

Quality modernization: The next frontier of HEDIS



According to the National Committee for Quality Assurance (NCQA), the Electronic Clinical Data Systems (ECDS) reporting standard represents a step forward in adapting the Healthcare Effectiveness Data and Information Set (HEDIS®) to accommodate the expansive information available in electronic clinical data sets for quality improvement.¹ This white paper identifies considerations for health plans to prepare for the next frontier of HEDIS and a transition to digital quality measurement.

Winds of change

As with most things, change is inevitable. Clinical quality measurement is on the precipice of massive change to modernize the way we measure quality of care.

Early health plan regulatory quality measurement programs were a health plan responsibility. It was based primarily on administrative data they had, such as: claim, encounter, pharmacy, lab and more. NCQA recognized an opportunity to improve quality measurement by incorporating clinical data through Medical Record Review (MRR).

MRR requires a tremendous amount of resources (time, labor, costs) to identify, collect and abstract a large amount of medical records in about a 12-week period each year (not to mention the level of provider abrasion left in its wake).

Where it's headed

History indicates digital quality measurement and ECDS are likely the way of the future. With ECDS, the burden to collect data likely will shift to more of a shared proposition between health plans and providers.

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Electronic Clinical Quality Measures (eCQMs) were introduced several years ago by the Centers for Medicare & Medicaid Services (CMS) as a vehicle for provider quality reporting. Electronic health record (EHR) and electronic medical record vendors developed these measures using Clinical Quality Language (CQL) and submitted to CMS using the Quality Reporting Document Architecture (QRDA).

Transitioning to digital measurement

NCQA is leveraging the use of eCQMs for HEDIS with the introduction of ECDS. eCQMs are published as a package that includes both human readable and executable component files. CQL allows for shared logic between measures. It is more precise and simplifies calculations with a high level of interoperability with Fast Healthcare Interoperability Resources (FHIR).

NCQA is transitioning measures to ECDS based on the following priorities:

- Potential to reduce manual processes
- Electronic data already in structured state
- Measures already in use across multiple performance programs

NCQA is working to make quality measurement and reporting as effortless as possible. This next generation of HEDIS digital quality measures will:²

- Align quality measures across the health care system
- Lessen burden associated with measurement and reporting
- Reduce costs of implementing and updating measures
- Improve accuracy and validity of measure calculations and reporting
- Provide flexibility in use of HEDIS measures
- Enhance value for health plans, practices, health IT vendors and federal and state governments
- Build the foundation for new outcome measures

NCQA may put a priority on a select few ECDS measures for HEDIS 2020 that are critical to health plans and stakeholders alike and that are used across multiple lines of business and member populations.

Is your organization preparing for ECDS reporting?

As quality measurement moves more into the digital space necessary skill sets and resources are changing. There is less need for clinical nurse skills to review charts and more need for highly technical skills to acquire, integrate and report data.

While ECDS reporting is voluntary right now, some Medicaid states are requiring reporting of a few ECDS measures. NCQA will allow health plans to use several data sources for HEDIS as long as they meet these requirements:

- Data must use standard layouts
- Must meet measure tech spec requirements
- Must be accessible by care team upon request

NCQA² is proposing to convert 55 existing HEDIS measures to ECDS by 2022. It is anticipated in the next three to five years that there will be mandatory compliance for electronic submission.



Consistent with their digital measure strategy, NCQA is adding ECDS measures each year over the next 3 years. NCQA proposes to convert existing HEDIS measures to Digital (ECDS).²

- HEDIS 2020 (July 2019 release) — 25 measures
- HEDIS 2021 (July 2020 release) — 50 measures
- HEDIS 2022 (July 2021 release) — 55 measures



NCQA introduced the following 6 ECDS measures for the 2019 HEDIS season:

- Unhealthy Alcohol Use Screening and Follow-Up (ASF)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF)
- Utilization of the PHQ-9 to Monitor Depression Systems for Adolescents and Adults (DMS)
- Depression Remission or Response for Adolescents and Adults (DRR)
- Adult Immunization Status (AIS)
- Prenatal Immunization Status (PRS)

Four steps health plans should take now

1. **Don't get caught playing "catch up"** with ECDS reporting. Ensure that you set up your organization for success. The competitive landscape does not allow time to fall behind.
2. **Check if your current resources** can cover the two different skill sets needed and have an understanding of:
 - a. The clinical setting and how clinical data is documented in real life
 - b. The technical setting and once data is captured, how to acquire and integrate into the reporting system
3. **Establish a formal strategy** for clinical data integration
4. **Evaluate your infrastructure** for the capability to exchange data with providers and acquire data from various sources (EHR, EMR, HIE, ADTs, etc.)

Rapid advancement of telehealth means that it should also be included as part of your strategic plan for clinical data integration.

Speaking of telehealth ...

Telehealth relates specifically to the provision of clinical health care, including diagnosis, monitoring and treatment of conditions. In practice, telehealth is an option for both health care consumers and health care providers who want to improve access to health services and greater scheduling flexibility.

It spans a wide array of communication, from video visits to text messaging and phone calls. Evidence supports the use of telephone, video conferencing or asynchronous modalities in delivery of care for patients with certain physical health conditions.

Not just for low-acuity patients

Leading health systems are using the technology for more complex cases in remote locations by leveraging technology to work with onsite nurses and physicians in virtual emergency room (ER) and virtual intensive care unit (ICU) settings. In addition, health plans are using telehealth for remote monitoring in controlling chronic conditions especially for diseases which affect seniors in particular. This will help decrease the number of visits by high utilizers of the ER and improve the management of patient conditions.

Telehealth and greater accessibility

Medicare-age patients often have numerous doctor appointments. Patients with restricted mobility will often miss appointments. All welcome greater accessibility through the ability to connect from their homes rather than travelling to the office.

Since 2016, NCQA has reviewed evidence from studies 2009 and beyond to determine if telehealth services are appropriate, effective and feasible for use in HEDIS measures. NCQA examined each measure to determine if there is evidence that a visit for the denominator, numerator or exclusion could be provided using a telehealth service.

Impacted measures for 2020

The increased adoption of smartphone and tablet apps as telehealth tools has spurred NCQA to propose including telehealth services within the following two measures:



Telehealth is the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services and self-care via telecommunications and digital communication technologies.

1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
2. Children’s and Adolescents’ Access to Primary Care Practitioners (CAP)

The following table provides proposed criteria NCQA has set for these two measures:

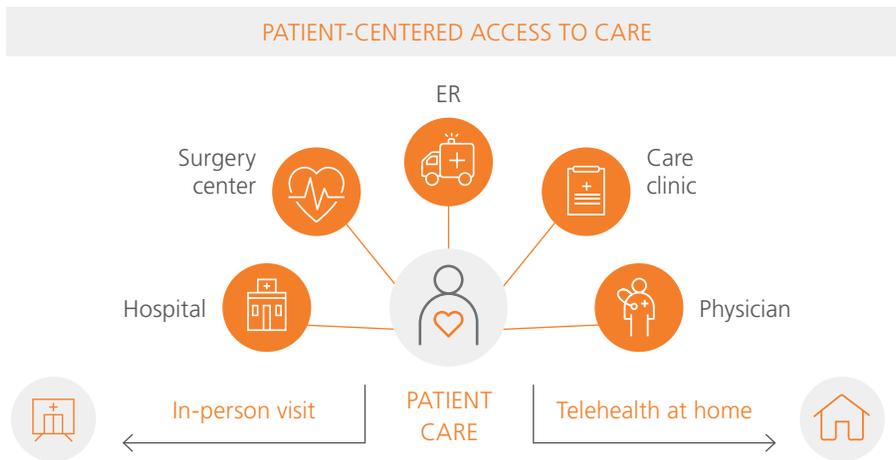
Measure full name	Measure element	Evidence and recommendation
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</p>	<p>Numerator: Nutrition Counseling and Weight Counseling</p>	<p>Telehealth is an effective way to counsel children and adolescents about nutrition and physical activity. For this measure, telehealth visits can be used to deliver nutrition counseling and weight counseling services.</p> <p>Recommendation: Permit the use of telehealth services in both the “Counseling for Nutrition” and “Counseling for Physical Activity” numerators, but not in the “BMI Percentile Documentation” numerator.</p>
<p>Children’s and Adolescents’ Access to Primary Care Practitioners (CAP)</p>	<p>Numerator</p>	<p>The intent of this measure is to assess the percentage of members 12 months–19 years of age who had a visit with a PCP. The measure does not specify that the visit be for a physical exam, well-child visit or preventive care. Because evidence supports the use of telehealth for diagnosis and assessment of certain acute conditions, as well as for monitoring and management of other conditions (e.g., asthma and weight gain or obesity), telehealth can be used to identify an appropriate visit with a PCP for this measure.</p> <p>Recommendation: Permit the use of telehealth services in the measure numerator.</p>

Telehealth and HEDIS: Trends for today and beyond

The growing use of telehealth reflects overall health care trends that place patient care and experience at the center of treatment decisions. Since telehealth connects patients to vital health care services through digital means, it helps patients access their care team remotely and removes potential barriers to care. Because telehealth helps increase access to physicians and specialists, it can help ensure patients receive the right care, at the right place, at the right time. However, coverage for telehealth

services — especially in Medicare — has not kept pace with technological and care delivery innovations. We are seeing increasing telehealth trends in the following areas:

- Expanded long-term focus on opioid use, mental health and physical health measures
- Parallel studies are being reviewed and sponsored by NCQA to evaluate the efficacy of using telehealth for opioid³ and mental health measures⁴
- As the industry shifts to patient-centered access to care model, NCQA seeks to expand its accepted modalities for numerator compliance as shown in the following diagram:



Three ways to prepare now for the future of HEDIS

Because digital measures and telehealth are advancing rapidly, include clinical data integration in your strategic plans:

1. Formulate both short- and long-term telehealth strategies
2. Evaluate resources and skill sets to be sure they can understand technical specification changes and support telehealth capability
3. Educate and cross-train for an understanding of how the clinical data are being captured to support integration of data

Sources:

1. <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>
2. <https://www.ncqa.org/hedis/the-future-of-hedis/>
3. <https://mhealthintelligence.com/news/minnesota-looks-to-expand-telehealth-network-for-opioid-abuse-treatment>
4. <https://mhealthintelligence.com/news/telehealth-gives-patients-a-real-time-link-to-mental-health-support>

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