

NCQA

Quality in Medicare

**Phyllis Torda
Vice President,
Product Development**

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NCQA's Mission and Vision

Mission:

To improve the quality of health care

Vision:

To transform health care through measurement, transparency and accountability

NCQA's Methods

Web-enabled surveys: Much of NCQA's assessment can be conducted off-site

HEDIS®: A set of measures used to assess performance on key measures of clinical effectiveness

CAHPS® 3.0H: A survey used to measure members' experiences with the care and service they receive

- More than 300 HMOs in process
- More than 90 percent of health plans report HEDIS
- NCQA evaluates care received by 80,000,000 Americans
- 37 States and the Federal government rely on NCQA Accreditation and HEDIS
- CMS and private sector initiatives (BTE) use NCQA's provider-level evaluation for their programs

NCQA Assessment Programs

- **Managed Care Organizations**
- **Preferred Provider Organizations**
- **Managed Behavioral Healthcare Organizations**
- **Disease Management Organizations**
- **Credentialing & UM Organizations**
- **HEDIS Auditors & Software Vendors**
- **Individual physicians & physician practices**

NCQA and Medicare

- **Collect HEDIS® data from Medicare Advantage plans**
- **Develop additional measures through the Geriatric Measurement Advisory Panel (GMAP)**
- **Conduct feasibility study of Medicare PPO HEDIS reporting**
- **Manage all aspects of the Medicare Health Outcomes Survey**
- **Conduct Deeming Authority for Medicare Advantage plans**
- **Develop Performance measures for Medicare Health Support, formerly known as CCIP (subcontractor to MPR)**
- **Develop Physician Quality Measures (AMA/PCPI & NCQA subcontractors to MPR)**
- **Support National HCAHPS implementation (subcontractor to HSAG)**

What do we know about Medicare quality?

Comparison of Medicare Fee-for-Service, Managed Care Performance

Indicator	Fee-For-Service* (State Median, 2000-2001 services)	Managed Care** (Plan Median, 2000 services)
Beta-Blocker After Heart Attack	79%	93%
Influenza Vaccine Annually	72%	75%
Pneumococcal Vaccine Ever	65%	65%
Breast Cancer Screening	60%	75%
Diabetes – HbA1c Testing	78%	84%
Diabetes – Eye Exam	70%	64%
Diabetes – Lipid Screening	74%	83%

*Source: Jencks, Huff, and Cuerdon, JAMA 289(3):305-312, 2003

**Source: The State of Health Care Quality 2002, NCQA.

Measuring the Quality of America's Health Care



Avoidable Death and Medical Costs Due to Unexplained Variations in Care: Selected Measures and Conditions, U.S. Population

Measure	Avoidable Deaths	Avoidable Medical Costs
Beta-Blocker Treatment	800 - 1200	\$9.7m - \$23.9m
Breast Cancer Screen	150 - 600	\$41.6m – \$ 78.3m
Controlling HBP	12,000 – 32,000	\$382m - \$1billion
Cholesterol Management	3,400 – 7,200	\$70m - \$88m
Diabetes-HbA1c Control	5,300 – 11,700	\$693m – 1.2billion
Flu Shots (65+)	3,500 – 7,500	N/A
Total	25,150 – 60,200	\$1.2 billion – \$2.39 billion

Source: State of Health Care Quality 2005, NCQA.

Measuring the Quality of America's Health Care



Lives Saved Due to Improvements Among Publicly Reporting Plans: Commercial and Medicare

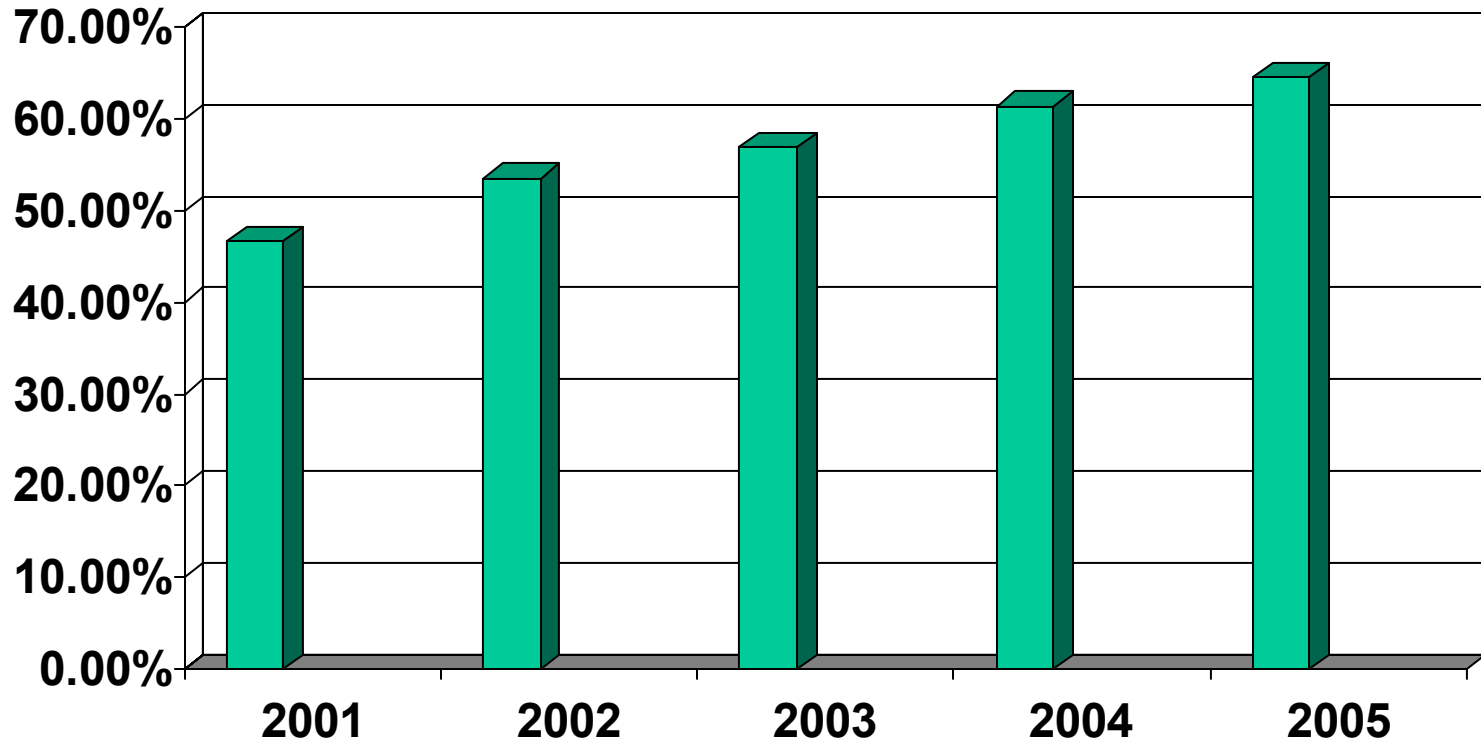
MEASURE	LIVES SAVED
Beta-Blocker after heart attack	3,757 – 4,739
Cholesterol mgmt after heart attack	3,352 – 5,658
Controlling HBP	31,817 – 55,233
Poor HbA1C Control*	1,269 – 2,172
Total	40,195 – 67,802

Note: Lower rates of poor control indicate improvement for this measure. Calculation reflects improvement of plans from a measure's first year of public reporting through 2004.

Source: State of Health Care Quality 2005, NCQA.

Measurement Leads to Improvement

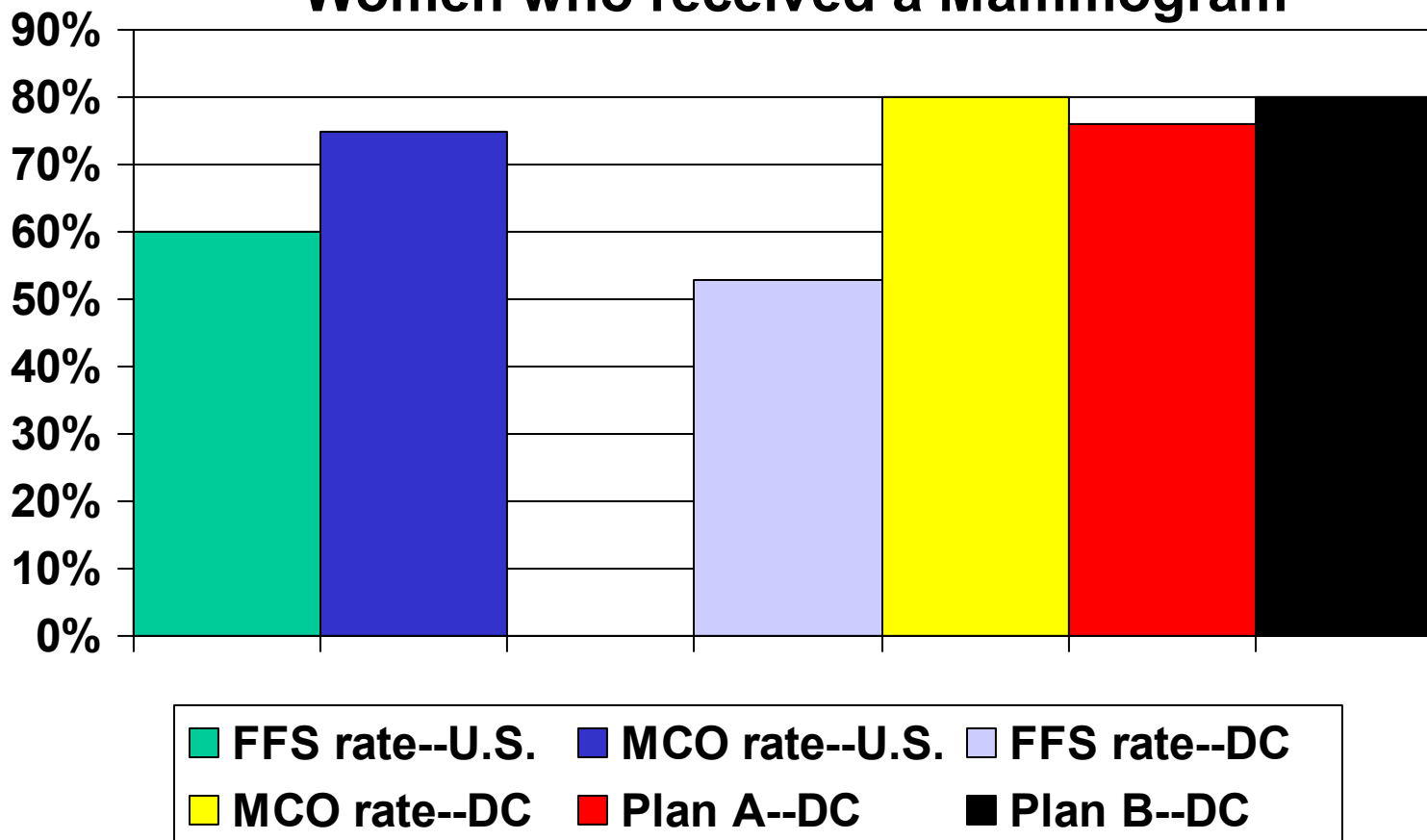
Hypertension Control (<140/90)



Source: The State of Health Care Quality 2001-2005, NCQA.

Medicare Quality

Women who received a Mammogram



Source: CMS: Medicare Compare Website

Measuring Value, Physicians

From
Wennberg,
Fisher
research

What We Know About Relationship between Cost and Quality (Value)

1. **Remarkable variations in spending**
2. **Most regional differences in spending are intensity, not price**
3. **Evidence indicates that increased intensity is not better, and could be worse**
 - Overuse is in areas with lack of evidence base
 - Higher spending associated with systems dominated by specialists and greater complexity
4. **Fixing will require**
 - Better evidence
 - Better information on quality (at delivery system level)
 - Getting the incentives right

Why do we need a quality assessment program for Part D?

Quality assessment programs:

- Improve patient outcomes: optimize treatments and reduce mistakes and errors
- Lower costs
- Reduce under and over utilization

Private Sector Approach to Quality

- **NCQA Measures**

- Utilization Management 13: Procedures for Pharmaceutical Management
- HEDIS Measures
 - Avoidable drugs in the elderly
 - Therapeutic monitoring for persistent medications

- **PBMs—Focus is on service quality**

- Easily measured, but no real effect on patient outcomes

No robust quality assessment standards currently in broad use

MedPac Report Measures

Cost control

Plans' drug spending

Examples

Average drug spending per member per month (risk-adjusted)

Drug utilization

Average number of prescriptions per member per year, by therapeutic category

Generic use

Ratio of generic drugs to total drugs that have an available generic

Access and quality assurance

Enrollee refill adherence

Percentage of members who refill chronic medications

Prior authorization and exceptions

Average time for plan decision on prior authorization request

Appeals process and rates

Percentage of appeals that are overturned

Source: MedPac. Report to the Congress: Issues in a modernized Medicare program. June 2005.

MedPac Report Measures

Drugs contraindicated for the elderly

Percentage of drugs contraindicated for the elderly on prior authorization

Adverse drug interactions, events

Number of adverse drug interactions and/or ADEs/1,000 members

Benefit administration and management

Claims processing

Percentage of claims processed accurately per year

Enrollee satisfaction

Enrollee survey results

Member satisfaction rates

Call-center response times

Abandonment rates (% of time caller hangs up while on hold)

Grievance reporting

Average number of complaints reported/100 members per year

Source: MedPac. Report to the Congress: Issues in a modernized Medicare program. June 2005

Conclusion

- **Quality can be measured**
- **Measurement improves performance and outcomes over time**
- **Quality in Part D must go beyond access and quality assurance measures. Focus on obtaining improved health outcomes:**
 - Reduced medication errors and mistakes
 - Reduced adverse drug events (ADEs)
 - Improved care coordination and medication management