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by Jennifer Carpenter, RRA, HIM practice manager

The National Committee for Quality Assurance (NCQA) created the Health Plan Employer Data and Information Set (HEDIS) as a standardized performance measurement system. It measures the quality of healthcare received through managed care plans. The measurement system lets healthcare consumers evaluate the quality of various health plans based on overall value rather than cost alone.

New Areas of Measurement

The areas of measurement focus on widespread public health concerns such as cancer and diabetes. To keep up with the times, NCQA recently announced updates for HEDIS 2000. Four new areas will be added to the system: controlling high blood pressure, appropriate medications for people with asthma, chlamydia screening, and management of menopause. A fifth measurement, emergency room visits for people with asthma, was postponed due to technical considerations.

The new measurements will be collected as follows:

- controlling high blood pressure—percentage of members with high blood pressure whose pressure is controlled to below 140/90
- appropriate medications for people with asthma—percentage of members with chronic asthma who receive medications (such as inhaled corticosteriods) recommended as their primary therapy for long-term control
- chlamydia screening—percentage of sexually active women ages 15 to 25 who are screened for chlamydia
- management of menopause—assessment of the breadth, depth, and personalization of menopause counseling

Progress on 1999 Measurement Phase-in

In 1999, two new measures were partially implemented. Full reporting was postponed. The first measure, comprehensive diabetes care, examines a broad range of diabetes care. Reporting on a variety of diabetes maintenance outcomes is required under this measure for 2000, including blood sugar management, eye exams, and kidney disease screening. Of note: Due to the full implementation of the more comprehensive measure, the eye exams for diabetics measure will be retired in 2000.

In 1999, health plans were only mandated to report on LDL cholesterol-related screenings for the cholesterol management after acute cardiovascular events. For 2000, health plans will need to assess how members are controlling their LDL cholesterol.

New Reporting Schedules

Another major change for HEDIS 2000 centers on the reporting schedule. In the past, health plans were required to report annual measurement outcomes. HEDIS 2000 has been updated to allow for biennial reporting of some measurements. For instance, the effectiveness of care measures do not normally produce substantial changes in data reported on a yearly basis. Therefore, reporting the information every other year is sufficient.

Measurements that focus on health plan performance must still be annually reported. Some examples of measures that will retain annual reporting requirements include access, satisfaction, and use of services. In addition, health plans must continue to report Medicare data on an annual basis.

reporting schedule for effectiveness of care measures*
Year 2000 Reportable Measures

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- childhood immunizations
- adolescent immunizations
- well child visits in the first 15 months
- well child visits ages 3, 4, 5, and 6
- adolescent well child visits
- cholesterol management
- controlling high blood pressure
- beta blocker treatment after an acute cardiac event
- comprehensive diabetes care
- management of menopause
- annual dental visit

Year 2001 Reportable Measures

- · cervical cancer screening
- breast cancer screening
- prenatal care in the first trimester
- follow-up after discharge for mental illness
- advice to quit smoking
- comprehensive diabetes care
- management of menopause
- cholesterol management
- initiation of prenatal care
- frequency of prenatal care

Reference

NCQA News. "NCQA Releases Final HEDIS 2000 Measures: Focus is on Heart Disease, Asthma, Women's Health." Available at the National Committee for Quality Assurance Web site at www.ncqa.org/pages/communications/news/h2finrel.html.

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^{*}These updates are available in volumes 1 and 2 of HEDIS 2000.