



# Hennepin Health

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400 South Fourth Street, Suite 201  
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**2017 HEDIS–SNBC**

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## 2017 HEDIS SNBC

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### DESCRIPTION

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used in the United States to measure performance on important dimensions of care and service. HEDIS is a critical instrument for Hennepin Health to measure both the quality and quantity of care. HEDIS measurements allow Hennepin Health to strategically plan and implement quality improvement initiatives, track utilization and evaluate performance against other health plans. Typical HEDIS measures include, but are not limited to the following:

- Children and Adolescents: Immunizations, Well Child/Adolescent Visits
- Adult Preventative Care: Breast Cancer Screening, Cervical Cancer Screening
- Comprehensive Diabetes Care
- Behavioral Health

### PROCESS AND DOCUMENTATION

HEDIS is a yearlong project and runs from July of the current year to June of the following year. Each HEDIS season captures the data from the prior year. For example, the 2017 HEDIS season captures the data from 2016. Annually in July, Hennepin Health begins review of the HEDIS project plan from the prior year and revises it for the next HEDIS season.

Hennepin Health uses a NCQA certified developer (Verscend) to produce its' HEDIS samples according to NCQA's technical specifications. MDH identifies which HEDIS measures data will be collected. It is also determines at that time whether the HEDIS measures will be reported as an administrative rate based on claims data only, or if it is a hybrid rate which is a combination of claims data and medical record chart review. Hennepin Health can choose to collect data on additional HEDIS measures to be used internally to support QI activities.

The HEDIS results for Hennepin Health are subject to audit by an independent NCQA certified vendor, MetaStar. It is the responsibility of MetaStar to ensure that Hennepin Health meets the data standards and maintains the integrity of the resulting HEDIS data.

HEDIS is a process with many deadlines requiring a coordinated effort to complete. In addition to the HEDIS process mandated by NCQA, external organizations and regulatory agencies use the HEDIS data and require submission of the data in different formats than the one required by NCQA from January to August of the HEDIS season.

Hennepin Health, in collaboration with eight Minnesota health plans, creates an annual Minnesota health plan mean for each HEDIS measure allowing health plans' rate comparison. HEDIS provides Hennepin Health with an analysis tool to compare its' rate against the national mean. Minnesota strives to produce higher HEDIS rates than the nation, focusing on the quality of care rather than the quantity of care.

#### HENNEPIN HEALTH MEASURE STRENGTHS HEDIS 2017

The Hennepin Health - SNBC population scored higher than the Minnesota mean for the following measures: Adult BMI Assessment, Breast Cancer Screening, Cervical Cancer Screening and Pharmacy Management of COPD Exacerbation. The Hennepin Health - SNBC population also scored higher than the Minnesota mean for Comprehensive Diabetes Care in the areas of A1c testing and monitoring nephropathy.

#### HENNEPIN HEALTH MEASURE OPPORTUNITIES HEDIS 2017

Hennepin Health has opportunities to improve several HEDIS measures related to preventive care. For the Hennepin Health – SNBC population, the Persistence of a Beta Blocker Treatment After Heart Attack rate (60%) declined from CY 2015 (75%) and is also lower than the MN Mean (71%) and National Mean (80%). Another preventative care measure that also serves as an opportunity for improvement is the controlling high blood pressure rate (CY 2016: 65%). While the rate has improved from CY 2015 (60%), the rate is still lower than the MN Mean (68%). Efforts to improve preventative care services are underway. Hennepin Health – SNBC members have Case Managers, who are actively working with members to ensure they are receiving preventative care services.

NCQA continues to express concern about the low performance of health plans nationwide on behavioral health quality measures. A rate decrease for the Follow-Up after Mental Health Hospitalization (FUH) measure from the previous year was observed for Hennepin Health – SNBC. The rate is also significantly lower than both the national and Minnesota means. Hennepin Health has created a focus study for calendar year 2018 targeting a reduction in the mental health hospitalization readmission rate through the use of outreach. It is hope through targeted interventions that the FUH measure rate will improve by encouraging members to obtain a follow-up visit after a mental health hospitalization.

#### HENNEPIN HEALTH HEDIS 2017 MEASURES FOR CALENDAR YEAR 2016

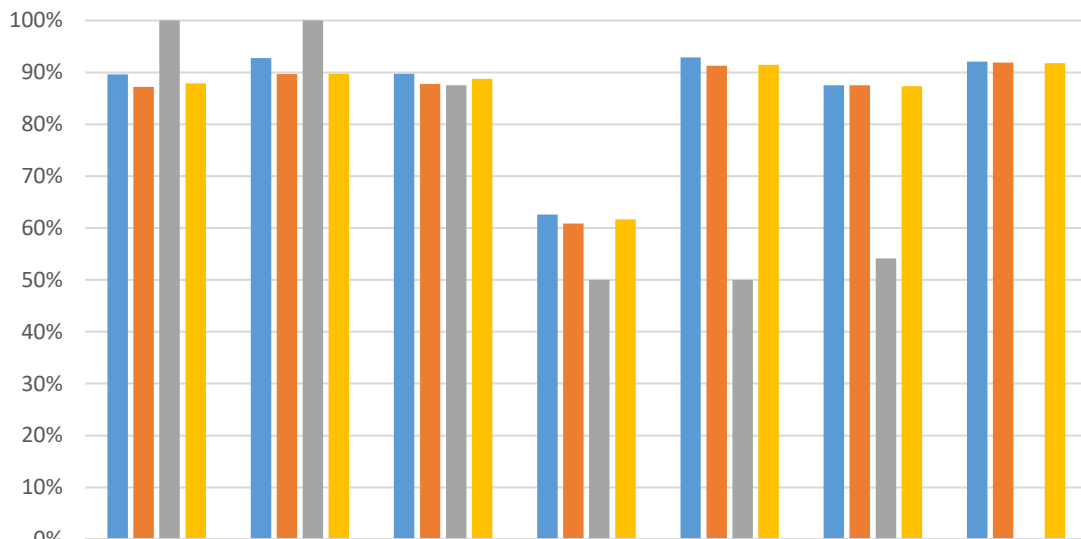
##### **Annual Monitoring for Patients on Persistent Medications:**

NCQA Definition: percentage of members 18 years old and older and on the following medications who received annual (180 days) therapeutic monitoring: angiotensin converting enzyme (ACE) inhibitors/angiotensin receptor blockers (ARB), Digoxin, Diuretics

*SNBC Rate for Total Medications: 91.46%*

The Hennepin Health – SNBC HEDIS 2017 rate increased significantly from HEDIS 2016. The HEDIS 2017 rate was above the National mean (87.30%) and is comparable to the Minnesota mean (91.74%).

## Hennepin Health - SNBC Monitor for Persistent Medications



	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	National Mean 2016	MN Mean 2016
ACE and ARBs	89.58%	92.77%	89.72%	62.57%	92.89%	87.53%	92.08%
Diuretics	87.23%	89.64%	87.73%	60.87%	91.25%	87.51%	91.88%
Digoxin	100%	100%	87.50%	50.00%	50.00%	54.12%	-
Total	87.85%	89.72%	88.77%	61.65%	91.46%	87.30%	91.74%

### Antidepressant Medication Management

NCQA Definition: the percentage of members 18 years of age and older who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates were reported.

- Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

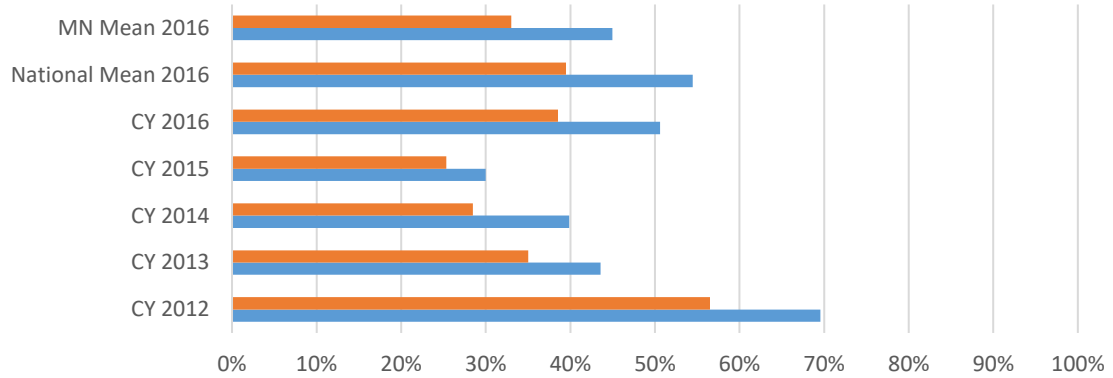
#### *Hennepin Health – SNBC HEDIS Rate for Antidepressant Medication Management*

*Effective Acute Phase (84 days): 50.60%*

*Continuation Phase (180 days): 38.55%*

The Hennepin Health - SNBC rates for both the acute and continuation phases for HEDIS 2017 have significantly improved from HEDIS 2016. The HEDIS 2017 rates for Hennepin Health - SNBC are better than the Minnesota mean and comparable to the national rates. Hennepin Health has been working on a collaborative performance improvement project with the other Minnesota health plans on reducing disparities in this population for antidepressant use and may have contributed to the improved rates.

### % of SNBC Members with Antidepressant Medication Management



	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	National Mean 2016	MN Mean 2016
Continuation phase 180 days	56.52%	35.04%	28.48%	25.33%	38.55%	39.48%	33.01%
Acute phase 84 days	69.57%	43.59%	39.87%	30.00%	50.60%	54.47%	44.99%

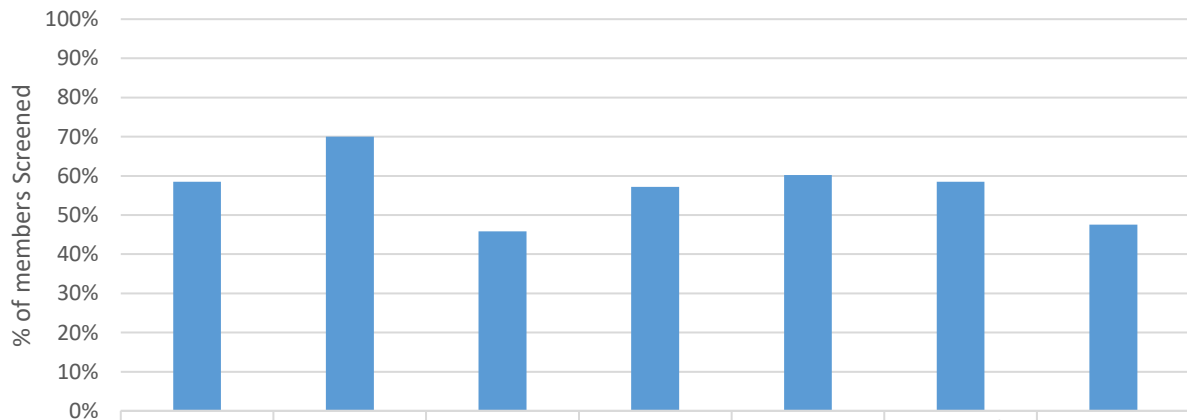
### Breast Cancer Screening

NCQA Definition: percentage of women 52 to 74 years old who had a screening mammogram.

*Hennepin Health - SNBC Breast Cancer Screening Rate: 60.22%*

The calendar year 2016 breast cancer screening rate for Hennepin Health - SNBC increased from the previous year. This rate exceeds Minnesota mean by 13 percent and is above the National mean.

### Hennepin Health - SNBC Breast Cancer Screening

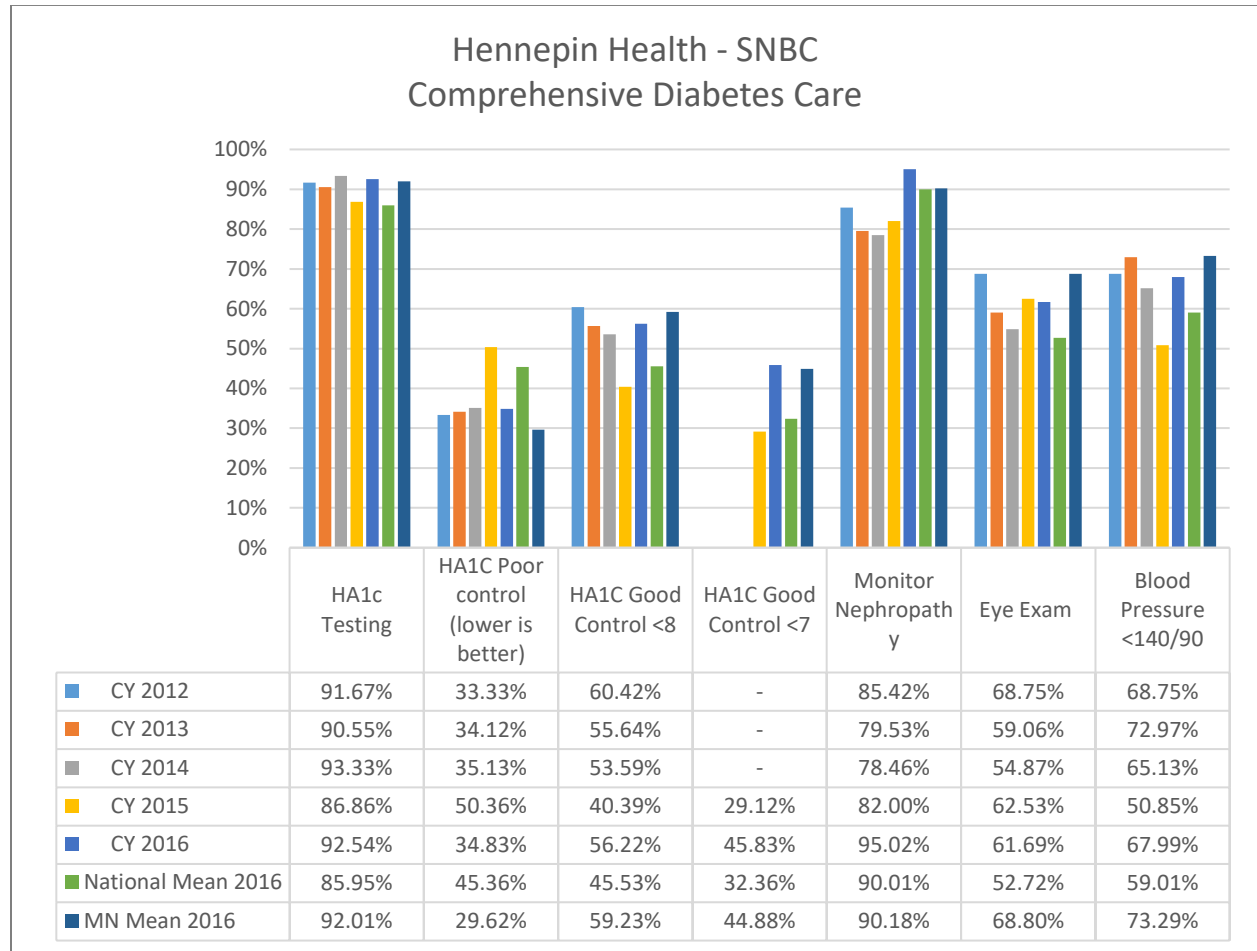


	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016	National Mean 2016	MN Mean 2016
Rate	58.49%	70%	45.82%	57.21%	60.22%	58.51%	47.52%

**Comprehensive Diabetes Care:**

NCQA Definition: members 18 to 75 years of age with diabetes should have each of the following reviewed on an annual basis: HbA1C, Eye Exam, Blood Pressure Control, and Nephropathy screening.

*Hennepin Health - SNBC Comprehensive Diabetes:* Hennepin Health - SNBC ranked above the Minnesota mean on A1c Testing, A1c Good Control (<7) and monitoring nephropathy. For all other measures, Hennepin Health – SNBC, was below the Minnesota mean. The rates for Hennepin Health- SNBC were above the national mean for all measures. The Disease Management area within Hennepin Health reached out to enrollees to encourage eye exams during calendar years 2016 and 2017.

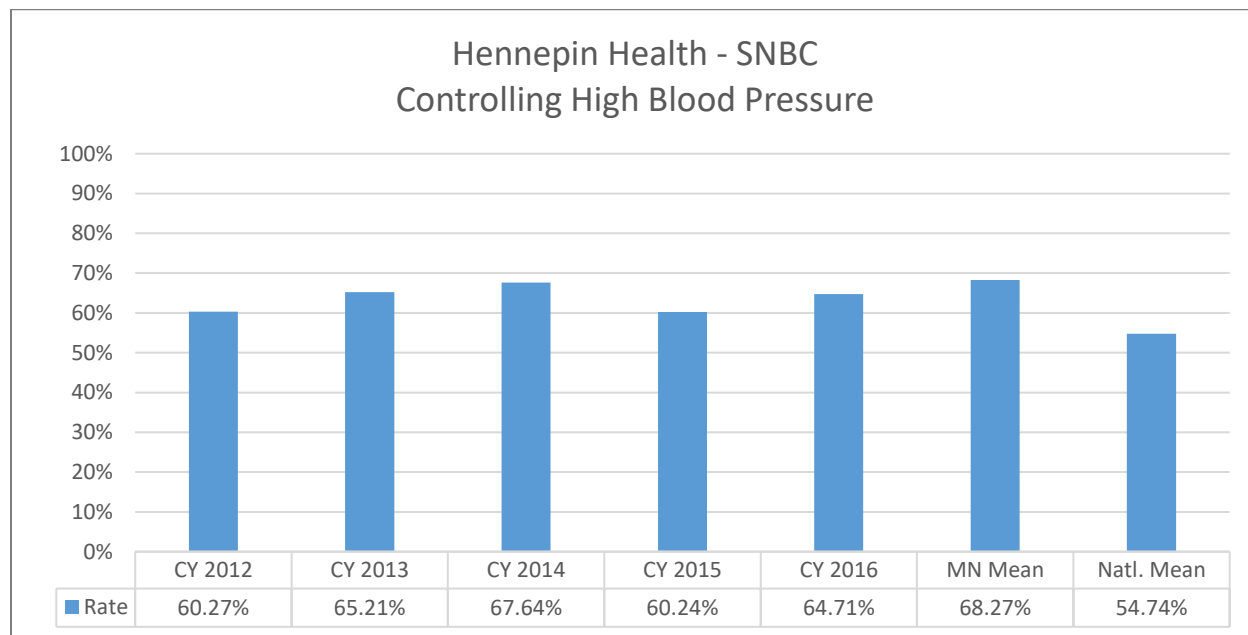


**Controlling High Blood Pressure:**

NCQA Definition: members 18 to 85 years of age with a diagnosis of hypertension (HTN) with Blood Pressure that is adequately controlled (<140/90).

*Hennepin Health- SNBC Rate for Controlling High Blood Pressure: 64.71%*

The SNBC rate for calendar year 2016 improved by four percent from calendar year 2015. The rate continues to be better than the national rate and is slightly below the Minnesota mean. Disease Management staff continues to work with enrollees to manage blood pressure.



**Follow up after Hospitalization for Mental Illness:**

NCQA Definition: the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage discharges for which the member received follow-up within seven days of discharge.

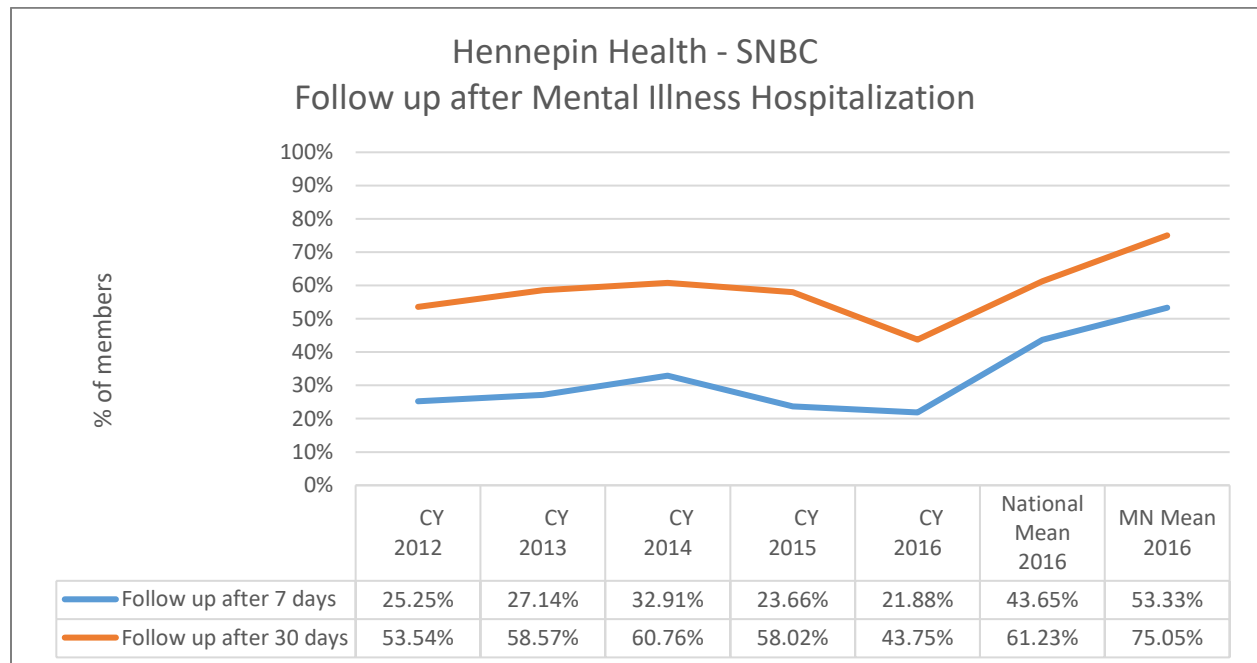
*Hennepin Health – SNBC Rate for Follow-up after Hospitalization for Mental Health*

- *Follow-up after Mental Illness Hospitalization within seven days: 21.88%*
- *Follow-up after Mental Illness Hospitalization within 30 days: 43.7%*

Hennepin Health - SNBC rates are below the Minnesota and national means on both seven and thirty day measures. NCQA changed the reporting methodology for this measure. The follow-up visit must occur after the date of discharge, not on the date of discharge as previously allowed. It is also possible that this rate is impacted negatively when enrollees visit their primary care physician instead of a mental health provider for a follow-up appointment. Due to specific NCQA measurement coding logic, Hennepin Health does not have the ability to adjust these rates to include any primary care follow-up. However, Hennepin Health does have an opportunity to conduct a comparison analysis to test this follow-up

discrepancy more accurately. It is possible that Hennepin Health is not capturing the entire collection of valid follow-up visits due to the way some provider specialties have traditionally been mapped by Hennepin Health for HEDIS. Development is underway to correct this issue for HEDIS 2018.

Additionally, Hennepin Health is conducting a focus study in 2018 on whether an earlier review of inpatient admission along with an emphasis on early discharge planning, including follow-up with the appropriate mental health provider will decrease the readmissions for members with a diagnosis of schizophrenia. The impact of these interventions on this HEDIS rate will not be known until the HEDIS 2019 season.



#### WHAT'S NEW FOR HEDIS 2017 AND THE NEXT STEPS?

The most recent HEDIS scores were shared with QMC, Medical Administration and Network Management Departments. All HEDIS scores were communicated to providers via Provider Bulletins. Hennepin Health plans to inform and actively work with its network providers to improve scores for relevant HEDIS measures.

In an effort to reduce emergency department (ED) visits and hospitalizations, Hennepin Health continues to focus on member education about preventive care. Hennepin Health care guides promote annual preventive health exams and connect enrollees with primary care clinics and physicians to receive seamless care. Reminders about annual preventive health exams are displayed on a monitor in the member walk-in service center, posted on the Hennepin Health website and promoted in brochures.





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