NC HealthConnex
Powering Health Care Outcomes

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

HIE Medicaid Services Program Digital Quality Measures Use Case

What is the HIE Medicaid Services Program?

The HIE Medicaid Services (HMS) Program is a joint effort between the North Carolina Health Information Exchange Authority (NC HIEA) and the North Carolina Department of Health and Human Services (NCDHHS) Division of Health Benefits (DHB). The goal of this partnership is to leverage NC HealthConnex, North Carolina's state-designated health information exchange, to support NC Medicaid's quality, population health and care management efforts by improving data exchange. Currently, this work focuses on three main use cases:

1. **Digital Quality Measures (dQMs)**
2. **Health-Related Social Needs (HRSN) Screening**
3. **Care Management Data**

What is the Value of the dQM Use Case?

1. **Align with Emerging Standards:** Help providers align with the Centers for Medicare & Medicaid Services' (CMS) Digital Quality Measure Strategic Roadmap, meet federal interoperability goals (e.g., ONC 21st Century Cures Act) and comply with electronic clinical quality measure (eCQM) requirements for Accountable Care Organizations in the Medicare Shared Savings Program.

2. **Reduce Administrative Burden:** Reduce the number of interfaces providers must create and maintain to transmit data to Medicaid health plans for quality performance.

3. **Improve Gap Reporting:** Providers will receive a single, consolidated care gap report that encompasses all of their Medicaid patients that can inform their quality improvement and patient outreach activities.

4. **Enhance Performance in Value-Based Payment Arrangements:** Improve the collection of clinical data from providers' electronic health records (EHRs) to support better, more complete quality measure results that can result in increases in quality measure performance for value-based payment arrangements.[1]

Vision for the dQM Use Case: Leverage NC HealthConnex to improve the accuracy, timeliness, and ease of collecting, calculating and sharing quality measure performance information.

[1] Research suggests that access to a robust HIE improves performance in quality metrics for participants in value-based payment arrangements. See Porreca D and Yaraghi N. The Impact of Population Health Analytics on Health Care Quality and Efficacy Among CPC+ Participants. Milbank Memorial Fund. October 6, 2022.

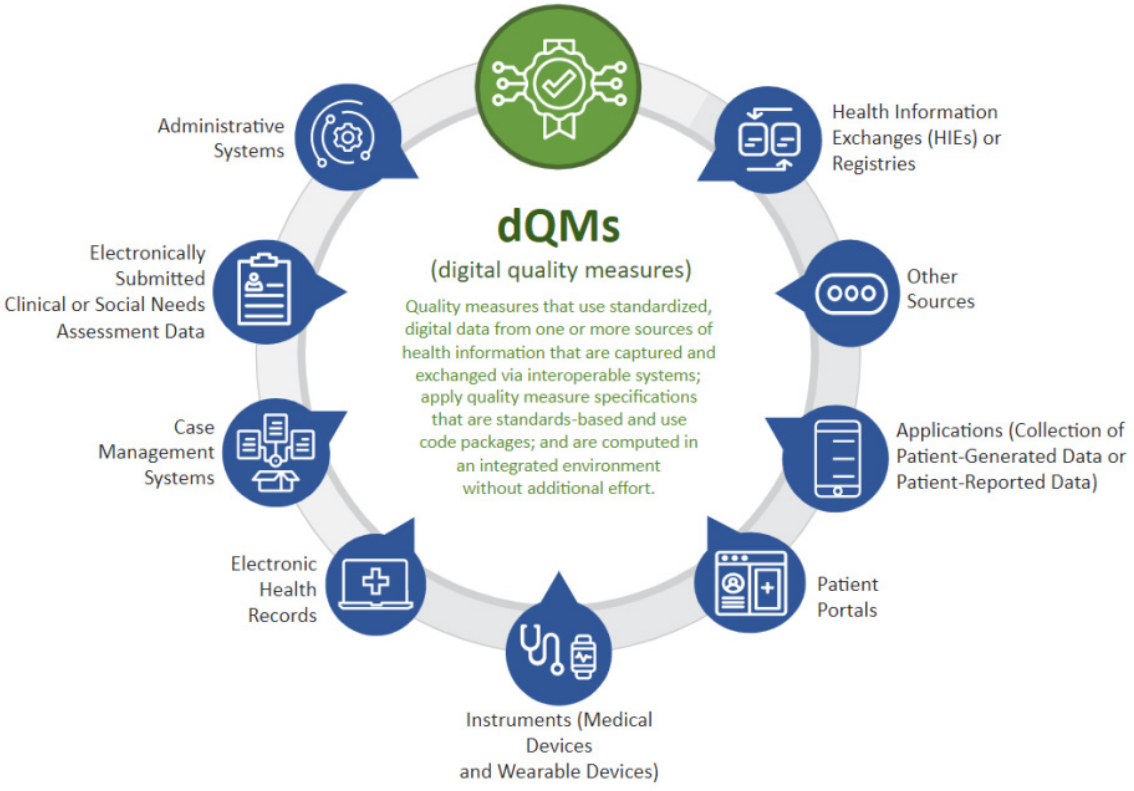
What are Digital Quality Measures?

Quality measures are tools that allow for the measurement of processes, outcomes, structures and patient perceptions that are associated with the provision of high-quality health care.[2] NC Medicaid, health plans and health care providers use quality measures to:

- Understand the type of care provided to beneficiaries
- Monitor and improve health outcomes
- Evaluate the success of new programs and policies
- Transform service delivery (e.g., value-based payment arrangements)

Digital quality measures are emerging as the new standard for measuring quality and health outcomes using standardized digital data that comes from multiple health information sources (see Figure 1). These measures rely on interoperable data systems, summarizing a vast amount of data that reside in disparate sources, providing patient-specific and population-level insights. Benefits of dQMs include reduction in administrative burden, improved accuracy and comparability, and more timely results.[3]

Figure 1. Sources of digital data for dQMs[4]



[2] For more information on quality measures, see the CMS page on Quality Measures.
[3] For more information on the benefits of dQMs, see the page Why Digital Quality on the NCQA website.
[4] Figure from the eCQI Resource Center: Digital Quality Measures | eCQI Resource Center

The Current State of Quality Measurement

Currently, quality measurement relies on administrative claims and encounter data, focusing on services rendered rather than prioritizing data that is clinically meaningful (e.g., information from EHRs). Results also have a significant lag as they are produced and shared on an annual basis. Additional challenges include:

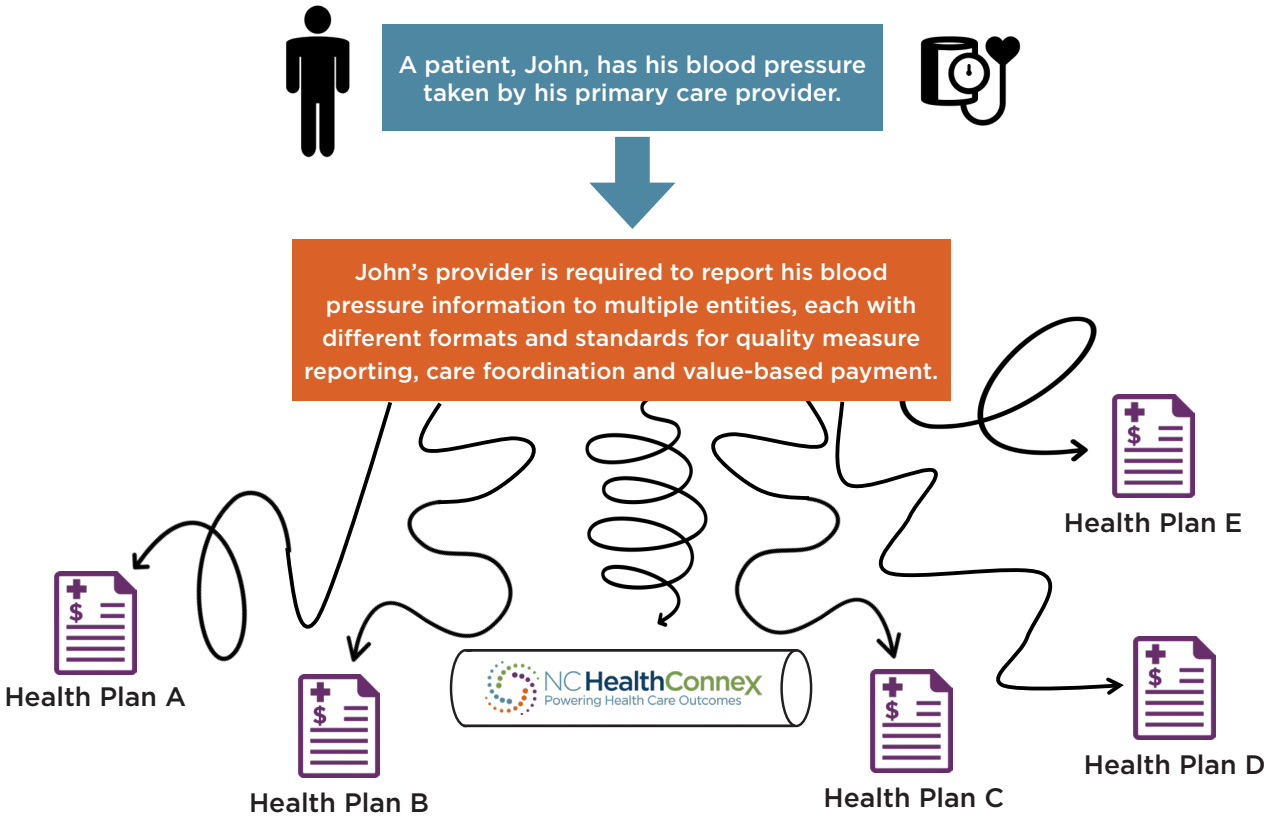
1. Data Quality – Clinical data elements are currently incomplete, non-standardized and duplicative across multiple sources. This lack of standardization limits their current usability for measurement and comparison purposes.

2. Complexity of Maintaining Multiple Data Exchanges – Exchange of quality data between Medicaid health plans and providers is often decentralized and requires many different interfaces.

3. Administrative Burden – Providers currently send clinical data extracts to multiple sources and in multiple formats (see Figure 2). For example, they may be asked to send separate reports to each of the Medicaid health plans that they contract with.

4. Lags in Care Gap Reports to Providers – Interim reports that identify gaps in care for specific patients which, if closed, improve providers' performance on key measures, suffer from time lags, data shortcomings and lack of standardization across health plans.

Figure 2. The Current State of Quality Measure Reporting Burden



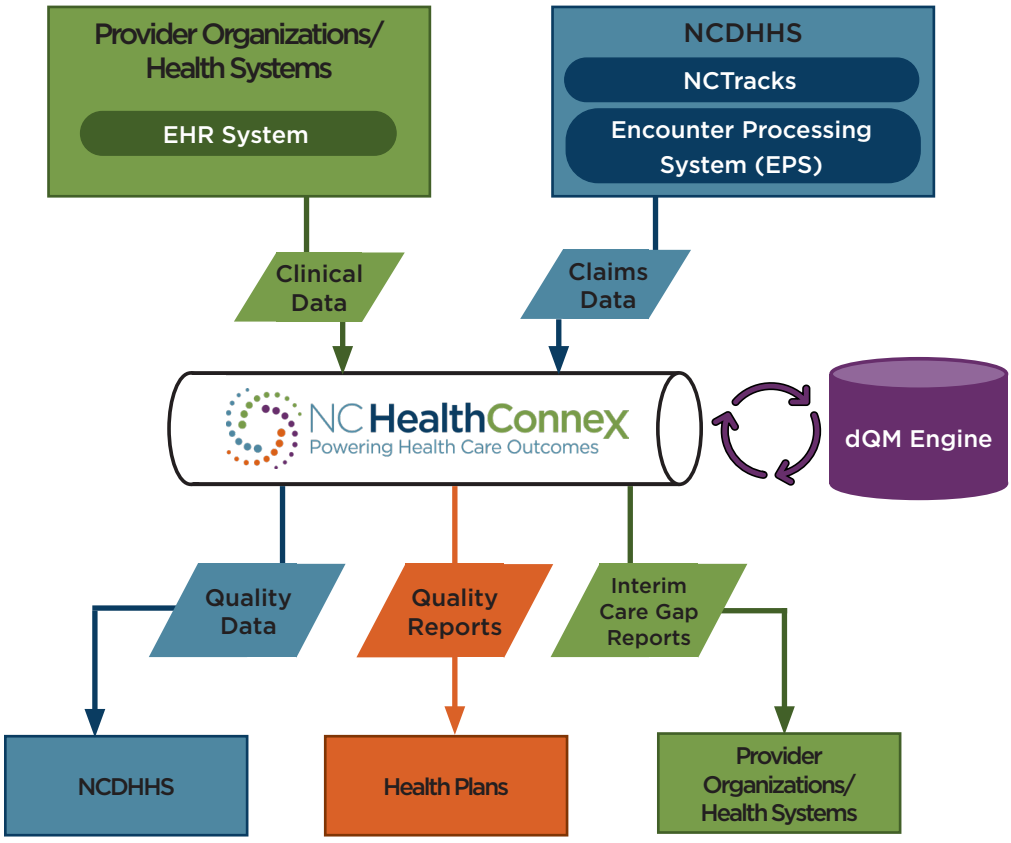
What is the dQM Use Case?

The goal of the dQM use case is to develop the capabilities to calculate a selected set of NC Medicaid's high-priority quality measures, combining both administrative data with clinical information from providers' EHRs to allow for more timely and accurate results (see Figure 3). Per the Statewide Health Information Exchange Act, health care organizations receiving state funds for care, such as Medicaid and the State Health Plan, were mandated to connect to NC HealthConnex by January 1, 2023.[5] This makes NC HealthConnex a valuable source of demographic and clinical data.

The initial priority measures for the dQM use case, including CMS Measures Inventory Tool (CMIT) numbers are:

1. Controlling High Blood Pressure (CBP) – CMIT[6] #167
2. Glycemic Status Assessment for Patients with Diabetes (GSD) – CMIT #1820
3. Screening for Depression and Follow-Up Plan (CDF) – CMIT #672

Figure 3. The Future State of the dQM Use Case



[5]For the full Statewide Health Information Exchange Act, see Chapter 90 - Article 29B; For more information on what the law mandates, see the NC HIEA webpage What Does the Law Mandate?
[6] More information about these measures can be found in the CMS Measures Inventory Tool (CMIT) page.

This use case will occur in three phases:

Phase One: Collecting Providers' Clinical Data to Inform Measure Calculation

1. Provider organizations submit demographic and clinical data that meets sufficient data quality standards to NC HealthConnex. This may necessitate technical upgrades (e.g., changes to the EHR) or workflow changes.

2. Provider organizations participate in the National Committee for Quality Assurance (NCQA) Data Aggregator Validation program. The Data Aggregator Validation program is a process by which the provider's approach to data management and exchange is approved by NCQA. This process will ensure all clinical data submitted are appropriate for use in measurement based on file format and measure specifications.

Phase Two: Calculating Quality Performance

1. Clinical data from providers' EHRs are combined with administrative data from NC Medicaid to calculate dQMs via a calculator tool.

Phase Three: Sharing Quality Performance Information with Providers, Medicaid Health Plans and NC Medicaid

1. NC HealthConnex shares the results with NC Medicaid for population health monitoring and reporting.

2. NC HealthConnex shares the results with NC Medicaid health plans to support NCQA Healthcare Effectiveness Data and Information Set (HEDIS®) reporting.

3. NC HealthConnex shares a single, standardized interim care gap report with providers that covers all of their NC Medicaid patients.

Alignment with Other Initiatives

Evolving Interoperability Standards

As the interoperability landscape continues to evolve, alignment with emerging standards in the field is critical. For instance, leveraging the United States Core Data for Interoperability (USCDI) ensures that key data elements for dQMs are shared in a consistent, standardized format.[7] Additionally, adopting technical standards like HL7 FHIR (Fast Healthcare Interoperability Resources) is crucial for enabling secure and efficient exchange between systems. The dQM use case depends upon these standards to enable consistent, high-quality measurement of outcomes across systems.[8]

[7] For more information, see the Interoperability Standards Platform (ISP) page on USDCDI.
[8] Learn more from the Office of the National Coordinator for Health Information Technology fact sheet, What is HL7 FHIR?

NCQA and CMS Digital Quality Transition

In line with emerging standards and regulations, both NCQA and CMS are transitioning from traditional methods of measuring and reporting quality to dQMs. NCQA is implementing a phased approach to dQMs, introducing the electronic clinical data systems (ECDS) reporting standard for several HEDIS® measures. This transition will phase out the hybrid methodology for HEDIS® reporting – a method that combines data from administrative claims with data abstracted from patient records during a medical record review of a random sample of the eligible population – and replaces it with ECDS reporting.[9]

CMS has a goal of transitioning to dQMs for all quality measures used in its reporting programs by 2030.[10] They are shifting their focus beyond EHR-based measures, otherwise known as eCQMs, to dQMs that will incorporate information beyond what is contained in EHRs. They've published a strategic roadmap that specifies four domains that are essential to the digital transition: (1) improving data quality, (2) advancing technology, (3) optimizing data aggregation and (4) enabling measure/data/tools alignment.

The goal of the dQM use case is to develop a scalable framework that can be expanded to additional measures, ensuring that NC Medicaid and its health plans are in alignment with CMS and NCQA and well-positioned to meet upcoming requirements.

Prioritizing Quality Measures

The initial three quality measures chosen for the dQM use case – Controlling High Blood Pressure, Glycemic Status Assessment for Patients with Diabetes, and Screening for Depression and Follow-Up Plan – also appear in many additional measure sets/programs across North Carolina, including:

- NC Medicaid Advanced Medical Home (AMH) Measure Set
- NC State Transformation Collaborative (NC STC) Starter Measure Set for Multi-Stakeholder Alignment*
- NCQA Bulk FHIR Quality Coalition
- CMS Child and Adult Core Set Measures for Medicaid and CHIP
- CMS Universal Foundation
- Centers for Medicare and Medicaid Innovation (CMMI) Making Care Primary (MCP) Model

*Screening for Depression and Follow-Up Plan (CDF) is not a part of this measure set.

[9] For more information about the timeline for replacing HEDIS hybrid measures, see the NCQA's Proposed Timeline for Retiring and Replacing HEDIS Hybrid Measures.
[10] For more information on this transition, see CMS' Digital Quality Measurement Strategic Roadmap March 2022.