

## **HEDIS Guidelines**

### **Adult Screening**

*BMI* annually (2-74 years of age)

*Breast Cancer Screening* every 1-2 years (50-74 years of age)

*Cervical Cancer Screening* every 3 years (21-64 years of age)

- Women 30-64 who have automatic HPV testing with pap, NOT just reflex, can have every 5 years
- If no cervix – have hysterectomy documented on procedure list (ex: total abdominal hysterectomy). Using *total* helps QI know there is no cervix present.

*Chlamydia Screening in Women* annually (16-24 years of age who are sexually active)

*PSA Screening* (55-69 years of age)

- Do not test on 70 years and older who do not have any previous history of PSA elevation or cancer.

*Colorectal Screening* (50-75 years of age)

- Colonoscopy minimum every 10 years
- FIT-DNA (Cologuard) every 3 years
- Fecal Occult Blood (iFOB) annually
- Flexible sigmoidoscopy every 5 years
- CT colonography every 5 years
- Documentation of Total Colectomy

*Fall Risk Screening* ( $\geq$  65 years of age on HOS – Health Outcome Survey)

- Discuss risk and management (if fall or problems with balance or walking) with practitioner

*Urinary Incontinence* ( $\geq$  65 years of age on HOS)

- Discuss treatment and impact on ADL with health care provider

*Physical Activity* ( $\geq$  65 years of age on HOS)

- Discuss level of exercise or physical activity
- Advise on starting, increasing, or maintaining level of exercise or physical activity

*Osteoporosis*

- Screening bone density test (women 65-85 years of age on Health Outcome Surveys (HOS))

*Adult Vaccinations*

- Flu vaccine annually
- Pneumo vaccine minimum of 1 ( $\geq$  65 years of age)

### **Pediatric Screening**

*Well Child Visits* (2-17 years of age)

- BMI percentile annually
- Counseling on nutrition annually
- Counseling on physical activity annually

*Childhood Immunizations* (2 years of age) – have the following vaccines by their 2<sup>nd</sup> birthday

- four diphtheria, tetanus and acellular pertussis (DTaP)
- three polio (IPV)
- one measles, mumps and rubella (MMR)
- three haemophilus influenza type B (HiB)
- three hepatitis B (HepB)
- one chicken pox (VZV)
- four pneumococcal conjugate (PCV)
- one hepatitis A (HepA)
- two or three rotavirus (RV)
- two influenza (flu)

*Adolescent Immunizations* (13 years of age) – have the following vaccines by their 13<sup>th</sup> birthday

- one dose of meningococcal vaccine
- one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
- completed the human papillomavirus (HPV) vaccine series

## Disease Management

*Hypertension* (17-85 years of age)

- < 140/90

*Diabetes* (17-75 years of age, type 1 or 2)

- A1C annually (Commercial < 7.0%, Medicare < 8.0%)
- Micro-albumin annually (or on ACE Inhibitor/ARB medication, had renal transplant, has ESRD) – see medications under *ACE Inhibitors/ARBs/Diuretics*
- Diabetic eye exam annually (report in record)
- BP < 140/90
- Statin therapy – provided and adhering to (39-75 years of age) – Examples include the following Low-intensity statin therapy prescriptions as well as the High and Moderate-intensity statin therapy prescriptions found under *Cardiovascular Disease*

Description	Prescription
Low-intensity statin therapy	<ul style="list-style-type: none"> <li>• Simvastatin 10 mg</li> <li>• Ezetimibe-simvastatin 10 mg</li> <li>• Sitagliptin-simvastatin 10 mg</li> <li>• Pravastatin 10–20 mg</li> <li>• Lovastatin 20 mg</li> <li>• Niacin-lovastatin 20 mg</li> <li>• Fluvastatin 20–40 mg</li> <li>• Pitavastatin 1 mg</li> </ul>

- Foot exam annually (not currently required)

*Cardiovascular Disease*

- Statin therapy – provided and adhering to (males 20-75 years of age, females 39-75 years of age)
- Acute MI – receive persistent beta-blocker treatment for 6 months after discharge (17 years of age and older)
- Examples of Statins:

Description	Prescription
High-intensity statin therapy	<ul style="list-style-type: none"> <li>• Atorvastatin 40-80 mg</li> <li>• Amlodipine-atorvastatin 40-80 mg</li> <li>• Ezetimibe-atorvastatin 40-80 mg</li> <li>• Rosuvastatin 20-40 mg</li> <li>• Simvastatin 80 mg</li> <li>• Ezetimibe-simvastatin 80 mg</li> </ul>
Moderate-intensity statin therapy	<ul style="list-style-type: none"> <li>• Atorvastatin 10-20 mg</li> <li>• Amlodipine-atorvastatin 10-20 mg</li> <li>• Ezetimibe-atorvastatin 10-20 mg</li> <li>• Rosuvastatin 5-10 mg</li> <li>• Sitagliptin-simvastatin 20-40 mg</li> <li>• Pravastatin 40-80 mg</li> <li>• Lovastatin 40 mg</li> <li>• Niacin-lovastatin 40 mg</li> </ul>

<ul style="list-style-type: none"> <li>• Simvastatin 20-40 mg</li> <li>• Ezetimibe-simvastatin 20-40 mg</li> <li>• Niacin-simvastatin 20-40 mg</li> </ul>	<ul style="list-style-type: none"> <li>• Fluvastatin XL 80 mg</li> <li>• Fluvastatin 40 mg bid</li> <li>• Pitavastatin 2–4 mg</li> </ul>
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- Examples of Beta Blocker Medications:

Description	Prescription		
Noncardioselective beta-blockers	<ul style="list-style-type: none"> <li>• Carvedilol</li> <li>• Labetalol</li> <li>• Nadolol</li> </ul>	<ul style="list-style-type: none"> <li>• Penbutolol</li> <li>• Pindolol</li> <li>• Propranolol</li> </ul>	<ul style="list-style-type: none"> <li>• Timolol</li> <li>• Sotalol</li> </ul>
Cardioselective beta-blockers	<ul style="list-style-type: none"> <li>• Acebutolol</li> <li>• Atenolol</li> </ul>	<ul style="list-style-type: none"> <li>• Betaxolol</li> <li>• Bisoprolol</li> </ul>	<ul style="list-style-type: none"> <li>• Metoprolol</li> <li>• Nebivolol</li> </ul>
Antihypertensive combinations	<ul style="list-style-type: none"> <li>• Atenolol-chlorthalidone</li> <li>• Bendroflumethiazide-nadolol</li> <li>• Bisoprolol-hydrochlorothiazide</li> </ul>	<ul style="list-style-type: none"> <li>• Hydrochlorothiazide-metoprolol</li> <li>• Hydrochlorothiazide-propranolol</li> </ul>	

*Testing for Children with Pharyngitis (3-18 years of age)*

- A group A streptococcus test is done when a child is diagnosed with pharyngitis and dispensed an antibiotic.

*Treatment for Children With Upper Respiratory Infection (3months-18 years of age)*

- An antibiotic is not dispensed on or 3 days after an outpatient or ED visit when only URI is diagnosed

*Adults with Acute Bronchitis (18-64 years of age)*

- An antibiotic is not dispensed on or 3 days after an outpatient or ED visit when only acute bronchitis is diagnosed

*Asthma (5-64 years of age)*

- Medication is dispensed to cover time from earliest prescription in measurement year to last day in measurement year.
- Has at least 1 reliever medication.
- Maintains a minimum ratio of 1 controller to 2 reliever medications.
- Examples of Asthma Reliever Medication:

Description	Prescriptions		
Short-acting, inhaled beta-2 agonists	<ul style="list-style-type: none"> <li>• Albuterol</li> </ul>	<ul style="list-style-type: none"> <li>• Levalbuterol</li> </ul>	<ul style="list-style-type: none"> <li>• Pirbuterol</li> </ul>

- Examples of Asthma Controller Medication:

Description	Prescriptions		
Antiasthmatic combinations	<ul style="list-style-type: none"> <li>• Dyphylline-guaifenesin</li> </ul>	<ul style="list-style-type: none"> <li>• Guaifenesin-theophylline</li> </ul>	
Antibody inhibitors	<ul style="list-style-type: none"> <li>• Omalizumab</li> </ul>		
Anti-interleukin-5	<ul style="list-style-type: none"> <li>• Mepolizumab</li> </ul>	<ul style="list-style-type: none"> <li>• Reslizumab</li> </ul>	
Inhaled steroid combinations	<ul style="list-style-type: none"> <li>• Budesonide-formoterol</li> <li>• Fluticasone-salmeterol</li> </ul>	<ul style="list-style-type: none"> <li>• Fluticasone-vilanterol</li> <li>• Mometasone-formoterol</li> </ul>	
Inhaled corticosteroids	<ul style="list-style-type: none"> <li>• Beclomethasone</li> <li>• Budesonide</li> <li>• Ciclesonide</li> </ul>	<ul style="list-style-type: none"> <li>• Flunisolide</li> <li>• Fluticasone CFC free</li> <li>• Mometasone</li> </ul>	
Leukotriene modifiers	<ul style="list-style-type: none"> <li>• Montelukast</li> </ul>	<ul style="list-style-type: none"> <li>• Zafirlukast</li> </ul>	<ul style="list-style-type: none"> <li>• Zileuton</li> </ul>
Methylxanthines	<ul style="list-style-type: none"> <li>• Dyphylline</li> </ul>	<ul style="list-style-type: none"> <li>• Theophylline</li> </ul>	

*COPD, Emphysema, Chronic Bronchitis (≥ 39 years of age)*

- Spirometry up to 2 years prior to diagnosis or within 6 months after diagnosis

*ACE Inhibitors/ARBs/Diuretics (17 years of age and older)*

- Serum potassium and serum creatinine test annually
- Examples of qualify medication

Description	Prescription					
Angiotensin converting enzyme inhibitors	• Benazepril	• Enalapril	• Lisinopril	• Perindopril	• Ramipril	
	• Captopril	• Fosinopril	• Moexipril	• Quinapril	• Trandolapril	
Angiotensin II inhibitors	• Azilsartan	• Eprosartan	• Losartan	• Telmisartan		
	• Candesartan	• Irbesartan	• Olmesartan	• Valsartan		
Antihypertensive combinations	• Aliskiren-valsartan	• Azilsartan-chlorthalidone	• Hydrochlorothiazide-moexipril			
	• Amlodipine-benazepril	• Benazepril-hydrochlorothiazide	• Hydrochlorothiazide-olmesartan			
	• Amlodipine-hydrochlorothiazide-valsartan	• Candesartan-hydrochlorothiazide	• Hydrochlorothiazide-quinapril			
	• Amlodipine-hydrochlorothiazide-olmesartan	• Captopril-hydrochlorothiazide	• Hydrochlorothiazide-telmisartan			
	• Amlodipine-olmesartan	• Enalapril-hydrochlorothiazide	• Hydrochlorothiazide-valsartan			
	• Amlodipine-perindopril	• Eprosartan-hydrochlorothiazide	• Sacubitril-valsartan			
	• Amlodipine-telmisartan	• Fosinopril-hydrochlorothiazide	• Trandolapril-verapamil			
	• Amlodipine-valsartan	• Hydrochlorothiazide-irbesartan				
		• Hydrochlorothiazide-lisinopril				
		• Hydrochlorothiazide-losartan				
Antihypertensive combinations	• Aliskiren-hydrochlorothiazide	• Fosinopril-hydrochlorothiazide				
	• Aliskiren-hydrochlorothiazide-amlodipine	• Hydrochlorothiazide-irbesartan				
	• Amiloride-hydrochlorothiazide	• Hydrochlorothiazide-lisinopril				
	• Amlodipine-hydrochlorothiazide-olmesartan	• Hydrochlorothiazide-losartan				
	• Amlodipine-hydrochlorothiazide-valsartan	• Hydrochlorothiazide-methyldopa				
	• Atenolol-chlorthalidone	• Hydrochlorothiazide-metoprolol				
	• Azilsartan-chlorthalidone	• Hydrochlorothiazide-moexipril				
	• Benazepril-hydrochlorothiazide	• Hydrochlorothiazide-olmesartan				
	• Bendroflumethiazide-nadolol	• Hydrochlorothiazide-propranolol				
	• Bisoprolol-hydrochlorothiazide	• Hydrochlorothiazide-quinapril				
	• Candesartan-hydrochlorothiazide	• Hydrochlorothiazide-spirolactone				
	• Captopril-hydrochlorothiazide	• Hydrochlorothiazide-telmisartan				
	• Chlorthalidone-clonidine	• Hydrochlorothiazide-triamterene				
	• Enalapril-hydrochlorothiazide	• Hydrochlorothiazide-valsartan				
	• Eprosartan-hydrochlorothiazide					
Loop diuretics	• Bumetanide	• Furosemide				
	• Ethacrynic acid	• Torsemide				
Potassium-sparing diuretics	• Amiloride	• Spironolactone				
	• Eplerenone	• Triamterene				
Thiazide diuretics	• Chlorothiazide	• Hydrochlorothiazide	• Methyclothiazide			
	• Chlorthalidone	• Indapamide	• Metolazone			

*Low Back Pain and Imaging*

- Imaging (x-ray, MRI, CT scan) is not ordered on or 28 days following a visit with a primary diagnosis of uncomplicated low back pain

*Opioids (18+ years of age)*

- Limiting prescription opioids to less than 15 days at a high dose (average MME >120)
- Monitor prescription opioids for 15 days or more to ensure multiple prescribers and pharmacies are not used

*Major Depression Diagnosis (17 years of age and older)*

- Treated with and remained on antidepressant

*ADHD (6-12 years of age that are newly prescribed medication)*

- Initial follow up with practitioner within 30 days of new medication
- At least 2 follow-up visits (in addition to initial follow-up) with practitioner within 270 days if remained on medication for at least 210 days

*Antipsychotic Medication (under 18 years of age with 2 or more medications)*

- Glucose or A1C and cholesterol testing annually
- Examples of qualifying medications:

Description	Prescription
Thioxanthenes	• Thiothixene
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Asenapine</li> <li>• Brexpiprazole</li> <li>• Cariprazine</li> <li>• Clozapine</li> <li>• Haloperidol</li> <li>• Iloperidone</li> <li>• Loxapine</li> <li>• Lurasidone</li> <li>• Molindone</li> <li>• Olanzapine</li> <li>• Paliperidone</li> <li>• Pimozide</li> <li>• Quetiapine</li> <li>• Quetiapine fumarate</li> <li>• Risperidone</li> <li>• Ziprasidone</li> </ul>
Phenothiazine antipsychotics	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Fluphenazine</li> <li>• Perphenazine</li> <li>• Prochlorperazine</li> <li>• Thioridazine</li> <li>• Trifluoperazine</li> </ul>
Long-acting injections	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone</li> </ul>
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>• Fluoxetine-olanzapine</li> <li>• Perphenazine-amitriptyline</li> </ul>

*Follow-Up after Hospitalization or ED Visit for Mental Illness (6+ years of age)*

- Hospitalized or seen in ED for mental illness or intentional self-harm
- Rate reported for percentage of discharges or ED visits that are seen for a follow-up appointment within 7 days and 30 days

*Follow-Up After Emergency Department Visit for Members with 2 or More High-Risk Chronic Conditions*

- Follow-up visit on or within 7 days of ED visit
- High-risk chronic conditions include: COPD, Alzheimer’s disease and related disorders, chronic kidney disease, depression, heart failure, acute MI, afib, stroke and TIA

*Pregnancy*

- Prenatal care visit in first trimester, on the enrollment start date or within 42 days of enrollment
- Postpartum visit on or between 21 and 56 days after delivery