NCQA: Data Measure Roadmap Updates

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NCQA’s Vision for Measures

Building on a foundation of richer clinical data and flow

Better accountability at all levels

Programs use better measures

Measures move beyond visit counts and low-bar process

New data sources, improved content and flow
What are the Key Issues?

*Burdensome quality measurement*

- **Lack of Alignment**
  - of measures and value sets across the health care system

- **Inefficient Collection**
  - of data to support quality measurement

- **Questions**
  - about the accuracy and reliability of measure calculations
NCQA Approach

Align measures across system

Practice  Network  Health Plan

USE industry standard specifications as building blocks

DEFINE core clinical concepts using same codes

System-specific attribution MODEL
(e.g., enrollment criteria at health plan level)
The Shift to Digital Measurement
Overarching Goal

Over the next 3-5 years, NCQA will increasingly use available electronic clinical data for quality measures and reduce the burden associated with measure collection.
The Vision for Digital Quality Measures

Digital measure specifications available in cloud-based library

NCQA library of machine-readable digital measure packages*

Specifications downloaded & incorporated into health IT products (Registries, HIEs, EHRs, HEDIS vendors etc.)

NCQA eMeasure Certified

*Using national standards for measure creation & transmission

HEDIS
Supplemental Data
Federal Programs
Quality Payment Program, ACO/CIN
State Programs
NCQA Recognition
PCMH/PCSP
CURRENT PROCESS

Download PDF  Translate into codes/code sets/test  Implementation  Results

FUTURE PROCESS

“Subscribe to Measures”  Download all specs  Implementation  Results

Order HEDIS 2018 Volume 2: Available Now

Interpret

Test

Retest

Read

Interpret

Execution Engine/Product

Data

QDM/CQL Specifications FHIR

Measure Results

Category 1  Category 2  Category 3  Category 4

Measure Results

Category 1  Category 2  Category 3  Category 4
Clinical Quality Language

Fast Healthcare Interoperability Resources (FHIR)
Where The Industry is:

Current State

HQMF (Metadata, Population Structure)

QDM (Data Model)

QDM (Logic)

Future State

HQMF (Metadata, Population Structure)

CQL (Logic)

QDM (Data Model)

Where Quality Measures Are:

Current State

HQMF (Metadata, Population Structure)

CQL (Logic)

QDM (Data Model)

Future State

HQMF (Metadata, Population Structure)

CQL (Logic)

FHIR (Data Model)
Unhealthy Alcohol Use Screening and Follow-Up (ASF)

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.

NARRATIVE SPECIFICATION

**Initial Population**
- Participation Period: January 1 through December 31
- Ages: 18 years of age and older as of January 1 of the measurement period.

**Exclusions**
- Exclude members with a diagnosis or history of any of the following:
  - Alcohol abuse or dependence from January 1 the year prior to the measurement year to December 31 of the measurement year.
  - Dementia between January 1 of the measurement year through November 1 of the measurement year.
  - In hospice or using hospice services during the measurement year.

**Unhealthy Alcohol Use Screening**
- **Denominator 1**: The initial population minus exclusions
- **Numerator 1**: Members with documentation of Unhealthy Alcohol Use Screening performed using a standardized instrument between January 1 and November 1 of the measurement period.

HUMAN READABLE QDM-CQL SPECIFICATION

```cql
define "Initial Population":
  exists (["Patient Characteristic Birthdate"] BirthDate
  where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")>=
  18

define "Denominator Exclusion"
  exists ( ["Diagnosis": "Alcohol abuse or dependence"] AlcoholAbuse
  where AlcoholAbuse.prevalencePeriod
  starts during Interval[start of "Measurement Period" -365
  days, end of "Measurement Period"]
  )
  or exists ( ["Diagnosis": "Dementia"] Dementia
  where Dementia.prevalencePeriod
  starts during Interval[start of "Measurement Period", end of
  "Measurement Period" -60 days]
  )

define "hospice or using hospice services"
  exists ( ["Encounter, Performed": "Encounter Inpatient"] DischargeHospice
  where ( DischargeHospice.dischargeDisposition as Code ~ "Discharge to home for hospice care
  (procedure)"
  or DischargeHospice.dischargeDisposition as Code ~ "Discharge to healthcare facility for hospice
  care (procedure)"
  and DischargeHospice.relevantPeriod ends during "Measurement Period"
  )
  or exists ( ["Intervention, Performed": "Hospice care ambulatory"] HospicePerformed
  where HospicePerformed.authorDatetime during "Measurement Period"
  )

define "Denominator 1":
  "Initial Population"

define "Numerator 1":
  exists ( ["Assessment, Performed": "Audit-C total Score(in points)"
  union (["Assessment, Performed": "Audit total Score(in points)"
  union (["Assessment, Performed": "Single Question Score(in points)"]
  ScreenScore
  where ScreenScore.result is not Null
  and ScreenScore.authorDatetime during "Measurement Period"
  )
  )
```
Digital Quality Summit 2018
NCQA/HL7 Digital Quality Summit 2018

Identifying Common Values to Implement Change

November 14-15, 2018

Ronald Regan Building & International Trade Center, Washington, DC

• Interactive summit focused on innovative approaches to the rapidly changing quality measurement environment
• Improve coordination across disciplines and improve communication of healthcare information systems using quality measurement as the use case
• Focus on the standards and terminologies used for quality measure specification (CQL & FHIR) and how they are being used in quality improvement
Questions