Data Workgroup, June 11, 2024

By Ben Fouts MPH

Aliados Health

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Instructions for the 2024 Relevant HEDIS Set of Quality Measures (QIP, PHMI and MCAS)

Agenda

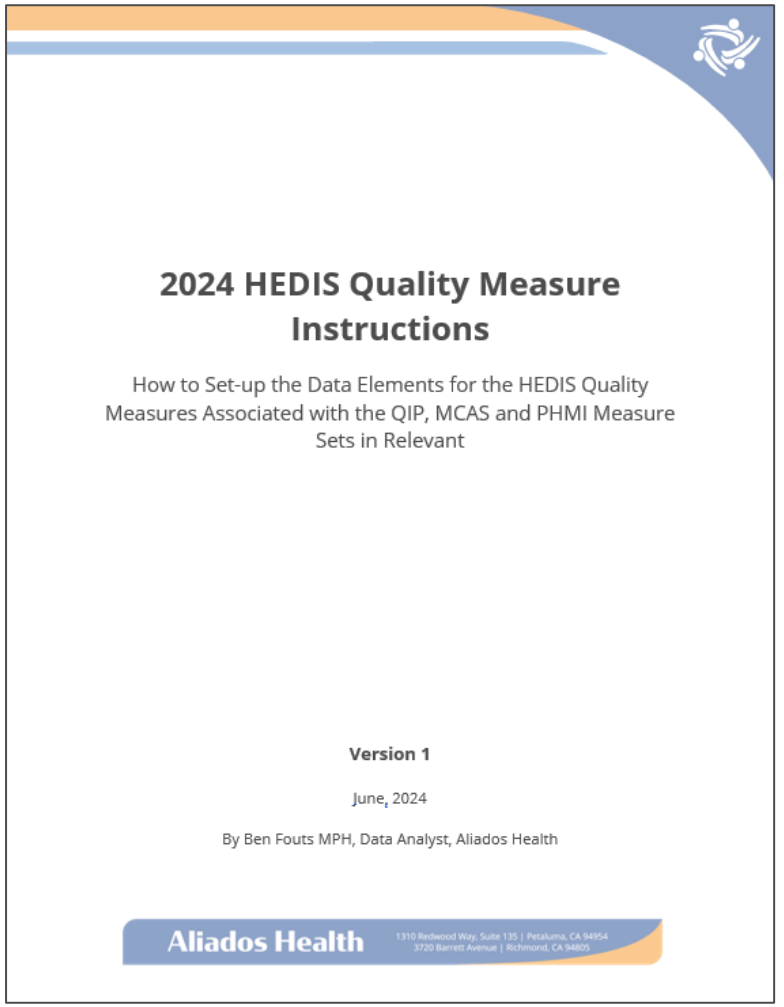
1. Updates to Measure Definitions
2. Sub-Sets of HEDIS Quality Measures
3. Joining Quality Measures to Partnership Patients in Relevant
4. Other Important Tips

Updates to Measure Definitions

These Updates Led to Changes in the Relevant HEDIS Quality Measure SQL

New 2024 Instruction Manual

- Measure definitions
- Graphics
- Value Sets
- SQL examples



2024 HEDIS Quality Measure Instructions

How to Set-up the Data Elements for the HEDIS Quality Measures Associated with the QIP, MCAS and PHMI Measure Sets in Relevant

Version 1

June, 2024

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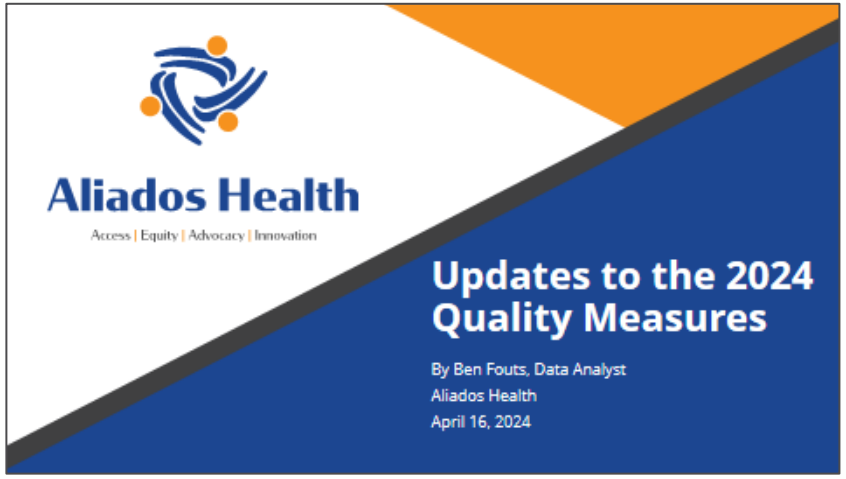
Quality Measure Discussions in the March and April 2024 Workgroup Presentations

- See these presentations for a description of the differences between 2023 and 2024 measure definitions



- More differences have been recognized… (see next slides)

Diabetes: HbA1c Good Control (QIP and PHMI)

- Previous versions of this measure (QIP and PHMI versions) contained an exclusion that was not used in the CQM/UDS definition. This exclusion has been removed in 2024.
- Previous (removed): patients with a diagnosis of gestational diabetes or steroid-induced diabetes during the two years prior to the end of the measurement period
- End-of-life exclusions remain: nursing home, palliative or hospice care; advanced illness and frailty; or died
- Note: the QM will display the exclusion if it exists for a QIP denominator patient but it is unlikely

Childhood Immunization Status (QIP)

- HEDIS now uses a single Value Set to define exclusions for all denominator patients (Contraindications to Childhood Vaccines, OID = ‘2.16.840.1.113883.3.464.1004.2464’)
- In the 2024 version of the QIP Quality Measure, this Value Set was added to the SQL. No new Data Element is needed
- The seven old exclusion Data Elements are still being used for the UDS measure (Leukemia Cases, Lymphoreticular Tissue Cancer Cases, Multiple Myeloma Cases, Intussusception Cases, etc.)

Childhood Immunization Status, Continued

- “Antigen lab” Data Elements (for example, Tetanus Antigen Labs) no longer used in the HEDIS or the CQM Quality Measures
- “Allergy” Data Elements (for example, PCV Vaccine Allergies) still being used for both HEDIS and the CQM Quality Measures
- See the new table in instruction manual

Vaccine (Combo 10)	Administration Range (Patient Age)	Vaccines to Complete	Anaphylaxis to Vaccine	History of Disease
DTaP Vaccine	42 days to 2 years	4	Yes	
Hepatitis A Vaccine	1st and 2nd birthdays	1	Yes	Yes
Hepatitis B Vaccine	Before 2nd birthday	3	Yes	Yes
HiB Vaccine	42 days to 2 years	3	Yes	
Inactivated Polio Vaccine (IPV)	42 days to 2 years	3	Yes	
Influenza Vaccine	180 days to 2 years	2	Yes	
Measles, Mumps and Rubella (MMR) Vaccine	1st and 2nd birthdays	1	Yes	Yes
Pneumococcal Conjugate Vaccine	42 days to 2 years	4	Yes	
Rotavirus Vaccine	42 days to 2 years	2 or 3	Yes	
Varicella Zoster Vaccine (VZV)	1st and 2nd birthdays	1	Yes	Yes

Infant Well-Child Visits

- Partnership and PHMI have different interpretations of the ‘14-day’ rule, or in other words, the rule that implies 14 days is needed between successive well-child visits in order to be counted
- The QIP version of Well-Child Visits in the First 15 Months of Life applies the 14 day rule
- The PHMI versions of the Well-Child Visits in the First 15 Months of Life and Well-Child Visits for Age 15 Months–30 Months do **not** apply the 14 day rule

Sub-Sets of HEDIS Quality Measures

These are the QIP, MCAS and PHMI Sub-sets

Overview of the Three HEDIS Sub-Sets

1. **QIP Quality Measures** display the denominator supplied by Partnership in the monthly QIP file. These measures have “QIP” in the name, for example, “Breast Cancer Screening (QIP 2024)”
2. **MCAS Quality Measures** calculate the denominator and display results for all patients who meet the HEDIS specifications. These measures display the HEDIS abbreviation in the name, for example, “Chlamydia Screening in Women (Aligns with 2024 HEDIS Measure CHL)”

Overview of the Three HEDIS Sub-Sets, Continued

3. **PHMI Quality Measures** calculate the denominator and display results for only Partnership patients who meet the HEDIS specifications. Partnership patients come from the monthly enrollment files. These measures display the HEDIS abbreviation in the name along with the text PARTNERSHIP PATIENTS ONLY, for example, “Postpartum Depression Screening and Follow-Up (Aligns with 2024 HEDIS Measure PDS) PARTNERSHIP PATIENTS ONLY”

Master Table with the Three Sub-Sets of HEDIS Quality Measures

- See table in new Instruction Manual
- 30 “HEDIS” Quality Measures (some MCAS are actually CMS or DQA)
- Some measures overlap between the sub-sets
- Each “Yes” in the table column means a Relevant Quality Measure exists for that HEDIS measure

Manual Section	Measure Name Used in This Manual	Abbreviation	Definition Alignment	Quality Measure in Relevant		
				MCAS	QIP	PHMI
1	Breast Cancer Screening	BCS	HEDIS		Yes	
2	Cervical Cancer Screening	CCS	HEDIS		Yes	
3	Colorectal Cancer Screening	COL	HEDIS		Yes	
4	Controlling High Blood Pressure	CBP	HEDIS		Yes	
5	Hemoglobin A1c Control for Patients With Diabetes	HBD	HEDIS		Yes	Yes
6	Eye Exam for Patients With Diabetes	EED	HEDIS		Yes	
7	Adults' Access to Preventive/Ambulatory Health Services	AAP	HEDIS			Yes
8	Well-Child Visits in the First 15 Months of Life	W30	HEDIS		Yes	Yes
8	Well-Child Visits for Age 15 Months to 30 Months	W30	HEDIS			Yes
9	Child and Adolescent Well-Care Visits	WCV	HEDIS		Yes	
10	Lead Screening in Children	LSC	HEDIS	Yes	Yes	
11	Topical Fluoride for Children	TFL	DQA	Yes		
12	Childhood Immunization Status	CIS	HEDIS		Yes	
13	Immunizations for Adolescents	IMA	HEDIS	Yes	Yes	
14	Developmental Screening in the First Three Years of Life	DEV	CMS	Yes		

Etc… etc… etc

QIP Quality Measure Sub-Set

- Managed care (Partnership) patients only
- Display data only for patients identified as being in the measure denominator by Partnership
- Joined to QIP denominator files in the SQL of the measure (more discussion of this later in this presentation). No denominator calculations.
- Most of these do not exist as stand-alone measures for all patients
- In the instruction manual, these patients are referred to as “continuously enrolled in Partnership HealthPlan of California insurance.”

Breast Cancer Screening (QIP 2024)
Cervical Cancer Screening (QIP 2024)
Colorectal Cancer Screening (QIP 2024)
Diabetes: HbA1c Good Control (≤9%) (QIP 2024)
Diabetes: Retinal Eye Exam (QIP 2024)
Controlling High Blood Pressure (QIP 2024)
Immunizations for Adolescents (QIP 2024)
Childhood Immunization Status (QIP 2024)
Well-Child Visits in the First 15 Months of Life (QIP 2024)
Child and Adolescent Well-Care Visits (QIP 2024)
Lead Screening in Children (QIP 2024)

MCAS Quality Measure Sub-Set

- Displays data for all patients who meet the measure denominator definition (not just Partnership patients)
- Measure name refers to the HEDIS name and abbreviation
- The list to the right does not overlap any QIP or PHMI measures

Antidepressant Medication Management - Acute Phase (Aligns with 2024 HEDIS Measure AMM)
Antidepressant Medication Management - Continuation Phase (Aligns with 2024 HEDIS Measure AMM)
Asthma Medication Ratio (Aligns with 2024 HEDIS Measure AMR)
Chlamydia Screening in Women (Aligns with 2024 HEDIS Measure CHL)
Concurrent Use of Opioids and Benzodiazepines (Aligns with 2024 CMS Measure COB-AD)
Contraceptive Care - All Women: Most or Moderately Effective Contraception (Aligns with 2024 CMS Measure CCW-AD)
Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception Within 90 Days of Delivery (Aligns with 2024 CMS Measure CCP-AD)
Depression Screening and Follow-Up for Adolescents and Adults (Aligns with 2024 HEDIS Measure DSF)
Developmental Screening in the First Three Years of Life (Aligns with 2024 CMS Measure DEV-CH)
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Aligns with 2024 HEDIS Measure SSD)
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase (Aligns With 2024 HEDIS Measure ADD)
Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase (Aligns With 2024 HEDIS Measure ADD)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Aligns with 2024 HEDIS Measure APM)
Pharmacotherapy for Opioid Use Disorder (Aligns with 2024 HEDIS Measure POD)
Prenatal Immunization Status (Aligns with 2024 HEDIS Measure PRS)
Topical Fluoride for Children (Aligns with 2024 CMS Measure TFL-CH)

MCAS Quality Measure Sub-Set, Continued

- These MCAS measures are also QIP measures and so two Relevant Quality Measures exist for them. One is for all patients (MCAS) and one for continually-enrolled Partnership patients (QIP)

Immunizations for Adolescents (Aligns With 2024 HEDIS Measure IMA)
Lead Screening in Children (Aligns with 2024 HEDIS Measure LSC)

MCAS Quality Measure Sub-Set, Continued

- These MCAS measures are also PHMI measures and so two Relevant Quality Measures exist for them. One is for all patients (MCAS) and one for enrolled Partnership patients (PHMI)

Prenatal Depression Screening and Follow-Up (Aligns With 2024 HEDIS Measure PND)
Prenatal and Postpartum Care: Timeliness of Prenatal Care (Aligns with 2024 HEDIS Measure PPC)
Prenatal and Postpartum Care: Postpartum Care (Aligns with 2024 HEDIS Measure PPC)
Postpartum Depression Screening and Follow-Up (Aligns with 2024 HEDIS Measure PDS)
Depression Remission or Response for Adolescents and Adults: Follow-Up PHQ-9 (Aligns with 2024 HEDIS Measure DRR)
Depression Remission or Response for Adolescents and Adults: Depression Response (Aligns with 2024 HEDIS Measure DRR)
Depression Remission or Response for Adolescents and Adults: Depression Remission (Aligns with 2024 HEDIS Measure DRR)

MCAS Measures Currently on “Hold”

- The following measures rely on Prescriptions. Further validation is needed (these are not reported to QIP or PHMI)

Antidepressant Medication Management (Aligns with 2024 HEDIS Measure AMM)
Asthma Medication Ratio (Aligns with 2024 HEDIS Measure AMR)
Concurrent Use of Opioids and Benzodiazepines (Aligns with 2024 CMS Measure COB-AD)
Follow-Up Care for Children Prescribed ADHD Medication (Aligns With 2024 HEDIS Measure ADD)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Aligns with 2024 HEDIS Measure APM)
Pharmacotherapy for Opioid Use Disorder (Aligns with 2024 HEDIS Measure POD)

PHMI Quality Measure Sub-Set

- Measures designed for health centers participating in PHMI but any health center can choose to add these measures to their instance of Relevant
- All PHMI measures follow “Partnership patients” in the denominator. The denominator is determined by the measure SQL and then joined to the Partnership enrollment list.
- In contrast, the QIP measures display continuously-enrolled patients supplied by Partnership. PHMI prefers this definition, but not all PHMI measures are QIP measures

PHMI Quality Measure Sub-Set, Continued

- "Enrolled" means that the patients were on the Partnership enrollment list at the end of the measurement period
- In the instruction manual, these patients referred to as "Partnership patients."
- Measure name has "PARTNERSHIP PATIENTS ONLY"
- Not all of these measures exist as stand-alone measures for all patients

Adult Access to Preventive/Ambulatory Health Services (Aligns with 2024 HEDIS Measure AAP) PARTNERSHIP PATIENTS ONLY
Depression Remission or Response for Adolescents and Adults: Depression Remission (Aligns with 2024 HEDIS Measure DRR) PARTNERSHIP PATIENTS ONLY
Depression Remission or Response for Adolescents and Adults: Depression Response (Aligns with 2024 HEDIS Measure DRR) PARTNERSHIP PATIENTS ONLY
Depression Remission or Response for Adolescents and Adults: Follow-Up PHQ-9 (Aligns with 2024 HEDIS Measure DRR) PARTNERSHIP PATIENTS ONLY
Depression Screening and Follow-Up for Adolescents and Adults: Depression Screening (Aligns with 2024 HEDIS Measure DSF) PARTNERSHIP PATIENTS ONLY
Depression Screening and Follow-Up for Adolescents and Adults: Follow-Up on Positive Screen (Aligns with 2024 HEDIS Measure DSF) PARTNERSHIP PATIENTS ONLY
Postpartum Depression Screening and Follow-Up (Aligns with 2024 HEDIS Measure PDS) PARTNERSHIP PATIENTS ONLY
Prenatal and Postpartum Care: Postpartum Care (Aligns with 2024 HEDIS Measure PPC) PARTNERSHIP PATIENTS ONLY
Prenatal and Postpartum Care: Timeliness of Prenatal Care (Aligns with 2024 HEDIS Measure PPC) PARTNERSHIP PATIENTS ONLY
Prenatal Depression Screening and Follow-Up (Aligns With 2024 HEDIS Measure PND) PARTNERSHIP PATIENTS ONLY
Well-Child Visits for Age 15 Months–30 Months (Aligns with 2024 HEDIS Measure W30) PARTNERSHIP PATIENTS ONLY

Special PHMI Quality Measures

Diabetes: HbA1c Poor Control (>9%) (PHMI 2024)
Well-Child Visits in the First 15 Months of Life (PHMI 2024)
Child and Adolescent Well-Care Visits (PHMI 2024)

- **Diabetes: HbA1c Poor Control (>9%) (PHMI 2024).** This measure displays the QIP denominator population but calculates the PHMI numerator (>9%) instead of the QIP numerator (<=9%)

- **Well-Child Visits in the First 15 Months of Life (PHMI 2024).** This measure does not apply the 14-day rule between visits

Special PHMI Quality Measures, Continued

Child and Adolescent Well-Care Visits (PHMI 2024)

- The QIP definition refers to patients between 3 and 17 years of age. The PHMI (and HEDIS) definition is for patients between 3 and 21 years of age
- The QM uses QIP denominator patients between 3 and 17 years of age with a UNION to enrolled Partnership patients between 18 and 21 years of age

Would non-PHMI health centers want to track these 3 measures?

Other Comments on the Sub-Sets

- The availability of Quality Measures depends on whether the measure exists on the list of QIP, PHMI and MCAS measures that need to be reported
- Not every measure has been adapted for every sub-set. Some measures are only for Partnership patients. Some measures are for all-patients.
- No measure has three versions, or in other words, no measure has a version for each sub-set. Some measures exists only for one HEDIS sub-set (and carry the denominator definition of that sub-set) and some are members of two sub-sets.

Other Comments on the Sub-Sets, Continued

- The total is 50 different 2024 Quality Measures
- Health centers can make their own custom Quality Measures if they want measures to display other populations not included in the set
- Appendix C in the instruction manual describes how this can be done

Quality Measure Availability

- PHMI Health centers to get the 2024 QIP and PHMI Quality Measures this month (June) along with updated PHMI reports
- All health centers will get the MCAS 2024 Quality Measures this Summer
- During the Summer and into the fall, I will work with non-PHMI health centers to add other HEDIS (QIP and “PHMI”) measures when they are uploading their QIP/Enrollment files and have established their patient crosswalk
- Any health center can download and archive their QIP denominator and Partnership enrollment files (begin now?!)

Patient Crosswalk Implementation

- Note that implementing the patient crosswalk is a major undertaking and a full-scale Data Pipeline change
- Relevant is doing extensive testing and wants to get it right with minimal disruption to the day-to-day use of Relevant
- Relevant is implementing it on a progressive basis with the health centers and documenting lessons learned
- I am testing the Quality Measures using the crosswalk and documenting lessons learned as well
- The reporting should be accurate for PHMI but there is also opportunities to improve data flow and coding

Health Center Stages (PHMI)

- The information below is not a guaranteed timeline and will change as work is done (but current as of June 11, 2024)
- Patient crosswalk exists now: Santa Rosa, Petaluma and West County
- Patient crosswalk being implemented in June: Sonoma Valley, Alexander Valley, SCIHP
- Next to be implemented: Anderson Valley, Long Valley

Health Center Stages (PHMI), Continued

- PHMI Data is due July 31, 2024. There needs to be enough time to validate the data.
- If the crosswalk is finished by June 30, you will get the set of Quality Measures that are joined to Partnership patients as described in this presentation
- If the crosswalk is not finished by June 30, you will use the “old” method of PHMI reporting where Partnership patients are joined to Quality Measure results in the report itself
- Either way, the result summary should be the same

Health Center Stages (non-PHMI)

- Relevant will implement the patient crosswalk at non-PHMI health centers into the Fall depending on other work like the Transition to OCHIN-EPIC
- There is an EPIC-eCW patient crosswalk that is normally implemented for transitioning health centers. Expanding it to also include Partnership patients at the same time makes sense
- However, a transition to EPIC is not necessary to use the crosswalk (for example, West County)

Joining Quality Measures to Partnership Patients in Relevant

Overview of the Process

Pilot Testing

- The PHMI health centers are piloting the testing of Quality Measures that display Partnership patients
- As mentioned previously, there are two groups of Quality Measures that display Partnership patients
    1. QIP Measures, which display the denominator supplied by Partnership in the monthly QIP files
    2. PHMI Measures, which display the denominator calculated in the SQL and joined to the monthly Partnership enrollment files

Requirements for Adding Partnership Patients

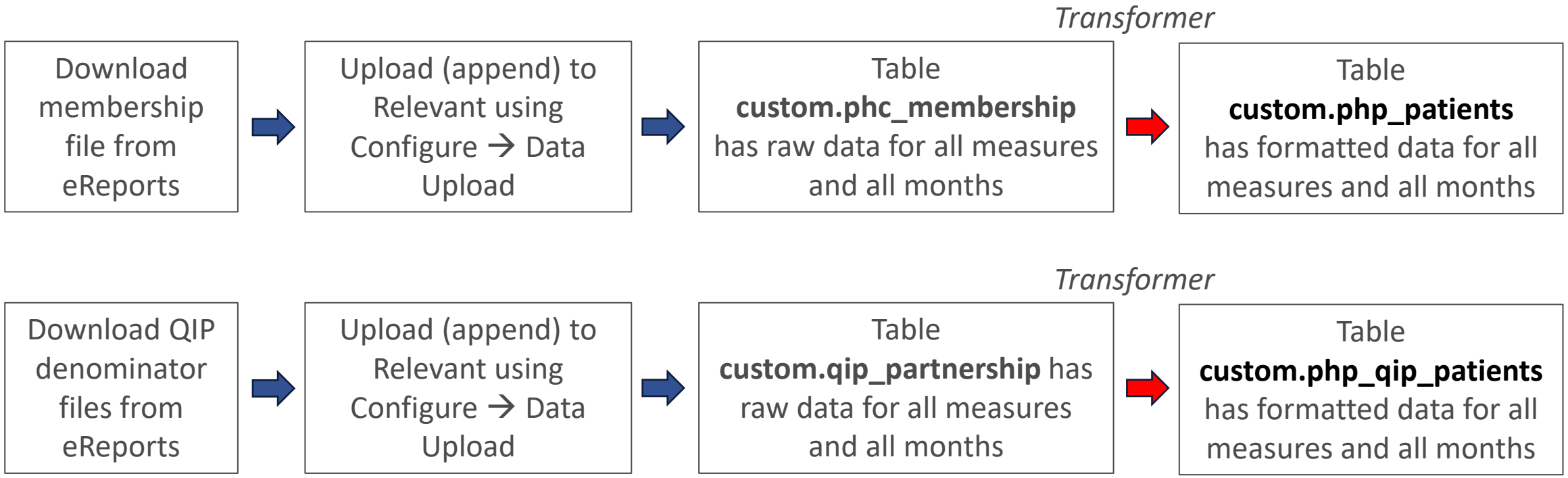
PHMI Health Centers …

- Are uploading the monthly QIP Denominator files and Partnership Enrollment files to standard tables in Relevant
- Have a Transformer that formats the raw data
- Have a Patient Crosswalk that integrates Partnership patients into Relevant. That means that each CIN (the unique patient identifier from Partnership) gets a patient_id (the unique patient identifier from Relevant) and the crosswalk can be used to join CIN to patient_id for patients that exist in both sets.

Other Comments on Partnership Patients

- The priority right now is making sure that the Quality Measure data is available and valid for PHMI health centers in preparation for their reporting at the end of July.
- Other non-PHMI Health Centers will need to establish a system to upload their tables in a standard manner and work with Relevant to get the crosswalk

Partnership Data Upload and Processing



Composition of Partnership Data Tables

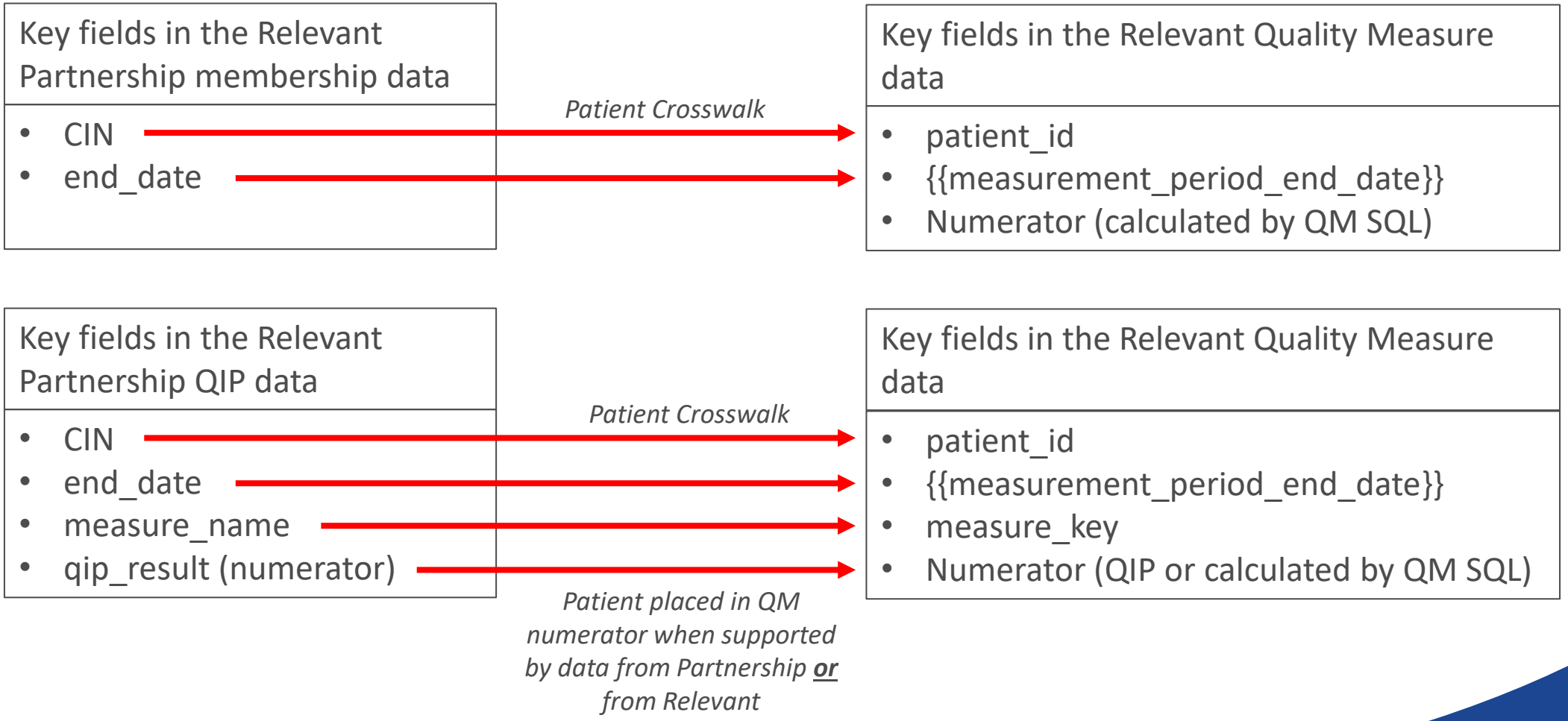
Membership table
custom.php_patients
has formatted data for all measures and all months

Lists of enrolled Partnership patients (CIN) by month (end_date)

QIP denominator table
custom.php_qip_patients
has formatted data for all measures and all months

Lists of QIP denominator patients (CIN) by month (end_date) and by measure (measure_name)

Partnership Data Associations in the Quality Measure Code



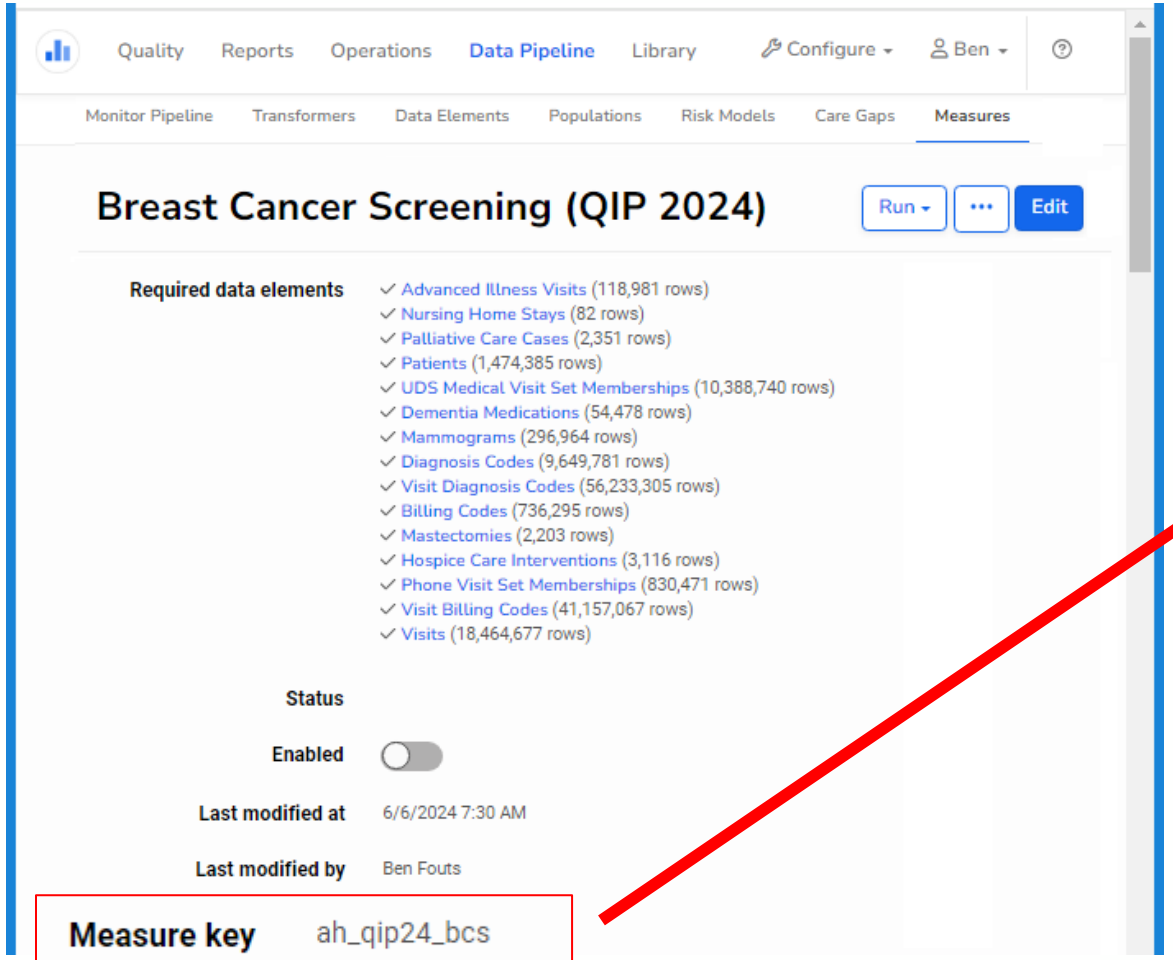
Other Important Tips

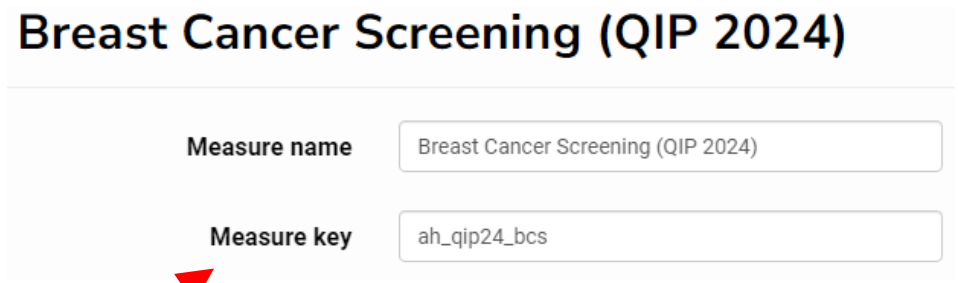
For Health Center Programmers and QI Specialists

Custom Quality Measures

- A health center can create custom Quality Measures for any purpose by copying and modifying the default SQL code of any HEDIS measure
- So, please…
    1. Slightly change the name of the Quality Measure so it can be distinguished from the default version
    2. Make a note of what you are changing (for your own purposes and also for other programmers) in the Notes field or in the code itself
    3. Change the Measure Key

Measure Key





In edit mode

Measure Key, Continued

- The Measure Key is unique to each Quality Measure
- The Measure Key field can be edited
- For the HEDIS set of Quality Measures, the default Measure Keys have standard names and are intended to identify particular Quality Measures with particular standard SQL code
- Specific measures or specific measure results may be used by a report in your instance or the aggregate instance of Relevant
- Therefore, if you make a custom measure (i.e., changing the SQL in any way), **choose a different key**.
- **AND please do not change the keys of the default version**

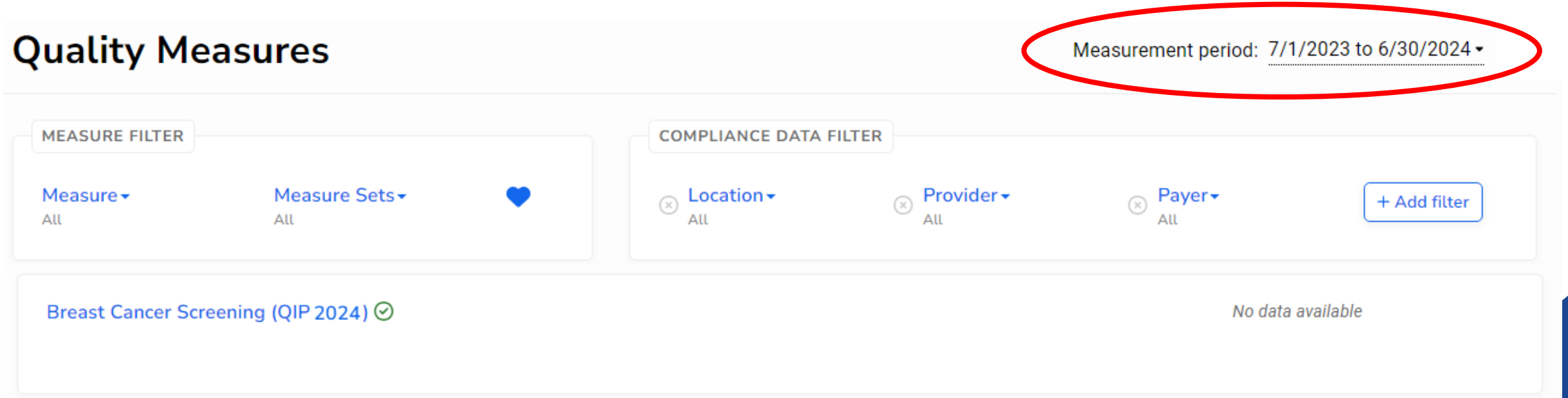
Enabled vs Disabled Quality Measures

- The new Quality Measures will take pipeline time to run at night
- Eventually, you will want to replace the “old” measures (2023, 2022, etc.) with the new (2024) ones
- By default, the Quality Measures will be copied and left disabled mode until you validate and turn them on
- Depending on the needs of your Quality Improvement team, you may choose to only enable some of them after validation. The decision is up to you.
- Please do not DELETE the measures (especially PHMI health centers). Just do not enable them if you do not want to allow them to run at night and see the graphs

Modified Viewing of Partnership Data in Relevant

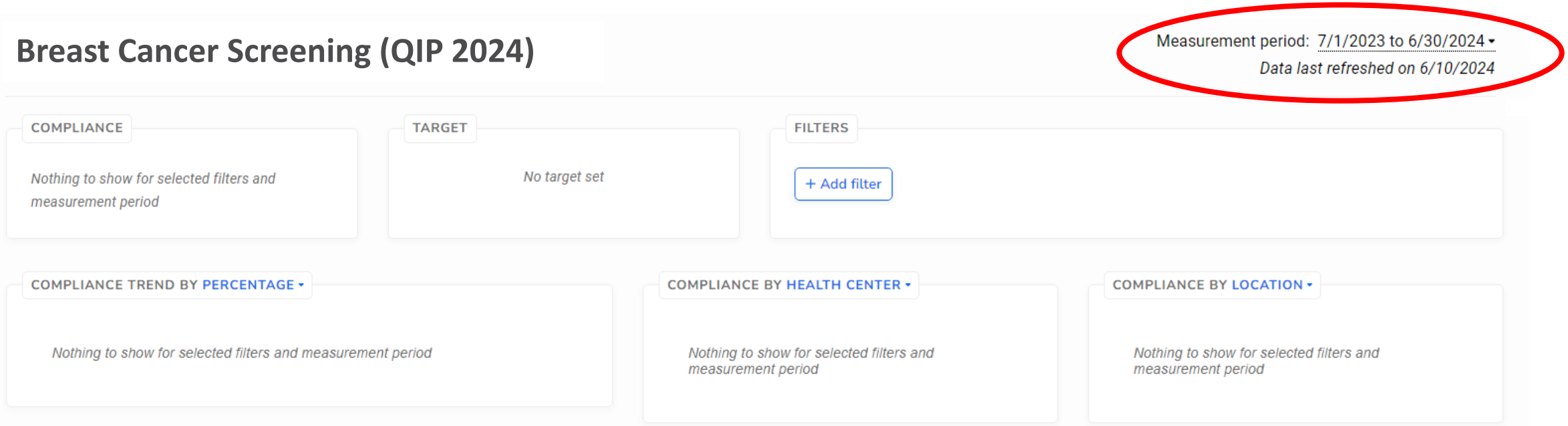
- Let's say that it is the beginning of June 2024 and you have not yet uploaded your June QIP Denominator files
- Your QIP Quality Measures might look like this

MP End Date
(for example)
June 30, 2024

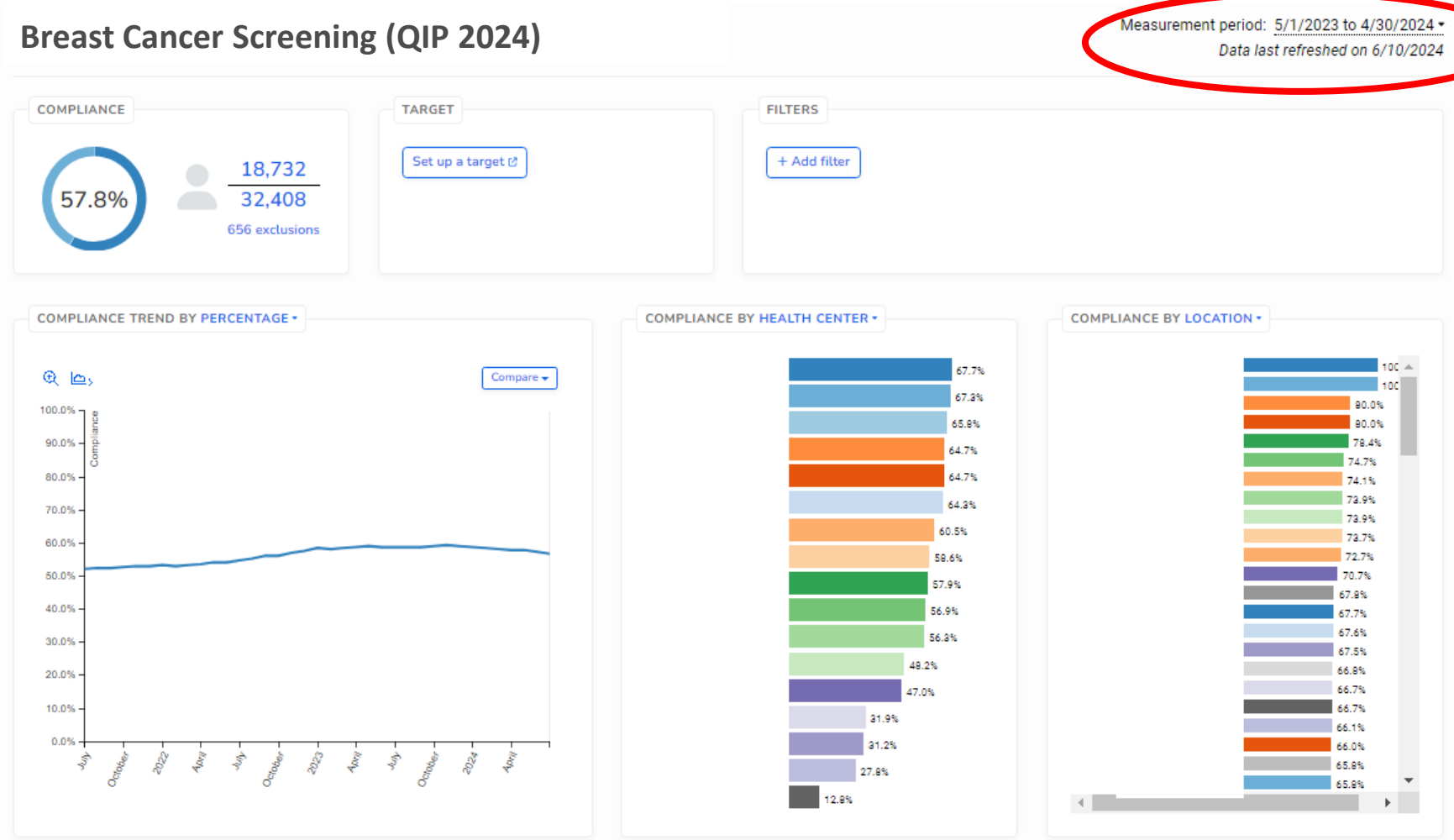


And the Detailed Measure Graph Webpage Might Look Like This

MP End Date
(for example)
June 30, 2024



Change the Measurement Period to the Last Month of QIP/Enrollment Data



MP End Date (for example) April 30, 2024

QUESTIONS?