Rethinking Quality in the Digital Frontier

Presented by:

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RISE®

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Today’s presenters

Shariff Baseer
VP of Product
Optum

Fern McCree
Director, Digital Quality Informatics
NCQA

How would you describe your organization?

- Health plan
- Industry analyst
- Provider
- Provider-sponsored health plan
- Vendor
- Other

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Why digital quality?

- Quality has been fragmented and burdensome
- Emerging standards and regulations are enabling a digital transformation
- Quality will be better aligned with care delivery and a learning health system
- Will lead to reduced burden and costs, improved alignment, more relevant measures and improved care and outcomes

Why now?

Need for changes indicated by the market

Industry feedback

The market is asking for reduced measure burden, a more effective learning health system, and more support for value-based care

Maturity of standards

The industry has taken steps to adopt interoperability standards as regulatory forces drive investment, and quality is the top use case

Payment arrangements

The financial shift from fee-for-service to value-based care continues, driving new priorities and creating greater need for accountability and measurement at all levels and contexts of healthcare

Digital quality benefits

Lower cost, burden, variability

Paper to software

Measures content can be developed and distributed smoothly to reduce interpretation, development and maintenance needed today.

Support full learning health system use cases

New architecture

Measures content that can be configurable and used in different workstreams for different use cases, including quality improvement, population management and analytics.

Better value-based care support

Better measurement system

Quality measures must move beyond signals or gates to promote integrated care reduce fragmentation.

Transformation from traditional to digital HEDIS®

Traditional HEDIS	vs.	Digital HEDIS
Since the 1990s		By 2030
Claims data		Claims, EHR and other sources
Chart chasing/hybrid reporting		Automation and interoperability/ECDS
Non-standard local health data environments		Migration to FHIR based data sources
Traditional “paper-based” technical spec		Digital quality measures
Retrospective and focused on reporting		Prospective and focused on quality improvement

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA's digital transition phased approach

We are here

Phase 1

Digital Introduction
Measure Year 2023

- Current Early Adopters
- Subset of measures
- Reference CQL Engine through Digital Content Services for measure processing

Phase 2

Digitally Enabled
Measure Years 2024-2026

- Admin components of measures fully digital
- Digital measures (dQMs) delivered through Digital Content Services
- Addition of Pre-Certified & Digital Certification
- Ability to use digital measures for health plan Reporting
- Can use any supported CQL engine for processing

Phase 3

Fully Digital
Measure Years TBD

- All measures fully digital
- Hybrid measures retired and replaced with measures using full population data collection
- Option to maintain traditional development and certification

Phase 4

Digital Only
Measure Year ~2030

- Sunset traditional HEDIS® Volume 2 paper specs
- Sunset traditional Measure Certification

NCQA
Measuring quality. Improving health care.

How prepared are you for the digital transition on a scale of 1–5?

1. Not prepared at all — What is the digital transition?
2. Not prepared
3. Neutral
4. Actively pursuing the transition
5. Plan in action – ready to go live!

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Optum perspective on digital quality

Digital data orchestration

- Aggregating and normalizing data from EMRs, claims, labs and third-party sources to meet NCQA validation standards
- Building FHIR/HL7-compliant systems for robust data exchange

Smooth digital engine

- Parallel reporting and testing run between traditional reporting and digital results for identifying discrepancies and benchmark performance

Prospective supplemental data collection

- Support shifting from hybrid medical record reviews to current-year gap closure, and standardize in an electronic source for ECDS use
- Reduce administrative burden and cost by leveraging AI/NLP capabilities for clinical abstraction
- Enhancing quality performance while reducing administrative burden for both health plans and providers

Comprehensive digital solutions

- Offering bundled solutions that combine analytics, member engagement, provider engagement strategies, interactive reporting and actionable insights to drive quality performance

How familiar are you with ECDS on a scale of 1–5?

1. What is ECDS?
2. Not too familiar
3. I know the term, but not entirely sure how this impacts my role and organization
4. Somewhat familiar
5. Very familiar

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Leveraging electronic clinical data for quality measurement

The digital transformation includes the **transition to ECDS reporting** method to encourage the use of real-time clinical data and improve the accuracy and timeliness of quality reporting.

Over time, **hybrid measures will phase out** to reduce the need for manual data reviews and emphasize interoperability between healthcare systems and providers.

Electronic Clinical Data Systems (ECDS) is an HEDIS **reporting method** that encourages the use and exchange of **structured** electronic health data.

Understand the difference in the reporting methods in HEDIS

	Administrative Administrative + supplemental	**Hybrid** Administrative + supplemental + medical record review	**ECDS** Administrative, EHRs, HIEs, registries, case management
Population	• Full eligible population	• Systematic sample	• Full eligible population
Data sources	• Supplemental data can't be used for the denominator	• Supplemental data can't be used for the denominator	• All relevant data sources can be used for any part of the measure
Data format	• Allows the use of data in nonstandard formats and layouts	• Allows the use of data in nonstandard formats and layouts	• Promotes the use of data stored in structured electronic formats that use standard layouts.
Data sharing	• No data-sharing mandate	• No data-sharing mandate	• Bidirectional data exchange • Data must be available to the care team upon request

Planned timeline to sunset hybrid reporting method

Goal: *Hybrid* measure specification and reporting method removed from HEDIS by *MY 2029*

Remaining hybrid measures	MY 2025	MY 2026	MY 2027	MY 2028	MY 2029
Lead Screening in Children		ECDS only			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents			Admin only		
Prenatal and Postpartum Care				Admin only	
Controlling High Blood Pressure	+ECDS			ECDS only	
Blood Pressure Control for Patients with Diabetes		+ECDS		ECDS only	
Glycemic Status Assessment for Patients With Diabetes			+ECDS		ECDS only
Transitions of Care			+ECDS		ECDS only
Care for Older Adults			+ECDS		ECDS only

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Measures that use HEDIS ECDS reporting method

Measurement year 2026

Behavioral health

- Depression Screening and Follow-Up for Adolescents and Adults
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- Depression Remission or Response for Adolescents and Adults
- Unhealthy Alcohol Use Screening and Follow-Up
- Prenatal Depression Screening and Follow-Up
- Postpartum Depression Screening and Follow-Up
- Follow-up Care for Children Prescribed ADHD Medication
- Metabolic Monitoring For Children and Adolescents on Antipsychotics
- Tobacco Use Screening and Cessation Intervention

Preventive screening

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cervical Cancer Screening
- Documented BI-RADS Assessment Mammogram
- Follow-Up After Abnormal Mammogram Assessment
- Lead Screening in Children

Health equity

- Social Needs Screening and Intervention

Immunizations

- Prenatal Immunization Status
- Adult Immunization Status
- Childhood Immunization Status
- Immunization for Adolescents

Management of chronic conditions

- Blood Pressure Control for Patients with Hypertension
- Follow-Up After Acute Care Visits for Asthma
- Statin Therapy for Patients with Diabetes
- Statin Therapy for Patients with Cardiovascular Disease
- Blood Pressure Control for Patients with Diabetes

Use and reliance on clinical data varies across ECDS measures

Primarily claims-based

- Breast Cancer Screening
- Follow-Up After Acute Care Visits for Asthma

Relies heavily on clinical data

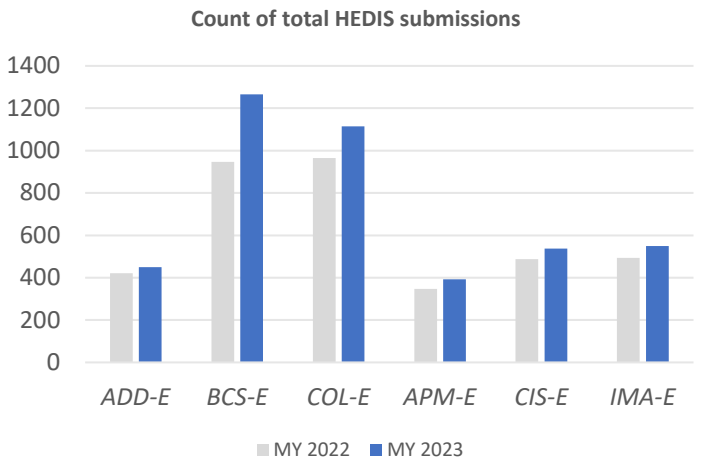
- Blood Pressure Control for Patients With Hypertension
- Adult Immunization Status

Only uses clinical data

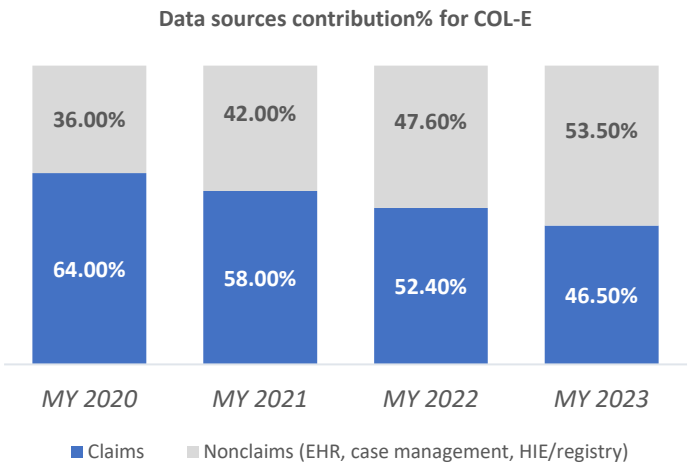
- Depression Screening
- Tobacco Use Screening and Cessation Intervention

ECDS reporting trends

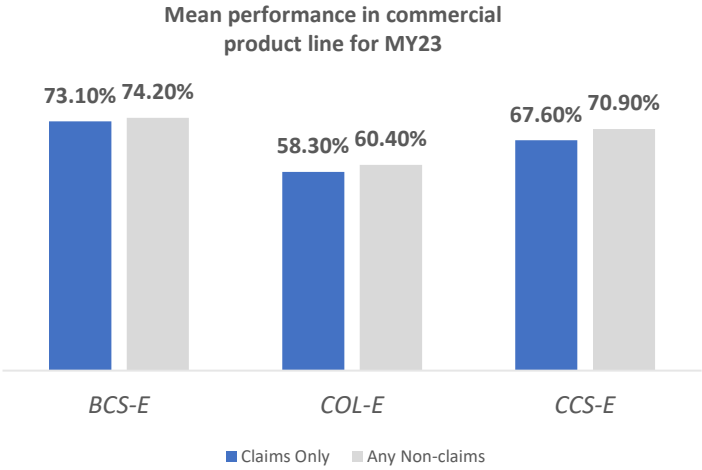
ECDS reporting across health plans is increasing, across all product lines



Increased use of nonclaims data sources



Better performance when using clinical data

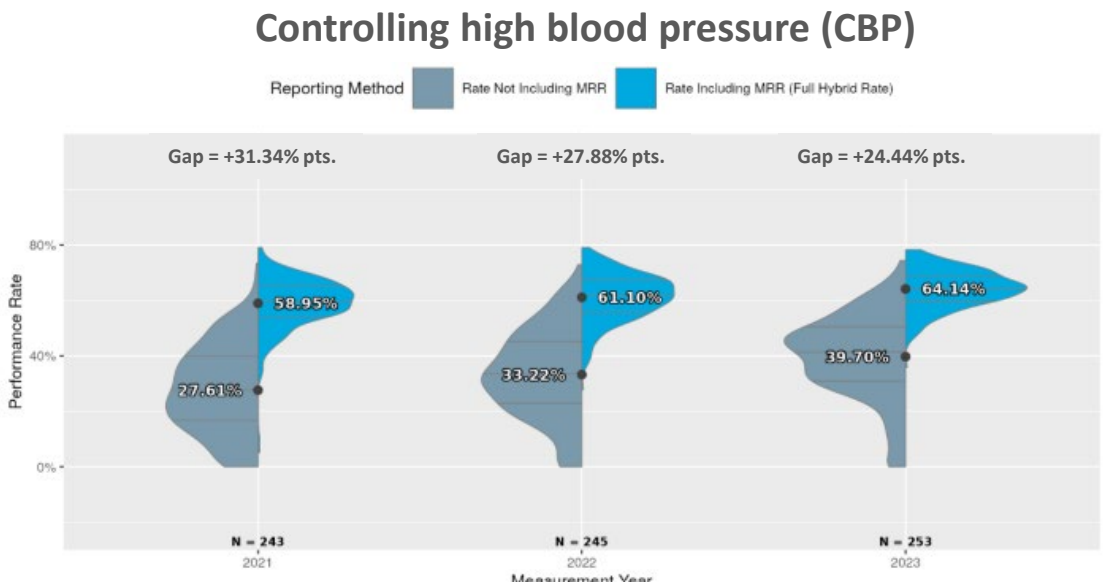


For more reporting results, visit the ECDS webpage: **ncqa.org/ecds.**

Special Report: Reporting Results for Measures Leveraging Electronic Clinical Data for HEDIS®.

Hybrid reporting trends

- Hybrid lift is the influence of manual medical review on the performance rates.
- Hybrid lift varies across measures but has decreased over time.



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Special Report: Reporting Results for Measures Leveraging Electronic Clinical Data for HEDIS®.

Summary: ECDS reporting

- ECDS is a set of guidelines for HEDIS reporting that enable improved use and exchange of electronic clinical data sources.
- NCQA is phasing out the hybrid method to reduce the need for manual data reviews and emphasize interoperability between healthcare systems and providers.
- Dependency on medical record review is decreasing while use of structured clinical data is increasing.
- The ECDS reporting method continues to evolve to support a broader range of customers and use cases beyond health plan reporting.

Optum perspective on ECDS

- Client viewpoint and challenges on transition from hybrid reporting
- Optum offers Continuity of Care Document (CCD) as a service that sources CCD-A documents as supplemental data sources
- Optum is expanding options for out-of-cycle data collection as a supplemental data source
  - AI-assisted abstraction

Do you have a plan for FHIR data transformation?

1. Yes
2. No

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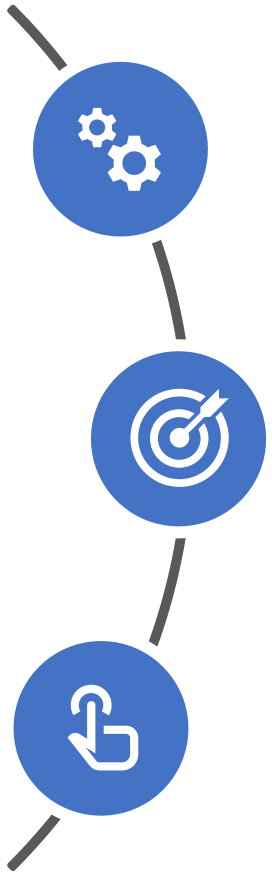
What are Digital Quality Measures (dQMs)?

Digital quality measures …

- Rely on a standards-based **data exchange** format (Fast Healthcare Interoperability Resources or FHIR)
- Are written in a **machine-interpretable** language (e.g., Clinical Quality Language or CQL)
- Incorporate **data concepts/terms** (e.g., value sets) required to **calculate** the measure
- HEDIS dQMs are currently available through NCQA's **Digital Content Services**.



Easier deployment of measures in health IT systems

Reduce interpretation, recoding, human error

Standardized to ease use across health care organizations

What is FHIR-CQL?

FHIR

FHIR stands for **Fast Healthcare Interoperability Resources,** a next-generation interoperability standard created by the standards development organization Health Level 7 (HL7).

Data model

CQL

Clinical Quality Language (CQL) is a high-level, domain-specific language focused on clinical quality and targeted at measure and decision support artifact authors.

Syntax

FHIR enables systems to “speak the same language,” making data exchange faster, more consistent and interoperable.

CQL standardizes how measures are calculated.

Summarizing key distinctions between ECDS and dQMs

ECDS	dQMs
Reporting **method**	Measure **format**
What data can be used/ where can data be pulled?	**How** should the data be represented in code?
Structured data	**Standardized** data

Digital quality transition roadmap

Transition phase

Now through 2029

- Ongoing dQM evaluation and parallel testing
- Nondigital (paper) measures are still available
- Ongoing transition to ECDS/hybrid sunset

Fully digital

Approximately 2030

- No more nondigital (paper) measures
- No more hybrid measures

Summary:
ECDS and the digital quality transition

- **dQMs use standard formats** (FHIR and CQL) to automate quality measure calculations from electronic data.
- **ECDS guides how to gather and report data** from sources like EHRs and health information exchanges.
  - dQMs focus on *how* measures are calculated
  - ECDS focuses on *where* the data comes from and *how* it's reported
- **NCQA aims to make HEDIS fully digital by 2030.** ECDS helps move away from manual chart reviews and toward automated reporting.

Together, dQMs and ECDS make quality measurement faster, more accurate and standardized.

Optum perspective on FHIR/CQL

- Clients are in various stages of FHIR transition
  - Some already have FHIR data; some are just starting
  - Collecting all data elements required by HEDIS Core is complex
- FHIR data at Optum
  - Converting from traditional sources and other FHIR layouts to HEDIS Core
  - Sourcing FHIR data from EMRs for clients
- NCQA Digital Content Services Early Adopter Program starting in 2024
- Optum digital engine to run native CQL under development
- Multiple validations in place:
  - Digital vs. traditional parallel testing
  - Digital vs. NCQA reference engine

Preparing for the future

- Evaluate HEDIS MY 2026 ECDS updates
- Evaluate data availability and system connections to support ECDS reporting going forward
- Participate in optional ECDS reporting
- Develop clinical strategy towards FHIR
- Evaluate hybrid lift
- Participate in parallel reporting to assess readiness for digital HEDIS

NCQA resources

HEDIS Electronic Clinical Data Systems (ECDS) Reporting

Digital Quality Transition Hub

Upcoming NCQA events

Webinar: Life of a Code for Digital Quality Measurement

Tomorrow! September 24

NCQA Health Innovation Summit

October 12–15

NCQA HEALTH INNOVATION SUMMIT

Visit Optum at

Booth 431

Join us for our innovation theater session:

Lessons Learned on the Road to Digital Quality Reporting

Monday, October 13
12:05–12:25 p.m.

Q&A

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Thank you

Learn more at optum.com/quality

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