C-TAC
COALITION TO TRANSFORM ADVANCED CARE

HEDIS 2020 Measures Final Comments

Measure information available here.

HEDIS Measures	Final Comments
Proposed changes to 5 existing measures: *1.Care for Older Adults—Functional Status Assessment*: Overview: Optimizing functional status is a cornerstone of high-quality care for older adults. NCQA proposes removing the last of four current options for satisfying this indicator to reduce burden and confusion while encouraging standardization in documentation consistent with current practice. Details: The current 4th option is: Notation that at least three of the following four components were assessed: – Cognitive status. – Ambulation status. – Hearing, vision and speech (i.e., sensory ability). - Other functional independence (e.g., exercise, ability to perform job). Assessing and optimizing functional status has long been regarded as a cornerstone of high-quality care for older adults,[2,3] but **recent research shows that common approaches to assessing and documenting functional status for older adults vary widely** in ambulatory care settings.[4,5] The fourth bullet allows significant variation in what "counts" as an FSA, and is also a major source of confusion among health plans and other measure users based on the number of questions we receive about the FSA.	We reluctantly support the proposed change in this measure. Obviously, an inconsistent assessment component is not helpful, but we recommend that NCQA work with CMS to confirm a more consistent and administratively acceptable way to assess functionality given its significant to the care for older adults. Such a new measure should also be validated for use in all Medicare situations, not just SNPs.
3 and 4. Use of High-Risk Medications in the Elderly and Potentially Harmful Drug-Disease Interactions in the Elderly: These two measures assess potentially inappropriate medication use in older adults. NCQA proposes updating the medications included in both measures to align with updated ASG Beers recommendations. Additionally, NCQA proposes retiring the rate assessing one dispensing event of high-risk medications, to focus Use of High-Risk Medications in the Elderly on riskier, more long-term use of potentially inappropriate medications. NCQA also proposes to exclude members with major depressive disorder from the History of Falls rate in Potentially Harmful Drug-Disease	We support these changes and agree that using antidepressants in the elderly may outweigh their risk of falls

Interactions in the Elderly because the benefits of prescribing antidepressants may outweigh the potential harms of increased risk of falls.	
5. Use of Opioids at High Dosage: Overview: Assesses adults at risk for high-dose opioid use. NCQA proposes lowering the high-dosage threshold from >120 MME (morphine milligram equivalents) to ≥90 MME, to align with CDC recommendations. NCQA also proposes modifying the start date for the opioid treatment period to begin on the first day in the year that a member was dispensed a prescription opioid, rather than the first day the average daily dosage exceeded the MME threshold. These revisions would reduce potential confusion in the field by improving alignment of the HEDIS measure with the Pharmacy Quality Alliance measure from which it was adapted. Details: The current measure assesses the percentage of members 18 years of age and older who receive opioid prescriptions at a high dosage (average daily morphine milligram equivalent [MME] >120 mg). The denominator for this measure includes members who receive two or more opioid prescriptions totaling ≥15 days during the measurement year. Members are excluded if they are receiving hospice services or have a diagnosis of cancer or sickle cell disease in the measurement year. This measure was first introduced in HEDIS 2018 and was approved for public reporting beginning in HEDIS 2019. UOD was adapted from a measure developed by the Pharmacy Quality Alliance (PQA). The PQA is updating its measure this year. To remain aligned with that measure, to the extent possible, and following a review of PQA's updated measure specifications, NCQA proposes two revisions to the current HEDIS measure. The proposed revisions are *supported by NCQA and our measurement advisory panels*. 1. **Lower the High-Dosage Threshold From >120 MME to ≥90 MME.** The current measure numerator assesses the percentage of members in the denominator (≥2 opioid dispensing events totaling ≥15 covered days) who have an average daily opioid dosage that exceeds 120 MME. The proposed revision would align the HEDIS measure with the 2016 Centers for Disease Control and Prevention (CDC) opioid prescribing guidelines[2] and with PQA's planned measure revisions. We anticipate that this revision will increase the number of members who meet numerator criteria. 2. **Modify the Index Prescription Start Date.** The numerator of both the HEDIS and PQA measures requires calculation of an average daily MME for each member over the course of the opioid treatment period. For both measures, the treatment period begins on an index prescription start date (IPSD) and ends on the last day of opioid supply during the measurement year. The current HEDIS measure defines the IPSD as the earliest prescription dispensing date with a total daily dosage that exceeds 120 MME (≥90	We appreciate changing this measure to be more in line with the CDC Guideline, but have concerns about those with serious illness who legitimately need higher doses than 90 MME/day. For that reason, we urge NCQA to also exempt those on palliative care from this measure, as that population is exempted in the CDC Guideline, and use case management information to identify such patients, as is done for the Part D Opioid Overutilization Program.

MME, with the proposed measure revision) during the measurement year. The PQA measure defines the IPSD as the earliest prescription dispensing date for any opioid during the measurement year, regardless of total daily dosage. Figure 1 highlights the current differences in approaches. NCQA proposes revising the definition of the IPSD to align with the definition used in the PQA measure. This revision may result in fewer members meeting numerator criteria but would both improve measure clarity and reduce confusion in the field by creating a common definition for the opioid treatment period.	
Cross-cutting topics- *Telehealth* NCQA recommends including telehealth in selected HEDIS physical health measures. Recommendations are based on a review of research literature and stakeholder input.	We support this measure.