PUBLIC COMMENT SUBMISSION FORM
February 22, 2006 – March 22, 2006

HEDIS 2007 Proposed New Measures

Name:	**Cathie Markow**	**Title:**	**Senior Manager**
Organization Name:	**Pacific Business Group on Health**	**Organization Type:** (e.g., MCO, PPO, Other)	**Other**
Mailing Address:	**221 Main Street, Suite 1500, San Francisco, CA 94105**		
Phone Number:	**415-615-6359**	**Email Address:**	**cmarkow@pbgh.org**

Measure	Comment
Potentially Harmful Drug-Disease Interactions in the Elderly	
Comprehensive Diabetes Care - Blood Pressure controlled (<135/85 Hg mm)	We recommend that NCQA consider making this measure consistent with the American Diabetes Association guidelines of 130/80 mm Hg.
Comprehensive Diabetes Care - HbA1c Good Control <7%	We strongly support adding this measure. We would recommend continued reporting of HbA1c >9.0 as well to provide additional information on effectiveness of diabetes care.

Relative Resource Use Chronic Conditions

PBGH feels that the proposed efficiency measures represent a reasonable start and provide a good opportunity to marry the measures with quality measures and would encourage NCQA to continue to move in this direction to create a robust set of actionable measures. We recommend that NCQA consider the following:

1. The proposed risk adjustment mechanism is limited. It should include more than one co-morbidity and adjust across the entire health status of the denominator populations.
2. The methodology does not account for regional variations – current research by Weinberg and Fisher has found that supply has a significant effect on resources used. NCQA should research how the results can best by reported by region to reflect these known variations.
3. As currently defined, the denominators for clinical and efficiency measures are not consistent. Synchronizing the two would be clinically logical and would significantly

reduce the burden on health plans for reporting. NCQA should either synchronize the two or explain why they need to be different. 4. Recognizing that the measures look at resource use only; NCQA should provide standards for health plans to incorporate cost, including member contribution, with resource use for purchaser reports. In addition, we believe NCQA should consider adding another perspective to the proposed resource use measures. We would propose that NCQA develop additional measures that focus on reporting age/sex adjusted per capita hospitalization and complication rates by diagnosis. This would enable the inclusion of a larger set of conditions and matching of resource use and clinical outcomes for a much larger segment of the enrolled population.	
Diabetes	
Cardiac Conditions	
Measure	**Comment**
Hypertension, Uncomplicated	
Asthma	
COPD	
Relative Resource Use Acute Conditions	
Low Back Pain	

HEDIS 2007 Proposed Changed to Existing Measures

Measure	Comment
Comprehensive Diabetes Care	
LDL-C screening/ controlled	PBGH supports revision of the measure to better align with clinical guidelines.
Kidney disease (nephropathy) monitored	We support this addition.
Other Measures	
Cholesterol Management for Patients with Cardiovascular Conditions	
Breast Cancer Screening	Lowering the age limit to 40 years of age is consistent with the recommendations of the US Preventative Services Task Force; however, raising the age limit to 74 is not consistent with their recommendations and should not be included in the revisions. PBGH suggests that the specifications be changed so that the numerators and denominators are calculated and reported separately for the original and new age bands so that rates can be trended and the impact of the new age bands can be measured more precisely.
Cervical Cancer Screening	The proposed changes are consistent with clinical guidelines. However, PBGH would like NCQA to consider implementing further changes in the measure. With the attention that has been focused on pap smears over the past several years there is concern about over-testing (some physicians are now screening annually) even though the guidelines and the HEDIS specs call for only once every 3 years. PBGH would like NCQA to consider the development of a measure that would account for this and not give credit to providers who "over-test". Please refer to the work done by Minnesota Health Partners. Gail Amundson, MD is the driving force behind what she calls "evidence-based cervical cancer screening".
Controlling High Blood Pressure	PBGH agrees with the proposed changes; however, we are concerned about the potential impact on rates and trendablity. We would like NCQA to propose solutions that would allow for trending of the measure.

Flu Shots for Older Adults	
Children's Access to Primary Care Practitioners	
Measure	**Comment**
Adult's Access to Preventive/Ambulatory Health Services	
Frequency of Selected Procedures	.
Board Certification	PBGH supports the proposed changes. We feel the proposed changes will more accurately reflect the active board certification rates of California providers.
Practitioner Turnover	PBGH appreciates the need for meaningful measures However, this measure is of interest to, and is used by, purchasers. Instead of eliminating the measure, we would prefer that NCQA work to define a more meaningful metric for addressing changes in health plans' provider networks.
Claims Timeliness	PBGH feels strongly that plans must be accountable for the timeliness of claims processing and would encourage NCQA to not retire this measure and instead find a mechanism for addressing the issues identified.
CAHPS 4.0	The following is our feedback and questions regarding the proposed changes: 1. Getting Care Quickly: The wording of the 2 provider access items (urgent and routine care access) should be identical to the wording used in Clinician CAHPS given the interest in drill down to medical group/clinician level. 2. Shared Decision Making – we suspect that these items won't yield useful information at the plan level given the CAHPS sample size and recommend that they not be included unless it can be shown otherwise. 3. We would like to see the list of CAHPS 4.0 supplemental items to see which of current supplemental items are on that list to ensure that we are able to continue to cover these areas. In addition, are there supplemental items that address the NCQA "Member Connection Standards"? We recommend items to capture information about the following which are elements of Member Connections: a. "how often were you able to find out from the health plan the information you needed about

	how to stay healthy or prevent illness"? [or some similar construct that gets at services like health risk assessments and health promotion behavior support] b. "how often did the written materials or the Internet provide the information you wanted about your health problem…" [or some similar construct that addresses coaching, disease management, self-care information services] c. "how often did you get the information or help you wanted when using the health plan's Internet site' [or some similar construct that addresses the plan's web site usability and utility] d. "how often did the written materials or the Internet provide the information you wanted to choose a doctor or other provider" [or some similar construct that addresses provider choice decision support] While we agree with the proposed changes, the following make it extremely difficult to have continuity in metrics from year to year: • Question numbering changes • Changes in wording • Elimination or transfer of some questions • Question response scale changes Therefore, such changes should only be made if they significantly improve the accuracy or usability of the results. NCQA should recognize this issue and consider the impact in the future as well as provide advice on how best to assess continuity issues.

Please e-mail your comments by 5:00 pm Eastern Standard Time on March 22, 2006 to hediscomment@ncqa.org
(E-mail attachments should be saved in Word Office 97 or 2000 format.)

Comments may also be sent through mail or fax and should be directed to:

Heather LaBelle, MA
Health Care Analyst, Quality Measurement
National Committee for Quality Assurance
2000 L Street, NW
Suite 500
Washington, DC 20036
202-955-3599 fax