



Population Health: Update on HEDIS[®] measures

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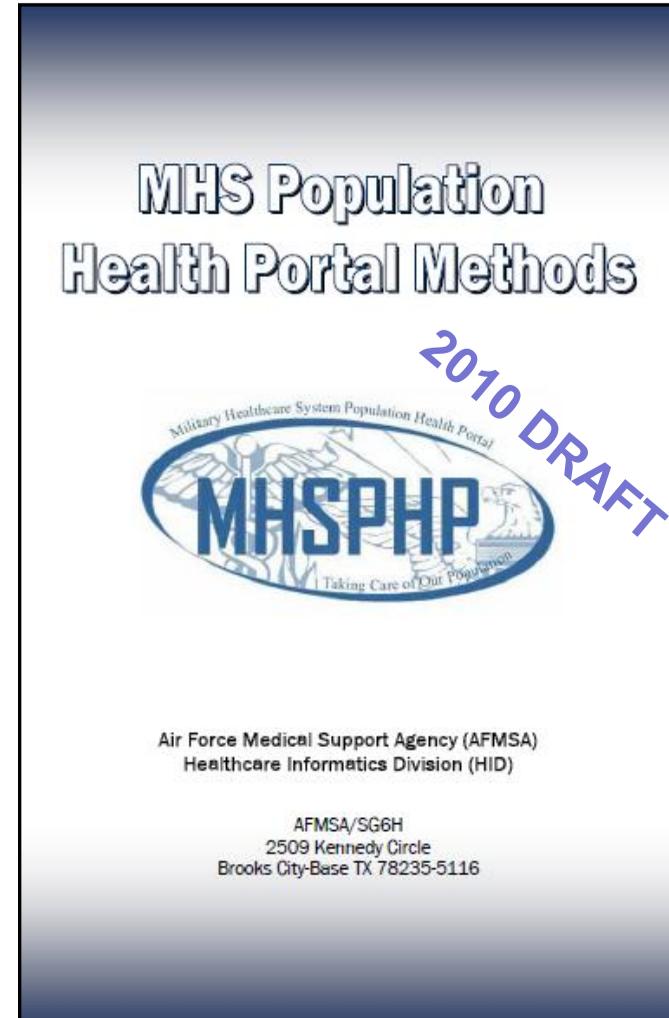




January 2010 Updates - MHSPHP

- 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

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



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



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



Comprehensive Diabetes Care

- Exclusion codes for secondary diabetes:

Description	ICD-9-CM Codes
Polycystic Ovarian Syndrome	256.4
Steroid-Induced Diabetes	249, 251.8, 962.0
Gestational Diabetes	648.8
Prediabetes	790.29
Metabolic Syndrome	277.7

- 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

