



# New Measures

HEDIS 2018

# Transitions of Care (TRC)

*Intent: This measure aims to improve care coordination during care transitions for at-risk populations including older adults and those with complex health needs.*

**Product Line:** Medicare

**Data Source:** Administrative and Hybrid (Administrative not available for the first two indicators)

**Measure Description:** The percentage of discharges for Medicare members 18 years of age and older who had each of the following during the measurement year. Four rates are reported:

1. **Notification of Inpatient Admission.** Documentation of receipt of notification of inpatient admission on the day of admission or the following day.
2. **Receipt of Discharge Information.** Documentation of receipt of discharge information on the day of discharge or the following day.
3. **Patient Engagement After Inpatient Discharge.** Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
4. **Medication Reconciliation Post-Discharge.** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

# Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions (FMC)

***Intent:** The purpose of this new measure is to improve the coordination of care for Medicare beneficiaries with multiple chronic conditions who are sent home from the Emergency Room. This follow-up should ensure better coordination of diagnoses, medications, and follow-up needs.*

**Product Line:** Medicare

**Data Source:** Administrative-only

**Description:** The percentage of emergency department (ED) visits for members 18 years and older who have high-risk multiple chronic conditions who had a follow-up service within 7 days of the ED visit.

# Use of Opioids at High Dosage (UOD) Use of Opioids from Multiple Providers (UOP)

*Intent: High dosage, multiple prescribers and pharmacies are all risk factors for dangerous overdose and death. These measures add health plans to the group of stakeholders currently addressing the opioid epidemic.*

# Use of Opioids at High Dosage (UOD)

**Product Line:** Commercial, Medicaid and Medicare

**Data Source:** Administrative-only

**Description:** For members 18 years and older, the rate per 1,000 receiving prescription opioids for  $\geq 15$  days during the measurement year at a high dosage (average morphine equivalent dose [MED]  $> 120$  mg).

*\*A lower rate for this measure indicates better performance.*

# Use of Opioids from Multiple Providers (UOP)

**Product Line:** Commercial, Medicaid and Medicare

**Data Source:** Administrative-only

**Description:** For members 18 years and older, the rate per 1,000 receiving prescription opioids for  $\geq 15$  days during the measurement year who received opioids from multiple providers. Three rates are reported.

1. **Multiple Prescribers:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. **Multiple Prescribers and Multiple Pharmacies:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year

*\*A lower rate for all three indicators indicates better performance.*

# Depression Screening and Follow-Up for Adolescents and Adults (DSF)

*Intent: This completes a set of three measures that address the needs of patients throughout the spectrum of care for depression: screening, ongoing monitoring and response to treatment.*

**Product Line:** Commercial, Medicaid and Medicare

**Data Source:** ECDS

**Description:** The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

1. **Depression Screening.** The percentage of members who were screened for clinical depression using a standardized tool.
2. **Follow-Up on Positive Screen.** The percentage of members who screened positive for depression and received follow-up care within 30 days.

# Unhealthy Alcohol Use Screening and Follow-Up (ASF)

***Intent:** Alcohol misuse is a leading cause of illness, lost productivity and preventable death in the U.S. The U.S. Preventive Services Task Force (USPSTF) has a grade B recommendation that ““clinicians should screen adults aged 18 and older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.” This measure seeks to assure appropriate screening.*

**Product Line:** Commercial, Medicaid and Medicare

**Data Source:** ECDS

**Description:** The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized tool and, if screened positive, received appropriate follow-up care.

- 1. Unhealthy Alcohol Use Screening.** The percentage of members who had a systematic screening for unhealthy alcohol use.
- 2. Counseling or Other Follow-up.** The percentage of members who screened positive for unhealthy alcohol use and received brief counseling or other follow-up care within 2 months of a positive screening.



# Pneumococcal Vaccination Coverage for Older Adults (PVC)

***Intent:** This new measure tracks more closely to updated guidance from the Advisory Committee on Immunization Practices (ACIP). The measure also uses electronic data, and will one day supplant the current survey-based metric.*

**Product Line:** Commercial, Medicaid and Medicare

**Data Source:** ECDS

**Description:** The percentage of members 65 years of age and older who have received the recommended series of pneumococcal vaccines: 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (PPSV23).



# Revised Measures

HEDIS 2018

# Revised Measures

## • Immunizations for Adolescents (IMA)

*Intent: The measure update was required to meet the new ACIP guidance.*

- Added a two-dose HPV vaccination series.
- To align with ACIP recommendations, the minimum interval for the two-dose HPV vaccination schedule is 150 days (5 months), with a 4-day grace period (146 days).

## • Breast Cancer Screening (BCS)

*Intent: The breast cancer screening measure is being updated to include recent technology developments.*

- Added digital breast tomosynthesis as a method for meeting numerator criteria.

## Revised Measures

- **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)**
- **Identification of Alcohol and Other Drug Services (IAD)**

*Intent: These two measures that report use and appropriate use of drug and alcohol treatment services, are being updated to reflect the latest guidelines for treatment. Additionally, these measures give providers, consumers and plans better insight regarding access to treatment services and add important and clinically useful information about utilization of services for those with specific substance dependence diagnoses.*

## Revised Measures

- **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)**
- **Identification of Alcohol and Other Drug Services (IAD)**

- Updated the measure name for IET.
- Added medication assisted treatment (MAT) as a treatment option.
- Added reporting indicators by age and by diagnosis

- ❑ Age groups:

- 13-17 years.
    - 18+.
    - Total.

- ❑ AOD diagnosis cohorts:

- Alcohol abuse or dependence.
    - Opioid abuse or dependence.
    - Other drug abuse or dependence.
    - Total.

# Revised Measures

## • Plan All-Cause Readmissions (PCR)

*Intent: The Plan All-Cause Readmission measure has been valuable in use for Medicare and Commercial populations, now it will have a specific risk adjustment for use with Medicaid populations. We expect this to be especially useful to States for use in assessing quality.*

- Added the Medicaid product line to the measure.
- Added stratifications for Medicaid reporting based on number of index hospitals stays
  - Members with 1-3 Index Hospital Stays.
  - Members with 4+ Index Hospital Stays.
  - Total.



# Crosscutting Changes

HEDIS 2018

# Telehealth

*Intent: NCQA is responding to the growing use of telehealth as an evidence-backed option for behavioral health diagnosis and treatment. Increasingly providers and plans seek to leverage new technologies to bring care to patients. The addition of telehealth codes to HEDIS measures will benefit those who are using this modality already, or who would like to adopt the use of this modality.*

## Added telehealth to the following behavioral health measures:

- Antidepressant Medication Management (AMM)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Follow Up After Hospitalization for Mental Illness (FUH)
- Mental Health Utilization (MPT)
- Follow Up Care for Children Prescribed ADHD Medications (ADD)
- Initiation and Engagement of Alcohol and Drug Abuse or Dependence Treatment (IET)
- Identification of Alcohol and Other Drug Services (IAD).



## I-SNP Exclusion

*Intent: The listed HEDIS measures are appropriate for the age-defined general population but not always for people who are frail or have mobility or other functional limitations. NCQA undertook this cross-cutting effort to be sure the measure only includes patients who can actually benefit from the service.*

**Exclude Medicare members age 65 and older enrolled in I-SNPs or living long-term in institutional settings from selected HEDIS measures for HEDIS 2018:**

- Colorectal Cancer Screening (COL)
- Breast Cancer Screening (BCS)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Controlling High Blood Pressure (CBP)

# Updated ECDS Guidelines

## *Crosscutting Changes*

### **Changes to ECDS reporting guidelines:**

- Updated guidelines to reflect that ECDS measures are now reported using one of four source record categories using a hierarchy when member information is found in multiple locations
- Renamed ECDS Coverage Rate to IP-ECDS Coverage and clarified that organizations must report IP-ECDS Coverage for each ECDS measure submitted.
- Added definitions to guidelines to include data management protocols for identifying source record.
- Updated guidelines to clarify patient reported data and added data source category descriptions



*Questions*

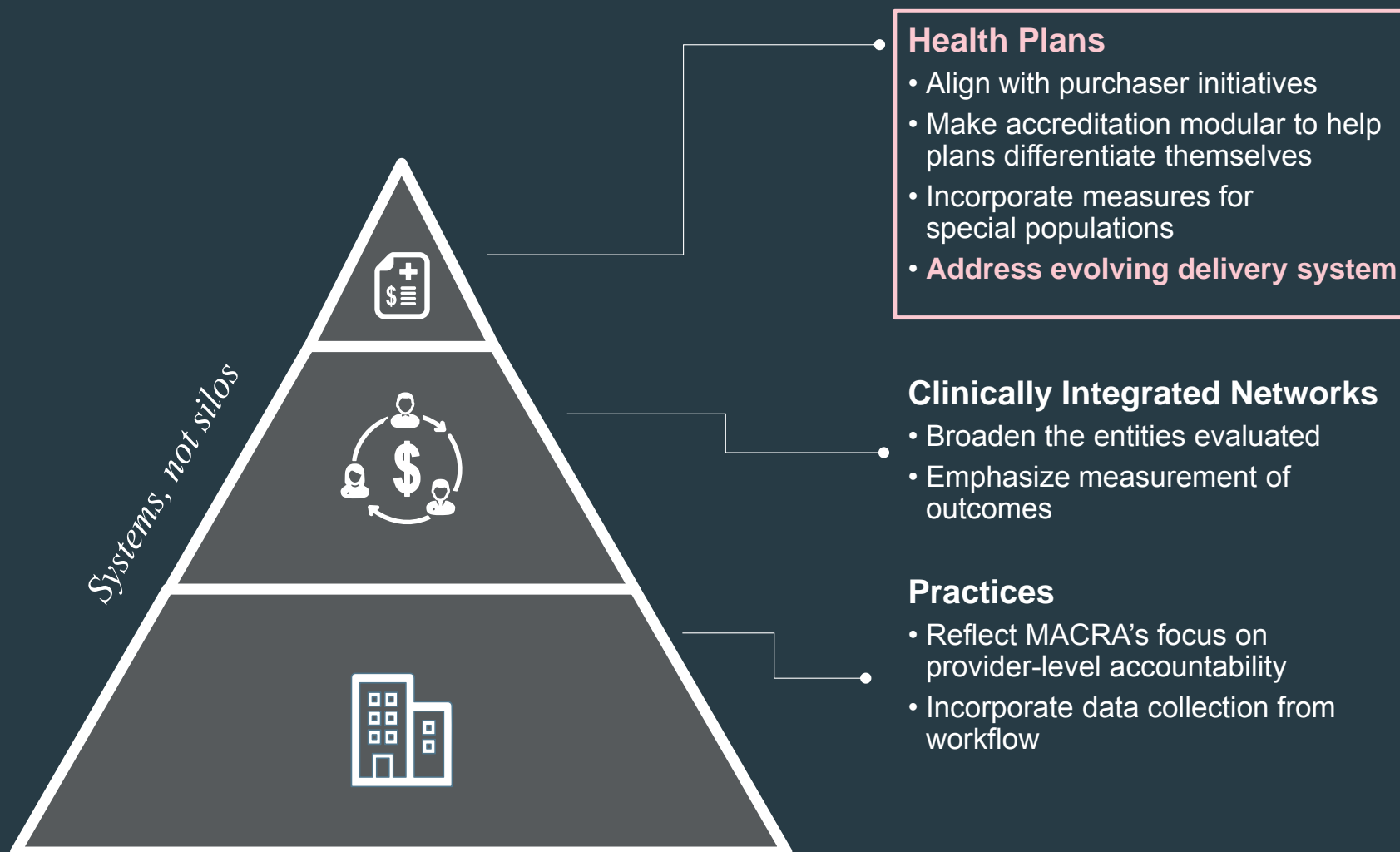


# Standards Preview

**2018 STANDARDS AND GUIDELINES FOR THE ACCREDITATION  
OF HEALTH PLANS**



# The future of evaluating quality is *integration*



# Population Health Management (PHM)

*A New Category!*

## **PHM 1: PHM Strategy**

Requires organizations to have a comprehensive and descriptive strategy for the plan's PHM program.

## **PHM 2: Population Identification**

Integrate data to assess population, identify needs, and divide members into actionable subsets.

## **PHM 3: Delivery System Supports**

Support practitioner or providers through various methods and report on value based arrangements.

## **PHM 4: Wellness and Prevention**

Preventing illness and injury and promoting health and productivity.

## **PHM 5: Complex Case Management**

Help members with complex conditions obtain access to care.

## **PHM 6: PHM Impact**

Evaluate effectiveness of PHM strategy and act on opportunities for improvement.

## Other Changes...



- Appropriate Classification of Denials (UM 4H)
- Disease Management (QI 6)
- Practice Guidelines (QI 7)
- Support for Healthy Living (MEM 7)



Expand tracking of out-of-network requests for services to **all product lines** (NET 3)



## *Upcoming Education Events*

### **HEDIS® Update**

October 6, 2017 | New Orleans, LA

October 24, 2017 | Denver, CO

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### **Introduction to Health Plan Accreditation**

October 2-4, 2017 | New Orleans, LA

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### **Advanced Health Plan Accreditation**

October 5, 2017 | New Orleans, LA

October 23, 2017 | Denver, CO



