Quality Council

Meeting Date	Meeting Time	Location
October 19, 2023	4:00 pm – 6:00 pm	Zoom Meeting Recording: https://ctvideo.ct.gov/ohs/Quality_Council_Meeting_Recording_10192023.mp4

Participant Name and Attendance | Council Members					
Rohit Bhalla	R	Amy Gagliardi	X	Andy Selinger (Co-Chair)	R
Ellen Carter	R	Karin Haberlin	R	Marlene St. Juste	X
Elizabeth Courtney	R	Danyal Ibrahim	X	Daniel Tobin	X
Monique Crawford/Stephanie De Abreu	R	Michael Jefferson	R	Alison Vail	X
Sandra Czunas	X	Phil Roland/Doug Nichols	X	Heather Tory	R
Petrina Davis	R	Joe Quaranta	R	Steve Wolfson	R
Lisa Freeman	R	Brad Richards	R		
Supporting Leadership & Other Participants					
Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R	Grace Flaherty, Bailit Health	R
Jeannina Thompson, OHS	R	**R** = Attended Remotely; **IP** = In Person; **X** = Did Not Attend			
Amy Tibor, OHS	R				

Agenda

	Topic	Responsible Party	Time
1.	**Welcome and Call to Order**	**Andy Selinger**	**4:00pm**
	Hanna Nagy called the meeting to order at 4:02pm. Jeannina Thompson took roll call. Jeannina reported that a quorum was not present. Hanna reviewed the meeting agenda.		
2.	**Public Comment**	**Attendees**	**4:05pm**
	Hanna Nagy invited welcomed public comment. There was none.		
3.	**<u>Council Action</u>: Approval of Minutes**	**Council Members**	**4:10pm**
	This vote was postponed until the end of the meeting when a quorum was present.		
4.	**2023 Annual Review of Quality Benchmark Specification Changes**	**Grace Flaherty**	**4:15pm**
	Grace Flaherty reminded the Quality Council about its process for reviewing changes to the Quality Benchmark measure specifications. Grace said that NCQA made significant changes to one Quality Benchmark measure for measurement year (MY) 2024 and that the changes to the other Quality Benchmark measures were minor. Grace summarized the minor specification changes. Grace described the major specification changes to *Glycemic Status Assessment for Patients with Diabetes* (formerly *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*). Grace presented three options for how OHS could handle the major specification changes. Grace said that OHS preferred to maintain the measure as a Quality Benchmark measure for MY 2024 and to report performance on the measure but without reference to a Benchmark value (i.e., "reporting only"). Grace asked if the Quality Council agreed with OHS' recommended approach or if there were additional approaches OHS should consider. • One member supported the third option described by Grace, adding that in a study of his group's patients about half of the patients that failed the glycemic control measure did not, in fact, have diabetes. • One member said that she also supported Option 3, but questioned "reporting only." Grace clarified that reporting would continue, but there would be no judgement as to whether the benchmark was		

	met because the old benchmark was set using the former measure specifications. The member thanked Grace for her explanation and indicated her understanding.		
5.	**Review Quality Benchmark Values for Phase 2 Measures**	**Michael Bailit**	**4:45pm**

Michael Bailit reminded the Quality Council about its process for setting Quality Benchmark values. Michael said that in 2021 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.* Michael explained that during this meeting he would be seeking the Quality Council's input on whether the 2025 Quality Benchmark values for the Phase 2 measures were still appropriate given recent performance and what the 2024 Quality Benchmark values for the Phase 2 Measures should be.

Child and Adolescent Well-Care Visits

Michael said that OHS recommended setting the commercial benchmarks for this measure at 82% for 2025 (above the 2022 New England 90th percentile) and at 80% for 2024 (two percentage points below the proposed 2025 benchmark).

- One member said OHS' proposed benchmarks seemed reasonable given recent performance. The member said it was positive to see performance on this measure climbing in recent years.
- One member agreed that the proposed benchmarks seemed appropriate and aspirational.
- **Recommendation:** Set the commercial Quality Benchmark values for *Child and Adolescent Well-Care Visits at* 82% for 2025 and 80% for 2024.

Michael said that OHS recommended setting the Medicaid benchmarks for this measure at 68% for 2025 (2022 New England 90th percentile) and at 66% for 2024 (two percentage points below the proposed 2025 benchmark). Michael noted that Medicaid performance in recent years was difficult to interpret because of Medicaid's expansion during the COVID-19 pandemic and subsequent suspension of eligibility redetermination.

- One member asked if there were performance data available prior to 2020. Michael said there were no data available prior to 2020 because this was a new measure starting in 2020. Michael said OHS could provide performance data prior to 2020 for the predecessor child and adolescent well-care visit measures if that would help the Quality Council set the Benchmark values.
- One member said OHS' proposed Medicaid benchmarks seemed reasonable.
- One member asked if Michael could reiterate why he thought the COVID-19 pandemic impacted the measure's Medicaid performance. Michael said he thought the increase in Medicaid membership depressed measure performance 2022 because there were many individuals who became eligible for Medicaid in 2020 and 2021 and who subsequently obtained employer-based coverage and thereafter did not use their Medicaid benefits. The member said it would be interesting to look at Medicaid benefit usage as it relates to this measure. Michael noted that the DSS Quality Council representative was not present at the moment, but said OHS could ask DSS whether they had an increase in non-users in 2022 to confirm his theory.
- **Recommendation:** Set the Medicaid Quality Benchmark values for the *Child and Adolescent Well-Care Visit* Quality Benchmark at 68% for 2025 and 66% for 2024.

Follow-Up After Emergency Department Visit for Mental Illness

Michael asked the Quality Council if the 2025 commercial Quality Benchmark value for this measure was still appropriate given recent CT performance. Michael also asked how many percentage points below the 2025 commercial Quality Benchmark value OHS should set the 2024 commercial Quality Benchmark value.

- One member remembered that the Quality Council had extensive discussion about the 2025 Benchmark value for this measure, and she acknowledged the value the Council recommended was very ambitious.
- One member said the Quality Council was being aspirational about performance when setting the 2025 Benchmark value. The member suggested lowering the 2025 value to 65%.
- One member suggested lowering the 2025 value to 67% or 68%, which seemed more achievable to him.
- One member asked Michael whether he thought this measure was also influenced by the Medicaid redetermination. Michael said he did not think so, because members were using their coverage for the emergency department visit.
- One member supported 65% for the 2025 value.

- One member said that although she did not feel strongly, she felt that 65% might be low and not aspirational enough. The member recommended 64% for 2024 and 66% for 2025.
- One member recalled that during 2021 there was a huge mental health crisis, especially among young people, and wondered if that was driving down rates for this measure.
- **Recommendation:** Reduce the commercial Quality Benchmark value for *Follow-Up After Emergency Department for Mental Illness* to 66% for 2025 and set the 2024 value at 64%.

Michael asked the Quality Council if the 2025 Medicaid Quality Benchmark value for this measure was still appropriate given recent CT performance. Michael also asked how many percentage points below the 2025 Medicaid Quality Benchmark value OHS should set the 2024 Medicaid Quality Benchmark value.

- One member said she did not want to lower the Medicaid benchmark too much because of the recent influx of money to the Medicaid population from the federal government for mental health services. The member said she did not recommend setting the Benchmark value any lower than 60% for 2024.
- One member emphasized the importance of this measure. The member said he was comfortable with 60% for 2024.
- One member recommended 55% for 2024 and 60% for 2025.
- One member said she agreed with the prior member's suggestion (no lower than 60% for 2024) for the sake of being more aspirational.
- **Recommendation:** Reduce the Medicaid Quality Benchmark value for *Follow-Up After Emergency Department for Mental Illness* to 62% for 2025 and set the 2024 value at 60%.

<u>*Follow-Up After Hospitalization for Mental Illness*</u>

Michael asked the Quality Council if the 2025 commercial Quality Benchmark value for this measure was still appropriate given recent CT performance (which was better than the 2025 Benchmark value). Michael also asked how many percentage points below the 2025 commercial Quality Benchmark value OHS should set the 2024 commercial Quality Benchmark value.

- One member recommended increasing the benchmark value by a small amount (e.g., two percentage points) to motivate even more improvement. In response, Michael suggested 67% and 69% for 2024 and 2025 respectively.
- One member asked why the Quality Council set the 2025 Benchmark value so low. Grace explained that the Quality Council used 2019 performance to set the Benchmark values and CT's 2019 commercial performance on this measure was poor.
- **Recommendation:** Increase the commercial Quality Benchmark value for *Follow-Up After Hospitalization for Mental Illness* to 69% for 2025 and set the 2024 value at 67%.

Michael asked the Quality Council if the 2024 Medicaid Quality Benchmark value for this measure was still appropriate given recent CT performance. Michael also asked how many percentage points below the 2025 Medicaid Quality Benchmark value OHS should set the 2024 Medicaid Quality Benchmark value.

- One member did not recommend changing the Medicaid benchmark for 2025 and recommended setting the 2024 Benchmark values a couple percentage points below the 2025 value.
- One member agreed with retaining 55% as the Medicaid Benchmark value for 2025.
- One member asked in what forum it would be appropriate to talk about the differences between commercial and Medicaid performance and what was driving the differences. Michael said the Quality Council could discuss this topic. Michael suggested that OHS synthesize commercial and Medicaid performance for of all measures in the Aligned Measure Set and identify which measures have the greatest disparities.
- One member shared that she is the co-chair of a state epidemiology multi-agency work group and offered to bring this topic (i.e., disparities between commercial and Medicaid quality performance) to the work group for potential exploration.
- In the chat, one member asked if OHS could distribute the actual numerator/denominator numbers for the measures discussed and asked if there were any geographic breakdowns of the data. Later in the

	meeting, Michael said that OHS could provide numerator/denominator data on the measures in the future but does not have a geographic breakdown. • **Recommendation:** Retain the Medicaid Quality Benchmark value for *Follow-Up After Hospitalization for Mental Illness* at 55% for 2025 and set the 2024 value at 53%. <u>*Obesity Equity Measure*</u> Michael reminded the Quality Council that the *Obesity Equity Measure* was a ratio of statewide obesity rates for the Black, non-Hispanic population and the White, non-Hispanic population. Michael shared that 2022 Connecticut performance on this measure was better than the 2025 Quality Benchmark value; however, this was in part because White obesity rate increased from 2019-2022, although the Black obesity rate did decrease. Michael asked whether the Quality Council recommend that OHS (1) maintain the current methodology for calculating the *Obesity Equity Measure* but explain the disparity reduction when reporting 2024 and 2025 performance, or (2) modify the methodology for the *Obesity Equity Measure* (e.g., 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). Michael conveyed that OHS' recommendation was Option #1. He also shared that a Rhode Island Work Group recently recommended establishing equity targets that focus on a target group rather than a reference group. • Three members said they preferred Option #2. • One member asked Michael to explain why the measure was initially established as a ratio. Michael said when the measure was being created, the Quality Council was focused on eliminating the difference in performance between groups and the group unfortunately did not consider the possibility of the reference population experiencing a decline in performance. • One member asked Michael to explain why Rhode Island's work group focused on the target population. Michael said the Rhode Island work group was philosophically opposed to equity measures that reference a dominant group. • One member said she struggled with establishing a benchmark value for a specific racial/ethnic group given the complex factors that influence obesity rates. • Michael said the last three years of Black, non-Hispanic obesity rates averaged out to 41.4%. Michael noted that changes in performance would occur more slowly if the Quality Council recommended a three-year rolling average. • One member said she was not sure that the ratio was a bad measure as a proxy for health equity. Michael explained that Connecticut's performance on the ratio measure improved, in part, for the wrong reason. • One member wondered if it was possible to study the availability of non-processed healthy food by neighborhood (i.e., look at causes of obesity rather than results). Michael said that improving performance on the measure would require actions by a variety of stakeholders. • One member recommended 26% for 2024 and 24% for 2025 and suggested that performance might improve more quickly given the availability of new obesity medications. Michael said that a three-year average rate might not improve that quickly. In response to this information, the member revised his recommendation to 37% in 2024 and 35% for 2025. A second member also spoke in support of the revised recommendation. • One member asked OHS to explain why it recommended Option #1. Hanna said that OHS wanted to keep the measure the same for consistency's sake. • **Recommendation**: Modify the *Obesity Equity Measure* to focus on the Black, non-Hispanic population, and be a three-year rolling average. Set the new Benchmark value for this measure at 35% for 2025 and 37% for 2024.		
6.	**<u>Council Action</u>: Approval of Minutes and Meeting Adjournment**	**Hanna Nagy/Andy Selinger**	**5:50pm**
	Hanna Nagy asked for a motion to approve the meeting minutes. Steve Wolfson motioned to approve the June 15th meeting minutes. Lisa Freeman seconded the motion. No one objected to approving the meeting minutes. The motion passed.		

	Andy Selinger asked for a motion to adjourn the meeting. Steve Wolfson made a motion to adjourn the meeting. Lisa Freeman seconded the motion. There were no objections. The meeting adjourned at 5:20pm.

Upcoming Meeting Date:

November 16, 2023 (4:00 – 6:00pm)

All meeting information and materials are published on the OHS website located at:

Quality Council (ct.gov)