBO Support of HEDIS Measures


- CBOs can support the capture and reporting of HEDIS measures
- CBOs must be aware of the current HEDIS measures and support the collection of necessary data
- Data must be collected and reported using an acceptable data source in order to be present a value-added service to a health plan

# Key takeaway for HEDIS reporting


- Claims data is always a primary data source
- Supporting consumer completion of indicated tasks that are billed to their insurance automatically helps the completion of HEDIS
- If a CBO wishes to support capturing HEDIS measures using a supplemental data source, it must be reviewed by a practitioner, with the member present

# Example of CBO Supplemental Data Capture for HEDIS


- Comprehensive Medication Review (CMR)
  - New HEDIS Measure (Also linked to MA star ratings)
  - CBO can support data collection, but it must be reviewed and validated by a pharmacist for each qualifying member
  - Requires a detailed, individual review of the following elements with the member present
    - Medical history
    - Prescribed medications
    - Medication adherence
    - Over the Counter (OTC)/herbal supplement/vitamin usage

# CMR Unacceptable Example 1


- Comprehensive Medication Review (CMR)
  - CBO collects list of hospital discharge medications as part of a care transitions intervention
  - CBO screens the list of prescribed medications using the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults
  - CBO refers “High Alerts” to local pharmacist to review
  - Pharmacist addresses high alerts and conducts a general review of the discharge medication list without the member present

# Problems for Meeting HEDIS Requirements for Example 1


- Pharmacist only addresses Beers alerts
- Comprehensive review of the following elements not completed
  - **Medical History, Medication Adherence, OTCs, Herbals, Supplements**
- All elements not directly reviewed by the pharmacist -- with the member
- Total interaction not documented in certified system

# CMR Unacceptable Example 2


- Comprehensive Medication Review (CMR)
  - CBO collects list of hospital discharge medications as part of a care transitions intervention
  - CBO screens the list of prescribed medications using the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults
  - No alerts noted.  Information documented in the CBO care transitions tracking software

# Problems for Meeting HEDIS Requirements for Example 2


- Comprehensive review, by the pharmacist, directly with the member not completed
- Comprehensive collection of each required data element not completed

# HEDIS Measures that CBOs Services Could Influence


- All-Cause Readmissions
- Prevention
  - Breast cancer, colorectal cancer, or glaucoma screening
- Comprehensive Diabetes Care
- Influenza
- Body Mass Index (BMI) Assessment
- Falls Risk Management in Older Adults
- Advanced Care Planning for Older Adults

# Falls Risk Management


- Two Components of Fall Risk Management Measure:
- *Discussing Fall Risk.* The percentage of Medicare-enrolled adults 65 years of age and older with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who report discussing falls or problems with balance or walking with the practitioner.

- *Managing Fall Risk.* The percentage of Medicare-enrolled adults 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who report receiving fall risk intervention from the practitioner.

# All-Cause Readmissions


- 30-day readmission
- Numerator Description
  - At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date minus planned readmissions
  - “What are examples of planned readmissions?”
- Denominator Description
  - Acute inpatient discharges for commercial members 18 to 64 years of age and Medicare members 18 years of age and older as of the Index Discharge Date who had one or more discharges on or between January 1 and December 1 of the measurement year

# Contract Capture Strategy


- HEDIS is an important component of an overall health plan contracting strategy
- Your ability to support capturing and reporting HEDIS data-- along with a defined Return on Investment (ROI) should both be included in your presentations to health plans

# More on ROI


- ROI should be part of a presentation to health plans (and other integrated care entities)
- How can you calculate ROI?

$$\frac{\text{Net savings from changes in utilization}}{\text{Program costs}} = \text{ROI}$$

# ROI Interpretation


- ROI greater than 1 (>1): greater than expected savings
- ROI less than 0 (<0): less than expected savings
- ROI between 0 and 1: Results are small or inconclusive

- Example: ROI of 2: $2.00 in reduced healthcare expenses produced for every $1.00 invested

# All-Cause Readmissions (continued)


- Anywhere AAA CCTP cost calculation:
- CCTP Rate of $450 per eligible discharge
- 20,000 Eligible Discharges per year

- $450 X 20,000 = $9,000,000

- ROI Calculation:

$19,200,000 (Net Savings) / $9,000,000 (Cost to health plan) = 2.13

# CCTP Contract Capture Strategy


- Anywhere AAA has a defined ROI of 2.13
- Anywhere AAA provides a value-added service that supports the following, in addition to the direct ROI:
  - 100% of health plan funding for intervention, goes towards Medical Loss Ratio (MLR) requirement
  - Improved HEDIS outcomes for All-Cause Readmissions
  - Anywhere AAA will capture data in NCQA certified system
  - CCTP collaborates with local pharmacist that conducts FULL Comprehensive Medication Reviews (CMRs) with EACH individual member
    - CMR must meet <u>all</u> of the required elements to count for HEDIS

# Assessing Health Pan HEDIS Performance


- ACL Tip Sheet
- http://www.acl.gov/Programs/CIP/OICI/BusinessAcumen/docs/HEDIS_Performace_Tip_Sheet_Final.pdf

- Review of the Care of Wisconsin HEDIS report

# Quality Webinar Series


- Next two webinars in this series:
  - Medicare Advantage Star Ratings
  - Accountable Care Organization Quality Measures

# Questions


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