

EXECUTIVE SUMMARY:

A Focus on Provider Quality: Selected Clinical Measures, 2018 and 2020

Introduction

CHIA reports biannually on selected clinical quality performance measures drawn from the Healthcare Effectiveness Data and Information Set (HEDIS[®]) to examine health care quality outcomes within the Commonwealth. HEDIS is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance. These measures relate to public health outcomes such as cancer, heart disease, smoking, asthma, and diabetes.¹ The HEDIS measures included in this report are categorized under the following domains: Adult Diagnostic Care, Behavioral Health, Chronic Condition Care, Pediatric and Adolescent Care, and Screening and Prevention.

HEDIS scores are expressed in percentages reflecting the share of the eligible patient population that received the recommended care being measured. While HEDIS measures provide valuable data points to highlight standards of care where the Commonwealth excels, as well as opportunities for improvement, it is important to note that they are specific to care provided by a primary care provider (PCP). For some measures, such as measures of treatment for an acute ailment or behavioral health treatment, it is not uncommon for consumers to seek care at urgent care centers or from specialists, and not with their PCP. Therefore, some scores may be low because care was appropriately sought elsewhere, and rather than being reflective of poor care, may instead be an indication that care occurred in a specialized or urgent care setting.

Statewide scores on selected clinical quality measures from 2020 compared to 2018 suggest that changes in access to care due to the COVID-19 pandemic contributed to both improvements and declines in some clinical quality scores. Notable overall trends observed include decreased scores for all measures in the Screenings and Preventative Care domain, and increased scores for all measures in the Behavioral Health domain. These changes are not surprising in the context of the COVID-19 pandemic—which limited access to in-person visits often required for screenings—while expanded access to telehealth services may have contributed to improvements for behavioral health visits, which often do not require face-to-face encounters. While some Pediatric and Adolescent Care measure scores that require in-person visits did see the expected declines, it is noteworthy that on two measures of childhood immunizations, scores either remained high or slightly improved in 2020, despite the challenges to routine care access.

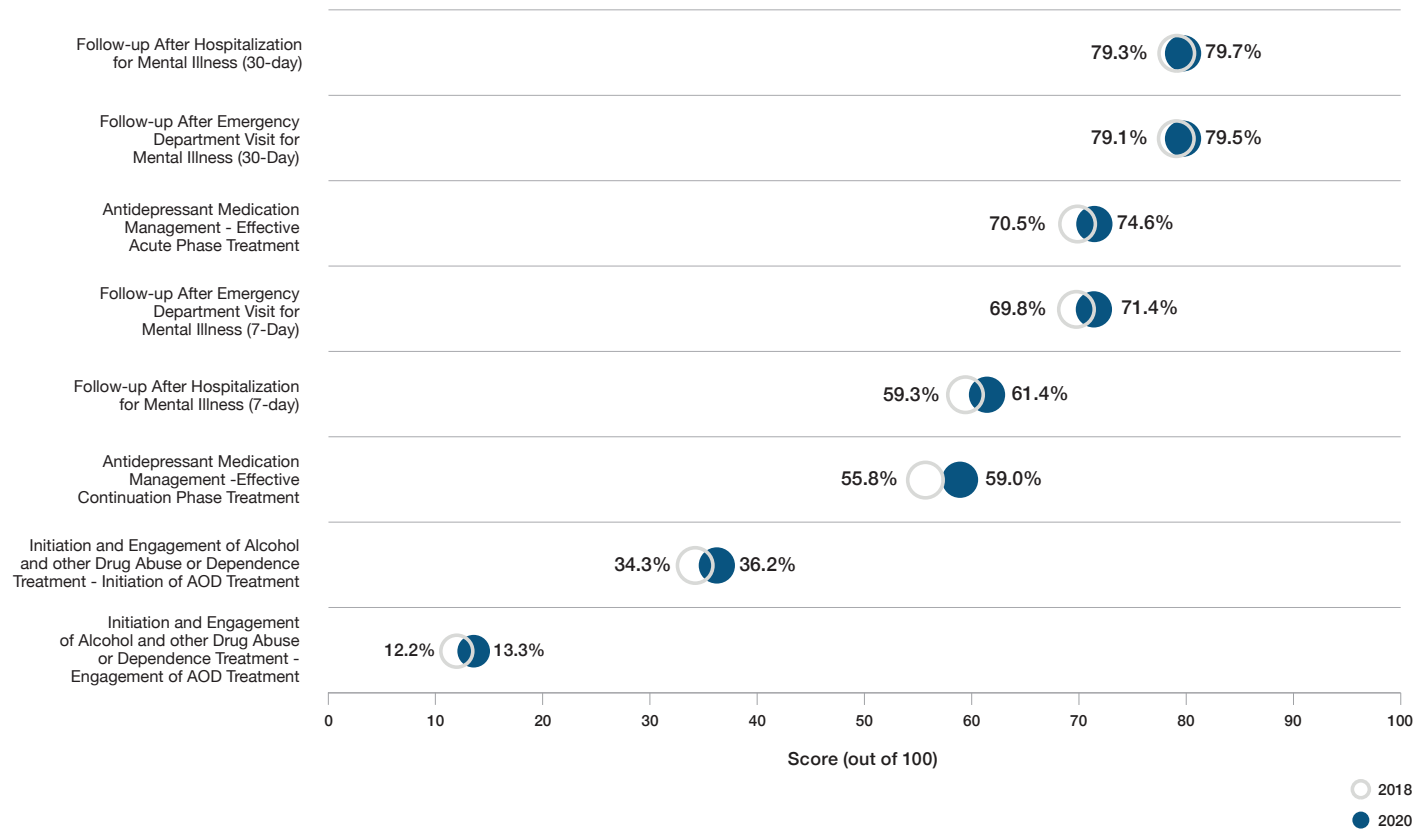
This publication includes an analysis of measurement years 2018 and 2020 within the commercial market and can be seen at both the statewide and medical group level. In addition to this executive summary on statewide findings, the published HEDIS materials include:

- A series of [interactive graphics](#) on provider-specific HEDIS results
- An analytic [databook](#) including data on both medical group-level scores and statewide scores
- A [technical appendix](#)

Key Statewide Findings: Behavioral Health

Two measures that increased most notably from 2018 to 2020 are in the Behavioral Health domain. Antidepressant Medication Management - Effective Acute Phase Treatment rose from 70.5% to 74.6% and Antidepressant Medication Management - Effective Continuation Phase Treatment increased from 55.8% to 59.0%. These increases highlight the ability for patients to receive remote care as telehealth options became more available to people during the pandemic. All other measures in this domain also saw score improvements, but remained generally similar and consistent across the two years. Within this domain, scores were consistently highest for measures of Follow up After Emergency Department Visit for Mental Health (30-Day) and Follow up After Hospitalization for Mental Illness (30-Day), with scores slightly above 79% for both measures and across both years. Scores were lowest for measures of Initiation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment - Engagement of AOD Treatment at 12.2% in 2018 and 13.3% in 2020, and Initiation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment - Initiation of AOD at 34.3% in 2018 and 36.2% in 2020. As noted in the introduction, measures in the Behavioral Health domain are commonly impacted by consumers seeking care in settings other than their PCP office, so low scores should be considered relative to median and statewide scores. (Chart A)

A HEDIS Dashboard: Behavioral Health



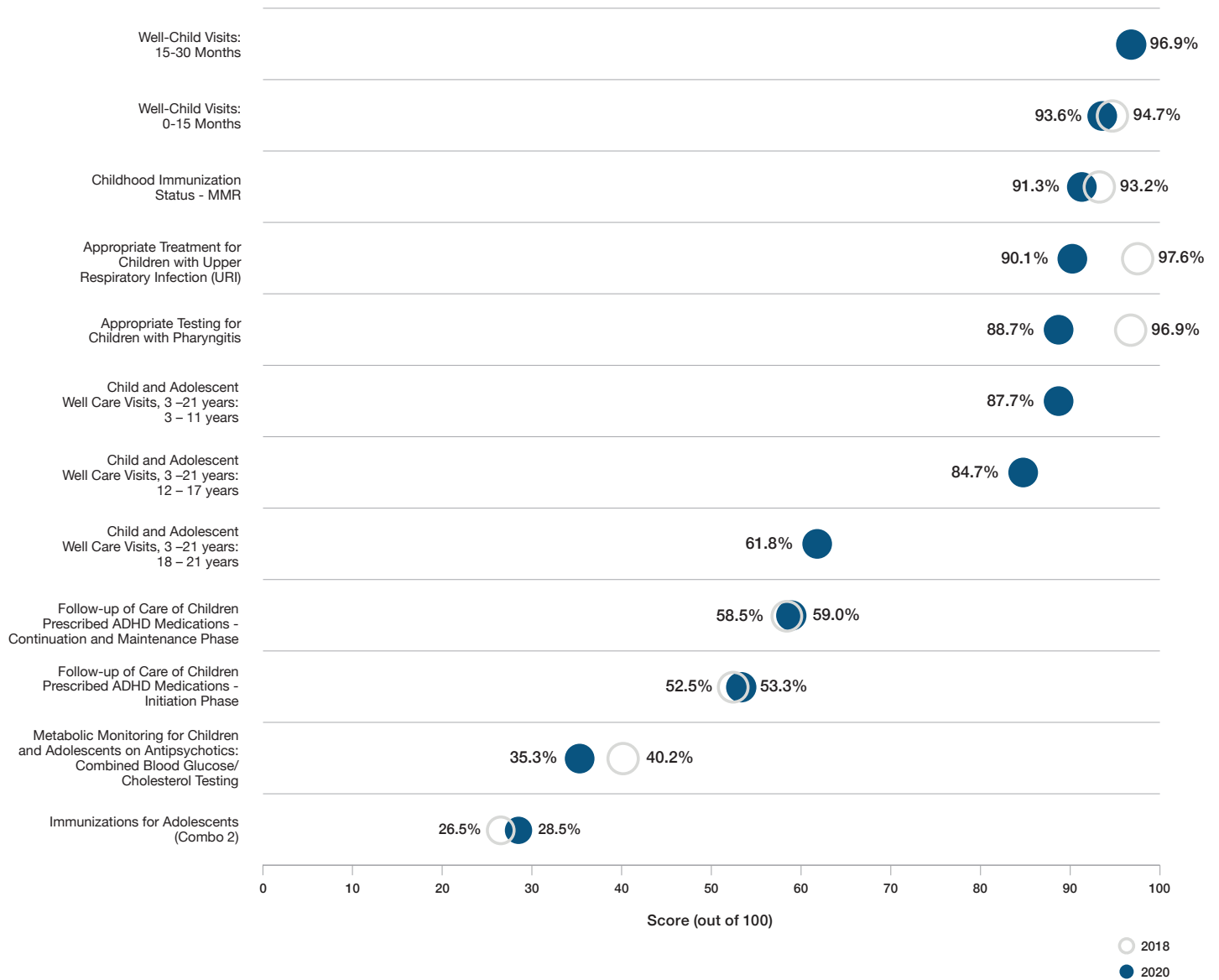
Key Statewide Findings: Pediatric and Adolescent Care

Despite the limitations to in-person care during COVID-19, immunizations for this population increased or remained consistent. Immunizations for Adolescents (Combo 2) increased from 26.5% in 2018 to 28.5% in 2020, and Childhood Immunization Status – MMR decreased only slightly from 93.2% in 2018 to 91.3% in 2020. This highlights the commitment of the health care system and patients to ensure access to important immunizations for pediatric and adolescent patients during this challenging time.

Other measures in this domain, which may have been impacted by access to care limitations, did decline from 2018 to 2020. Notably, the performance score for Appropriate Testing for Children with Pharyngitis fell from 96.9% in 2018 to 88.7% in 2020, Appropriate Treating for Children with Upper Respiratory Infection (URI) fell from 97.6% to 90.1%, and Metabolic Monitoring for Children and Adolescents on Antipsychotics: Combined Blood Glucose/Cholesterol Testing decreased from 40.2% to 35.3%. (Chart B)

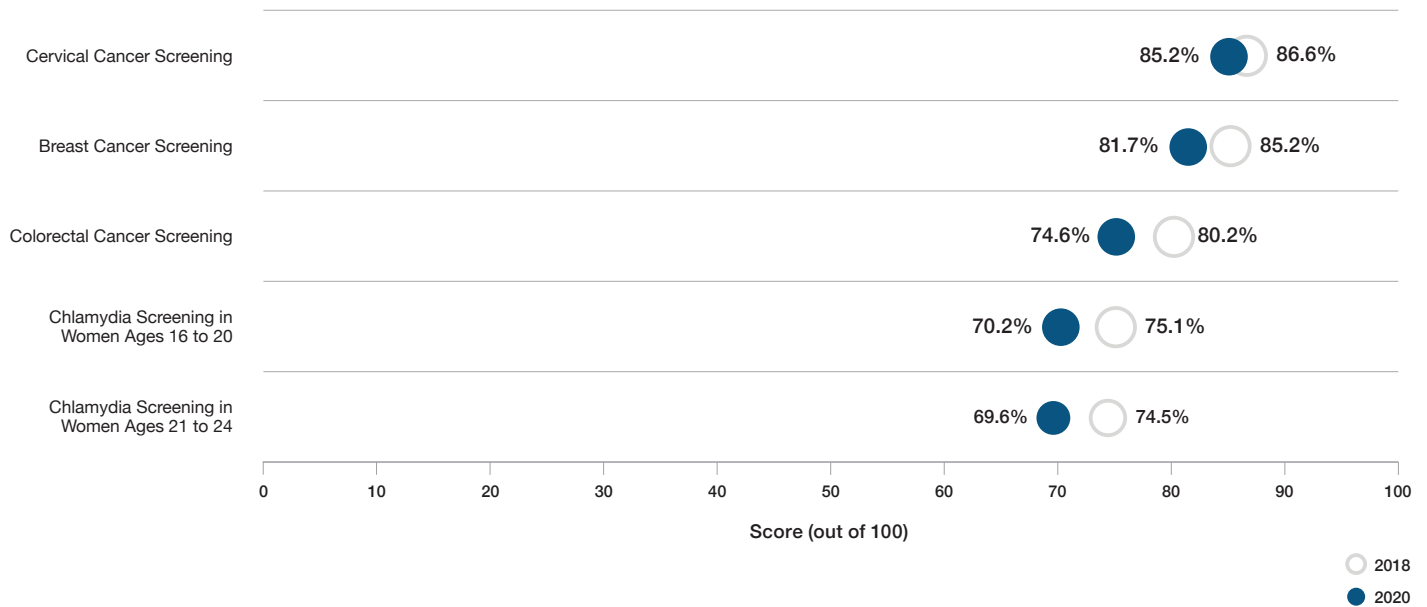
[Click images to see the detailed graphic and the full interactive report.](#)

B HEDIS Dashboard: Pediatric and Adolescent Care



Click images to see the detailed graphic and the full interactive report.

C HEDIS Dashboard: Screening and Prevention



Key Statewide Findings: Screenings and Prevention

All performance scores for measures in the Screenings and Prevention domain decreased from 2018 to 2020, as expected, given limited access to in-person care for these procedures that require a face-to-face visit. Measures such as Breast Cancer Screening, Chlamydia Screening in Women Ages 16-20 and Ages 21-24, and Colorectal Cancer Screening all decreased by approximately five percentage points (the specific changes can be seen in the figure below). Cervical Cancer Screenings experienced the smallest decline, dropping only 1.4 percentage points from 86.6% in 2018 to 85.2% in 2020. These decreases in preventative screenings are concerning as early detection can improve patient outcomes. (Chart C)

[Click images to see the detailed graphic and the full interactive report.](#)

Notes

- 1 Healthcare Effectiveness Data and Information Set (HEDIS). CMS. (Last Modified December 1, 2021). Retrieved July 15, 2022, from <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-HEDIS#:~:text=HEDIS%20is%20a%20comprehensive%20set,smoking%2C%20asthma%2C%20and%20diabetes>.

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