

# Quality Council

April 20, 2023



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# Agenda

<u>Time</u>	<u>Topic</u>
4:00 p.m.	Call to Order and Roll Call
4:05 p.m.	Public Comment
4:10 p.m.	Approval of March 16, 2023 Meeting Minutes — Vote
4:15 p.m.	Statewide Baseline Analysis on Phase 1 Quality Benchmarks
4:30 p.m.	Continue 2023 Aligned Measure Set Annual Review
5:50 p.m.	Wrap-up and Next Steps
6:00 p.m.	Adjourn

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# Call to Order and Roll Call

# Public Comment

# Approval of March 16, 2023 Meeting Minutes—Vote

# Statewide Baseline Analysis on Quality Benchmark Measures

# Overview of Connecticut's Quality Benchmarks

- In 2020, Governor Lamont issued Executive Order No. 5, directing OHS to develop annual Quality Benchmarks for CY 2022-2025.
- In 2021, OHS selected seven Quality Benchmark measures and Benchmark values for phased implementation, with guidance from the OHS Quality Council.
- In 2022, Public Act 22-118 codified Executive Order No. 5 in law and created new Quality Benchmark reporting requirements.

## 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

# Quality Benchmark Values (1 of 2)

- 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.



# 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 are in the presentation Appendix.**

# Quality Benchmark Data Request

- In 2022, OHS requested calendar year 2021 baseline performance data from insurance carriers and DSS for the three Phase 1 Quality Benchmark Measures:

Quality Benchmark Measure	Levels of Data Collection		
	Commercial	Medicare Advantage	Medicaid
<b>Asthma Medication Ratio</b>	Insurer; Advanced Network	NA	Insurer; Advanced Network
<b>Controlling High Blood Pressure</b>	Insurer; Advanced Network	Insurer; Advanced Network	NA
<b>Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control</b>	Insurer; Advanced Network	Insurer; Advanced Network	NA

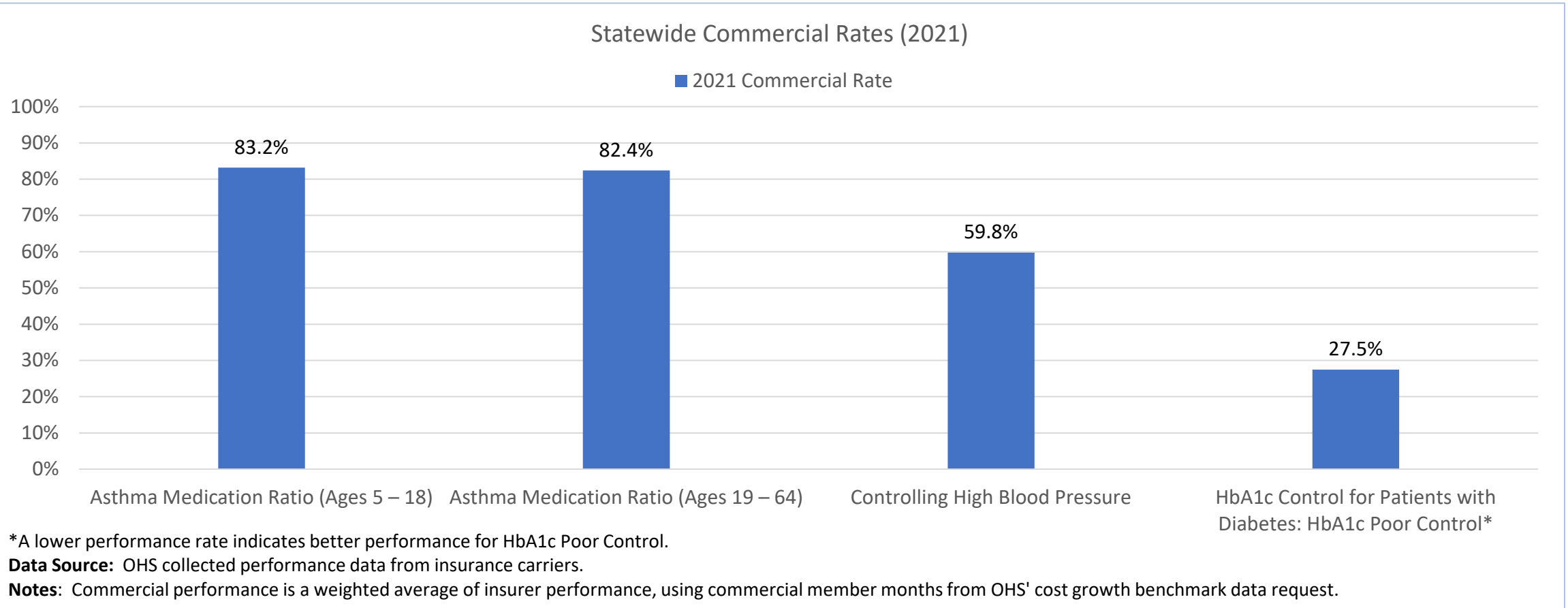
# Timeline for Reporting Performance

- For 2021 baseline Quality Benchmark performance, OHS will report at the state level by market.
- For 2022-2025 Quality Benchmark performance, OHS will report 2022-2025 Quality Benchmark data at the state, insurer and Advanced Network levels by market, as required by Public Act 22-118.

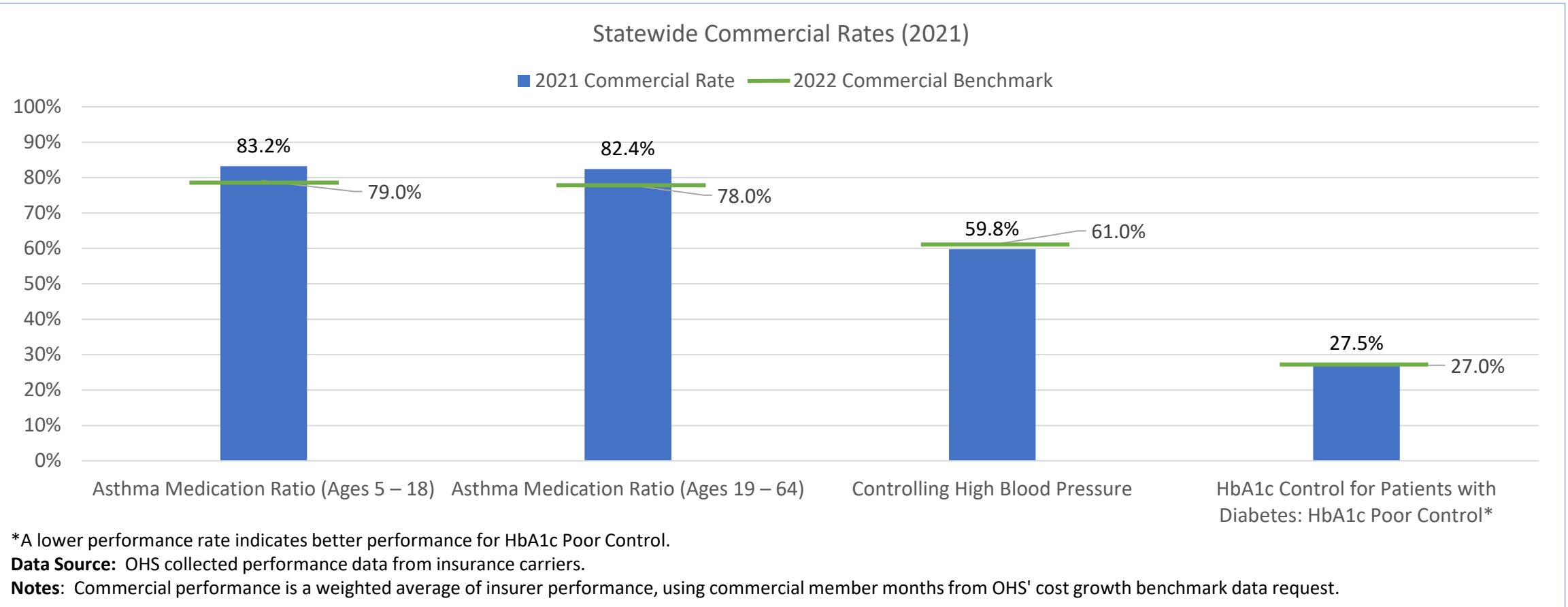
# COVID-19 and Quality Benchmark Performance

- When reviewing 2021 Quality Benchmark performance, please keep in mind the COVID-19 pandemic's impact on healthcare utilization.
  - In 2020, utilization decreased due to the temporary suspension of nonessential services and a decline in in-person care seeking by patients.
  - In 2021, utilization approached, but did not always attain, pre-pandemic levels.

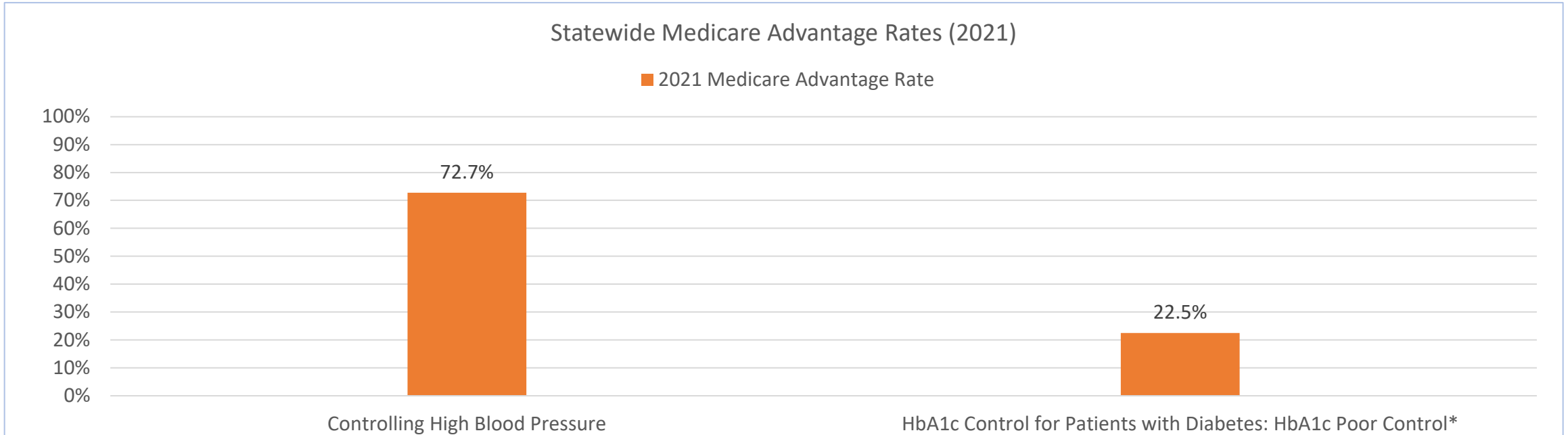
# 2021 Statewide Commercial Rates for Phase 1 Quality Benchmark Measures



# 2021 Statewide Commercial Rates for Phase 1 Quality Benchmark Measures compared to 2022 Quality Benchmarks



# 2021 Statewide Medicare Advantage Rates for Phase 1 Quality Benchmark Measures

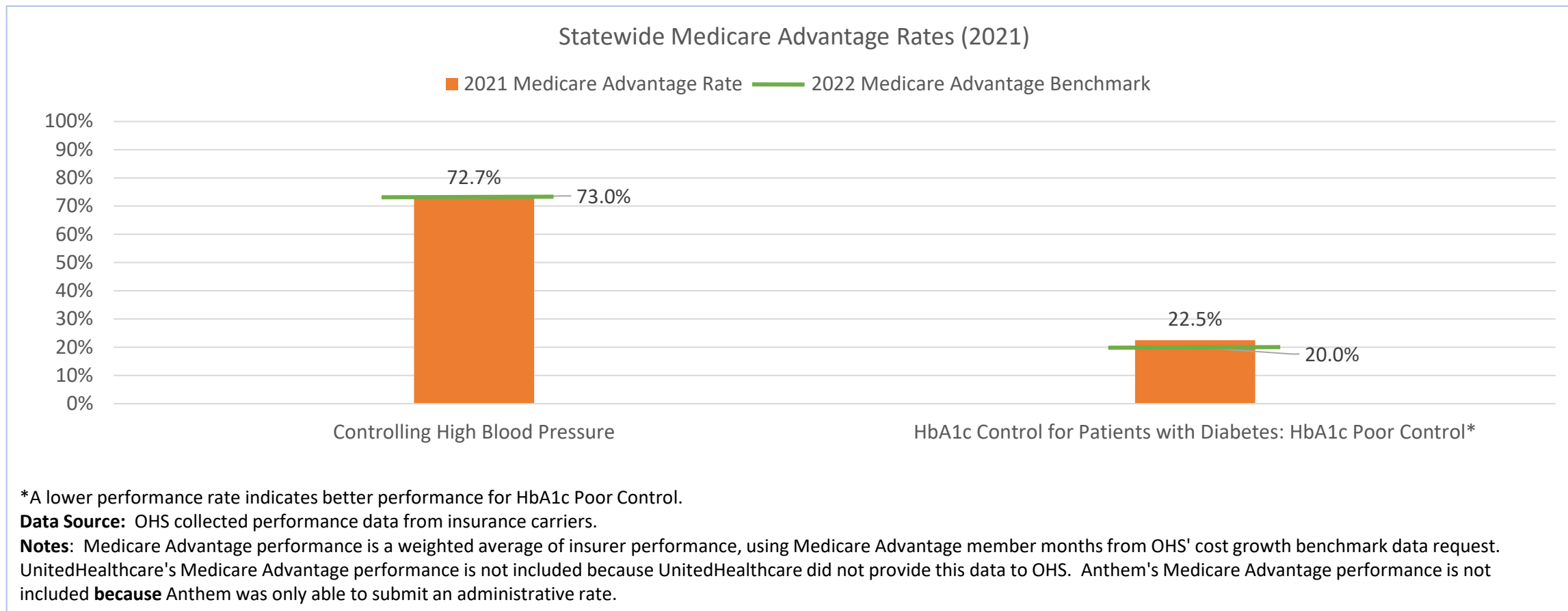


\*A lower performance rate indicates better performance for HbA1c Poor Control.

**Data Source:** OHS collected performance data from insurance carriers.

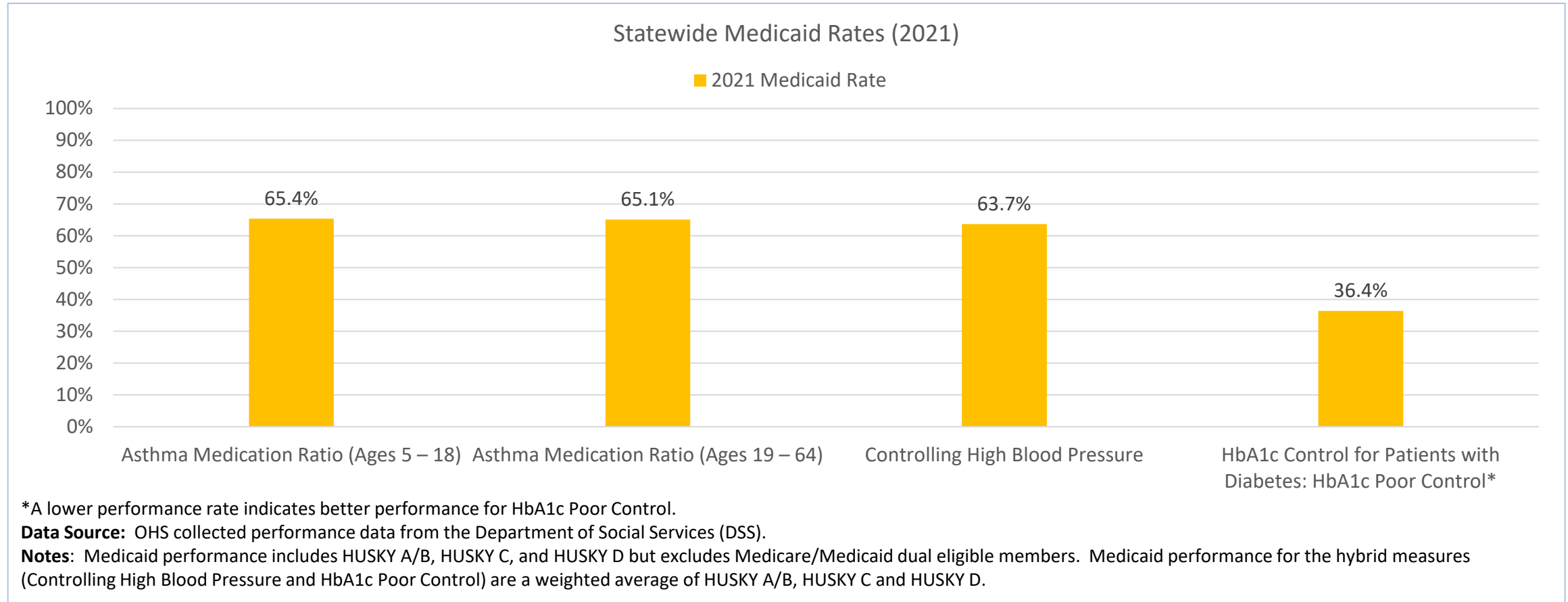
**Notes:** Medicare Advantage performance is a weighted average of insurer performance, using Medicare Advantage member months from OHS' cost growth benchmark data request. UnitedHealthcare's Medicare Advantage performance is not included because UnitedHealthcare did not provide this data to OHS. Anthem's Medicare Advantage performance is not included because Anthem was only able to submit an administrative rate.

# 2021 Statewide Medicare Advantage Rates for Phase 1 Quality Benchmark Measures compared to 2022 Quality Benchmarks

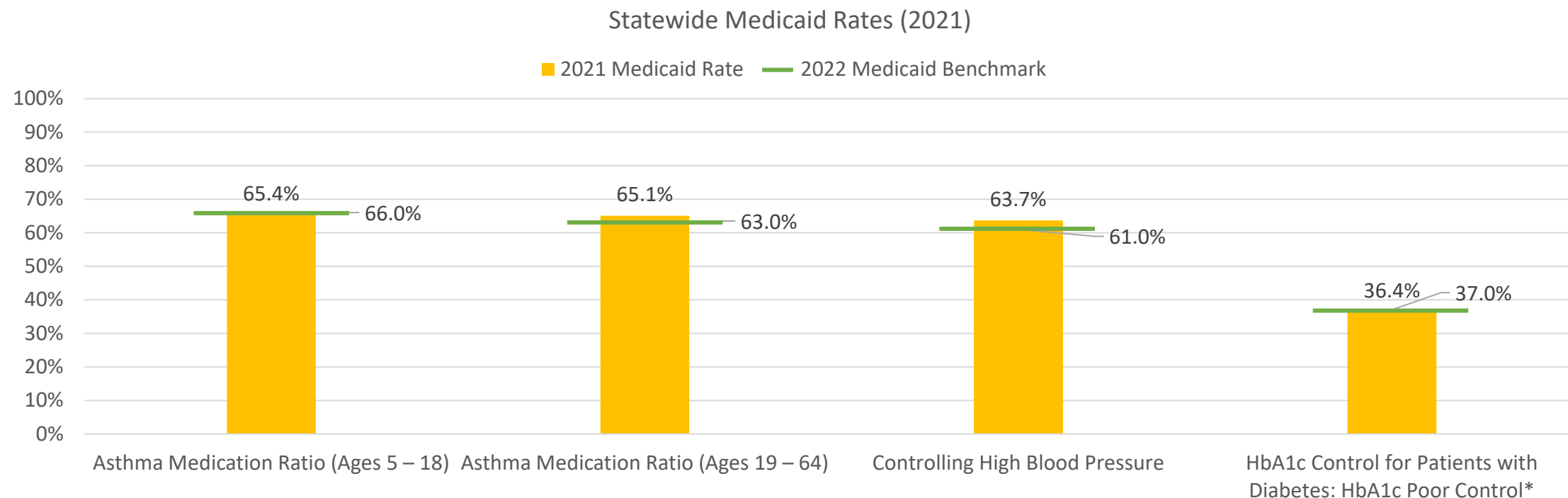




# 2021 Statewide Medicaid Rates for Phase 1 Quality Benchmark Measures



# 2021 Statewide Medicaid Rates for Phase 1 Quality Benchmark Measures compared to 2022 Quality Benchmarks



\*A lower performance rate indicates better performance for HbA1c Poor Control.

**Data Source:** OHS collected performance data from the Department of Social Services (DSS).

**Notes:** Medicaid performance includes HUSKY A/B, HUSKY C, and HUSKY D but excludes Medicare/Medicaid dual eligible members. Medicaid performance for the hybrid measures (Controlling High Blood Pressure and HbA1c Poor Control) are a weighted average of HUSKY A/B, HUSKY C and HUSKY D.

# 2023 Aligned Measure Set Annual Review

# Summary of Recommendations from March 16<sup>th</sup> Meeting

# Summary of March 16<sup>th</sup> Meeting (1 of 4)

- The Quality Council reviewed 15 measures during the March 16<sup>th</sup> meeting and made the following recommendations:
  - Retain the following four measures in the Core Set:
    1. *Controlling High Blood Pressure*
    2. *Health Equity Measure*
    3. *HbA1c Poor Control*
    4. *Plan All-Cause Readmission*
    5. *Prenatal and Postpartum Care*

# Summary of March 16<sup>th</sup> Meeting (2 of 4)

- The Quality Council reviewed 15 measures during the March 16<sup>th</sup> meeting and made the following recommendations:
  - Retain the following seven measures in the Menu Set:
    1. *Behavioral Health Screening*
    2. *Breast Cancer Screening*
    3. *Cervical Cancer Screening*
    4. *Chlamydia Screening in Women*
    5. *Colorectal Cancer Screening*
    6. *Concurrent Use of Opioids and Benzodiazepines*
    7. *Developmental Screening in the First Three Years of Life*

# Summary of March 16<sup>th</sup> Meeting (3 of 4)

- The Quality Council had follow-up requests and/or questions related to three of the measures, which we will discuss today.
  - *Asthma Medication Ratio*
  - *Child and Adolescent Well-Care Visits*
  - *Follow-up After Emergency Department Visit for Mental Health*

# Summary of March 16<sup>th</sup> Meeting (4 of 4)

- The Quality Council expressed interest in considering the following additional measures at the end of the annual review process:
  - *Behavioral Health Risk Screening* (maternity measure) and other postpartum care measures
  - Additional opioid-related measures (from MA's task force work)
- We will discuss these measures during the May meeting, when the Quality Council finishes the Aligned Measure Set annual review.



# Follow-up Topics from the March 16<sup>th</sup> Meeting

# Asthma Medication Ratio (Menu)

- A Quality Council member noted how denominators for this measure are small because it focuses on ED visits.
  - We now note that there are other possible inclusion criteria for this measure: an acute inpatient encounter, an acute inpatient discharge, at least four outpatient visits, or at least four asthma medication dispensing events for any controller or reliever medication.
- The Quality Council decided to wait to recommend whether to retain *Asthma Medication Ratio* in the Menu Set until OHS reported Quality Benchmark data for the measure.

# Asthma Medication Ratio (Menu) (Cont'd)

- The 2021 Quality Benchmark data show that *Asthma Medication Ratio* denominators at the Advanced Network level in the commercial market varied widely.

Measure Name	Minimum denominator size	Maximum denominator size	Median denominator size
Asthma Medication Ratio (5-18)	1	279	6
Asthma Medication Ratio (19-64)	1	932	44

- Given this information and the performance rates we shared earlier in this presentation, **does the Quality Council recommend retaining *Asthma Medication Ratio* in the Menu Set or elevating it to the Core Set?**

# Asthma Medication Ratio\* (Menu)

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims

**National Measure Sets of Interest:** CMS Medicaid Child Core Set; CMS Medicaid Adult Core Set; Core Quality Measures Collaborative Core Set

## Equity Analysis

- In CT, Black and Hispanic children are **5.5x and 4.5x** more likely to go to the ED because of asthma than White children (CT Health Foundation, 2020).
- In CT, Black and Hispanic children are **4.5x and 3x** more likely to be hospitalized because of asthma than White children (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (4 insurers; DSS; OSC)	82% (between National 25 <sup>th</sup> and 50 <sup>th</sup> percentiles)	65% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)

\* Phase 1 Quality Benchmark measure

# Child and Adolescent Well-Care Visits (Core)

- During the March 16<sup>th</sup> meeting, Bailit Health shared that Connecticut performs well on this measure (above the 90<sup>th</sup> percentile for both commercial and Medicaid performance).
- 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.
- Bailit Health promised to share stratified data for this measure by age range so the Quality Council could make a more informed decision.

## Child and Adolescent Well-Care Visits (Core) (Cont'd)

Measure Name	Commercial Performance (2021)	Medicaid Performance (2021)
Child and Adolescent Well-Care Visits (3-11)	85% (above the national 90 <sup>th</sup> percentile)	73% (above the national 90 <sup>th</sup> percentile)
Child and Adolescent Well-Care Visits (12-17)	82% (above the national 90 <sup>th</sup> percentile)	71% (above the national 90 <sup>th</sup> percentile)
Child and Adolescent Well-Care Visits (18-21)	56% (above the national 90 <sup>th</sup> percentile)	41% (between national 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)
Child and Adolescent Well-Care Visits (Total)	77% (above the national 90 <sup>th</sup> percentile)	67% (above the national 90 <sup>th</sup> percentile)

- Given this information, is the Quality Council still interested in focusing on the adolescent age range (18-21) for the Core Measure?

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

- During the March 16<sup>th</sup> meeting, the Quality Council had two questions about this measure:
  1. Is denominator size adequate at the Advanced Network level?
    - OHS reached out to DSS and two insurance carriers about Medicaid and commercial denominator size at the provider level.

# Follow-up After Emergency Department Visit for Mental Health (Core) (Cont'd)

- During the March 16<sup>th</sup> meeting, the Quality Council had two questions about this measure:
  2. Is discharge information available to Advanced Networks through Connie?
    - As of April 2023, all but a few licensed hospitals are fully connected and exchanging data through Connie, whether directly or through a larger system.
    - Hospitals and EDs are sharing Admission, Transfer and Discharge (ADT) data with primary care practices connected to Connie, including those not owned by the hospitals.



# Continue Review of Aligned Measure Set

# Overview of the Annual Review Process

- Today we'll continue our review of existing measures in the Aligned Measure Set. We'll walk sequentially through each measure and consider the following:
  1. Have there been any major changes to the measure's specifications?
  2. What is the measure's status in the national measure sets of interest?
  3. To what extent is the measure currently utilized by Connecticut payers?
  4. Is there evidence of health disparities related to the measure?
  5. Is there opportunity for performance improvement?
  6. Did any stakeholders submit feedback on the measure?
- Prior to this meeting, you were provided with a crosswalk that provides detailed information for each measure (e.g., description, domain, condition, population, data source) as well as a PDF with measure specifications.

# Questions to Consider

- As you review each measure, consider:
  1. how the measure performs against the just-reviewed six considerations;
  2. whether the measure meets the Quality Council's measure selection criteria;
  3. whether you recommend retaining, removing, or replacing the measure in the Aligned Measure Set, and
  4. whether you recommend changing the measure's status (e.g., elevating to the Core Set).

# Eye Exam for Patients with Diabetes (Menu)

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims/Clinical Data

**National Measure Sets of Interest:** CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

## Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than Whites to have diabetes and have severe complications (CT Health Foundation, 2020).
- In CT, Black residents are more than 2x more likely than Whites to die from diabetes (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Major Proposed Changes for MY 2024 (see next slide)	Yes (4 insurers; DSS)	61% (above National 90 <sup>th</sup> percentile)	54% (between National 50 <sup>th</sup> and 75 percentile)

# Eye Exam for Patients with Diabetes (Menu) (Cont'd)

- **NCQA is proposing the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:**

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none"><li>• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, <i>or</i></li><li>• Dispensed at least one diabetes medication</li></ul>
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none"><li>• At least two diagnoses of diabetes on different dates of service (in any setting), <i>or</i></li><li>• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)</li></ul>

# Follow-Up After Hospitalization for Mental Illness, 7-Day\* (Menu)

<p><b>Measure Steward:</b> National Committee for Quality Assurance  <b>Data Source:</b> Claims  <b>National Measure Sets of Interest:</b> CMS Medicaid Child Core Set (Ages 6-17); CMS Medicaid Adult Core Set (Ages 18+); CMS MIPS; Core Quality Measures Collaborative Core Set</p>			
<b>Equity Analysis</b>			
<ul style="list-style-type: none"> <li>In a national study of follow-up treatment following inpatient psychiatric treatment, Black adults were less likely than White adults to receive follow-up care (odds ratio = 0.45 for 30-day follow-up) (Carson et al., 2014).</li> </ul>			
Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Changes for MY 2024	Yes (DSS)	64% (above National 90 <sup>th</sup> percentile)	48% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)

\* Phase 2 Quality Benchmark measure

# Follow-Up After Hospitalization for Mental Illness, 7-Day\* (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Aetna recommended removing this measure, with the rationale that the follow-up doctor needs to be informed of the member's discharge and a corollary measure is needed to hold hospitals accountable for informing the physician (via discharge summary or email) or a notification system analogous to an ED visit notification.

\* Phase 2 Quality Benchmark measure

# Follow-Up Care for Children Prescribed ADHD Medication (Menu)

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims

**National Measure Sets of Interest:** CMS Medicaid Child Core Set; CMS eCQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

## Equity Analysis

- CT DSS reported that in 2021, this measure (Initiation Phase) was among the measures with the lowest/worst rates for Asian Non-Hispanic Medicaid members (33.3%) (DSS MAPOC Presentation, 2023).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Change for MY 2024	Yes (DSS)	<b>Initiation:</b> 41% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)	<b>Initiation:</b> 44% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)
		<b>Continuation and Maintenance:</b> 28% (below National 25 <sup>th</sup> percentiles)	<b>Continuation and Maintenance:</b> 53% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)



# Follow-Up Care for Children Prescribed ADHD Medication (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.
  - Aetna shared that in order to begin using this measure in contracts they would need a period of up to two years to establish baseline data for this measure.

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

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims/Clinical Data

**National Measure Sets of Interest:** CMS Medicaid Child Core Set; CMS MIPS; Core Quality Measures Collaborative Core Set

## Equity Analysis

- The CDC reported that in 2021, Hispanic or Latino (Hispanic) adolescents had lower coverage with  $\geq 2$  meningococcal doses (-10.8 percentage points) than did non-Hispanic White (White) adolescents (CDC, 2021),

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023	Yes (3 insurers)	<b>Combo 2:</b> 23% (below National 25 <sup>th</sup> percentile)	<b>HPV:</b> 38% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)

\*Combo 2 includes meningococcal, Tdap and HPV

# Immunizations for Adolescents, Combo 2 (Menu)

- **OHS received the following feedback on this measure:**
  - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.

# Kidney Health Evaluation for Patients with Diabetes (Menu)

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims/Clinical Data

**National Measure Sets of Interest:** None (this is a Medicare Star Ratings measure)

## Equity Analysis

- In CT, Black and Hispanic residents are more than 2x more likely than Whites to have diabetes and have severe complications and Black residents are more than 2x more likely than Whites to die from diabetes (CT Health Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Major Proposed Changes for MY 2024 (see next slide)	Yes (3 insurers)	45% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)	38% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)

# Kidney Health Evaluation for Patients with Diabetes (Menu) (Cont'd)

- **NCQA is proposing updating the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:**

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none"><li>• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, <i>or</i></li><li>• Dispensed at least one diabetes medication</li></ul>
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none"><li>• At least two diagnoses of diabetes on different dates of service (in any setting), <i>or</i></li><li>• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)</li></ul>

# Metabolic Monitoring for Children and Adolescents on Antipsychotics\* (Menu)

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims/Clinical Data

**National Measure Sets of Interest:** CMS Medicaid Child Core Set; Core Quality Measures Collaborative Core Set

## Equity Analysis

- CT DSS reported that in 2021, Metabolic Monitoring was among the measures with the lowest/worst rates for Native American/Pacific Islander Non-Hispanic Medicaid members (30%) (DSS MAPOC Presentation, 2023).
- In a national study, Black and Hispanic adults were less likely to be monitored than Whites (Phillips et al., 2015).
- In a national study, children with intellectual difficulty were more likely to be prescribed antipsychotics (2.8% compared to 0.15% of children without intellectual difficulty) and those with intellectual difficulties were prescribed antipsychotics at a younger age and for a longer period (Brophy et al., 2018).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Change for MY 2024	Yes (DSS)	NA	34% (between National 25 <sup>th</sup> and 50 <sup>th</sup> percentiles)

\* Medicaid-only measure

# Metabolic Monitoring for Children and Adolescents on Antipsychotics\* (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.

\* Medicaid-only measure

# PCMH CAHPS (Menu)

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Survey

**National Measure Sets of Interest:** None

## Equity Analysis

- A national study of racial/ethnic differences in experiences with primary care in PCMH settings among Veterans found that Black, Hispanic, and Asian/Pacific Island populations reported worse experiences than Whites with access, comprehensiveness, communication, and office staff helpfulness/courtesy (Jones et al., 2016).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
No Changes to PCMH Item Set 3.0	Yes (2 insurers)	NA	NA



# PCMH CAHPS (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Aetna recommended removing this measure, with the rationale that the volume/response to these surveys is too small for statistical significance.

# Screening for Depression and Follow-Up Plan (Menu)

**Measure Steward:** Centers for Medicare & Medicaid Services

**Data Source:** Claims/Clinical Data

**National Measure Sets of Interest:** CMS Medicaid Child Core Set (Ages 12-17); CMS Medicaid Adult Core Set (Ages 18+); CMS eQMs; CMS MIPS; Core Quality Measures Collaborative Core Set

## Equity Analysis

- In CT, the percentage of adults who ever reported being told by a health professional that they have a depressive disorder is highest for White (19.9%) adults, followed by Multiracial (17.6%), Hispanic (17.7%), Black (11.7%) and Asian (8.5%) adults (America's Health Rankings, 2022).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor changes for MY 2023	Yes (3 insurers)	NA	NA

# Screening for Depression and Follow-Up Plan (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Aetna recommended removing this measure because they plan to use HEDIS *Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* measure since it fits their existing infrastructure, but given the complexities of electronic reporting the HEDIS measure will not be publicly reportable until MY 2023 (and 2025 for value-based contracts).
  - A comparison of *Screening for Depression and Follow-up Plan (CMS)* and *Depression Screening and Follow-Up for Adolescents and Adult (NCQA)* is included on the following slides.

# Comparison of NCQA and CMS Depression Screening Measures

	NCQA Measure	CMS Measure
<b>Measure Description</b>	<p>The percentage of members 12+ years of age who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• <i>Depression Screening.</i> The percentage of members who were screened for clinical depression using a standardized instrument.</li> <li>• <i>Follow-Up on Positive Screen.</i> The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	<p>Percentage of patients aged 12+ years screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date or up to two days after the eligible encounter.</p>
<b>Follow-up Window</b>	Within 30 days of the positive screen.	Within 14 days of the positive screen.
<b>Positive Screen Definition</b>	Numerical scores identified for each screening tool. Member is numerator non-compliant if there is no numerical score in the EHR.	Not defined.

# Comparison of NCQA and CMS Depression Screening Measures (Cont'd)

	NCQA Measure	CMS Measure
<b>Exclusions</b>	Members with bipolar disorder or depression in the year prior to the measurement year.	Patients who have ever had a diagnosis of bipolar disorder or depression.
<b>Follow-up Definition</b>	<ul style="list-style-type: none"> <li>• An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.</li> <li>• A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.</li> <li>• A behavioral health encounter, including assessment, therapy, collaborative care or medication management.</li> <li>• A dispensed antidepressant medication.</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to a practitioner (e.g., psychiatrist, psychologist, social worker, mental health counselor) who is qualified to diagnose and treat depression or to a mental health service for treatment of depression (e.g., group therapy, support therapy, depression management program).</li> <li>• Pharmacological interventions.</li> <li>• Other interventions or follow-up for the diagnosis or treatment of depression (e.g., behavioral health evaluation, psychotherapy, pharmacological interventions).</li> </ul>

# Social Determinants of Health Screening\* (Menu)

<b>Measure Steward:</b> CT Office of Health Strategy <b>Data Source:</b> Survey <b>National Measure Sets of Interest:</b> None			
<b>Equity Analysis</b>			
<ul style="list-style-type: none"> <li><i>Negative Social Determinants of Health contribute to health inequities.</i></li> </ul>			
Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	Yes (1 insurer)	NA	NA

\*Screening for housing insecurity, food insecurity, transportation, interpersonal violence and utility assistance.

# Social Determinants of Health Screening (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Aetna recommended removing this measure until the provider community implements the use of the appropriate codes in the standard course of business.

# Substance Use Assessment in Primary Care (Menu)

**Measure Steward:** Inland Empire Health Plan

**Data Source:** Claims

**National Measure Sets of Interest:** None

## Equity Analysis

- In CT, by race/ethnicity, non-Hispanic White residents have the highest burden of drug overdose-related mortality, with a high of 33.2 per 100,000 CT population in 2017. However, from 2017–2018 their rates slightly decreased while rates for all other racial/ethnic groups continued to increase during the same time period. (CT State Health Assessment, 2020)

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Adolescent age range added (11-18 years of age)	None <i>(measure added to 2022 Aligned Measure Set to fill substance use measure gap)</i>	NA	NA



# Substance Use Assessment in Primary Care (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Value Care Alliance shared that this measure would be difficult to use if sourced from claims as payers continue to mask any data that relates to substance use.
    - **Note:** *Substance Use Assessment in Primary Care* is sourced from claims from the primary care practice.
  - Aetna recommended removing this measure, until treatment capacity exists, as recommended by the U.S. Preventative Services Task Force (USPSTF).
    - **Note:** In a 2020 [recommendation statement](#), the USPSTF found the evidence insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents.

# Transitions of Care (Menu)

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims/Clinical Data

**National Measure Sets of Interest:** None

## Equity Analysis

- A national study of patient-perceived gaps during care transition found that Black patients were less likely than other patient groups to report completing a post-discharge follow-up visit or to receive prescribed medical equipment (Jones et al., 2022).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)*	Medicaid Performance (2021)*
Minor Changes for MY 2023	None <i>(measure newly added to 2023 Aligned Measure Set to fill care coordination gap)</i>	NA	NA

\*Performance is not available because this measure is specified as a Medicare-only measure. When the Quality Council was considering adding this measure in 2022, NCQA confirmed that this measure can be used for other lines of business.

# Transitions of Care (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Aetna recommended removing this measure as a more clearly defined measure such as an outcome measure is preferred for this complex process.

# Use of Pharmacotherapy for Opioid Use Disorder (Menu)

**Measure Steward:** Centers for Medicare & Medicaid Services  
**Data Source:** Claims  
**National Measure Sets of Interest:** CMS Medicaid Adult Core Set

## Equity Analysis

- In CT, opioid overdose death rates by race/ethnicity are highest among White (69%) adults, followed by Hispanic (17%) adults and Black (13%) adults (Kaiser Family Foundation, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
None	None <i>(measure added to 2022 Aligned Measure Set to fill substance use measure gap)</i>	NA	NA

# Use of Pharmacotherapy for Opioid Use Disorder (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Value Care Alliance shared that this measure would be difficult to use if sourced from claims as payers continue to mask any data that relates to substance use.
  - Aetna recommended removing this measure, with the rationale that (a) for some patients, pharmacotherapy is not appropriate and (b) denominators for most practices will be too small to be significant.

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

**Measure Steward:** National Committee for Quality Assurance

**Data Source:** Claims

**National Measure Sets of Interest:** CMS Medicaid Child Core Set

## Equity Analysis

- CT DSS reported that in 2021, Well-Child Visits was among the measures with the lowest/worst rates for Native American/Pacific Islander Non-Hispanic Medicaid members (72.4% & 73.9%) (DSS MAPOC Presentation, 2023).
- A national study found that the declines in well-child visit attendance due to COVID-19 were larger for Black and publicly-insured children when compared to White and privately-insured patients (Sen, 2022).
- A national study found that the percentage of lower-income households missing well-child visits (30%) was significantly higher than middle- and upper-income households (23%) (Taylor, 2020).

Status/Measure Specification Changes	Insurer Measure Use	Commercial Performance (2021)	Medicaid Performance (2021)
Minor Changes for MY 2023 & Minor Proposed Changes for MY 2024	Yes (5 insurers; DSS)	<b>First 15 Months:</b> 85% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)	<b>First 15 Months:</b> 77% (above National 90 <sup>th</sup> )
		<b>15-30 Months:</b> 92% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)	<b>15-30 Months:</b> 82% (above National 90 <sup>th</sup> )

# Well-Child Visits in the First 30 Months of Life (Menu) (Cont'd)

- **OHS received the following feedback on this measure:**
  - Value Care Alliance shared that measures that address children and adolescents may have very small denominators for their network.

# Wrap-up & Next Steps



# Appendix

# Quality Benchmark Values and Sources

# Commercial Market Benchmark Values: Phase 1 Measures

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

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

\*A lower rate indicates higher performance.

# Commercial Market Benchmark Values: Phase 2 Measures

Quality Benchmark Measure	2022 Value	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% <i>Between the New England commercial 75<sup>th</sup> and 90<sup>th</sup> percentiles</i>	Overall: 15%
Follow-up After Hospitalization for Mental Illness (7-Day)	56%	N/A	N/A	63% <i>Between the New England commercial 75<sup>th</sup> and 90<sup>th</sup> percentiles</i>	Overall: 7%

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

# Medicaid Market Benchmark Values: Phase 1 Measures

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

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

\*A lower rate indicates higher performance.

# Medicaid Market Benchmark Values: Phase 2 Measures

Quality Benchmark Measure	2022 Value	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% <i>National Medicaid 90<sup>th</sup> percentile</i>	Overall: 15%
Follow-up After Hospitalization for Mental Illness (7-Day)	48%	N/A	N/A	55% <i>New England Medicaid 90<sup>th</sup> percentile</i>	Overall: 7%

# Medicare Advantage Market Benchmark Values

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

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

\*A lower rate indicates higher performance.

# Statewide Benchmark Values

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



# Aligned Measure Set Measure Selection Criteria

# Measure Selection Criteria

- The Quality Council has defined three sets of measure selection criteria to guide its work in recommending measures to OHS for measure set inclusion.
  - **Criteria to apply to individual measures** are meant to assess the merits of individual measures. They ensure that each measure has sufficient merit for inclusion.
  - **Criteria to apply to Core Measures** are meant to guide the Quality Council in choosing which measures warrant special focus in Connecticut (i.e., should be used by all insurers in all value-based contracts).
  - **Criteria to evaluate the measure set as a whole** are meant to more holistically assess whether the Aligned Measure Set is representative and balanced, and meets policy objectives identified by the Quality Council.

# Criteria to Apply to Individual Measures

1. Represents an opportunity to promote health equity, evaluated by performing an assessment of data and literature to identify disparities by race, ethnicity, language, disability status, economic status, and other important demographic and cultural characteristics.
2. Represents an opportunity for improvement in quality of care, inclusive of outcomes and of population health.
3. Accessible with minimal burden to the clinical mission, and:
  - a. draws upon established data acquisition and analysis systems;
  - b. is efficient and practicable with respect to what is required of payers, providers, and consumers, and
  - c. makes use of improvements in data access and quality as technology evolves and become more refined over time.
4. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.

# Criteria to Apply to Individual Measures (Cont'd)

5. Addresses the most significant health needs of Connecticut residents, with attention to areas of special priority, beginning with:
  - a. behavioral health
  - b. health equity
  - c. patient safety, and
  - d. care experience.
6. Measures and methods are valid and reliable at the data element and performance score level.
7. Useable, relevant and has a sufficient denominator size.

# Criteria to Apply to Core Measures

1. Includes Quality Benchmark measures unless there is a compelling reason not to do so.
2. Includes one Core Measure from each of the broad measure categories, minimally including behavioral health.
3. Includes at least one health equity measure.
4. Outcomes-oriented.
5. Crucial from a public health perspective.

# Criteria to Apply to the Measure Set as a Whole

1. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.
2. Broadly address population health.
3. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
4. Taken as a whole, high performance on the proposed measure set should significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Balances comprehensiveness and breadth with the need for parsimony to enable effective quality improvement.
6. Representative of the array of services provided, and the diversity of patients served, by the program.