NCQA Updates Quality Measures for HEDIS® 2018 Technical Specifications Update

The National Committee for Quality Assurance (NCQA) will release the Healthcare Effectiveness Data and Information Set (HEDIS) 2018 Technical Specifications Update on October 2, 2017. This Technical Specifications Update includes four larger changes to existing measures and the retirement of one measure, and other minor changes/clarifications. The Technical Specifications Update is considered a binding portion of the HEDIS specifications and must be followed by organizations, vendors and auditors. NCQA wanted to communicate the details on the four larger changes we are implementing ahead of the October 2 release.

Retirement and Update of Measures
NCQA initiated a pilot project to assess measures for rapid retirement from HEDIS 2018. The aim is to integrate successful elements from the pilot into the NCQA retirement and re-evaluation process in order to increase flexibility and facilitate removal of measures that may have outlived their usefulness.

NCQA assessed measures by reviewing performance data and obtaining feedback from key stakeholders and from public comment. As a result of this process, NCQA will incorporate the following changes for HEDIS 2018:

Frequency of Ongoing Prenatal Care
NCQA’s findings suggest this measure is not providing additional useful information over the existing HEDIS Prenatal and Postpartum Care measure. Therefore, NCQA will retire this measure from HEDIS 2018.

Annual Monitoring for Patients on Persistent Medications
Given stakeholder input and the measure’s consistently high performance with low variation among Medicare plans, NCQA will remove the Medicare product line from this measure. NCQA’s geriatric measurement experts noted there is weaker evidence supporting the digoxin indicator and infrequent use of the medication. Given these concerns, NCQA will remove the digoxin indicator from the measure for Medicaid and commercial plans.

Changes to Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions
The Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions measure was introduced in the HEDIS 2018 Volume 2: Technical Specifications in July 2017. The intent of the measure is to ensure that people with multiple, high-risk chronic conditions receive prompt follow-up care after visiting the emergency department. The population included in this measure is known to be at a higher risk of returning to the emergency department, be admitted to the hospital, and experience a readmission.

Following the release of this new measure, NCQA decided that changes were required to make the guidance in the eligible population criteria clearer. The changes include re-ordering the steps to clarify that the measure is assessing emergency department visits and that the chronic conditions in the measure should be diagnosed prior to the emergency department visit. We also updated language for how conditions in the measure should be identified and how members with multiple emergency department visits in the follow-up period should be handled.
The changes made to this measure do not change the measure intent or any of the data elements in the measure.

**Hospitalization Measures**

NCQA conducted an off-cycle re-evaluation to assess the evidence for adding observation stays and how to account for outlier performance in two risk-adjusted hospitalization measures: *Inpatient Hospital Utilization* and *Hospitalization for Potentially Preventable Complications*. We found that observation stays are often identical to inpatient admissions, and there is wide geographic and health plan variation in observation stay utilization rates. Therefore, NCQA is revising both measures to include observation stays combined with inpatient admissions to reflect overall hospitalization.

In addition, NCQA assessed approaches to address individuals with outlying high hospital utilization. The Agency for Healthcare Research and Quality published evidence on a small subpopulation of individuals across all payers who experience markedly high frequency of hospitalization without evidence of clinical or demographic characteristics differentiating them from other patients (Jiang et al. 2015). This subpopulation was found to be extremely rare in health plans (<1.0 percent of a health plan’s population), but small plans with a handful of these individuals could have inflated observed hospitalization. NCQA is revising both measures to remove individuals with high frequency hospital utilization (three or more hospitalizations) from the measure calculations and reporting the rate of high frequency hospital utilization.

NCQA initiated the re-evaluation of the measures in response to stakeholder feedback regarding the need to address observation stays within measures of hospitalization and to analyze factors contributing to outlier measure performance. The revisions are essential improvements for both measures, and NCQA implemented an off-cycle process to integrate the changes for HEDIS 2018.

**Unhealthy Alcohol Use Screening and Follow-Up**

The *Unhealthy Alcohol Use Screening and Follow-Up* measure was introduced in the HEDIS 2018 Volume 2: Technical Specifications as a first-year measure in July 2017. The measure assesses 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. NCQA has revised the specification to simplify various measure components and to align with other similar HEDIS measures. Specifically, we aligned the measurement period with the continuous enrollment period. We reduced the intake period for unhealthy alcohol use screening to the first 10 months of the measurement year in order to capture screening and follow-up events that occur during the measurement year, and to encourage early screening in keeping with the intent of the measure. We also decreased the age stratification from four strata to three.