

Holding Health Plans Accountable: The HEDIS measurement system

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National Committee for Quality Assurance

Measurement set used by more than 90 percent of America's health plans

Allows for comparison of health plans across important dimensions of care and service

Receive
preventive services

*Colorectal Cancer
Screening*

*Prenatal, Childhood,
Adolescent and
Adult Immunization
Status*

Manage chronic
conditions

*Comprehensive
Diabetes Care*

*Statin Therapy for
Patients with
Cardiovascular Disease
and Diabetes*

Address
behavioral health

*Follow-Up After ED Visit
for Mental Illness and
Substance Use Disorder*

*Prenatal and Post-Partum
Depression Screening and
Follow-Up*

Coordinate
Care

Transitions of Care

*All-Cause
Readmissions*

*Hospitalization
Following Discharge
from a SNF*

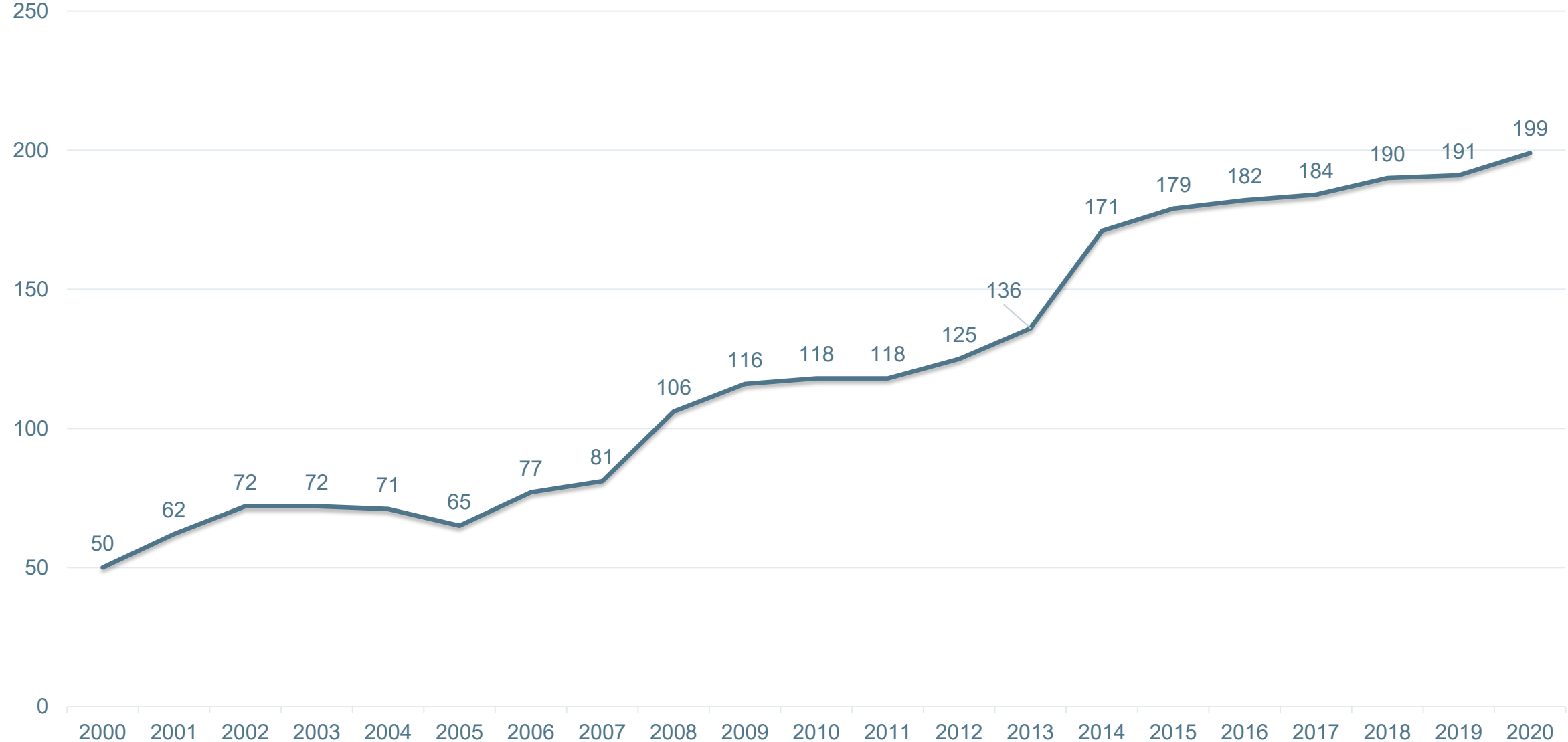
Overuse/
Appropriateness

*Risk of Continued
Opioid Use*

*Non-Recommended
PSA Screening in
Older Men*

Positive Trend Toward Accountable Health Care Systems: 2000-2020

Millions of members in health plans that report HEDIS (audited)



HEDIS Measurement Year (MY) 2020–2021

92 measures across *6 domains*

- Effectiveness of Care (55)
- Access/Availability of Care (5)
- Experience of Care (3 CAHPS Surveys)
- Utilization (8) and Risk Adjusted Utilization (5)
- Health Plan Descriptive Information (5)
- Measures Collected Using Electronic Clinical Data Systems (11)

Use in *Programs*

- CMS ACO: 10 measures
- CMS Quality Payment Program: 33 measures
- CMS Quality Rating System: 24 measures
- CMS Part C Star Ratings: 14 measures | CMS Part C Display: 10 measures
- Medicaid Adult Core Set: 17 measures
- Medicaid Child Core Set: 12 measures
- Private Sector Value-Based Contracting Programs: (multiple measures)

Measure Development

Desirable Attributes for Measures

Relevance



- Meaningful to stakeholders
- Important to enhanced health
- Addresses Equity
- Financial impact of improvement
- Controllable
- Potential for improvement
- Substantial variation

Scientific Soundness



- Based on best available evidence
- Process or structural measures are linked to outcomes
- Accurate-reliable-valid

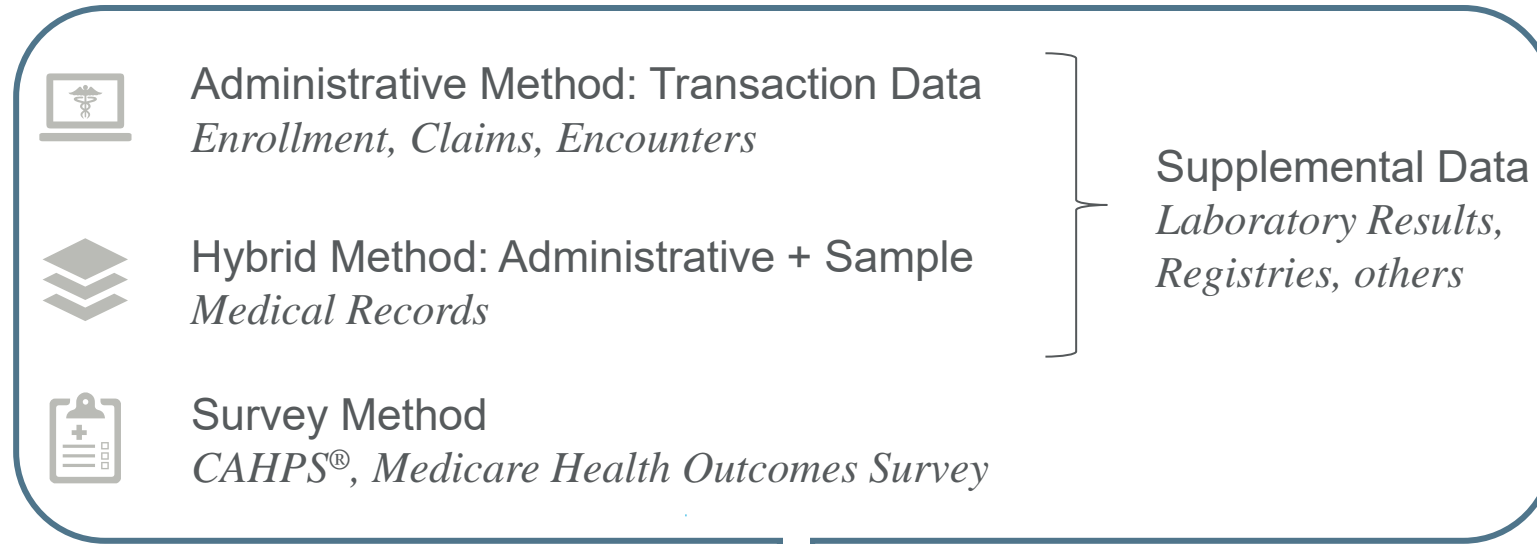
Feasibility



- Precisely specified
- Needed data available
- Cost of data collection is reasonable
- Auditable

HEDIS Data Sources and Collection Methods

Harnessing an evolving data landscape



Electronic Clinical Data Systems Method
EHRs, Registries, Case Management, Claims

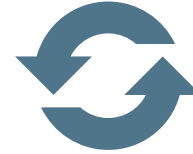
<http://www.ncqa.org/ECDS>

Not All Great Ideas Make Great Measures



Clinical

- Lack of clinical evidence
- Science is changing
- Risk adjustment (where appropriate)



Technical

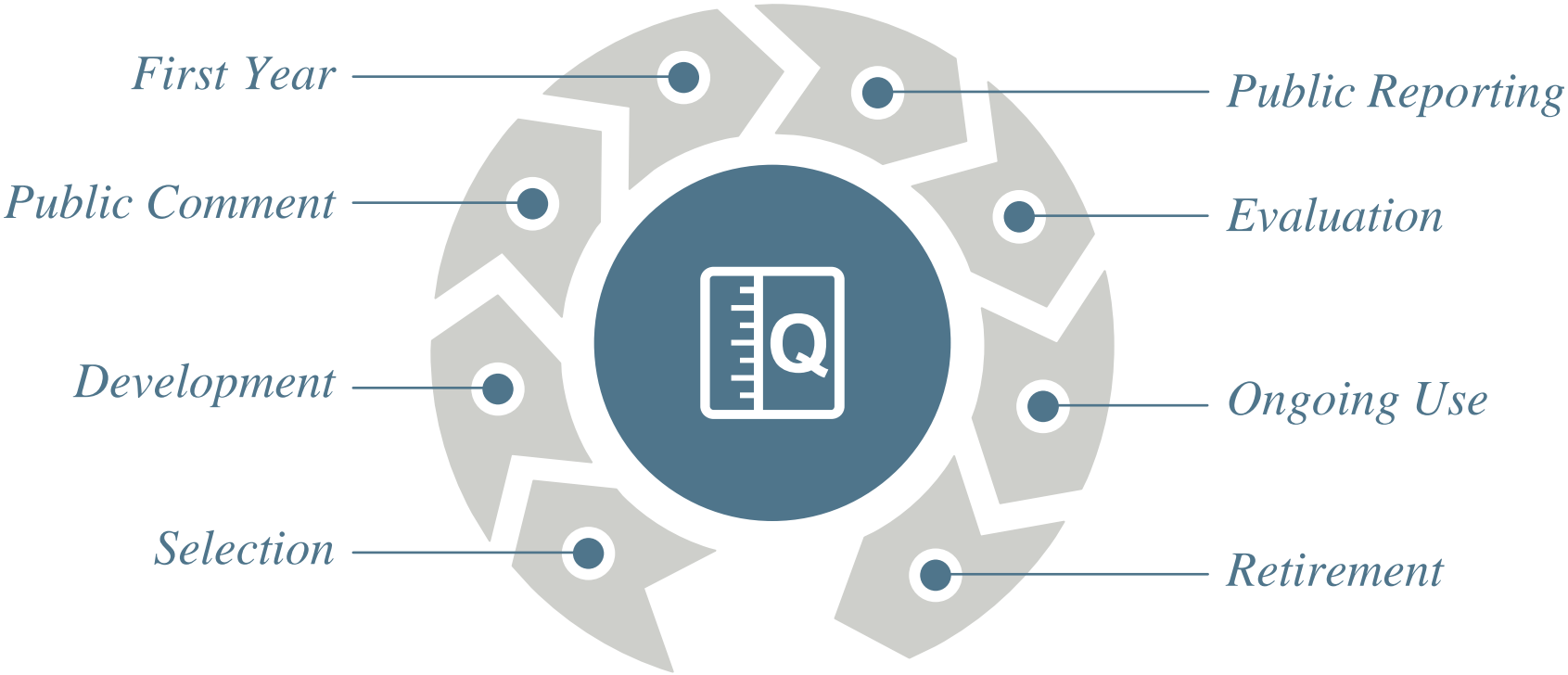
- Small numbers
- Data Sources



External Issues

- Users must be able to understand results
- What accountable entities can control or influence
- Differences in delivery systems, regions, etc.

HEDIS Measure Development Process



NCQA: Committed to Measurement, Transparency, Accountability

Quality Measurement Means

- Use of objective measures based on evidence
- Results that are comparable across organizations
- Impartial third-party evaluation and audit
- Public Reporting

NCQA Quality Programs

- Accreditation of health plans using performance data
- HEDIS clinical measures
- CAHPS consumer survey
- Health Plan Ratings
- Measurement of quality in provider groups, ACOs, Marketplaces
- Physician Recognition



NCQA Home About NCQA About Accreditation

NCQA Plan Performance **★★★★** **★★★★** **★★★** **★★** **★** **○**
best very good good fair poor

Here are the results of your search: [New Search](#)

Plan	Product Line/Product	Access & Service	Qualified Providers	Staying Healthier	Getting Better	Living with Illness	Overall Accreditation
Plan Alpha	Commercial/HMO	★★★★	★★★	★★★★	★★★★	★★★★	EXCELLENT
Plan Beta	Commercial/POS	★★	★	★	★★★★	★	ACCREDITED
Plan Gamma	Commercial/POS	★★	○	★★	★	★	PROVISIONAL
Plan Delta	Commercial/HMO	★★★★	★★	★★★★	★★★★	★★★★	COMMENDABLE

About



>190 million people
in HEDIS-reporting
health plans

Colorectal Cancer Screening Measure

Adults age 50–75 years (enrolled for two years)

Screened for colorectal cancer by any of the following:

Fecal occult blood test/fecal immunochemical test during the year

Flexible sigmoidoscopy in the last 5 years

Colonoscopy in the last 10 years

Computed tomography colonography in the last 5 years

FIT-DNA in the last 3 years

Exclusions: frailty and advanced illness,
colorectal cancer, total colectomy

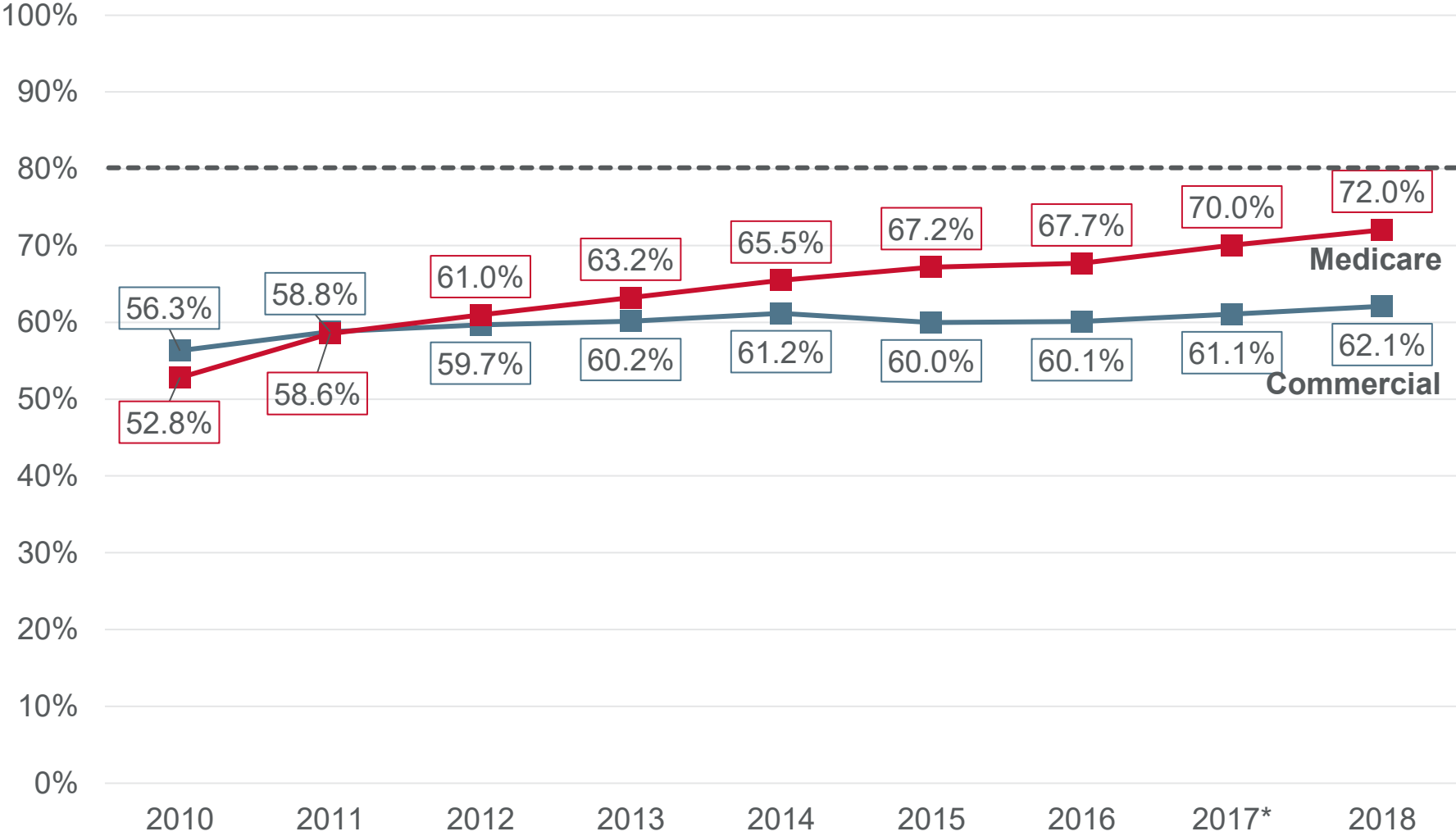
Overview

What do the data tell us?

Commercial plans not moving fast

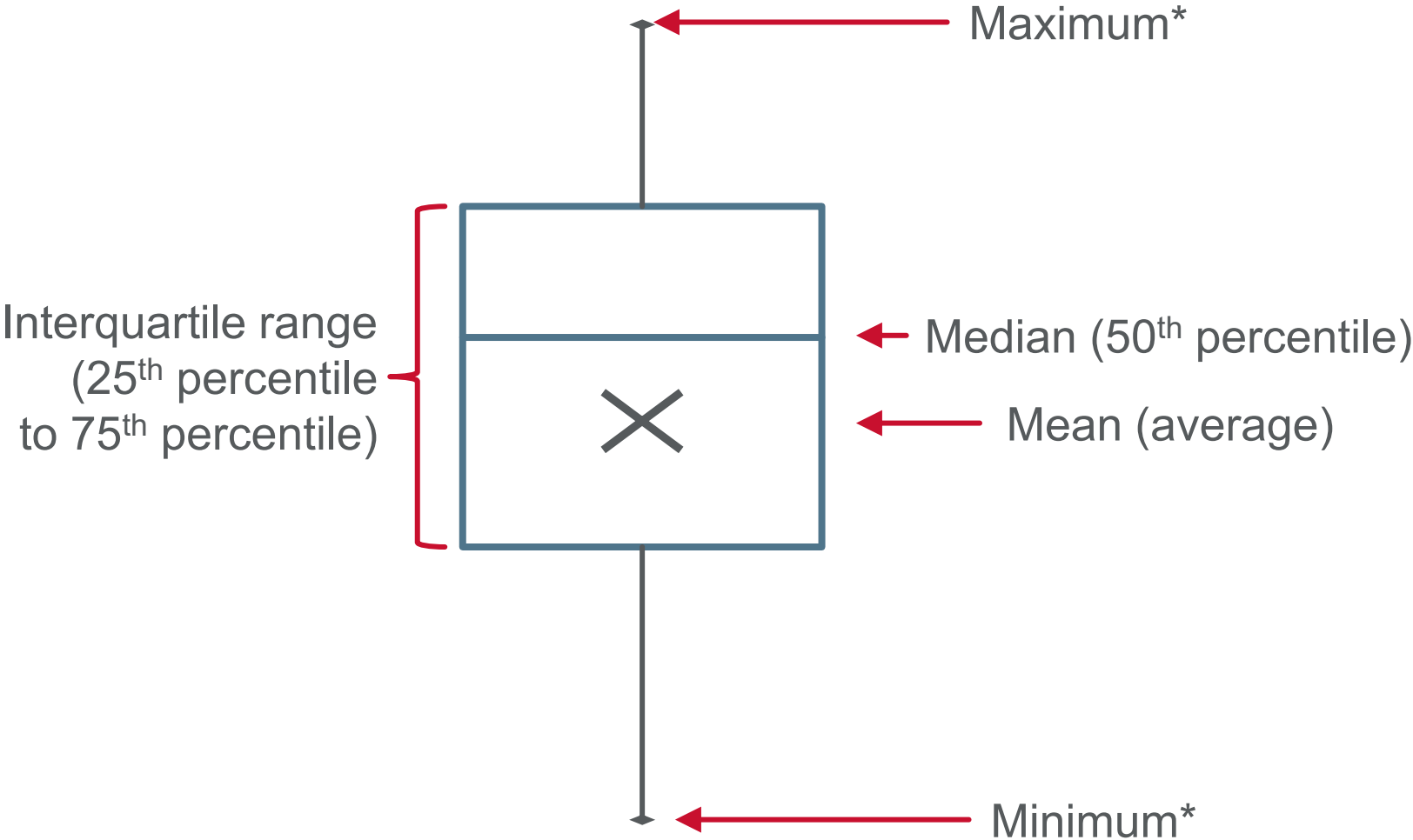
But look at Medicare!

Average National Performance, Measurement Year 2010–2018



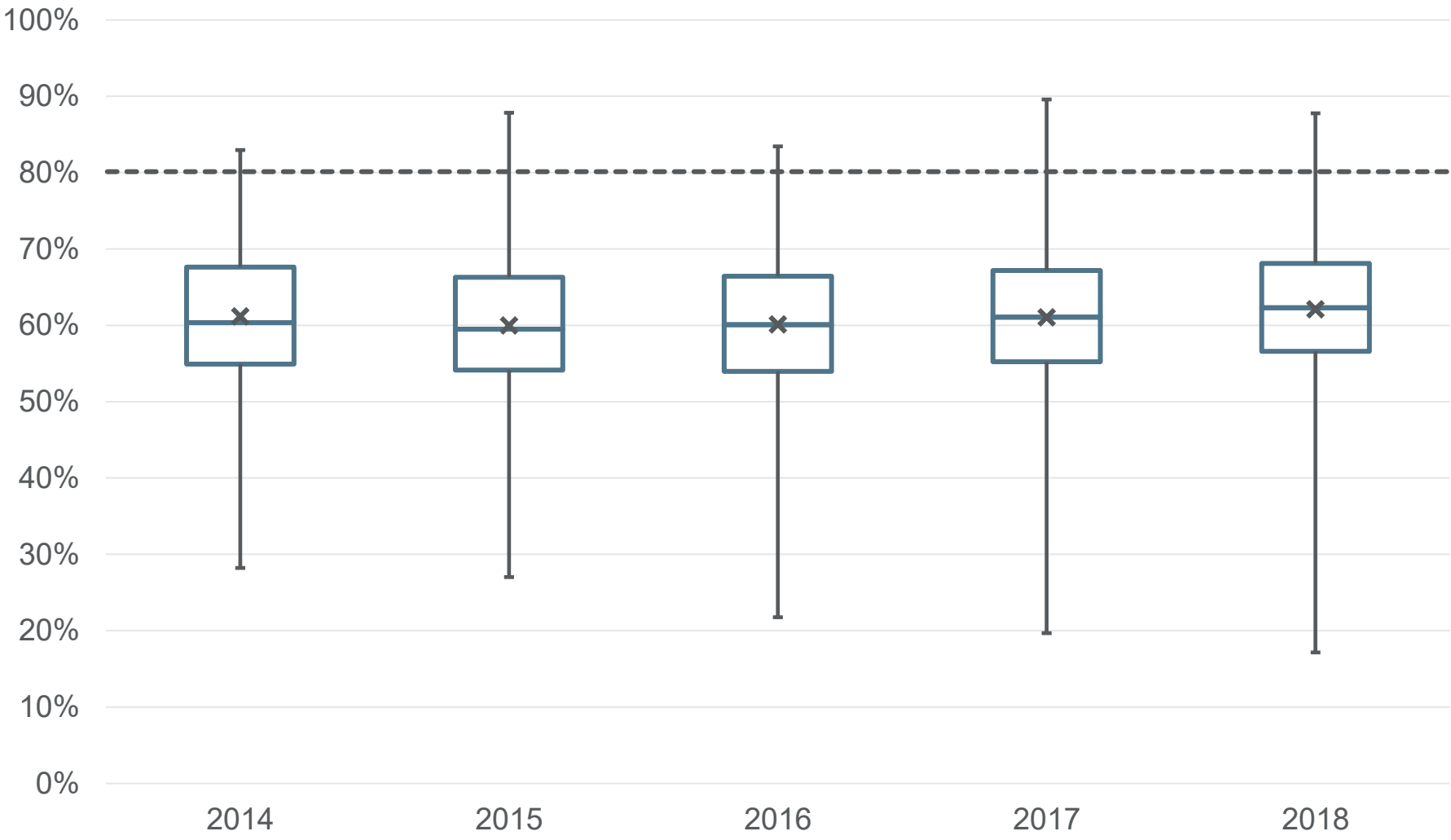
*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.

Box and Whisker Plot Key

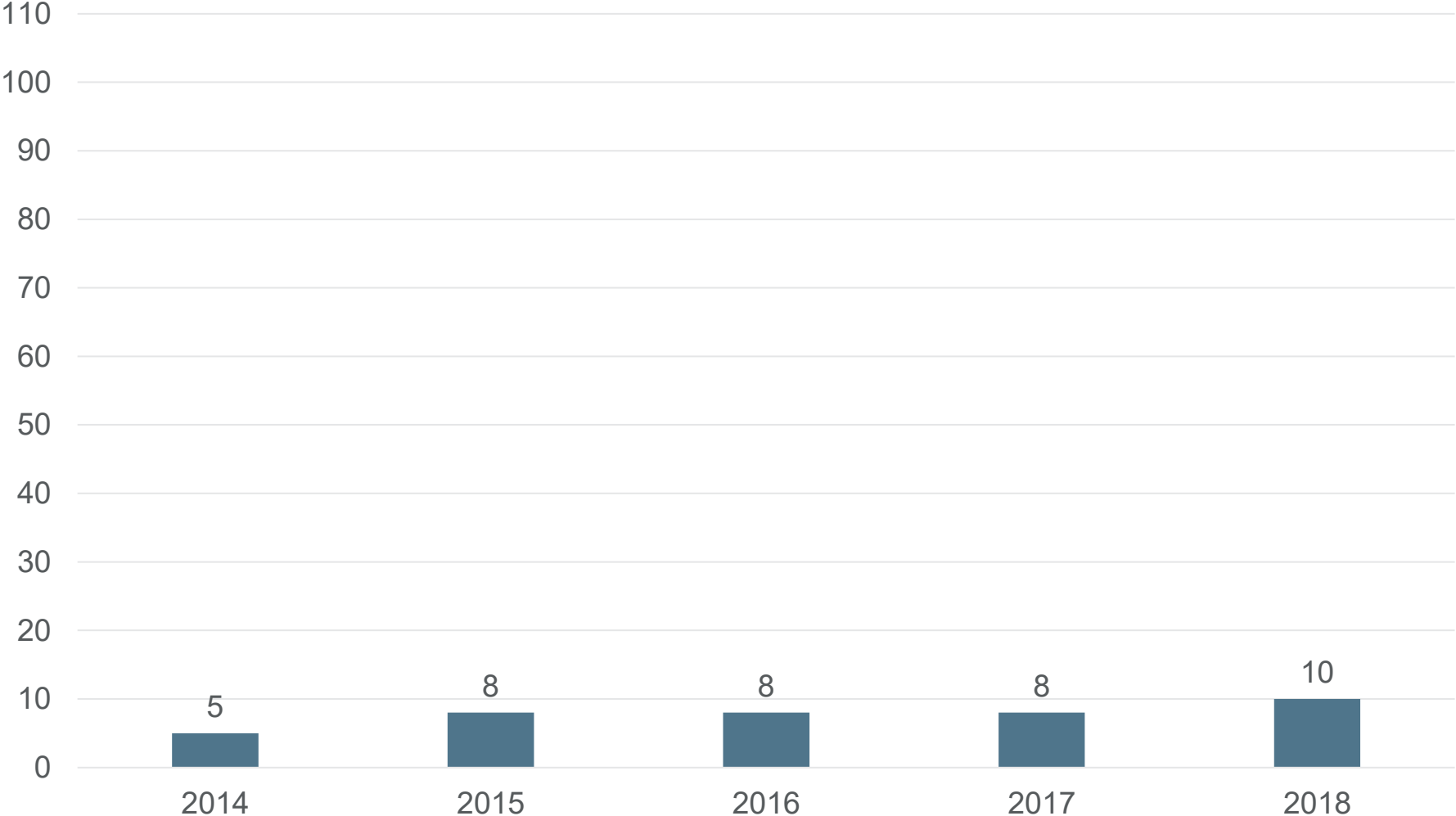


*These values include outlier plans with particularly high or low performance

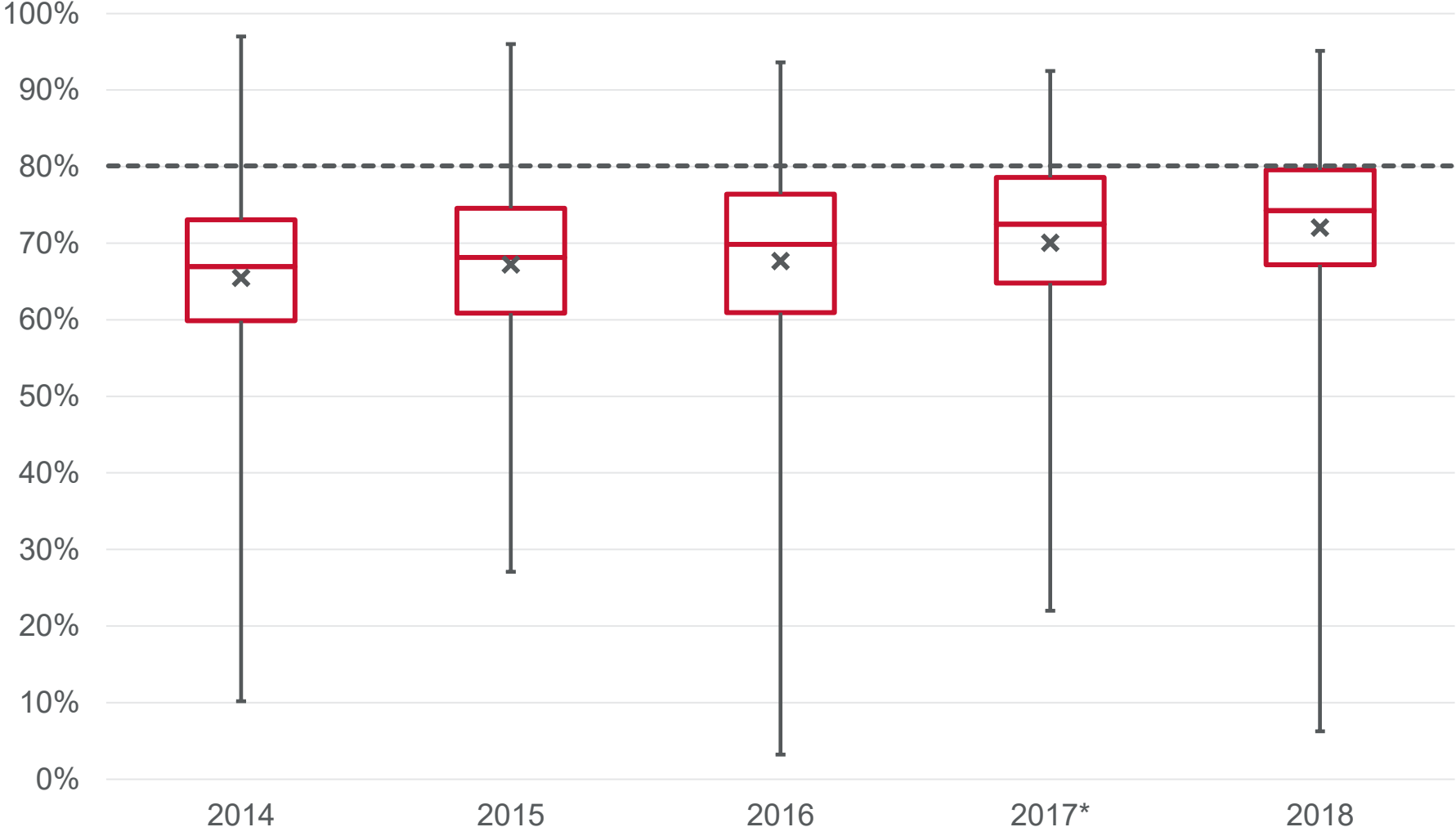
Commercial Health Plans



Number of Commercial Plans Over 80%

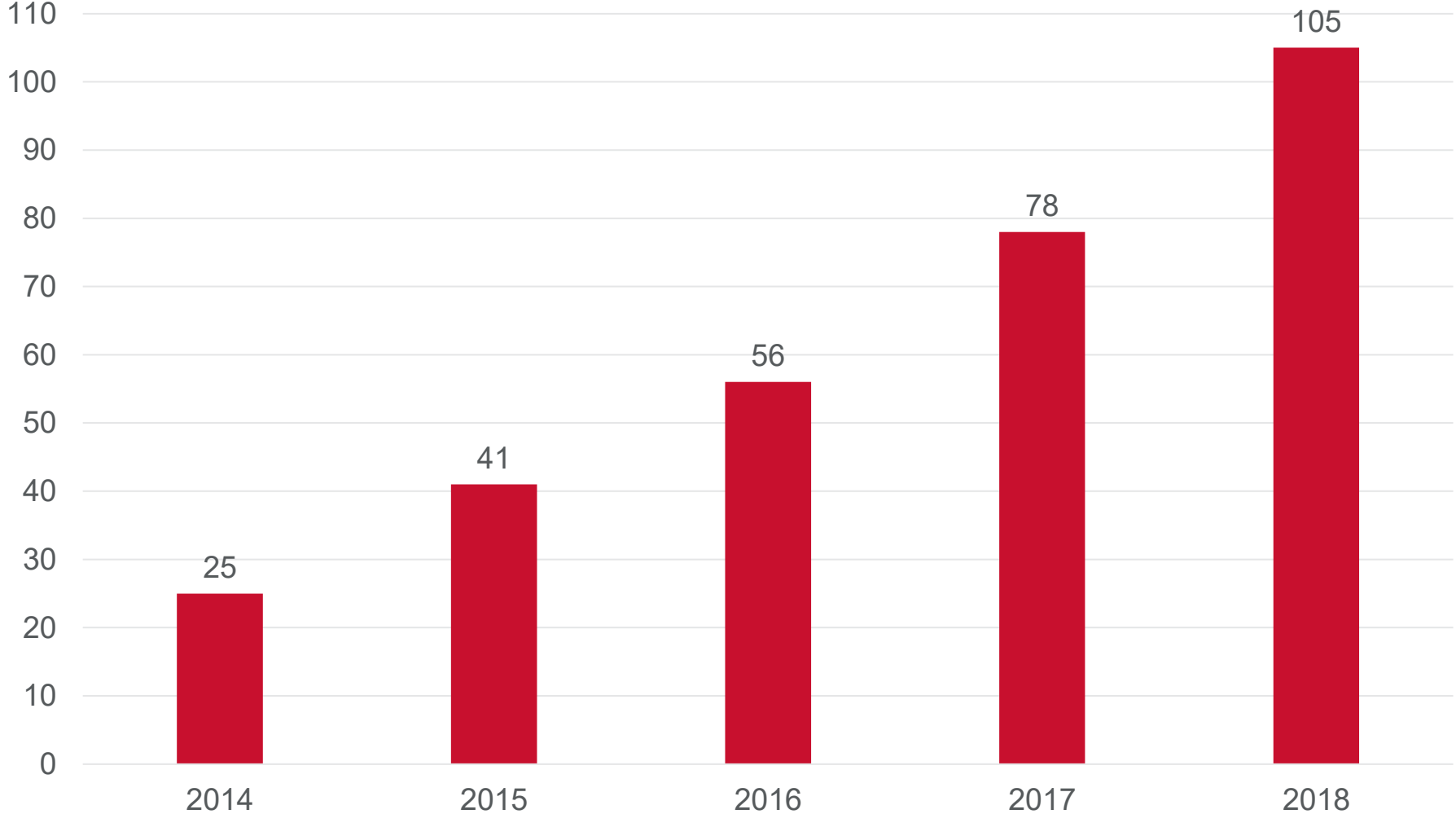


Medicare Health Plans



*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.

Number of Medicare Plans Over 80%





Get in touch

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