What Is HEDIS and Why Is It Critically Important to Your Office Right Now?

HEDIS (Healthcare Effectiveness Data and Information Set) is a tool used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and services. Diabetic care, including diabetic eye care, is one of the most important HEDIS measures. HEDIS is administered by NCQA (National Committee for Quality Assurance), which is one of the main organizations that measures quality in health care. HEDIS scores are used by employers and purchasers of health care to evaluate the effectiveness of a policy. It is a very important consideration for health plans in selling their policies. There are 81 HEDIS measures which cover five domains of care. The measure that addresses diabetic eye exams is the primary measure that must be understood.

Organizations such as hospitals and health systems use HEDIS scores to qualify for inclusion in plans by payers, in selling their services to purchasers, and in government formulas that determine payment rates for a variety of issues.

As health care reform implementation progresses, there is an obvious shift toward the importance of quality care delivery. HEDIS is one of the best indicators of whether a particular policy or institution is delivering the best quality. Because of this shift, we are seeing new tools being used commonly which allow institutions to better measure and improve their HEDIS scores. We are also seeing a concerted effort on the part of almost all hospitals and health care institutions to raise their scores.

Unfortunately, the HEDIS eye care measure for diabetic eye exams consistently is one of the lowest measure scores throughout the country. As a result, many organizations are focusing on raising this particular HEDIS score. This is an opportunity that can be taken advantage of right now.

What is the HEDIS measure for diabetic eye exams?

First, you need to know what the measure is. This is taken directly from the HEDIS section of the NCQA website as part of the Comprehensive Diabetes Care (CDC) section:

**“Eye Exam”** - An eye screening for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, or
- A negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year.

**Medical record** - At a minimum, documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was competed by an eye care professional, the date on which the procedure was performed and the results, or
A chart or photograph of retinal abnormalities indicating the date on which the fundus photography was performed and evidence that an eye care professional reviewed the results.

- Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.”

This HEDIS measure covers every patient with any kind of diabetes. Therefore, the requirements above apply to every patient on which any physician has entered a diagnosis of any type of diabetes. Every one of these patients needs to have an eye exam that can be identified through administrative data, adequate documentation in the medical record that an eye exam was completed, and the results of the exam.²

What do you need to do?

The first thing that you need to ensure is that every single diabetic patient seen in your office has a letter written and sent to the primary physician responsible for the treatment of the patient’s diabetes. If the patient has a care coordinator, a copy of the letter should also be sent to that individual.

You should have safety net procedures which identify any diabetic patient that has not had a letter written to be able to ensure that this process is consistently completed. If you do not have a mechanism to generate a report comparing all patients with a diagnosis of diabetes with the letters sent out, there is a high probability that an occasional letter will be missed. You also do not have a way to prove you sent letters when negotiating with a health system to be part of a coordinated care team if you do not have this evidence.

The second thing you must do on every diabetic patient is to meet the requirement in this statement:

Eye Exam- An eye screening for diabetic retinal disease as identified by administrative data or medical record review.

Not understanding the statement above, which is part of the HEDIS measure description, is the single worst pitfall that optometrists get caught in. The statement says that there are two ways that the HEDIS measure can be constructed. One way is by reviewing the medical record to make sure a letter from an eye care professional or photodocumentation from a reading center is present in the patient chart. You can imagine the effort and expense involved in every hospital and health plan having to actually audit every patient chart to see if the correct documentation is present.

In the experience of ODX’s membership, the vast majority of hospitals, health systems, and payers use administrative data to construct the HEDIS measure. In other words, these institutions look to see if billing was submitted and if a medical exam was paid for during the coverage period. If the correct billing is in place, then it is acceptable for an assumption to be made that a letter was written and is in the patient chart. When this method is used, it is completely dependent on the proper billing.
The pitfall that many ODs get into is writing a letter, but then billing a patient’s eye care coverage, such as VSP or EyeMed, and thinking they have met the requirement. If the HEDIS score for the institution that the primary care physician is associated with is utilizing administrative data to construct the HEDIS score, you have failed to meet the administrative requirement as VSP, EyeMed, and other vision care plans typically do not share billing data with health systems. To meet the administrative data requirement, you must bill a medical insurance with an appropriate code. Unless the vision coverage is specifically part of the health care insurance plan, you have likely not met the requirement by simply billing the vision coverage.

**Why is this important to you?**

It is easy to take the position that this whole issue is not your problem. HEDIS is scoring hospitals and health insurance policies, not you. That is true, but the score these institutions are getting is the direct result of the activities that you do. Since they cannot directly tell you what to do or control your actions, the only thing they can do is put in place processes to drive patients to providers who are meeting the requirements. These activities do affect you.

There are two ways that hospitals, health systems, and policy holders can drive patients to providers who help raise their quality measures, such as HEDIS. The first is through specialized tools that allow them to track and know which providers are meeting requirements. The second is through who they invite to participate on narrow provider panels.

It is important to be aware of the tools available to help health care organizations direct patients. You may not be familiar with an organization called The Advisory Board, but the majority of hospitals and health systems in the country utilize their services on a regular basis. They have a portfolio of tools that allow analysis of a broad spectrum of the data captured by a health care institution. Their tools can analyze and compare costs for almost any procedure or care episode from the cost of tissues to the average cost of care by provider. One of their analytical tools currently being clinically tested is called Crimson Population Management. With this tool, and the click of a button, any institution using this product can instantaneously produce a list of eye care providers who routinely bill the health care insurances of their diabetic patients. With a little more effort, they can identify every patient without a billed medical eye exam. They can then look at who is the listed eye care provider and generate lists of eye care providers who do not routinely bill medical insurances.

Which list do you want to be on? These lists exist today and you are on one or the other list already. The decision you make now on how you will continue to bill diabetic eye exams will dictate which list you remain on. But the tools do not stop here. There is another product called Crimson Medical Referrals³ which is used by care coordinators and others in health systems to schedule exams for patients. The lists of providers who meet billing requirements from the Crimson Population Management Tool can be imported into Crimson Medical Referrals to create the provider panel that care coordinators and others can schedule patients with for future care.
Technology and analytics is also being utilized to drive the selection process for participation on provider panels. It is not much of a stretch to realize that if an organization wants to raise their HEDIS scores, they are going to want providers who meet the HEDIS requirements on their provider panels. It is easy to see how they can, and do, use the lists generated by Crimson Population Management and other similar analytical products to generate the lists of providers they want to invite or approve to be on their provider panels. If you have already experienced not being invited to participate or not being approved to participate on a provider panel, this could be the reason.

In some cases, the analytics have shown that across the board, diabetic patients are much less likely to have an exam that meets all the criteria by an optometrist than if they see an ophthalmologist. There are already panels that have been closed to ODs because of this. ODs who have experienced these closed panels almost always assume it is because of bias against ODs and toward ophthalmologists. In reality, it is much more likely that an analytical process has shown that ophthalmologists almost always bill medical insurance for diabetic eye exams, and almost always write a letter to the primary care physician. These two things may not be true for optometry, and this is what closes the panel, not bias.

On the other side of the coin, if you are willing to make sure that every diabetic patient that is seen in your office has everything done to meet the HEDIS requirements, there is a huge potential benefit that you can capitalize on to build your practice. There is opportunity for referral relationships, and even exclusive care contracts, if you know how to accomplish it. The Health Care Reform to Thrive platform from OD Excellence, which includes the Getting Connected and Getting Prepared programs, can help you traverse the waters to successfully take advantage of these opportunities.

Summary

Technology is creating tools that allow medical management decisions to be based on data analytics rather than bias. Health care reform is creating the environment that is encouraging health systems to utilize these tools to make better decisions and to drive better care. The emerging world of medical analytics can be intimidating in many ways. As you can see, data about your practice patterns and care decisions is being analyzed whether you are aware of it or not. However, if you put forth the effort to understand the principles on which the analytics are based and the activities that you need to be successful, you will find that the effort is minimal to open new opportunities that never existed before for eye care providers. The HEDIS diabetic eye exam measure is a perfect example. By understanding a few simple principles and initiating a few simple steps in your practice, you can open huge opportunities. Not doing so, or not being aware of what is happening in your community, can have negative long term impacts on your practice. The good thing is that analytics put you in control. The future decisions that will impact the success of your practice will increasingly be based on analyzed factors that you control, rather than general bias that you cannot. Health care reform is putting your future in your hands based on the decisions that you make. It is your choice whether you take advantage of the opportunities.
Other Resources:

Getting Prepared and Getting Connected members can access the worksheet titled, "Empowering You to Control HEDIS Scores; Your Action Plan" on the OD Excellence website.
References:

