



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 Centers 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 four standard quality measures for disease monitoring and management in years 2018, 2019, and 2020, 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.¹ Additionally, in 2018, 30.3 million American adults were diagnosed with cardiovascular disease² and nearly half of all adults in the United States were living with some type of cardiovascular disease.³ 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.⁴ 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® quality measures are developed and maintained by the National Committee for Quality Assurance (NCQA).*

* 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 percent 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
2018	8,206,333	6,904,034	84.1%
2019	8,061,121	6,828,458	84.7%
2020	7,450,550	5,787,733	77.7%
Medicare FFS			
	Denominator	Numerator	Rate
2018	4,260,274	3,629,352	85.2%
2019	4,120,173	3,528,248	85.6%
2020	3,877,106	3,219,453	83.0%
Other-Payer			
	Denominator	Numerator	Rate
2018	3,946,059	3,274,682	83.0%
2019	3,940,948	3,300,210	83.7%
2020	3,573,444	2,568,280	71.9%

Results

The rate of hemoglobin A1c testing for diabetic patients decreased in 2020. The decrease in testing was less pronounced in the Medicare FFS data set compared to the Other-Payer data set.

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 percent 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
2018	8,206,333	6,965,468	84.9%
2019	8,061,121	6,876,502	85.3%
2020	7,450,550	5,573,283	74.8%
	Medicare FFS		
	Denominator	Numerator	Rate
2018	4,260,274	3,675,550	86.3%
2019	4,120,173	3,563,053	86.5%
2020	3,877,106	2,838,211	73.2%
	Other-Payer		
	Denominator	Numerator	Rate
2018	3,946,059	3,289,918	83.4%
2019	3,940,948	3,313,449	84.1%
2020	3,573,444	2,735,072	76.5%

Results

Nephropathy screening rates for diabetic patients declined in 2020. The decrease in screening was more pronounced in Medicare FFS data set compared to the Other-Payer data set.

Diabetes monitoring

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

The Diabetes Monitoring for People with Diabetes and Schizophrenia measure is the percent 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
2018	157,212	108,557	69.1%
2019	154,285	106,321	68.9%
2020	131,142	84,221	64.2%
Medicare FFS			
	Denominator	Numerator	Rate
2018	96,994	66,983	69.1%
2019	91,267	63,044	69.1%
2020	80,630	52,291	64.9%
Other-Payer			
	Denominator	Numerator	Rate
2018	60,218	41,574	69.0%
2019	63,018	43,277	68.7%
2020	50,512	31,930	63.2%

Results

Diabetes monitoring for patients with schizophrenia decreased in 2020. This trend was consistent across the Medicare FFS data set and the Other-Payer data set.

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
2018	23,050	17,097	74.2%
2019	21,672	16,104	74.3%
2020	18,084	12,495	69.1%

Medicare FFS			
	Denominator	Numerator	Rate
2018	14,539	10,769	74.1%
2019	13,175	9,772	74.2%
2020	11,284	7,787	69.0%

Other-Payer			
	Denominator	Numerator	Rate
2018	8,511	6,328	74.4%
2019	8,497	6,332	74.5%
2020	6,800	4,708	69.2%

Results

The rate of cardiovascular monitoring for people with cardiovascular disease and schizophrenia decreased in 2020. The rate of decrease was consistent across the Medicare FFS data set and the Other-Payer data set.

References

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About Clarify Health

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The following measures are Unadjusted Uncertified Measures:

- Measurement Years 2018, 2019, and 2020: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Measurement Years 2018, 2019, and 2020: Diabetes monitoring for people with diabetes and schizophrenia (SMD)

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The following measures are Adjusted Uncertified Measures:

- Measurement Years 2018, 2019, and 2020: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- Measurement Year 2018, 2019, and 2020: 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).