

HEDIS/CAHPS 101



August 13, 2012
Minnesota Measurement and Reporting Workgroup



Objectives

- **Provide introduction to NCQA**
- **Identify HEDIS/CAHPS basics**
- **Discuss various components related to HEDIS/CAHPS usage, including**
 - **State use, specifically Minnesota**
 - **Issuer performance variation**
 - **Consumer display**
 - **Composite vs. individual measures**

NCQA BACKGROUND

NCQA'S Mission and Vision

To improve the quality of health care

Measurement

We can't improve what we don't measure

Transparency

For measurement to be accepted we have to show how we measure

Accountability

Once we can measure we can expect and track improvement

How NCQA Measures Quality

	Standards	Performance Measures
	Structure and Process	Process and Outcomes
Examples	Patient – Centered Medical Home (e.g., After hours access)	HEDIS (e.g., comprehensive diabetes care)
Strengths	<ul style="list-style-type: none"> • Expedient to review • One standard may relate to several outcomes • More predictive of subsequent performance 	<ul style="list-style-type: none"> • Measurement alone may improve outcomes
Limitations	<ul style="list-style-type: none"> • Generally not actionable 	<ul style="list-style-type: none"> • Sample size constraints • Expense of clinical data collection

Source: Institute of Medicine, *Performance Measurement*, 2006

Performance Measures: Cornerstone of NCQA Work

Measure developed, tested, approved for release



Plans & providers collect data and submit results to NCQA

Auditors validate results



NCQA uses/reports measure results

Quality Compass

State of Health Care Report

Health Insurance Rankings

Results to States

Report Cards

Quality Dividend Calculator

Accreditation, Recognition Scoring

Medicare Advantage Results to CMS

HEDIS

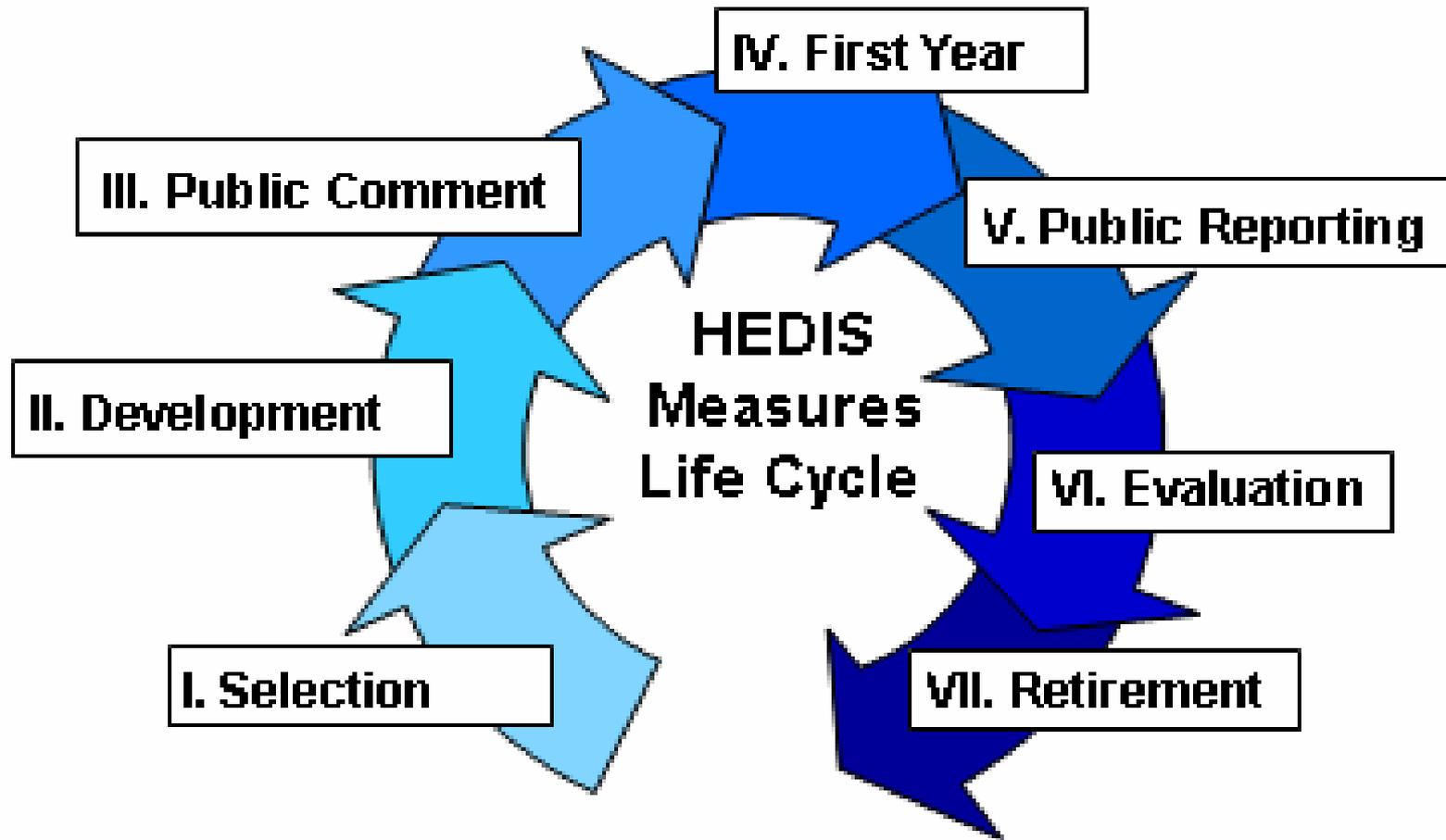
HEDIS 2013 Measurement

HEDIS = An evolving set of standard specifications for measuring performance of health plans, physicians and physician groups

80 measures across 5 domains of care

- **Effectiveness of Care (48)**
- **Access/Availability of Care (6)**
- **Experience of Care (3)**
- **Utilization and Relative Resource Use (16)**
- **Health Plan Descriptive Information (7)**

HEDIS Measure Life Cycle



I. Measure Selection - National Groups Have Prioritized Domains and Gaps for Measurement

	Content Areas (Combination of NQS priorities/recurring concepts)	Identified National Quality Priorities		Identification of Specific Performance Measure Gaps			
		HHS – National Quality Strategy (2011)	HHS– National Prevention Strategy (2011)	NQF – National Priorities Partnership (2011)	NQF – Measures Application Partnership (2012)	HHS – Meaningful Use (Continuous)	Institute of Medicine (2006)
1.	Healthy Living and Well-Being	x	x	x			
2.	Person and Family Centered Care	x		x	x	x	
3.	Communication and Care Coordination	x		x	x	x	x
4.	Special Populations (e.g., dual-eligible's)			x	x	x	x
5.	Safety	x	x	x	x		x
6.	Health Care Disparities		x				x
7.	Affordable Care & Efficiency	x		x	x	x	x
8.	Clinical Topics (e.g., cardiovascular care)	x	x	x			

1. Measure Selection - Internal Investment and External Funding

Internal Investment

- HEDIS (health plan, physician, ACO)
- Recognition programs (Diabetes, Heart Stroke, PCMH)
- Accreditation programs (Disease Managements, Wellness and Health promotion)
- Physician Quality Reporting System (CMS)
- New measure concepts (Global Cardiovascular Risk, Overuse, Total Cost)

Contracts and Grants

- Special populations
 - Geriatric, dual eligible
 - Psychiatric (inpatient), behavioral health
 - Pediatric
- Cancer (inpatient/outpatient)
- E-measures (new/respecification)
- Patient report measures (Health Outcomes Survey)

II. Development and III. Comment

- **Committee on Performance Measurement**
 - Oversees entire development process, approves final measure
 - Measure experts, consumers, health plans, private and public sector
- **Measurement Advisory Panels**
 - Experts in the area – mix of stakeholders
- **Field Testing**
- **Public Comment**
 - Minimum 30 day period

- Relevant
- Scientifically sound
- Feasible

IV. First Year and Public Reporting

- **First Year Analysis**
 - NCQA collects results but does not publicly report
 - Analysis for feasibility, appropriate variation
- **Public reporting**
 - Accreditation
 - Plan – level performance to private and public sector

V. Evaluation

- **Purpose**

- Periodically evaluate measures based on HEDIS desirable attributes and performance
- Most measures are reevaluated on a 3-year cycle (earlier if needed)

- **Process**

- Reviewing the clinical guidelines and health care delivery system
- Soliciting feedback from panels and measure users including health plans
- Analysis of results from previous years to ensure that the data is consistent

Data Reporting

- **Data reflect events that occurred during the measurement year (calendar year)**
- **Data are reported to NCQA in June of the reporting year**
- **Example:**
 - **HEDIS 2012 = 2011 data**
 - **Reflects events that occurred Jan–Dec 2011**
 - **HEDIS 2012 data are reported in June 2012**
- **All results must be audited by an NCQA-Certified Auditor**

Three HEDIS Data Sources

- Administrative
- Medical Record
- Survey



Clinical Measures Data Collection

- **Defining the denominator is critical**
- **Administrative: Claims and encounter data**
 - **Denominator: Based on all eligible members of the population**
- **Hybrid: Combination of administrative data and medical record review**
 - **Denominator: Based on a systematic sample of eligible members**

Anatomy of a Measure Specification

- Summary of Changes
- Description
- Definitions
- Eligible Population } Denominator
- Administrative Specification } Numerator
- Hybrid Specification } Numerator
- Exclusions (optional) } Numerator
- Notes
- Data Elements for Reporting

Controlling High Blood Pressure (CBP)

SUMMARY OF CHANGES TO HEDIS 2012

- Deleted ICD-9 Diagnosis code V56 from Table CBP-C.

Description

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.

Definitions

Adequate control	Both a representative systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high-normal range).
Representative BP	The most recent BP reading during the measurement year (as long as it occurred after the diagnosis of hypertension was made). If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. If no BP is recorded during the measurement year, assume that the member is “not controlled.”

Eligible Population

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Ages	18–85 years as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a one-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	Members are identified as hypertensive if there is at least one outpatient encounter (Table CBP-B) with a diagnosis of hypertension (Table CBP-A) during the first six months of the measurement year.

Table CBP-A: Codes to Identify Hypertension

Description	ICD-9-CM Diagnosis
Hypertension	401

Table CBP-B: Codes to Identify Outpatient Visits

Description	CPT
Outpatient visits	99201-99205, 99211-99215, 99241-99245, 99384-99387, 99394-99397

Hybrid Specification

Denominator A systematic sample drawn from the eligible population for each product line whose diagnosis of hypertension is confirmed by chart review. The organization may reduce the sample size using the prior year's audited, product line-specific rate. Refer to the *Guidelines for Calculations and Sampling* for information on reducing the sample size.

To confirm the diagnosis of hypertension, the organization must find notation of one of the following in the medical record on or before June 30 of the measurement year.

- HTN
- High BP (HBP)
- Elevated BP (↑BP)
- Borderline HTN
- Intermittent HTN
- History of HTN
- Hypertensive vascular disease (HVD)
- Hypertesia
- Hypertesis

The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents.

- Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see **Note** at the end of this section)
- Office note
- Subjective, Objective, Assessment, Plan (SOAP) note
- Encounter form
- Telephone call record
- Diagnostic report
- Hospital discharge summary

Statements such as "rule out HTN," "possible HTN," "white-coat HTN," "questionable HTN" and "consistent with HTN" are not sufficient to confirm the diagnosis if such statements are the *only* notations of hypertension in the medical record.

CAHPS

What Is The CAHPS Survey?

- **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems
- Agency for Healthcare Research and Quality (AHRQ) funds and manages the program
- CAHPS Health Plan Survey 5.0H version used for HEDIS reporting beginning in 2013
 - AHRQ Core questionnaire
 - HEDIS supplemental set

What Is The CAHPS Survey?

- **Collects information on member experience with the health plan**
 - Eligible Population criteria
- **Provides a general indication of how well the health plan meets member expectations**
 - Random sample
- **65 questions (adult commercial)**
- **57 questions (adult Medicaid)**

Types of CAHPS Surveys

- **Health Plan* (Adult and Child)**
- **Clinician & Group**
- **Surgical Care**
- **American Indian**
- **Dental Plan**
- **Experience of Care and Health Outcomes (ECHO)**
- **Home Health Care**
- **Hospital**
- **In-Center Hemodialysis**
- **Nursing Home**
- **Supplemental Item Sets**
 - **CAHPS Item Set for Children with Chronic Conditions ***
 - CAHPS Item Set for People with Mobility Impairments
 - CAHPS Cultural Competence Item Set
 - CAHPS Health Information Technology Item Set
 - CAHPS Item Set for Addressing Health Literacy
 - **CAHPS Patient-Centered Medical Home (PCMH) Item Set***

* Part of HEDIS

HEDIS Survey Protocol

- Health plan contracts with NCQA-certified CAHPS survey vendor (November – January)
- Select one of two options for administering HEDIS surveys:
 - Mail-only Methodology
 - Mixed Methodology
- Send out and collect surveys (Feb. to April)
 - Required Sample Sizes, for example
 - Adult commercial: 1100
 - Child commercial (without CCC): 900
- Vendors submits results to NCQA (May)

CAHPS 5.0H Survey Results

- **Combined into Ratings**
 - **Rating of All Health Care**
 - *“Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?”*
 - **Rating of Personal Doctor**
 - **Rating of Specialist Seen Most Often**
 - **Rating of Health Plan**

CAHPS 5.0H Survey Results

- **Combined into Composites**
 - **Getting Needed Care**
 - *“In the last 12 months, how often was it easy to get appointments with specialists?”*
 - *“In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?”*
 - **Claims Processing (adult commercial only)**
 - **Customer Service**
 - **Getting Care Quickly**
 - **How Well Doctors Communicate**
 - **Shared Decision Making**
 - **Plan Information on Costs (adult commercial only)**

USES OF HEDIS/CAHPS

How Do States Use HEDIS/CAHPS?

1. Required by State

- 25 states (Commercial)
- 31 states (Medicaid)

2. Report to consumers

3. Identify quality improvement goals

How Does Minnesota Use HEDIS/CAHPS?

- **Commercial Plans**

- Commercial HMO HEDIS results are compiled and posted on the DOH's website

- <http://www.health.state.mn.us/divs/hpsc/mcs/hedis/home.htm>

- **Medicaid Plans**

- Medicaid HMOs are **required** to report audited HEDIS data to the state

NCQA Accreditation Report Card for Minnesota

Plan Name [?]	Plan Type [?]	Accredited Product [?]	Accreditation Type [?]	Access and Service [?]	Qualified Providers [?]	Staying Healthy [?]	Getting Better [?]	Living with Illness [?]	Overall Accreditation Status [?]
▲	▲	▲	▲						
Issuer 1	Commercial	PPO	Health Plan Accreditation	★★★★☆	★★★★★	★★★★☆	★★★★★	★★★★☆	Commendable
Issuer 2	Commercial	PPO	Health Plan Accreditation	★★★★★	★★★★★	★★★★☆	★★★★☆	★★★★★	Excellent
Issuer 3	Commercial	HMO/POS/PPO Combined	Health Plan Accreditation	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	Excellent
Issuer 4	Commercial	HMO/POS/PPO Combined	Health Plan Accreditation	★★★★★	★★★★★	★★★★☆	★★★★☆	★★★★★	Excellent
Issuer 5	Commercial	POS	Health Plan Accreditation	★★★★★	★★★★★	★★★★☆	★★★★☆	★★★★☆	Commendable

For more information at NCQA Report Cards, please follow this link:
<http://reportcard.ncqa.org/plan/external/plansearch.aspx>

Minnesota Health Plan Rankings - Commercial

- Five Minnesota commercial plans are included in the NCQA Health Plan Rankings

	Rank	Score	Product	Consumer Satisfaction*	Prevention	Treatment
Issuer 1	245	80.1	PPO	2	2	3
Issuer 2	90	83.9	PPO	3	4	4
Issuer 3	24	87.4	HMO/ POS/ PPO	4	5	5
Issuer 4	72	84.7	HMO/ POS/ PPO	3	4	4
Issuer 5	134	82.6	POS	3	3	4

<http://www.ncqa.org/tabid/1243/Default.aspx>

Minnesota Health Plan Rankings – Medicaid and Medicare

- **2 Medicaid plans are included in the NCQA Rankings**

	Rank	Score	Product	Customer Satisfaction	Prevention	Treatment
Issuer 2	28	84.6	HMO	5	4	4
Issuer 4	11	87.5	HMO	5	4	5

- **1 Medicare plan is included in the NCQA Rankings (*one issuer is scheduled for accred.)**

	Rank	Score	Product	Customer Satisfaction	Prevention	Treatment
Issuer 3	102	74	HMO	5	5	5
Issuer 6	n/a	n/a	n/a	n/a	n/a	n/a

<http://www.ncqa.org/tabid/1424/Default.aspx>

Issuer Performance Variation In HEDIS/CAHPS?

	Controlling High Blood Pressure	Chlamydia Screening in Women	Cholesterol Management for Patients with Cardiovascular Conditions	Antidepressant Medication Management	Colorectal Cancer Screening
Issuer 1	78.03	46.54	85.24	65.81	44.18
Issuer 2	79.81	44.11	94.20	75.79	53.10
Issuer 3	84.20	51.82	92.70	75.93	69.72
Issuer 4	80.80	44.48	90.02	70.68	65.21
Issuer 5	81.62	43.15	95.06	71.60	53.10
Variation	6.17	8.69	9.82	10.12	25.54

*Scores based on 2011 Commercial NCQA Quality Compass HEDIS data

**Thank you!
Questions?**

Ledia Tabor - tabor@ncqa.org

Appendix

HEDIS Measures in Accreditation 2012

	Commercial Medicare Medicaid		
Annual Monitoring for Patients on Persistent Medications (both rates)		✓	
Antidepressant Medication Management (both rates)	✓	✓	✓
Appropriate Testing for Children with Pharyngitis	✓		✓
Appropriate Treatment for Children with URI	✓		✓
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	✓		✓
Breast Cancer Screening	✓	✓	✓
Cervical Cancer Screening	✓		✓
Childhood Immunization: Combination 2	✓		✓
Chlamydia Screening in Women	✓		✓

HEDIS Measures in Accreditation 2012

	Commercial	Medicare	Medicaid
Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	✓	✓	✓
Colorectal Cancer Screening	✓	✓	
Comprehensive Diabetes Care (CDC) <ul style="list-style-type: none"> • HbA1c Testing • LDL-C Screening • Medical attention for nephropathy • Retinal examination 	✓	✓	✓
CDC - HbA1c Poor Control (>9)	✓	✓	✓
Controlling High Blood Pressure	✓	✓	✓
Flu Shots for Adults Ages 50-64 (Commercial)/Flu Shots for Older Adults (Medicare)	✓	✓	

HEDIS Measures in Accreditation 2012

	Commercial	Medicare	Medicaid
Follow-up after Hospitalization for Mental Illness (7 day rate only)	✓	✓	✓
Follow-Up Care for Children Prescribed ADHD Medication (both rates)	✓		✓
Glaucoma Screening in Older Adults		✓	
Medical Assistance with Smoking and Tobacco Cessation	✓	✓	✓
Osteoporosis Management for Women who had a Fracture		✓	
Persistence of Beta Blocker Treatment After Heart Attack	✓	✓	
Prenatal and Postpartum Care	✓		✓
Pneumonia Vaccination Status for Older Adults		✓	

HEDIS Measures in Accreditation 2012

	Commercial Medicare Medicaid		
Use of High-risk Medications in the Elderly (both rates)		✓	
Use of Appropriate Medication for People with Asthma	✓		✓
Use of Imaging Studies for Low Back Pain	✓		✓
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	✓	✓	✓