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# Release 17.0 Measure Changes

## MiPCT Dashboard

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### Why are the Dashboard Measures Changing?

The Stewardship and Performance Committee decided last year to move to HEDIS 2015 to support ICD-10 and benefit from the most recent methodology.

With Dashboard Release 17.0, most reported measures move from HEDIS 2012 to HEDIS 2015 definitions. As expected, there are changes in the results because of new definitions and code lists. New codes are being used and old codes have become invalid.

### What are the Changes?

- Code changes were applied to most measures to update them with the more recent evidence-based guidelines.
  - This includes diagnoses, procedure codes, etc. that define Value Sets (i.e., Asthma, Outpatient, etc.)
- ICD-10 codes were added to the value sets.
- Some of the measures also had logic changes as part of the revised 2015 definition.
  - For example, the 30-day Readmission measure had significant changes to the exclusion criteria.

### Measure Change Exceptions

Results for measures that had significant logic differences were evaluated. After discussion with MiPCT leadership, it was decided that some measures would retain the 2012 definitions for the remainder of MiPCT project to ensure longitudinal comparisons remain relevant. These revised measures showed 20-30% shifts. MDC is using the updated code lists (Value Sets) in order to support ICD-10.

# Release 17.0 Measure Changes

▷ MIPCT DASHBOARD

## Measure Exceptions

The following measures were not updated to HEDIS 2015:

- 30-Day All-Cause Readmission Rate
- Adult Acute ACSC Admission Rate
- Adult Chronic ACSC Admission Rate
- Pediatric ACSC Admission Rate

## Changes for Incentive Measures

Measure Name	Change	Reason
Adult Acute ACSC Admission Rate	Rate decreases by 1%	<ul style="list-style-type: none"><li>• Numerator increases because the Dehydration Admission AHRQ code set no longer excludes unspecified hypertensive chronic kidney disease.</li><li>• The bacterial pneumonia and UTI numerators increase to a lesser degree because the immunocompromised exclusion no longer has unspecified immunocompromised diagnoses.</li><li>• Even with the increases to the numerator, the overall rate drops comparing Release 16.0 and 17.0 with the Release 17.0 MiPCT population and data.</li></ul>
Adult Chronic ACSC Admission Rate	Rate increases from 74 to 78	<ul style="list-style-type: none"><li>• Change driven by COPD and Hypertension code set changes that increase the numerator.</li><li>• For COPD, AHRQ added diagnosis for obstructive chronic bronchitis with acute bronchitis to maintain equivalence with ICD-10.</li><li>• For hypertension, hypertensive with chronic kidney disease is now included in the value set. These are only excluded when there is also a procedure for dialysis. (They were previously excluded without evaluation of dialysis.)</li><li>• All populations increase; however, Medicaid shows the greatest increase.</li></ul>
ED Risk Adjusted Visits	ED rates increased by about 10%	<ul style="list-style-type: none"><li>• The updates for HEDIS 2015 did not contribute to the increase in rates.</li><li>• The denominators do increase partly from an improved method to identify the population. The increases in the numerator are due to increased utilization.</li></ul>

## Release 17.0 Measure Changes

▷ MIPCT DASHBOARD

Measure Name	Change	Reason
Adult ED Visit Rate with Previous Asthma Diagnosis	Rate decreased from 46 to 39	Denominator increases because additional NDC codes identifying patients as having asthma are included in the HEDIS 2015 value set. All populations decrease; however, Commercial and Medicaid show the greatest differences.
Pediatric ED Visit Rate with Previous Asthma Diagnosis	Rate decreased from 87 to 70	Denominator increases because additional NDC codes identifying patients as having asthma are included in the HEDIS 2015 value set.
Breast Cancer Screening	Rate increases from 73% to 83%	<ul style="list-style-type: none"> <li>• Increase driven by changes to the age range continuous enrollment criteria in HEDIS 2015 versus 2012.</li> <li>• 2012 includes ages 42-59; 2015 includes ages 52-74.</li> <li>• 2012 uses the measurement year and one year prior; 2015 uses the measurement year and two years prior.</li> <li>• Numerator and denominator both decrease but the denominator to a larger degree.</li> </ul>
Cervical Cancer Screening	Rate increases from 65% to 69%	<ul style="list-style-type: none"> <li>• Additional codes from claims to identify cervical cytology were added, which increases the numerator.</li> <li>• A code to identify the HPV Tests from the clinical EHR data has been added, which increases the numerator for the supplemental rate.</li> <li>• To a lesser extent, additions to the numerator occur because some abdominal hysterectomy procedure codes are no longer excluded.</li> </ul>
Adult Tobacco Use (eCQM)	Rate increases from 45% to 46%	<ul style="list-style-type: none"> <li>• The 2015 HEDIS outpatient value sets identify more patients in the denominator than the 2012 NPI/Taxonomy approach used in 2012.</li> <li>• Patients who had a tobacco assessment in the clinical data are included in the numerator. Some of the additional patients who were identified in the denominator had tobacco assessments in the clinical data, resulting in a bigger numerator.</li> </ul>
Pediatric Tobacco Use (eCQM)	Rate increases from 32% to 33%	<ul style="list-style-type: none"> <li>• The 2015 HEDIS outpatient value sets identify more patients in the denominator than the 2012 NPI/Taxonomy approach used in 2012.</li> <li>• Patients who had a tobacco assessment in the clinical data are included in the numerator. Some of the additional patients who were identified in the denominator had tobacco assessments in the clinical data, resulting in a bigger numerator.</li> </ul>

## Release 17.0 Measure Changes

▷ MIPCT DASHBOARD

Measure Name	Change	Reason
Depression Screen (eCQM)	Rate decreases from 17% to 16%	<ul style="list-style-type: none"><li>The 2015 HEDIS outpatient value sets identify more patients in the denominator than the 2012 NPI/Taxonomy approach used in 2012.</li><li>Patients who had a depression screen in the clinical data are included in the numerator. Some of the additional patients who were identified in the denominator had depression screens in the clinical data, resulting in a bigger numerator.</li></ul>

### Changes for Non-Incentive Measures

Measure Name	Change	Reason
COPD	Rate increases from 6.4% to 12.0%	<ul style="list-style-type: none"><li>HEDIS limits to patients 42 years and older.</li><li>Existing logic does not include any limits based on age. We are moving to include the age restriction for both numerator and denominator. (Previously, the denominator for all chronic conditions was the full population.)</li></ul>
CAD	Rate increases about 2% (7.5% to 9.5%)	Similar to COPD, CAD will also be limited to ages 18 and older.
Adult Inpatient Admission Rate with Previous Asthma Diagnosis	Rate decreases from 13 to 6	<ul style="list-style-type: none"><li>Numerator decreased because we switched to using the Asthma value set. The previous version included diagnosis codes for chronic obstructive asthma while the HEDIS 2015 value set excludes them. The largest impact is for the Medicare and Medicaid populations.</li><li>Denominator increases because additional NDC codes identifying patients as having asthma are included in the HEDIS 2015 value set.</li></ul>

## Release 17.0 Measure Changes

▷ MIPCT DASHBOARD

Measure Name	Change	Reason
Pediatric Inpatient Admission Rate with Previous Asthma Diagnosis	Rate decreases from 13 to 11	<ul style="list-style-type: none"> <li>The numerator decreased because we switched to using the Asthma value set. The previous version included diagnosis codes for chronic obstructive asthma while the HEDIS 2015 value set excludes them. Very little impact occurs in the pediatric population with this change.</li> <li>Some admissions that were previously excluded from the numerator because of only one event (Inpatient, Outpatient, ED, or drug prescriptions) are no longer excluded. This occurs because the NDC codes for asthma drugs have increased with HEDIS 2015, resulting in less patients excluded because of one event.</li> <li>Denominator increases because additional NDC codes identifying patients as having asthma are included in the HEDIS 2015 value set.</li> <li>The changes in definition are less impactful than the Release 17.0 MIPCT population and data on the rate change.</li> </ul>
ED Visits	ED rates increased by about 10%	<ul style="list-style-type: none"> <li>The updates for HEDIS 2015 did not contribute to the increase in rates.</li> <li>The denominators do increase partly from an improved method to identify the population. The increases in the numerator are due to increased utilization.</li> </ul>
Adult ED Risk Adjusted Visits	ED rates increased by about 10%	<ul style="list-style-type: none"> <li>The updates for HEDIS 2015 did not contribute to the increase in rates.</li> <li>The denominators do increase partly from an improved method to identify the population. The increases in the numerator are due to increased utilization.</li> </ul>
Pediatric ED Risk Adjusted Visits	ED rates increased by about 10%	<ul style="list-style-type: none"> <li>The updates for HEDIS 2015 did not contribute to the increase in rates.</li> <li>The denominators do increase partly from an improved method to identify the population. The increases in the numerator are due to increased utilization.</li> </ul>
Diabetes Nephropathy	Rate increases from 76% to 86%	Driven by increases to the numerator because additional procedure codes were included with the HEDIS 2015 version to identify nephropathy evaluation.

## Release 17.0 Measure Changes

▷ MIPCT DASHBOARD

Measure Name	Change	Reason
Adult Asthma Action Plan	Rate decreases from 8% to 7%	Driven by an increase in the denominator because new medications (NDCs) have been added to the 2015 value sets identifying asthmatics.
Pediatric Asthma Action Plan	Rate decreases from 13% to 11%	Driven by an increase in the denominator because new medications (NDCs) have been added to the 2015 value sets identifying asthmatics.
Adult BMI	Rate decreases from 65% to 63%	<ul style="list-style-type: none"><li>• The 2015 HEDIS outpatient value sets identify more patients in the denominator than the 2012 NPI/Taxonomy approach used in 2012.</li><li>• Patients that had a BMI assessment in the clinical data are included in the numerator. Some of the additional patients who were identified in the denominator had BMI assessments in the clinical data, resulting in a higher numerator.</li></ul>
Pediatric BMI	Rate remains constant at 52%	<ul style="list-style-type: none"><li>• The 2015 HEDIS outpatient value sets identify more patients in the denominator than the 2012 NPI/Taxonomy approach used in 2012.</li><li>• Patients that had a BMI assessment in the clinical data are included in the numerator. Some of the additional patients who were identified in the denominator had BMI assessments in the clinical data, resulting in a higher numerator.</li></ul>

### Retired Measures

The following three measures will be retired and no longer display on the dashboard or in reports:

- **Diabetes LDL-C (Quality)** - HEDIS no longer measures LDL as it has been determined to have little effect on quality.
- **Diabetes LDL-C (eCQM)** - HEDIS no longer measures LDL as it has been determined to have little effect on quality.
- **Primary Care Sensitive ED Visits** - Initially, Primary Care ED visits did not have ICD-10 definitions and were not released in time to update with the other measures. After consideration, clinical leadership decided to discontinue reporting this measure.