

NCQA HEDIS® 2020 Modified Measures Background

Issue:

- NCQA recently modified HEDIS® measures that expand the reportable age groups
- 4 of those measures have been on the WA State Common Measure Set since 2015
- How do we account for the change in measure performance due to these expanded age ranges?

Details of updated measures:

1. Well child visits in the first 30 months (W30)

- a. Change: Previously “Well Child Visits in the First 15 Months”

The percentage of members who had the following number of well-child visits with a PCP during the last 30 months. The following rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
- Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

2. Child and Adolescent Well-Care Visits (WCV)

- a. Change: Replacement for Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits (AWC)

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Reporting rates:

- 3-11 Years
- 12 – 17 years
- 18 – 21 years
- Total

3. Appropriate Testing for Pharyngitis (CWP)

- a. Change: Previously Appropriate Testing for Children with Pharyngitis (Children 3-18 years)

The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. Reporting rates:

- 3-17 Years
- 18 – 65 years
- 65 years and older
- Total

4. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

- a. Change: Previously Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (Adults 18-64 years)

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. Reporting rates:

- 3-17 Years
- 18 – 65 years
- 65 years and older
- Total

Questions for discussion:

1. Should we recommend organizations overlap measures by one year, allowing for analysis of old and new measures?
 - a. Purpose: to gain insight into how much measure performance is altered by the change in measure specifications
2. Should we also recommend organizations continue to track the previous (or in this case, all) age-bands when they analyze and report on the new measure?