

# HEDIS® 2020 Commercial HMO Rates

HEDIS 2020 Commercial HMO Rates	HEDIS® 2018	HEDIS® 2019	HEDIS® 2020
<b>Antibiotic Utilization</b> (For all 3 measures, age ranges were expanded this year to include children and adults, and the measures are now episode based.)			
Appropriate Treatment for Children with Upper Respiratory Infection (Antibiotic not dispensed)	NR	NR	78.53% <sup>N</sup>
Appropriate Testing for Children with Pharyngitis (Prescribed antibiotic and received strep test)	NR	NR	75.67% <sup>N</sup>
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis/Bronchiolitis (Appropriate avoidance of antibiotics)	NR	NR	40.30% <sup>N</sup>
<b>Screenings</b>			
Breast Cancer Screening (Ages 50-74)	77.15%	80.14% <sup>C</sup>	80.86%
Cervical Cancer Screening (Ages 21-64)	69.88%	70.08%	77.93% <sup>C</sup>
Colorectal Cancer Screening (Ages 50-75)	59.31%	66.83% <sup>C</sup>	67.92%
Chlamydia Screening (Ages 16 to 24)	32.59%	32.77%	32.07%
<b>Chronic Conditions</b>			
<b>Comprehensive Diabetes Care (Ages 18-75)</b>			
HbA1c Testing	93.19%	93.19% <sup>C</sup>	95.20%
Good HbA1c Control (<8.0%)	70.07%	72.75% <sup>C</sup>	72.32%
Eye Exam	65.95%	69.10% <sup>C</sup>	66.10%
Medical Attention for Nephropathy (Nephropathy tx, microalbumin, macroalbumin, ACEI/ARB)	89.78%	89.78% <sup>C</sup>	93.22%
Blood Pressure Control (<140/80)	81.36%	86.62% <sup>C</sup>	85.03%
Controlling High Blood Pressure (Ages 18-85)	NR	81.27% <sup>N</sup>	81.92%
Asthma Medication Ratio – Total Ages 5-64 – Ratio of controller medications to total asthma medications of >=50%	74.63%	85.81% <sup>C</sup>	82.89%
<b>Pharmacotherapy Management of COPD Exacerbation</b>			
Dispensed a Systemic Corticosteroid within 14 Days of Event	89.66%	81.36%	71.95%
Dispensed a Bronchodilator within 30 Days of Event	86.21%	83.05%	90.24%
<b>Behavioral Health, Substance Use</b>			
Follow-Up After Hospitalization for Mental Illness Within 7 Days (Ages 6+)	37.07%	45.03% <sup>C</sup>	44.70%
Follow-Up After Emergency Department Visit for Mental Illness Within 7 Days	NR	54.86% <sup>N</sup>	57.14%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days	20.19%	15.94%	13.92%
Follow-Up Care for Children Prescribed ADHD/ADD Medication in the Continuation & Maintenance Phase	33.33%	31.82%	38.18%
Metabolic Monitoring for Children and Adolescents on Antipsychotics	42.11%	44.29%	41.38%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	48.98%	59.15%	61.64%
Use of Opioids at High Dosage (>90 avg MME for >15 days; Lower rate indicates better performance)	NR	NR	3.57% <sup>N</sup>
<b>Use of Opioids from Multiple Providers (Lower rate indicates better performance)</b>			
Multiple Prescribers (4 or more different prescribers)	NR	19.24% <sup>N</sup>	18.06%
Multiple Pharmacies (4 or more different pharmacies)	NR	2.88% <sup>N</sup>	1.92%
Multiple Prescribers and Multiple Pharmacies	NR	2.25% <sup>N</sup>	1.53%
<b>Risk of Continued Opioid Use (Lower rate indicates better performance)</b>			
>15 days opioids in 30 day period	NR	4.87%	3.49%
>31 days opioids in 62 day period	NR	1.45%	1.03%
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Initiated treatment and engaged in ongoing treatment within 34 days of initiation visit)	18.31%	17.25%	17.54%

*C – Trend with caution due to some changes in the specifications of the measure*

*N – Not trendable to prior rates due to changes in the specifications of the measure*

*NR – Not reported because this was a new measure or not reported here due to trending issues*

*Green font – increase compared to last year's rate; Red font – decrease compared to last year*

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# Improvement Opportunities

**Antibiotic Utilization** – HEDIS measures assess appropriate antibiotic utilization as the rate of avoidance of antibiotic treatment for acute bronchitis and upper respiratory infection. These patients should generally not receive an antibiotic unless they have a bacterial infection or a co-morbid condition. Please discuss with your patients the realistic expectations for recovery time, an explanation of why an antibiotic is not recommended for them and consider writing a prescription for symptom relief instead of an antibiotic. Discuss when they should come back if symptoms do not get better.

If the Member does have a bacterial infection or co-morbid condition, please make sure to include the appropriate diagnosis code on the claim. Members with co-morbidities are not included in these measures.

Patient education flyers and on-demand antimicrobial stewardship education modules are available on our [website](#) for your use. Posters highlighting alternative treatment options can be hung in exam rooms and other patient areas for education purposes.

**Cancer Screenings** – For colorectal cancer screening, the Plan implemented a two-phase stratification methodology to identify/verify participants eligible to be offered a FIT kit. Phase I included looking at the member's insurance coverage and age. Phase II was the "Colorectal Health Screening History" form, which the member must answer No to on all four questions to be eligible.

The Plan will continue to provide education and reminders to members about breast, cervical and colorectal cancer screenings and will provide employers with marketing materials to utilize in the work place to reinforce cancer screening recommendations as well.

Tips for improving cancer screening rates:

- Take advantage of every office visit to determine preventive services that are due and get them scheduled while they are in the office. Offer the patient information on where screenings can be completed.
- Refer to our [Preventive Health Guidelines](#), available on your provider portal, for details on how the screenings are covered per Plan type, which includes the factors of age and frequency of coverage, and encourage your patients to take advantage of these services.
- Discuss possible fears or other apprehensions the patient may have about screenings.
- Be sure to identify patients at increased or high risk. Apply screening guidelines to patients based on risk level.
- Use standing orders and empower office staff to distribute gFOBT or iFOBT/FIT kits with instructions to the patient on how to use them, or to schedule an appointment for a colonoscopy, as necessary.
- Follow up on all FIT tests not returned within two or three weeks. Pre-label kits prior to the patient leaving.
- Document exclusion criteria in the medical record for those members who do not require screening.

The American Cancer Society also offers free materials and information to help providers continue to encourage colorectal cancer screening. A link to these materials can be found on our [website](#).

**Chlamydia Screening** – Chlamydia screenings should be completed for all female patients between the ages of 16 and 24 years that have identified themselves as sexually active. Providers are encouraged to add Chlamydia screening as a standard lab for patients in that age range, as well as to look into options for adding the Chlamydia screening urine test to standard order sets in the EMR. Adolescent well care and adult well care exams are the perfect times for this screening. It may be difficult to start the conversation with your female patients about sexually transmitted diseases, but the discussion needs to happen. Women between the ages of 16 and 24 who come to you for an annual examination should be screened for Chlamydia.

**Behavioral Health** – Because primary care is most often the first place a patient seeks help, the Health Plan provides [Quick Reference Behavioral Health Cards](#) on our website, which show participating behavioral health providers available for patient referral by region. [Screening tools](#) are also available on our website for the following: Depression, Anxiety, Adult ADHD, Child ADHD, Bipolar and SSRI.

Specifically related to the above behavioral health HEDIS rates:

- Patients discharged from a behavioral health inpatient stay require a follow up appointment with a behavioral health practitioner within 7 days of discharge. To assist with compliance, follow up appointments should be scheduled prior to the patient leaving the hospital. When possible, Health Plan Behavioral Health Counselors make phone calls to inpatient facilities to arrange 7 day follow ups.

# Improvement Opportunities (Continued)

- Patients with an emergency department visit for mental illness or alcohol and other drug dependence also require a follow up appointment within 7 days. These appointments can be with any practitioner.
- Telehealth visits may be used for the above follow up appointments.
- Monitor children on antipsychotic medications to help avoid metabolic health complications such as weight gain and diabetes. Health Plan members whose children have a behavioral health diagnosis and are taking antipsychotic medications will be receiving a letter with tools for success. The letter encourages and stresses the importance of baseline labs, taking notes on medications and side effects, questions to ask their primary care doctor and therapy options to help parents and their children be successful.
- Opioid utilization is being monitored by our pharmacy benefit manager.

**Diabetic Eye Exams** – As you are aware, retinopathy is one of the most devastating complications of diabetes. Ask your diabetic patients whether they have had an annual diabetic eye exam and document the exam, results and eye care provider information in the patient's record. If the patient has not completed their annual eye exam, please encourage them to receive proper eye care and remind them the annual retinal or dilated eye exam is a covered medical benefit for Health Plan Members with diabetes. Members can contact Customer Service for coverage information. For eye care providers, there is a [Diabetes Eye Exam Consultation Form](#) available on our website that can be used to communicate eye exam results to the primary diabetes care provider.

**Blood Pressure Control** – Please remember to:

- Take blood pressure readings at each office visit, even if the office visit is unrelated.
- Repeat blood pressure later in the visit for all elevated readings.
- Provide guidance and assistance to address lifestyle issues that may be a factor.

**Provider Resources** – The following resources can be found on the [mySanfordHealthPlan provider web portal](#) and include information on HEDIS, results and tips for improving HEDIS rates.

- HEDIS Provider Guide & Toolkit
- HEDIS Results Flipbooks on the following topics:
  - Antibiotic Utilization
  - Behavioral Health
  - Cancer and Chlamydia Screenings
  - Chronic Diseases
  - Pediatrics