

UPDATES

Health Care Quality Benchmarks

Laurie Klanchar RN, MSN
Principal, Specialty Consulting Sector
Mercer



ChooseHealth
DELAWARE

HISTORY

- The Health Care Spending and Quality Benchmarks program was established by Executive Order 25 (signed in November 2018) and went into effect January 1, 2019
- HAI/HB442, signed by the Governor on August 19, 2022, established legislation for the benchmarks (spending and quality)
- Quality benchmarks are developed and set on a rolling 3-year basis:
 - Calendar Years (CYs) 2019–2021
 - CYs 2022–2024
 - **CYs 2025–2027** quality benchmarks can be statewide or market-specific (e.g., Commercial and/or Medicaid)
- Existing data sources (e.g., Centers for Disease Control and Prevention [CDC]) or insurer-reported data



PURPOSE

- Intended to focus attention on important healthcare-related issues/topics that are relevant and meaningful to Delawareans.
- Intended to foster accountability at multiple levels (state, insurer, provider) for improved health status.



TIMELINE

- *August 29, 2024: Initial Stakeholder meeting*
 - *Review and discussion of current and potential measures*
- *August 30, 2024–September 16, 2024: Stakeholder comment period*
- *September 17, 2024: Follow-up Stakeholder meeting*
 - *Finalize input on CYs 2025–2027 metrics*
- **October 3, 2024: Delaware Health Care Commission (DHCC) Commissioner’s meeting**
 - **DHCC issues CYs 2025–2027 quality benchmarks for public comment**
- **October 17, 2024: Final day for public comment**



QUALITY MEASURES: CURRENT SINCE 2019 INSURER REPORTED

Quality Measure	CY 2022 Benchmark	CY 2022 Results	CY 2021 Results	Notes
Emergency Department Utilization (EDU)	160.7 visits per 1,000 (Commercial only)	168.4 visits per 1,000 (Commercial only)*	163.0 visits per 1,000 (Commercial only)*	Lower result is better
Persistence of Beta-Blocker Treatment after a Heart Attack	86.8% Commercial 83.0% Medicaid	76.5% Commercial 80.6% Medicaid	88.5% Commercial 80.7% Medicaid	Higher result is better
Statin Therapy for Patients With Cardiovascular Disease — Statin Adherence 80%	83.1% Commercial 73.1% Medicaid	82.0% Commercial 64.5% Medicaid	81.8% Commercial 66.1% Medicaid	Higher result is better

Red indicates the benchmark was not met for that respective year; green indicates the benchmark was met for that respective year. The target benchmark goal is typically set to achieve improvement each year.

*The 2021 result was calculated using the updated measure year (MY) 2021 methodology. The benchmark, however, was determined using the MY 2018 methodology. Therefore, caution should be exercised when interpreting this result.

Delaware Department of Health and Social Services/DHCC intends to **continue** these quality measures into the CYs 2025–2027 cycle



QUALITY MEASURES: CURRENT SINCE 2022 INSURER REPORTED

Quality Measure	CY 2022 Benchmark	CY 2022 Results	CY 2021 Results	Notes
Breast Cancer Screening	75.7% Commercial 57.9% Medicaid	77.0% Commercial 53.8% Medicaid	N/A	Higher result is better
Cervical Cancer Screening	76.2% Commercial 55.1% Medicaid	74.1% Commercial 52.6% Medicaid	N/A	Higher result is better
Colorectal Cancer Screening	61.0% Commercial	62.3% Commercial	N/A	Higher result is better

Red indicates the benchmark was not met for that respective year; green indicates the benchmark was met for that respective year. The target benchmark goal is typically set to achieve improvement each year.

DHCC intends to **continue** these quality measures into the CYs 2025–2027 cycle



CYs 2025–2027 QUALITY MEASURE CONSIDERATIONS

- Aligned with Delaware’s priorities/key issues
- Reliable, consistent, and useable data sources/results
- Opportunity for impact/improvement
- Balanced mix of measure categories
 - Preventive
 - Behavioral health
 - Substance use disorder (SUD)
- Continued relevance of original measures



QUALITY MEASURES: CYs 2025–2027 PROPOSED

Measure	Measure Description	Data Source	Population
Follow-Up Care for Children Prescribed ADHD Medication (ADD, ADD-E) (FUH)	<p>Initiation Phase: Assesses children between 6 years and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.</p> <p>Continuation and Maintenance Phase: Assesses children between 6 years and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.</p>	National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS)	Commercial Medicaid
Follow-Up After Emergency Department Visit for Substance Use	Assesses ED visits for members 13 years of age and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, who had a follow-up visit for SUD within 7 days and 30 days.	NCQA-HEDIS	Commercial Medicaid

QUALITY MEASURES: CYs 2025–2027 PROPOSED

Measure	Measure Description	Data Source	Population
Oral Evaluation, Dental Services (OEV-CH)	Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the MY. The total rate (ages <1 year to 20 years) is required for federal fiscal year 2024 reporting.	American Dental Association on behalf of the Dental Quality Alliance	Medicaid CMS Child Core Measure
Depression Screening and Follow-up for Adolescents and Adults	Percentage of members 12 years of age and older screened for clinical depression using a standardized instrument, and if screened positive, received follow-up care.	NCQA-HEDIS-Electronic Clinical Data Systems (ECDS)	Commercial Medicaid CMS Adult and Child Core



NEXT STEPS

- Finalize measure set for CYs 2025–2027 cycle.
- Set the benchmark rates for the CYs 2025–2027 cycle for all *existing* and *new* measures.
 - Benchmarks (i.e., annual target) are determined the year before the measurement cycle begins.
 - For statewide measures, the national and statewide results reported by the measure steward or data source (e.g., CDC, NCQA, etc.) are reviewed.
 - The year over year trend for the national and statewide results are also evaluated.
 - This information along with additional quality improvement industry and clinical expertise to determine benchmarks that will demonstrate meaningful improvement but are also realistic and achievable.

