

# Quality Management

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# Agenda

- HEDIS Overview
- HEDIS Categories





Quality is everyone's responsibility.



# HEDIS Overview

Measuring Healthcare Performance and Quality



# Introduction To and Purpose of HEDIS

## What is HEDIS?

- The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

## What is the purpose/objective of HEDIS?

- Assess the quality of care and services provided by health plans.
- Provide a standardized methodology for evaluating performance.
- Enable comparison across different health plans and over time.



# Key Components of HEDIS and Measure Development

## Major Measure Categories

- **Effectiveness of Care:** Includes measures like screenings, immunizations, and chronic disease management.
- **Access/Availability of Care:** Assesses how easily members can obtain needed services.
- **Experience of Care:** Gauges member satisfaction and experiences.
- **Utilization and Risk Adjusted Utilization:** Examines how healthcare services are used and adjusts for patient risk factors.
- **Health Plan Descriptive Information:** Provides plan's structural characteristics.
- **Measures Collected using Electronic Clinical Data Systems (ECDS):** Focuses on integrating clinical data from EHRs, registries, etc.

## Development Process

- Developed by the National Committee for Quality Assurance (NCQA).
- Involves input from a range of stakeholders, including health plans, consumers, and providers.
- Regularly updated to reflect current clinical guidelines and healthcare practices.



# Data Collection Methods and Examples of HEDIS Measures

## Data Collection Methods

- **Administrative Data:** Uses health plan claims and encounter data.
- **Hybrid Data:** Combines administrative data with medical records review.
- **Electronic Clinical Data Systems (ECDS):** Utilizes data from EHRs, health information exchanges (HIEs), registries, and other clinical databases.

## HEDIS Measure Examples

- **Preventive Care**
  - Breast Cancer Screening
  - Immunizations for Adolescents
- **Chronic Disease Management**
  - Controlling High Blood Pressure
  - Comprehensive Diabetes Care
- **Behavioral Health**
  - Antidepressant Medication Management
  - Follow-Up After Hospitalization for Mental Illness



# Importance of HEDIS for Stakeholders and Use for Quality Improvement

## For Stakeholders

- **For Health Plans**
  - Provides a benchmark for quality improvement.
  - Required for accreditation by entities like NCQA.
- **For Providers**
  - Highlights best practices and areas needing improvement.
  - Enhances patient care through standardized guidelines.
- **For Consumers**
  - Informs choice of health plans based on quality and performance.
  - Increases transparency and accountability in healthcare.

## For Quality Improvement

- **How HEDIS Drives Improvement**
  - Identifies gaps in care and opportunities for enhancement.
  - Promotes evidence-based practices.
  - Encourages health plans to implement quality improvement initiatives.





# HEDIS Categories

A Closer Look



# Effectiveness of Care

## Preventive Care:

Breast Cancer Screening  
Cervical Cancer Screening  
Colorectal Cancer Screening  
Childhood and Adolescent  
Immunization Status

## Chronic Disease Management:

Comprehensive Diabetes Care (e.g.,  
HbA1c testing)  
Controlling High Blood Pressure  
Management of COPD (e.g.,  
spirometry testing)  
Asthma Medication Ratio

## Behavioral Health:

Antidepressant Medication  
Management  
Follow-Up After Hospitalization for  
Mental Illness  
Initiation and Engagement of Alcohol  
and Other Drug Dependence  
Treatment

## Cardiovascular Health:

Persistence of Beta-Blocker  
Treatment After a Heart Attack  
Statin Therapy for Patients with  
Cardiovascular Disease

## Other Measures:

Immunizations for Adolescents  
Weight Assessment and Counseling  
for Nutrition and Physical Activity for  
Children/Adolescents



# Access/Availability of Care

## Access to Preventive/Ambulatory Health Services:

Well-Child Visits in the First 15 Months of Life  
Adolescent Well-Care Visits

## Access to Primary Care and Preventive Services:

Adults' Access to Preventive/Ambulatory Health Services

Availability of Mental Health Services



# Experience of Care

## Patient Satisfaction:

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results

## Perception of Care:

Rating of Health Plan  
Rating of All Health Care  
Rating of Personal Doctor



# Utilization and Risk Adjusted Utilization

## Hospitalizations and Readmissions:

Inpatient Utilization—General Hospital/Acute Care  
Plan All-Cause Readmissions

## Utilization Rates:

Emergency Department (ED) Visits  
Frequency of Ongoing Prenatal Care  
Use of Imaging Studies for Low Back Pain

## Risk-Adjusted Measures:

Total Cost of Care Per Capita



# Health Plan Descriptive Information

## Network Adequacy:

Number and types of network providers  
Geographic distribution of providers

## Plan Stability:

Plan membership and membership turnover



# Measures Collected Using Electronic Clinical Data Systems (ECDS)

## Integration with EHRs and Registries:

Blood Pressure Control for Patients with Hypertension

Depression Screening and Follow-Up for Adolescents and Adults

## Use of Health Information Exchanges (HIEs):

Data exchange and interoperability metrics



