

Health Plans Bear Down on Quality, HEDIS Scores Improve Dramatically

In past years, the National Committee for Quality Assurance has used the annual release of its "State of Managed Care Quality" report to goad health plans into better HEDIS performance. Plans that do well are stroked; minimal improvement is called not good enough; and those that do not participate in HEDIS, that are not accredited by NCQA, or that do not report their HEDIS data publicly are excoriated. But this year, NCQA abandoned the bully pulpit in favor of praising the HMO industry as a quality-improvement success story to be told. Here's part of that story.

Improvement in HEDIS measures, 1999–2000

This year's *State of Managed Care Quality* report indicates noticeably greater health plan adherence to HEDIS standards. Average scores of 372 participating HMOs and point-of-service plans improved for many measures, both old and new.

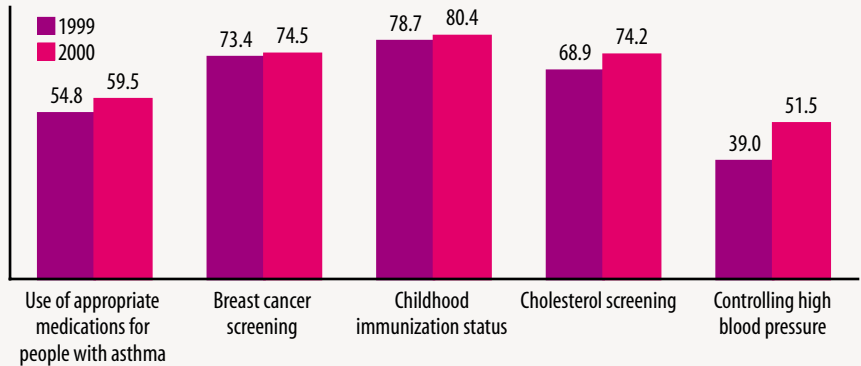
Significantly, there is notable improvement in performance on the comprehensive set of diabetes measures that was introduced two years ago. Reflecting on the sharp increase in rates of testing diabetic patients for kidney microalbuminuria, Sheldon Greenfield, MD, professor of medicine at Tufts University, says, "One of the great values of HEDIS is that it helps to educate physicians about new clinical findings."

Performance variation among plans decreases

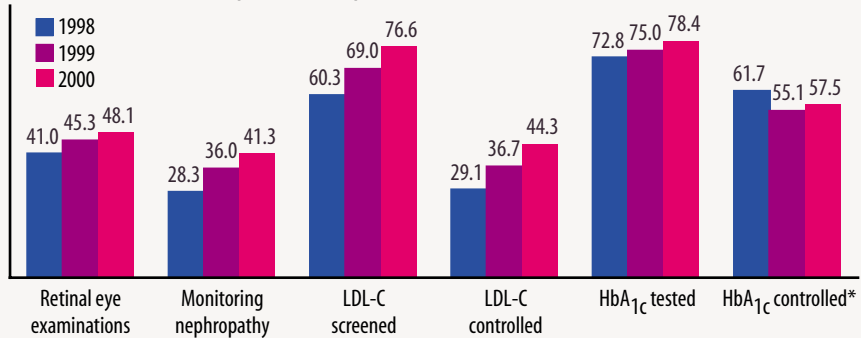
Perhaps even more encouraging than any single-year improvement in HEDIS is that for many measures, the gap between the worst participating health plans and the best is narrowing. But while 90th- and 10th-percentile scores indicate strong improvement at the lower end, NCQA President Margaret O'Kane warns that there is only so far most health plans can go. "This story is not just about the accountable HMO," she says, noting that HEDIS will soon involve providers more directly.

Sustained quality improvement is best achieved by a cohesive health care system, she says, and should not be placed solely "on the backs of the HMO industry."

Average compliance of 372 plans (best score = 100 percent compliance with HEDIS measure)

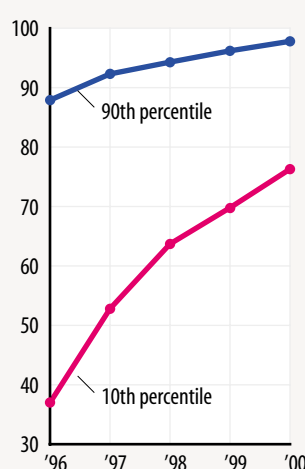


Diabetes-care measures (mean scores)

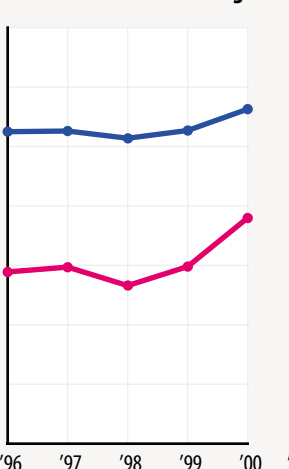


*Scores for HbA_{1c} control are inverted here for easier comparison. HEDIS measures percentage of members whose HbA_{1c} levels are not controlled to <9.5 percent; therefore, a lower HEDIS score is desirable. In "State of Managed Care Quality," the average score on this measure was 42.5.

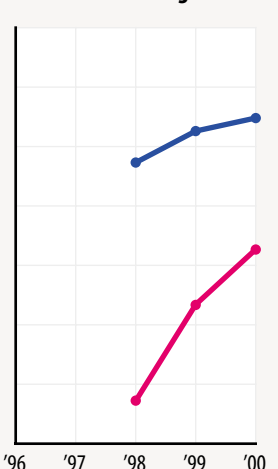
Beta blocker treatment



Cervical cancer screening



Cholesterol management

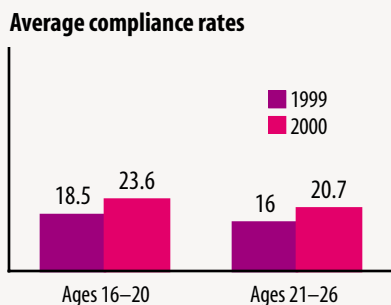


General improvement, but there are important exceptions

For all the improvement in HEDIS, NCQA acknowledges that it would like more movement in some areas — particularly two where taboos and stigmas may prevent improvement.

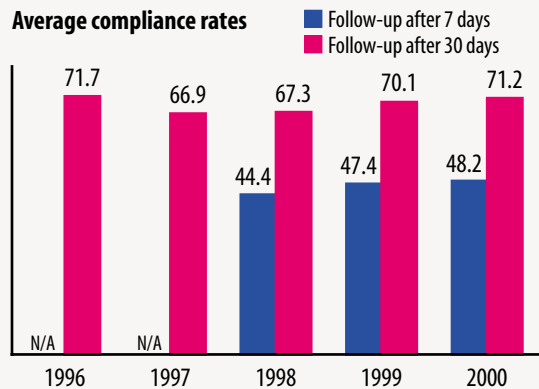
Chlamydia screening

Last year was just the second that NCQA asked health plans to measure chlamydia-screening rates for sexually active women ages 16–26. Even with the first year tossed out, rates remain extremely low. Reasons may vary — from teenage patients being unwilling to submit to testing out of fears that parents will learn about their sexual activity to physicians being reluctant to offend patients by suggesting a test. Chlamydia is the most common sexually transmitted disease in the U.S., and NCQA hopes that greater awareness will lead to improvement. Screening all sexually active women age 18–24 would prevent 140,000 cases of pelvic inflammatory disease annually. For health plans, there's a real financial incentive: \$45 saved annually per member screened.



Follow-up after hospitalization for mental illness

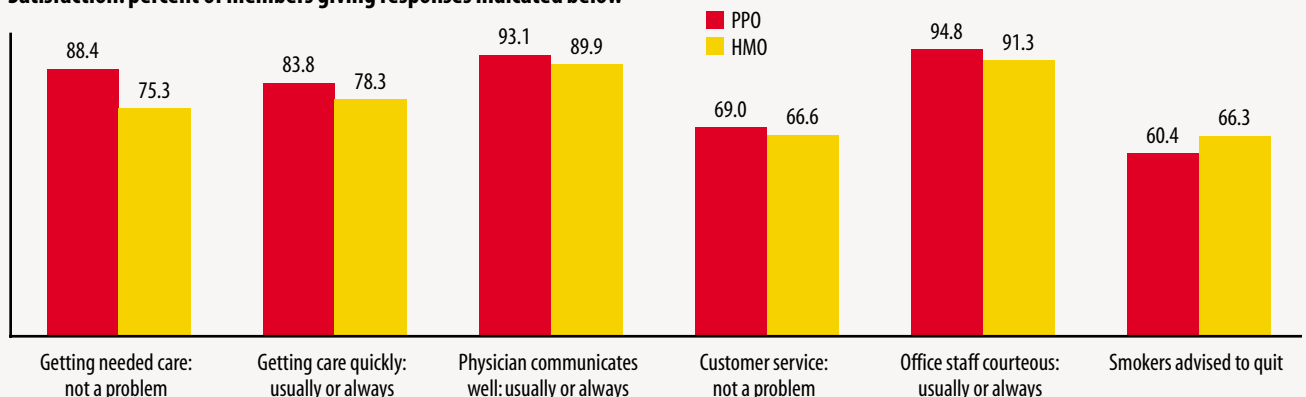
One of the original HEDIS measures, this has shown virtually no change since the first “State of Managed Care Quality” report in 1997. It indicates the percentage of health plan members who had outpatient follow-up visits at 7 and 30 days after being discharged from a hospital for treatment of depression, attention deficit disorder, personality disorders, or schizophrenia. The culture of behavioral health care may be in part to blame: Most care is carved out, creating coordination issues. In addition, the stigma of mental illness creates privacy barriers that prevent clinical information from being shared. Improvement could reduce indirect costs for mental disorders, which totaled \$79 billion in 1990.



How about PPOs?

PPOs’ many structures and varied functions make them difficult to assess in a HEDIS-style document, but NCQA is trying. Recently, NCQA announced an accreditation program for PPOs; it also began offering PPOs an opportunity to participate in its Consumer Assessment of Health Plans Survey, which also is administered to HMOs through HEDIS. The first NCQA-released data about PPOs indicate mean scores for 27 PPOs, four of which have earned NCQA accreditation. Because of the relatively small sample size, these 27 may not necessarily be representative of PPOs in general.

Satisfaction: percent of members giving responses indicated below



SOURCE: “STATE OF MANAGED CARE QUALITY,” NATIONAL COMMITTEE FOR QUALITY ASSURANCE, WASHINGTON, 2001