

HEDIS® Measures

An Introduction to HEDIS®

What is HEDIS?

HEDIS® (Healthcare Effectiveness Data Information Set) is a set of healthcare organization performance measures developed and maintained by the National Committee for Quality Assurance (NCQA) and used by more than 90 percent of America's health plans. The HEDIS® measure set currently consists of over 80 different specific measures covering seven domains of care: effectiveness, access/availability, experience, utilization and risk adjusted utilization, relative resource use, health plan descriptive information and measures collected using electronic clinical data sources.

Why are these measures important?

On an annual basis, NCQA reports commercial, Medicaid and Medicare national and regional rates for each of the HEDIS measures. By providing standardized well-defined specifications for programming each of the measures and requiring that any organization reporting their results have them audited by a certified HEDIS® vendor prior to submission to NCQA, purchasers of healthplan coverage as well as the healthplans themselves can be confident that comparisons of performance across healthplans by product type are reliable and valid. Healthplans then use the results of individual HEDIS measures to develop quality improvement initiatives to improve rates.

How is HEDIS used for Behavioral Health Quality in Connecticut?

Annually, the CT Behavioral Health Partnership (CT BHP) undergoes an audit by an NCQA-certified HEDIS Auditor. Although CT BHP is not currently reporting CT Medicaid HEDIS rates to NCQA, the audit ensures that the measures have been programed accurately and that the rates reported to the state are reliable and valid.

CT BHP compares the performance by CT Medicaid members on each of the HEDIS behavioral health measures currently in place. These comparisons provide an annual snapshot as to how the Connecticut Medicaid population performs against other states that are also collecting and reporting on HEDIS® measures. Lastly, because of the specifications of the HEDIS® measures, we can also track year-to-year performance on the selected measures.

What HEDIS measures are currently being reported in Connecticut?

Through an annual collaborative process with the Departments of Social Services, Children and Families and Mental Health and Addiction Services, Beacon Health Options reviews current HEDIS® measures and chooses measures to add for the coming year. Currently, seven behavioral health HEDIS® measures have been selected and are reported on in a Tableau Dashboard format. The two domains and seven HEDIS® measures reported for CY 2017 are:

Effectiveness of Care

- Antidepressant Medication Management (AMM)
- Follow-Up after Hospitalization for Mental Illness (FUH)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Use of Opioids at High Dosage (UOD)
- Use of Opioids from Multiple Providers (UOP)

Access/Availability of Care

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

How to use this Dashboard

Accompanying this dashboard is a brief narrative about the meaning of each measure and some context regarding the findings. There is also a brief summary of the overall findings in their totality.

Annual HEDIS® Rates Summary

Connecticut Medicaid Trends & Comparisons

Key for Connecticut Trend Comparisons

- + Improved Rate Change from Previous Year*
- Declined Rate Change from Previous Year*
- ◆ No Change from Previous Year (less than 0.5% change)

*Note that for the APC and Opioid measure, a decreased rate is an improvement.

Key for National & New England Average Rate Comparisons

- ~ CT was more favorable than (or equal to) both comparison rates
- CT was more favorable than (or equal to) only one of the comparison rates
- ~ CT was less favorable than both comparison rates

How is Connecticut Medicaid performing year-over-year?

Hover for additional details // All claims-based data for non-dual members

Measure Name	Measure Subset	Measure Age Group	2015	2016	2017	CT Annual Change		Comparison to National/New England Rates		
						2016	2017	2015	2016	2017
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Total Rate	Total (19-64)	61.8%	62.0%	61.8%	◆	◆	~	~	~
Antidepressant Medication Management	Effective Acute Phase Treatment	Total (18+)	50.8%	50.4%	49.8%	◆	●	●	●	●
	Effective Continuation Phase Treatment	Total (18+)	32.5%	31.2%	30.8%	●	◆	●	●	●
Follow-Up After Hospitalization for Mental Illness	7-Day	Total (6+)	47.2%	46.4%	50.9%	●	+	~	~	~
	30-Day	Total (6+)	64.2%	64.6%	70.1%	◆	+	~	~	~
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment	Initiation	Adolescents (13-17)	49.1%	47.7%	46.7%	●	●	●	●	●
		Adults (18+)	41.9%	43.6%	48.0%	+	+	●	~	●
		Total (13+)	42.2%	43.8%	47.9%	+	+	●	~	●
	Engagement	Adolescents (13-17)	23.9%	25.0%	31.6%	+	+	●	●	●
		Adults (18+)	22.0%	24.5%	29.4%	+	+	●	●	●
		Total (13+)	22.1%	24.5%	29.5%	+	+	●	●	●
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Total Rate	Children (1-5)	0.0%	0.0%	0.0%	◆	◆	●	●	●
		Children (6-11)	2.8%	1.6%	2.3%	+	●	●	●	~
		Adolescents (12-17)	3.3%	3.4%	3.1%	◆	◆	●	●	●
		Total (1-17)	3.1%	2.8%	2.8%	◆	◆	●	●	●
Use of Opioids at High Dosage	Total Rate	Total (18+)			74.3		*			
Use of Opioids from Multiple Providers	4 or More Prescribers	Total (18+)			294.0		*			
	4 or More Different Pharmacies	Total (18+)			80.2		*			
	4 or More Prescribers and Pharmacies	Total (18+)			50.6		*			

The Opioid measure does not have National or Regional comparisons yet.

Annual HEDIS Rates Summary (2017)

Narrative

A brief narrative to accompany the Annual HEDIS Rates Summary

General Overview

- Results on every HEDIS measure reported in this summary leave room for improvement. That is a primary purpose of the HEDIS system, to be able to identify areas for improvement and track improvement (or lack thereof) over time.
- Rates are only meaningful when understood in comparison to a reference group such as national or regional rates with a similar population in another state. Connecticut aspires to be above the national rate and above the regional rates for New England which tend to be higher than the national average. Comparative rates are not available for first year measures until a baseline can be established.
- Evaluating trends across years on these measures can be helpful in determining if performance is improving or deteriorating. However, caution needs to be taken in making these types of comparisons in those cases where the method for computing the rates change substantially from year to year. Nonetheless, the annual comparisons with national and regional rates are always sound as the data of every reporting entity has been audited by an NCQA-certified HEDIS audit vendor before it is included in the comparison rates.
- Based on the HEDIS measures that Beacon has been computing, our observation is that as a state, we have greater difficulty in those areas where medications are more likely to be prescribed by non-behavioral health specialists (such as internists, general practitioners, or pediatricians) than by prescribers that specialize in behavioral health (e.g. psychiatrists or behavioral health specialist APRNs or Physician Assistants).

Adherence to Antipsychotic Medications for Individuals with Schizophrenia – This measure assesses what percentage of adults with a diagnosis of Schizophrenia or schizoaffective disorder receiving antipsychotic medication are taking their medication at least 80% of the time in order to sustain clinical benefit. Many individuals discontinue their medications for a variety of reasons and this may set them up for deterioration in functioning, increased hospitalization, or other negative outcomes. Connecticut consistently performs above the national rate on this measure but comparable to or below the higher regional rate.

Antidepressant Medication Management – This measure assesses rates of adherence to prescribed antidepressants in adults with a diagnosis of depression. When individuals are not adherent to their medication, they are less likely to benefit from using it. The measure divides the treatment into two phases: an acute phase that comprises the first 12 weeks of antidepressant treatment, and an effective continuation phase of six months. Rates for each phase indicate the percentage of adults that stayed on the medication for a sufficient period of time for it to be effective. As noted above, we believe that one

reason that adherence to antidepressant medications in the Connecticut Medicaid population is below national rates is because much of the prescribing is conducted by practitioners that do not specialize in behavioral health. As a result, they may not have the tools available to support the patient as they struggle with the side effects of the antidepressant. Recently, Beacon and CHN (the Medical ASO for Medicaid) have begun collaborating in a manner that capitalizes on Beacon's expertise with behavioral health practice and CHNs greater familiarity and engagement with primary care prescribers.

Follow-up After Hospitalization for Mental Illness: This measure looks at the percentage of children (over 6) and adults that have a follow-up visit with a mental health provider within 7-days and within 30-days of a discharge from a hospitalization for a mental illness. Timely follow-up has been found to be a key factor in preventing readmissions and helping to stabilize an individual in the community so they can function more effectively. Connecticut performs fairly well on this measure, above the national but slightly below the regional comparison rate. Improvement in the rate was demonstrated between 2016 and 2017 for both the 7 and 30-day rates.

Initiation and Engagement of Alcohol & Other Drug Dependence Treatment: This measure assesses the percentage of adolescents and adults who initiate drug or alcohol use disorder treatment following an inpatient hospitalization, an outpatient visit, an IOP or Partial Hospitalization or medication assisted treatment within 14 days following a diagnosis of SUD. It also measures to what extent individuals who initiated treatment have at least 2 additional visits after they make their first initial contacts. This is clearly an area of strength for Connecticut where rates are showing improvement over time and where for each age group and across several years, Connecticut rates are better than the National and Regional Comparison Rates. Despite our relatively better performance, the percentages indicate that there is still great room for improvement here.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents: This metric monitors children in three age groups (1-5, 6-11, & 12-17) regarding the percentage that are taking multiple antipsychotic medications at the same time. This measure is important because overuse of multiple antipsychotics, particularly with children, can be detrimental and should only be reserved for exceptional cases where it can be beneficial when administered by expert specialty practitioners. There have been several challenges with this measure which have lead the National Committee for Quality Assurance (overseer of HEDIS) to proceed with sun-setting this measure. These challenges include: 1) numbers of affected children and rates of prescribing multiple concurrent antipsychotics are generally very low and, on review, have rarely been found to be inappropriate. This has resulted in a measure with very little room to improve performance and 2) states or localities that have a higher per capita rate of specialty prescribers (such as Board Certified Child Psychiatrists) such as Connecticut, tend to have higher rates. For the youngest children, ages 1-11, Connecticut has done better on this measure but challenges have remained regarding rates in the adolescent population. Once again, NCQA is discontinuing this measure so reporting on this measure will cease after 2019.

Use of Opioids at High Dosage: This measure identifies the rate per thousand of adults without cancer that are prescribed high doses of opioid medications. Use of prescribed high dosages of opioids can predispose individuals to dependence, substance use disorders, drug overdose, and death. National efforts directed at reducing the prescribing of high dosage opioids have been effective and rates have been declining over the last several years as indicated by other data and metrics that preceded this new HEDIS measure. Since this is a new measure there are no existing benchmarks to compare Connecticut

performance to. HEDIS reporting for the 2018 measure year will include benchmarks for the purpose of comparison to national and regional rates.

Use of Opioids from Multiple Prescribing: This measure identifies those individuals that have been prescribed opioids by multiple prescribers, multiple pharmacies, and both multiple prescribers and pharmacies. Individuals who are prescribed opioids by multiple prescribers or fill those prescriptions at multiple pharmacies are at higher risk for overdose and death. This is also a new HEDIS measure and so no benchmark comparisons to national or regional rates will be available until the 2018 calendar year rates are reported.

If you have further questions about the HEDIS Summary Rates or this narrative, please contact either Laurie Vanderheide, Ph.D at laurie.vanderheide@beaconhealthoptions.com or Chris Bory at chris.bory@beaconhealthoptions.com.