Digital Quality Measures: Opportunities to Electronically Share Digital Quality Measurement Data With Stakeholders

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TODAY'S PRESENTERS

FULL BIOS CAN BE FOUND AT THE LINKS BELOW

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TODAY'S AGENDA

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Who We Are

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Digital Quality Measurement: The Path Forward

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The Benefits of a Digital Quality Platform

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Questions and Answers

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Who We Are

HMA: The Cross-enterprise Advantage for DQM

HMA is uniquely positioned to help health plans negotiate the complex changes necessary for transition to full digital quality measurement.

> Leavitt Partners insights into national policy on interoperability and digital quality

> Wakely's analytics to current and future approaches to quality measurements

> HMA's trusted role in strategic and operational consulting

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Leavitt Partners: Leading The Way With Digital Health Convenings

https://leavittcenterforalliances.com/

Individuals	Public Health	State Medicaid	Digital Quality	Housing Support
CARIN Creating Access to Real-time Information Now through Consumer-Directed Exchange	**HELIOS**	**One Utah Health Collaborative**	**DQIC DIGITAL QUALITY IMPLEMENTERS COMMUNITY**	**DASH** Data Aligned to Support Housing through health care payments
The CARIN Alliance worked with CMS to develop the CARIN IG for Blue Button (EOB/claims information) which was named multiple times in federal regulation so that every CMS payer, provider, and patient will have access to it by 2027.	The Helios FHIR Accelerator for Public Health worked with ONC and CDC to develop Public Health FHIR related use cases and APIs which was also named in federal regulation.	The One Utah Digital Health Collaborative works with the Governor's office and Utah Department of HHS to convene a first-in-the-nation public/private partnership to implement the FHIR API use cases for the CMS 2027 prior authorization final rule.	Working with CMS and NCQA, we are developing the FHIR API foundation for how digital quality measures will be reported, measured, and exchanged in the future as part of the Digital Quality Implementers Community (DQIC).	Working with HHS and HUD to develop the data exchange and payment standards for transferring housing data between homeless management information systems (HMIS) and other stakeholders, developing a new HMIS data model that includes the items needed for payment, and examining best practices for digital identity and consent.

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NCQA: Who We Are

For 35 years, NCQA has advanced transparency and accountability in health care through accreditation, certification, and performance measurement to improve the quality of health care for all.

Key Facts

➢ Founded in 1990
➢ Is an independent non-profit
➢ Offers more than 20 accreditation, certification and recognition programs.
➢ Has the most widely used performance measurement tool in health care (HEDIS®)

Digital Quality Measurement:

The Path Forward

NCQA
Measuring quality.
Improving health care.

35 YEARS OF QUALITY

What is HEDIS®?

Healthcare

Effectiveness

Data

Information

Set

The most widely-used tool for measuring and improving health care performance

Insurance plans measure and report how often their insured population receives evidence-based care on
87 measurable aspects of health in 5 domains:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information

NCQA

Phased Approach to Digital HEDIS® Transition

PAPER SPECS

FULLY DIGITAL

We Are Here

Phase 1
Digital Introduction
2023

- Get familiar with digital quality and begin implementation.
- Measures delivered through traditional Volume 2 and a subset delivered digitally through Digital Content Services.
- Traditional data collection methods.

Phase 2
Digital Enabled
2024-2026

- Continue implementation and begin using digital quality for some or all quality initiatives.
- Measures delivered through traditional Volume 2 and Digital Content Services.
- HEDIS Health plan reporting available.
- Traditional data collection methods (including hybrid sampling).

Phase 3
Fully Digital
TBD on Hybrid Roadmap

- All limitations of legacy programs now offer a digital pathway.
- Measures delivered through traditional Volume 2 and Digital Content Services.
- All measures fully digital.
- HEDIS Health plan reporting available.
- Sunset hybrid sampling by measure until all full population.

Phase 4
Digital Only
TBD on Market Maturity ~2030

- Quality improvement and reporting programs are fully digital
- Measures delivered through Digital Content Services.
- All measures fully digital.
- HEDIS Health plan reporting available.
- Hybrid measures retired and replaced with full population data collection.

NCQA

ECDS: Using HEDIS to Advance Digital Transition

Administrative Method: Transaction Data

Enrollment, Claims, Encounter

Hybrid Method: Administrative + Sample

Manual Medical Record Review

Survey Method

CAHPS®, Medicare Health Outcomes Survey

Electronic Clinical Data Systems Method

Enrollment, Claims, Encounter, EHRs, HIEs, Registries, Case Management

Guidelines for *collecting and analyzing* structured electronic data for HEDIS measurement

NCQA

Automated and Interoperable Measure Systems

NCQA's vision for the future of measures is the use of digital quality measures (dQMs).

- The transition includes ECDS measures to encourage the use of near 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.

Current State

Admin

Hybrid

ECDS

Transition

Admin

ECDS

Future State

All dQM

Planned Timeline To Sunset HEDIS Hybrid Reporting Method

NCQA: THE DQM PATH FORWARD

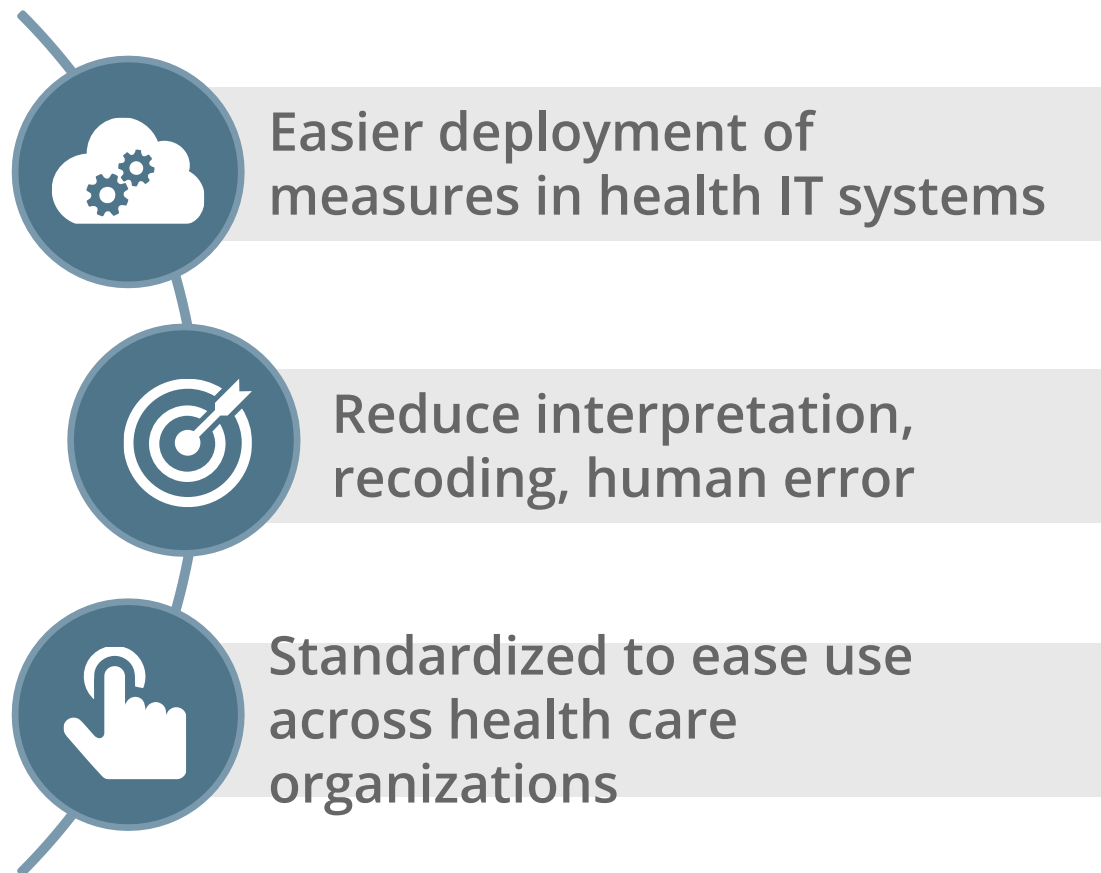| Measure	MY 2025	MY 2026	MY 2027	MY 2028	MY 2029
Lead Screening in Children (LSC)		•			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			•		
Prenatal and Postpartum Care (PPC)				•	
Controlling High Blood Pressure (CBP)	+ECDS			•	
Blood Pressure Control for Patients with Diabetes (BPD)		+ECDS		•	
Glycemic Status Assessment for Patients With Diabetes (GSD) (formerly Hemoglobin A1c Control for Patients With Diabetes)			+ECDS		•
Transitions of Care (TRC)			+ECDS		•
Care for Older Adults (COA)			+ECDS		•

= Removal of the hybrid reporting method only.

Goal: *Hybrid* measure specification and reporting method removed from HEDIS by *MY2029*

NCQA

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

Easier deployment of measures in health IT systems

Reduce interpretation, recoding, human error

Standardized to ease use across health care organizations

NCQA

Digital Quality Measurement:

The Opportunity

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The Opportunity: Why Act Now?

Why Act Now?

- **Regulatory Urgency:** The 2027 deadline leaves limited time to establish the data-sharing infrastructure necessary for dQM.

- **Strategic Opportunity:** Early adopters of dQM can realize improved care coordination, higher Star Ratings, and stronger performance in value-based payment models. Organizations can detect and close care gaps faster by leveraging new data liquidity, boosting outcomes and revenue.

- **Complexity & Risk:** From IT integration to change management, dQM spans multiple departments and will require ample lead time to test new functionality before go-live.

Value Beyond Compliance

- **Drive Quality Outcomes:** Real-time data capture and advanced analytics unlock deeper insights, enabling targeted care interventions and improved patient outcomes.

- **Optimize Value-Based Care:** Leveraging digital measures positions organizations to excel in performance-based contracts and capture shared savings.

- **Foster a Culture of Innovation:** Implementing new data enhances an organization's capacity for predictive modeling, care coordination, and population health initiatives.

Risk of Inaction

- **Financial Penalties:** Delaying preparation can lead to non-compliance and disruptions in patient care.

- **Interoperability Complexity:** dQM cross-functional coordination will require actionable implementation plans to ensure new APIs optimize workflows and other interoperability tools to mitigate implementation cost overruns.

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What Exactly is Changing in Quality Measurement?

DQM OPPORTUNITY

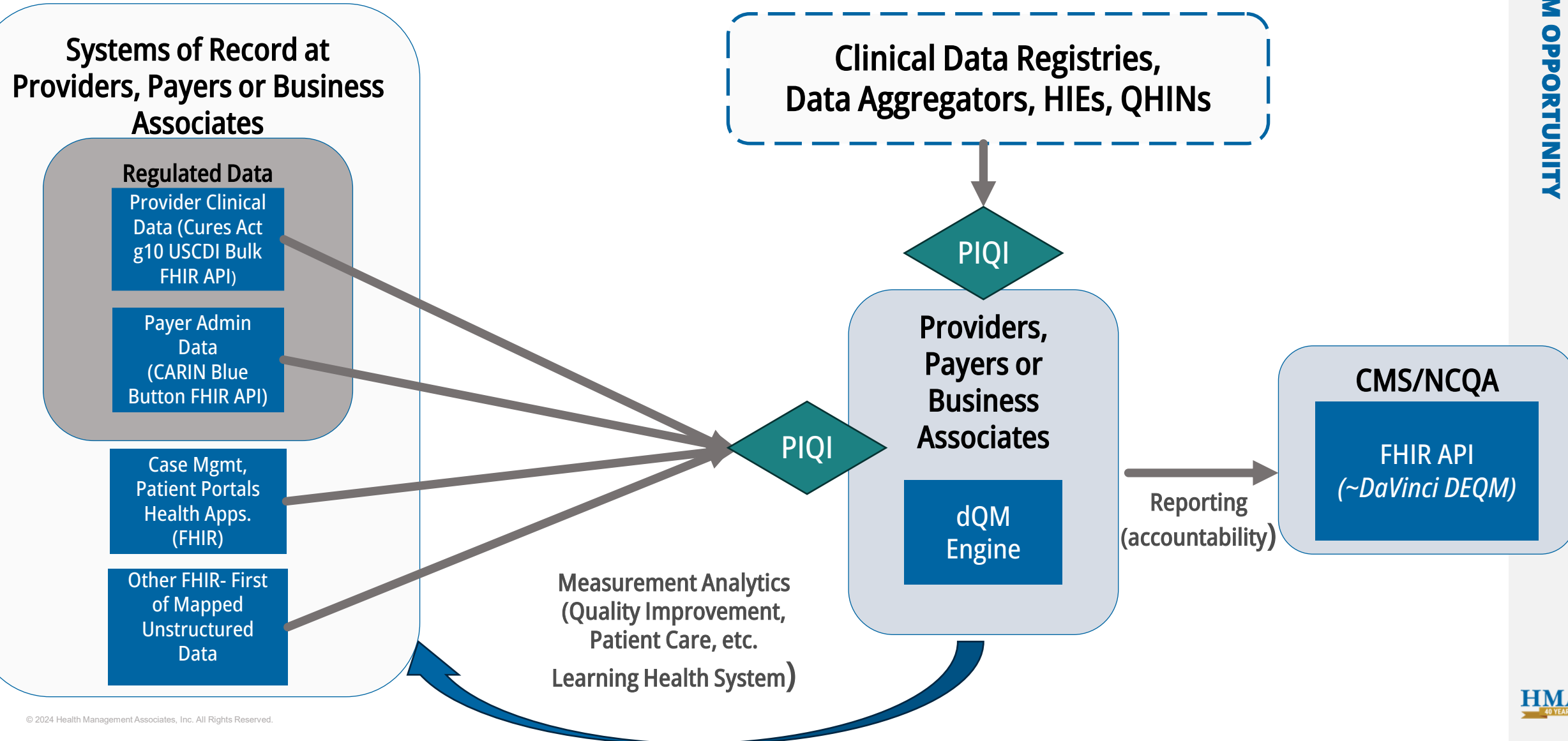|	CURRENT / TRADITIONAL	FUTURE / DIGITAL
Specs Delivery	Traditional Vol 2 Paper Specs (.pdf)	Executable Code Packages (DCS)
Calculation Engine	HEDIS Vendor built by interpretating Volume 2	NCQA Reference or any 3rd party CQL Engine
Data Model	HEDIS Vendor specific. Different format for claims and clinical data.	All data will need to be mapped to FHIR
Data Sources	Claims as primary source, supplemented with clinical data sources/charts	No "primary" source. New emerging data such as patient generated data/ RPMDs
Data Mapping	HEDIS Vendor specific	Standardized using industry developed Implementation Guides
Reporting Method	Administrative, Hybrid, Electronic (ECDS)	Full population reporting. No hybrid!
Infrastructure	Proprietary, SFTP	Open Source & Proprietary, API

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USING THE **SAME REGULATED STANDARDS AND INFRASTRUCTURE** ACROSS ALL DQM ENGINES

DQM OPPORTUNITY

Systems of Record at Providers, Payers or Business Associates

Regulated Data

Provider Clinical Data (Cures Act g10 USCDI Bulk FHIR API)

Payer Admin Data (CARIN Blue Button FHIR API)

Case Mgmt, Patient Portals Health Apps. (FHIR)

Other FHIR- First of Mapped Unstructured Data

Clinical Data Registries, Data Aggregators, HIEs, QHINs

PIQI

PIQI

Providers, Payers or Business Associates

dQM Engine

Measurement Analytics (Quality Improvement, Patient Care, etc. Learning Health System)

Reporting (accountability)

CMS/NCQA

FHIR API (~DaVinci DEQM)

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Key HEDIS Business Milestones by Year

2025-2026	2027	2028 - 2029	~2030
• Conduct readiness assessments across data sources, infrastructure, and teams • Assess data partners and their FHIR capabilities. • Understand your hybrid lift and opportunities by measures and define your KPIs	• Start leveraging interoperability sources for clinical data • Refine the data operations transition plan for each data stream • Start implementing best practices • Prepare infrastructure and policies for digital-first operations.	• Expand digital testing across full measure set. • Scale best practices across teams. • Evaluate enterprise-wide gaps and finalize digital transition roadmap. • Ensure smooth and timely data processing and continue to source real-time data where possible.	• Launch fully digital HEDIS measurement for MY2030 across all reported measures.
• Understand the new dQM vendor landscape • Develop clinical data acquisition plan to mitigate, enhance, expand. • Launch foundational mapping and digital intake processes.	• Scale pilot testing to additional measures or data sources. • Strengthen governance and workflows. • Monitor KPIs, add new, pivot if needed	• Operationalize digital workflows for all measures. • Amplify operations to support ALL organizational use cases (pop health, risk management, VBC, mbr X) • Monitor KPIs and implement mitigation strategies. • Keep current with NCQA, FHIR, USCDI, and IG updates.	• Submit digital measures via certified processes and platforms for MY2029 • Complete parallel testing between traditional and digital results if not done.
• Define transition roadmap • Pilot early digital proof-of concept.	• Build team capacity and refine data ingestion and validation processes. • Enhance/refine USCDI mapping where needed.	• Know your dQM vendor and partners • Reconcile ALL traditional vs. digital results for final validation.	• Monitor digital performance in real time and support continuous improvement.

DQM OPPORTUNITY

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The Benefits of a Digital Quality Platform

The Benefits Of A Digital Quality Platform

A PROACTIVE APPROACH TO DIGITAL QUALITY MEASURES TRANSITION CAN LEAD TO DIFFERENTIATING VALUE FOR HEALTH PLANS, PATIENTS AND PROVIDERS.

Health Plans

Improved member outcomes

Cost-savings

Risk reduction

Avoidance of sanctions & fines

Improved competitive positioning in STAR ratings

Increases in revenue across all lines of business

Patients

Better health outcomes

Improved quality of care

Enhanced patient experience

Easier access to services

Increased support and real-time information

Providers

Improved care quality and performance in VBC contracts

Increased collaboration and data-sharing

Actionable health insights that are predictive, rather than reactive

Decreased administrative burden

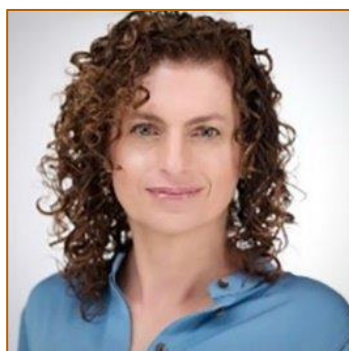Reduced provider abrasion and burnout

DQM BENEFITS

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Questions? Contact us.
We can help.

Ryan Howells

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Leavitt Partners
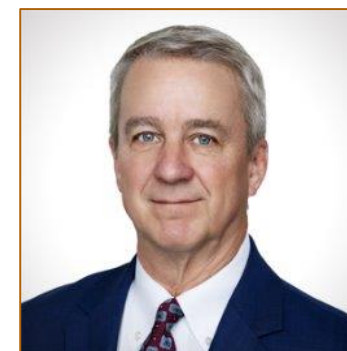ryan.howells@leavittpartners.com

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