The Future of HEDIS® is Digital

For health plan quality teams, HEDIS® measurement season has traditionally meant one thing: months of manual chart review. This approach has served the industry for years, but its limitations have become more obvious as the volume of healthcare data grows and the need for timely, actionable insights increases.

The move toward Digital Quality Measures (dQMs) represents a major shift in how health plans approach HEDIS reporting. With NCQA's 2030 deadline for full digital implementation, understanding what's changing, and why, is essential for clinical quality leaders to plan their next steps.

Health plans that begin building digital quality capabilities today will be better positioned for NCQA's 2030 mandate, which reduces the manual data collection burden, allowing plans to gain insights to improve care and outcomes. This blog examines why manual data abstraction is being phased out, how new technologies are supporting digital quality measurement, and what NCQA's Digital Quality Framework means for health plans. We'll also explore what this transition requires and why it's important for payers to start now.

The Problem with Manual Abstraction

Manual chart review has long been a core part of HEDIS measurement, but it comes with significant challenges:

- **Administrative Burden:** The process is time-consuming, labor-intensive, and often requires extra staff, which increases operational costs.
- **Error-Prone Process**: Human review and inconsistent documentation can lead to inaccuracies and require extra validation to confirm the data is correct.
- **Limited Scope**: Manual review doesn't scale well. Most health plans rely on sampling, which means they may miss important trends in their broader population.
- **Delayed Insights:** By the time data is reviewed and reported, it's often too old to be useful for current care decisions.
- **Provider Burden:** Delays in feedback mean clinicians receive information too late to change or improve care quickly.
- **Reduced Analytics Capabilities:** Without structured, electronic data, it's harder to generate deeper insights about outcomes and opportunities for quality improvement.

- **Compliance and Audit Challenges**: As the measure criteria and regulatory standards evolve, manual abstraction will no longer be able to keep up.

Key Milestones in the Digital Transition

The shift to dQMs is reshaping HEDIS operations by integrating technology to improve patient care, enhance operational efficiency, and streamline healthcare delivery. This transformation is the result of several key initiatives and technological advancements that have occurred over roughly the last decade that paved the way including adoption of electronic health records (EHRs), digital platforms, and digital tools and the integration of big data analytics.

dQMs gained momentum through several key developments:

2016: **21st Century Cures Act**
Promoted health information interoperability and improved data sharing with patients, setting the stage for better data integration.

2017: NCQA and HL7 Digital Quality Summit
Brought together key players in the health IT field to demonstrate emerging technology standards for quality reporting, including Fast Healthcare Interoperability Resources (FHIR) standards, Clinical Quality Language (CQL), and clinical decision support (CDS).

2020: CMS Interoperability and Patient Access Final Rule
Required payers to implement FHIR-based APIs, improving access to clinical and claims data, and setting the stage for digital quality reporting.

2025: CMS Proposal for dQMs
Discussions about shifting away from manual hybrid record review started years earlier but were accelerated when CMS proposed a move to all dQMs by 2025, later extending the deadline to 2030.

2030: NCQA Digital HEDIS Deadline
NCQA aligned its timeline accordingly, and all HEDIS measures must transition to dQMs by 2030, with measures executed through standard data models and incorporating data from Electronic Health Records (EHRs), registries, Health Information Exchanges (HIEs) and claims. Hybrid record review will be sunset for Measurement Year 2029 reporting.

The Data Foundation that Makes Digital Possible

Critical to this shift is interoperable, structured data. The widespread adoption of EHRs allows for seamless sharing of patient information across different healthcare settings, reducing errors and improving the continuity of care.

Here are a few key technologies that make digital HEDIS possible:

- **Electronic Health Records (EHRs)** enable seamless information sharing across healthcare settings, improving care continuity, and reducing errors.
- **Interoperable Systems** allow different platforms to communicate effectively, creating a more connected healthcare ecosystem.
- **Big Data Analytics** surfaces patterns in member histories and provider practices to reveal care gaps and improvement opportunities.
- **AI and Machine Learning** offer predictive modeling capabilities and support for personalized patient care approaches.

NCQA's Digital Quality Framework

To guide the transition, NCQA created a digital quality framework that helps standardize how digital measures are defined and reported. The goal is to make measurement more relevant, more efficient, and better suited to value-based care.

NCQA defines digital quality as using "standardized, digital data from one or more sources of health information that is captured and exchanged via interoperable systems and applies quality measure specifications that are standards-based."

The framework enables:

- Data queries through interoperability standards like FHIR/HL7 via APIs
- Automated measure score calculation
- Streamlined quality reporting results

As **,** digital quality measurement "leverages code packages and is computed in an integrated environment without additional effort."

Advantages of Digital Quality Measurement

Digital Quality Measurement addresses the challenges of manual chart review by providing a more efficient data collection process that aligns across payers, and is accurate, timely, and relevant. Here is how it directly addresses the pain points of manual review:

- **It's Faster.** Automated data collection eliminates the resource-intensive manual process.
- **It's more accurate.** Standardized data capture reduces human error and inconsistencies.

- **It's broader.** Digital systems can analyze entire member populations, not just samples.
- **It helps providers.** Real-time or near-real-time data enables faster decision-making and interventions.
- **It Improves insight.** Structured data supports better analytics and decision-making.

The Road to 2030

With hybrid reporting scheduled to end in 2030 for Measurement Year 2029, health plans have less than five years to complete their digital transformation. Organizations that have not begun planning will have difficulty catching up.

The transition will require modern technology and workflows, staff training, and potentially significant changes to data governance and vendor relationships. Starting sooner rather than later provides payer organizations with the opportunity to test systems, refine processes, and build expertise gradually instead of facing a crisis as the deadline approaches.

What's Next?

The evolution from manual to digital quality measurement represents more than a compliance requirement. It is an opportunity to fundamentally improve how health plans understand and enhance member care. Organizations that embrace this transformation early will gain competitive advantages in operational efficiency, clinical insights, and member outcomes.

In Our Next Blog

Tune in next month as we examine how CMS interoperability requirements and prior authorization automation are creating the data infrastructure that enables successful digital quality measurement.