

# IQVIA NLP Platform for Quality Measures

*Combining Healthcare-Grade AI with clinical expertise to transform and expedite medical record review by 10x-100x, maximizing efficiencies across your team. Do more with less.*

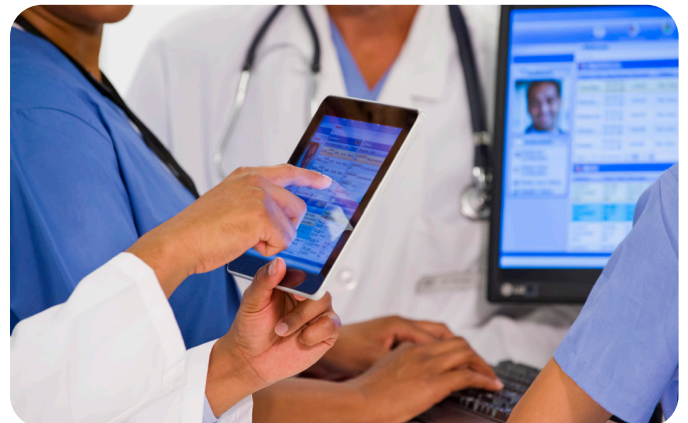
Ideally, we would have all the data we need for HEDIS® (Healthcare Effectiveness Data Information Set) quality measurement in one location, in a precise, easy to extract, and ready to combine structured format. But in reality, healthcare quality measurement, data collection and reporting are not perfect.

Patients frequently change providers within health systems and often change health plans. The process of transferring health records from one organization to another results in an abundance of document types. Retrieving these documents (scanned, Continuity of Care Documents (CCDs) in XML format, and historical information) is a cumbersome and expensive task, and eighty percent of the data contained in the medical record exists in an unstructured format in text notes or scanned documents. Ignoring these notes can result in reduced performance on quality measures and ultimately decreasing patient outcomes.

IQVIA's NLP technology enables quality measures to be extracted automatically from clinical documentation and presents them to your medical record abstractors in the Human Assisted Review Tool ([IQVIA HART](#)), streamlining the collection and review of relevant patient data.

## Measuring population management and changing Quality Measures

[HEDIS®](#) was created in 1991 to enable the health of patient populations to be assessed consistently and has since matured as a means of comparing health plans and providers. Over the years, measures have continually changed, and additional populations included. Many of the measures can now be captured electronically via structured data forms or collected through surveys. With 90% of all US health plans reporting measures and reporting quality of care



through HEDIS and 190 million people enrolled in these plans, [HEDIS represents a hugely important standard by which healthcare is assessed](#). Therefore, data collection and reporting in HEDIS are paramount to care quality measurement. There are several types of data that are used in HEDIS reporting, with medical record review (or chart abstraction) being a key component to a subset of measures called Hybrid Measures. For these measures — medical record review is used to supplement structured administrative data (e.g., claims data) from a sample of eligible members per measure (per plan) to give plans better visibility into performance, when uncoded clinical documentation is accounted for.

## NLP streamlines chart review

NLP has proven to be a key technology in this space — identifying quality compliance in up to [40% of patients](#) whose claims data is missing crucial evidence. Despite the proven value of NLP in medical record review to improve operational efficiencies and demonstrate improved quality compliance, many institutions still rely on in-house or third-party teams for manual chart review. This is a time-consuming, expensive, and laborious process for the analysts and abstractors doing the work.

Historically, medical record review has been reserved for the hybrid HEDIS measures alone. However, two trends are placing NLP for medical record review in the spotlight.

First, with increasing competition, plans are looking to bring the insights gained in HEDIS reviews into proactive and preventative care management. This places data collection (including medical records review) as a year-round activity, from which insights drive clinical outcomes. For example — think of a plan measuring Blood Pressure Management (Controlling High Blood Pressure measure).

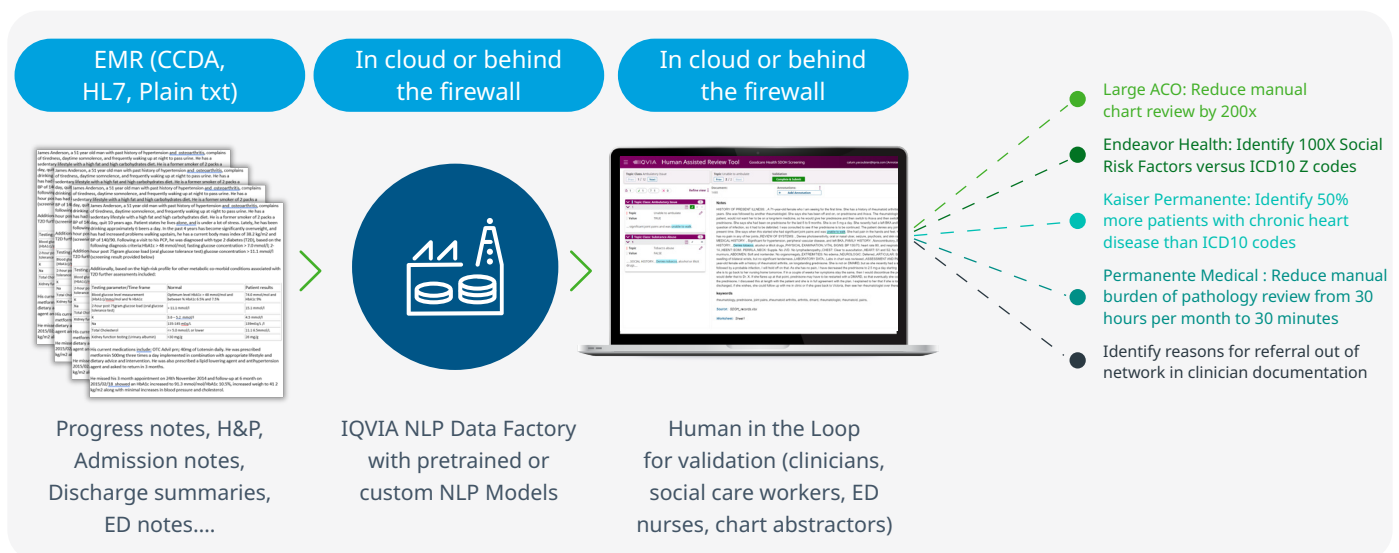
With chart reviews taking place all year — any providers who have patients with uncontrolled high blood pressure measurements can be identified and risk stratified. This enables the providers to engage with and ensure the patients have the appropriate treatment.

This action will impact care and quality measurement in the next reporting year. Secondly, there are an increasing number of measures being reported as digital Quality Measures (dQM). These measures rely on electronic data alone for measurement. This electronic data can be electronic health records, health information exchange, clinical registry, case

management system or administrative data. The quality of the data is evaluated across the entire eligible population instead of only a sample size. Therefore, plans looking to maintain the uplift given to performance scores that comes from medical records review will need to apply processes to enable review across potentially thousands of patients. This is simply not feasible with in-house teams alone. One option is to increase the number of 3rd party coders that the plan uses. However — this is expensive and puts external chart review at a level significantly higher than payers have budget for. Another is to enhance the teams that payers are already using, with clinically intelligent NLP solutions.

## Quality care beyond HEDIS

While HEDIS® measures form the foundation of quality measurement, exceptional Population Health Management goes beyond what is captured and reported in these measures. For example, understanding member level [social determinants of health](#) and co-morbid conditions is vital in ensuring appropriate care is put in place. With the same technology that is being used to identify HEDIS measures and care gaps, health plans can extend their lens to focus on these key areas.



As HEDIS® matures, more of the measures require documentation of care plans and follow-up that are mostly documented in unstructured notes. In the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measure, referrals, plans, and counseling are variable, and more likely to be documented in an unstructured format

as a referral to a weight-management program or dietary consultation. The same holds true for the Care for Older Adults measure, where the presence of power of attorney or advance directives documents may be present in the chart, while other advanced care-planning decisions/discussions are found in the clinician notes.

# The IQVIA NLP technology helps gather insights from unstructured text and drastically reduces the amount of manual chart review by as much as 100x, enabling focus to be the care of the patient.

Figure 1: Dashboard showing population metrics from diabetes patients, all extracted from patient notes using the IQVIA NLP platform

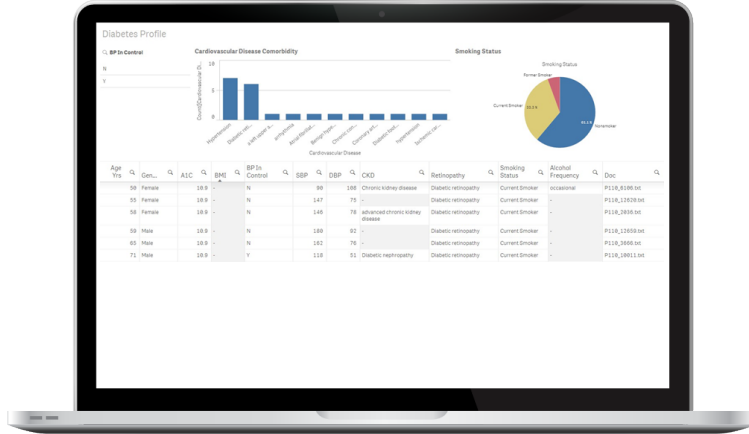


Figure 2: IQVIA NLP HART (Human Assisted Review Tool) results showing Controlling High Blood Pressure in a workflow application.

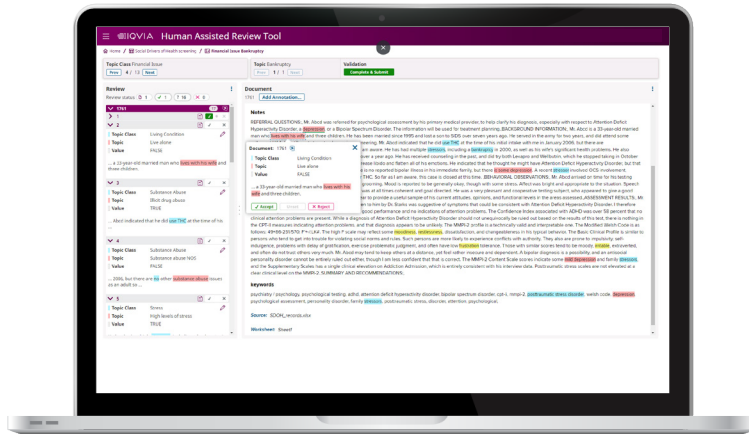
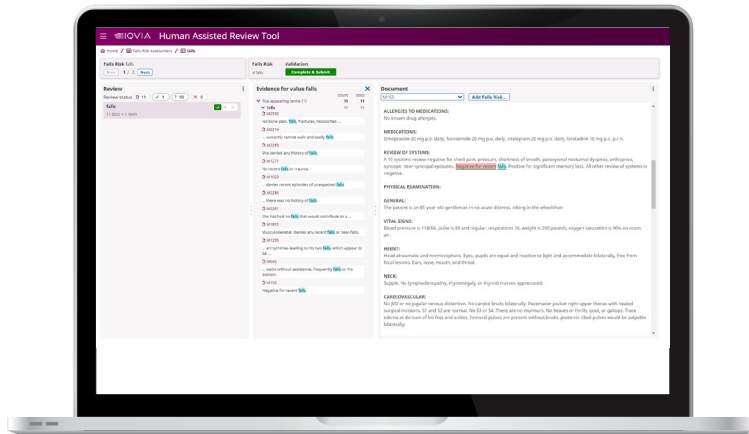


Figure 3: Some of the parameters that might be found in unstructured notes facilitated by NLP



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