



## **HEDIS 2016**

### **Summary**

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used in the United States to measure performance on important dimensions of care and service. HEDIS is a critical component in how Hennepin Health measures both the quality and quantity of care. HEDIS measurements also allow Hennepin Health to strategically plan and implement quality improvement initiatives, track utilization and evaluate performance against other health plans. The Minnesota Department of Human Services (DHS) contracts with Hennepin Health - PMAP and Hennepin Health - SNBC obligates the reporting of a limited number of HEDIS measures as identified in Article 7, Section 7.14.1 (Hennepin Health - PMAP) and Section 7.16.1 (Hennepin Health - SNBC) Hybrid Method HEDIS Annual Performance Measures. In addition, the Minnesota Department of Health (MDH) requires Hennepin Health to submit additional HEDIS measures by product line. Minnesota Community Measurement (MNCM) also uses some HEDIS measures for their data measurement.

Data collected for HEDIS 2016 is from the calendar year 2015. Hennepin Health, in collaboration with eight Minnesota health plans, creates an annual Minnesota Health Plan mean to allow health plan rate comparison. HEDIS provides Hennepin Health an analysis tool for the Hennepin Health's - SNBC product to compare its' rate against the National mean. Minnesota strives to produce higher HEDIS rates than the nation. Health care measurements focus upon the quality of care rather than the quantity of care.

For 2015, Hennepin Health - PMAP was a unique MCO product in Minnesota that served only the State's Medicaid early expansion population, which included adults without dependent children aged 21-64 years that earn less than seventy-five percent of the Federal Poverty Level. Because the risk profile and needs of this sub-population are so unique, it is difficult to make meaningful comparisons to other MCOs, products, or Medicaid performance benchmarks. As a result, Hennepin Health - PMAP does not have a state or national average to use for comparison for any of the measures under consideration.

### **Hennepin Health Measure Strengths HEDIS 2016**

The Hennepin Health - PMAP population does not have a true Minnesota mean for comparison. However, the plan scored favorably in comparison to the national Medicaid mean for the following reportable measures: Antidepressant Medication Management,

Breast Cancer Screening, and Adult Body Mass Index (BMI) Assessment. Hennepin Health - PMAP scored above the Comprehensive Diabetes Care national benchmark in the following metrics: Monitoring Nephropathy and Diabetic Eye Exams.

The Hennepin Health - SNBC population scored higher than the Minnesota mean for the following measures: Adult BMI Assessment, Breast Cancer Screening, Cervical Cancer Screening, Controlling High Blood Pressure and Pharmacy Management of the COPD Exacerbation. The Hennepin Health - SNBC population also scored higher than the Minnesota mean for Comprehensive Diabetes Care of A1c Good Control (<8.0%), Diabetic Eye Exams and Blood Pressure <140/90.

### **Hennepin Health Measure Opportunities HEDIS 2016**

Effective January 1, 2015, Hennepin Health exited the Medicare product market. As a result, Hennepin Health no longer serves the Dual SNBC membership that was measured in HEDIS 2014. Therefore, a true comparison cannot be made between HEDIS 2016 to previous HEDIS years as the non-dual SNBC population tends to be less “care-managed” than the dual population.

For Hennepin Health - SNBC population, the Cervical Cancer Screening rate (55.23%) is slightly lower than the national mean benchmark (60.19%). For the Hennepin Health - PMAP population, the Cervical Cancer Screening rate (45.26%) was significantly lower than the national mean (60.19%). NCQA continues to express concern regarding the low performance on the behavioral health quality measures nationwide. The Initiation and Engagement of Alcohol and Other Drug Treatment (IET) scores have improved since HEDIS 2016 for both Hennepin Health products, but are still lower than the national mean. The Follow-Up after Mental Health Hospitalization (FUH) measure decreased from the HEDIS 2015 score and is significantly lower than the national mean for both products. A trend analysis with rates for both the IET and FUH measures is provided in later outlined sections. A formal performance improvement project (PIP) is one way that Hennepin Health could work to improve some of these measures.

The Performance Improvement Project (PIP) topic for 2015 through 2017 selected by DHS is related to reducing the disparities in the Anti-depressant Medication Management HEDIS measure. This PIP will address the gaps that exist between White and Non-White enrollee populations of both Hennepin Health - PMAP and Hennepin Health - SNBC. Enrollee outreach and education are a few of the methods employed to address the disparities in this measure. Hennepin Health will continue to use HEDIS results to educate staff, enrollees and health care providers while using these rates as benchmarks for other measurements.

### **What's New for HEDIS 2016 and the Next Steps?**

The 2016 HEDIS summary included the Hennepin Health - PMAP and Hennepin Health - SNBC non-dual populations. Hennepin Health had higher eligible population sizes for Hennepin Health - PMAP in HEDIS 2016, as more enrollees meet the continuous

enrollment requirements for most measures. Similarly, HEDIS 2017 will highlight emerging trends for this product.

The most recent HEDIS scores are shared with QMC, Medical Administration and Provider Network Departments. A limited number of HEDIS scores were communicated to the providers via the Provider Bulleting. In 2017, Hennepin Health hopes to increase awareness of the HEDIS scores among Hennepin Health staff through education and posting the results on SharePoint. Hennepin Health also plans to inform and actively work with its network providers to improve scores for relevant HEDIS measures. Hennepin Health continues to focus on enrollee education about preventive care, since studies have demonstrated that preventive care can reduce emergency room visits and hospitalizations. Hennepin Health has been working diligently with enrollees and care guides to promote annual preventive health exams and to connect enrollees to a primary care clinics and physicians to receive better seamless care. The promotion of annual preventative health exams included: preventative exam reminders on the teleprompter in the member lobby as well as passages and brochures on the health plan website under the enrollee section.

The addition of the Families and Children/ MNCare programs to Hennepin Health – PMAP program in 2016 will allow Hennepin Health to focus on HEDIS measures for women and children. Hennepin Health has developed incentive programs for some of these HEDIS measures to improve scores. Hennepin Health will start collecting HEDIS data for Families and Children/MNCare programs during HEDIS 2017.

### **Hennepin Health HEDIS 2016 Measures for Calendar Year (CY) 2015**

#### **Annual Monitoring for Patients on Persistent Medications:**

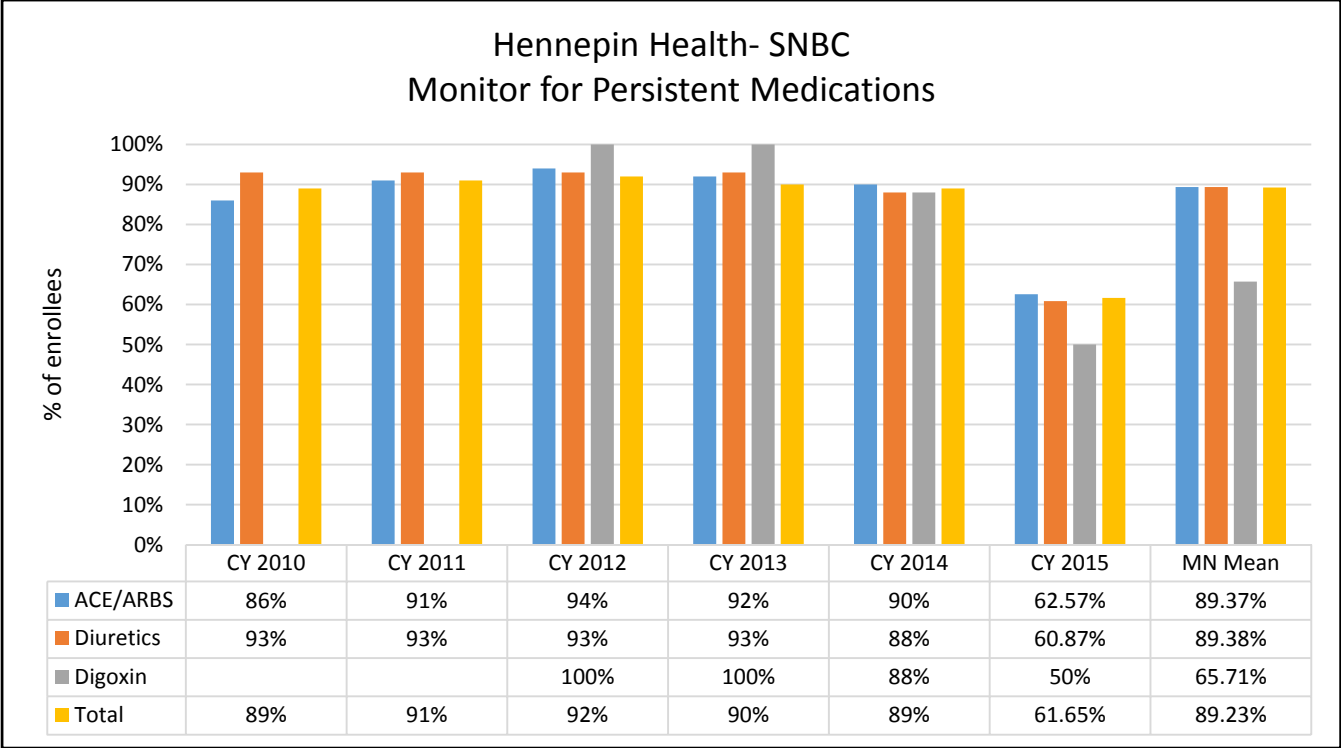
*NCQA Definition:* Percentage of members 18 years old and older and on the following medications who received annual (180 days) therapeutic monitoring: ● Angiotensin converting enzyme (ACE) inhibitors/angiotensin receptor blockers (ARB) ● Digoxin ● Diuretics

*Purpose for monitoring persistent medications:*

- Monitoring of drugs can prevent liver or kidney damage, thyroid problems, heart attack and death.(1)
- ER visits and hospitalizations can be prevented if patients on these medications are properly monitored. It has been reported that persistent medications contribute to over half of all unintentional drug overdoses.(1)

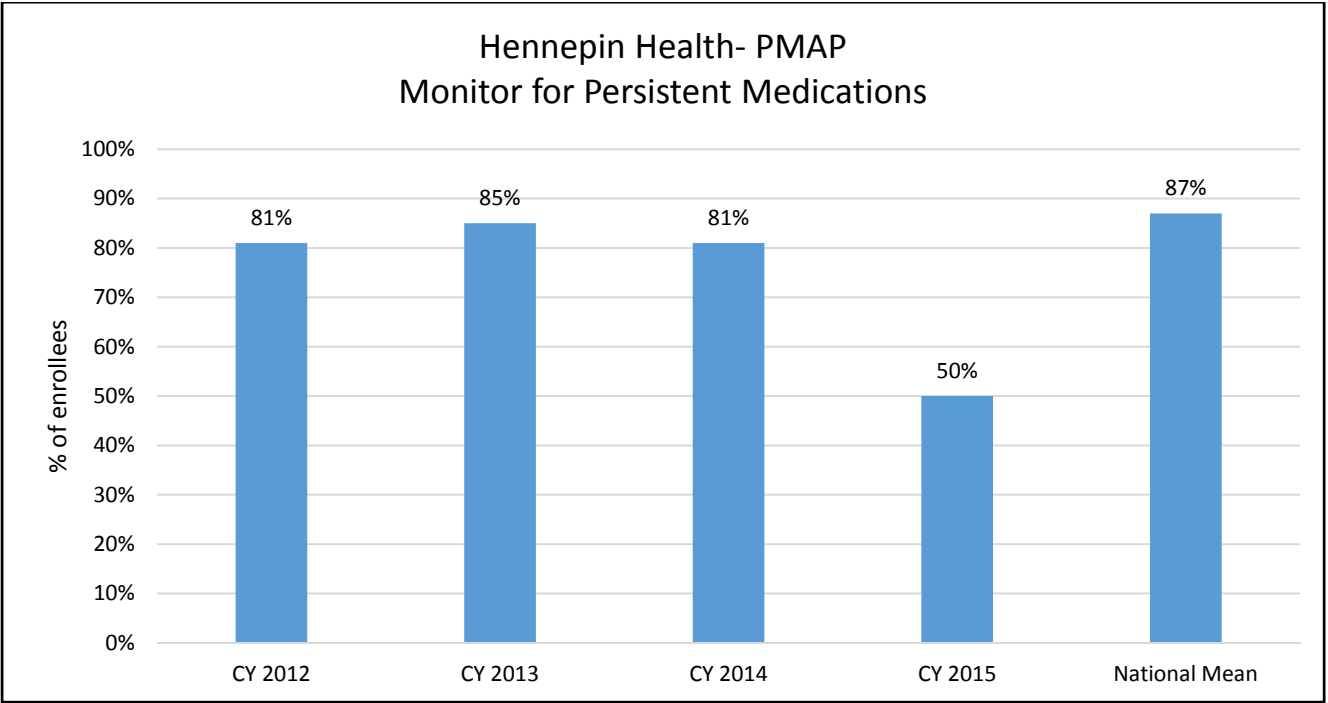
#### **SNBC Rate for Total Medications 61.65%**

Hennepin Health – SNBC HEDIS 2016 rate dropped significantly from HEDIS 2015. This drop resulted in a ranking below both the National Mean (86.77%) and Minnesota Mean in calendar year 2015.



**Hennepin Health - PMAP Rate for Total Medications 49.85%**

Hennepin Health - PMAP rate decreased significantly by 30.98% from 80.83% in CY 2014 to 49.85% in CY2015, with the rate being below the National and Minnesota mean (85.58%).



## **Antidepressant Medication Management**

*NCQA Definition:* The percentage of members 18 years of age and older who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates were reported.

- Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

*Purpose for Monitoring Antidepressant Medication:*

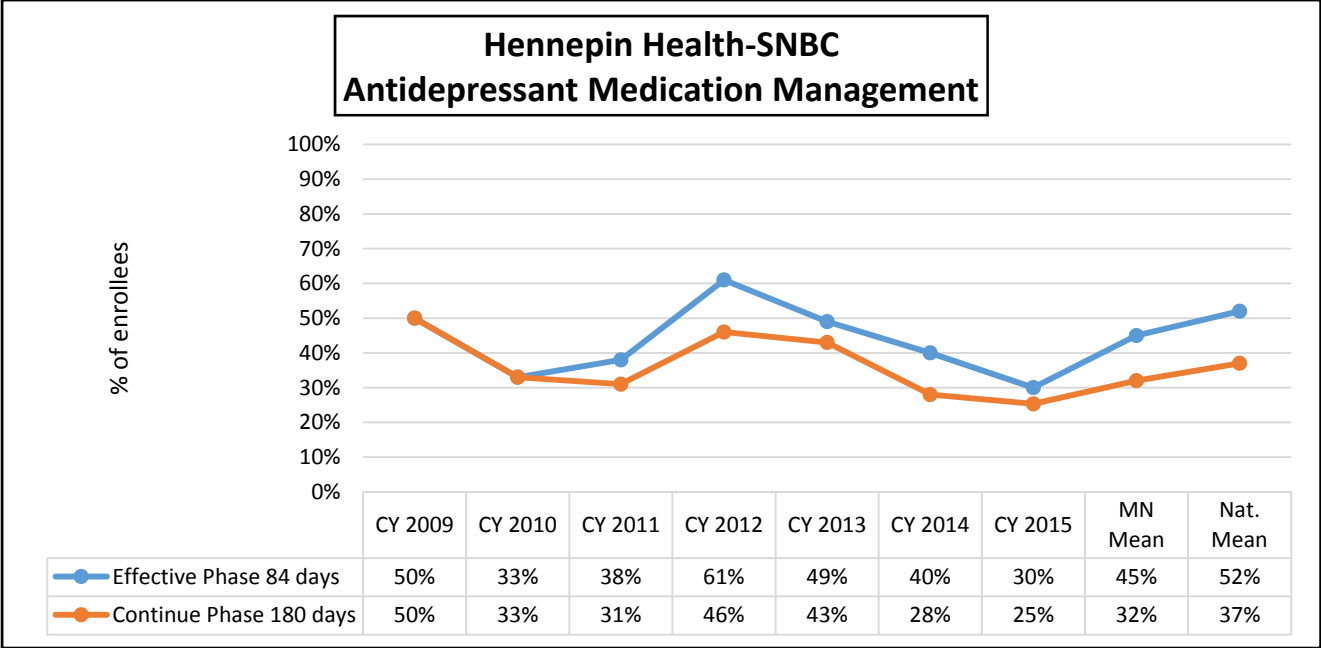
- Depression is one of the most commonly diagnosed psychiatric disorders in the United States.(2)
- Up to 50% of patients are non-compliant in taking their antidepressants a minimum of 60 days, and only 28% are compliant in taking them at 6 months.(2)
- A large-scale study indicated that adverse events are the leading cause of patients not complying with pharmacotherapy. An average of 43% - 62% of individual stopped taking their antidepressant medication due to nausea, headache, and drowsiness, as well as increased feelings of anxiety.(2)
- Current U.S. healthcare costs to treat depression are over \$81 billion annually.(2)

### ***Hennepin Health - SNBC Rate for Antidepressant Medication Management***

***Effective Acute Phase (84 days) 30%***

***Continuation Phase (180 days) 25.33%***

SNBC enrollees have lower rates of remaining on their antidepressant than both the Minnesota and National means. These low rates may be due in part to the change in population to Non-Duals enrollees (have Medicaid benefits only) as these enrollees tend to be less “care-managed” than Dual enrollees (have Medicare and Medicaid benefits both). From 2015-2017, Hennepin Health will be working on a collaborative performance improvement project with the other Minnesota Health Plans on reducing disparities in this population for antidepressants.

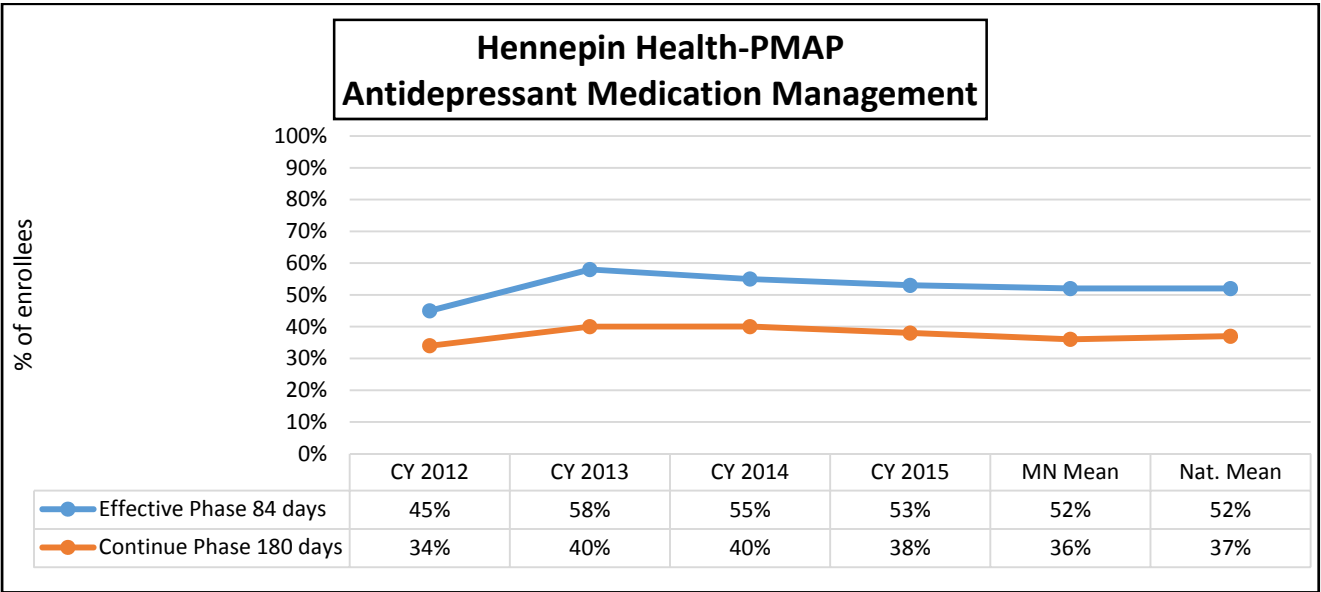


***Hennepin Health – PMAP Rate for Antidepressant Medication Management***

***Effective Acute Phase (84 days) 53.40%***

***Continuation Phase (180 days) 37.78%***

Rates for Hennepin Health - PMAP are above both the National and Minnesota means for the Effective Phase and Continuation Phase. In 2015, Hennepin Health began working on a collaborative performance improvement project with the other Minnesota Health Plans to reduce disparities in this population for AMM. This work continued throughout the 2016 calendar year, concluding in 2017 with final results.



## Breast Cancer Screening

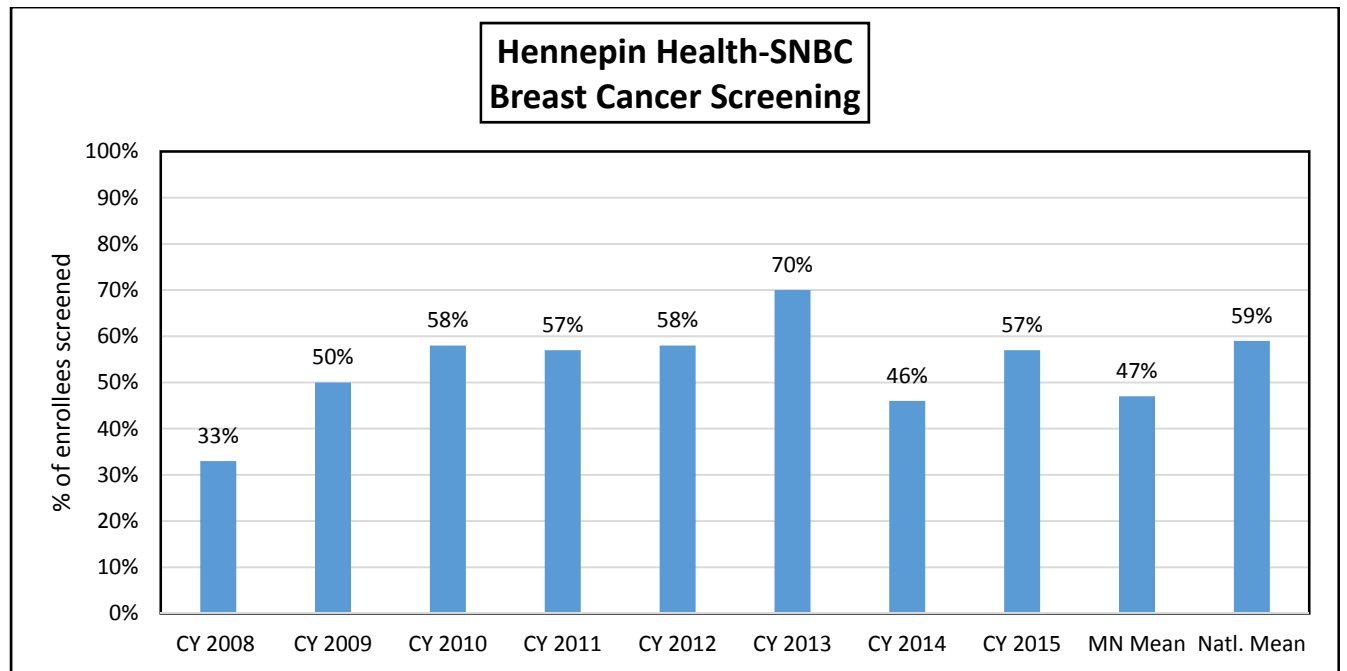
*NCQA Definition:* Percentage of women 52-74 years old who had a screening mammogram.

*About Breast Cancer Screening:*

- Excluding skin cancer, breast cancer is the most common cancer among women in the United States.(3)
- About 1 in 8 (~12%) women in the US will be diagnosed with breast cancer.(3)
- The American Cancer Society estimates the following breast cancer rates in the United States for women in 2015:
  - 231,840 new female cases and 2350 new male cases of invasive breast cancer.
  - 40,290 women and 440 men will die from breast cancer. (3)

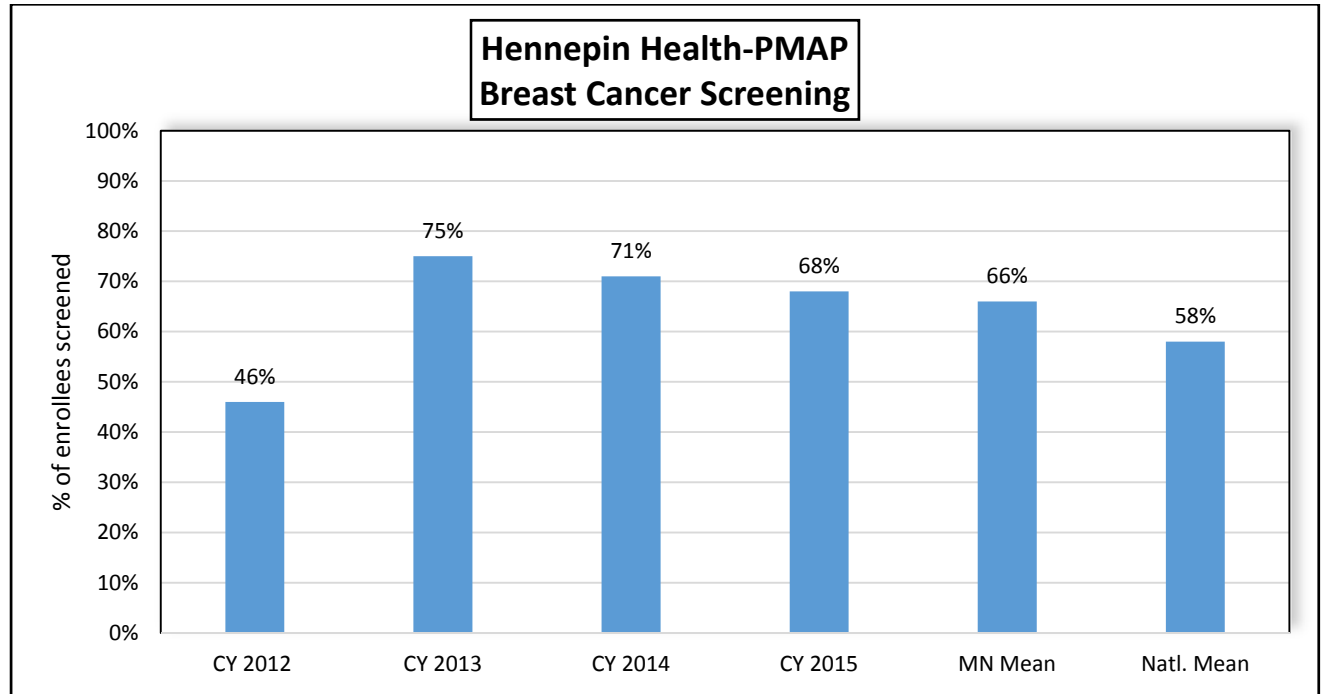
### Hennepin Health - SNBC Breast Cancer Screening Rate 45.82%

The SNBC CY 2015 rate increased by over 11% compared with CY 2014. This rate is now above the Minnesota mean by 10% and slightly below the National mean by 1.6%. This increase may be due to more awareness and increased education on the importance of preventative screenings.



## Hennepin Health - PMAP Breast Cancer Screening Rate 68.47%

The rate slightly decreased by 3% compared with 2015. This rate is significantly above the national mean by 10% and slightly above the MN mean by 2%.



## Comprehensive Diabetes Care:

*NCQA Definition:* Members 18-75 years of age with diabetes should have each of the following annually: HbA1C, Eye Exam, LDL-C, Blood Pressure Control, and Nephropathy screening.

*About Comprehensive Diabetes Care:*

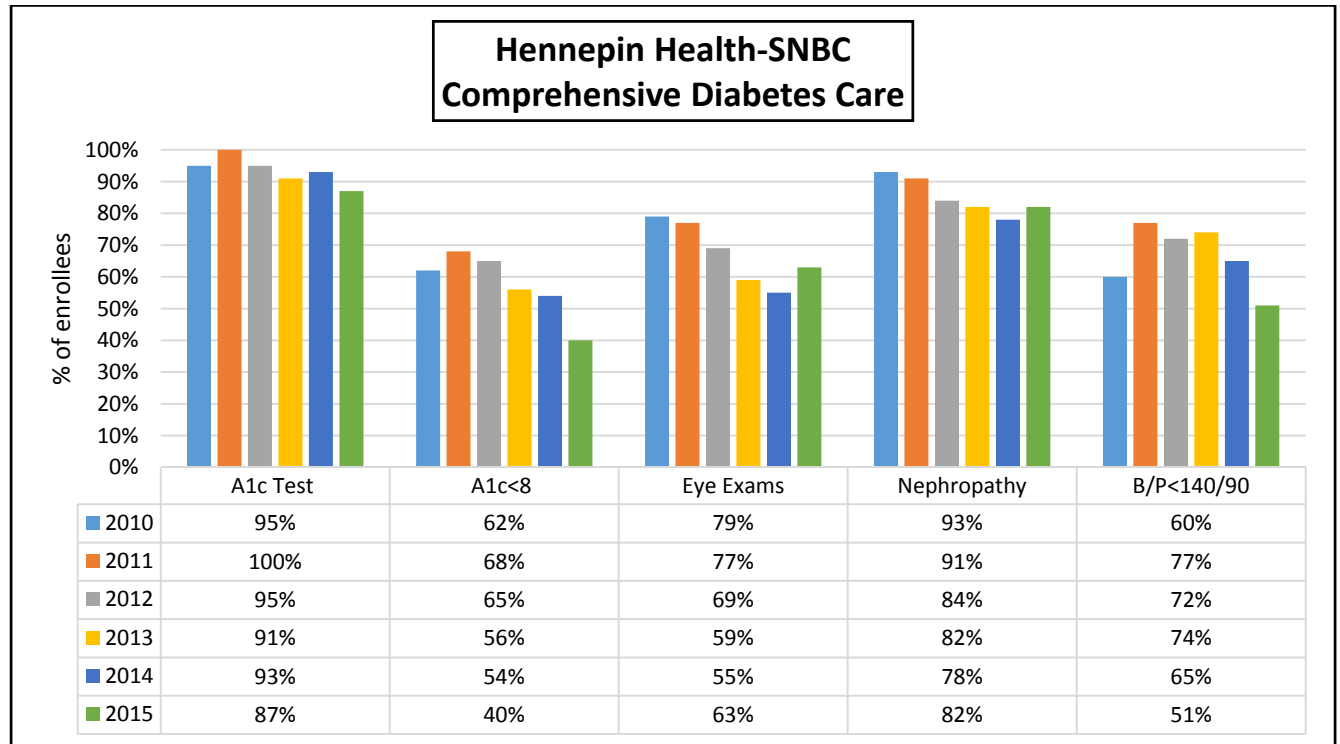
- Diabetes is the 7th leading cause of death in the United States.(4)
- More than 29 million individuals in the United States are living with diabetes.(4)
- Approximately 86 million individuals in the United States are pre-diabetic.(4)
- Diabetes accounts for more than 20% of health care spending .(4)

## Hennepin Health - SNBC Comprehensive Diabetes

Hennepin Health ranked above the Minnesota mean on A1c Poor Control (lower is better), HA1c Good Control (<8), Eye Exams and Blood Pressure (<140/90). For all other measures, Hennepin Health – SNBC, was below the Minnesota mean, but not significantly statistically different. Hennepin Heath SNBC's rates were above the national mean for all measures except for A1c Bad Control, A1c Good Control (<8) and Blood Pressure. (<140/90). The

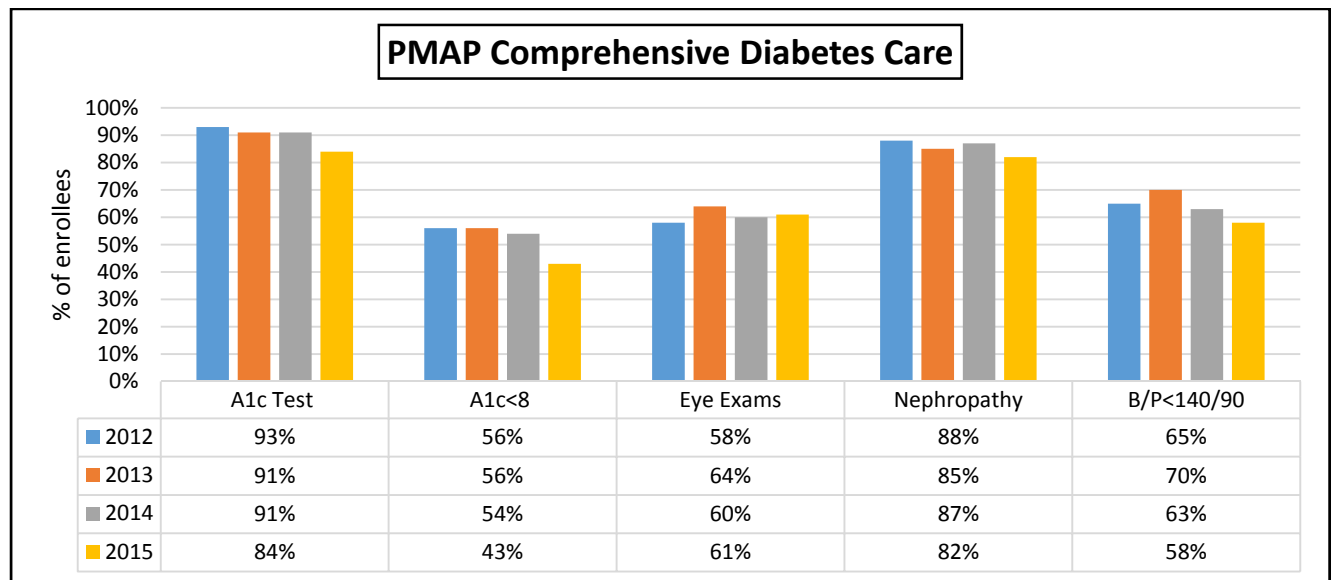


Diabetes Disease Management focused on reaching out to enrollees to encourage eye exams in 2016, with continued efforts in 2017.



### Hennepin Health - PMAP Comprehensive Diabetes

Hennepin Health – PMAP remained a demonstration project in CY 2015, with no Minnesota Health Plan mean for comparison.



## Controlling High Blood Pressure:

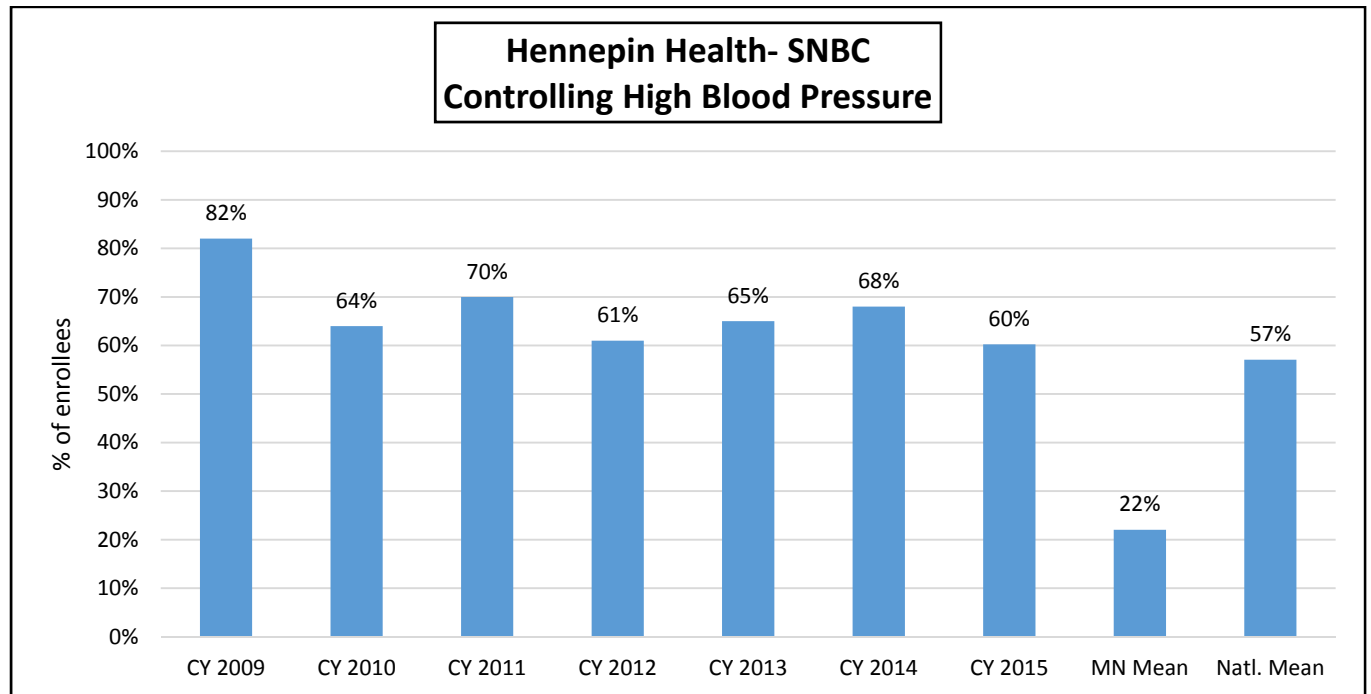
*NCQA Definition:* Members 18-85 years of age with a diagnosis of hypertension (HTN) and whose Blood Pressure is adequately controlled. (<140/90).

### *About Controlling High Blood Pressure:*

- Roughly 75 million adults in the United States have high blood pressure. (5)
- One out of three adults in the United States has pre-hypertension.(5)
- Less than 54% of individuals in the United States have their hypertension under control.(5)
- Hypertension costs the United States \$46 billion dollars annually including medication, missed days at work and medical care services.(5)

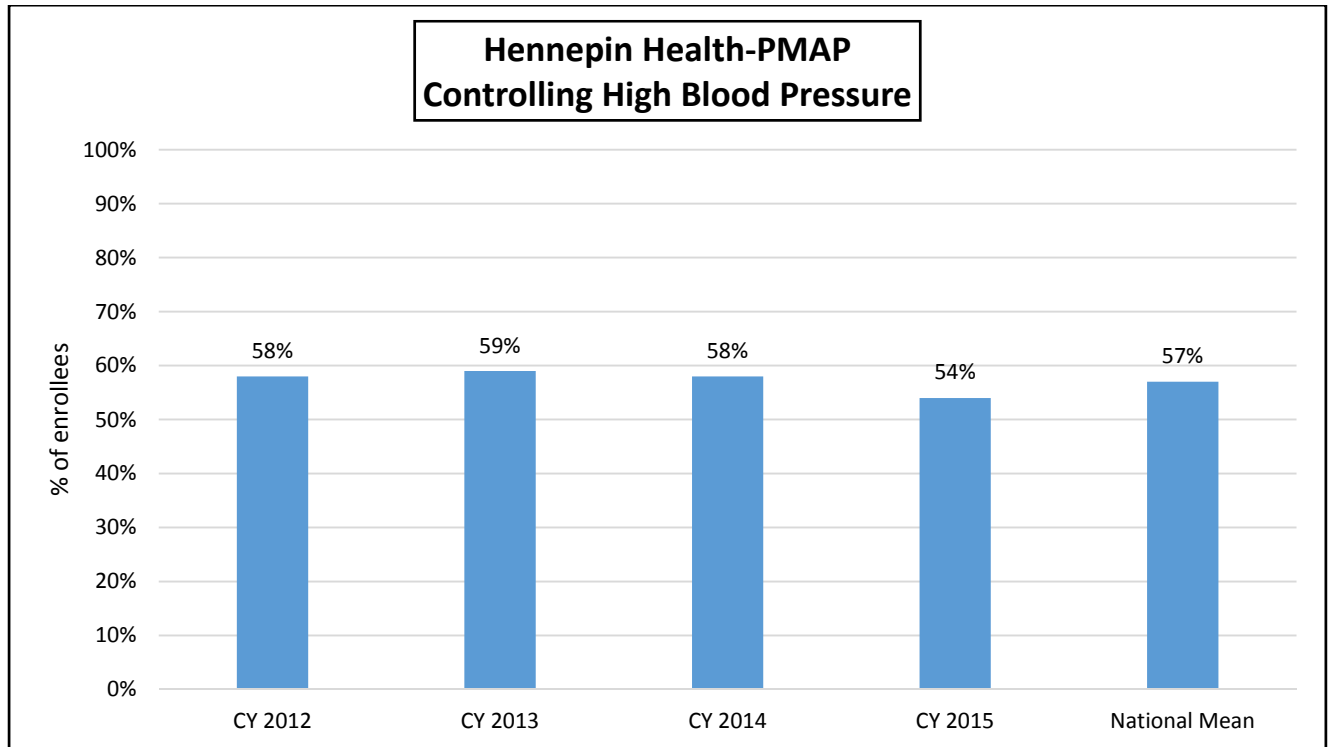
## Hennepin Health- SNBC Rate for Controlling High Blood Pressure 60.24%

There was significant decrease in the rate for Controlling High Blood Pressure from last year for the Hennepin Health- SNBC product. However, the rate is still above the National mean and significantly higher than the Minnesota mean. Disease Management staff works with enrollees to manage blood pressure.



## Hennepin Health - PMAP Rate for Controlling High Blood Pressure 54.26%

Hennepin Health - PMAP was below the National average for Controlling High Blood Pressure by 2.8%.



### Follow up after Hospitalization for Mental Illness:

*NCQA Definition:* The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage discharges for which the member received follow-up within 7 days of discharge.

*About Follow-up after Hospitalization for Mental Illness:*

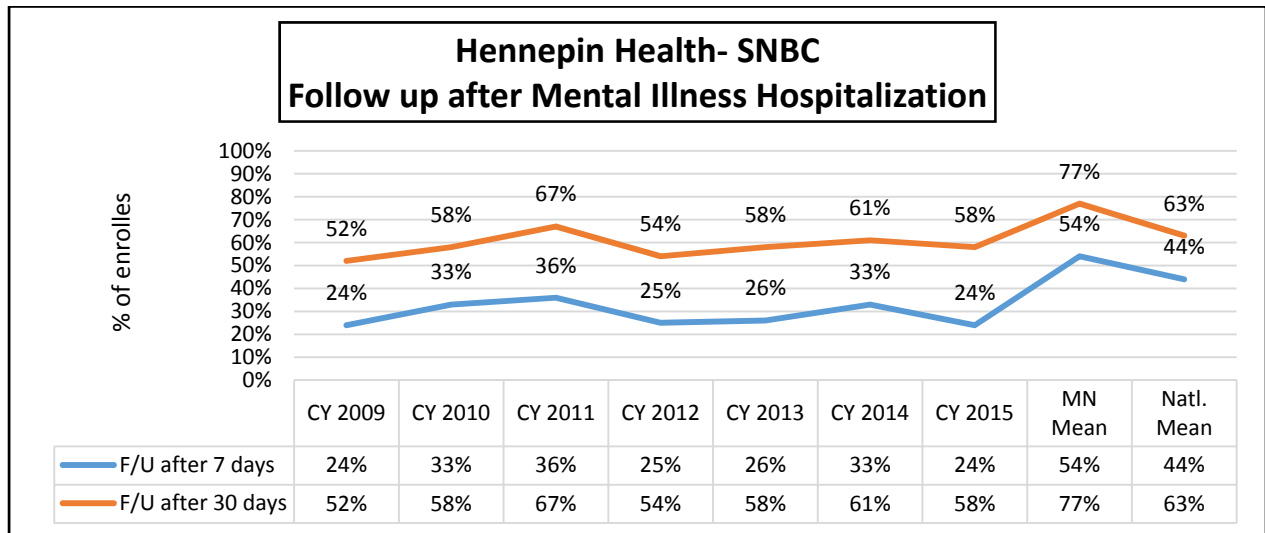
- 8.76% of the United States population has been diagnosed with severe mental illness.(6)
- Greater than 50% of United States adults are not receiving any treatment for their mental illness.(6)

- An estimated readmission rate for discharged psychiatric patients is approximately 40 – 50% within 1 year of discharge.(7)

**Hennepin Health - SNBC Rate for Follow-up after Mental Illness Hospitalization 7 days 23.66%**

**Hennepin Health - SNBC Rate for Follow-up after Mental Illness Hospitalization 30 days 58.02%**

Hennepin Health - SNBC rates are below the Minnesota and National means on both 7 and 30 day measures. It is possible that this is due to enrollees having made a follow-up appointment with their Primary Care Physician instead of a Mental Health Provider. Due to the specific NCQA measurement coding logic, Hennepin Health does not have a way to adjust these rates to include any primary care follow-up. However, Hennepin Health does have an opportunity to conduct a comparison analysis to test this follow-up discrepancy more accurately. The current ramification is that Hennepin Health might not be capturing the entire collection of valid follow-up due to the way some provider specialties have traditionally been mapped by Hennepin Health for HEDIS. Development is underway to correct this issue for HEDIS 2017.

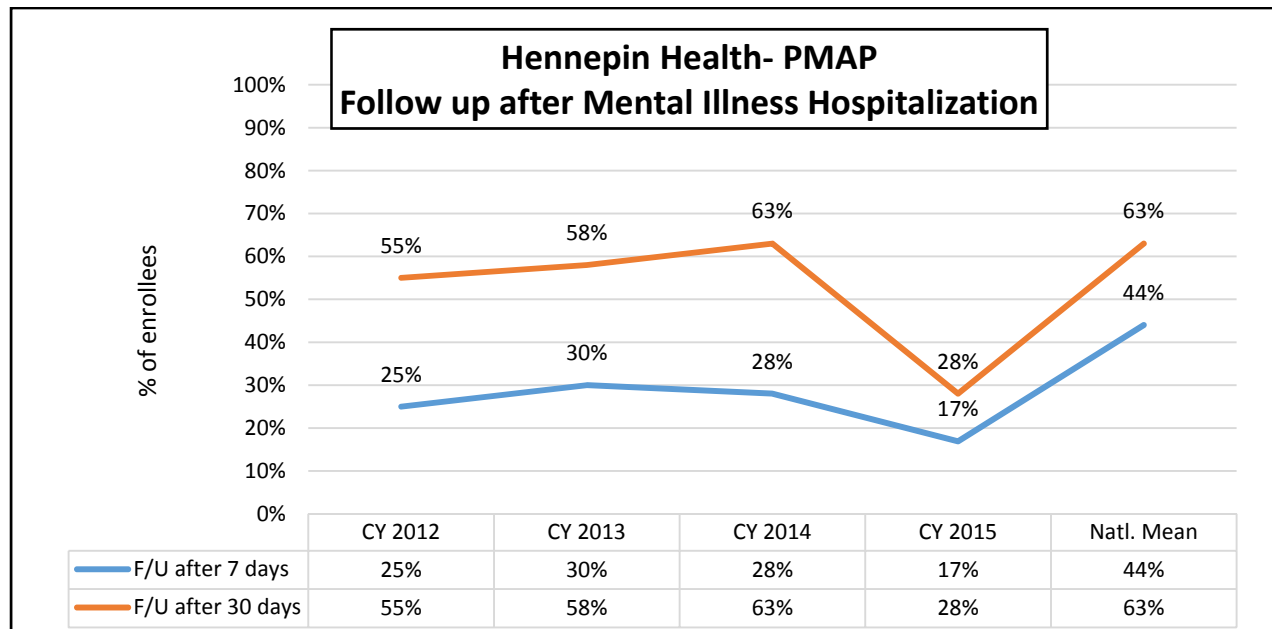


**Hennepin Health - PMAP Rate for Follow-up after Mental Illness Hospitalization 7 days 16.91%**

**Hennepin Health - PMAP Rate for Follow-up after Mental Illness Hospitalization 30 days 27.94%**

There was an 11% decrease in the 7 day follow-up with a significant decrease of 35% for the 30 day follow-up in 2015. The 7 and 30 day follow-up rates are significantly lower than the National mean. However, Hennepin Health-PMAP is a unique product with demographic and behavioral trends that may not compare accurately to other national

Medicaid products. There is no state equivalent for comparison. Hennepin Health hopes to continue to see these rates increase as more discharge planning support and mental health support are provided in the Hennepin Health-PMAP model.



### Initiation and Engagement of Alcohol and Drug Dependence (AOD) Treatment

*NCQA Definition:* The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:

*Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

*Engagement of AOD Treatment.* The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

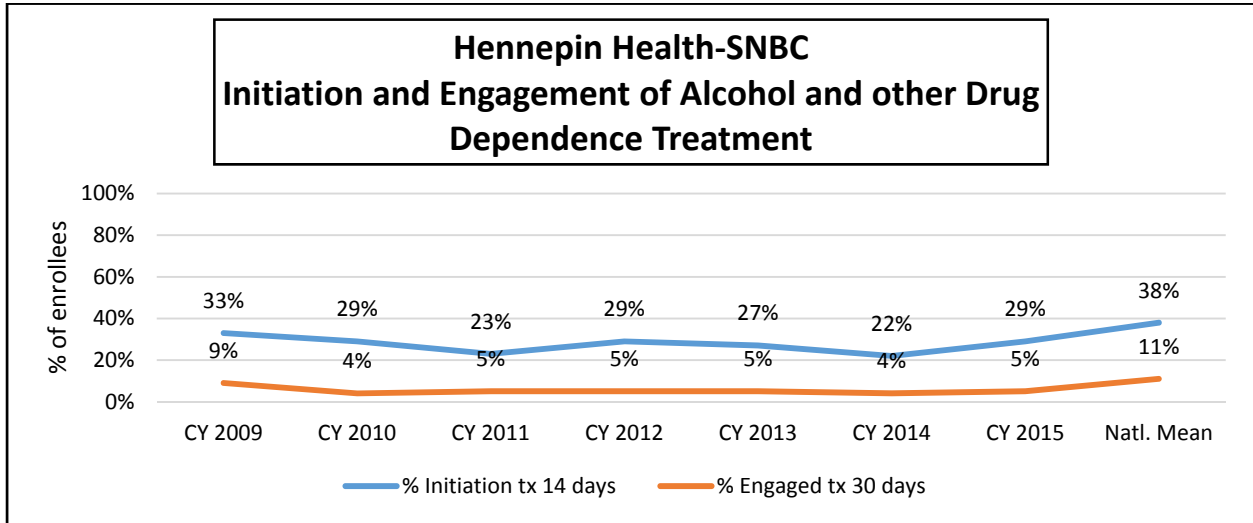
*Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:*

- Approximately 17.6 million United States adults met diagnostic criteria for alcohol use disorder with an estimated 4.2 million meeting diagnostic criteria for drug use disorder.(8)
- Greater than \$600 billion is spent annually in the United States on costs related to medical care, crime, lost time at work due to tobacco, alcohol and illicit drug use.(9)

**SNBC Rate for Initiation treatment 28.54%**

**Hennepin Health - SNBC Rate for Engaged treatment 5.39%**

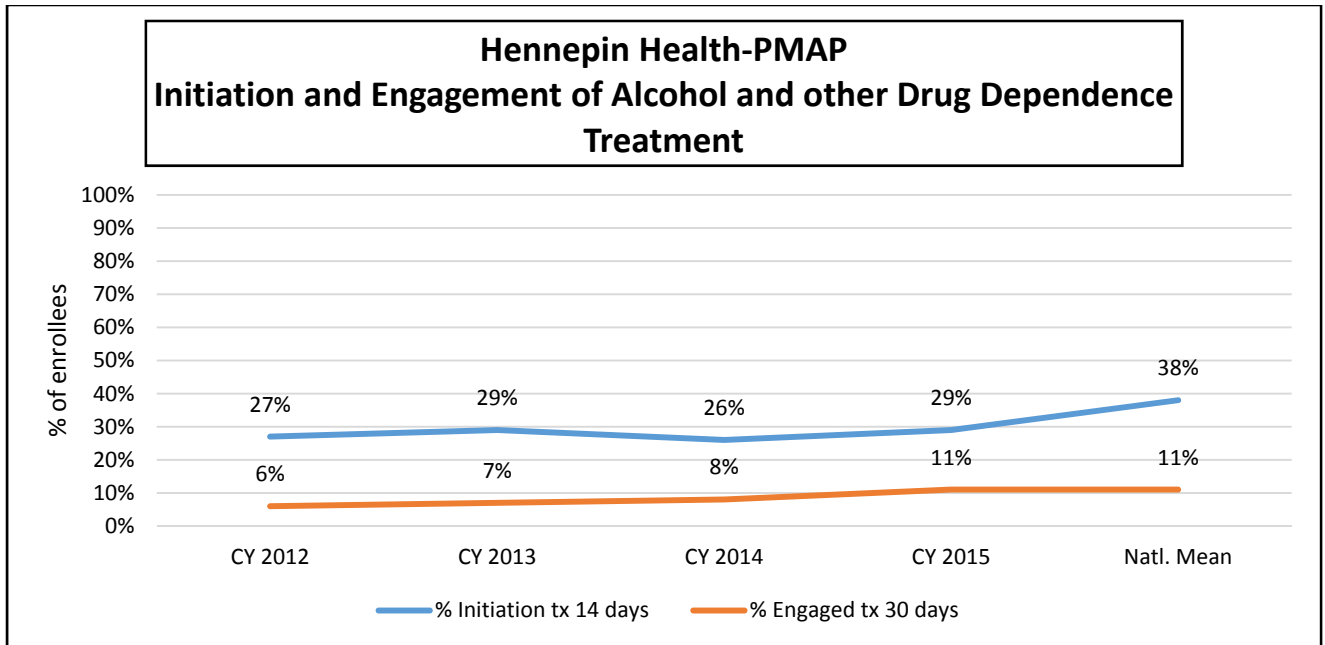
Hennepin Health - SNBC is below the National mean; there is no MN mean for CY 2015.



**Hennepin Health - PMAP Rate for Initiation treatment 29.41%**

**Hennepin Health - PMAP Rate for Engaged treatment 11.05%**

Hennepin Health - PMAP is below the National mean on initiation and equal to it on engagement.



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