Overview

- What is NCQA and HEDIS?
- How are measures used?
- How are lab services used in measurement and performance reporting programs?
- What can laboratory administrators do to improve performance measurement for all sectors in health care (i.e., how can lab data can drive quality improvement)?
Private, non-profit health care quality oversight organization

Measure and report on health care quality

Unite diverse groups around common goal: improving health care quality

NCQA: Mission and Vision

**Mission**
- To improve the quality of health care

**Vision**
- To transform health care through measurement, transparency and accountability
**What is HEDIS?**

- Healthcare Effectiveness Data & Information Set
  - Most widely used set of standardized performance measures used in managed care industry
  - System for establishing accountability in health care

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**What are HEDIS Measures?**
Why Measure Quality?

- Targeted at patients not receiving adequate care
- Supported by well-established standards of care
- Rooted in evidence-based medicine

A value-based healthcare system

The GREAT Diagram

**Inputs**
- Resources
- People
- Materials
- Lab used for diagnosis

**Process**
- Health Care Services
- Claims Payment
- Lab testing used in ongoing screening

**Outputs**
- Healthy people
- Data
- Payment

Lab test used to monitor treatment
Anatomy of a Measure Specification

- Eligible Population (Denominator)
- Numerator
- Rate = Numerator / Eligible Population

Examples of HEDIS Lab Measures

- Lead Screening in Children
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening in Women
- Appropriate Testing for Children with Pharyngitis
- Cholesterol Management for Patients with Cardiovascular Conditions (LDL screening/control)
- Comprehensive Diabetes Care (HbA1c screening, control, LDL screening/control, nephropathy)
- Annual Monitoring for Patients on Persistent Medications (serum concentration, BUN, creatinine, potassium)
How Measures Are Used

Using HEDIS Data

- Performance-based Accreditation scoring
- Physician Recognition and Pay-for-Performance
- RFP/RFI preparation
- Bridges to Excellence - employer based incentive program
- Regulatory compliance - state and federal reporting requirements
HEDIS Scoring for Accreditation

• For Accreditation 2009, HMO/POS/PPO
  HEDIS scores worth 43 points
  – HEDIS measures = 30 points
  – CAHPS 4.0H = 13 points
• For Accreditation 2010, HMO/POS/PPO
  HEDIS scores worth 45.86 points
  – HEDIS measures = 32.86 points
  – CAHPS 4.0H = 13 points

Recognition, Incentive and Payment

• Use measurement to determine quality providers
  through recognition of clinical excellence in specific areas (Diabetes,
  Heart/Stroke, Back Pain, etc.)
• Provide incentives/bonuses to physicians/physician practices achieving recognition
• Provide incentives for physicians choosing to report quality measures (Pay for Quality Reporting Initiative – PQRI)
• Use Quality Measures as a part of ongoing physician certification
### Purchaser Use of Recognition

- **GE, UPS, P&G, Ford & Verizon** use recognition for pay-for-quality initiatives.

#### GE, UPS, P&G, Ford & Verizon Initiatives
- **Up to $160 quality bonus/patient**
- **Albany/Schenectady region**
- **Q2 2004 launch**
- **$80 quality bonus/patient**
- **Cincinnati/Louisville region**
- **6/03 launch**
- **Up to $50 quality bonus/patient**
- **Boston region**
- **2/04 launch**
- **Up to $180 quality bonus/patient**
- **Albany/Schenectady region**
- **Q2 2004 launch**

### Health Plan Use of Recognition

- **UnitedHealthcare** myUHC Web Site

**Recognized Physicians Highlighted**
Diabetes

NCQA/ADAA Diabetes Physician Recognition Program ("DPMP")

The ADAA and the National Committee for Quality Assurance (NCQA) have agreed to allow individual physicians (not groups) to use the Diabetes DPMP chart to review data to apply for DPMP. Click the NCQA logo on the right to visit the NCQA website for details on applying for DPMP.

If you are using your own data to apply for DPMP, you must review at least a chart of DPMP-eligible patients using DPMP's medical record abstraction methodology. Click the NCQA logo on the right to review DPMP's medical record abstraction methodology.

Do you wish to use your Diabetes DPMP chart review data to apply for DPMP?  Yes  No

If yes, complete the following based on the NCQA medical record abstraction methodology:

Start date for identifying patients:
End of Page
Click "Return to Menu" on the right to continue.
Regulation & Public Reporting

- Require measurement reporting at state and federal level
- Publicly report measure results
  - Report Cards
  - Quality Compass
  - U.S. News and World Report
  - America’s Best Health Plans

What Is vs. What Could Be

Average “quality gap” in 2009: 12.6 points

What Could Be: The 90th Percentile
What is: System-wide Average Performance
### Closing These Gaps Would Save Lives

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>AVOIDABLE DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>500 – 1,400</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>700 – 900</td>
</tr>
<tr>
<td>Cholesterol Management</td>
<td>12,000 – 26,000</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>6,000 – 11,000</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>18,000 – 49,000</td>
</tr>
<tr>
<td>Diabetes Care – HbA1c Control</td>
<td>4,000 – 13,000</td>
</tr>
<tr>
<td>Persistent Beta-Blocker Treatment</td>
<td>200 – 1,400</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>1,000 – 1,600</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>7,000 – 11,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>49,400 – 115,300</strong></td>
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</tbody>
</table>

### Quality Improvement Saves Lives!

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>LIVES SAVED*</th>
<th>SINCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta Blocker Treatment</td>
<td>26,000 – 33,000</td>
<td>1996</td>
</tr>
<tr>
<td>Cholesterol Management</td>
<td>40,000 – 67,000</td>
<td>2000</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>97,000 – 168,000</td>
<td>2000</td>
</tr>
<tr>
<td>Diabetes – HbA1c Control</td>
<td>2,300 – 4,000</td>
<td>1999</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>165,000 – 272,000</strong></td>
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</tr>
</tbody>
</table>

* Gross estimate of lives saved; does not take into account co-morbidities or expected mortality over time
Commercial Plans

Annual Monitoring of Patients on Persistent Medications

![Graph showing annual monitoring data]

+4.6 points

Data Flow Chain Breaks ➔ Inaccurate HEDIS Data

Service provided ➔ Service documented ➔ Data entered into health plan systems

Claim/Encounter Form
Improving Lab Value through Improving Measures through Data Collection/Data Sharing

• Meet with key clients to see what information is needed for their performance measures
  - Which lab services are used in plan/provider performance measures
  - What type of data fields need to be shared (date of service, billing codes, results)

• Sending electronic data to plans and providers on a regular basis (include results as well as dates of service)
  - What interval would be best for sharing data
  - Does it allow for barrier analysis - identifying who needs services as well as doing annual or quarterly performance measures

• Use standard codes- CPT, LOINC
  - Avoid the need for extra work and code mapping