

Quality Council

January 18, 2024



Agenda

<u>Time</u>	<u>Topic</u>
3:00 p.m.	Call to Order and Roll Call
3:05 p.m.	Approval of November 16, 2023 Meeting Minutes — Vote
3:10 p.m.	2024 Quality Council Meeting Schedule — Vote
3:15 p.m.	2024 Quality Council Roadmap and Goals
3:45 p.m.	Introduction to the 2024 Aligned Measure Set Annual Review
4:30 p.m.	Public Comment
4:50 p.m.	Wrap-up and Next Steps
5:00 p.m.	Adjourn

Call to Order and Roll Call

Approval of November 16, 2023 Meeting Minutes—Vote

2024 Quality Council Meeting Schedule - Vote

Proposed 2024 Quality Council Meeting Dates

All meetings will be held from 3-5 p.m. and are almost all on the third Thursday of the month.

- February 22, 2024 (fourth Thursday of the month)
- March 21, 2024
- April 18, 2024
- May 16, 2024
- June 20, 2024
- July 18, 2024
- August 15, 2024
- September 19, 2024
- October 17, 2024
- November 21, 2024
- December 19, 2024

2024 Quality Council Roadmap and Goals

Quality Council Roadmap of Currently Scheduled 2024 Activities

Report on 2022 Quality Benchmark performance

Collect 2023 Quality Benchmark data

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2024 annual review of the Aligned Measure Set

2024 annual review of the Quality Benchmarks

2024 Goals (1 of 2)

- Is the Quality Council interested in setting annual goals and associated measures for our work, starting with setting goals for 2024?
 - Example goals and associated measures are on the following slide.
 - These example goals and measures were drafted based on the Quality Council's 2024 Roadmap and the feedback/reflections that Quality Council members offered during the November 2023 Quality Council Meeting.

2024 Goals (2 of 2)

Example 2024 Quality Council Goal	Example 2024 Quality Council Measure
1. Complete the annual measure set review for 2024	<ul style="list-style-type: none">• Complete the annual review, with recommendations to OHS by June 2023.
2. Increase fidelity to the Aligned Measure Set across the five largest commercial insurers in Connecticut	<ul style="list-style-type: none">• Adherence to the Aligned Measure Set among those insurers that reported for 2023 increases from 73% to 80% for 2025.
3. Report on 2022 Quality Benchmark performance at the state, insurer and Advanced Network level	<ul style="list-style-type: none">• Review 2022 Quality Benchmark performance during a Quality Council meeting by April 2024.• Identify improvement opportunities in Quality Benchmark performance.
4. Establish a Health Equity Subgroup to provide recommendations to the Quality Council and OHS for advancing health equity measurement activities	<ul style="list-style-type: none">• Convene a Health Equity Subgroup in 2024 that submits draft recommendations to the Quality Council in June and final recommendations to the Quality Council and OHS by September.

Introduction to the 2024 Aligned Measure Set Annual Review

The Connecticut Aligned Measure Set

- The Aligned Measure Set is a group of measures from which OHS requests insurers select for use in value-based contracts with Advanced Networks.*
- The Aligned Measure Set was first established in 2016 (as the “Core Measure Set”) as part of the State Innovation Model (SIM) Program.
- The overarching aim of the Aligned Measure Set is to promote alignment of quality measures in use by commercial insurers and Medicaid to assess and reward the quality of services delivered under value-based payment arrangements with Advanced Networks.

*Advanced Networks are provider organizations or contractually affiliated provider organizations that either (a) hold a value-based contract with a payer or (b) are able to hold a value-based contract by virtue of having a sufficient number of primary care providers.

The Connecticut Aligned Measure Set (Cont'd)

- The Aligned Measure Set contains Core Measures and Menu Measures.
 - Measures used in value-based contracts should be limited to Core and Menu measures.

Connecticut Aligned Measure Set



Core Measures

- *Measures that OHS asks insurers to use in all value-based contracts with Advanced Networks*



Menu Measures

- *Measures that are optional for use in value-based contracts*

2024 Aligned Measure Set

- 1. Child and Adolescent Well-Care Visits**
- 2. Controlling High Blood Pressure**
- 3. Follow-Up After Emergency Department Visit for Mental Illness (7-Day)**
- 4. Health Equity Measure**
- 5. Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9%)**
- 6. Plan All-Cause Readmission**
- 7. Prenatal and Postpartum Care**
- 8. Social Determinants of Health Screening *[elevated to the Core for 2024]***
9. Asthma Medication Ratio
10. Behavioral Health Screening*
11. Breast Cancer Screening
12. Cervical Cancer Screening
13. Chlamydia Screening in Women
14. Colorectal Cancer Screening
15. Concurrent Use of Opioid and Benzodiazepines
16. Developmental Screening in the First Three Years of Life
17. Eye Exam for Patients with Diabetes
18. Follow-Up Care for Children Prescribed ADHD Medication
19. Follow-Up After Hospitalization for Mental Illness (7-Day)
20. Immunizations for Adolescents (Combo 2)
21. Kidney Health Evaluation for Patients with Diabetes
22. Maternity Care: Postpartum Follow-up and Care Coordination *[NEW for 2024]*
23. Metabolic Monitoring for Children and Adolescents*
24. PCMH CAHPS Survey
25. Screening for Depression and Follow-Up
26. Substance Use Assessment in Primary Care
27. Transitions of Care
28. Use of Opioids at High Dosage *[NEW for 2024]*
29. Use of Pharmacotherapy for Opioid Use Disorder
30. Well-Child Visits in the First 30 Months of Life

*Medicaid-only measure

Core Measures are in bold

Insurer Fidelity Scores

Connecticut Fidelity Scores

Year	Commercial	Aetna	Anthem	Cigna	ConnectiCare	UnitedHealthcare
2022	46%	40%	40%	88%	86%	51%
2023	73%	81%	69%	77%	67%	56%
2024	<i>2024 scores to be reported during a future Quality Council Meeting</i>					

*The fidelity score represents the number of instances Aligned Measure Set measures were used by the insurer in contracts, divided by the sum of instances any measure (Aligned Measure Set measures or otherwise) were used by the insurer in contracts (using data from the 2022 and 2023 Quality Council Insurer Surveys).

Aligned Measure Set Annual Review

- Starting during the February meeting, the Quality Council will review the Aligned Measure Set and consider whether to make any changes.
 - Any changes would apply to contract performance periods beginning on or after **January 1, 2025**.
- During the annual review, the Quality Council will review the Aligned Measure Set in full, considering:
 - Measure specification changes
 - Opportunity for improvement
 - Equity information
 - Insurer measure use

Request for Feedback on 2024 Aligned Measure Set

- OHS recently sent the Quality Council a request for feedback on the 2024 Aligned Measure Set.
 - Feedback may include measures that should be (a) added, (b) removed, or (c) have their Core/Menu status modified.
 - OHS also sent this request to CT payers, Advanced Networks, OSC and DSS.
 - Please send any feedback on the 2024 Aligned Measure Set to Hanna Nagy and Grace Flaherty by January 31, 2024, using the guidelines in the email request.
- **Does the Quality Council have other questions or suggestions to offer today on the 2024 Aligned Measure Set?**

Public Comment

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps

- The Quality Council will reconvene in February (tentatively on February 22nd from 3-5pm, pending today's vote).