Novel Uses of HEDIS Functionality in the COVID-19 Pandemic

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What is HEDIS?

- Healthcare Effectiveness Data and Information Set (HEDIS) is standardized performance measures designed to collect data for reliable comparison of health plan performance.
  - HEDIS measures relate to many significant public health issues, such as cancer, heart disease, asthma, diabetes, and ***vaccination***.

https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-HEDIS#:~:text=HEDIS%20is%20a%20comprehensive%20set,smoking%2C%20asthma%2C%20and%20diabetes.

HEDIS Measures: Vaccination

Childhood Immunization Status (CIS)

The percentage of children 2 years of age who had:

- four diphtheria, tetanus and acellular pertussis (DTaP);
- three polio (IPV);
- one measles, mumps and rubella (MMR);
- three haemophilus influenza type B (HiB);
- three hepatitis B (HepB);
- one chicken pox (VZV);
- four pneumococcal conjugate (PCV);
- one hepatitis A (HepA);
- two or three rotavirus (RV); and
- two influenza (flu) vaccines

by their second birthday.

The measure calculates a rate for each vaccine and nine separate combination rates.

Adult Immunization Status

The percentage of members 19 years of age and older who are up-to-date on recommended routine vaccines:

- influenza;
- tetanus and diphtheria (Td); or
- tetanus, diphtheria and acellular pertussis (Tdap);
- Zoster; and
- pneumococcal.

https://www.ncqa.org/hedis/measures/childhood-immunization-status/
https://www.ncqa.org/hedis/measures/adult-immunization-status/

HEDIS Functionality in the IIS

The Health Plan Employer Data and Information Set (HEDIS) module provides the capability to accept a patient listing to be matched to existing registry records. This data is only a sampling of patients and is not imported into the registry. Based on the sample, a vaccination export can be created for the matched patients and their vaccinations. Additionally, a report can be run to view the patients without matches.

HEDIS Functionality in AK's IIS

- Alaska uses the STC IIS product
- Offers the ability to create multiple search and export profiles with different matching criteria
- Usually utilized for HEDIS requests from health plans (ex: Premera)

Problems during the COVID-19 Pandemic

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How can this problem be resolved? HEDIS functionality

Alaska HEDIS Regulations

AAC 27.655. Data from the immunization information System

(a) A request for patient-specific data from the immunization information system maintained by the department will be responded to only if made by an authorized health care provider for information about a patient under its care, ***by a public health authority for patients within its jurisdiction***, or as otherwise allowed under 7 AAC 27.893(b). Except as described in 7 AAC 27.893(b), a request from a person other than an authorized health care provider, from an authorized health care provider for data beyond that of a specific patient under its care, or from a public health authority for data beyond that of patients within the public health authority's jurisdiction will be considered on a case-by-case basis in the interest of public health practice and will be responded to only with aggregate or de-identified data.

(b) To cover the cost of reproduction, printing, mailing, and distribution of data from the immunization information system, the department will charge a fee of $10 per patient for each patient-specific immunization data request. However the department will not charge a fee to

(1) a health care provider that is an individual;
(2) a clinic;
(3) a hospital;
(4) a school; or
(5) a program under the department.

(c) In this section, "public health authority" has the meaning given in 45 C.F.R. 164.501.

Requirements to Utilize HEDIS

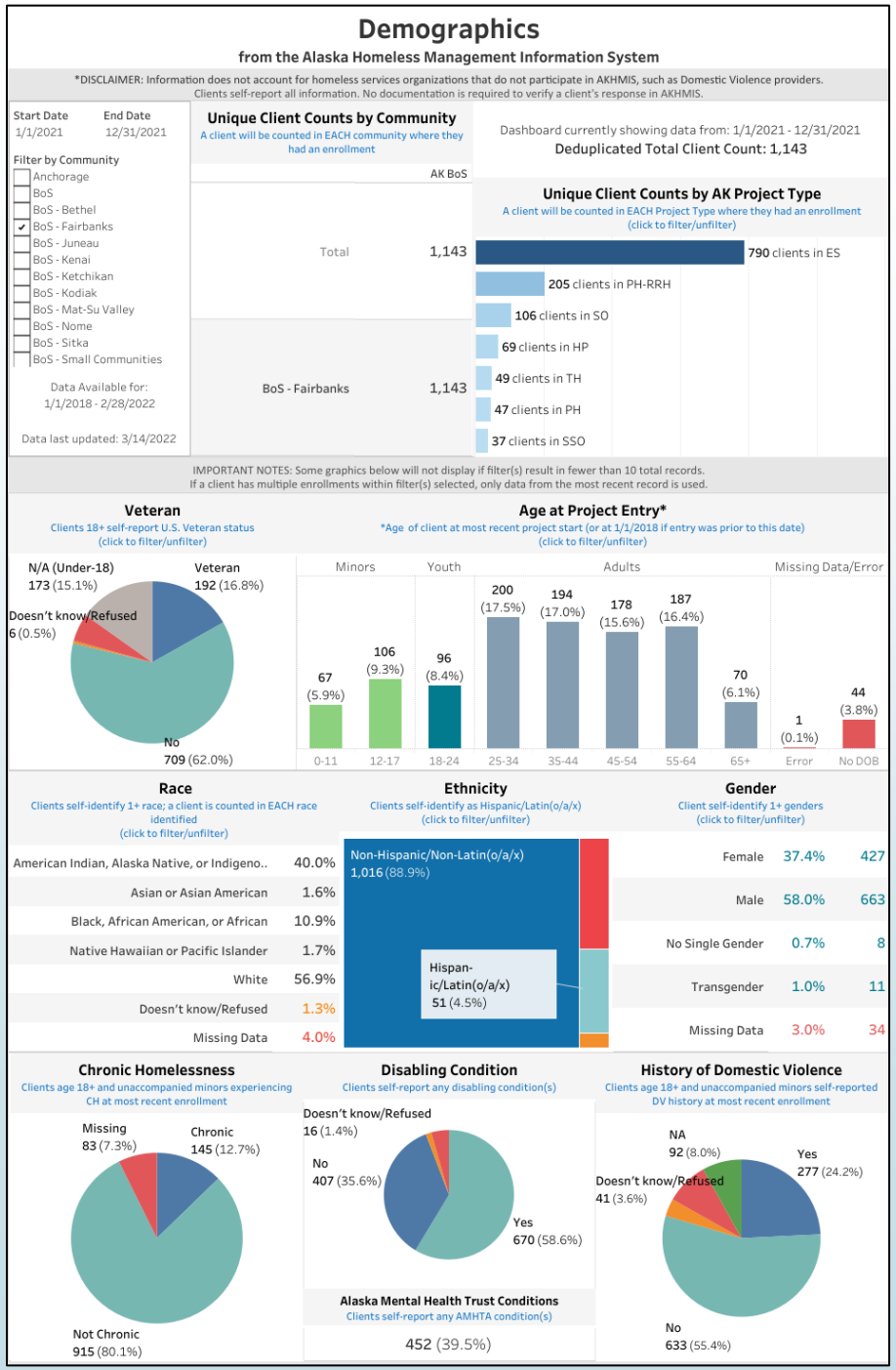
- A known population
  - The requesting entity must have the names and associated data for the people within their population
- Comparable information to the IIS

Methods:

- Alaska's Immunization Program partnered with organizations that work closely with unhoused, senior, and disabled populations and trained them on how to utilize the HEDIS module within the IIS.

- Partners:
  - Institute for Community Alliances (ICA), a community organization focused on addressing housing instability, homelessness, food insecurity, and related issues
  - Senior and Disability Services (SDS), a state organization focused on promoting health, wellbeing, and safety for individuals with disabilities, seniors, and vulnerable adults

Institute for Community Alliance's (ICA) Service Population



Senior and Disability Services' (SDS) Service Population

Implementation:

Data use agreements

- Security of immunization data within the IIS
- Security of rosters of people utilizing services from each organization

Training

- IIS staff trained the organizations on how to utilize the HEDIS functionality and how to create rosters that can be reliably used in HEDIS but fit the data needs of each organization

Project Data Requirements:

Both organizations were concerned with changes in their roster over time.

- Change in personal data, but the same person (i.e., name changes, address changes, etc.
- Changes to the roster (people who stop utilizing the program and people who start utilizing the program)

Example of "Standard" HEDIS Profile

Usually utilized with health plans

- Medical Record Number
- Patient Last Name
- Patient First Name
- Patient Middle Name
- Patient DOB
- Patient Gender Code
- Patient 1st Address/ Street
- Patient 1st Address/City
- Patient 1st Address/State
- Patient 1st Address/Zip Code
- Patient Phone Number
- Guardian Last Name
- Guardian First Name

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This profile worked well because insurance companies have this information readily available

Project Data Requirements:

Each organization had unique data restrictions based on their clients and the needs each organization served.

- ICA: Unable to utilize telephone numbers or address fields in search criteria
- SDS: Needed to utilize Medicaid ID numbers in their search criteria, which required a demographics data upload

Results:

SDS:

SDS has just recently started the data collection process but has stated an interested in obtaining coverage rates for each of their programs to inform outreach programs.

Results:

ICA:

- Recorded data for an average of 570 active clients monthly in Balance of State Street Outreach projects and Emergency Shelter projects
- Searched for 2,242 unique HMIS clients in the VacTrAK database
- Recorded 1076 vaccine data elements for DHHS reports

Outcomes:

ICA:

- Data was consistent for the most part between VacTrAK and AKHMIS, which made the data entry smoother.
- Able to form a picture over time of the percentages of vaccinated clients in homeless shelters and street outreach projects.
- Able to highlight data for BIPOC and 65+ populations.
- Once the age limits changed for vaccine eligibility, ICA's report team had the new formula written into the report the day the limits changed.
- Able to record additional doses for booster shots to provide data for the success of those efforts.

Barriers:

- Both organizations experienced discrepancies between the data available on their internal systems and the data available in VacTrAK
- Efforts were more time intensive than originally expected

Findings:

Desired outcome:

Vaccination coverage rates of each population and subgroups in order to inform outreach campaigns and vaccination events.

Outcome:

While it was possible to obtain coverage rates for each population, it was more time and resource intensive than expected. Several users stated that their coverage rates were artificially low, which undermined confidence in the system.

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Questions?

Thank you!