



## Quality measures: monitoring and management of chronic disease in patients with mental illness

Clarify Health is a certified national Qualified Entity (QE), which enables us to receive Medicare Fee-for-Service (FFS) claims data. The Center for Medicare and Medicaid Services QE program requires us to use these data to evaluate and publicly report on provider performance. The QE data, referred to as the **Medicare FFS** data set in this document, includes 100 percent of Medicare Parts A and B claims data and Part D prescription drug event data. Additionally, Clarify has a proprietary data set with **Other-Payer** data, including Commercial, Medicare Advantage, and Managed Medicaid claims for 120M+ patients across all 50 states, Puerto Rico, and the District of Columbia. This data set offers an additional breadth and depth of information with which to gain insights into the quality of care in the United States.

In this report, we have chosen to measure provider performance using a combined Medicare FFS and Other-Payer data set, as well as the individual Medicare FFS and the individual Other-Payer component data sets. This report evaluates six standard quality measures for disease monitoring and management in years 2017, 2018, and 2019, among patients with 1) diabetes, 2) both diabetes and mental illness, and 3) both cardiovascular disease and mental illness.

Diabetes and cardiovascular disease are two of the most common and costly chronic conditions in the United States. In 2018, 34.1 million American adults aged 18 years or older had diabetes.<sup>1</sup> Additionally, in 2018, 30.3 million American adults were diagnosed with cardiovascular disease<sup>2</sup> and nearly half of all adults in the United States were living with some type of cardiovascular disease.<sup>3</sup> Many associations exist between mental illness and chronic conditions. People living with a serious mental illness are at higher risk of experiencing a wide range of chronic physical conditions and they are also at risk for poor quality of care. People living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population.<sup>4</sup> The measures evaluated in this report were selected to help providers and public health workers better understand gaps in preventative care and disease management for all Americans, including the higher-risk, sub-population of those living with a chronic disease and mental illness. Addressing these gaps can improve the quality of care received by patients and minimize side effects from diabetes and cardiovascular disease.

### Quality Measures

The following HEDIS® and Serious Mental Illness quality measures are developed and maintained by the National Committee for Quality Assurance (NCQA).\*

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\* The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

Please keep the following caveats in mind as you review this report:

- The methodology NCQA specifies for these measures, including code lists, changes somewhat from year to year. As a result, we could not make strong conclusions about trends in performance over time.
- These measures were calculated using claims data, which reflects services paid by an insurer. Variations in billing practices mean that not all services appear consistently in claims data when compared to other information sources like electronic health records or survey data. While all specifications were followed, the values in this report may diverge from other publicly reported measures that use different types of data.

## Hemoglobin A1c Testing

### Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

Proper monitoring and management of diabetes, including HbA1c testing, is critical to protect against disease complications. The Comprehensive Diabetes Care: HbA1c Testing measure is the percentage of patients with diabetes, aged 18-75 (denominator) who received an HbA1c test during the measurement year (numerator). A higher percentage indicates better performance, with more patients receiving the necessary testing.

	Combined		
	Denominator	Numerator	Rate
2017	7,700,885	6,343,377	82.4%
2018	8,299,191	6,939,860	83.6%
2019	8,398,825	6,938,221	82.6%
	Medicare FFS		
	Denominator	Numerator	Rate
2017	4,886,067	4,151,524	85.0%
2018	4,770,749	4,058,344	85.1%
2019	4,615,316	3,946,421	85.5%
	Other-Payer		
	Denominator	Numerator	Rate
2017	2,814,818	2,191,853	77.9%
2018	3,528,442	2,881,516	81.7%
2019	3,783,509	2,991,800	79.1%

## Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing

Research suggests that diabetes patients with a serious mental illness are at higher risk for complications from diabetes and less likely to receive the necessary preventative care, including HbA1c testing. The Diabetes Care for People with Serious Mental Illness: HbA1c Testing measure (a non-HEDIS measure) is the percentage of patients with diabetes and a serious mental illness, aged 18-75 (denominator), who received an HbA1c test during the measurement year (numerator). A higher percentage indicates better performance, with more patients receiving the necessary testing.

Combined			
	Denominator	Numerator	Rate
2017	401,445	313,839	78.2%
2018	448,975	349,078	77.7%
2019	484,726	363,175	74.9%

  

Medicare FFS			
	Denominator	Numerator	Rate
2017	298,202	236,521	79.3%
2018	297,708	237,445	79.8%
2019	290,645	232,367	79.9%

  

Other-Payer			
	Denominator	Numerator	Rate
2017	103,243	77,318	74.9%
2018	151,267	111,633	73.8%
2019	194,081	130,808	67.4%

### Results

Diabetic patients with serious mental illnesses have a lower rate of HbA1c testing than all diabetic patients, meaning the data shows that fewer diabetic patients with serious mental illnesses are receiving the necessary testing. This observation is present across the Medicare FFS and Other-Payer data sets.

## Medical Attention for Nephropathy

### Comprehensive Diabetes Care: Medical Attention for Nephropathy

Proper monitoring and management of diabetes, including assessments of Nephropathy, is critical to protect against disease complications. The Comprehensive Diabetes Care: Medical Attention for Nephropathy measure is the percentage of patients with diabetes, aged 18-75 (denominator), who were screened or tested for Nephropathy during the

measurement year, or who already have evidence of Nephropathy (numerator). A higher percentage indicates better performance, with more patients receiving the necessary care.

Combined			
	Denominator	Numerator	Rate
2017	7,700,885	6,545,374	85.0%
2018	8,299,191	7,130,796	85.9%
2019	8,398,825	6,257,577	74.5%

  

Medicare FFS			
	Denominator	Numerator	Rate
2017	4,886,067	4,261,137	87.2%
2018	4,770,749	4,157,195	87.1%
2019	4,615,316	3,589,357	77.8%

  

Other-Payer			
	Denominator	Numerator	Rate
2017	2,814,818	2,284,237	81.2%
2018	3,528,442	2,973,601	84.3%
2019	3,783,509	2,668,220	70.5%

### Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy

Research suggests that patients with serious mental illness are more likely to develop diabetes, and those patients are at higher risk of developing diabetes complications. Proper care and monitoring, including nephropathy screening, is especially critical to ensure the health of this more vulnerable population. The Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy measure (a non-HEDIS measure) is the percentage of patients with diabetes and a serious mental illness, aged 18-75 (denominator), who were screened or tested for nephropathy during the measurement year, or who already have evidence of nephropathy (numerator). A higher percentage indicates better performance, with more patients receiving the necessary care.

Combined			
	Denominator	Numerator	Rate
2017	401,445	350,674	87.4%
2018	447,213	394,288	88.2%
2019	482,697	385,120	79.8%

  

Medicare FFS			
	Denominator	Numerator	Rate
2017	298,202	262,544	88.0%
2018	296,528	260,424	87.8%
2019	289,543	230,627	79.7%

  

Other-Payer			
	Denominator	Numerator	Rate
2017	103,243	88,130	85.4%
2018	150,685	133,864	88.8%
2019	193,154	154,493	80.0%

## Results

Overall, patients with diabetes and serious mental illness had higher rates of nephropathy screening than all diabetic patients. This observation is present in the Other-Payer data set while the Medicare FFS data set shows similar rates of nephropathy screening for diabetic patients with serious mental illness compared to all diabetic patients.

## Diabetes monitoring

### Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

The Diabetes Monitoring for People with Diabetes and Schizophrenia measure is the percentage of patients with schizophrenia and diabetes, aged 18-64 (denominator), who had both an LDL-C test and an HbA1c test during the measurement year (numerator). A higher percentage indicates better performance, with more patients receiving the necessary testing.

Combined			
	Denominator	Numerator	Rate
2017	86,871	55,077	63.4%
2018	156,225	102,678	65.7%
2019	156,061	98,636	63.2%

  

Medicare FFS			
	Denominator	Numerator	Rate
2017	64,346	41,151	64.0%
2018	93,942	65,179	69.4%
2019	87,216	60,162	69.0%

  

Other-Payer			
	Denominator	Numerator	Rate
2017	22,525	13,926	61.8%
2018	62,283	37,499	60.2%
2019	68,845	38,474	55.9%

## Results

Diabetes monitoring for patients with schizophrenia occurs at a higher rate in the Medicare FFS data set than the Other-Payer data set. This suggests that more Medicare FFS patients are receiving the necessary testing.

## Cardiovascular Monitoring

### Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

The Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia measure is the percentage of patients with schizophrenia and cardiovascular disease, aged 18-64 (denominator), who had an LDL-C test during the measurement year (numerator). A higher percentage indicates better performance, with more patients receiving the necessary testing.

Combined			
	Denominator	Numerator	Rate
2017	14,344	10,169	70.9%
2018	22,438	16,610	74.0%
2019	23,936	17,310	72.3%

  

Medicare FFS			
	Denominator	Numerator	Rate
2017	10,846	7,695	70.9%
2018	14,192	10,563	74.4%
2019	12,815	9,468	73.9%

  

Other-Payer			
	Denominator	Numerator	Rate
2017	3,498	2,474	70.7%
2018	8,246	6,047	73.3%
2019	11,121	7,842	70.5%

## Results

Cardiovascular monitoring for people with cardiovascular disease and schizophrenia occurred at a comparable rate in the Medicare FFS data set and the Other-Payer data set.

## References

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4. Canadian Mental Health Association. (December, 2008). *The Relationship between Mental Health, Mental Illness and Chronic Physical Conditions*. Retrieved from <https://ontario.cmha.ca/documents/the-relationship-between-mental-health-mental-illness-and-chronic-physical-conditions>.

## About Clarify Health

Clarify Health is an enterprise analytics platform company that turns healthcare data into actionable insights for health systems, ACOs, health plans, and life sciences companies. Its healthcare analytics software products enable customers to manage referrals, optimize networks, improve care delivery, manage population risk, maximize value-based care performance, and commercialize pharmaceutical and biotechnology products – all of which depend on a superior understanding and trending of individual patient journeys and cohorts. The analytics and insights surfaced in its software solutions are drawn from the Clarify Platform, which elevates the usability of healthcare data to a standard suitable for machine learning, at a scale heretofore unseen in healthcare analytics. Its proprietary, patient-level data sets are comprehensive and longitudinal, and span over 300 million lives of government and commercial claims, lab, prescription, and social determinants data.

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The following measures are Unadjusted Uncertified Measures:

- Measurement Year 2017: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- Measurement Year 2017: Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Measurement Years 2017, 2018, and 2019: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Measurement Years 2017, 2018, and 2019: Diabetes monitoring for people with diabetes and schizophrenia (SMD)

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The following measures are Adjusted Uncertified Measures.

- Measurement Years 2018 and 2019: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- Measurement Year 2018 and 2019: Comprehensive Diabetes Care: Medical Attention for Nephropathy

The logic used to produce HEDIS measure results from this report have not been certified by NCQA. Such NCQA specifications are for reference only and are not an indication of measure accuracy produced by this report. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called an "Adjusted HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates produced by this report shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS Rates" and may only be used for population health purposes within an affiliated health plan network and internal, quality improvement purposes (e.g., trend analysis).