Quality Council
October 19, 2023

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Time	Topic
4:00 p.m.	Call to Order and Roll Call
4:05 p.m.	Public Comment
4:10 p.m.	Approval of June 15, 2023 Meeting Minutes — Vote
4:15 p.m.	2023 Annual Review of Quality Benchmark Specification Changes
4:45 p.m.	Review Quality Benchmark Values for Phase 2 Measures
5:50 p.m.	Wrap-up and Next Steps
6:00 p.m.	Adjourn

Call to Order and Roll Call

Public Comment

Approval of June 15, 2023 Meeting Minutes—Vote

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2023 Annual Review of Quality Benchmark Specification Changes

Quality Benchmarks

As a reminder…

- In 2020, Governor Lamont signed Executive Order No. 5 directing OHS to develop annual Quality Benchmarks for CY 2022-2025. In 2022, Public Act 22-118 codified Executive Order No. 5 into law and created new Quality Benchmark reporting requirements.
- In 2021, OHS selected seven Quality Benchmark measures and Benchmark values for phased implementation, per the Quality Council's recommendation. *(Measures are included on the following slide; benchmark values are included in the Appendix.)*
- In 2021, the Quality Council considered and agreed with OHS' approach for annually reviewing changes to the Quality Benchmark measure specifications.

Quality Benchmark Measures

Phase 1: Beginning for 2022

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control

Phase 2: Beginning for 2024

- Child and Adolescent Well-Care Visits
- Follow-up After Hospitalization for Mental Illness (7-day)
- Follow-up After ED Visit for Mental Illness (7-day)
- Obesity Equity Measure

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Process for Reviewing Changes to Quality Benchmark Measure Specifications (1 of 3)

- **Step 1**: OHS reviews measure specification changes.
  - For NCQA measures: OHS will review the measure specification changes that are released by NCQA by August 1st preceding the measurement year (MY) (e.g., specifications released in July 2023 for MY 2024).
  - For the Obesity Equity Measure: OHS will review the BRFSS survey questions, method of distribution, the population receiving the survey, or any other difference that might affect the comparison.

BRFSS = Behavioral Risk Factor Surveillance System NCQA = National Committee for Quality Assurance

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Process for Reviewing Changes to Quality Benchmark Measure Specifications (2 of 3)

- **Step 2**: OHS identifies whether there have been any major changes to measure specifications.
  - For NCQA measures**:** A substantive change is when there are one or more specification changes (e.g., change in age range, significant change in numerator/denominator) that would cause a "break in trending."
  - For the Obesity Equity Measure: A substantive change is one that does not allow performance to be compared to prior years.

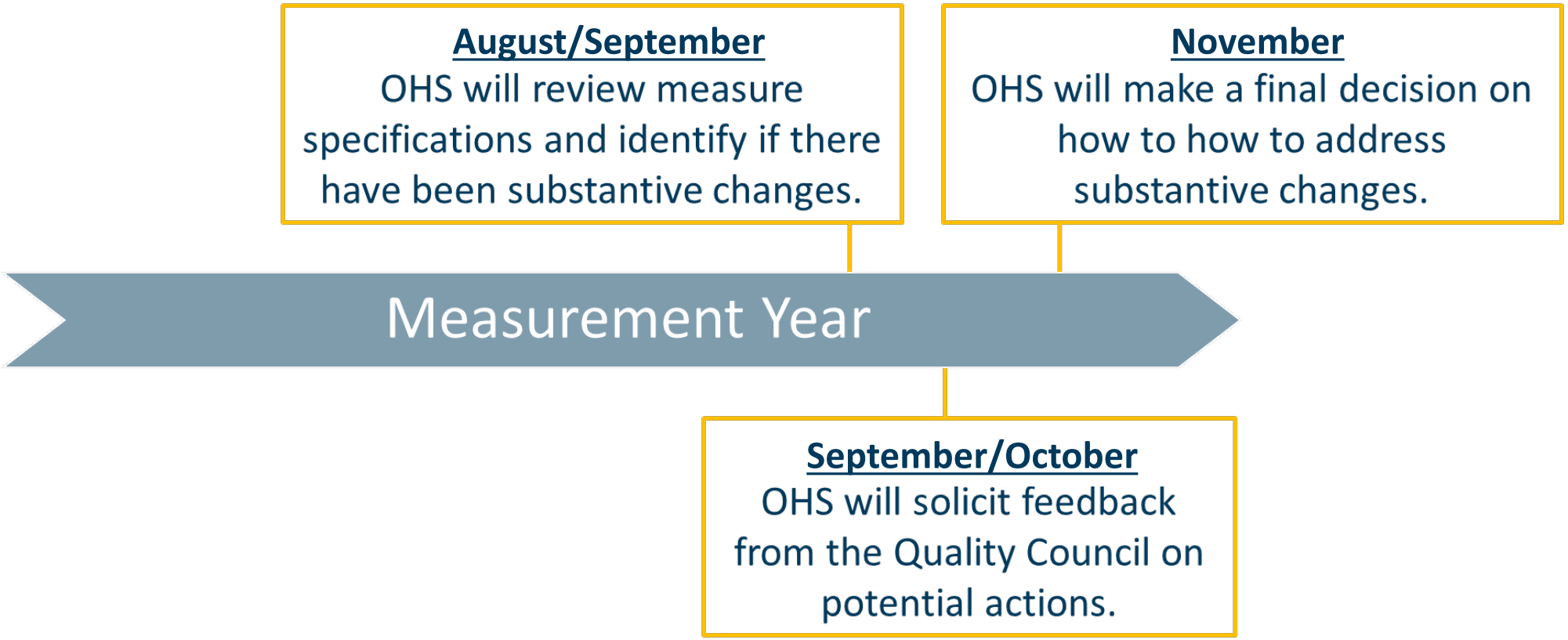
NCQA = National Committee for Quality Assurance

Process for Reviewing Changes to Quality Benchmark Measure Specifications (3 of 3)

- **Step 3:** If the measure specification changes are considered substantive, OHS solicits Quality Council feedback on the following options:

1. **Remove** the Quality Benchmark measure for the affected and future measurement years and discuss including an alternate measure instead.
2. **Reset** the Quality Benchmark value for the affected and future measurement years (using the same methodology in place to develop the initial values).
3. **Maintain** the original Quality Benchmark measure and value and re-evaluate after the next measurement period.

Timeline for Reviewing Changes to Quality Benchmark Measure Specifications



2024 Measure Specification Changes

- **NCQA Measures:** NCQA released its final 2024 HEDIS measure specifications in July 2023. NCQA made significant changes to one Quality Benchmark measure – *HbA1c Control for Patients with Diabetes: HbA1c Poor Control.* Changes to the other Quality Benchmark measures were minor.
  - A summary of the minor HEDIS measures specification changes is on the next slide.
- **Obesity Equity Measure**: There were no changes to the relevant weight & height questions in the 2023 CT BRFSS survey.

BRFSS = Behavioral Risk Factor Surveillance System HEDIS = Healthcare Effectiveness Data and Information Set
NCQA = National Committee for Quality Assurance

Changes to 2024 NCQA Quality Benchmark Measure Specifications

Measure Name	Summary of Changes
Asthma Medication Ratio	• Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
Child and Adolescent Well-Care Visits	• Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
Controlling High Blood Pressure	• Added a laboratory claim exclusion to value sets for which laboratory claims should not be used. • Revised the method for identifying advanced illness. • Moved previously listed exclusions to required exclusions. • Revised the numerator to clarify settings where CPT Category II codes should not be used.
Follow-Up After Emergency Department Visit for Mental Illness	• Added race and ethnicity stratification.
Follow-Up After Hospitalization for Mental Illness	• Added race and ethnicity stratification.

HbA1c Poor Control Specification Changes (1 of 2)

- NCQA revised *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* to:

1. **Update the event/diagnosis criteria** to include members with at least two diagnoses of diabetes or who were dispensed at least one diabetes medication and have at least one diagnosis of diabetes.

Method	Description
Previous event/diagnosis criteria	• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, ***or*** • Dispensed at least one diabetes medication
Updated event/diagnosis criteria	• At least two diagnoses of diabetes on different dates of service (in any setting), ***or*** • Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

HbA1c Poor Control Specification Changes (2 of 2)

- NCQA revised *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* to:

2. **Add glucose management indictor (GMI)** as an option to meet numerator criteria (alongside HbA1c) to reflect updated ADA guidelines and recognize those who manage diabetes with continuous glucose monitoring devices.

3. **Adopt a new measure name**: *Glycemic Status Assessment for Patients with Diabetes*.

ADA = American Diabetes Association

Potential Impact of Changes on Measure Performance

- OHS anticipates that these specifications changes will result in a modest improvement in performance (i.e., poor control rates will decrease) because:
  1. individuals without a diabetes diagnosis are being removed from the denominator, and
  2. an additional method for capturing blood sugar control is being added to the measure.
- However, we cannot be certain about the impact on performance (or its magnitude) until NCQA publishes plan-level MY 2024 performance on the measure in July 2025.

NCQA = National Committee for Quality Assurance
MY = Measurement Year

Options for Quality Benchmark Assessment (1 of 4)

Option #	Option Description	OHS Assessment
#1	**Remove** *Glycemic Status Assessment for Patients with Diabetes* for the affected (MY 2024) and future measurement years and discuss including an alternate measure instead.	• OHS **does not recommend** choosing this option because the specification modifications are not fundamentally changing the measure, and the Quality Council identified improvement in HbA1c poor control to be a priority for Connecticut.

MY = Measurement Year

Options for Quality Benchmark Assessment (2 of 4)

Option #	Option Description	OHS Assessment
#2	**Reset** the Quality Benchmark value for *Glycemic Status Assessment for Patients with Diabetes* for the affected (MY 2024) and future measurement years.	• OHS **does not recommend** this option because resetting the benchmark value before performance data are published using the new specifications would require OHS to speculate about the degree to which the changes will impact performance.

MY = Measurement Year

Options for Quality Benchmark Assessment (3 of 4)

Option #	Option Description	OHS Assessment
#3	**Maintain** *Glycemic Status Assessment for Patients with Diabetes* as a Quality Benchmark Measure for the affected year (MY 2024) and report performance on the measure, but without reference to a Benchmark value (i.e., "reporting only"). **Re-evaluate** the Quality Benchmark value for *Glycemic Status Assessment for Patients with Diabetes* after performance is reported for MY 2024 with the potential to adjust the MY 2025 benchmark value.	• OHS **recommends this option**, because it maintains continuity of Quality Benchmark measures (i.e., OHS is not replacing this measure with a different measure) and it allows OHS to make an informed decision about whether and to what degree to adjust the benchmark value for this measure rather than speculating about how much the specification change will impact performance.

MY = Measurement Year

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Options for Quality Benchmark Assessment (4 of 4)

- Does the Quality Council agree with OHS's recommended approach for handling the MY 2024 specification changes to *Glycemic Status Assessment for Patients with Diabetes*?
  - If not, are there any additional approaches OHS should consider?

MY = Measurement Year

Review Quality Benchmark Values for Phase 2 Measures

Reminders about the Process for Setting Quality Benchmark Values (1 of 2)

- In 2021, the Quality Council recommended setting separate Benchmark values for each market (i.e., commercial, Medicare Advantage, Medicaid), in acknowledgement that the baseline performance for each measure varied by market.
- The Quality Council considered market-specific performance in 2019 and selected 2025 Benchmark values after considering market-specific national and New England performance.
- The Quality Council also developed recommendations for interim annual Benchmark values for 2022, 2023 and 2024 for the Phase 1 Quality Benchmark measures.

Reminders about Process for Setting Quality Benchmark Values (2 of 2)

- For each measure, the Quality Council strived to select 2025 Benchmark values that:
  - motivated meaningful quality improvement;
  - could be reasonably attained by 2025, and
  - were equally ambitious for each market (i.e., the difference in the baseline rate and the 2025 Benchmark value for each measure should be similar across markets).
- **Benchmark values and sources for all Quality Benchmark Measures are in the presentation Appendix.**

Setting Quality Benchmark Values for Phase 2 Measures

- The Quality Council did not develop recommendations for 2024 Benchmark values for the Phase 2 Quality Benchmark measures (or a 2025 value for *Child and Adolescent Well-Care Visits*).
- **Today, OHS is seeking the Quality Council's input on:**
  - whether the **2025 Quality Benchmark values** for the Phase 2 Measures are still appropriate given recent performance, and
  - what the **2024 Quality Benchmark values** for the Phase 2 Measures should be (i.e., how many percentage points below the 2025 value; consistent across markets).

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Reminder: Phase 2 Quality Benchmark Measures

Phase 2: Beginning for 2024

- Child and Adolescent Well-Care Visits
- Follow-up After Hospitalization for Mental Illness (7-day)
- Follow-up After ED Visit for Mental Illness (7-day)
- Obesity Equity Measure

Child and Adolescent Well-Care Visits (1 of 3)

- OHS did not establish a 2024 or 2025 Quality Benchmark value for *Child and Adolescent Well-Care Visits* in 2021 because *Child and Adolescent Well-Care Visits* was new for HEDIS measurement year 2021 (calendar year 2020).
- Three years (2020-2022) of *Child and Adolescent Well-Care Visits* performance data are now available.
- **OHS is seeking the Quality Council's input on Quality Benchmark Values for this measure for MY 2024 and 2025 for the commercial and Medicaid markets.**

HEDIS = Healthcare Effectiveness Data and Information Set
MY = Measurement Year

Child and Adolescent Well-Care Visits (2 of 3)

- OHS recommends setting the commercial benchmarks for *Child and Adolescent Well-Care Visits* at:
  - **82% for 2025** (above the 2022 New England 90th percentile)
  - **80% for 2024** (two percentage points below proposed 2025 benchmark)

Connecticut Performance	
2022	79
2021	77
2020	72

Percentile	National commercial performance (2022)	New England commercial performance (2022)
25th	49	69
50th	56	75
75th	64	79
90th	72	80

Connecticut performance is a weighted average of four commercial plans' performance.

Child and Adolescent Well-Care Visits (3 of 3)

- OHS recommends setting the Medicaid benchmarks for *Child and Adolescent Well-Care Visits* at:
  - **68% for 2025** (2022 New England 90th percentile).
  - **66% for 2024** (two percentage points below proposed 2025 benchmark)

Connecticut Performance	
2022	64
2021	67
2020	60

Percentile	National Medicaid performance (2022)	New England Medicaid performance (2022)
25th	43	53
50th	48	59
75th	55	63
90th	61	68

Commercial

Follow-Up After Emergency Department Visit for Mental Illness (7-Day) (1 of 2)

- Does the Quality Council think the 2025 commercial Quality Benchmark value for this measure is still appropriate given recent Connecticut performance?
- How many percentage points below the 2025 Quality Benchmark value should OHS set the 2024 Quality Benchmark value?

2025 Quality Benchmark Value
75% Between 2019 New England 75th and 90th percentiles

Connecticut performance	
2022	62
2021	63
2020	59

Percentile	National commercial performance (2022)	New England commercial performance (2022)
25th	39	57
50th	47	63
75th	55	71
90th	63	76

Connecticut performance is a weighted average of four commercial plans' performance.

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Medicaid

Follow-Up After Emergency Department Visit for Mental Illness (7-Day) (2 of 2)

- Does the Quality Council think the 2025 Medicaid Quality Benchmark value for this measure is still appropriate given recent Connecticut performance?
- How many percentage points below the 2025 Quality Benchmark value should OHS set the 2024 Quality Benchmark value?

2025 Quality Benchmark Value
65% 2019 National 90th percentile

Connecticut performance	
2022	48
2021	50

Percentile	National Medicaid performance (2022)	New England Medicaid performance (2022)
25th	31	53
50th	41	59
75th	51	63
90th	62	68

Commercial

Follow-Up After Hospitalization for Mental Illness (7-Day) (1 of 2)

- Does the Quality Council think the 2025 commercial Quality Benchmark value for this measure is still appropriate given recent Connecticut performance?
- How many percentage points below the 2025 Quality Benchmark value should OHS set the 2024 Quality Benchmark value?

2025 Quality Benchmark Value
63% Between 2019 New England 75th and 90th percentiles

Connecticut performance	
2022	65
2021	64
2020	66

Percentile	National commercial performance (2022)	New England commercial performance (2022)
25th	40	52
50th	47	57
75th	55	63
90th	62	65

Connecticut performance is a weighted average of four commercial plans' performance.

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Medicaid

Follow-Up After Hospitalization for Mental Illness (7-Day) (2 of 2)

- Does the Quality Council think the 2025 Medicaid Quality Benchmark value for this measure is still appropriate given recent Connecticut performance?
- How many percentage points below the 2025 Quality Benchmark value should OHS set the 2024 Quality Benchmark value?

2025 Quality Benchmark Value
55% 2019 New England 90th percentile

Connecticut performance	
2022	46
2021	48

Percentile	National Medicaid performance (2022)	New England Medicaid performance (2022)
25th	29	37
50th	35	49
75th	44	53
90th	53	54

Connecticut performance is a weighted average of four commercial plans' performance.

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Statewide

Obesity Equity Measure (1 of 4)

A lower rate indicates better performance

- The *Obesity Equity Measure* is the ratio of statewide obesity rates for the Black, non-Hispanic population and the White, non-Hispanic population (BRFSS data).
- 2022 Connecticut performance on this measure is better than the 2025 Quality Benchmark value; however, the White obesity rate increased from 2019-2022 while the Black obesity rate decreased (see next slide).

2025 Quality Benchmark Value
1.33 2019 National ratio

Connecticut Performance	
2022	1.32
2021	1.53
2020	1.51
2019	1.65

National Performance	
2022	1.24
2021	1.27
2020	1.34
2019	1.33

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Statewide

Obesity Equity Measure (2 of 4)

A lower rate indicates better performance

2025 Quality Benchmark Value	Connecticut Performance		Connecticut Obesity Rate	
			White, non-Hispanic	Black, non-Hispanic
1.33 2019 National ratio	**2022**	1.32	29.0 ↑	38.3 ↓
	2021	1.53	28.8 ↑	44.2 ↑
	2020	1.51	27.0 ↑	40.7 ↓
	2019	1.65	26.6	43.8

↓ indicates that obesity rate decreased from prior year, ↑ indicates obesity rate increased from prior year

Statewide

Obesity Equity Measure (3 of 4)

A lower rate indicates better performance

- Which approach does the Quality Council recommend for the Obesity Equity Measure and its 2024 and 2025 Quality Benchmark values:
  - **Option #1 –** Maintain the current methodology for calculating the Obesity Equity Measure but explain the disparity reduction when reporting 2024 and 2025 performance. <u>This is OHS' preferred option.</u>
  - **Option #2 –** Modify the methodology for the Obesity Equity Measure.
    - **For example:** Set a Quality Benchmark value for the Black obesity rate (without reference to the White population) and measure performance using a rolling average rather than a single year rate, to reduce the impact of observed large fluctuations in year-to-year performance.

Statewide

Obesity Equity Measure (4 of 4)

A lower rate indicates better performance

- Does the Quality Council think the 2025 Quality Benchmark value for this measure is still appropriate given recent CT performance?
- How far above the 2025 Quality Benchmark value should OHS set the 2024 Quality Benchmark value?

2025 Quality Benchmark Value
1.33 2019 National ratio

CT Performance	
2022	1.32
2021	1.53
2020	1.51
2019	1.65

National Performance	
2022	1.24
2021	1.27
2020	1.34
2019	1.33

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Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps

- The Quality Council's next meeting is on **November 16th (4-6pm).**

Appendix

Quality Benchmark Values

Commercial Market Benchmark Values: Phase 1 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Asthma Medication Ratio (Ages 5-18)	79%	81%	83%	86% *Between the national commercial 50th and 75th percentiles*	Overall: 7% Annual: 2%
Asthma Medication Ratio (Ages 19-64)	78%	80%	82%	85% *National commercial 90th percentile*	Overall: 7% Annual: 2%
Controlling High Blood Pressure	61%	63%	65%	68% *Between the New England commercial 50th and 75th percentiles*	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	27%	26%	25%	23% *Between the national commercial 75th and 90th percentiles*	Overall: 4% Annual: 1%

The annual change in Benchmark values may not be even due to rounding.
*A lower rate indicates higher performance.

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Commercial Market Benchmark Values: Phase 2 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Child and Adolescent Well-Care Visits	TBD	TBD	TBD	TBD	TBD
Follow-up After ED Visit for Mental Illness (7-Day)	60%	N/A	N/A	75% *Between the New England commercial 75th and 90th percentiles*	Overall: 15%
Follow-up After Hospitalization for Mental Illness (7-Day)	56%	N/A	N/A	63% *Between the New England commercial 75th and 90th percentiles*	Overall: 7%

The annual change in Benchmark values may not be even due to rounding.

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Medicaid Market Benchmark Values: Phase 1 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Asthma Medication Ratio (Ages 5-18)	66%	68%	70%	73% *Between the national Medicaid 50th and 75th percentiles*	Overall: 7% Annual: 2%
Asthma Medication Ratio (Ages 19-64)	63%	65%	67%	70% *Between the national Medicaid 75th and 90th percentiles*	Overall: 7% Annual: 2%
Controlling High Blood Pressure	61%	63%	65%	68% *National Medicaid 75th percentile*	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	37%	36%	35%	33% *National Medicaid 75th percentile*	Overall: 4% Annual: 1%

The annual change in Benchmark values may not be even due to rounding.
*A lower rate indicates higher performance.

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Medicaid Market Benchmark Values: Phase 2 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Child and Adolescent Well-Care Visits	TBD	TBD	TBD	TBD	TBD
Follow-up After ED Visit for Mental Illness (7-Day)	50%	N/A	N/A	65% *National Medicaid 90th percentile*	Overall: 15%
Follow-up After Hospitalization for Mental Illness (7-Day)	48%	N/A	N/A	55% *New England Medicaid 90th percentile*	Overall: 7%

Medicare Advantage Market Benchmark Values

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Controlling High Blood Pressure	73%	75%	77%	80% *National Medicare Advantage 75th percentile*	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	20%	18%	16%	15% *National Medicare Advantage 75th percentile*	Overall: 5% Annual: 2%

The annual change in Benchmark values may not be even due to rounding.
*A lower rate indicates higher performance.

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Statewide Benchmark Values

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Obesity Equity Measure *the ratio of the White, non-Hispanic obesity rate and Black, non-Hispanic obesity rate*	1.65	N/A	N/A	1.33 *National ratio*	Overall: 0.32