

**Quality Council**

Meeting Date	Meeting Time	Location
March 16, 2023	4:00 pm – 6:00 pm	Zoom Meeting Recording: <a href="https://ctvideo.ct.gov/ohs/Quality_Council_Meeting_Recording_03162023.mp4">https://ctvideo.ct.gov/ohs/Quality_Council_Meeting_Recording_03162023.mp4</a>

Participant Name and Attendance		Council Members	
Amy Bethge	X	Amy Gagliardi	R
Rohit Bhalla	R	Karin Haberlin	R
Ellen Carter	X	Danyal Ibrahim	X
Elizabeth Courtney	X	Michael Jefferson	R
Monique Crawford/Stephanie De Abreu	R	Phil Roland/Doug Nichols	R
Sandra Czunus	R	Joe Quaranta	R
Petrina Davis	X	Brad Richards	R
Lisa Freeman	R	Andy Selinger (Co-Chair)	R

Supporting Leadership & Other Participants			
Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R
Jeannina Thompson, OHS	R	R = Attended Remotely; IP = In Person; X = Did Not Attend	
Abby Alter	R		

Agenda			
	Topic	Responsible Party	Time
1.	<b>Welcome and Call to Order</b>	<b>Andy Selinger</b>	<b>4:00pm</b>
	Hanna Nagy called the meeting to order at 4:03pm. Jeannina Thompson took roll call.		
2.	<b>Public Comment</b>	<b>Attendees</b>	<b>4:05pm</b>
	Hanna Nagy welcomed public comment. There was none.		
3.	<b>Council Action: Approval of Minutes</b>	<b>Council Members</b>	<b>4:10pm</b>
	Andy Selinger motioned to approve the February 16 <sup>th</sup> , 2023 meeting minutes. Michael Jefferson seconded the motion. No one objected to approving the meeting minutes. The motion passed.		
4.	<b>Continue 2023 Aligned Measure Set Annual Review</b>	<b>Grace Flaherty/Michael Bailit</b>	<b>4:15pm</b>
	<p>Grace Flaherty provided an overview of the history and aim of the Connecticut Aligned Measure Set. Grace explained the two types of measures in the Aligned Measure Set - Core Measures and Menu Measures. Grace reminded the Quality Council about the measures that comprised the 2023 Aligned Measure Set. Grace gave an overview of the Aligned Measure Set annual review process. Grace summarized the data sources for the six main considerations for making changes to the measure set (measure specification changes, measure status in national measure sets of interest, measure use by payers, health disparities, opportunity for improvement, and stakeholder feedback).</p> <p>Michael Bailit then presented each individual measure in the 2023 Aligned Measure Set and asked whether the Quality Council recommended retaining, removing, or replacing the measure, or changing the measure's status.</p> <p><b>Child and Adolescent Well-Care Visits (Core)</b></p> <ul style="list-style-type: none"> <li>Michael Bailit pointed out that all but one insurer reported using the measure. One member recommended that OHS ask insurers why they were not using Core Measures in contracts.</li> </ul>		

- Michael shared Value Care Alliance’s feedback that measures that address children and adolescents had smaller denominator sizes. Michael clarified that OHS did not expect measures to be used in contracts if denominator sizes were small.
- One member recommended that OHS clarify for insurers that OHS did not expect measures to be used in contracts if denominator sizes are small. Michael asked the Quality Council whether it would be helpful for OHS to publish a guidance document for the Aligned Measure Set (similar to Rhode Island and Massachusetts). Four members supported creating a guidance document.
- One member recommended retaining the measure in the Core Set despite high performance because some age ranges within the measure were not as high performing.
- One member recommended moving the measure to the Menu Set because the Core Set should focus on areas where there is greatest room for improvement.
- One member supported retaining the measure in the Core Set because of racial inequities. Michael reminded that Quality Council that the Health Equity measure stratified Child and Adolescent Well-Care visits by race and ethnicity.
- One member asked if the measure could be narrowed to focus on the adolescent age range or focus on a specific racial group. Michael said the Quality Council could focus on the adolescent age range but he did not recommend focusing on a specific racial group until the Quality Council knew that providers were capturing patient-reported race data in their electronic health records (EHRs) at a high rate.
- Two members supported retaining the measure in the Core Set but focusing on the adolescent age range.
- One member noted that providers were accustomed to focusing on specific age ranges with this measure. The member also noted that the denominator of the measure was very large so even with 90<sup>th</sup> percentile performance there were significant numbers of children not having annual visits (as opposed to a measure with smaller denominators).
- One member recommended retaining the measure in the Core Set because it was the only Core Measure focused on the pediatric population.
- One member supported retaining the measure in the Core Set because there was opportunity for improvement for Medicaid.
- In the chat, one member agreed with focusing on the adolescent age range.
- Action Step:
  - Because the Council did not come to agreement on a recommendation, during the next meeting Bailit Health will share stratified data for Child and Adolescent Well-Care Visits by age cohort to inform a Quality Council decision on whether to recommend keeping the measure in the Core Set but focus on the adolescent age range.

**Controlling High Blood Pressure (Core)**

- Michael Bailit noted that commercial performance had been declining for multiple years and Medicaid performance had been improving over multiple years.
- Recommendation: The Quality Council recommended retaining Controlling High Blood Pressure in the Core Set.

**Follow-Up After Emergency Department Visit for Mental Illness (7-Day) (Core)**

- One member said he anticipated that the measure would be in use by insurers in the future.
- One member asked whether OHS knew the statewide numerators and denominators for the measure. Michael Bailit said OHS would not know the answer until it collects data on the Phase 2 Quality Benchmark measures.
- One member recommended moving the measure from Core to Menu status because there were many other factors behind why patients were not getting follow-up appointments.
- One member supported retaining the measure in the Core Set because it was a priority issue. The member also offered to share Medicaid’s denominator size (but acknowledged that Medicaid and CHIP denominators would be much larger than the commercial population).
- Two members supported retaining the measure in the Core Set.
- In the chat, one member said UHC would have a low denominator size for the measure.

- One member said Cigna initiated a pilot study of mental illness discharges.
- Michael shared Value Care Alliance’s and Aetna’s feedback that measure implementation was difficult because improvement was dependent upon physicians being notified when a member was in the ED, which was especially challenging for members who sought ED care outside of their hospital system.
- Michael suggested that Bailit Health gather information on denominator size and confirm whether ED data were available through Connie before the Quality Council recommended whether to move the measure from the Core to the Menu Set.
- Recommendation: Prior to the next meeting, Bailit Health will collect information on Follow-Up After Emergency Department Visit for Mental Health’s denominator size and check if ED visit information was available through Connie.

**Health Equity Measure (Core)**

- Michael Bailit shared Medicaid’s stratified data for Child and Adolescent Well-Care Visits (minor variation by race and ethnicity) and Prenatal and Postpartum Care (lower performance for white Non-Hispanic population).
- Michael shared Aetna’s recommendation that the measure be utilized on contracts as pay-for-reporting only, rather than pay-for-performance. Michael clarified that the measure was not intended to be pay-for-performance, and that insurers may use it on a pay-for-reporting basis until Advanced Networks have the requisite race, ethnicity and language (REL) data availability.
- One member said insurers were introducing the measure as a pay-for-performance measure, not a pay-for-reporting measure.
- Michael said that maybe OHS can send out a communication to insurers to clarify that the goal of the Health Equity measure was that insurers would be assessing the completeness of Advanced Networks’ REL data and rewarding Advanced Networks for improving data capture.
- Recommendation:
  - The Quality Council recommended retaining the Health Equity measure in the Core Set.
  - OHS will clarify for insurers that the Health Equity measure was intended to be implemented in two phases, starting with collecting REL data and stratifying the measures before moving towards paying for closing gaps in performance.

**Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9%) (Core)**

- Michael Bailit described NCQA’s major proposed change to the measure denominator. Michael said a provider from another state shared that it did not anticipate that the proposed change would have a large impact on the measure’s denominator.
- One member said NCQA was probably trying to address that there were growing numbers of non-diabetic people who were being dispensed diabetes medication. The member added the change looked reasonable.
- Michael said NCQA was also changing the measure to include continuous glucose monitoring. Michael said a provider from another state expressed concern about data availability.
- One member said he did not think including continuous glucose monitoring would have a significant impact on rates.
- Michael said that Aetna proposed adding four new diabetes measures – (1) Blood Pressure Control for Patients with Diabetes, (2) Hba1c Control (<8.0%), (3) HbA1c Testing, and (4) Pediatric HbA1c Testing. Michael said NCQA retired HbA1c Testing and Pediatric HbA1c Testing.
- One member asked why NCQA retired pediatric testing.
- One member said HbA1c Control (<8.0%) was not supported by clinical guidance.
- Recommendation:
  - The Quality Council recommended retaining HbA1c Poor Control in the Core Set.
  - The Quality Council did not recommend adding Aetna’s proposed diabetes measures.
  - Bailit Health will confirm why NCQA’s pediatric HbA1c testing measures was retired in 2014.

**Plan All-Cause Readmission (Core)**

- Recommendation: The Quality Council recommended retaining Plan All-Cause Readmission without discussion.

#### **Prenatal and Postpartum Care (Core)**

- Michael Bailit noted the measure’s high performance compared well to national benchmarks.
- One member recommended that the Quality Council suggest focus on where improvement is needed (i.e., prenatal care for Black mothers). Michael shared that Massachusetts added a maternity care measure to its measure set and suggested that the Quality Council consider adding the measure.
- Recommendation:
  - The Quality Council recommended retaining Prenatal and Postpartum Care in the Core Set.
  - Bailit Health will bring Massachusetts’ maternity measure to the Quality Council for its consideration at the end of the annual review.

#### **Asthma Medication Ratio (Menu)**

- One member said the measure’s inclusion criteria was focused on patients with ED visits. The member said Community Medical Group tried to build the measure but had to abandon it because denominator sizes on a practice level were too small.
- Grace Flaherty reminded the Quality Council that OHS would be reporting state performance on Asthma Medication Ratio during the next Quality Council meeting.
- One member said the measure’s poor performance suggested a paucity of options for people with asthma other than going to the ED. Michael clarified that the measure assessed controller medication use, not ED admissions.
- Recommendation: The Quality Council will wait to recommend whether to retain Asthma Medication Ratio in the Menu Set until OHS reports performance data at the state and market level.

#### **Behavioral Health Screening (Menu)**

- Recommendation: The Quality Council recommended retaining Behavioral Health Screening in the Menu Set as a Medicaid-only measure without discussion.

#### **Breast Cancer Screening (Menu)**

- One member supported retaining the measure because it was a widely used national measure of interest.
- Recommendation: The Quality Council recommended retaining Breast Cancer Screening in the Menu Set.

#### **Cervical Cancer Screening (Menu)**

- One member supported retaining the measure because it was a widely used national measure of interest.
- Recommendation: The Quality Council recommended retaining Cervical Cancer Screening in the Menu Set.

#### **Chlamydia Screening in Women (Menu)**

- One member asked about the measure’s population age range. Grace confirmed the age range was 16-24 years.
- Recommendation: The Quality Council recommended retaining Chlamydia Screening in Women in the Menu Set.

#### **Colorectal Cancer Screening (Menu)**

- One member supported retaining the measure because it was a widely used national measure of interest. The member also asked what qualified as screening for this measure. Grace shared the five eligible screening methods.
- Recommendation: The Quality Council recommended retaining Colorectal Cancer Screening in the Menu Set.

#### **Concurrent Use of Opioids and Benzodiazepines (Menu)**

- Michael shared Value Care Alliance’s feedback that payers were masking data related to substance use. Michael clarified that federal regulations limit access to patient records only for federally assisted

substance treatment programs, and the regulations were recently updated to permit disclosure of such patient records with written consent.

- One member recommend that the Quality Council add an opioid-focused measure to the Core Set, but not necessarily Concurrent Use of Opioids and Benzodiazepines.
- Michael said Massachusetts recently convened a work group of substance use treatment experts to recommend opioid-related measures. Michael said Bailit Health would share the work group’s research with the member and any other interested Quality Council. Three other members expressed interest in receiving the Massachusetts’ research.
- Recommendation:
  - The Quality Council will revisit whether to add additional opioid-related measures to the Aligned Measure Set at the end of the annual review.
  - Bailit Health will share Massachusetts’ opioid measure task force research with the interested Quality Council members.

**Developmental Screening in the First Three Years of Life (Menu)**

- Michael shared Aetna’s feedback that the measure was redundant with the well-child visit measures (Child and Adolescents Well-Care Visits and Well-Child Visits in the First 30 Months of Life). Michael noted that Developmental Screening focused on what happened during a well-child visit, rather than just the visit’s occurrence.
- One member acknowledged that there was a bit of overlap between Developmental Screening and the well-child visit measures but said that there were not a lot of pediatric-focused measures and therefore supported retention.
- One member asked if there was a separate CPT code for formalized developmental screening. In the chat, Abby Alter said she believed there was a CPT code for using a validated developmental screener.
- One member recommended retaining the measure because identifying developmental delays was important for identifying treatment opportunities.
- Recommendation: The Quality Council recommended retaining Developmental Screening in the First Three Years of Life in the Menu Set. The Quality Council will consider removing Developmental Screening if the Aligned Measure Set needs to be reduced to offset new measure additions.

<b>5.</b>	<b><u>Council Action: Wrap-up and Meeting Adjournment</u></b>	<b>Andy Selinger</b>	<b>5:50pm</b>
Marlene St. Juste made a motion to adjourn the meeting. Sandra Czunas seconded the motion. There were no objections. The meeting adjourned at 5:52pm.			

**Upcoming Meeting Dates:**  
April 20, 2023 (4:00 – 6:00pm)

**All meeting information and materials are published on the OHS website located at:**  
[Quality Council \(ct.gov\)](http://Quality Council (ct.gov))