



# Healthcare Effectiveness Data Information Set (HEDIS<sup>®</sup>) Methods and Approaches

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WORK IN PROGRESS

Decision Support Center-OTSG  
Office of Evidenced-Based Practice  
Quality Management Division  
U. S. Army Medical Command  
Fort Sam Houston, Texas

May 2010





# Objectives

- Describe what successful Military Treatment Facilities have done to achieve above the HEDIS® 50<sup>th</sup> and 90<sup>th</sup> percentiles
- Discuss the roles of interdisciplinary staff in achieving best practices
- Describe methods and approaches used in monitoring diabetes, asthma and wellness screenings
- Describe the process of inputting missing HEDIS data into AHLTA
- Utilize tools and resources available at the online HEDIS® Best Practice Tool Kit



## Overarching Factors

- Command/Leadership Support and Priority
- Teamwork
  - Primary Care
  - Nursing Staff
  - Managed Care
  - Analysts
- Ownership of Data
- Outreach
- Link patient who has an appointment to wellness needs
- Controlling Enrollment
- Persistence!



## Everyone Plays a Role

# The HEDIS® Stool





## Command Support

- Commander support of HEDIS® efforts:
  - Prioritizes staff efforts
  - Directs cooperation and teamwork
  - Determines TRICARE Plus enrollment criteria
  - Prioritizes keeping enrollment current
  - Encourages a “can-do” attitude
  - Demands progress reports
  - Recognizes accomplishments and improvement
  - Allocates PBAM awards
  - Authorizes investment and spending





## Nursing Support

- Nursing contributions to the best practices
  - Identify ways to improve HEDIS® measures in their clinics
  - Conduct outreach efforts
  - Identify needed screenings
  - Order labs and screenings in AHLTA
  - Have AHLTA signing authority for documentation issues
- Support team work between appointment clerks and nurses
  - Assist in booking future screening appointments
  - Look at patients with upcoming appointments– what screenings do they need?



Determine which person would identify beneficiaries in need of screenings and schedule them for appointments.



# Provider Contributions



- Own your panel and your panel's data
  - Document what you need to have the test/visit “count”
  - Choose correct codes from the AHLTA pick lists
  - Work with coders to ensure all work is captured and counted
- 
- Educate and counsel patients about the benefits of preventive care such as mammograms, colonoscopies, etc. and the importance of good control of chronic diseases such as asthma and diabetes



# Support and Administrative Staff Assistance

- **Administrative Staff (Population Health)**
  - Oversee Outreach (bringing patients in) and Inreach (touching patients already scheduled)
  - Own, manage and distribute Action Lists
  - Work with other providers and nurses to address data quality concerns
  - When possible, give feedback about “missed opportunities”
- **Managed Care**
  - Work to get out-of-area beneficiaries to update their place of enrollment
  - Compile a list of beneficiaries who are mis-enrolled to your facility
  - Review local rules for TRICARE Plus program enrollment
    - Remove beneficiaries who don't meet criteria from the program
    - Remove deceased beneficiaries from the program



# Support and Administrative Staff Assistance

- **Front Desk Clerks and Support Staff**

- Verify/Correct patients' address and phone number
- Inreach: cross-check patients with upcoming appointments with Action Lists- flag for nurses
- Outreach : assist with letters and phone calls
- Check Interactive DEERS when a patient checks in
- Add external data to CHCS

- **Coders**

- Know the MHSPHP coding rules
- Monitor for compliance
- Updating coding templates with new code sets, as needed
- Assist PCMs by identifying encounters that are just short of HEDIS compliance due to documentation issues
- Look for “quick wins” by correcting coding errors





## Success Factors



# Own Your Data

- It's your data.
  - Successful MTFs seek ways to improve their data and make it more reflective of their true populations.
  - Provide routine reports to nurses, PCMs and support staff, to show progress.
  - Get/train a good analyst with Access/Excel skills and CDM, CHCS access and HIPAA training.



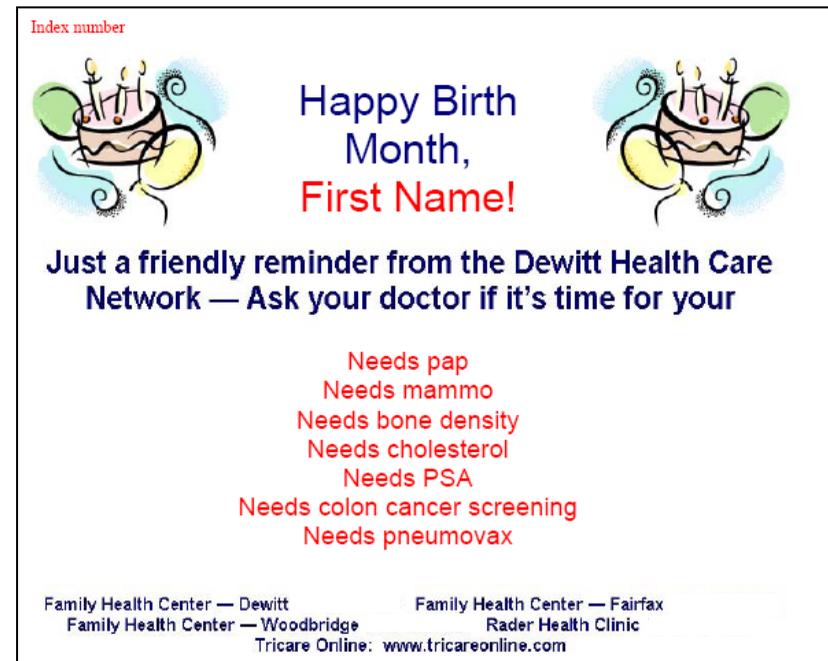
## Inreach

- Don't miss an opportunity when the patient is in the building!
- Know who is coming in for appointments--not just PC appointments, but specialty visits too
- Take care of as many screenings/tests as possible when that patient is on site
- If nothing else, schedule them for any remaining screenings before they leave
-  Are there ways for the MTF staff to assist in patients with scheduling screenings that must take place at a network facility?



## Mail Outreach

- Birth month cards
  - General reminders about all HEDIS screenings.
- Personalized letters
  - State the exact screenings the patient needs
  - Include postage paid return card to indicate change of address or exclusion criteria
    - Give corrected address postcards to Managed Care







# Phone Outreach

- Call patients, remind them of needed screenings
- Leave messages, encourage patients to call back
  - Be sure to note why you called so you're prepared when they call back
- Note wrong phone numbers- flag for update at next appointment
- Note beneficiaries who live out of area
  - Refer them to the DEERS website
  - Give their info to Managed Care
  - Remind them to get screened at their current location (until they change their enrollment- they're still your patient!)
- REMEMBER- don't leave any PHI on answering machines!





# Scheduling and Templates

- **How far in advance can patients schedule?**
- Scenario:
  - “I got a letter in the mail saying I’m due for a colon cancer screening. I’d like to schedule my colonoscopy around Christmas, when my mom will be here to watch the kids.”
  - “Sorry, we’re only taking appointments through the end of November. Please call back.”
- After all of the effort to write and mail the outreach letter, the patients responds (hooray!), but she can’t book 5 weeks ahead.
- Will she call back?

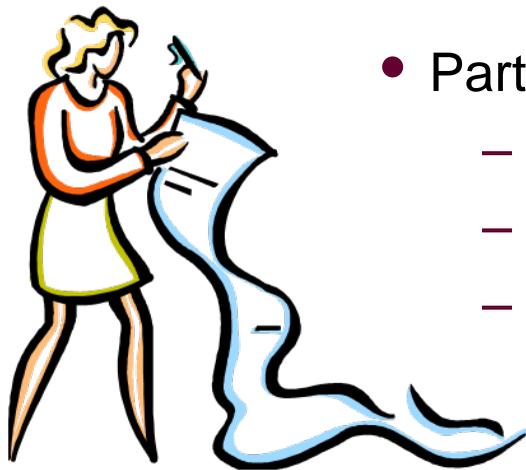


# Navy Best Practice

- At Naval Health Clinic (NHC) Charleston, the utilization of a CHCS Ad-Hoc Report called the Prospective Appointment Tool is being used
- NHC Charleston instituted a No-Show Process Improvement Team
  - Decreased no-shows to 3.7%
  - Optimized the use of the Audioremind system
  - Marketed effects on access to care with no-shows
  - Increased accountability of active duty



# Controlling Enrollment



- Partner with Managed Care!
  - Identify deceased enrollees
  - Identify enrollees with out-of-area addresses
  - Managed Care can work to manage TRICARE Plus enrollment
  
- Review TRICARE Plus Enrollment
  - It's a Commander's Program
  - Commanders can dictate enrollment criteria
  - Consider disenrolling Patients who aren't using services or who live outside the service area (they still have access to ED and pharmacy)



## Controlling Enrollment (cont)

- Run a CHCS ad-hoc to identify beneficiaries with addresses outside of your PSA and record their addresses
- Run a CHCS ad-hoc to identify beneficiaries who have not used MTF services in 18-24 months
- To update DEERS profile:  
<https://www.dmdc.osd.mil/appj/bwe/indexAction.do>

**Please Note:**  
If you are moving or changing duty stations, click on the address update icon for a family member and verify your family's address. If your new address requires a transfer of enrollment, BWE will guide you through the process.

Name	Relation	Enrolled	Selected Plan	Primary Care Manager	Plan Start	Plan End	Actions
Sara Bentley	Sponsor	Not Eligible					[Icons]

Please refer to the Viewing Beneficiary Information section in the online help for more information on the data displayed.

**Legend**

- ➕ Create New Enrollment
- 📄 Request Enrollment Card
- ✕ Disenroll
- 👤 Change Primary Care Manager
- 🛑 Cancel Pending Enrollment
- 🛑 Cancel Pending Pcm Changes
- 📄 Edit/Update Address

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For technical assistance or to report problems with this site please call 1-800-477-8227.  
Version 2.3.10, build 38, Build Date 07/18/2008.



Who at your facility is best to confirm a beneficiary's address?  
Appointment clerks? Front desk staff?



# TRICARE UPDATE

- In FY09, the MCSC assisted MTFs in fixing mis-enrolled beneficiaries
- The Contractors listed all Prime beneficiaries who are enrolled to MTF by ZIP code and BenCat (and more)
- Contractors contacted Prime beneficiaries who exceed the drive time and/or mileage limits particular to each MTF and re-enrolled them elsewhere
- Contractors notified beneficiaries and received all of their questions
- This is helping with the problem of: “This beneficiary on my Action List doesn’t live here? What do I do?!”



## The Measures



## Mammograms

- Review your mammography scheduling practice
  - Consider allowing patients to self-refer
  - Insufficient evidence to require a clinical breast exam first
    - <http://www.ahrq.gov/clinic/uspstf/uspsbrca.htm>
  - Does the network require an MD's signature on the referral?

 Navy Best Practice: The “Mammo While You Wait” program at Naval Medical Center San Diego

 Ft. Campbell implemented a self-referral program for mammograms, allowing patients to schedule directly without a PCM visit first.

 To enter exclusion criteria, create a noncount telcon in AHLTA:

- Hx of bilateral mastectomy: v45.71 3 (DOD Extender code- military specific)



# Cervical Cancer Screenings

- Nurses can identify patients with upcoming appointment who need a pap smear
- PCMs can complete them during a regularly-scheduled well woman visit
- Be sure to code correctly:
  - **Use HCPC Q0091:** Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
  - Select the HCPC & Durable Med Equipment button under the Procedure Tab.
  - If the pap smear was completed and a specimen was collected, document this, so coders can code it as a completed pap smear. Documenting that one was ordered, does not state that one took place during the visit.



Don't miss opportunities! Complete a pap smear during urine pregnancy tests, UTI, and chlamydia screening visits



# Cervical Cancer Screenings

- NEW! There are updated hysterectomy codes. These codes need to be updated in your local AHLTA system.

To enter exclusion criteria, create a noncount telcon in AHLTA:

- Hx hysterectomy: V88.01 (Acquired absence of both cervix and uterus)





# Colo-Rectal Cancer Screenings

- 3 screening options:
  - Fecal Occult Blood Test (FOBT) – every year
  - Flexible Sigmoidoscopy – every 5 years
  - Colonoscopy – every 10 years
- Virtual Colonoscopy (VC):
  - The PopHealth Portal identifies patients who had a VC.
  - VCs *are not* HEDIS-compliant. Listed for informational and customer-service purposes only.



To enter exclusion criteria, create a noncount telcon in AHLTA:

- Hx total colectomy: v45.8



# Asthma Control

- Educate providers on the difference between a formal diagnosis of asthma and asthma-like symptoms/Reactive Airway Disease. If they're not formally diagnosing as asthma, don't code the diagnosis, just document the patient's symptoms.
  - 519.9: Unspecified disease of the respiratory system (RAD)
  - 493: Asthma



## Diabetes Measures

- Prevent patients who do not have diabetes from appearing on your Action List
  - Improper coding will contaminate the list
  - Providers and coders work together to correctly code
- Interdisciplinary teams are best practices
- Implement Standing Orders for labs and eye exams and create diabetes lab sets to ensure all labs are completed
- Work with PCMs:



Do you know the HEDIS measures?

- ✓ Educate other providers about HEDIS goals. HEDIS LDL is < 100
- ✓ HEDIS is a performance measure and patient co-morbidities will dictate appropriate control



Do your providers properly differentiate pre-diabetes diagnoses from diabetes (250)? Gestational diabetes?



To correctly code gestational diabetes, use 648.8, pre-diabetes 790.29, impaired fasting glucose 790.21, and glucose intolerance 271.9



# Diabetes A1C Screening

- Where are your patients with diabetes receiving care?
  - A1C Screens completed in the network appear in the PopHealth Portal (lab *values* do not).
  - What kinds of diabetes education is offered?
  - Use Action Lists to reach out to patients who will need a screening in the upcoming 1-2 months.
  - Use a standard order template so a patient is sure to get all labs, foot exam and eye exam.
- ❓ Can patients with diabetes be re-captured from the Network and seen in direct care?
- This ensures their labs will be completed on-site and lab values will be seen in the PopHealth Portal
  - Gives providers opportunities to educate and manage patients



# Diabetes A1C Control

- Network labs appear as null values in the PopHealth Portal. This translates to failing.
- Some MTFs ask patients with diabetes who see network providers to come to the MTF to complete their labs.
  - The MTF notes that lab results should be sent to the MTF and the network provider
- Network lab results can be documented in the historical procedure section of AHLTA , then transferred to the CDM and eventually will be pulled into the Portal.
- Control < 9 is being measured and rewarded with PBAM.

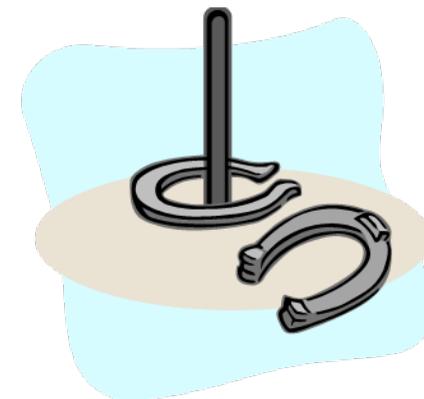


The Diabetes Educator at Ft. Eustis distributes all of the glucometers from her office. This ensures patients receive a lesson in properly using the device.



## Diabetes LDL<100

- Form Interdisciplinary Teams to better manage patients
  - Clinical Pharmacists
  - Diabetes Educators (Nurses, Dieticians)
  - Diabetes Case Managers
- Teams work together to get patients' LDL in control
  - Pharmacist runs Lipid Clinic
- Diabetes Educator/Diabetes Case Manager to recommend med changes to PCM
- Lowering LDL isn't good enough, need to get below 100 to count for HEDIS



Ft. Campbell's clinical pharmacist works closely with patients with diabetes to monitor and alter their medications. This removes unwanted variance that can occur when different providers change the patient's medication.



# Missing Metrics

Examples of why this occurs:

- Colonoscopy completed at VA- no claim sent to TRICARE
- A1c and LDL tested at network provider – no results included in claim
- Patient with other health insurance (OHI) has mammogram outside of an MTF- OHI pays the claim, no claim sent to TRICARE
- Pap smear done by host nation provider- coded encounter does not flow to M2 or MHSPHP



# Using Historical Procedures or Other PMH in AHLTA

Slides online at:

<https://www.gmo.amedd.army.mil/HEDIS/HEDIS.htm>

Look in the AHLTA menu

or

DCO Classes available upon request.

POC:

[Evelyn.Patterson@amedd.army.mil](mailto:Evelyn.Patterson@amedd.army.mil)

Using Historical  
Procedures\* to  
Capture HEDIS data

22 June 2009

\*In AHLTA 3.3 the module is called "Other Past Medical History (PMH)"



# Pneumovax

- Allow patients to walk-in for the vaccine
- Outreach- call or send letters to unvaccinated patients
  - Invite them to come for the vaccine
  - Allow them to respond with vaccination date (then transcribe into AHLTA)
- Make the vaccine convenient- locate it near Primary Care
- Issue standing orders
- Encourage Nurses to own this measure
- Move vaccinations from eImmune and paper records to the Immunization Module of AHLTA
- Manage TRICARE Plus enrollment





## Pneumovax

- Document a refusal when the patient, after being educated, states that they do not want to receive the vaccine.
- Document this in the Wellness Module

**Edit Pneumococcal vaccination**

Status:  Completed  Ordered  Refused

Clinician: \_\_\_\_\_

Service Information:

Type: Pneumococcal vaccination Date: 05/29/2007  Estimated

Comments:

Coded: \_\_\_\_\_ Information Source: \_\_\_\_\_

Freetext: \_\_\_\_\_ Admin. Location: \_\_\_\_\_

System: \_\_\_\_\_

Save Cancel

**Select History Type**

Wellness Type

- Ocular Prophylaxis at Birth
- Osteoporosis Wellness Reminder
- Papanicolaou (PAP Smear) Screening
- Parainfluenza-3
- Passive Smoke Counseling
- Phenylalanine Screen
- Platelets (PLT)
- Pneumococcal
- Pneumococcal - Pediatric
- Pneumococcal vaccination
- Prescription for Hearing Aids
- Prescription glasses (2 Pair)
- Prescription Mask Inserts (1 Pair)
- Problem Drinking Assessment

OK Cancel



# Pneumovax- Lessons Learned

## Laying the foundation. . .

- Central Data Systems- building confidence in the systems
- Teamwork- different departments working together
- Progress- showing change is possible
- Feedback- monthly feedback to DCCSes and Analysts
- Rewards- awarding for clinical priorities



## HEDIS Best Practices Tool Kit

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**Link:**

**<https://www.QMO.amedd.army.mil>**

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# HEDIS® Methods and Approaches



- Access by clicking “HEDIS®” from the QMO Main Menu
- On the HEDIS® Best Practice Home Page, click on the menu on the top left hand side and select any topic of interest
  - Basics
    - Information on the Portal, Command Management System and HEDIS®, Balance Score Card
  - Outreach
    - Sample Patient letters, phone scripts and postcards
  - Enrollment
    - DEERS information, Enrollment Policies, sample change of enrollment letters, CHCS queries
  - Data Management
    - CAC protected for data management reports



## Continued

- AHLTA
  - Information on Bidirectional Health Information Exchange, creating registries
- Measure Specific
  - Asthma, Diabetes, Pneumovax, and Cancer Screening for Breast, Cervical, and Colo-rectal
- Coding
  - Portal inclusion/exclusion codes, new hysterectomy codes, coding links
- Personnel
  - Job descriptions
- Medical Management
  - Brochure on case management and disease management
- There will be continuous updates to the online tool kit so have staff keep checking





- Basics >
- Outreach >
- Enrollment >
- Data Management >
- AHLTA >
- Measure Specific >
- Coding >
- Personnel >
- Medical Mgmt. >
- CPG Home Page
- OMO Home Page

**METHODS AND APPROACHES TO IMPROVING HEDIS**

Welcome HEDIS Info. CPG List

**Welcome to the HEDIS home page.**

**Information can be access from the menu on the left**

**as well as the tabs on the top of this panel.**

**Click here to join the HEDIS email distribution list.**



Click on the Shopping Cart to visit our on-line shopping system available to Army, Air Force and Navy facilities to replenish supplies of the Clinical Practice Guideline Tool Kits.

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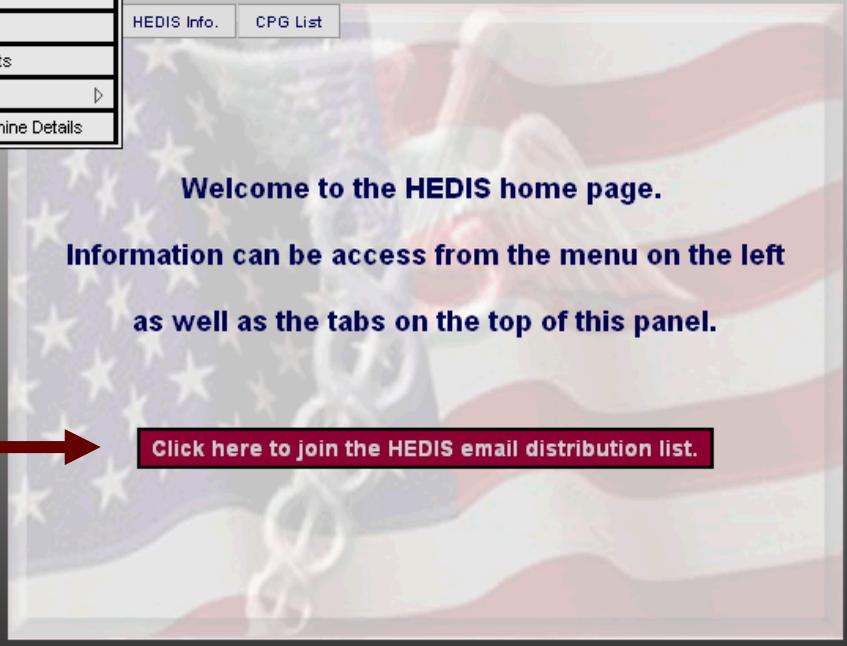
changes to your account  
questions about orders  
forgotten passwords, etc.

- Basics
- Outreach**
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- QMO Home Page

- Letters
- Postcards
- Phone Scripts
- Email
- Folding Machine Details

**METHODS AND APPROACHES TO IMPROVING HEDIS**

[HEDIS Info.](#) [CPG List](#)



  
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## METHODS AND APPROACHES TO IMPROVING HEDIS

Welcome Sample Letters More Samples

Click on a sample letter below to view / download. . .

### Breast CA Screening

DHCN - Mammo  
 DHCN - Mammo Out of Area  
 CRDAMC Mammo Letter  
 BACH - 2nd Recall  
 BACH - 6 Month Follow-Up  
 BACH - 6 Month Recall

### Colorectal CA Screening

DHCN - Colon Cancer  
 DHCN - Colon CA - Out of Area  
 BACH - Colorectal  
 BACH - Colorectal Repeat  
 CRDAMC - Colon Cancer  
 CRDAMC - Thank You

### PneumovaxScreening

DHCN - Pneumovax®  
 DHCN - Pneumovax® OOA  
 BACH Pneumovax®

### Breast and Cervical Screening

DHCN - Both Pap AND Mammo  
 DHCN - Both Pap and Mammo - Out of Area

### Cervical CA Screening

DHCN - Pap  
 DHCN - Pap Out of Area  
 BACH - Pap

### Diabetes Screening

CRDAMC - Screening  
 MACH - Diabetes Care



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- CPG Home Page
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- Historical ➤
  - Policy 10-026
  - Using Historical ←
  - AHLTA Phrases
- Creating Registries
- BHIE Brief
- Wellness Business Rules
- 838 Information

**METHODS AND APPROACHES TO IMPROVING HEDIS**

Welcome Training Event HEDIS Info. CPG List

**welcome to the HEDIS home page.**

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# HEDIS® Methods and Approaches



Questions?



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