# Quality Council

| Meeting Date | Meeting Time | Location |
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| April 20, 2023 | 4:00 pm – 6:00 pm | Zoom Meeting Recording: https://ctvideo.ct.gov/ohs/Quality_Council_Meeting_Recording_04212023.mp4 |

| Participant Name and Attendance \| Council Members | | | | | |
|---|---|---|---|---|---|
| Amy Bethge | X | Amy Gagliardi | R | Marlene St. Juste | R |
| Rohit Bhalla | R | Karin Haberlin | R | Daniel Tobin | R |
| Ellen Carter (Arielle Levin Becker) | R | Danyal Ibrahim | R | Alison Vail | R |
| Elizabeth Courtney | R | Michael Jefferson | R | Steve Wolfson | R |
| Monique Crawford/Stephanie De Abreu | R | Phil Roland/Doug Nichols | R | | |
| Sandra Czunas | R | Joe Quaranta | R | | |
| Petrina Davis | R | Brad Richards | R | | |
| Lisa Freeman | X | Andy Selinger (Co-Chair) | 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 | | | |
| Kelly Sinko, OHS | R | | | | |

## Agenda

| | Topic | Responsible Party | Time |
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| **1.** | **Welcome and Call to Order** | **Andy Selinger** | **4:00pm** |
| | Andy Selinger called the meeting to order at 4:03pm. Jeannina Thompson took roll call. | | |
| **2.** | **Public Comment** | **Attendees** | **4:05pm** |
| | Andy Selinger welcomed public comment. There was none. | | |
| **3.** | **<u>Council Action</u>: Approval of Minutes** | **Council Members** | **4:10pm** |
| | Steve Wolfson motioned to approve the March 16th, 2023 meeting minutes. Daniel Tobin seconded the motion. No one objected to approving the meeting minutes. The motion passed. | | |
| **4.** | **Statewide Baseline Analysis on Phase 1 Quality Benchmarks** | **Grace Flaherty** | **4:15pm** |
| | Grace Flaherty provided an overview of the history of the Quality Benchmark measures and Quality Benchmark values. Grace summarized the Quality Benchmark data request and timeline for reporting performance. Grace noted COVID-19's potential impact on Quality Benchmark performance.<br><br>Grace shared statewide 2021 commercial rates for the Phase 1 Quality Benchmark measures. She also shared how the 2021 statewide commercial rates for the Phase 1 Quality Benchmark measures compared to the 2022 Quality Benchmark values. Grace said that the 2021 commercial rates met the 2022 Quality Benchmark values for *Asthma Medication Ratio,* but not for *Controlling High Blood Pressure* or *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*. | | |

**Discussion**:

- One member asked how commercial performance compared to national benchmarks. Grace shared that performance for *Asthma Medication Ratio* was between the national 25th and 50th percentiles and for *Controlling High Blood Pressure* and *HbaA1c Poor Control* was between the national 50th and 75th percentiles. Michael Bailit suggested that OHS and Bailit Health share the national 90th percentile values when presenting Quality Benchmark performance in the future.

Grace shared statewide 2021 Medicare Advantage rates for the Phase 1 Quality Benchmark measures. Grace noted that statewide Medicare Advantage performance did not include data from UnitedHealthcare or Anthem. Grace shared how the 2021 statewide Medicare Advantage rates for the Phase 1 Quality Benchmark measures compared to the 2022 Quality Benchmark values. Grace said that the 2021 Medicare Advantage rates did not meet the 2022 Quality Benchmark values for either measure (*Controlling High Blood Pressure* or *HbA1c Control for Patients with Diabetes: HbA1c Poor Control).*

Grace shared statewide 2021 Medicaid rates for the Phase 1 Quality Benchmark measures. She then described how the 2021 statewide Medicaid rates for the Phase 1 Quality Benchmark measures compared to the 2022 Quality Benchmark values. Grace said that the 2021 Medicaid rates met the 2022 Quality Benchmark values for all of the measures except *Asthma Medication Ratio (Ages 5-18).*

**Discussion**:

- One member noted that commercial performance was not dramatically better than Medicaid performance. Michael said that he had observed across states that commercial performance was generally better than Medicaid performance for many measures but not for all.
- One member said that CT Medicaid typically performed well compared to national Medicaid benchmarks. The member said this was because for certain measures there were fewer obstacles to receiving care or medication than in other states and also pointed to CT Medicaid's strong provider network.

Grace said that in 2024, OHS would begin reporting quality benchmark performance for payers and Advanced Networks.

| 5 | **Continue 2023 Aligned Measure Set Annual Review** | **Michael Bailit** | **4:30pm** |
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Michael Bailit reminded the Quality Council about its recommendations from the March 16th meeting and walked through follow-up items for three measures discussed during that meeting.

**Asthma Medication Ratio** (Core)

- Michael reminded the Quality Council that during the March meeting, a Quality Council member noted denominators for this measure were small because it focused on ED visits. Michael provided clarification that there are other possible inclusion criteria for the measure beyond an ED visit for asthma.
- Michael shared Advanced Network denominator sizes for *Asthma Medication Ratio*, using Quality Benchmark data. Michael said there were not adequate denominators for some Advanced Networks. Michael asked the Quality Council if it recommended retaining *Asthma Medication Ratio* in the Menu Set or elevating it to the Core Set.
- One member noted that the Advanced Network data were consolidated across all payers; denominators for each specific Advanced Network and payer dyad would be even smaller.
- One member supported retaining the measure in the Menu Set.
- There were no recommendations to elevate the measure to the Core Set.
- Recommendation: The Quality Council recommended retaining *Asthma Medication Ratio* in the Menu Set.

**Child and Adolescent Well-Care Visits** (Core)

- Michael reminded the Quality Council that during the March meeting, Bailit Health shared that CT performed well on this measure (i.e., above the 90th percentile for both commercial and Medicaid performance) and the Quality Council discussed whether to retain the measure in the Core Set or restrict the measure to the adolescent age range to focus on where improvement is most needed.
- Michael shared stratified data for the measure by age range. Michael noted that absolute values for commercial and Medicaid were comparable for the 3-17 age range, but lower for the 18-21 age range.
- One member noted the opportunity for improvement for the Medicaid population for the 18-21 age range.
- One member recommended retaining all of the age ranges because the absolute performance rates still leave significant opportunity for improvement, and the measure's large denominator points to the large number of children for whom care can be improved. Another member agreed with these comments.
- Recommendation: The Quality Council recommended retaining *Child and Adolescent Well-Care Visits* in the Core Set.

**Follow-up After Emergency Department Visit for Mental Health** (Core)

- Michael reminded the Quality Council that during the March meeting, the Quality Council asked if the denominator size for this measure was adequate at the Advanced Network level. Michael said OHS had reached out to two commercial carriers and DSS asking about their denominator sizes for this measure but had not received responses yet.
- Michael reminded the Quality Council that during the March meeting, the Quality Council asked whether ED discharge information was available to Advanced Networks through Connie. Michael shared that as of April 2023, all but a few licensed hospitals were fully connected and exchanging data through Connie, whether directly or through a larger system. Hospitals and EDs were sharing Admission, Transfer and Discharge (ADT) data with primary care practices connected to Connie, including those not owned by the hospitals.
- Action Item: The Quality Council will discuss *Follow-up After ED Visit for Mental Illness* during the May meeting once OHS collects data on denominator size from commercial carriers and DSS.

Michael continued reviewing the individual measures in the Aligned Measure Set.

**Eye Exam for Patients with Diabetes** (Menu)

- Michael shared that NCQA proposed a denominator change for the diabetes measures for measurement year 2024 and asked for Quality Council members to comment on the change.
- One member said the change was positive because it would shrink the denominator but would likely weed out patients being placed on diabetes medication for other reasons (e.g., weight loss or polycystic ovarian syndrome).
- Recommendation: The Quality Council recommended retaining *Eye Exam for Patients with Diabetes* in the Menu Set.

**Follow-up After Hospitalization for Mental Illness** (Menu)

- One member recommended elevating this measure to the Core Set because the measure focused upon a priority issue. Michael said he suspected that the denominators for this measure, especially in the commercial population, would be small.
- One member asked whether OHS could obtain denominator size data for this measure.
- One member recommended retaining the measure in the Menu Set because he presumed denominators would be small.
- One member recommended removing the measure from the Aligned Measure Set because there were other reasons why patients were not getting follow-up (e.g., provider shortage).
- One member recommended retaining the measure and acknowledged that finding an appropriate provider within a certain amount of time after hospitalization was a huge problem.

- Action Step: OHS will ask payers and DSS about Advanced Network denominator size for *Follow-up After Hospitalization for Mental Illness.*

**Follow-up Care for Children Prescribed ADHD Medication** (Menu)

- One member asked whether OHS had invited any pediatricians to join the Quality Council. Hanna Nagy said that OHS was in the process of selecting a pediatrician for the Quality Council.
- Recommendation: The Quality Council recommended retaining *Follow-up Care for Children Prescribed ADHD Medication* in the Menu Set without discussion.

**Immunizations for Adolescents, Combo 2** (Menu)

- Recommendation: The Quality Council recommended retaining *Immunizations for Adolescents* in the Menu Set without discussion.

**Kidney Health Evaluation for Patients with Kidney Disease** (Menu)

- Recommendation: The Quality Council recommended retaining *Kidney Health Evaluation for Patients with Kidney Disease* in the Menu Set without discussion.

**Metabolic Monitoring for Children and Adolescents on Antipsychotics** (Menu) (Medicaid-only)

- One member recommended retaining the measure for Medicaid.
- Recommendation: The Quality Council recommended retaining *Metabolic Monitoring for Children and Adolescents on Antipsychotics* in the Menu Set for Medicaid-only use.

**PCMH CAHPS** (Menu)

- One member clarified that although Medicaid used the *Person-Centered Primary Care Measure (PCPCM)* in its PCMH+ program, Medicaid still used *CAHPS* for overarching member assessment.
- Two members supported retaining the measure.
- Recommendation: The Quality Council recommended retaining *PCMH CAHPS* in the Menu Set.

**Screening for Depression and Follow-up Plan** (Menu)

- Michael shared that Aetna recommended removing this measure because it was working on implementing NCQA's *Depression Screening and Follow-Up for Adolescents and Adults.* Michael shared a comparison of CMS' *Screening for Depression and Follow-Up Plan* and NCQA's *Depression Screening and Follow-Up for Adolescents and Adults.* Michael noted that the NCQA measure requires electronic clinical data.
- One member asked whether electronic reporting would be burdensome. Michael said it would not be easy but said that it was good that Aetna was working on implementing electronic clinical quality measures.
- Michael suggested retaining the CMS measure but also allowing use of the HEDIS measure for purposes of aligning with the measure set. One member said she agreed with this recommendation.
- One member noted that DSS was working on electronic data exchange through Connie.
- Michael shared MA's strategy for transitioning its measure set to electronic clinical quality measures.
- One member said there were several ACO programs that were beginning to mandate eCQM capabilities in the next few years (e.g., Medicare Shared Savings Program).
- Recommendation: The Quality Council recommended retaining *Screening for Depression and Follow-up Plan* in the Menu Set, but recommended that OHS permit the use of NCQA's *Depression Screening and Follow-Up for Adolescents and Adults* for the purposes of aligning with the Aligned Measure Set.

**Social Determinants of Health Screening** (Menu)

- One member asked how the Quality Council can focus on social determinants of health (SDOH) while also acknowledging the measurement challenges.
- Michael said the biggest barrier to measuring SDOH screening results was that there was not one commonly adopted screening tool. He added he did not think it was practical for the Quality Council to advance the universal adoption of screening tools.
- One member said the current coding process only allowed providers to document positive screens (not negative screens) and said it would be helpful if payers reported positive screens. Another member agreed.

- Michael recommended that the Quality Council wait until NCQA and CMS made more progress with their SDOH screening measures before moving to SDOH screening measures that do more than simply assess application of a screen.
- Michael asked UnitedHealthcare's and Cigna's representatives if the plans collect screening information. The members said they are not currently able to report a total denominator for SDOH screening. One plan representative cautioned against having providers administer another screen. Another member said other staff could help with screening (e.g., nurses).
- Two members supported retaining the measure in the Measure Set.
- Michael asked whether the Quality Council wanted to elevate the measure to the Core Set to propel progress on SDOH screening. Three members supported elevating the measure to the Core Set.
- One member did not support elevating the measure to the Core Set. Michael clarified that if the measure was elevated to the Core Set, it would be measuring screening rates not screening results. The member said the clarification was helpful.
- One member asked how SDOH screening would be tracked given there was not a discrete field in the EHR. Michael said some, but not all, provider organizations have created structured fields for SDOH screens and some only scan a hand-written PDF into the medical record.
- Recommendation: The Quality Council recommended elevating *Social Determinants of Health* to the Core Set, measuring the percentage of the patient population being screened.

**Substance Use Assessment in Primary Care** (Menu)

- Michael shared that the measure steward expanded the age range to include 11-18-year-olds.
- Two members recommended retaining the measure and expanding to include the 11-18 age range.
- Recommendation: The Quality Council recommended retaining *Substance Use Assessment in Primary Care* in the Menu Set and expanding the measure to include the new 11-18 age range.

**Transitions of Care** (Menu)

- Michael shared Aetna's feedback that the measure was not outcome-oriented. One member asked whether the Quality Council could incorporate a more outcome-focused component. Michael said care coordination was, by definition, a process. Michael noted that follow-up was another method of assessing care coordination, but the Aligned Measure Set already included follow-up care measures.
- One member asked about the measure's specifications. Grace Flaherty shared the four rates included in the measure.
- One member recommended retaining the measure because transitions of care were dangerous for patients.
- Recommendation: The Quality Council recommended retaining *Transitions of Care* in the Menu Set.

**Use of Pharmacotherapy for Opioid Use Disorder** (Menu)

- One member asked whether the measure would exclude substance use providers. Michael said an opioid use disorder diagnosis could be masked by the payer in payer-reports, but if the patient was seen within the practice the provider would know whether the patient had an opioid use disorder diagnosis.
- One member noted that recent legislative changes have made it easier to prescribe pharmacotherapy for opioid use disorder in primary care. The member wondered whether patients dispensed at an opioid treatment program would be included in this measure. Michael said the primary care provider would capture that the patient was receiving treatment. The member said this information was not always accessible in the prescription drug monitoring program (PDMP), specifically for methadone.
- One member said that methadone was not in the PDMP in Connecticut. Another member clarified that it was voluntary to report methadone to the PDMP but it was rarely voluntarily reported.
- One member acknowledged the measure's limitations but recommended retaining it in the Menu Set.
- Recommendation: The Quality Council recommended retaining *Use of Pharmacotherapy for Opioid Use Disorder* in the Menu Set.

**Well-Child Visits in the First 30 Months of Life** (Menu)

- Recommendation: The Quality Council recommended retaining *Well-Child Visits in the First 30 Months of Life* in the Menu Set without discussion.

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| **6.** | **<u>Council Action</u>: Wrap-up and Meeting Adjournment** | **Hanna Nagy** | **5:50pm** |
| | Brad Richards made a motion to adjourn the meeting. Steve Wolfson seconded the motion. There were no objections. The meeting adjourned at 5:52pm. | | |

**Upcoming Meeting Dates:**

May 18, 2023 (4:00 – 6:00pm)

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

Quality Council (ct.gov)