

Quality Council

January 21, 2021

Agenda

| <u>Time</u> | <u>Topic</u> |
|-------------|--|
| 4:00 p.m. | Call to Order |
| 4:05 p.m. | Public Comment |
| 4:15 p.m. | Approval of December 17, 2020 Meeting Minutes |
| 4:20 p.m. | Review Subcommittee's Measure Selection Criteria Recommendations |
| 4:40 p.m. | Begin Annual Review of Core Measure Set |
| 5:50 p.m. | Wrap-up & Next Steps |
| 6:00 p.m. | Adjourn |

Call to Order

Public Comment

Approval of December 17, 2020 Meeting Minutes

Review Subcommittee's Measure Selection Criteria Recommendations

Recap of the December Meeting Discussion

- During the last meeting, the Quality Council...
 - reviewed the criteria it previously utilized when first developing the Core Measure Set, as well measure criteria in use by Massachusetts and Rhode Island, and
 - completed a survey to identify which criteria they individually prioritized for adoption.
- A subcommittee of the Quality Council met earlier this month to identify which criteria to bring back to the Council (informed by the survey results) to recommend for final adoption today.

Purpose of Measure Selection Criteria

- As a reminder, these criteria are intended to aid the Quality Council in determining which measures should be included in the Core Measure Set. Individual measures do not need to satisfy all criteria in order to be selected. There are two sets of 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.

Quality Council Priority Preferences for Criteria to Apply to Individual Measures



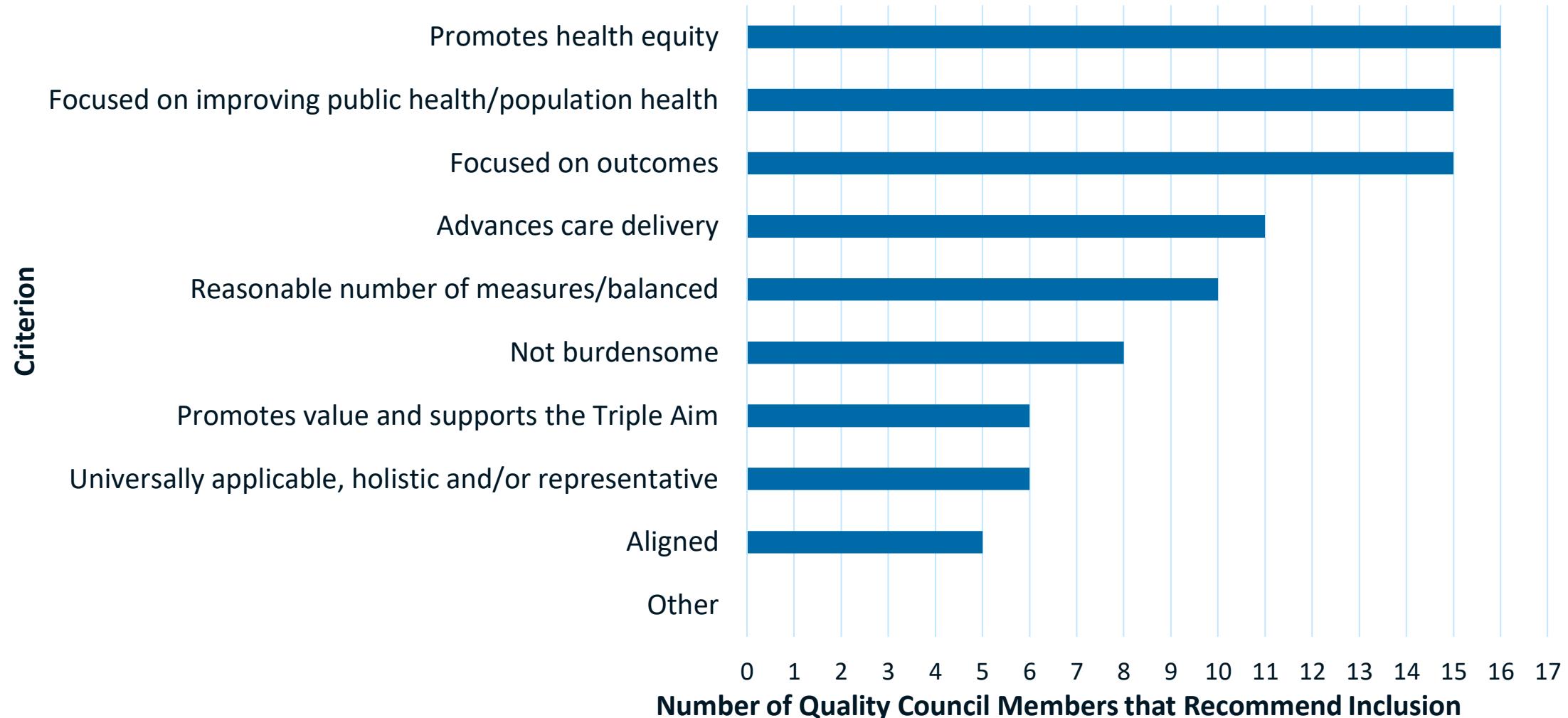
Subcommittee's Recommended Criteria to Apply to Individual Measures

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 and varied over time.

Subcommittee's Recommended Criteria to Apply to Individual Measures (Cont'd)

4. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.
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.

Quality Council Priority Preferences for Criteria to Apply to the Measure Set as a Whole



Subcommittee's Recommended 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.

Subcommittee's Recommended Criteria to Apply to the Measure Set as a Whole (Cont'd)

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.

Equity

- The Council has prioritized advancement of health equity as a criterion for measure selection. How can this be operationalized? Two options:
 1. Prioritize inclusion of measures targeting conditions or services with large inequities based on research and any available CT-specific data.
 2. Adopt measures into the Core Measure Set that specifically measure health inequity and/or promote actions to reduce health inequity.
- The challenge adopting measures that assess inequity is that payers must have data elements necessary to stratify their measures. CT insurers generally do not have these data; they would have to impute REL using accepted methods.
- **With this in mind, how would the Quality Council like to proceed?**

Begin Annual Review of the Core Measure Set

State Health Priorities: Needs and Opportunities

The Quality Council requested reviewing CT's state health needs and opportunities prior to conducting the annual review to clarify state health priorities.

1. According to DataHaven, the prevalence of chronic conditions in 2018 was as follows:

- High blood pressure/ hypertension: 30%
- Asthma: 15%
- Diabetes: 10%

CT State Health Priorities: Needs and Opportunities (Cont'd)

2. access to SUD treatment

- 29.9 drug deaths per 100,000 (*CT ranks 42nd*) and 30.7 drug poisoning deaths (*CT ranks 41st*) in 2018

3. childhood obesity

- 17% of children are obese and 15% are overweight

4. behavioral health treatment

- suicide is the leading cause of intention injury and death in the state.

5. lead screening/prevention

- 26.6% of housing stock has a lead risk (*CT ranks 46th*)

6. low birthweight racial gap

- increased 19% from 5.4 to 6.4 (2017-18)

7. ER use

- 22% of individuals received care in an ER one to two times in the last year

Reminders for the Annual Review Process

- As a reminder, the Core Measure Set is intended to be a ***uniform and aligned*** set of quality measures recommended for use by ***commercial insurers*** and ***Medicaid*** in contracts with ***Advanced Networks*** in the State to ***assess and reward the quality*** of services delivered under ***value-based payment (VBP) arrangements***.
 - The working definition of an Advanced Network is an entity that is or could be engaged in a total cost of care contract with one or more payers.

Overview of the Annual Review Process

- Today, we'll begin our review of existing measures in the Core 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. Is the measure currently utilized by Connecticut payers?
 4. Does the measure address any of the state's health priorities?
 5. Is there opportunity for performance improvement?
- 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 information on the above five considerations.

Data Sources for the Five Considerations

- 1. Have there been any major changes to the measure specifications?**
 - We reviewed major changes to the measure specifications by each measure's "steward" since 2016.
- 2. What is the measure status in the national measure sets of interest?**
 - We identified whether the measure is currently in any of the following 7 measure sets that were previously indicated to be of interest to the Quality Council in 2016:
 - CMS Electronic Clinical Quality Measures (eCQMs)
 - CMS Medicaid Child Core Set
 - CMS Medicaid Adult Core Set
 - CMS Merit-based Incentive Payment System (MIPS)
 - CMS Medicare Shared Savings Program ACO and Next Generation ACO
 - Core Quality Measures Collaborative Core Sets
 - NCQA HEDIS

Data Sources for the Five Considerations (Cont'd)

3. Is the measure currently utilized by Connecticut payers?

- We identified whether the measure is:
 - included in the DSS PCMH+ Measure Set,
 - in use by the state employee health plan (no response received yet), and/or
 - in use by commercial insurers (we surveyed 6 insurers and have received 2 responses thus far on measures included in VBP contracts).
- The current max score for this field is 3 (DSS PCMH+, 2 commercial insurers).

4. Does the measure address any of the state's health priorities?

- We identified the primary state health priorities using the following sources:
 - America's Health Rankings and Commonwealth Fund's Scorecard (2020)
 - 2019 CT State Health Assessment and Healthy CT 2025
 - DataHaven (2018)

Data Sources for the Five Considerations (Cont'd)

5. Is there opportunity for improvement?

- **Commercial:** We created a 2019 statewide average of the four largest CT payers using data from Quality Compass 2020.
- **Medicaid:** We obtained 2019 data from DSS' PCMH+ program and FFY2019 Medicaid data reported by CMS for its Medicaid Core Sets.
- We compared commercial and Medicaid performance to national 2019 percentile data obtained from Quality Compass.*

| Key: | | | | |
|-------|-----------------------|-----------------------|-----------------------|-------|
| <25th | Between 25th and 50th | Between 50th and 75th | Between 75th and 90th | ≥90th |

* “Developmental Screening for the First Three Year of Life” is a non-HEDIS measure and therefore national FFY 2019 data were obtained from CMS.

Questions to Consider

- As you review each measure, consider:
 1. how the measure performs against the just-reviewed five considerations;
 2. whether the measure meets the adopted selection criteria, and
 3. whether you recommend retaining, removing, or replacing the measure in the Core Measure Set.

CAHPS PCMH Survey

| | | |
|---|---|--|
| Summary of Major Specification Changes | None | |
| Alignment with National Measure Sets of Interest | 0 | |
| Use by Connecticut Payers | 2 (DSS PCMH+ [Scoring], 1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance: N/A | Medicaid performance (2019): N/A |

Plan All-Cause Readmission

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2019: Added observation stays to inpatient admissions. Revised direct transfers to include observation stays. Added steps to remove hospitalizations for outlier members and report a count of outlier members. MY 2018: Removed planned admissions from the numerator. | |
| Alignment with National Measure Sets of Interest | 3 (<i>CMS Adult Core Set, CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 0 | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019):* 0.47 | Medicaid performance (2019 - CMS):* 1.10 (benchmark unavailable) |

*Performance for this measure is displayed as an observed-to-expected ratio of readmissions. A lower rate indicates higher performance.

Annual Monitoring for Patients on Persistent Medications

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2019: Retired the measure because of consistently high performance with little variation across health plans. Measure lost NQF endorsement in June 2018. NCQA no longer wished to maintain the measure because it became outdated. | |
| Alignment with National Measure Sets of Interest | 0 | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Reporting Only]) | |
| Addresses State Health Priorities/Needs? | Yes - this measure addresses medication for cardiovascular conditions. 30 percent of CT residents in 2018 had high blood pressure/hypertension according to DataHaven. | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2019 - CMS): 86.8% |

Breast Cancer Screening

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2017: Added digital breast tomosynthesis as a method for meeting numerator criteria. | |
| Alignment with National Measure Sets of Interest | 6 (CMS eCQM, CMS Medicaid Adult Core Set, CMS MSSP/Next Gen ACO, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS) | |
| Use by Connecticut Payers | 3 (DSS PCMH+ [Reporting Only], 2 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): 77.6% | Medicaid performance (2019 - CMS): 60.5% |

Cervical Cancer Screening

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2019: Updated screening methods to include primary high-risk HPV testing to count for numerator compliance. | |
| Alignment with National Measure Sets of Interest | <i>5 (CMS eCQM, CMS Medicaid Adult Core Set, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS)</i> | |
| Use by Connecticut Payers | 2 (DSS PCMH+ [Reporting Only], 1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): 81.8% | Medicaid performance (2019 - CMS): 66.4% |

Chlamydia Screening

| | | | |
|---|--|---|--------------------------|
| Summary of Major Specification Changes | None | | |
| Alignment with National Measure Sets of Interest | 6 (CMS eCQM, CMS Medicaid Adult Core Set, CMS Medicaid Child Core Set, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS) | | |
| Use by Connecticut Payers | 3 (DSS PCMH+ [Reporting Only], 2 of 2 commercial insurers) | | |
| Addresses State Health Priorities/Needs? | No | | |
| Opportunity for Improvement | Commercial performance (2019): 66.2% | Medicaid performance (2019 - CMS): Ages 16-20: 62.2% | Ages 21-24: 73.3% |

Colorectal Cancer Screening

| | | |
|---|---|--|
| Summary of Major Specification Changes | None | |
| Alignment with National Measure Sets of Interest | <i>5 (CMS eCQM, CMS MSSP/Next Gen ACO, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS)</i> | |
| Use by Connecticut Payers | 1 (1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): 72.8% | Medicaid performance (2019): N/A |

Immunizations for Adolescents

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|---|---|--|--|
| Summary of Major Specification Changes | MY 2017: Added a two-dose HPV vaccination series. | | |
| Alignment with National Measure Sets of Interest | <i>4 (CMS Medicaid Child Core Set, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS)</i> | | |
| Use by Connecticut Payers | 1 (1 of 2 commercial insurers) | | |
| Addresses State Health Priorities/Needs? | No | | |
| Opportunity for Improvement | Commercial performance (2019): Combo 1: 83.9% | | Medicaid performance (2019 - CMS): Combo 1: 87.8% |

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2020: Removed the exclusion of member-reported biometric values. MY 2018: Change in ICD-10 coding no longer allowed BMI to be billed for people of normal weight (only impacts administrative-reporting method). | |
| Alignment with National Measure Sets of Interest | 5 (<i>CMS eCQM, CMS Medicaid Child Core Set, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 1 (1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | Yes - the 2019 CT State Health Assessment and Healthy CT 2025 Framework includes percentage of children who are obese as a key impact measure. 17% of children 5-17 years are obese and 15% are overweight. | |
| Opportunity for Improvement | Commercial performance (2019): 78.0% | Medicaid performance (2019 - CMS): 81.6% |

BMI Screening and Follow-Up

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| Summary of Major Specification Changes | MY 2018: Revised numerator to specify that a patient with BMI documented in the previous 12 months (used to be six months) meets the criteria. Measure lost NQF endorsement in January 2020 because CMS and Mathematica decided to not pursue NQF re-endorsement of this measure. | |
| Alignment with National Measure Sets of Interest | 3 (CMS eCQM, CMS MIPS, CMS Core Quality Measures Collaborative) | |
| Use by Connecticut Payers | 1 (1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2019): N/A |

Developmental Screening in the First Three Years of Life

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|---|--|--|-------------------|
| Summary of Major Specification Changes | MY 2021: Updated the list of recommended tools to align with the Bright Futures Recommendations for Preventive Care, which reference an updated January 2020 American Academy of Pediatrics (AAP) statement. Measure lost NQF endorsement in May 2017 because measure steward did not have sufficient funding to submit the required documentation. | | |
| Alignment with National Measure Sets of Interest | 2 (<i>CMS Medicaid Child Core Set, CMS Core Quality Measures Collaborative</i>) | | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Scoring]) | | |
| Addresses State Health Priorities/Needs? | No | | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2019): DSS: 68.0% | CMS: 61.3% |

Well-Child Visits in the First 15 Months of Life

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|---|---|---|-------------------|
| Summary of Major Specification Changes | MY 2020: Replaced this measure with "Well-Child Visits in the First 30 Months of Life." | | |
| Alignment with National Measure Sets of Interest | 1 (<i>CMS Medicaid Child Core Set – adopted the new measure</i>) | | |
| Use by Connecticut Payers | 1 (1 of 2 commercial insurers) | | |
| Addresses State Health Priorities/Needs? | No | | |
| Opportunity for Improvement | Commercial performance (2019): 86.5% | Medicaid performance (2019): DSS: 78.6% | CMS: 87.2% |

Adolescent Well-Care Visits

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|---|--|--|-------------------|
| Summary of Major Specification Changes | MY 2020: Combined this measure with "Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life" to make "Child and Adolescent Well-Care Visits." | | |
| Alignment with National Measure Sets of Interest | 1 (<i>CMS Medicaid Child Core Set – adopted the new measure</i>) | | |
| Use by Connecticut Payers | 2 (DSS PCMH+ [Scoring], 1 of 2 commercial insurers) | | |
| Addresses State Health Priorities/Needs? | No | | |
| Opportunity for Improvement | Commercial performance (2019): 71.1% | Medicaid performance (2019): DSS: 73.4 | CMS: 69.5% |

Tobacco Use: Screening and Cessation Intervention

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2018: Revised measure to include three rates. | |
| Alignment with National Measure Sets of Interest | <i>4 (CMS eCQM, CMS MSSP/Next Gen ACO, CMS MIPS, CMS Core Quality Measures Collaborative)</i> | |
| Use by Connecticut Payers | 0 | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2019): N/A |

Prenatal & Postpartum Care

| | | | |
|---|---|---|--------------------------|
| Summary of Major Specification Changes | Added telehealth to the Prenatal rate and visits before enrollment. Revised the timing of the event/ diagnosis criteria and Postpartum numerator. Measure lost NQF endorsement in October 2016 because of concerns around timing of the measure (which has been updated), validity issues and potential for unintended consequences. | | |
| Alignment with National Measure Sets of Interest | 3 (<i>CMS Medicaid Adult Core Set (Postpartum), CMS Medicaid Child Core Set (Prenatal), NCQA HEDIS</i>) | | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Challenge]) | | |
| Addresses State Health Priorities/Needs? | Yes - America's Health Rankings ranks CT 25 out of 50 states on low-birthweight racial gap. | | |
| Opportunity for Improvement | Commercial performance (2019): Postpartum Care: 85.7% Timeliness of Prenatal Care: 89.0% | Medicaid performance (2019): DSS | |
| | | CMS | |
| | | Postpartum: 58.1% | Postpartum: 68.2% |
| | | Prenatal: 75.0% | Prenatal: 86.8% |

Screening for Clinical Depression and Follow-Up Plan

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2020: Revised the numerator to also include patients screening for depression up to 14 days prior to the date of the encounter (used to only include screens performed on the date of the encounter). Measure lost NQF endorsement in September 2020 because CMS did not seek re-endorsement due to resource priorities. | |
| Alignment with National Measure Sets of Interest | <i>6 (CMS eCQM, CMS Medicaid Adult Core Set, CMS Medicaid Child Core Set, CMS MSSP/Next Gen ACO, CMS MIPS, CMS Core Quality Measures Collaborative)</i> | |
| Use by Connecticut Payers | 1 (1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | Yes - the 2019 CT State Health Assessment and Healthy CT 2025 Framework includes suicide rate as a surveillance measure. | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2019): N/A |

Behavioral health screening (pediatric, Medicaid-only, custom measure)

| | | |
|---|--|--|
| Summary of Major Specification Changes | None | |
| Alignment with National Measure Sets of Interest | 0 | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Challenge]) | |
| Addresses State Health Priorities/Needs? | Yes - the 2019 CT State Health Assessment and Healthy CT 2025 Framework includes suicide rate and drug overdose deaths as two surveillance measures. | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2017 - DSS): 45.9% (benchmark unavailable) |

Medication Management for People with Asthma

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2020: Retired the measure because there are new recommendations for controller combination therapy and recent evidence suggests the measure is not coordinated with improved outcomes. Measure lost NQF endorsement in August 2016 due to concerns around the 50% and 75% thresholds and the ability of the measure to track outcomes. | |
| Alignment with National Measure Sets of Interest | 1 (CMS MIPS) | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Scoring]) | |
| Addresses State Health Priorities/Needs? | Yes - America's Health Rankings ranks CT as 41 out of 50 states on this indicator as 10.5% of adults have asthma. According to DataHaven, 15% of individuals had asthma in 2018. | |
| Opportunity for Improvement | Commercial performance (2019): 58.5% | Medicaid performance (2019 - DSS): 43.7% |

Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2020: Removed the restriction that only one of two eligible visits can be via telehealth. MY 2018: Added telehealth. | |
| Alignment with National Measure Sets of Interest | 6 (<i>CMS eCQM, CMS Medicaid Adult Core Set, CMS MSSP/Next Gen ACO, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 0 | |
| Addresses State Health Priorities/Needs? | Yes - 10 percent of CT residents in 2018 had diabetes according to DataHaven. | |
| Opportunity for Improvement | Commercial performance (2019): 27.0% | Medicaid performance (2019 - CMS): 36.9% |

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

| | | | |
|---|--|---|-------------------|
| Summary of Major Specification Changes | MY 2020: Removed the restriction that only one of two eligible visits can be via telehealth. MY 2018: Added telehealth. | | |
| Alignment with National Measure Sets of Interest | 2 (<i>CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | | |
| Use by Connecticut Payers | 3 (DSS PCMH+ [Scoring], 2 of 2 commercial insurers) | | |
| Addresses State Health Priorities/Needs? | Yes - 10 percent of CT residents in 2018 had diabetes according to DataHaven. | | |
| Opportunity for Improvement | Commercial performance (2019): 92.2% | Medicaid performance (2019): DSS: 89.2% | CMS: 87.0% |

Comprehensive Diabetes Care: Eye Exam

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2020: Removed the restriction that only one of two eligible visits can be via telehealth. MY 2018: Added telehealth. | |
| Alignment with National Measure Sets of Interest | 4 (<i>CMS eCQM, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 3 (DSS PCMH+ [Reporting Only], 2 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | Yes - 10 percent of CT residents in 2018 had diabetes according to DataHaven. | |
| Opportunity for Improvement | Commercial performance (2019): 65.7% | Medicaid performance (2019): N/A |

Comprehensive Diabetes Care: Medical Attention for Nephropathy

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2020: Replaced the measure with "Kidney Health Evaluation for Patients with Diabetes" because the measure is not precise enough to meet the needs of kidney health evaluation as an aspect of diabetes management. | |
| Alignment with National Measure Sets of Interest | 3 (CMS eCQM, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS) <i>Of note – NCQA includes the newer HEDIS measure</i> | |
| Use by Connecticut Payers | 2 (DSS PCMH+ [Reporting Only], 1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | Yes - 10 percent of CT residents in 2018 had diabetes according to DataHaven. | |
| Opportunity for Improvement | Commercial performance (2019): 88.4% | Medicaid performance (2019): N/A |

Controlling High Blood Pressure

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2020: Revised the time frame to identify a diagnosis of hypertension. Eased telehealth requirements. Removed the requirements for remote monitoring devices and the exclusion of member-reported BP readings. MY 2018: Incorporated telehealth. Removed the requirement to confirm hypertension and the diabetes indicator. | |
| Alignment with National Measure Sets of Interest | 6 (<i>CMS eCQM, CMS Medicaid Adult Core Set, CMS MSSP/Next Gen ACO, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 2 (2 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | Yes - this measure addresses medication for cardiovascular conditions. 30 percent of CT residents in 2018 had high blood pressure/hypertension. | |
| Opportunity for Improvement | Commercial performance (2019): 61.1% | Medicaid performance (2019 - CMS): 60.3% |

Use of Imaging Studies for Low Back Pain

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2017: Added telehealth. Measure lost NQF endorsement in May 2017 because NQF said the measure did not pass the validity criterion (patients with trauma/ neurological impairment were sometimes excluded from the measure when using claims data). | |
| Alignment with National Measure Sets of Interest | 2 (<i>CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Reporting Only]) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): 75.7% | Medicaid performance (2019): N/A |

Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (*previously Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*)

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2019: Expanded the age range to members 3 months of age and older. Changed the measure from a member-based denominator to an episode-based denominator. Revised the Negative Competing Diagnosis time frame. Deleted cystic fibrosis from the Negative Comorbid Condition History test. MY 2018: Added telehealth. | |
| Alignment with National Measure Sets of Interest | 3 (CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS) | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Scoring]) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): 34.1% | Medicaid performance (2017): 30.8% |

Appropriate Treatment for Upper Respiratory Infection (previously Appropriate Treatment for Children with Upper Respiratory Infection)

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2019: Expanded the age range to members 3 months of age and older (previously ended at age 18). Changed the measure from a member-based denominator to an episode-based denominator. Removed the anchor date requirements. Removed the requirement to exclude episode dates where there was a diagnosis other than URI on the same data. Added the Negative Comorbid Condition History exclusion. Added telehealth. | |
| Alignment with National Measure Sets of Interest | 4 (CMS eCQM, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS) | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Reporting Only]) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): 80.6% | Medicaid performance (2019): N/A |

Follow-Up Care for Children Prescribed ADHD Medication

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2020: Added telehealth to the numerator for both rates. | |
| Alignment with National Measure Sets of Interest | 5 (<i>CMS eCQM, CMS Medicaid Child Core Set, CMS MIPS, CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 2 (DSS PCMH+ [Reporting Only], 1 of 2 commercial insurers) | |
| Addresses State Health Priorities/Needs? | No | |
| Opportunity for Improvement | Commercial performance (2019): Continuation & Maintenance: 51.3% Initiation: 43.7% | Medicaid performance (2019 - CMS): 44.4% |

Metabolic Monitoring for Children and Adolescents on Antipsychotics

| | | |
|---|--|--|
| Summary of Major Specification Changes | None | |
| Alignment with National Measure Sets of Interest | 3 (<i>CMS Medicaid Child Core Set, CMS Core Quality Measures Collaborative, NCQA HEDIS</i>) | |
| Use by Connecticut Payers | 1 (DSS PCMH+ [Challenge]) | |
| Addresses State Health Priorities/Needs? | Yes - the 2019 CT State Health Assessment and Healthy CT 2025 Framework includes suicide rate as a surveillance measure. | |
| Opportunity for Improvement | Commercial performance (2019): 37.5% | Medicaid performance (2019 - DSS): 40.4% |

Depression Remission at Twelve Months

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2019: Revised the age range to include adolescent patients 12-17 years (used to only be 18+). Revised the time frame to look at remission 12 months (+/- 60 days) after an index event (was +/- 30 days). Included patients with schizophrenia, psychotic disorder or pervasive developmental disorder to the exclusions. Included the PHQ-9M. MY 2018: Added telehealth. | |
| Alignment with National Measure Sets of Interest | 3 (CMS eCQM, CMS MSSP/Next Gen ACO, CMS MIPS) | |
| Use by Connecticut Payers | 0 | |
| Addresses State Health Priorities/Needs? | Yes - the 2019 CT State Health Assessment and Healthy CT 2025 Framework includes suicide rate as a surveillance measure. | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2019): N/A |

Depression Response at Twelve Months - Progress Towards Remission

| | | |
|---|---|--|
| Summary of Major Specification Changes | MY 2019: Revised the age range to include adolescent patients 12-17 years (used to only be 18+). Revised the time frame to look at remission 12 months (+/- 60 days) after an index event (was +/- 30 days). Included patients with schizophrenia, psychotic disorder or pervasive developmental disorder to the exclusions. Included the PHQ-9M. MY 2018: Added telehealth. | |
| Alignment with National Measure Sets of Interest | 1 (<i>CMS Core Quality Measures Collaborative</i>) | |
| Use by Connecticut Payers | 0 | |
| Addresses State Health Priorities/Needs? | Yes - the 2019 CT State Health Assessment and Healthy CT 2025 Framework includes suicide rate as a surveillance measure. | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2019): N/A |

Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment

| | | |
|---|--|--|
| Summary of Major Specification Changes | MY 2018: Added telehealth. | |
| Alignment with National Measure Sets of Interest | 2 (CMS eCQM, CMS MIPS) | |
| Use by Connecticut Payers | 0 | |
| Addresses State Health Priorities/Needs? | Yes - the 2019 CT State Health Assessment and Healthy CT 2025 Framework includes suicide rate and high school students who experienced sexual violence as surveillance measures. | |
| Opportunity for Improvement | Commercial performance (2019): N/A | Medicaid performance (2017): N/A |

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps



- 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



- Begin the final review of the Core Measure Set, which includes scoring the measures against the Quality Council's criteria, to identify whether any changes should be made