



Health Care Quality in a Post-Pandemic Era

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“America’s health care system is neither healthy, caring, nor a system.”

WALTER CRONKITE

What NCQA does, and why

The mission: To improve the quality of health care

Measurement

We can't improve what we don't measure.

Transparency

Quality results should be publicly available.

Accountability

Quality outcomes should matter to the entities that report them.

About



216 million

65% of population

Healthcare Effectiveness Data and Information Set (HEDIS)

shines a light on health plans' quality

Current State of HEDIS Measures

Effectiveness of Care (56)

Prevention & Screenings (9)

Respiratory Conditions (4)

Cardiovascular Conditions (3)

Diabetes (1)

Musculoskeletal Conditions (1)

Behavioral Health (9)

Medication Management & Care Coordination (20)

Overuse/Appropriateness (9)

Access/Availability of Care (5)

Utilization (5)

Risk Adjusted Utilization (5)

Measures Reported Using Electronic Data (11)

HEDIS is evolving

**Paper >>
digital specification**

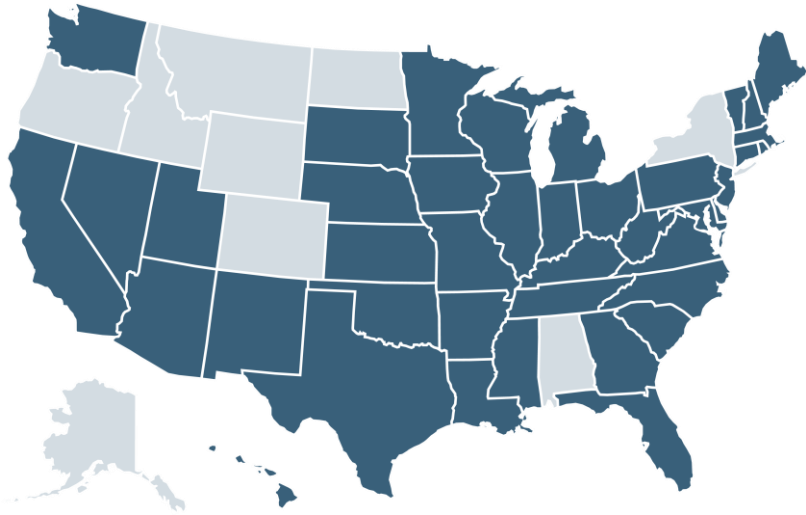
**Claims data >>
Practice-level clinical data**

**Goal: Realtime quality info
that improves practice**



NCQA accredits *systemness*

The largest accreditor of health plans



42 states
use or require
NCQA Accreditation



192 million people (**59%**
of insured Americans) are in
plans NCQA accredits



1,200+ health plans
are NCQA-Accredited

NCQA accredits *systemness*

The most widely adopted model for patient-centered medical homes

- **Patient-Centered Medical Home**
Recognition - *systemness in primary care*
 - Launched 2008, updated 2012 & 2018
 - **Emphasis: Care coordination, follow-up**

- **Patient-Centered Specialty Care**
Recognition - *systemness between primary care and specialty care*



Digital technology is a potential game changer

- **Communications among care providers and between delivery systems and plans.**
- **More efficient monitoring of at-risk patients**
- **Analytics alerts to lighten load on practitioners**

Legacy financing paradigms stand in the way of efficiency and quality

- **Financing paradigms**
 - **Fee for service**
 - **Underpayment of primary care providers, overpayment of specialists (RVUs)**
 - **Benefit design (esp. high-deductible plans)**
- **“The Market”**
 - **Broad acquisition of primary care practices has transformed the market (health plans, health systems buying PC practices)**

We're building a new approach to primary care

Scope of Services Level of Care Coordination & Care Management Intensity



Rising Risk, High Risk

Low and Moderate Risk Populations


- Access 7 x 24
- Referral management / care coordination
- Preventive care, screenings, assessments
- Low acuity condition management
- Digital / hybrid therapies
- Care management "light"

- Primary care – specialty alignment (whole person)
- Disease/condition management
- Care coordination
- Transitions of care
- Team-based care

Patient Health Risk


Competencies our virtual care standards assess

Data Sharing and Exchange



Definition of individual data
Consent for data use
Internal controls

Care Coordination




Closed loop referral systems
Leveraging pre-existing data to inform visits
Synchronous & asynchronous communication platforms, systems and timeframes

Equitable Access




Internet access is critical
Demographic data collection
Social needs screenings

Patient Experience




Meeting patient needs through seamless access to virtual care

Quality and Patient Safety



Access
Hybrid as well as Virtual
Person-driven outcomes
Med rec

Quality Improvement Measures



Operational, clinical quality and patient experience measures

