HEDIS® and Clinical Quality Measures: The Basics

Office of Evidence-Based Practice
Clinical Performance Assurance Directorate
U.S. Army Medical Command
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Objectives

• Define HEDIS® = Healthcare Effectiveness Data Information Set
• Explain the use of HEDIS® measures across U.S. health plans and the AMEDD
• Introduce key concepts used in Clinical Quality Measurement
HEDIS®

• Precisely defined measures using standardized methodologies applied to a broad range of health conditions

• Administered by the National Committee for Quality Assurance (NCQA)

• DoD does not submit data for NCQA public reports

• Data is submitted by commercial U.S. health care plans

• Reports are presented in percentages and percentiles

www.ncqa.org
HEDIS®

• NCQA offers quality data on clinical performance and patient experience for commercial health plan products, covering more than 100 million U.S. lives

• HEDIS® set specifies how organizations collect, audit, & report:
  • Dimensions of healthcare delivery
  • Customer satisfaction
  • Patient experience

• Relative percentile ranking of any score will change depending on each year’s data that is submitted (which plans and how much each plan participates)
HEDIS® Measure Evaluation Criteria

• Consistent with Comprehensive National Definition of Access, Safety, and Quality
• Consistent with Measures Used by Leading Health Systems
• HEDIS Measures Data in MHS
  • Purchased Care data is based on claims data; if TRICARE does not pay for any of the cost of care/treatment, no data is available.
  • Direct Care data is based on administrative data and clinical data available in mineable fields in MHS data systems.
  • Enrolled beneficiaries over the age of 65 are enrolled (empaneled) in TRICARE Plus
  • TRICARE PRIME enrollees who meet criteria for HEDIS® measures are used to benchmark with commercial health plan performance.
  • The Military Health System Population Health Portal (MHSPHP) methodologies are based on HEDIS® criteria. **These criteria are used to benchmark treatment facilities using a common methodology and should not be confused with Clinical Practice Guidelines.**
Why does HEDIS® matter?

- Used to measure *performance* on important dimensions of care and service
- Allows for standardized reporting
- Comparable to National Benchmarks
- Reports are used to:
  - Select a health plan (employers & consumers)
  - Conduct competitor analysis of health plans
  - Examine and compare quality improvement programs
  - Benchmark healthcare plan performance on a national level
Why Do We Measure?

Measure  *n.* A standard: a basis for comparison; a reference point against which other things can be evaluated

• How do patients know if their healthcare is good care?
• How do providers pinpoint the steps that need to be improved for better patient outcomes?
• And how do insurers and employers determine whether they are paying for the best care that science, skill, and compassion can provide?

Performance measures give us a way to assess healthcare against recognized standards
What Is A Good Measure?

- Description of intent
- Documented description of population
- Defined data elements and allowable values
- Defined sampling procedure
- Specified calculation method
- Useful to healthcare organization

BREAST CANCER SCREENING
The percentage of women, age 52-74, and continuously enrolled in TRICARE Prime for the 27 month period prior to the metric month who had a mammogram in the previous 27 months
HEDIS® Percentiles

• Best described as a comparison score
• It is a measure of relative standing of an observation within a data set
• How many and how frequent the observations appear in the data set
• One of 100 equal parts of a series of measurements are arranged in order of their magnitude

Example: The 80th percentile is the value in the series below which over 79% of the values fall
Percentiles as Benchmarks

• Benchmarks indicate a standard of achievement or excellence against which similar things are measured or judged.

• Comparing current performance with past performance is a method used to perform internal benchmarking. The data gathered from the analysis is used to improve future performance.

• Benchmark percentiles are not averages; they indicate an organization’s best rate.

• You cannot perform the same mathematical and statistical operations on percentiles that you can on raw scores.
Using Percentiles

<table>
<thead>
<tr>
<th>Chlamydia Screening Total</th>
<th>Total Screening Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRP - A</td>
<td>66.78 %</td>
</tr>
<tr>
<td>HRP - B</td>
<td>58.59 %</td>
</tr>
<tr>
<td>HEDIS® Benchmark: 90th percentile</td>
<td>61.99 %</td>
</tr>
</tbody>
</table>

- Some scores are low; however, a relatively low score may be ranked as a **high** percentile
  - 90th percentile for Chlamydia Screening = 61.99%
  - So, 90 percent of all health plans submitting HEDIS® data has screened 61.99% of their patients following the measure definition
Using Percentiles

<table>
<thead>
<tr>
<th>Asthma Medication Management</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRP - A</td>
<td>96.58 %</td>
</tr>
<tr>
<td>HRP - B</td>
<td>94.44 %</td>
</tr>
<tr>
<td>HEDIS® Benchmark: 90th percentile</td>
<td>98.79 %</td>
</tr>
</tbody>
</table>

- Some scores are high; however, a relatively high score may be ranked as a low percentile
  - 50th percentile for Asthma Med Management = 94.45%
  - So, about half of all health plans submitting HEDIS® data has screened 94.45% of their patients following the measure definition
HEDIS® Advantages

• Used to measure *performance* on important dimensions of care and service

• Allows for standardized reporting

• Reports are used to:
  • Select a health plan (employers & consumers)
  • Conduct competitor analysis of health plans
  • Examine and compare quality improvement programs; along with accreditation information
  • Benchmark healthcare plan performance on a national level
HEDIS® Disadvantages

• HEDIS® measures do not account for many important aspects of health care quality
  • Numerous non-HEDIS interventions demonstrate some evidence of effectiveness; i.e., interventions to promote healthy behaviors
• Process to develop the measures is not completely "transparent”
  • Information about existing conditions, decisions and actions is not completely accessible, visible and understandable
• HEDIS® measures are not considered standards of care, but act only as proxies for current EBP recommendations
  • Updates to measure definitions may not be timely and may not match current evidence based practice guidelines
How the AMEDD Uses Reports

- **Strategy:** Delivery of quality healthcare requires
- **Measurement** → **Accountability** → **Transparency**
  - **Measurement**-
    - As a healthcare system, we can’t improve what we don’t measure
  - **Accountability**-
    - When we measure, we can be accountable for improvement
  - **Transparency**-
    - Quality data must be translated into understandable, actionable reports for leadership and beneficiaries
How will measures serve our future

- Measures are becoming both more precise and more complex
- Pay for performance / nonpayment for poor performance
- Health care reform legislation requires use of “patient-reported” measure sets
- In the public arena, reporting of measures will become clearer and easier for patients and their families to understand and use
Welcome to the Population Health Management Home Page

The menu on the left posts materials for the HEDIS Toolkit. There are reference materials used by local MTFs, such as samples of work practices to assist in effective use of standardized clinical quality measures (HEDIS) and initiatives in population health management. This collection of materials is not intended to be considered guidance or policy for primary care teams.

Reference and resource materials are being replaced periodically, so check back here for updates.

We welcome your comments on how to improve the information posted; please submit your feedback to our Web Master.

Click here to join the Population Health email distribution list.

https://www.QMO.amedd.army.mil
Numerous clinical quality measures are tracked across US healthcare organizations. NQMC promotes use of evidenced-based quality measures.

The National Quality Forum (NQF) is a not-for-profit, nonpartisan, membership-based organization that works to catalyze improvements in healthcare.

Specifically, NQF:
- Convenes working groups to foster quality improvement in both public- and private-sectors;
- Endorses consensus standards for performance measurement;
- Ensures that consistent, high-quality performance information is publicly available; and
- Seeks real time feedback to ensure measures are meaningful and accurate.

NQF endorsement is the gold standard for healthcare quality. NQF-endorsed measures are evidence-based and valid, and in tandem with the delivery of care and payment reform, they help:
- Make patient care safer;
- Improve maternity care;
- Achieve better health outcomes;
- Strengthen chronic care management; and
- Hold down healthcare costs. New directions are further strengthening how we engage with the healthcare community to drive quality improvements.

http://www.qualityforum.org
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