HEDIS®
Adult and Prenatal Immunization Quality Measures

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What Should We Expect From Accountable Entities?

- **Accountable for care and services provided to patients**
- **Data exchange to support quality**
- **Infrastructure to deliver high-quality care**
- **Increase desired outcomes consistent with current evidence**

Improved quality and value

About NCQA

**It all starts with HEDIS®**

Healthcare

Effectiveness

Data

Information

Set

Health care’s most-used tool for improving performance

Allows for comparison of health plans across important dimensions of care and service
Desirable Attributes for Measures
To be meaningful, measures must balance several criteria

- **Relevant**
  - Meaningful to stakeholders
  - Important to enhanced health
  - Financial importance
  - Potential for improvement
  - Substantial variation

- **Scientifically Sound**
  - Evidence-based
  - Valid
  - Reliable

- **Feasible**
  - Precisely specified
  - Data available
  - Reasonable collection effort
  - Can be audited

Not All Great Ideas Make Great Measures

**Clinical**
- Lack of clinical evidence
- Science is changing
- Risk adjustment

**Technical**
- Small numbers
- Data sources

**External**
- Users cannot understand results
- Accountable entities cannot control performance
- Differences in delivery systems, regions, etc.
Process for Developing a New Measure

Environmental Scan & Guideline / Evidence Review → Prioritize Measure Concepts → Draft Specifications → Field Testing → Public Comment → Revise Specifications → Finalize Measures → Advisory Panel Input

15-18 months

HEDIS Measures Life Cycle

Selection → Development → Public Comment → First Year → Public Reporting → Evaluation → Ongoing Use → Retirement
HEDIS Data Reporting Methods

NCQA’s Vision for Quality Measurement

Better data, better measures

- Better accountability at all levels
- Programs use better measures
- Measures move beyond concepts limited by claims
- New data sources, improved content and flow
- Meaningful, patient-centric measures
- Standardized electronic data
- Measure harmonization across programs
- Standardized, machine readable logic
HEDIS Data Sources and Reporting Methods

Harnessing an evolving data landscape

**Administrative Method:** Transaction Data
- Enrollment, Claims, Encounters

**Hybrid Method:** Administrative + Sample
- Medical Records

**Survey Method**
- CAHPS®, Medicare Health Outcomes Survey

Use of Electronic Clinical Data Systems
- EHRs, Registries / IIS,
- Case Management, Admin/enrollment

**Electronic Clinical Data Systems (ECDS)**

*Reporting Standard for HEDIS*

Provides a structured method to collect and report electronic clinical data for HEDIS® quality measurement and for quality improvement.

**What are Electronic Clinical Data Systems?**

- Network of data containing a plan member’s health information and records of experiences within healthcare system
- Data are structured and allow for automated queries
- To qualify for HEDIS ECDS reporting, data must:
  - Meet the measure technical specification requirements
  - Use standard layouts
  - Be accessible by the care team upon request

For more information on ECDS, please visit:

[http://www.ncqa.org/ecds](http://www.ncqa.org/ecds)
ECDS Measure Data Categories

Organizations report each measure component by source system of record

HEDIS Immunization Measures

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Data Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization Services</td>
<td>Hybrid</td>
<td>Vaccinations for children by age 2</td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td>Hybrid</td>
<td>Vaccinations for adolescents by age 13</td>
</tr>
<tr>
<td>Flu Vaccinations for Adults Ages 18–64</td>
<td>CAHPS</td>
<td>Flu vaccines for Medicaid members, age 18 to 64</td>
</tr>
<tr>
<td>Flu Vaccinations for Adults Ages 65 and Older</td>
<td>CAHPS</td>
<td>Flu vaccines for Medicare members, age 65 and older</td>
</tr>
<tr>
<td>Pneumococcal Vaccination Status for Older Adults</td>
<td>CAHPS</td>
<td>Pneumococcal vaccines for Medicare members, age 65 and older</td>
</tr>
<tr>
<td>New in HEDIS 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Immunization Status</td>
<td>ECDS</td>
<td>Vaccinations for adults, age 19 and older</td>
</tr>
<tr>
<td>Prenatal Immunization Status</td>
<td>ECDS</td>
<td>Vaccinations for pregnant women</td>
</tr>
</tbody>
</table>
Adult Immunization Status
Measure Description

Percentage of members 19 years of age and older who are up-to-date on recommended routine vaccines:
• Influenza
• Td or Tdap
• Herpes zoster
• Pneumococcal

Commercial, Medicaid, Medicare
### Adult Immunization Status

**Percentage of adults who are up-to-date on routine vaccines**

<table>
<thead>
<tr>
<th>Measure Rate</th>
<th>Vaccines</th>
<th>Eligible Population Age Ranges</th>
<th>Medicare</th>
<th>Commercial / Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Rate</td>
<td>Influenza vaccine received between July 1 of year prior to June 30 of measurement period.</td>
<td>66 &amp; older</td>
<td>19-65</td>
<td></td>
</tr>
<tr>
<td>Td/Tdap Rate</td>
<td>Td or Tdap vaccine within the past 10 years.</td>
<td>66 &amp; older</td>
<td>19-65</td>
<td></td>
</tr>
<tr>
<td>Zoster Rate</td>
<td>1 dose of live herpes zoster vaccine or 2 doses of recombinant herpes zoster vaccine on or after 50th birthday.</td>
<td>66 &amp; older</td>
<td>50-65</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Rate</td>
<td>Polysaccharide AND conjugate vaccine ≥ 12 months apart on or after age 60</td>
<td>66 &amp; older</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Composite Rate</td>
<td>Percent of vaccines received out of all recommended vaccines based on age</td>
<td>66 &amp; older</td>
<td>19-65</td>
<td></td>
</tr>
</tbody>
</table>

*Excludes adults from all rates with history of immunocompromising conditions or chemotherapy, bone marrow transplant or in hospice during the measurement year.

### Adult Immunization Status - Composite Scoring

<table>
<thead>
<tr>
<th>MEDICARE PLANS</th>
<th>Member A</th>
<th>Member B</th>
<th>Member C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 68</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td or Tdap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12 immunizations needed = 58%
## Adult Immunization Status - Composite Scoring

### MEDICARE PLANS

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Member A Age 70</th>
<th>Member B Age 68</th>
<th>Member C Age 66</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Td or Tdap</td>
<td>✅</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
</tbody>
</table>

**Composite Rate:**
- **7 immunizations provided**
- **12 immunizations needed**
- = **58%**

### COMMERCIAL/MEDICAID PLANS

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Member A Age 64</th>
<th>Member B Age 50</th>
<th>Member C Age 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td or Tdap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Composite Rate:**
- **8 immunizations provided**
- **8 immunizations needed**
- = **50%**
### Adult Immunization Status - Composite Scoring

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Member A Age 64</th>
<th>Member B Age 50</th>
<th>Member C Age 19</th>
<th>Composite Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>4 immunizations provided</td>
</tr>
<tr>
<td>Td or Tdap</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>8 immunizations needed</td>
</tr>
<tr>
<td>Zoster</td>
<td>✔</td>
<td>✔</td>
<td>NA</td>
<td>= 50%</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

**Measure:**

**Prenatal Immunization Status Measure**
Prenatal Immunization Status

**Measure Description**

Percentage of deliveries during the measurement period in which women received the following vaccinations:
- Influenza vaccine
- Tdap vaccine

Commercial, Medicaid

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### Prenatal Immunization Status

**Percentage of deliveries in which women received influenza and Tdap vaccinations**

<table>
<thead>
<tr>
<th>Measure Rate</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Influenza vaccine between July 1 of the year prior to the measurement period and the delivery date</td>
</tr>
<tr>
<td>Tdap Rate</td>
<td>At least one Tdap vaccine during the pregnancy</td>
</tr>
<tr>
<td>Composite Rate</td>
<td>Deliveries where patients received both vaccines</td>
</tr>
</tbody>
</table>

*Excludes deliveries with a gestational age of less than 37 weeks and patients who are in hospice or using hospice services during the measurement period.
### Prenatal Immunization Status - Composite Scoring

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Delivery 1</th>
<th>Delivery 2</th>
<th>Delivery 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tdap</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Commercial/Medicaid Plans**

**Composite Rate:**

3 deliveries total = 33%

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### Prenatal Immunization Status - Composite Scoring

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Delivery 1</th>
<th>Delivery 2</th>
<th>Delivery 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Commercial/Medicaid Plans**

**Composite Rate:**

1 delivery with both vaccines

3 deliveries total = 33%
Measure Implementation

HEDIS First-Year Analysis Process Overview

All new HEDIS measures are collected but not publicly reported for at least one reporting cycle

When assessing for public reporting NCQA considers:

• Feasibility (plans have the ability to report)
• Opportunity for improvement (performance gap)

Committee on Performance Measurement votes to approve measures for public reporting and use in programs
Timeline for New HEDIS Immunization Measures

Next steps

<table>
<thead>
<tr>
<th>June 2019</th>
<th>July-August 2019</th>
<th>September 2019</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS 2019 data submission</td>
<td>First-year data analysis</td>
<td>Review with Committee on Performance Measurement</td>
<td>Approved for public reporting &amp; use in NCQA programs</td>
</tr>
</tbody>
</table>

Facilitators for Collecting ECDS Data

Key Facilitators

- Strong provider collaboration
- External reporting requirements
- Integrated care systems
- Incentives for data sharing
- Data sharing systems in place
- Connections with IIS