

Quality Council

December 17, 2020

Agenda

<u>Time</u>	<u>Topic</u>
4:00 p.m.	Call to Order and Introductions
4:05 p.m.	Public Comment
4:15 p.m.	Approval of November 19, 2020 Meeting Minutes
4:20 p.m.	Amendment of Quality Council Bylaws
4:25 p.m.	Appointment of the Quality Council Co-Chairs
4:35 p.m.	Core Measure Set Purpose and Annual Review Process
5:00 p.m.	Quality Council Guiding Principles and Criteria
5:50 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

Call to Order and Introductions

Public Comment

Process for Facilitating Discussion via Zoom

1. We will mute everyone to avoid background noise.
2. We invite members of the Quality Council to "raise your hand" to ask a question or make a comment. Just click on the **"Participants"** button at the bottom of your screen.
 - Click the hand icon to "raise" your hand; click it again to "lower" your hand.
3. When we call on you, please click the microphone icon to unmute yourself. Please mute your microphone when you are done speaking.
4. You may send us a comment at any time in the Zoom chat box at the bottom of your screen, but don't create a second Council conversation.

To Ask a Question or Comment...Please Raise your Hand!

Providing Nonverbal Feedback During Meetings (Attendees)

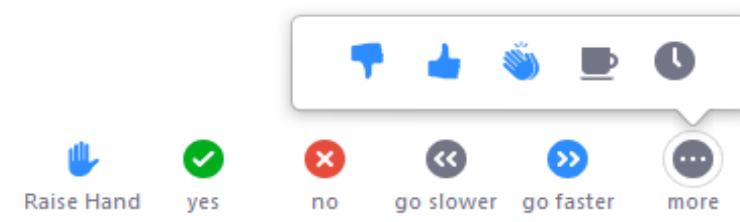
To provide nonverbal feedback to the host of the meeting:

1. Join a Zoom meeting as a participant.
2. Click the **Participants** button.



3. Click one of the icons to provide feedback to the host. Click the icon again to remove it.

Note: You can only have one icon active at a time.



- Raise Hand / Lower Hand
- yes
- no
- go slower
- go faster

Approval of November 19, 2020 Meeting Minutes

Amendment of Quality Council Bylaws

Appointment of the Quality Council Chair

Core Measure Set Purpose and Annual Review Process

Purpose of the Core Measure Set

- The CT SIM Program Management Office initially convened the Quality Council in 2014 to recommend a **uniform and aligned set of quality measures recommended for use by commercial insurers and Medicaid** in the State to **assess and reward the quality of services delivered under value-based payment (VBP) arrangements.**
- The Core Measure Set was first established in 2016 and included:
 - a **Core Measure Set** recommended for value-based payment,
 - a **Reporting-only Measure Set**, and
 - a **Developmental Measure Set** of measures reflecting areas of clinical importance but requiring significant development before they can be recommended for payment.

Purpose of the Core Measure Set (Cont'd)

- The Core Measure Set is intended to be used with in Connecticut **Advanced Networks (ANs)**. An Advanced Network is:
 - “a provider organization or group of provider organizations that shall include primary care providers within one or more practices with PCMH status or PCMH accreditation, as applicable, but not including a glide path practice, and that complies with the composition specified in the Regulations of Connecticut State Agencies.”

Source: <https://eregulations.ct.gov/eRegsPortal/Search/getDocument?guid=%7B94552F5C-DA69-4C58-BB3D-CF9B6B094385%7D>

The Annual Review Process

Focus of today's meeting

Topic	Meeting Date
1. Background <ul style="list-style-type: none">• Review Core Measure Set purpose• Review goals and priorities of the Core Measure Set• Review Quality Council guiding principles and criteria	December 2020
2. Review the 2019 Core Measure Set <ul style="list-style-type: none">• Identify if there have been any changes to measure specifications by the measure steward and/or measure status in national measure sets• Assess recent commercial plan and Medicaid performance and opportunity for improvement relative to national benchmarks• Assess current measure use in AN contracts by Medicaid and Commercial payers	January – February 2021

The Annual Review Process (Cont'd)

Topic	Meeting Date
<p>3. Gaps Analysis of the Core Measure Set</p> <ul style="list-style-type: none">• Identify if there are any domains or conditions for which there are missing measures that should be prioritized for Core Set inclusion• Assess the composition of the measure set relative to key variables• Discuss the size of the measure set and whether it is too big or small (by domain and overall)	February 2021
<p>4. Solicit Quality Council Member Feedback and proposal</p> <ul style="list-style-type: none">• Invite requests for any additions, subtractions and/or replacements to address the needs identified in the gap analysis	February 2021 (<i>Quality Council follow-up activity required</i>)

The Annual Review Process (Cont'd)

Topic	Meeting Date
5. Review of Quality Council Measure Proposals <ul style="list-style-type: none">• Review proposals from Quality Council members and Bailit Health to address prioritized measure gaps• Recommend actions to add, remove and/or replace measures, as needed	March 2021
6. Final Review of the Measure Set <ul style="list-style-type: none">• Bailit Health will score the final measures (in partnership with OHS and the Quality Council) against the Quality Council's criteria in advance of this meeting• Review Core Measure Set scoring and identify whether there are any final changes to be made	April – May 2021
7. Finalize Recommended Changes to the Core Measure Set	May 2021



**Do you have any questions about
or proposed revisions to the
draft annual review process?**

Review Quality Council Guiding Principles and Criteria

Revised Guiding Principles and Criteria

- The Quality Council previously utilized:
 - **guiding principles** as a point of reference when considering measures for inclusion in the measure set,
 - **three separate sets of criteria**, which primarily align with the guiding principles, to evaluate measures under review and
 - **a fourth set of criteria** to evaluate measures in the Buying Value Measure Selection Tool.
- To simplify review of measures on an ongoing basis, we consolidated these separate evaluation techniques into **one set of criteria to inform measure inclusion in the Core Measure Set**. We also recommend developing a **separate set of criteria to evaluate the Core Measure Set as a whole**.

Purpose of Two Sets of Measure Criteria

- **Criteria to inform measure inclusion in the Core Measure Set** are meant to assess the merits of individual measures. They ensure that each measure has sufficient merit for inclusion.
- **Criteria to evaluate the measure set as a whole** are meant to more holistically assess whether the Core Measure Set is representative and balanced, and meets policy objectives identified by the Quality Council.

Draft Revised Core Measure Set Criteria

1. Maximize alignment with the Medicare Shared Savings Program and NextGen Accountable Care Organization (ACO) measure set.
2. Ensure measure is appropriate for use in an ACO contract.
3. Address the most significant health needs of Connecticut residents, with attention to areas of special priority, including:
 - behavioral health
 - health equity
 - patient safety, and
 - care experience.

Draft Revised Core Measure Set Criteria (Cont'd)

4. Prioritize outcome-focused measures with opportunity for improvement, variability among provider organizations and available appropriate benchmarks, where available.
5. Wherever possible, draw from national measure sets such as:
 - National Quality Forum (NQF) measures;
 - CMS Adult and Child Health Care Quality Measures for Medicaid;
 - CMS Merit-based Incentive Payment System (MIPS);
 - CMS Electronic Clinical Quality Measures (eCQMs);
 - National Committee on Quality Assurance (NCQA) measures, and
 - Core Quality Measures Collaborative core measure sets.

Draft Revised Core Measure Set Criteria (Cont'd)

6. Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.
7. Promote measures and methods with the aim of maximizing impact, accuracy, validity, fairness and data integrity.
8. Promote credibility and transparency in order to maximize patient, employer, payer, and provider engagement.

Draft Revised Core Measure Set Criteria (Cont'd)

9. Assess the impact of race, ethnicity, language, economic status, and other important demographic and cultural characteristics important to health equity.
10. Recommend measures that are accessible with minimal burden to the clinical mission, and that
 - draw upon established data acquisition and analysis systems;
 - are both efficient and practicable with respect to what is required of payers, providers, and consumers, and
 - make use of improvements in data access and quality as technology evolves and become more refined and varied over time.

Draft Revised Core Measure Set Criteria (Cont'd)

11. Maximize the use of clinical outcome measures and patient-reported outcomes, over process measures, and measure quality at the level of the organization.

Criteria in Use by Other States

- Massachusetts and Rhode Island also have statewide aligned measure sets for use in value-based payment (VBP) arrangements with networks and systems.
 - Both states also have criteria to apply to individual measures, as well as criteria to apply to the measure set as a whole.
 - Massachusetts has a third set of criteria to apply to measures that belong in a “Core” set, or measures that are recommended for use in all VBP arrangements.
- **As you review these criteria, consider which, if any, may be relevant and appropriate for use in Connecticut.**

Massachusetts Measure Alignment Taskforce Criteria

Criteria to be applied to individual measures (nationally endorsed measures)

1. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.
2. Valid at the data element and performance score level. Any exclusion criteria are also valid.
3. Reliable at the data element and performance score level across providers.
4. Appropriate for use in an ACO contract. For this purpose, an ACO is defined as a provider organization that has entered into a global budget-based risk contract with a commercial or MassHealth (Medicaid) payer.

Massachusetts Measure Alignment Taskforce Criteria

Criteria to be applied to individual measures (nationally endorsed measures) – cont'd

5. Generated without causing extensive burden, or the measure would reduce burden by supplanting an existing measure in the Aligned Measure Set with greater burden, or the associated burden is justified by reasonably expected high impact on patient health resulting from the measure's use.
6. Represents an opportunity to improve population health.
7. Represents an opportunity to promote health equity.
 - a. When reviewing individual measures, the Taskforce will examine performance stratified by race, ethnicity, language and disability status as well as the decomposition of inequities between and within providers, where data are available
 - b. Taskforce staff will request stratified data from state agencies and Taskforce members and look for stratified data from other states and the research literature.

Massachusetts Measure Alignment Taskforce Criteria

Criteria to be applied to individual measures (non-endorsed measures)

1. Addresses a State-defined health care priority or fills a gap in the Aligned Measure Set of Taskforce priority.
2. No nationally endorsed measures (i.e., endorsed by NQF, NCQA, or CMS, or other national recognition bodies) are available for use, or the Taskforce has evaluated the nationally endorsed measures as failing to meet other Taskforce measure selection criteria.

Massachusetts Measure Alignment Taskforce Criteria

Criteria to be applied to the measure set as a whole

1. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
2. Provides a largely complete and holistic view of the entity being evaluated (i.e., an ACO).
3. Strives for parsimony.
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 (STEEP) care.
5. Promotes value for patients, purchasers, and providers and supports the triple aim of better care, better health, and lower cost.
6. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.

Massachusetts Measure Alignment Taskforce Criteria

Principles to be applied to the Core Measure Set

1. No more than five in number
2. Outcomes-oriented
3. Has at least one measure focused on behavioral health
4. Universally applicable to the greatest extent possible
5. Crucial from a public health perspective
6. Comprised of measures that are highly aligned across existing payer ACO contract measures
7. Enhances value*

**"Value" has different meanings from the perspectives of patients, purchasers and providers, but may include patient-centeredness, evidence-based, clinical effectiveness, and cost-effectiveness among other value attributes.*

Rhode Island Aligned Measure Set Work Group Criteria

Criteria specific to individual measures

1. Evidence-based and scientifically acceptable
2. Has a relevant benchmark (use regional/community benchmark, as appropriate)
3. Not greatly influenced by patient case mix
4. Consistent with the goals of the program
5. Useable and relevant
6. Feasible to collect
7. Aligned with other measure sets
8. Promotes increased value
9. Present an opportunity for quality improvement
10. Transformative potential
11. Sufficient denominator size
12. Utilizes a HEDIS measure when multiple options exist

Rhode Island Aligned Measure Set Work Group Criteria

Criteria specific to the measure set

1. Representative of the array of services provided by the program
2. Representative of the diversity of patients served by the program
3. Not unreasonably burdensome to payers or providers
4. Broadly address population health

Individual Exercise

- Consider the draft revised criteria for Connecticut's Core Measure Set (consolidated from Connecticut's existing criteria) and the criteria from Massachusetts and Rhode Island.
- **Which criteria do you recommend for use with Connecticut's Core Measure Set criteria?** Select up to five criteria to apply to individual measures and up to five criteria to apply to the measure set as a whole.

Survey Link:

<https://survey.alchemer.com/s3/6089342/Connecticut-Quality-Council-Criteria-to-Inform-Measure-Selection>



We propose a work group of the Council meet to consider revisions to the measure selection criteria based on the survey results.

OHS will reach out to a few members of the Council to complete this work before the January meeting.

Does the Council support this approach?

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps



- Begin review of the 2019 Core Measure Set by assessing changes in measure specifications, changes in status in national measure sets, opportunity for improvement and current measure use



- Continue review of the 2019 Core Measure Set
- Perform a gap analysis of the Core Measure Set to assess comprehensiveness and measure set size



- Review the Quality Council's measure proposals for addition, removal and/or replacement to address the needs identified in the gap analysis