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Updates to the 2024 Quality Measures

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April 16, 2024

Updates to the 2024 Quality Measures

Agenda

Explain Changes to the Quality Measure Definitions

- UDS/ECQM Measures
- QIP/PHMI/HEDIS Measures
- PHMI/HEDIS Measures
- CMS Measures (MCAS)
- Hearts of Sonoma County Measures

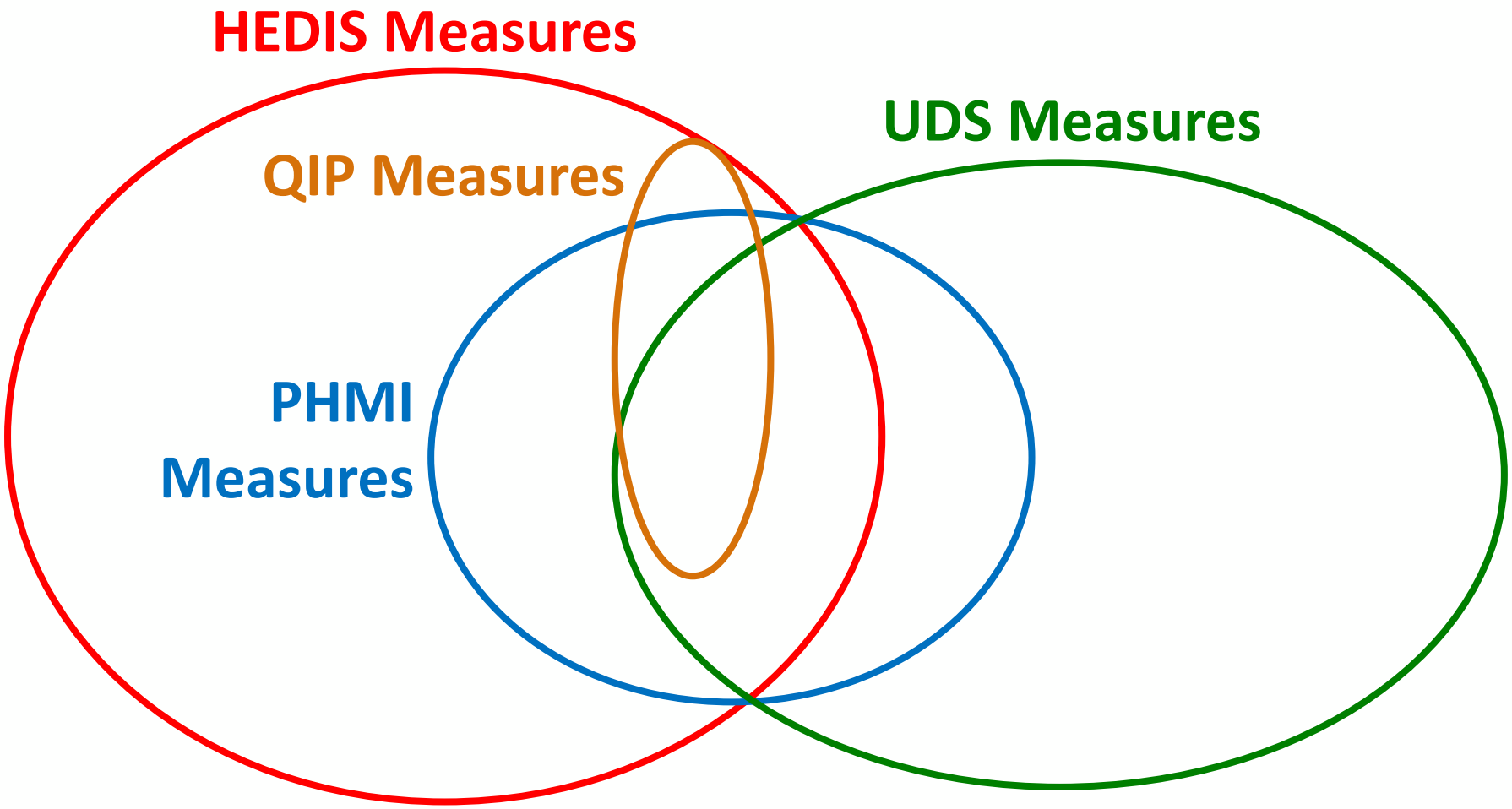
Plan for Updates to the Relevant Quality Measures

2024 Comparison Document

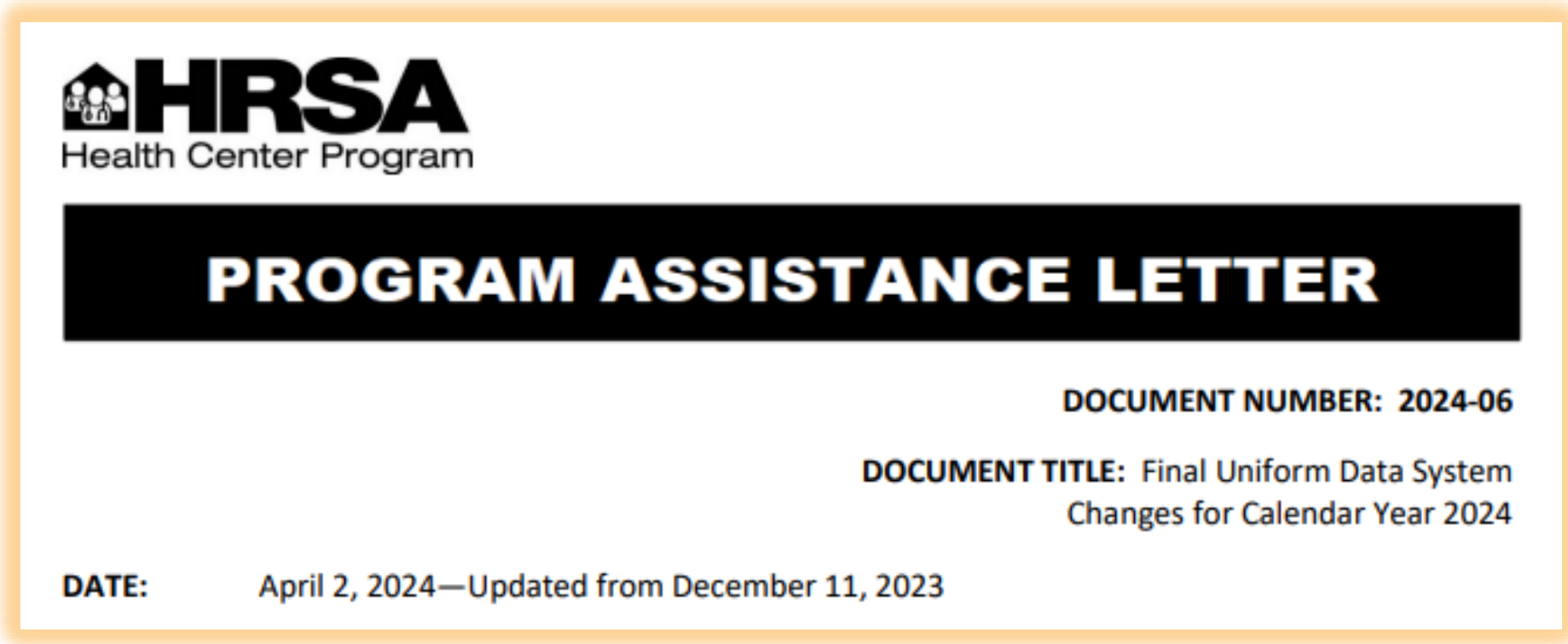
- Will be available on the Aliados Health website (version 22)
- Definitions for:
  - UDS/BPHC (2024)
  - QIP/Partnership (2024)
  - ECDS / Partnership (2024) -- *these have yet to be finalized*
  - MCAS (2024)
  - PHMI HEDIS Rates (2024)
  - PHMI UDS Rates (2024)
  - PIP (2024)
  - Hearts of Sonoma County (2024)

Measures Venn Diagram

You can see the measures that overlap on the Comparison Document (version 22)



UDS/ECQM Measures



HRSA
Health Center Program

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2024-06

DOCUMENT TITLE: Final Uniform Data System Changes for Calendar Year 2024

DATE: April 2, 2024—Updated from December 11, 2023

Google: hrsa pal 2024-06

Newest Version of eCQMs

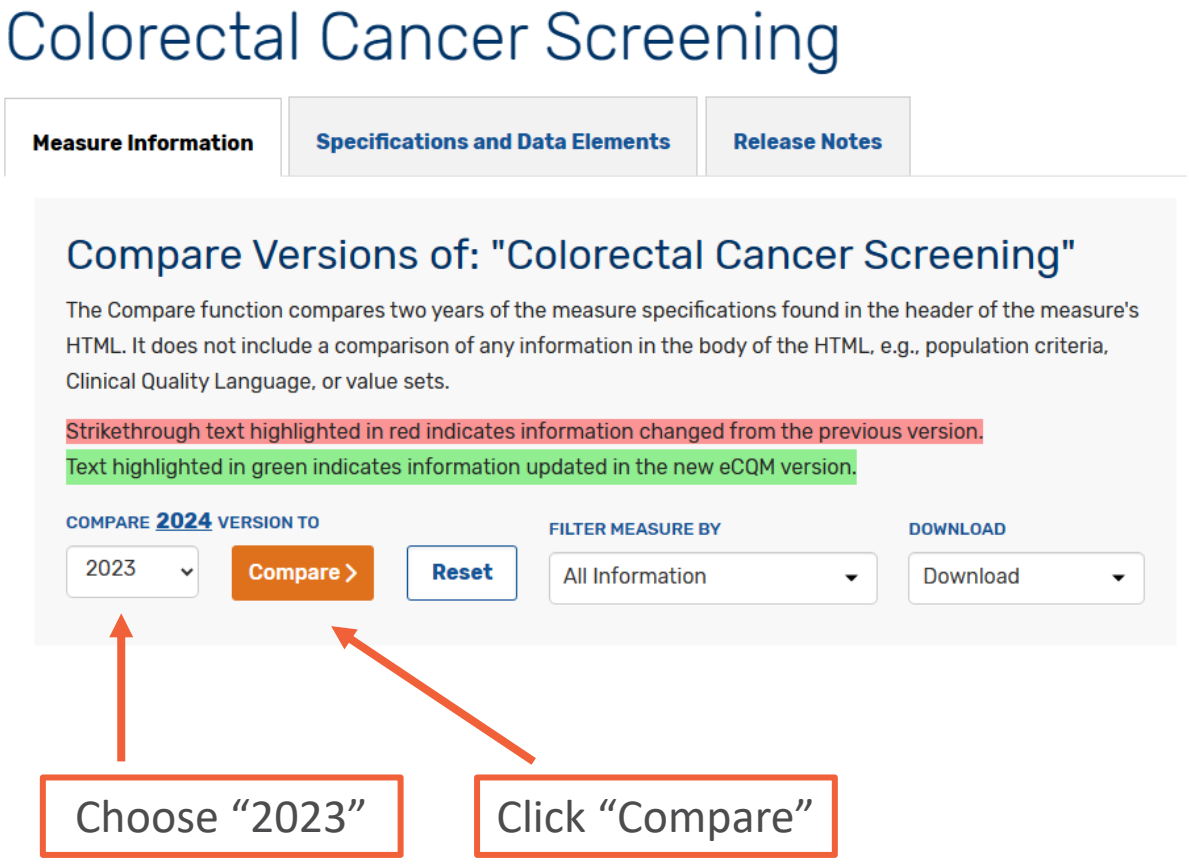
2024 UDS eCQMs

1. Childhood Immunization Status has been revised to align with CMS117v12.
2. Cervical Cancer Screening has been revised to align with CMS124v12.
3. Breast Cancer Screening has been revised to align with CMS125v12.
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with CMS155v12.
5. Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan has been revised to align with CMS69v12.
6. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention has been revised to align with CMS138v12.
7. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease has been revised to align with CMS347v7.
8. Colorectal Cancer Screening has been revised to align with CMS130v12.
9. HIV Screening has been revised to align with CMS349v6.
10. Preventive Care and Screening: Screening for Depression and Follow-Up Plan has been revised to align with CMS2v13.
11. Depression Remission at Twelve Months has been revised to align with CMS159v12.
12. Controlling High Blood Pressure has been revised to align with CMS165v12.
13. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) has been revised to align with CMS122v12.

For example, last year this was CMS117v11

To understand year-to-year differences in the measure definition, click on the live link (see next slide)

Year-to-Year Differences



Strikethrough text highlighted in red indicates information changed from the previous version.

Text highlighted in green indicates information updated in the new eCQM version.

Measure Information	2023 Performance Period	2024 Performance Period
Title	Colorectal Cancer Screening	Colorectal Cancer Screening
CMS eCQM ID	CMS130v11	~~CMS130v11~~CMS130v12
CBE ID	Not Applicable	Not Applicable
MIPS Quality ID	113	113
Description	Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer	Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer
Definition	*See CMS130v11.html	~~*See~~ ~~CMS130v11.html~~ None

List of Changes in the PAL

2024 UDS ECQM CHANGES

2024 UDS eCQM	2024 eCQI Version	2023 to 2024 Performance Period Changes
Childhood Immunization	CMS117v12	• v11 updated to v12 • Numerator revision for anaphylaxis due to vaccine as criteria
Cervical Cancer Screening	CMS124v12	• v11 updated to v12 • Guidance language added for screenings performed outside of range
Breast Cancer Screening	CMS125v12	• v11 updated to v12 • Denominator Exclusion language updated to confirm timing for bilateral mastectomy 'on or before the end of the measurement period' • Guidance language added for screenings performed outside of range
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v12	• v11 updated to v12
Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan	CMS69v12	• v11 updated to v12
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v12	• v11 updated to v12 • Denominator Initial Population age for screening changed from '18 years and older' to '12 years and older'

Some changes will not make a difference to the Relevant Quality Measures. For example, this already is a part of the SQL code

Other changes impact the data greatly. We will discuss these later in today's presentation

eCQM vs. UDS Definitions

- In the past, not all changes to the eCQMs actually appeared in the UDS manual. The UDS measures are based on eCQMs but, in rare cases, can have different definitions.
- Example: will this new requirement be implemented? How?

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v7	• V6 updated to v7 • Denominator age range for LDL-C >= 190 mg/dL or diagnosis of familial hypercholesterolemia changed from '>=20' to '20 to 75' years of age • Denominator changed from 'active diagnosis of ASCVD' to 'previously diagnosed with or currently have a diagnosis of ASCVD' • New population added to denominator for 'patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of >= 20% during the measurement period'

“Expected” Changes

- On the following slides are the expected changes to the UDS measures based on changes in the eCQMs
- These will be confirmed when the 2024 UDS manual associated technical documents and presentations are available

2024 Uniform Data System (UDS) Changes Webinar

Date & Time Jun 5, 2024 11:00 AM in Pacific Time (US and Canada)

HIV Screening

- New exclusion for patients who died on or before the end of the measurement period
- Will this be applied to other measures in the future? It is already common among the HEDIS measures.
- Low impact. For all 19 Aliados Health centers on Relevant, 0.31% newly excluded from denominator (estimate uses 2023 data)

Depression Remission at Twelve Months

- Removed exclusion for nursing home residents
- Low impact. For all 19 Aliados Health centers on Relevant, 0.0% added to denominator (estimate uses 2023 data)
- Please ensure that your nursing home resident mapping is correct

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

- Denominator Initial Population age for screening changed from ‘18 years and older’ to ‘12 years and older’
- The eCQM specifies 12 years of age and older at the start of the measurement period
- Estimate of impact (using 2023 data): among all Aliados Health centers, the denominator increased 9.8% (range was 0.0% to 14.8%)

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- Removed exclusion for history diagnosis of depression
- Continues to apply the exclusion for history of bipolar diagnosis
- Estimate of impact (using 2023 data). Among all Aliados Health centers, the denominator increased 23.0% (range was 15.8% to 35.5%)
- Another perspective: the 2023 definition excludes 28.4% of all potential denominator patients. The 2024 definition is estimated to only exclude 3.3% of patients (i.e., those with only Bipolar disorder or with “other” depression screening exclusions)

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

- Denominator age range for subpopulation of patients with LDL-C >= 190 mg/dL or diagnosis of familial hypercholesterolemia changed from >=20 years of age to between 20 and 75 years of age
- Denominator changed from ‘active diagnosis of ASCVD’ to ‘previously diagnosed with or currently have a diagnosis of ASCVD’
- New population added to denominator for ‘patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of >= 20% during the measurement period’

The 10-year ASCVD Risk Assessment Options

The 10-year ASCVD risk assessment must be performed during the measurement period and calculated using the Pooled Cohort Equations. Options from the eCQM:

1) The 2013 ACC/AHA ASCVD Risk
2) The ACC Risk Estimator Plus
3) If your EHR does not have either of these risk calculators, we recommend that you use the on-line versions. The 10-year ASCVD risk score (quantitative result, i.e., result.value expressed as "%") must be documented in a structured field.

CVD Statin Therapy: Estimate of Impact (Using 2023 data)

- High cholesterol age range (change from over 20 years to between 20 and 75 years of age). Among all Aliados Health centers, the denominator decreased 1.1% (range was -2.8% to 0.0%)
- ASCVD diagnosis going from active only to active or historical. Among all Aliados Health centers, the denominator increased 0.5% (range was 0.0% to 3.4%)
- Change due to ASCVD Risk Assessment not estimated

Assists (Not in a Quality Measure, but Some May be Picked up by Relevant)

Excerpt of Appendix E: Other Data Elements

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (personnel, contracted personnel, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about third-party primary care health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

   Enter number of assists _____

Note: Assists DO NOT count as visits on the UDS table

QIP/PHMI/HEDIS Measures

In other words, HEDIS measures that overlap QIP and PHMI measure sets

Note on 2024 Partnership ECDS Measures

- 2023 Pilot Project
- Will they be the same set of measures in 2024?
- The comparison document has an updated “ECDS/ Partnership (2024)” column, but this is not the official list
- ECDS definitions on the comparison document updated to 2024 HEDIS definitions for all measures except “Unhealthy Alcohol Use Screening and Follow-Up” (abbreviation is ASF)
- ASF was dropped from the HEDIS manual in 2024

2024 QIP Measure Changes

- Removed: Asthma Medication Ratio (AMR)
- Added: Lead Screening in Children (LSC)

HEDIS Measure Name Change

- 2023 name: Hemoglobin A1c Control for Patients With Diabetes
- 2023 abbreviation: HBD

- 2024 name: Glycemic Status Assessment for Patients With Diabetes
- 2024 abbreviation: GSD

- This was not changed in the 2024 QIP manual but was noted in one of the PHMI documents

Glycemic Status Assessment for Patients With Diabetes

- Still has the same basic denominator definition with the numerator for poor control (HbA1c > 9.0%)
- QIP/Partnership still using the old name and focusing on good control (<= 9.0%). The measure name in the 2024 QIP specifications is “Measure 6. Comprehensive Diabetes Management – HbA1C Good Control”

Revised Method for Identifying Patients with Frailty and Advanced Illness

Measures impacted:

- Glycemic Status Assessment for Patients With Diabetes
- Eye Exam for Patients With Diabetes
- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure

New Exclusion Definition

- At least two visits with frailty value set codes on different dates of service in measurement year
- AND EITHER
  - At least two visits on different dates of service in the past 2 years with advanced illness value set codes
  - OR had dementia medications in past 2 years

New Exclusion Definition In Relevant

Initial Proposal

- The Quality Measure SQL will change
- Code currently uses frailty_cases and advanced_illness_cases which are based on the Problem List
- The SQL will be changed to look for 2 or more visits in the given period with visit diagnosis or billing codes (as appropriate) belonging to the HEDIS value sets
- This will be programmed directly in the measure SQL
- No new Data Elements will be created

Cervical Cancer Screening

- Inconclusive screening results do not count as complete screening
- Cervical cytology: Do not count lab results that explicitly state the sample was inadequate or that “no cervical cells were present”
- HPV testing: Results or findings with “unknown” is not considered a result/finding

Excluding Inconclusive Screening Results

Health center options:

1. Study how inconclusive results are expressed in these labs and remove them on the Data Element level. Check how this would effect your data downstream. Maybe create a case management report to display data with inconclusive results to see if they had a follow-up appointment/test afterwards
2. Add the lab result to the following fields where there will be a simple text exclusion in the Quality Measure SQL:
   - rdm.pap_tests.qualitative_result
   - rdm.hpv_tests.result

Lead Screening in Children

- Specifications note that the lab must have a result (no “null” results) and the result or finding must not be “unknown”
- Data Element: Lead Blood Tests

- It might be a good idea to exclude unknown results or null results from all labs. If a lab is ordered but no result is provided (for any reason), it should be re-done. Obviously, a lab with an inconclusive result should not count towards numerators that measure the extent of patients screened

Result Text Indicating a Lab Was Not Done

Examples of result text that may be excluded (there may be others):

- cancelled
- did not do
- error
- expired
- inadequate
- inconclusive
- invalid
- no data
- no result
- not complete
- not performed
- not suitable
- refuse
- unable to perform

Well-Care Visits

Quality Measures that use the concept of “Well-Care Visits”

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits for Age 15 Months–30 Months
- Child and Adolescent Well-Care Visits

- Data Element: Well Child Interventions
- This Data Element will need to be changed once the 2024 HEDIS Value Sets are uploaded to the HEDIS Value Set table

2023 vs 2024 Well-Care Visit Definition

- Relevant table containing codes: custom.hedis_value_set_codes

Current (2023 and previous years) HEDIS Value Set (*depreciated*):

- Well-Care (value_set_oid = '2.16.840.1.113883.3.464.1004.1262')

New (2024) HEDIS Value Sets (split by ICD and CPT/HCPCS codes):

- Well Care Visit (2.16.840.1.113883.3.464.1004.2479)
- Encounter for Well Care (2.16.840.1.113883.3.464.1004.2480)

PHMI/HEDIS Measures

In other words, HEDIS measures that overlap the PHMI measure set (but not the QIP measure set)

Exclusion for Patient Death in the Measurement Period

- Many HEDIS measures already have this in the 2023 definition
- It has been added to the 2024 specifications of the following measures:
  - ✓ Prenatal Depression Screening and Follow-Up (PND)
  - ✓ Postpartum Depression Screening and Follow-Up (PDS)
  - ✓ Depression Remission or Response for Adolescents and Adults (DRR)
  - ✓ Prenatal Immunization Status (PIS)

Multiple Births in the Measurement Period

- Because the measurement period is typically 12 months and the average gestation period is a little over 9 months, it is possible for one patient to have more than one delivery count towards a measure
- Many Quality Measures associated with births have the text below in the description because the denominator is based on the number of deliveries, not the number of patients
- “Patients with multiple deliveries in the period count twice; patients with multiple births at a single delivery count once.”

Multiple Births in the Measurement Period

- HEDIS: “Remove multiple deliveries in a 180-day period. If a member has more than one delivery in a 180-day period, include only the first eligible delivery.”
- In most cases, multiple deliveries within 180 days in the EHR are due to duplicate pregnancies (i.e., more than one pregnancy ID referring to the same patient and the same pregnancy)

CMS Measures (MCAS)

MCAS measures that are defined by CMS (as opposed to those defined by HEDIS)

Change to Contraception Measures

Contraceptive Care – All Women Ages 21 to 44 (CMS CCW-AD)

- Exclude women not at risk of unintended pregnancy
- One of these exclusions is “Had a live birth in the last 3 months of the measurement year because there may not have been an opportunity to provide them with contraception” (2024 definition)
- *The previous definition was for “2 months”*

Change to Contraception Measures

Contraceptive Care – Postpartum Women Ages 21 to 44 (CMS CCP-AD)

- Exclude postpartum patients who may not have had an opportunity to receive contraception in the postpartum period (defined as within 90 days of delivery).
- Denominator: Live birth between start of measurement period and 90 days prior to the end of the measurement period (2024 definition)
- *The previous definition was for 60 days prior to the end of the measurement period*
- Numerator: patients provided contraception within 90 days of delivery (2024 definition)
- *The previous definition was within 60 days* of delivery

Hearts of Sonoma County Measures

For Health Centers in Sonoma County

Hypertension Prevalence

- An e-mail from Sonoma County Department of Health Services clarified the visit definition and provided a new reporting template
- The visit definition involves patients seen at a health center based in Sonoma County during a specified time period
- Previous definition: At least one visit in the current reporting year and at least one visit in the previous year (i.e., the unique definition of the HSC “measurement period”)
- Current/new definition: At least one visit in the current reporting year

Resulting Change to the Data

- Report name: Hearts of Sonoma County Report (2024)
- Denominator increased by around 40% for all Sonoma County health centers (range: 30% to 45% increase)
- Numerator decreased by around 5% (range: -4% to -8%)

Note the Three New Measures

1. Comprehensive Diabetes Care: HbA1c Controlled (<8.0%) *in addition to the >=9.0% numerator*
2. Tobacco Use Screening ("…patients ages 18-75 years who were screened for tobacco use at least once during the reporting year")
3. Tobacco Use Prevalence ("…patients ages 18-75 years who were screened for tobacco use at least once during the reporting year and identified as tobacco users")

Plan for Updates to the Relevant Quality Measures

Plan for Measure Set Updates

- The UDS Quality Measure set will be updated by Relevant
- The QIP, PHMI and MCAS (i.e., HEDIS) Quality Measure sets will be updated by Aliados Health
- All new Quality Measures will have “2024” in the name, even if the SQL did not change

Aliados Health Measure Set Updates

- Work on the measures will take place in April and May (estimated end date at the end of May)
- Aliados Health will place the new Quality Measures in the health center instances in “disabled” mode
- An e-mail announcement will be sent to the health centers with a list of measure names
- Health centers will validate the results and turn on the measures they choose to track
- One recommendation is to disable the 2023 and prior measures so there are not multiple years/versions of a single measure

Patients from Partnership HealthPlan

- Relevant working on an approach to allow health centers to upload monthly QIP denominator and Partnership enrollment files into Relevant and have them integrated into the Relevant patient data sets
- Health centers in the PHMI project will be doing this, but we will need to know if other health centers will commit to the process once it is clearly defined
- Whether or not Partnership patients are available in Relevant will impact what kinds of Quality Measures are available for use

Quality Measure Sub-Sets (Proposed)

For health centers uploading QIP denominator files and Partnership enrollment files in a standard manner:

- ✓ QIP measures will use the QIP denominator file for the denominator (QM sub-set will have “QIP” in the name)
- ✓ PHMI measures that do not overlap QIP measures will use Partnership monthly enrollment files along with HEDIS denominator definition (QM set will have “PHMI” in the name)

All other MCAS measures, or measures not joined to QIP denominator files or Partnership monthly enrollment files, will use the HEDIS denominator definition (QM set will have “HEDIS” in the name)

Questions?