



ARMY MEDICINE
Serving To Heal...Honored To Serve

Healthcare Effectiveness Data Information Set (HEDIS®) Methods and Approaches

Office of Evidence-Based Practice
Quality Management Division
US Army Medical Command
Fort Sam Houston, Texas 78234
1 August 2012

WORK IN PROGRESS



Objectives

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



HEDIS®



- HEDIS® = Healthcare Effectiveness Data Information Set
- Set of precisely defined measures using standardized methodologies applied to a broad range of health conditions
- Data submitted by commercial U.S. health care plans
- DoD does not submit data for inclusion in NCQA public reports
- Reports are used to measure quality performance
- Presented in percentages and percentiles that are published annually; administered by the National Committee of Quality Assurance (NCQA)

www.NCQA.org



Overarching Success 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!

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The HEDIS[®] Stool





Command Support

- Commander support of quality performance 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
 - Authorizes investment and spending
 - Allocates PBAM awards





Nursing Support

- Nursing contributions to best practices
 - Identify ways to improve use of evidence-based practices 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
 - Assist in booking future screening appointments
 - Look at patients with upcoming appointments– what screenings do they need?





Provider Contributions



- Own your panel and your panel's data
- Document what you need to have the test/visit "count"
- Choose correct codes in AHLTA
- Work with coders to ensure all work is captured and counted
- Educate and counsel patients about the benefits of preventive care interventions and the importance of good control of chronic conditions such as asthma, diabetes, hypertension



Support and Administrative Staff

- **Administrative Staff (Population Health)**

- Oversee outreach (bringing patients in) and inreach (touching patients already scheduled)
- Own, manage and distribute Action Lists; (dependent on MTF resources)
- 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 lists 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



Support and Administrative Staff

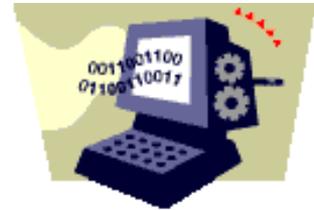


- **Front Desk Clerks and Support Staff**

- 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 adherence
- Update coding templates with new code sets
- Assist PCMs by identifying encounters that are 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 an analyst with Access/Excel skills, CHCS access and HIPAA training



Inreach

- Don't miss an opportunity when the patient is in the building! Take care of as many screenings/tests as possible when that patient is on site.
- Know who is coming in for appointments--not just PC appointments, but specialty visits too
- If nothing else, schedule them for any remaining screenings before they leave



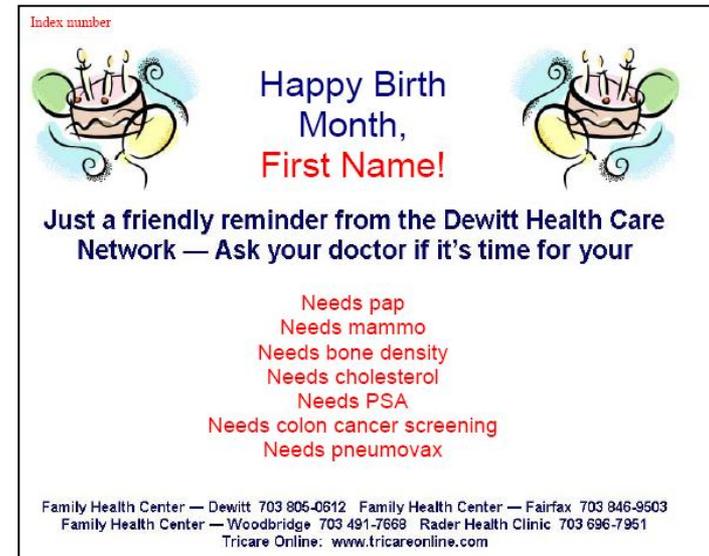
Are there ways for the MTF staff to assist in patients with scheduling screenings that must take place at a network facility?

Then monitor and track.



Mail Outreach

- Birth month cards
 - General reminders about all HEDIS® screenings
- Personalized letters
 - State 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**





Mail Outreach (cont)

- Let Microsoft do the work!
 - Download Action Lists into Access/Excel
 - Mail merge Excel lists into Word
- Populate with patient-specific data
- Does someone have a letter folding machine for use



 Ft. Drum completed thorough research when choosing their folding machine to ensure efficiency and full capabilities

Secure Messaging technology and capability is on the way!



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!)



**Many MTFs is using AudioCare Communicator to contact patients.
Record PCMs voice on the automated messages!**

**Patient can now push a 1 or button and the line is transferred central
Appointments for them to be scheduled right then!**



Scheduling and Templates

- **How far in advance can patients schedule?**
- **Scenario:**
 - Pt: “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.”
 - Clinic: “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?
- How can the team be more patient-centered?



Navy Best Practice

- At Naval Health Clinic 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 AudioCare system
 - Marketed effects on access to care with no-shows
 - Increased accountability of Active Duty to make appt



Controlling Enrollment



- Partner with Managed Care
 - Identify deceased enrollees
 - Identify enrollees with out-of-area addresses
 - Managed Care works to manage TRICARE Plus enrollment
- Review TRICARE Plus Enrollment
 - Listed on all MHSPHP patient lists, but no longer in HEDIS[®] monthly reports
 - 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>

The screenshot shows the TRICARE Beneficiary Web Enrollment (BWE) interface. At the top, there is a navigation bar with 'Home', 'Log Off', and 'Help' links. The user's name, 'Sara Bentley', is displayed. A 'Please Note' section contains a warning about updating addresses for family members. Below this is a table with columns for Name, Relation, Enrolled, Selected Plan, and Primary Care. The table lists Sara Bentley as a Sponsor who is Not Eligible. A legend at the bottom provides icons for various actions: Create New Enrollment, Request Enrollment Card, Disenroll, Change Primary Care Manager, Cancel Pending Enrollment, Cancel Pending Pcm Changes, and Edit/Update Address.

Name	Relation	Enrolled	Selected Plan	Primary Care
Sara Bentley	Sponsor	Not Eligible		

 **Who at your facility is best to confirm a beneficiary's address? Designate as responsibility to Appointment Clerks? Front desk staff?**



Tricare Update Helped

- In FY09, the MCSC assisted MTFs in fixing mis-enrolled beneficiaries
- Contractors contacted Prime beneficiaries who exceed the drive time and/or mileage limits particular to each MTF and re-enrolled them elsewhere
- Addressed the problem of: “This beneficiary on my MHSPHP List doesn’t live here? What do I do?”



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The Measures

**BLUF: Re-engineer command/clinic processes
to make rendering quality care easier**



Breast Cancer Screening

% of women continuously enrolled in TRICARE Prime, age 42-69, who had a mammogram in the previous 24 months

- Review your mammography scheduling practice
 - Enable patients to self-refer
 - Insufficient evidence to require clinical breast exam first
<http://www.uspreventiveservicestaskforce.org>
 - Does the network require an MD's signature on the referral?
Observe protocols.
- Enrollees with a documented history of bilateral mastectomy will appear in the QuickLook sheet with a date for the clinical preventive service set to "MASTECT"



Mammograms



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



Ft. Hood has nonclinical staff enter orders for mammogram, signed by a privileged provider (pharmacist) and used facility approved protocols that include education for patient notification letters. 15 women were identified with breast cancer as a result of this screening initiative!



**To enter exclusion criteria, create a noncount telcon in AHLTA:
Hx of bilateral mastectomy: v45.71 3 (DOD Extender code- military specific).**



Cervical Cancer Screening

% of women continuously enrolled in TRICARE Prime, age 24-64 years, who had cervical cancer screening in the past three years

- Care team to identify patients with upcoming appointment who need a pap smear, so PCMs can then 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
 - 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.



Cervical Cancer Screening

- Watch for updated procedural codes. Do these codes need to be updated in your local AHLTA system?
- Enrollees with a documented history of hysterectomy and no residual cervix appear in the QuickLook sheet with a date for the clinical preventive service set to “HYSTER.”
- Don't miss opportunities! Complete a pap smear during urine pregnancy tests, UTI, and Chlamydia screening visits



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

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



Chlamydia Screening



% of women continuously enrolled in TRICARE Prime age 16-24 that are sexually active and have had Chlamydia screening in the past 12 months

- Women are identified as sexually active by using encounter/claims data and pharmacy data. Although two methods are used to identify the eligible population, a woman only needs to be identified by one method.
- MHSPHP patient list limited to display Active Duty women only. Related to sensitivity issues of outreach to teenage cohort.
- MHSPHP aggregate reports include all HEDIS[®] eligible patients
- Patient lists are not updated nightly with Direct Care testing. No option for exclusions available to date.



Colorectal Cancer Screening

% of adults enrolled in TRICARE Prime, age 51-75, who had appropriate colorectal cancer screening

- **Screening intervals vary according to the method of screening**
- **3 screening options:**
 - Fecal Occult Blood Test (FOBT) – every year
 - Flexible Sigmoidoscopy – every 5 years
 - Colonoscopy – every 10 years
- **Virtual Colonoscopy (VC):**
 - MHSPHP identifies patients who had a VC
 - VCs *are not* HEDIS[®]-compliant. Listed for informational and customer-service purposes only.
- **Enrollees with a documented history of total colectomy or colorectal cancer appear in the QuickLook prevalence report with a date for the colonoscopy set to TOTAL COLECT**



Asthma Control

% of enrollees continuously enrolled in TRICARE Prime, age 5–64, with persistent asthma, who are prescribed medications considered acceptable as a primary therapy for the long-term control of asthma

- Study and understand the measure specifications/reports
- 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

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

Do they know the HEDIS® measures?



- ✓ Educate all staff about HEDIS® goals. HEDIS® LDL is < 100
- ✓ HEDIS is only a performance measure; patient co-morbidities will dictate appropriate control



- ✓ Tests are pulled by test name and/or CPT codes by MHSPHP
- ✓ If MTF changes name, please verify data reaches MHSPHP



To correctly code gestational diabetes, use 648.8, **NOT** 648.0

Pre-diabetes 790.29, impaired fasting glucose 790.21,
and glucose intolerance 271.9



Diabetes A1c Screening

% of patients enrolled to TRICARE Prime with Type 1 or Type 2 diabetes, age 18-75, with at least one A1c test during the past year

- Where are your patients with diabetes receiving care?
- A1C Screens completed in the network appear in MHSPHP, but not lab *values*
- What kinds of diabetes management is offered?
- Use MHSPHP 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



Watch for patients with diabetes who are re-captured from the Network and seen at MTF. Ensures their labs will be completed on-site and lab values will be seen in the MHSPHP and gives providers opportunities to educate and manage these patients



Diabetes A1c Control

% of patients enrolled to TRICARE Prime with Type 1 or Type 2 diabetes, age 18-75, with most recent A1c value < 9.0% or no A1c test during the past year

- Network labs appear as null values in the Pop Health Portal. This translates to failing performance.
- Some MTFs ask patients with diabetes who see network providers to come to the MTF to complete their labs
 - Lab results should be sent to the MTF and the network provider
- Network lab results should be documented in the historical procedure section of AHLTA for a more complete patient record. Can also note in MHSPHP.
- Control = or < 9 is being measured and rewarded with PBAM



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 mg/DI

Percent of patients enrolled to TRICARE Prime with Type 1 or Type 2 diabetes, age 18-75, with most recent LDL-C value < 100 mg/dl.

- Develop 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
- Enrollees with no test on record will be assumed to be above 100 mg/dl in MHSPHP reports



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.



Well Child Visit First 15 Months of Life

% of children continuously enrolled to MTF or Network Prime PCM who reached the age of 15 months during the measurement period and had expected number of Well-Child visits during the first 15 months of life

- Numerator includes the number of children who received 6 or more well-child visits (Primary Provider) during the first 15 months of life
- HEDIS[®] does not have any criteria for *when* the encounters occurred. Considered a 'use of services' measure.
- Children in the HEDIS[®] metric are currently 15-27 months old (turned 15 months old in the last year), so patients on MHSPHP list are not part of metric reports
- AMEDD is using benchmark for > or = 6 visits
- Measure is now be ii PBAM reports using MHSPHP aggregate counts (@19K children across Army)



Well-child visits is now a maturing measure and presents opportunity for improvement . Examine work processes in clinic to improve scheduling and capture of visit documentation.



Other Healthcare Measures

BLUF: Re-engineer command/clinic processes
to make rendering quality care easier



Pneumovax

- Vaccine
- Minimizes severity of pneumonia in immunized patients
- Administered to beneficiaries age 65+
- MEDCOM began Pneumovax campaign in September 2006
- Literature indicates Pneumococcal immunizations are have one of the greatest return on investment of preventive efforts
 - *Low cost, high reward*
- Minimizing pneumonia benefits:
 - Patients: Fewer or shorter admissions
 - Health Care System: Minimized treatment costs



Pneumovax – Lessons Learned

- 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
- Target TRICARE Plus enrollment



Newer Measures (Immature)

- **Antidepressant Medication Management**
 - Effective Acute Phase Treatment
 - Effective Continuation Phase Treatment
- **Cholesterol Management / Patients with CVD Conditions**
 - % cardiac pts enrolled to MTFs who received LDL-C screening
 - %cardiac pts enrolled to MTFs who's LDL-C is controlled (<100 mg/dL)
- **Mental Health Follow-up After Hospitalization**
 - Strictly an aggregate measure and does not include an Action or Prevalence List. Inpatient data is too old to provide useful list of patients.
- **Low Back Pain Imaging**
 - Metric measures pts with NEW low back pain diagnosis who did NOT get radiographic imaging.
 - Goal of metric is to encourage NO imaging in first month of diagnosis



HEDIS[®] Best Practices Tool Kit

Link:

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



HEDIS[®] Tool Kit

- Access by clicking “Pop Health/HEDIS” from the QMO main menu
- On the HEDIS[®] best practice home page, click menu on the top left hand side and select any topic of interest
 - **Basics**
 - Information on the MHSPHP Care Point, Command Management System and HEDIS[®], Balance Score Card
 - **Outreach**
 - Sample Patient letters, phone scripts, Audiocare and postcards
 - **Enrollment**
 - DEERS information, Enrollment Policies, sample change of enrollment letters, CHCS queries



HEDIS[®] Tool Kit

– AHLTA

- Information on Bidirectional Health Information Exchange, creating registries

– Measure Specific

- Asthma, Diabetes, Pneumovax, and Cancer Screening for Breast, Cervical, and Colo-rectal, Well Child Visits

– Coding

- Portal inclusion/exclusion codes, new hysterectomy codes, coding links

– Personnel

- Job descriptions

– Medical Management

- Promotional material on case and disease management



Periodic updates are added to the online tool kit, so keep checking back



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HEDIS

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We have large quantities of information to publish, and desire to make this your source for the latest information from our office.



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Risk Management

- Basics ▶
- Outreach ▶**
- Enrollment ▶
- Data Management ▶
- AHLTA ▶
- Measure Specific ▶
- Coding ▶
- Personnel ▶
- Medical Mgmt. ▶
- CPG Home Page
- QMO Home Page

- Audio Communicator ▶
- Letters
- Postcards
- Phone Scripts
- Email ▶
- Folding Machine Details

METHODS AND APPROACHES TO IMPROVING HEDIS

- Training Event
- 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.



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Discussion Time

