STRATEGIES *for* CHRONIC CARE™

Achieving Quality and Value in Chronic Care Management

The Burden of Chronic Disease

One of the greatest burdens on the US healthcare system is the rapidly growing rate of chronic disease. These statistics illustrate the scope of the problem:

- Nearly half of all Americans are living with one or more chronic diseases[1]
- Seven out of 10 Americans who die each year die from chronic diseases such as heart disease, diabetes, cancer, and stroke[2]
- The number of reported cases of chronic disease is expected to rise substantially by 2030, representing as many as 171 million people[3]

Understandably, people with chronic diseases are the heaviest users of healthcare services. Almost 85% of all healthcare dollars are spent on treating people with chronic conditions. This is nearly 6 times as much as is spent on people without these conditions.[1]

"The nation cannot afford for costs to continue growing at their current rate. Reducing outright waste is critical, but it is also important to keep people healthy and develop new, more cost-effective approaches to meeting the burden of chronic illness."

–National Committee for Quality Assurance (NCQA)[4]

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The Impact of Healthcare Reform

A 2006 national "report card" on healthcare quality concluded that all Americans, regardless of race, gender, or socioeconomic status, are at risk for receiving poor-quality care. The Patient Protection and Affordable Care Act (PPACA) enacted in 2010 challenges health plans and providers to improve quality by mandating new standards for performance reporting, and incorporating provisions for delivery-system reform and incentives that support patient engagement and wellness.[4,5]

As the PPACA is phased in over the next 4 years, providers will be required to adhere to practices that, to date, have been voluntary. Two key provisions of the law are likely to have a major impact on the way providers do business:

- By 2012, new standards for reporting on quality improvement and the meaningful use of health information technology will be introduced. Performance will be measured based on the provider's ability to integrate quality reporting with the use of electronic health records[6]
- With the new value-based payment modifier, providers who meet the mandated performance measures will receive incentive payments based on the quality of care they provide[6]

To prepare for the implementation of these provisions, it is critical for providers to stay abreast of evolving performance measures for quality improvement that impact the new reporting requirements.

Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures Promote Transparency in Healthcare

HEDIS is a tool used by more than 90% of America's health plans to improve the quality of healthcare. It measures performance across a broad range of health issues including chronic disease treatment, medication management, and preventive care. HEDIS also tracks patients' satisfaction with care by conducting surveys through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program.[4,7]

HEDIS was developed by NCQA, an independent organization dedicated to increasing transparency and accountability in healthcare. With more than 1000 health plans reporting HEDIS data in 2010, NCQA has made substantial progress toward improving transparency and accountability in the healthcare system[4,8]:

- Many health plans report HEDIS data to employers or use the data they collect to implement improvements in the services and quality of care they provide to members[7]
- Purchasers, such as employers, consultants, and consumers, review HEDIS data to assess their options for care and choose the best health plan for their needs[7]
- Pay-for-performance programs often use the standardized measures and specific targets set by HEDIS to rate physician performance[9]

HEDIS Standards for Measuring Chronic Care Management

The effort to define objective clinical performance data that are measured across a detailed set of criteria has helped focus national attention on how best to manage chronic diseases. NCQA has developed HEDIS standards for the appropriate treatment of chronic conditions such as diabetes, hypertension, chronic obstructive pulmonary disease (COPD), asthma, and mental illness, as well as for health risks, such as smoking, that contribute to chronic disease.[4,7]

Analysis of 2010 HEDIS data revealed noticeable gains in several specific measures related to chronic diseases and their associated comorbidities. These include improvements in[4]:

- Beta-blocker treatment in patients who have had a heart attack
- Eye exams for Medicare patients with diabetes
- Monitoring long-term medication use in patients in Medicare and Medicaid plans

Beyond these positive results, however, overall quality improvement has been limited. Effectively addressing the extensive chronic disease burden of our aging society will require a coordinated effort by health plans and providers to offer appropriate evidence-based care, improve wellness and prevention measures, and more carefully manage multiple-medication use, especially among elder adults.[4]

HEDIS 2011 Measures of Care

As providers and health plans prepare to implement the provisions of the PPACA, it may be helpful for providers to review these HEDIS measures pertaining to chronic disease care, preventive care, and medication management.

Diabetes

Measure	Guidelines for Effectiveness of Care
Comprehensive Diabetes Care[10]	The percentage of members aged 18 to 75 years with type 1 or type 2 diabetes who had each of the following: • Hemoglobin A1c (HbA1c) testing • Poor HbA1c control (>9%) • HbA1c control (<8%) • HbA1c control (<7%) for a selected population (Additional exclusion criteria are required for this indicator that will result in a different eligible population from all other indicators. This indicator is only reported for the commercial and Medicaid product lines) • Retinal eye exam performed • Low-density–lipoprotein cholesterol (LDL-C) screening • LDL-C control (<100 mg/dL) • Medical attention for nephropathy • Measurement of blood pressure (BP) • BP control (<130/80 mm Hg) • BP control (<140/90 mm Hg)

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Cardiovascular Conditions

Measure	Guidelines for Effectiveness of Care
Cholesterol Management for Patients With Cardiovascular Conditions[10]	The percentage of members aged 18 to 75 years who were discharged following acute myocardial infarction (AMI), coronary artery bypass graft, or percutaneous coronary intervention from January 1 to November 1 of the year prior to the measurement year, *or* who had a diagnosis of ischemic vascular disease during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C screening • LDL-C control (<100 mg/dL)
Controlling High Blood Pressure[10,11]	The percentage of members aged 18 to 85 years who had a diagnosis of hypertension and adequately controlled BP (<140/90 mm Hg) during the measurement year. Use the Hybrid Method for this measure. The Hybrid Method requires the review of both administrative data and medical records to report performance.
Persistence of Beta-Blocker Treatment After a Heart Attack[10]	The percentage of members aged ≥18 years during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for 6 months after discharge.

COPD

Measure	Guidelines for Effectiveness of Care
Pharmacotherapy Management of COPD Exacerbation[10]	The percentage of COPD exacerbations for members aged ≥40 years who had an acute inpatient discharge or emergency department (ED) encounter between January 1 and November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid within 14 days of the event. 2. Dispensed a bronchodilator within 30 days of the event. Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.
Use of Spirometry Testing in the Assessment and Diagnosis of COPD[10]	The percentage of members aged ≥40 years with a new diagnosis of or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

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Flu Shots

Measure	Guidelines for Effectiveness of Care
Flu Shots for Adults Aged 50 to 64 Years[10]	A rolling average represents the percentage of commercial members aged 50 to 64 years who received an influenza vaccination between September 1 of the measurement year and the date when the CAHPS 4.0H survey was completed.
Flu Shots for Older Adults[10]	The percentage of Medicare members aged ≥65 years as of January 1 of the measurement year who received an influenza vaccination between September 1 of the measurement year and the date when the Medicare CAHPS survey was completed.

Medication Management

Measure	Guidelines for Effectiveness of Care
Medical Assistance With Smoking and Tobacco Use Cessation[10]	The 3 components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation. • *Advising Smokers and Tobacco Users to Quit*. A rolling average represents the percentage of members aged ≥18 years who are current smokers or tobacco users and who received cessation advice during the measurement year • *Discussing Cessation Medications*. A rolling average represents the percentage of members aged ≥18 years who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year • *Discussing Cessation Strategies*. A rolling average represents the percentage of members aged ≥18 years who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year
Annual Monitoring for Patients on Persistent Medications[10]	The percentage of members aged ≥18 years who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

Rising to the Challenge of Healthcare Reform

The PPACA challenges health plans and providers to search for innovative approaches to improve the quality of care while driving down costs. The results of HEDIS measures and the data collected from patient-satisfaction surveys can help health plans gain insight into where to focus their improvement efforts. The HEDIS measures may also help guide the development of reasonable standards for rating physician performance. As the PPACA expands options for health insurance coverage, health plans and providers will share the responsibility for investing in quality improvements that will yield superior care for all Americans.[4,7,9]

ADDITIONAL RESOURCES

To access the full HEDIS 2011, Volume 2: Technical Specifications, visit the NCQA Web site at http://www.ncqa.org/tabid/1223/Default.aspx.

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