Highlighting HEDIS® 2014

This booklet captures articles that were published in 2014 as part of the Highlighting HEDIS® series in *Partners in Health Update*℠. This article series offers providers education and strategies to help them improve their HEDIS® performance.

AmeriHealth NEW JERSEY

AmeriHealth HMO, Inc. • AmeriHealth Insurance Company of New Jersey

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Introducing Highlighting HEDIS®[1]

We are pleased to introduce a new article series in *Partners in Health Update*: Highlighting HEDIS®[1]. This series is designed to provide you with education and strategies to help you improve your HEDIS® performance.

What is HEDIS®?

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS® consists of 81 measures across eight domains of care. Because so many plans collect HEDIS® data, and because the measures are so specifically defined, HEDIS® makes it possible to compare the performance of health plans reporting to the National Committee for Quality Assurance (NCQA)[2] on an "apples-to-apples" basis.[2]

Why is HEDIS® important to physicians?

HEDIS® measures track a health plan's and physician's ability to manage health outcomes. Generally, strong HEDIS® performance reflects enhanced quality of care. With proactive population management, physicians can monitor care — improving quality while reducing costs.

Send us your feedback

If you have comments about the information you read in Highlighting HEDIS® or you have topics you'd like to see included, email us at *providercommunications@amerihealth.com*. ◆

Highlighting HEDIS® articles

Each month, Highlighting HEDIS® may include the following:

- **HEDIS® data:** A visual display of data from a chosen measure of focus. Selected data will highlight key components or weaknesses for the measure.
- **Measure definitions and data**
- **Quick tips for quick improvements:** Simple and easy pointers and strategies that can improve HEDIS® performance
- **Coding 101:** Instructions for coding
- **Patient and provider education documents:** Links to educational documents available online

Stars[3] Alert!

Numerous HEDIS® measures overlap with measures for the Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating Program. In each monthly article, we will identify those measures of critical importance to both HEDIS® and Stars with a yellow star indicator (★).

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[3]Stars is a program developed by CMS to measure quality health care. Ratings are published annually to help educate consumers prior to enrollment decisions.

Highlighting HEDIS®: Adult BMI Assessment

This article series is our monthly tool to help you maximize patient health outcomes in accordance with the NCQA's[1] HEDIS®[2] measurements for high-quality care on important dimensions of services.

Why is the Adult BMI Assessment important?

Being overweight or obese significantly increases an individual's risk for other health problems, such as coronary heart disease, high blood pressure, stroke, type 2 diabetes, certain cancers, arthritis, and more.

- National Heart, Lung, and Blood Institute (NHLBI)

How does HEDIS® define Adult BMI Assessment?

The percentage of commercial, Medicaid, and Medicare members ages 18 through 74 who had an outpatient visit and whose Body Mass Index (BMI) was documented during the measurement year or prior year.

Improving your score: The checklist

✓Record the date of the visit.

✓Record the patient's weight.

✓Record the patient's height.

✓Calculate and record the patient's BMI value.

Calculating BMI

No Electronic Medical Record? Use the NHLBI mobile phone app or online calculator, which is available at *www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm*.

Body Mass Index	Weight status
Less than 18.5	Underweight
18.5 to 24.9	Normal
25 to 29.9	Overweight
More than 30	Obese

Resources

Download free educational handouts and brochures at *www.cdc.gov/obesity/resources/factsheets.html*. ◆

Stars[3] Alert!

Adult BMI Assessment is also a Medicare Stars[3] measure.

Did you know that providers registered for ePASS® can receive financial incentives by documenting certain patient encounters? In addition, BMI will automatically be calculated when providers input patients' height and weight into ePASS®.

Register for ePASS® today and start earning! Go to *https://epass.inovalon.com*.

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Highlighting HEDIS®: Avoidance of antibiotic treatment in adults with AAB and appropriate treatment for children with URI

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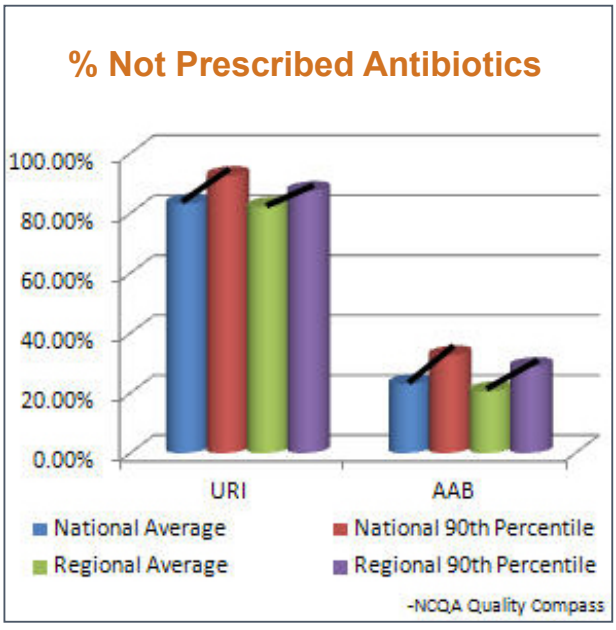
HEDIS® definitions

- **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB):** The percentage of Commercial and Medicaid members 18 to 64 years with a diagnosis of AAB who were not dispensed an antibiotic prescription within three days of visit date.
- **Appropriate Treatment for Children with upper respiratory infection (URI):** The percentage of children 3 months to 18 years who were given a diagnosis of URI and were not dispensed an antibiotic prescription within three days of visit date.

Educational resources

Educating your patients on the proper usage of antibiotics and the long-term risks of antibiotic resistance is critical to improving these measures. To help, here are links to resources from the Centers for Disease Control and Prevention for you and your patients:

- **For providers:** *www.cdc.gov/getsmart/campaign-materials/treatment-guidelines.html*.
- **For patients:** *www.cdc.gov/getsmart/specific-groups/everyone.html*. ◆



Quick tips for improvement

- ✓ **The 3-Day Rule:** Follow up with patients three days after the initial visit to discuss treatment options if symptom relief has not occurred.
- ✓ **The Poster Board Pledge:** Recent studies have shown that displaying poster-sized commitment letters in exam rooms to avoid inappropriate antibiotic prescribing was a simple, low-cost, and effective method for improvement.
  – *JAMA Internal Medicine*
- ✓ **Coding 101:** If your patient has comorbidities, bacterial infections, or competing diagnoses, the standard codes for AAB and URI may not be applicable.

Send us your feedback

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Highlighting HEDIS®: Controlling high blood pressure

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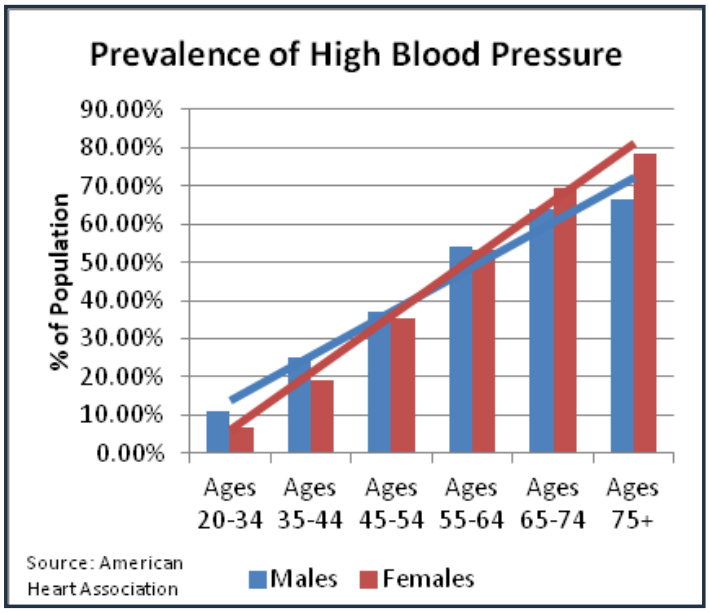
HEDIS® definition

Controlling High Blood Pressure (CBP): The percentage of commercial and Medicare members ages 18 – 85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during the measurement year.



Quick tips for improvement

- ✓ Measure a patient's blood pressure at the beginning and end of each visit, making sure to record the lower value.
- ✓ Provide patients with educational resources from the Centers for Disease Control and Prevention: *www.cdc.gov/bloodpressure/materials_for_patients.htm*.

Support from AmeriHealth New Jersey

AmeriHealth New Jersey case managers can collaborate with you to support and guide your patients through an acute or chronic episode to help achieve the medical treatment goals you establish. AmeriHealth New Jersey case managers can support your patients as they make important decisions about their health. Ask your AmeriHealth New Jersey patients to call 1-800-YOUR-AH1 (1-800-968-7241) and say "Case Management" when prompted. ◆

Stars[3] Alert!

Controlling High Blood Pressure (CBP) is also a Medicare Stars measure.

Did you know that providers registered for ePASS® can receive financial incentives by documenting certain patient encounters, including CBP documentation?
Register for ePASS® at **https://epass.inovalon.com** and enter your registration code (ePASS2012) to sign up.

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Highlighting HEDIS®: Use of spirometry testing in the assessment and diagnosis of COPD

This article series is our monthly tool to help you maximize patient health outcomes in accordance with NCQA's[1] HEDIS®[2] measurements for high-quality care on important dimensions of services.

HEDIS® definition

Use of spirometry testing in the assessment and diagnosis of COPD: The percentage of commercial and Medicare members ages 40 and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Note: A period of two years with no claims/encounters containing any diagnosis of COPD is needed for a member to be considered newly diagnosed. For these members, HEDIS® is searching for at least one claim/encounter for spirometry testing within the last two years to confirm the diagnosis.

Coding guidelines

Use the following codes for a diagnosis of COPD and spirometry testing:

COPD diagnosis codes

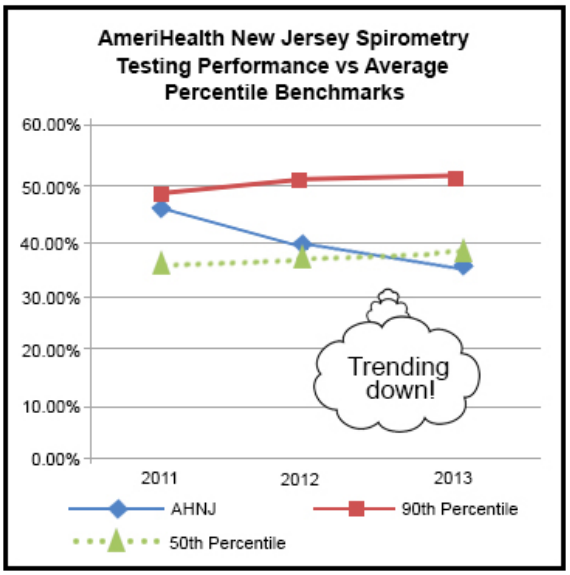
Description	ICD-9-CM diagnosis code
Chronic bronchitis	491
Emphysema	492
COPD	493.2, 496

Spirometry testing codes

Description	CPT® code
Spirometry	94010, 94014-90416, 94060, 94070, 94375, 94620

Plan performance

In a three-year comparison of national plan performance on the rate of spirometry testing to confirm the diagnosis of COPD, AmeriHealth New Jersey plan performance has trended at or below the 50th percentile of national averages. The following chart shows the gap in performance between AmeriHealth New Jersey plans and the 90th percentile national benchmark. ◆



Quick tips

- ✓ Accurately define new or newly diagnosed members with COPD, and make sure a Spirometry Test is in the medical record to confirm the diagnosis.
- ✓ Regular Spirometry evaluation can assist in proper diagnosis and routine treatment, which should reduce COPD exacerbations and inpatient hospitalizations.

— *National Quality Forum (endorsed measure)*

Learn more

Visit *http://www.amerihealth.com/providers/resources/hedis.html* to view previously published Highlighting HEDIS® articles.

If you have feedback or topic ideas for the Hightlighting HEDIS® series, email us at *providercommunications@amerihealth.com*.

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Highlighting HEDIS®: Colorectal cancer screening

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HEDIS® definition

Colorectal cancer screening: The percentage of commercial and Medicare members ages 50 – 75 who had appropriate screening for colorectal cancer during the measurement year.

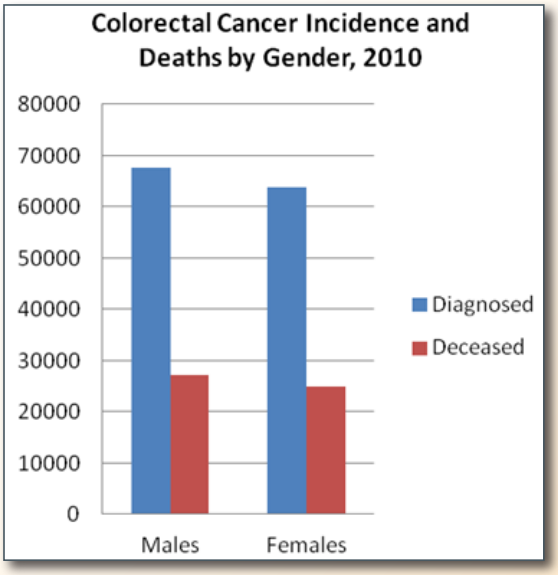
Any of the following tests meets the criteria:

- fecal occult blood test – guaiac (gFOBT) or immunochemical (iFOBT) during the measurement year;
- flexible sigmoidoscopy during the measurement year or four years prior to the measurement year;
- colonoscopy during the measurement year or nine years prior to the measurement year.

Note: Digital rectal exams do not count as evidence of colorectal cancer screening because they are not specific or comprehensive enough to screen for colorectal cancer. Additionally, members who had either colorectal cancer or a total colectomy at any time in their history are excluded.

The importance of screening

"Colorectal cancer is the second leading cause of cancer-related deaths in the U.S. It places significant economic burden on society: treatment costs over $6.5 billion per year. Unlike other screening tests that only detect disease, some methods of screening can detect premalignant polyps and guide their removal, which in theory can prevent cancer from developing." *— NCQA, HEDIS 2013 V1*



Stars[3] alert

The colorectal cancer screening measure is also a Medicare Stars measure.

Register for ePASS® today and start earning!

Did you know that providers registered for ePASS® can receive financial incentives by documenting patient encounters?

Documentation for colorectal cancer screening is required when submitting patient encounters.

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Highlighting HEDIS®: Persistence of beta-blocker treatment after a heart attack

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HEDIS® definition

Persistence of beta-blocker treatment after a heart attack: The percentage of members ages 18 and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of an acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

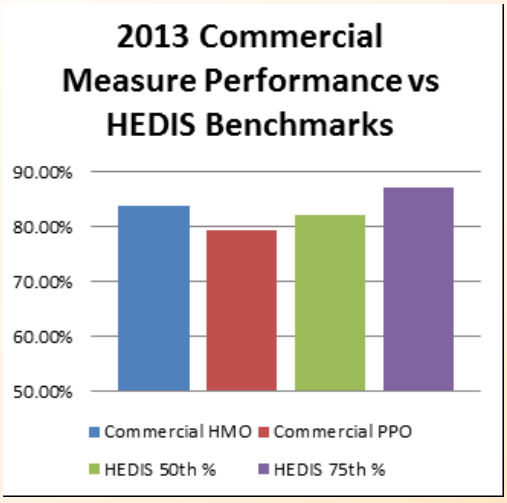
Note: Members identified as having an allergy or intolerance to beta-blocker therapy in their medical history may be excluded. Any of the following conditions meet the exclusion criteria: asthma, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes and vapors, hypotension, heart block >1 degree, sinus bradycardia, or a medication dispensing event indicative of a history of asthma.

Importance of beta-blocker therapy

According to results of large-scale clinical trials, beta-blockers consistently reduce subsequent coronary events, cardiovascular mortality, and all-cause mortality by 20 – 30 percent after an AMI when taken indefinitely. Literature suggests that adherence to beta-blockers declines significantly within the first year. About half of AMI survivors who are eligible for beta-blocker therapy do not receive it. Test data reveal significant underutilization of beta-blockers 180 days post-AMI. There is evidence suggesting that around 2,900 – 5,000 lives are lost in the United States in the first year following an AMI, from the under-prescribing of beta-blockers. *— NCQA, HEDIS 2013 V1*

Plan performance

Beta-blocker compliance rates reached the 50th percentile for commercial HMO members, but did not reach the 50th percentile for commercial PPO members. There is room for improvement for both groups to reach higher benchmarks and enhanced standards of care. ◆



Did you know?

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Highlighting HEDIS®: Use of imaging studies for low back pain

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HEDIS® definition

Use of imaging studies for low back pain: The percentage of commercial members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Note: This measure is reported as an inverted rate (1 – [numerator/eligible population]). A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

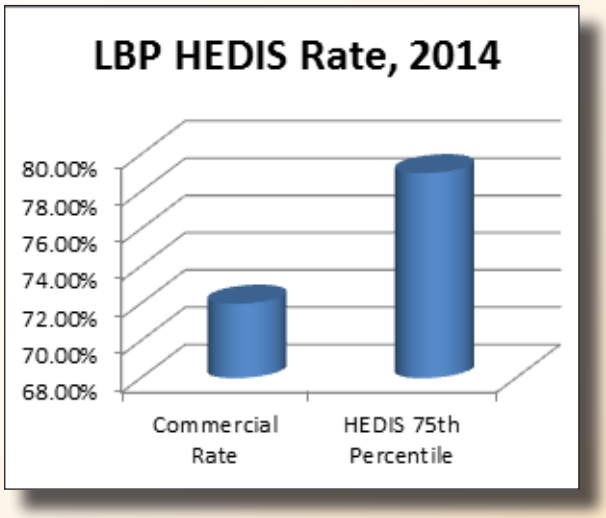
The importance of imaging studies for low back pain

Low back pain is a pervasive problem that affects two thirds of adults at some time in their lives. It ranks among the top ten reasons for patient visits to internists and is the most common and expensive reason for work disability in the U.S. For most individuals, back pain quickly improves. Nevertheless, approximately 15 percent of the U.S. population reports having frequent low back pain that lasted for at least two weeks during the previous year. Persistent pain that lasts beyond 3 to 6 months occurs in only 5 percent to 10 percent of patients with low back pain. According to the American College of Radiology, uncomplicated low back pain is a benign, self-limited condition that does not warrant imaging studies. The majority of patients are back to their usual activities in 30 days.

— NCQA, HEDIS 2013 V1 ◆

Plan performance

With a total population of about 1,400 members, if just 102 additional members were appropriately treated for low back pain, the commercial rate would exceed the HEDIS® 75th percentile.



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Low back pain is a pervasive problem that affects two-thirds of adults at some time in their lives. It ranks among the top ten reasons for patient visits to internists and is the most common and expensive reason for work disability in the U.S.

Highlighting HEDIS®: Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis

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HEDIS® definition

Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis: The percentage of members who were diagnosed with rheumatoid arthritis and were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Stars[3] alert

DMARD therapy for RA is a Medicare Stars measure.

Why this measure is important

Rheumatoid arthritis (RA) is a chronic autoimmune disorder often characterized by progressive joint destruction and multisystem involvement. It affects approximately 2.5 million Americans and affects women disproportionately. Because there is currently no cure for this disorder, the goal of treatment is to slow the progression of the disease, thereby delaying or preventing joint destruction, relieving pain, and maintaining functional capacity.

This measure assesses whether patients diagnosed with RA have been prescribed a DMARD. DMARDs modify the disease course of RA through attenuation of the progression of bony erosions, reduction of inflammation, and long-term structural damage. The utilization of DMARDs is also expected to provide improvement in functional status.

— NCQA, HEDIS 2013 V1

DMARD prescriptions

The following medications are reviewed by HEDIS® for ambulatory prescriptions for DMARDs:

Medication class	Prescription
5-Aminosalicylates	sulfasalazine
Alkylating agents	cyclophosphamide
Aminoquinolines	hydroxychloroquine
Anti-rheumatics	auranofin, gold sodium thiomalate, leflunomide, methotrexate, penicillamine
Immunomodulators	abatacept, adalimumab, anakinra, certolizumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, tocilizumab
Immunosuppressive agents	azathioprine, cyclosporine, mycophenolate
Janus kinase (JAK) inhibitor	tofacitinib
Tetracyclines	minocycline

Medicare plan performance

For HEDIS 2014, this measure did not meet the minimum sample size required for reporting in New Jersey. However, with the Medicare member population growing rapidly in New Jersey, this trend is not expected to continue. ◆

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Highlighting HEDIS®: Follow-up care for children prescribed ADHD medication

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HEDIS® definition

Follow-up care for children prescribed ADHD medication: The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

- **Initiation Phase.** The percentage of members ages 6 – 12 as of the IPSD* with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance (C&M) Phase.** The percentage of members ages 6 – 12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Why this measure is important

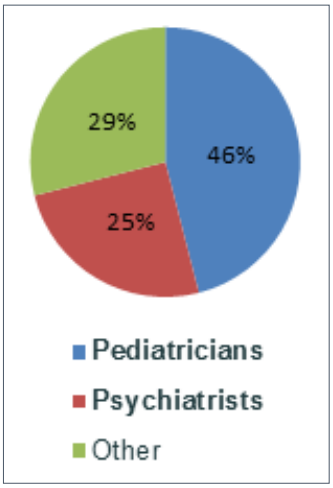
ADHD is one of the more common chronic conditions of childhood. Children with ADHD may experience significant functional problems, such as school difficulties; academic underachievement; troublesome relationships with family members and peers; and behavioral problems. Given the high prevalence of ADHD among school-aged children (4 – 12 percent), primary care clinicians will regularly encounter children with ADHD and should have a strategy for diagnosing and long-term management of this condition.

Practitioners can convey the efficacy of pharmacotherapy to their patients. American Psychiatric Association (APA) guidelines recommend that once a child is stable, an office visit every three to six months allows assessment of learning and behavior. Follow-up appointments should be made at least monthly until the child's symptoms have been stabilized.

— NCQA, HEDIS 2013 V1 ◆

ADHD medications

The chart below indicates the percentage of physicians, by specialty type, prescribing ADHD medications.



In a six-month prescriber review for measure-qualifying ADHD medications, 71 percent of prescriptions were written by pediatricians and psychiatrists.

Increasing the follow-up rates for these two specialties could drastically improve overall measure improvement.

**The IPSD, or Index Prescription Start Date, is the earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.*

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