

Digital Quality Transition Update

We will begin **Momentarily**

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Director, Digital Quality Community

12/2024

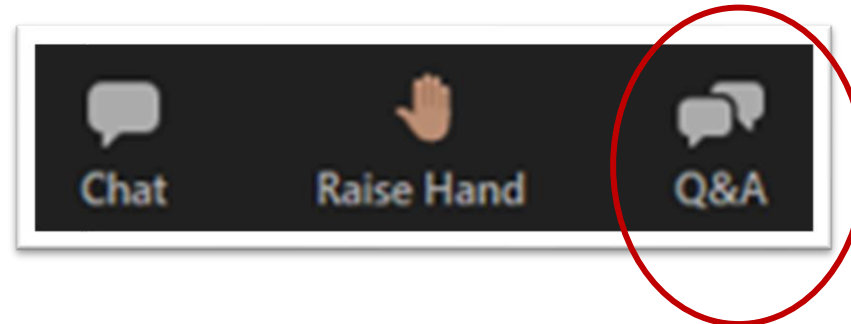




Zoom Housekeeping

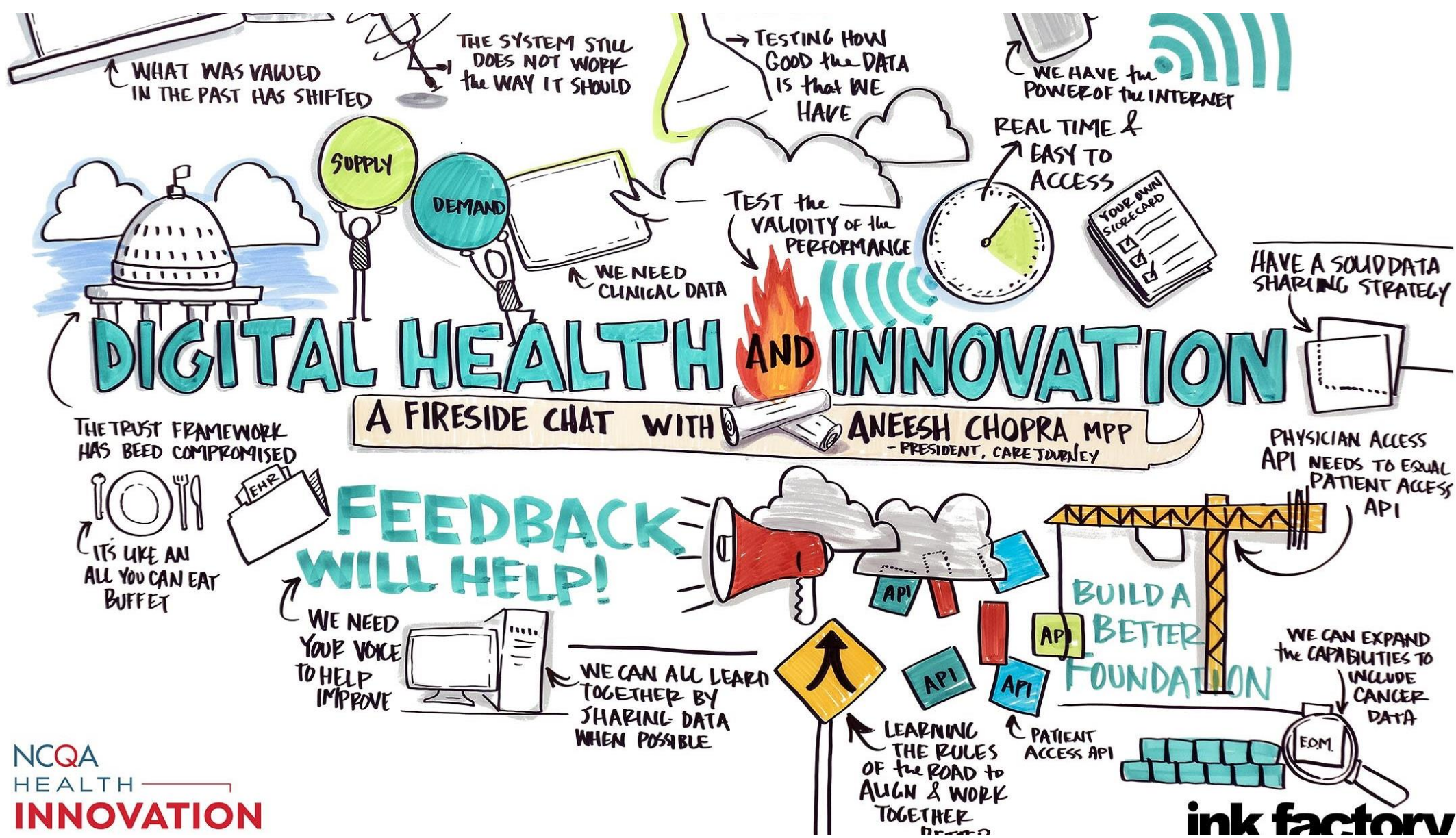
How to Submit Questions During the Webinar

- 1) Locate the 'Q&A' icon on the menu bar.
- 2) During the webinar, please submit questions via the 'Q&A' box.
- 3) Your question will be responded to live by one of the presenters.





Digital Quality Matters



Why Digital Quality

Quality has been fragmented and burdensome

Emerging standards and regulations are enabling a digital transformation

Quality will be better aligned with care delivery and a learning health system

Lead to reduced burden and costs, better alignment, more relevant measures and ultimately, better care & outcomes

Digital Quality Use Cases



Quality Reporting

Using digital quality content for contracting and/or regulatory reporting

Examples:

- HEDIS Reporting
- CMS Star Reporting
- Value-Based Care Contracts
- Medicaid Reporting



Quality Improvement & Population Health

Using digital quality content for quality improvement insights and care delivery

Examples:

- Population Health
- Care Gap Closure
- Care Management
- Clinical Decision Support



Analytics & Benchmarking

Why Now

Need for changes indicated by the market



Industry Feedback

The market is asking for reduced measure burden, a more effective learning health system, and more support for value-based care



Maturity of Standards

The industry has taken steps to adopt interoperability standards as regulatory forces drive investment, and quality is the top use case



Payment Arrangements

The financial shift from fee-for-service to value-based care continues, driving new priorities and creating greater need for accountability and measurement at all levels and contexts of healthcare



Spurring Investments and Embracing Standards

New rules and legislation are creating industry alignment

2016

21st Century Cures Act

- Promote health Information interoperability
- Improve data sharing with patients

2020

ONC Rule for CERT FHIR API

The Office of the National Coordinator for Health Information Technology

CMS Rule for Health Plan FHIR APIs



2023

CMS Universal Foundation

- Align quality measures across CMS programs
- CMS & NCQA share of digital transition by ~2030



2024

CMS Interoperability & Prior Authorization Rules

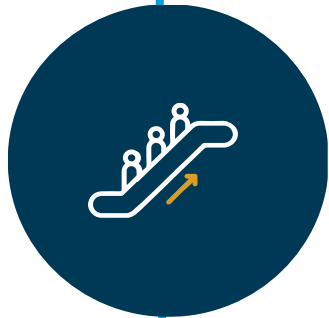
- TEFCA HEDIS SOP
- Includes HEDIS as Level 2 Exchange Purpose



Digital Quality Benefits



Lower Cost, Burden,
Variability



Paper to Software

Measures content can be developed and distributed easily and seamlessly to reduce interpretation, development, and maintenance needed today.

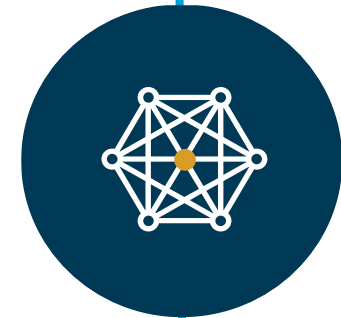
Support Full Learning Health
System Use Cases



New Architecture

Measures content can be configurable and used in different workstreams for different use cases, including quality improvement, population management, and analytics.

Better Value-Based
Care Support



Better Measurement System

Quality measures must move beyond signals or gates to promote integrated care and reduce fragmentation.

Digital Transition Phased Approach



PAPER SPECS

FULLY DIGITAL



PHASE 01

PHASE 02

PHASE 03

PHASE 04

Digital Introduction

Digitally Enabled

Fully Digital

Digital Only

MEASURE YEARS

What measure years will each phase encompass?

2023

2024-2026

TBD DEPENDENT ON HYBRID MEASURE CONVERSION ROADMAP (TIMELINE ANNOUNCED IN 2024)

DEPENDENT ON MARKET MATURITY - 2030

MEASURE DELIVERY METHOD

What path is taken to receive measure requirements and logic?

- Traditional Vol 2 Paper Specs
- Subset of measures digital Delivery via Digital Content Services

- Traditional Vol 2 Paper Specs
- Digital delivery through Digital Content Services (no longer available via store "bundles")

- Traditional Vol 2 Paper Specs
- Digital Delivery through Digital Content Services

- Digital Delivery through Digital Content Services

DIGITAL MEASURE AVAILABILITY

Which measures are available as digital quality measures?

- Subset of measures digital

- Admin components of measures fully digital

- All measures fully digital

- All measures fully digital

USE CASES

What different uses will digitalized measures support?

- Quality improvement and population mgt

- Quality improvement and population mgt
- HEDIS® health plan reporting

- Quality improvement and population mgt
- HEDIS® health plan reporting

- Quality improvement and population mgt
- HEDIS® health plan reporting

CERTIFICATION LOGIC/VALIDATION

How does NCQA certify measure logic and execution for reporting?

- Traditional Measure Certification

- Three options: Pre-Certified, Digital Certification, Traditional Measure Certification (depending on execution framework)

- Three options: Pre-Certified, Digital Certification, Traditional Measure Certification (depending on execution framework)

- Two options: Pre-Certified or Digital Certification (depending on execution framework)

EXECUTION CQL ENGINE

What path is taken to execute measure requirements and logic?

- Traditional development: Build Based on Vol 2
- Access CQL reference CQL engine in Digital Content Services

- Reference CQL engine through Digital Content Services
- Use any supported CQL engine
- Traditional development: Build Based on Vol 2

- Reference CQL engine through Digital Content Services
- Use any supported CQL engine
- Traditional development: Build Based on Vol 2

- Reference CQL engine through Digital Content Services
- Use any supported CQL engine

HYBRID DATA COLLECTION

What is the methodology for collecting data for hybrid measures?

- Traditional collection methods

- Traditional collection methods (including hybrid sampling)

- Sunset hybrid sampling collection measure by measure until all full population

- Hybrid measure retired and replaced with measures using full population data collection



PHASE 02

Digitally Enabled

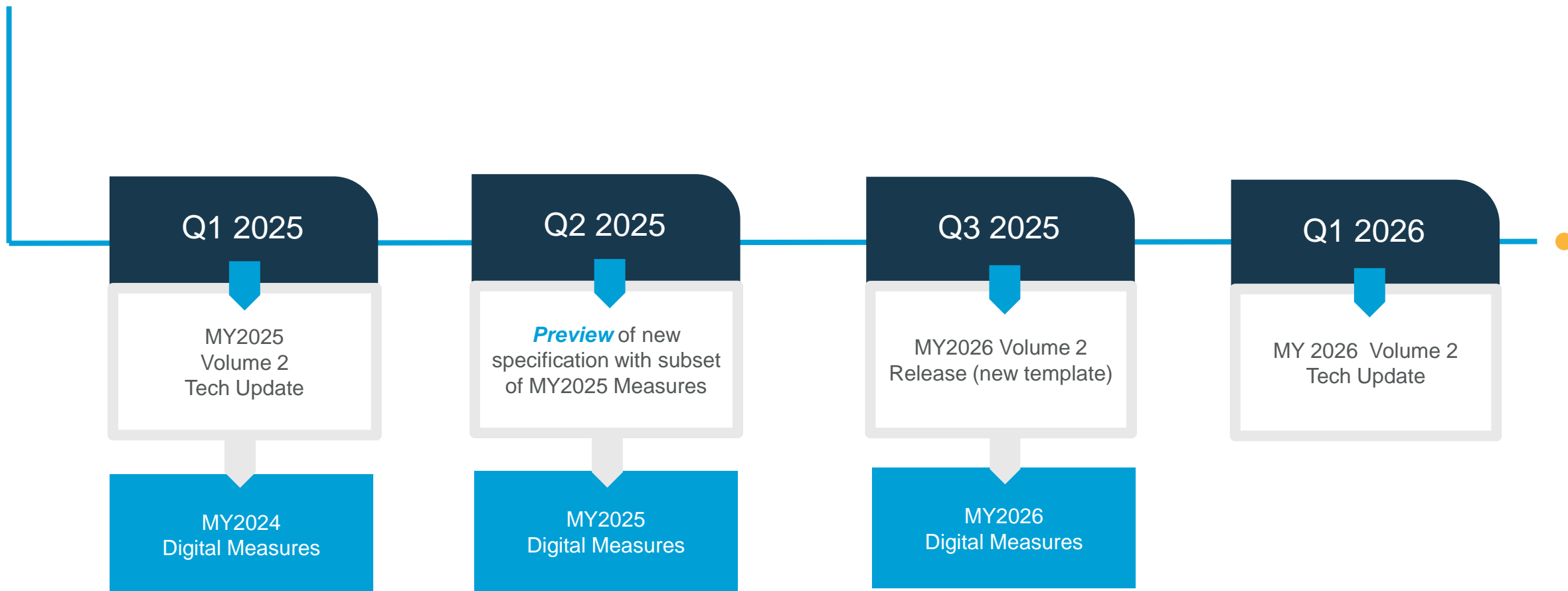
2024-2026

- Traditional Vol 2 Paper Specs
- Digital delivery through Digital Content Services (no longer available via store "bundles")
- Admin components of measures fully digital
- Quality improvement and population management
- HEDIS® health plan reporting
- Three options: Pre-Certified, Digital Certification, Traditional Measure Certification (depending on execution framework)
- Reference CQL engine through Digital Content Services
- Use any supported CQL engine
- Traditional development: Build Based on Vol 2
- Traditional collection methods (including hybrid sampling)

Phase 2 Digitally Enabled

- Measure Updates
- Certification and Engine Validation
- Path to HEDIS Health Plan Reporting
- ECDS and Hybrid Transition

HEDIS Volume 2 and Measure Release Timeline



The Digital measure release include Administration and Risk Adjusted Measures. See the Hybrid phase out timeline for those specific dates.

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Measure Certification and Validation



Measure Certification process
for traditional measures

Traditional

Flat Files

All measures

FHIR

Traditional with
**FHIR Test
Decks**

Preview for
subset of
MY2025

Validation Process included for
Digital Content Services

**Standards
Based Engine**

Validation of
accurate
implementation
of digital
specifications

First Step: Path to Digital Reporting



To get started on a path towards digital reporting, NCQA is offering organizations the ability to parallel report traditional and digital results starting with **MY2024**.

Reporting dQMs will consist of an instance of IDSS where the dQMs are submitted.

Minimum 1 measurement year of parallel reporting with legacy execution and digital measures.



Traditional reporting will be used for benchmarks until validation from parallel testing is complete.

Organizations will still validate data sources the same as traditional reporting (i.e., the audit).



ECDS Update

Hybrid transition to ECDS



Automated and Interoperable Measure Systems

NCQA's vision for the future of measures is the use of digital quality measures (dQMs).

The transition includes ECDS measures to encourage the use of **real-time, clinical data** and improve the **accuracy** and **timeliness** of quality reporting. Over time, hybrid measures will phase out to reduce the need for manual data reviews and emphasize interoperability between healthcare systems and providers.



Digital Strategy



Multi-year Transformation



Specifying measures as digital quality measures (dQMs)



Developing pathways for retrieving and leveraging electronic clinical quality data



Enhancing and supporting accountability, improvement, reporting and value-based payment



Reducing the burden and cost of measurement over the long term

NCQA Digital Strategy: Leverage Clinical Detail in Digital Form



ECDS Reporting Method, Sunset Hybrid Reporting Method, Align Data Standards



Support existing ECDS-reported measures and transitions

19 measures specified for ECDS reporting (7 transitioning from administrative and hybrid methods)

Support public reporting and uptake in programs



Transition the Hybrid Reporting method

Streamline data management processes and reduce the burden of manual record review

Expand use of ECDS methods and digital quality measure deployment



Strategic engagement in standards

Align with the evolution of health data standards (such as USCDI) and the availability of electronic clinical data

Inform implementation of new measure concepts



HEDIS ECDS Data Collection Considerations

Transition to ECDS Reporting

Administrative to ECDS

Typically, plans use the **same data sources** for ECDS that they use for the Administrative reporting method (claims and supplemental data).

Hybrid to ECDS

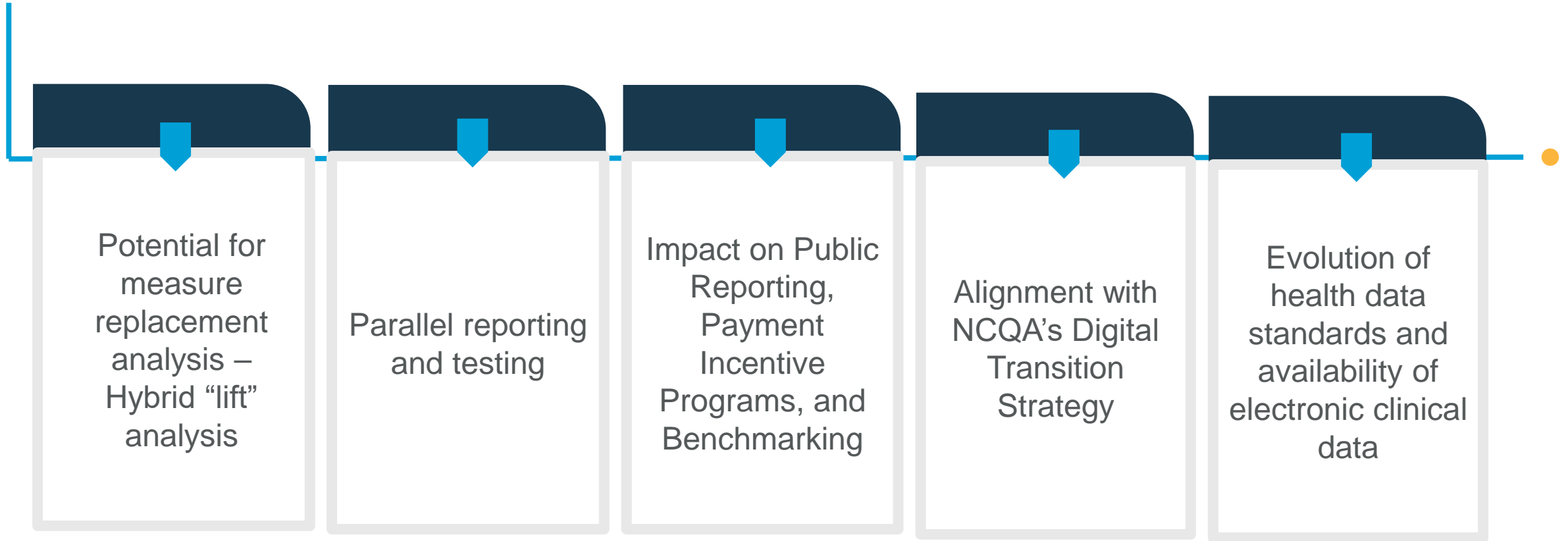
For hybrid measures, some plans rely on clinical information found in medical charts. ECDS measure population includes all members who satisfy criteria (without sampling).

Data abstracted from medical records and **standardized** in an electronic source may also be used for ECDS.

Sequencing the Transition Away from Hybrid Method



Measure Specific Considerations



Planned timeline to sunset hybrid reporting method



Goal: **Hybrid** measure specification and reporting method removed from HEDIS my **MY2029**.

Measure	MY 2025	MY 2026	MY 2027	MY 2028	MY 2029
Lead Screening in Children (LSC)		•			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			•		
Prenatal and Postpartum Care (PPC)				•	
Controlling High Blood Pressure (CBP)	+ECDS			•	
Blood Pressure Control for Patients with Diabetes (BPD)		+ECDS		•	
Glycemic Status Assessment for Patients With Diabetes (GSD) (formerly Hemoglobin A1c Control for Patients With Diabetes)			+ECDS		•
Transitions of Care (TRC)			+ECDS		•
Care for Older Adults (COA)			+ECDS		•

• = Removal of the hybrid reporting method only.

Pathway to Replacing Hybrid Measures with ECDS



Develop a new ECDS measure and then replace the original measure



Transition Period

- ✓ Evaluate HEDIS reporting data.
- ✓ Provide anticipatory guidance about benchmarks.
- ✓ Identify and close digital feasibility gaps through engagement in standards.

Opportunities to Support the Transition to ECDS



Stakeholder Engagement

Consult stakeholders and expert panels to understand challenges.



Resources

Develop and disseminate resources to support the transition.

Publish insights from field testing and comparative reporting results.



Communication

Communicate adjustments to strategy via NCQA Digital Hub.

HEDIS Public Comment.

Stay Engaged

Visit our resource pages for updates additional resources

ECDS webpage

<http://www.ncqa.org/ecds>

- **Special report** summarizing HEDIS results for measures that leverage clinical data.

Digital Quality Hub:

<https://www.ncqa.org/digital-quality-transition/>



Introducing the Digital Quality Community



How NCQA Supports Your Digital Quality Journey

2023

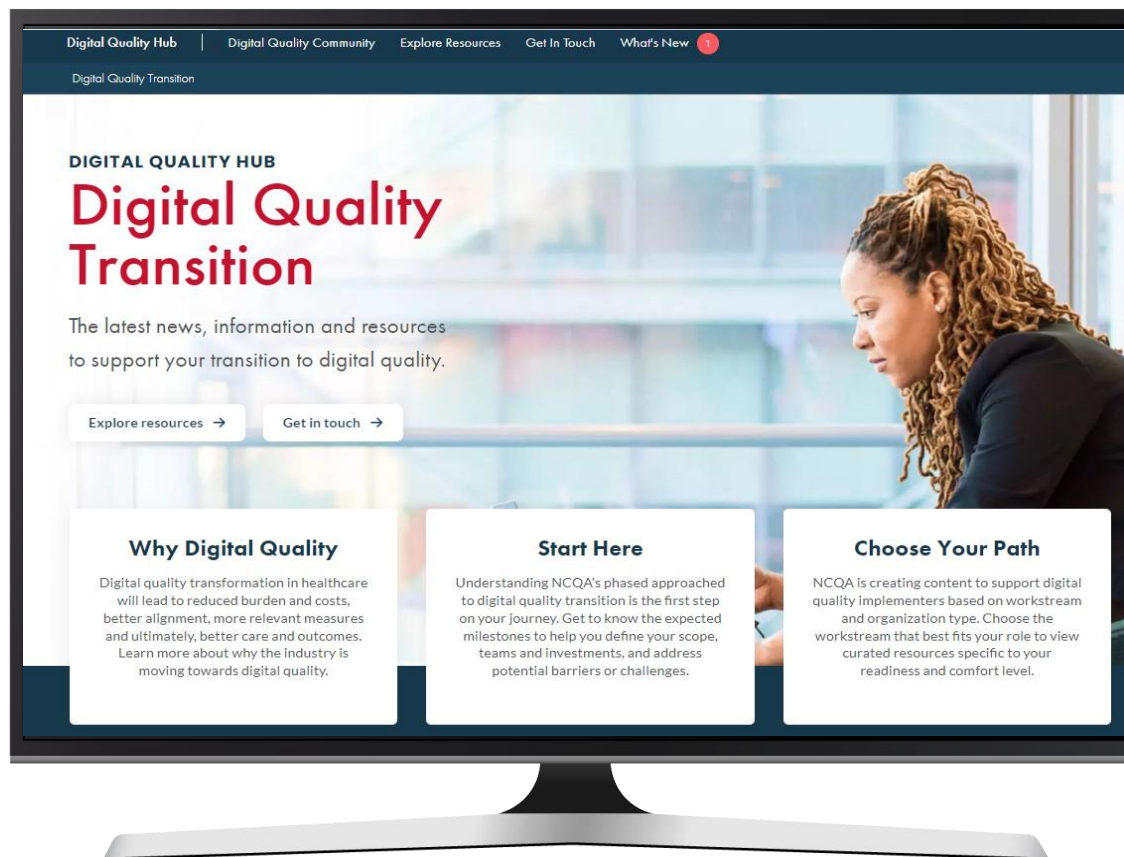
We presented a [Digital Community](#) concept to guide you along your transformation journey.

2024

We launched the [Digital Quality Hub](#) with custom resources and tools to get you started.

2025

Coming Soon! We're building the Digital Community for collaboration, community engagement and more. Beta testers welcome!



Transforming clinical data to FHIR®

You don't need to have all of your data in FHIR® to start using digital quality measures. Here are some different approaches to preparing your clinical data.

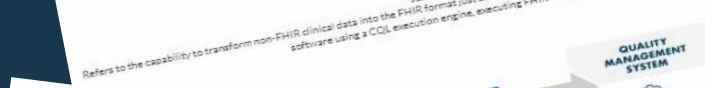
Who is involved in leveraging standardized clinical data? Digital measures can deliver significantly better value and be more relevant because they make use of increasingly more structured clinical data. The data vendors and interoperability Data sources (providers systems, EMR vendors) Aggregators (e.g. MIEs) Registries

Your own interoperability and clinical data teams Data vendors and interoperability Data sources (providers systems, EMR vendors) Aggregators (e.g. MIEs) Registries

In this case the system where the data originates can provide clinical data via a FHIR API (see also BulkFHIR). FHIR from the Source



Just-in-Time FHIR Refers to the capability to transform non-FHIR clinical data into the FHIR format just as it is needed for processing with a digital quality use case (in digital software using a CQL execution engine, executing FHIR-CQL measures).



Learn more about CQL engines, how they work and why they are important for digital quality.

How Digital Measures Execute with Clinical Quality Language

Learn more about CQL engines, how they work and why they are important for digital quality.

Intro to CQL

Curious about Clinical Quality Language (CQL) but feeling more puzzled than informed? You're in the right spot! Let's kick off by demystifying the essentials.

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Digital Quality Overview

Digital Community Hub provides the latest news, information and resources to support the transition to Digital Quality.

Mapping Non-FHIR Data to FHIR

There are several approaches to transform and integrate data from legacy systems, claims databases or other non-standardized sources into the FHIR framework. Here are some common approaches.

APPROACH 1: Direct Mapping

Each data element in the source system is directly mapped to a corresponding element in a FHIR resource. Data type conversion is performed (if needed), and values are translated to conform to FHIR standards (e.g., map diagnosis codes to ICD-10).

Example:

- Source: A patient's demographic information in a legacy system.
- Target: Patient resource in FHIR with fields like name, birthdate, gender.

APPROACH 2: Scripted Transformation

Utilizes scripts or transformation languages to automate the data mapping process, allowing more flexibility and repeatability. Specific rules are applied to transform and clean data; validation steps are implemented in the script to ensure data integrity.

Example:

- Source: XML file containing patient records.
- Target: JSON representation of FHIR patient resource, transformed using XSLT script.

APPROACH 3: ETL Tools or APIs

Can be used to handle data retrieval from the source, transformation into FHIR format and loading or posting data into the target FHIR-compliant database or system.

Example:

- Source: Relational database with health care data or API endpoint providing patient data in a proprietary format.
- Target: FHIR server or direct creation of resources such as observation, medication, condition.

TRADITIONAL QUALITY MEASUREMENT

Labor and Resource Intensive: \$10s of billions per year in manual, duplicative and wasted work.

Fragmented: Multiple unaligned initiatives across payers and programs.

Confidence in Data Varies: Inconsistent or absent validation erodes trust in measurement-based conclusions.

Retrospective: Provides results after care delivery opportunity.

Not Always Measuring What Matters: Limited paper-based scope, based on care for most patients in typical settings.



DIGITAL QUALITY MEASUREMENT

More Efficient: Burden is reduced and there is less need for manual and often duplicative work.

Aligned: Quality measurement becomes aligned at all levels of health care.

Accurate: Less room for human error and better ways to validate data accuracy.

Timely: Leverage more recent data to support better population management and earlier care interventions.

Relevant: The flexibility to configure measures for various levels of healthcare and tailor to populations.

Why Digital Quality

For more than 30 years, the National Committee for Quality Assurance has led the health care quality movement. As the nation's leading measure developer, NCQA is the steward of the Healthcare Effectiveness Data and Information Set (HEDIS), one of health care's most widely used performance improvement tools.

But traditional quality measurement has limitations. HEDIS is incredibly valuable for quality improvement and benchmarking at the health plan level. In the digital age, with data more readily available, there's the opportunity to make measurement more accessible and actionable closer to the point of care in a way that can help better manage populations, support more equitable care and drive outcomes.

Digital quality means moving to standards-based technology that makes quality operations simpler and more efficient. More importantly, it is about more relevant measures and the increased use of clinical data to enable better measurement, better care and new payment models.

Digital quality uses standardized, digital data from one or more sources of health information that is captured and exchanged via interoperable systems and applies quality measure specifications that are standards-based. Digital quality measurement leverages code packages and is computed in an integrated environment without additional effort. The solution enables:

- Measure score calculation.
- Generation of outside necessary for quality reporting.
- It's part of the learning health system (LHS) to improve patient care and experiences by ensuring patient and provider access to necessary information in a timely manner (real-time feedback).

Learn more about digital quality here.

Why Digital Quality?

Emerging standards and regulations are enabling a digital transformation to enable quality to be better aligned with care delivery and a learning health system. This will lead to reduced burden and costs, better alignment, more relevant measures and outcomes. NCQA has invested heavily in building a digital quality ecosystem to create more efficient data collection and reporting, and better accountability at all levels of the healthcare system.

TRADITIONAL QUALITY MEASUREMENT

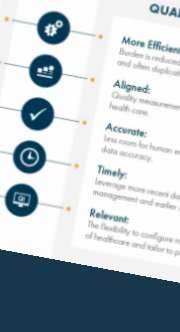
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Preview the Digital Community

Features and Benefits

The Digital Quality Community is a place for learning, innovation and collaboration. Here are some features and benefits of joining the community.

DISCUSSION FORUMS	Pose a question, share your perspective or simply follow along in the thread.
EXPERT INSIGHTS	Read thought leadership posts from organizations doing the work and making an impact.
WEBINAR SERIES	Listen to informative and inspiring presentations from industry experts and the NCQA team.
COMMUNITY POLLS	Share your feedback by participating in exclusive digital community polls.
TOPICAL FORUMS AND OFFICE HOURS	Speak directly with NCQA experts and get answers to your questions on specific topics.
NETWORKING	Connect and engage with your peers to share your struggles and successes.
INDUSTRY UPDATES	Get the latest industry and regulatory updates in a curated news feed.
RESOURCE LIBRARY	Check out articles, user guides, podcasts and other resources to get up to speed on your areas of interest.



Development Layers To Support Digital Quality Transformation



INNOVATION LAYER

Develop digital quality applications to advance digital quality.



ENABLEMENT LAYER

Convene stakeholders to build standards and foundation for innovation.



DATA LAYER

Leverage and use emerging data standards.



Join Us!

Scan the QR code to join our Beta Testing & Early Access



Take advantage of early access to the Digital Community and provide your input

The transition to digital quality measurement is accelerating



DIGITAL QUALITY



FACT
CHECK

DIGITAL QUALITY



**Isn't the digital transition
far away?**

While the deadline to be fully digital is around 2030, based on market readiness, organizations will need several years to plan for data standardization, measure execution and downstream implications. Starting sooner than later with a phase approach, will allow a phased approach.

DIGITAL QUALITY

FACT
CHECK

Will Digital Measures give different results than traditional HEDIS measures?

Digital measures are built to the same specifications as traditional measures, ensuring that the logic and intent of the measures remain consistent. The biggest differences are the format (FHIR CQL) and a greater amount of configurability so you can use the measures for a variety of use cases and populations. NCQA thoroughly tests digital measures using the same methodologies and test decks applied to traditional measures, helping validate their accuracy and reliability.

DIGITAL QUALITY

FACT
CHECK

Can I start the digital transition if I'm not receiving all FHIR data?

Data doesn't need to be in FHIR to start using digital HEDIS. Current data can be mapped to the FHIR standard. You can start your implementation with a subset of a population or measures to begin testing. The data can be any type and then mapped to FHIR. Over time, you can integrate additional data sources directly in FHIR format.

DIGITAL QUALITY

FACT
CHECK

What is the difference between Digital Content Services and a CQL engine?

Digital Content Services is the distribution platform for digital HEDIS measures, delivering FHIR CQL measures that contain the measure specifications and supporting resources that organizations need to run digital HEDIS.

Included within Digital Content Services is a reference CQL engine that organizations can use if they need it. However, most users will run the measures on their own engine—either one they’ve developed internally or a third-party engine they’ve purchased.

For organizations that don’t purchase or maintain their own engine, the reference CQL engine can be used as a long-term solution.

DIGITAL QUALITY

FACT
CHECK

Is Digital Content Services ready to use?

Digital Quality measures are valid and the CQL engine available in Digital Content Services can fully execute these measures accurately. The reference engine available through Digital Content services is full developed, rigorously tested and capable of running all digital HEDIS measures.

In addition to the engine available in Digital Content Services, organizations have the ability to use their own CQL engine or a third-party engine they purchase.

Many of these CQL engines are still maturing. For organizations still developing or maturing their own engines, the reference CQL engine included in Digital Content Services can serve as a transitional solution.

Questions?

