DATE: April 3, 2020
TO: Honorable Members of the Board of Supervisors
    Jeffrey V. Smith, County Executive Officer
FROM: Laura E. Rosas, Chief Executive Officer, Valley Health Plan
SUBJECT: Off-agenda Report, Agenda Item 5 (Part 1), ID# 100042

BACKGROUND
Under advisement from the Health and Hospital Committee (HHC) meeting on January 22, 2020 (per Agenda Item 5, ID# 100042), and at the request of Supervisor Simitian, Valley Health Plan (VHP) is providing this first of two off-agenda reports, which supplements the information in the “HEDIS Measures” and “Women’s Health Workgroup: BCS and CCS Campaigns” sections of VHP’s 2019 Annual Operational Report.

HEDIS SCORING AND REPORTING
Healthcare Effectiveness Data and Information Set (HEDIS) measures are used by health plans and regulators nationally to measure clinical and operational performance across a variety of domains. HEDIS measures are revised on an annual basis; as old measures are retired, new ones are added, while others are continued. HEDIS scores are reported no more frequently than annually. Thus, reporting does not reflect current interventions to improve performance.

For many HEDIS measures, data is analyzed over multiple years (e.g., the Breast Cancer Screening measure evaluates the number of individuals ages 50-74 who had a mammogram in the preceding 27 months, and the Cervical Cancer Screening measure evaluates the number of individuals ages 21-64 who had a pap smear in the preceding three years). This means several years of data must be looked at to evaluate the efficacy of any performance improvement project. The HEDIS 2019 results represent data from 2018 (and earlier, for measures that are multi-year, such as Breast Cancer Screening and Cervical Cancer Screening).

The raw scores of HEDIS measures are expressed as percentages (e.g., “60% of women received mammograms”), whereas the standardized scores are expressed as percentiles compared to other health plans (e.g., “the raw score of 60% of women receiving mammograms puts your health plan at the 75th percentile when compared to other health plans,” meaning that your health plan scored better than 75% of other health plans). Standardized scores vary depending on the member population: Commercial (Employer Group and Individual & Family), Covered California, and Medi-Cal. Health plans report both raw scores and standardized scores. As health plans collectively improve their raw scores over time, the percentiles change: a raw score of 60% may be at the 75th percentile one year but only at the 50th percentile the next. Hence, seemingly small changes in raw scores can result in substantial changes in percentiles.

HEDIS results can be based on administrative data alone (e.g., claims) or they can be augmented by medical record review (for a “hybrid” result). Providers do not always submit claims or use the proper codes when submitting claims, so results based on administrative data alone are typically lower than results based on hybrid reports. VHP uses a vendor to conduct the labor-intensive medical record reviews and “chart chases” needed to identify elements not captured with administrative data alone as well as more accurately meet HEDIS criteria.

Additionally, VHP engages a vendor to collect, analyze, and report HEDIS results for the Commercial and Covered California lines of business. Santa Clara Family Health Plan (SCFHP) engages its own vendor for the
Medi-Cal population; SCFHP is the Medi-Cal Managed Care Plan of Record and, therefore, is required to report HEDIS measures for this population. VHP cannot validate Medi-Cal HEDIS data because it represents the entire SCFHP membership (which includes SCFHP members not assigned to the “VHP Network”).

**HEDIS PERFORMANCE IMPROVEMENT**

VHP is dedicated to improving health outcomes for all members as well as HEDIS metrics. There are 92 HEDIS measures across six domains. VHP, like other health plans, has neither the resources nor the bandwidth to focus on all measures at once. VHP responds to priorities expressed by the Board of Supervisors (BOS), SCFHP, Santa Clara Valley Medical Center (SCVMC), the Department of Managed Healthcare (DMHC), and other agencies. In establishing priorities, VHP also considers factors such as clinical importance, the number of members affected, and the probability that available interventions can improve scores (e.g., if a score is already high, there is little room for improvement; likewise, if a score is low but there are no readily available or cost-effective interventions, the chances of successfully improving the score are low). Accordingly, VHP utilizes technology platforms through a National Committee of Quality Assurance (NCQA) -certified HEDIS vendor to evaluate gaps in care and identify member needs as well as health disparities.

In 2019, VHP selected HEDIS measures of interest, including Breast Cancer Screening (BCS) and Cervical Cancer Screening (CCS), with performance goals established by the Quality Management Committee (QMC). QMC oversees the Quality Management (QM) department, and its members represent the scope of the VHP provider network (with a minimum of four contracted Pediatrics, Internal Medicine, OB/GYN, Behavioral Healthcare, and/or specialist practitioners), QM staff, administration, and other stakeholders. Primary responsibilities include reviewing and revising QM scope, objectives, and organization, as well as evaluating effectiveness of quality improvement activities.

The Commercial BCS raw score for eligible individuals receiving timely mammography improved from 68.98% in 2017 to 73.73% in 2019. The 2019 result placed VHP at the 33rd percentile for health plans nationally. Note, however, that a raw score of 74.66% in 2019, less than one percentage point higher than VHP’s, would have placed a health plan at the 50th percentile. A raw score of 77.67% would have placed a health plan at the 75th percentile. For 2020, percentiles will change; nevertheless, VHP would need to increase the BCS raw score by only a few percentage points to move the percentile needle a great deal. Moreover, it is quite possible that the raw score improvement from 2017 to 2019 was due to previous intervention efforts.

As of July 2019, QM has facilitated a multidisciplinary workgroup (comprised of a Medical Director and members from QM, Health Education, Marketing & Communications, Member Services, Provider Relations, and Case Management) to more directly target HEDIS populations and drive evidence-based interventions. The full impact of these efforts for BCS will not be reflected in HEDIS scores until at least 2022 (based on 2021, 2020, and late 2019 data). Consequently, to gauge effectiveness of current interventions in between official reporting QM documents priority measures in the Quality Improvement Work Plan, which is approved by QMC, and then conducts annual assessment and program evaluation, which is presented to QMC.

The Commercial CCS raw score for eligible individuals receiving a pap smear improved from 65.4% in 2017 to 68.8% in 2019. The 2019 result placed VHP at the 25th percentile for health plans nationally. Note, however, that a raw score of 73.81% in 2019 would have placed a health plan at the 50th percentile, and a raw score of 81.08% would have placed a health plan at the 75th percentile. Similar to BCS, VHP would need to increase the CCS raw score by only several percentage points to considerably move the percentile needle. VHP began a CCS Campaign in January 2020, which has included social media posts.
VHP’s “Health” workgroup continues to explore ways to improve HEDIS raw scores and percentiles, first and foremost by increasing the number of individuals who receive recommended screenings (i.e., mammograms and pap smears). Scores can also be increased by enhancing data collection: ensuring proper, qualifying codes are used by providers so that administrative scores improve; ensuring that our vendor uses the most up-to-date analytics; and improving access to the electronic health records of providers.

In addition to BCS and CCS, VHP has focused on the Comprehensive Diabetes Care (CDC) measures Diabetes Control (HbA1c < 8) and Diabetic Eye Exams specifically for Hispanic Covered California members identified as non-compliant by HEDIS standards; interventions are aligned with a Covered California initiative to address health disparities.

Most VHP intervention efforts are catered to the Commercial and Covered California lines of business. VHP does, however, collaborate with SCFHP on outreach targeting designated Medi-Cal members. For example, VHP sends direct mail (and in some cases, text messages) to Medi-Cal “VHP Network” enrollees encouraging them to contact their providers or the Nurse Advice Line about health concerns and programs offered, such as Case Management (i.e., condition management and complex care management, currently administered by a vendor) and the recently certified YMCA Diabetes Prevention Program (DPP).

It is important to note that at this time many intervention and outreach efforts are on hold due to the Coronavirus (COVID-19) pandemic.

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