Population Health: Update on HEDIS® measures

Office of Evidence-Based Practice
Quality Management Division
U.S. Army Medical Command

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• MHSPHP Methods document is posted on the application, under "Documents" from the Admin tab
• 2010 HEDIS Technical Specifications (from NCQA) are now in place with the posting of January data reports
• Reference documents available on the QMO web site under the HEDIS toolkit web pages:
  https://www.qmo.amedd.army.mil
## 2009 HEDIS Benchmarks

<table>
<thead>
<tr>
<th>Benchmark Yr</th>
<th>HEDIS Measure Description</th>
<th>P50</th>
<th>P90</th>
<th>P90 % change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>Asthma</td>
<td>92.7</td>
<td>95.1</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Asthma</td>
<td>92.6</td>
<td>95.1</td>
<td>0.0%</td>
</tr>
<tr>
<td>2008</td>
<td>Breast Cancer Screening 42-69</td>
<td>68.5</td>
<td>78.2</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Breast Cancer Screening 42-69</td>
<td>70.0</td>
<td>78.7</td>
<td>0.5%</td>
</tr>
<tr>
<td>2008</td>
<td>Cervical Cancer Screening</td>
<td>82.0</td>
<td>87.8</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Cervical Cancer Screening</td>
<td>81.4</td>
<td>86.7</td>
<td>-1.1%</td>
</tr>
<tr>
<td>2008</td>
<td>Diabetes Care - &lt;100 LDL-C Level</td>
<td>43.9</td>
<td>52.3</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Diabetes Care - &lt;100 LDL-C Level</td>
<td>45.3</td>
<td>53.9</td>
<td>1.6%</td>
</tr>
<tr>
<td>2008</td>
<td>Diabetes Care - HbA1c Testing</td>
<td>88.4</td>
<td>93.2</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Diabetes Care - HbA1c Testing</td>
<td>89.0</td>
<td>93.7</td>
<td>0.5%</td>
</tr>
<tr>
<td>2008</td>
<td>Diabetes Care - A1C &lt; or = 9</td>
<td>71.1</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Diabetes Care - A1C &lt; or = 9</td>
<td>72.2</td>
<td>81.3</td>
<td>0.3%</td>
</tr>
<tr>
<td>2008</td>
<td>Chlamydia Screening - Rate - Total</td>
<td>37.0</td>
<td>51.2</td>
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<tr>
<td>2009</td>
<td>Chlamydia Screening - Rate - Total</td>
<td>41.0</td>
<td>53.9</td>
<td>2.7%</td>
</tr>
<tr>
<td>2008</td>
<td>Colorectal Cancer Screening</td>
<td>55.8</td>
<td>68.4</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Colorectal Cancer Screening</td>
<td>59.4</td>
<td>69.6</td>
<td>1.2%</td>
</tr>
<tr>
<td>2008</td>
<td>Well Child Visit - 15 Months; &gt;= 6 visits</td>
<td>75.3</td>
<td>90.4</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Well Child Visit - 15 Months; &gt;= 6 visits ***</td>
<td>76.8</td>
<td>90.4</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

*** measure added in 2010
No Major Changes to:

• Breast Cancer Screening
  – Age groupings retained:
    • 42-51, 52-69, and total* (42-69)

• Cervical Cancer Screening

• Chlamydia Screening
  – New table for “Medications to Identify Exclusions”
    • Description: Prescription of Isotretinoin (Accutane)
  – Added ICD-9-CM diagnosis codes plus other coding changes

* AMEDD benchmark: Total age range
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Asthma

Use of appropriate medications

• Lowered the age limit from 56 to 50 years of age
  • No major impact expected with decrease in age range

• Additional Exclusions
  • Cystic fibrosis
  • Acute respiratory failure

• Multiple prescriptions dispensed on same day
  • Clarifications for different meds dispensed on same day
Evidence-Based Practice

Colorectal Cancer Screening

• Lowered the age limit from 80 to 75 years of age

• Numerator
  – Remove Double Contrast Barium Enema/Air Contrast Barium Enema (DCBE/ACBE) as an appropriate screening method (evidence for low sensitivity)

• CT colonography is not an inclusion code

• Some coding deletions (LOINC; HCPCS)
Comprehensive Diabetes Care

• Major change to diabetes denominator for measures tracked:
  – Annual HbA1c Screen
  – HbA1c Control <= 9.0
  – LDL Control <100

• Increase of 4552 diabetic patients placed on the MHSPHP Action Lists across the AMEDD

• Changes place measures in closer alignment with precise HEDIS methodology published by NCQA

• Before Jan 10 MHSPHP files, the application was programmed to keep patients out of the diabetes denominator for a 24 month look-back period if they had been coded with Polycystic Ovarian syndrome, Steroid-Induced Diabetes, or Gestational Diabetes
Comprehensive Diabetes Care

• Now, if patient has an exclusion diagnosis (ICD-9 code), then has a face-to-face encounter in any setting, within the 24 month look-back period of the diagnosis, they now land on the Action List. This E&M encounter would have to include a diagnosis for diabetes, with or without prescriptions.

• Prescriptions alone will not put patient on lists, as long as exclusion diagnosis is found in the patient's medical history.

• Higher risk beneficiaries will now appear on the MHSPHP for local MTF monitoring and proactive patient management.
• Exclusion codes for secondary diabetes:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polycystic Ovarian Syndrome</td>
<td>256.4</td>
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<tr>
<td>Steroid-Induced Diabetes</td>
<td>249, 251.8, 962.0</td>
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<tr>
<td>Gestational Diabetes</td>
<td>648.8</td>
</tr>
<tr>
<td>Prediabetes</td>
<td>790.29</td>
</tr>
<tr>
<td>Metabolic Syndrome</td>
<td>277.7</td>
</tr>
</tbody>
</table>

• If an enrollee has ANY of the exclusion diagnoses, they will not land on the lists with a diabetic prescription by itself. They must also have the encounter or claim with the ICD-9 inclusion coding for diabetes.
HbA1c Control – MHSPHP Reports

• New measures for HgA1c good control < 8 and modified HgA1c good control < 7 will be implemented in a future refresh in 2010

• MHSPHP continues to post reports for HgA1c < 9 and HgA1c < 7 control measures at this time
High Utilizer Measure - MHSPHP

- Coding is being updated to remove “routine”-type encounters. Attempt to reduce number of encounters that do not reflect high use of primary care services; such as vaccinations, physical therapy, speech therapy, mental health visits that occur in primary care MEPRS codes.
- Goal: Improve focus on patients who may benefit from proactive actions such as case management, care coordination, mental health or other specialty referral, appointment with nurse, etc.
- Update should be implemented within the next 1-2 refresh cycles.
Well Child Visits First 15 Months

- New HEDIS measure (with MHSPHP redesign)
- Access to Care / Use of Services measure
- AMEDD will measure on >= 6 Visits
- Currently at 60% performance level
- HEDIS 90th percentile = 90.4%

Anticipate upcoming clinical measures and develop care improvement processes early