# Quality Council
# June 17, 2021

# Agenda

| Time | Topic |
| --- | --- |
| 4:00 p.m. | Call to Order |
| 4:05 p.m. | Public Comment |
| 4:15 p.m. | Approval of May 20, 2021 Meeting Minutes |
| 4:20 p.m. | Finalize Recommendations for 2022 Core Measure Set |
| 4:55 p.m. | Break |
| 5:00 p.m. | Continue Discussion of Quality Benchmarks |
| 5:55 p.m. | Wrap-up & Next Steps |
| 6:00 p.m. | Adjourn |

# Call to Order

# Public Comment

# Approval of May 20, 2021 Meeting Minutes

# Finalize Recommendations for 2022 Core Measure Set

# Recap of the May 20, 2021 Meeting

- The Council **continued its review of the Core Measure Set**, making the following recommendations:
  - **Add (3)**: Substance Use Assessment in Primary Care, Concurrent Use of Opioids and Benzodiazepines, Use of Pharmacotherapy for Opioid Use Disorder
- The Council expressed interest in adopting two measures – one focused on **social determinants of health (SDOH) screening** and one on **stratifying measures by race, ethnicity, language and disability status (RELD)**.
  - It was requested that Bailit Health bring forth a proposal for both measure areas for the Council to consider during this June meeting.

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# SDOH Screening Measure Proposal

- The only SDOH screening measures available today have been homegrown by state agencies (MA, NC, RI).
- *However,* NCQA is currently developing two measures – one focused on SDOH screening and another on referrals to community services after a positive screen.
  - NCQA expects to release specifications for public comment in early 2022 before implementing the measures in 2023.
- Given that a validated, nationally-endorsed measure will be available soon, Bailit Health recommends delaying adoption of an SDOH screening meausre until the 2022 annual review.

# RELD Measure Proposal

- The Council expressed interest in adding a measure that stratifies performance for select Core Measure Set measure(s) by race, ethnicity, language and/or disability status (RELD).
  - This entails creating a “measure of measures.”

- To do so, Council members must answer the following questions:

1. Which Core Measure Set measure(s) should payers and advanced networks (ANs) stratify by RELD?
2. What is the data source for this measure?

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# RELD Measure Proposal - Which Measures to Stratify?

- NCQA is also requiring plans to stratify performance for ten HEDIS measures that have evidence of disparities in performance by race and ethnicity beginning in 2022.
- Bailit Health recommends that the RELD measure focus on stratifying performance for five measures from NCQA's list that are also in the Core Measure Set:
  - Controlling High Blood Pressure
  - Comprehensive Diabetes Care: Eye Exam
  - Prenatal and Postpartum Care
  - Well-Child Visits in the First 30 Months of Life
  - Child and Adolescent Well-Care Visits
- Which measures the Council recommends stratifying depends on a key question – **should plans or ANs be responsible for generating measure performance stratified by RELD**?

# RELD Measure Proposal – Which Data Source?

| Entity | Advantages | Disadvantages |
|---|---|---|
| **ANs** | • Easier and timelier for ANs to report data<br>• Data may be "good enough" as primary focus is on ANs developing capacity to report stratified performance<br>• ANs are more likely to have accurate patient-reported data<br>• Uses the same data source for measure performance and RELD data | • May not be entirely accurate, as ANs do not have access to claims data<br>• Can only report performance for patients seen vs. all patients |
| **Plans** | • Would be representative of actual performance since plans can access both claims and clinical data<br>• Total performance would align with sources like NCQA | • Takes more time to calculate and report performance due to claims lag<br>• Could be challenging to identify the "source of truth" if there are differing RELD data between plans and ANs |

# RELD Measure Proposal (Cont'd)

- MA and RI are also developing a RELD measure.  Both states are using clinical and RELD data from provider organizations and are primarily stratifying performance for the measures from NCQA.

| MA Measures | RI Measures |
|---|---|
| • **Child and Adolescent Well-Care Visits**<br>• Comprehensive Diabetes Care: HbA1c Poor Control<br>• **Controlling High Blood Pressure**<br>• Screening for Depression and Follow-up Plan | • Comprehensive Diabetes Care: HbA1c Control<br>• **Comprehensive Diabetes Care: Eye Exam**<br>• **Controlling High Blood Pressure**<br>• **Developmental Screening in the First Three Years** |

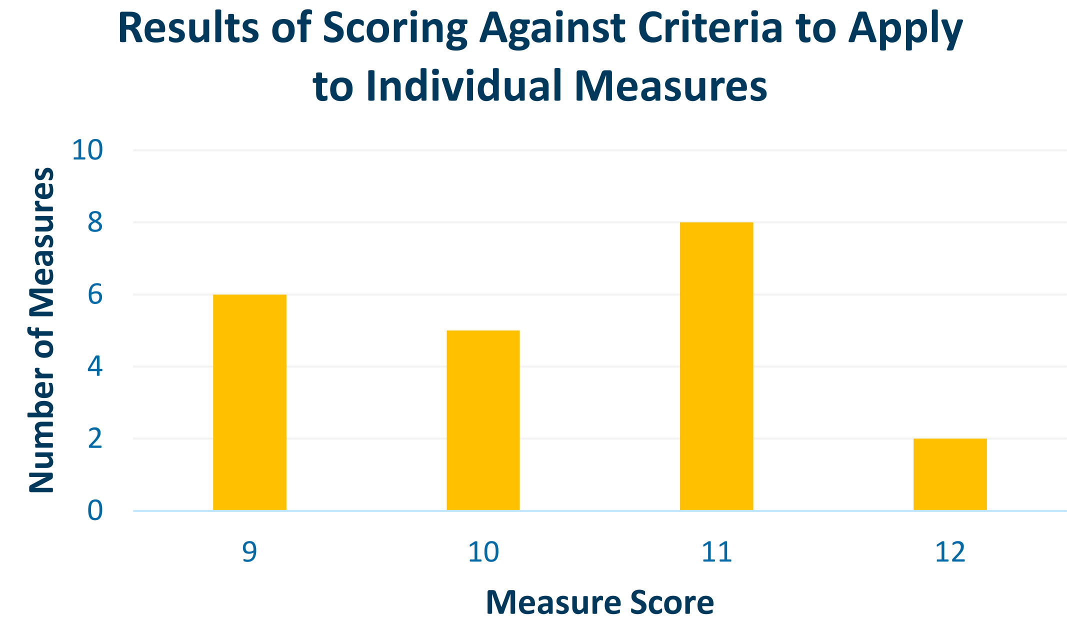
- Based on this information,
  1. **What data source do you recommend using?**
  2. **For which measure(s) do you recommend stratifying performance?**

# Scoring Core Measure Set Measures

- In preparation for this meeting, Bailit Health scored the Core Measure Set against the Council's measure selection criteria.
- Bailit Health created scoring guidelines to evaluate how each measure fared against the criteria to apply to individual measures.
  - Each measure could receive "yes" (2 points), "somewhat" (1 point), or "no" (0 points) for each criterion. The maximum score for each measure is 14 points (7 criteria x 2 points each).
  - The scoring guidelines were provided as a reference material for today's meeting. Individual measure scores can be found in the Buying Value Excel tool distributed with the meeting materials.

# Results of Scoring against Criteria to Apply to Individual Measures

- Overall, measures scored well against the measure selection criteria.
  - All measures received between 9-12 points.
  - We did not score the two Medicaid-only measures.

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# Results of Scoring against Criteria to Apply to Individual Measures (Cont'd)

| Lowest Scoring Measures (9 points) | Reason for Score |
|---|---|
| CAHPS PCMH Survey | • No performance data to assess opportunity for improvement<br>• Uses survey data only and therefore more burdensome to implement |
| Cervical Cancer Screening | • Doesn't address any statewide health priorities |
| Developmental Screening in the First Three Years of Life | • Doesn't address any statewide health priorities |
| Comprehensive Diabetes Care: Eye Exam | • Limited opportunity for improvement, as commercial performance is above the national 90$^{th}$ percentile |
| Kidney Health Evaluation for Patients with Kidney Disease | • No performance data to assess opportunity for improvement |
| Substance Use Assessment in Primary Care | • No performance data to assess opportunity for improvement<br>• Measure is homegrown |
| Use of Pharmacotherapy for Opioid Use Disorder | • No performance data to assess opportunity for improvement<br>• Likely to have small denominators when used with some ANs |

# Results of Scoring against Criteria to Apply to the Measure Set as a Whole

- Bailit Health also applied scoring guidelines to help evaluate how the Core Measure Set fared against those criteria that apply to the measure set as a whole.
- Overall, the Core Measure Set met four of the five criteria that we could score.
- It did not meet criterion #3 (prioritizes health outcomes).
  - We did not score criterion #2 (broadly addresses population health) because we could not distinguish it from criterion #6 (representative of services provided and patients served).

# Results of Scoring against Criteria to Apply to the Measure Set as a Whole (Cont'd)

| Criterion | Assessment | Rationale |
|---|---|---|
| 1. …measures… promote health equity by race, ethnicity, language and/or disability status. | Yes | Includes at least one health equity-focused measure |
| 2. Broadly addresses population health. | Did not score | Could not distinguish from criterion #6 |
| 3. Prioritizes health outcomes… | No | Only 15% of measures are outcome or patient experience measures |
| 4. …significantly advance[s] the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care. | Yes | 100% of measures have evidence that demonstrates that the measure focus correlates with improved patient health and 84% of measures are valid and reliable |
| 5. Balances comprehensiveness and breadth with the need for parsimony… | Yes | Measure set includes 27 measures |
| 6. Representative of the array of services provided, and the diversity of patients served, by the program. | Yes | Measure set addresses a) preventive care, chronic illness care and behavioral health care, b) care for children, adolescents, adults, men and women, and c) identified statewide health priorities |

# Final Questions

- The Quality Council must now answer two remaining questions:
  1. **Are there any changes the Council recommends based on the scoring results?**
  2. **Does the Council recommend adopting a true core set of measures, i.e., measures that are recommended for use by *all* payers in *all* Advanced Network contracts?**

# Continue Discussion of Quality Benchmarks

# Recap of the May 20, 2021 Meeting

- The Council began to discuss the Quality Benchmarks.  According to Executive Order #5, the Benchmarks:
  - shall ensure the **maintenance and improvement of healthcare quality**;
  - shall be applied across all **public and private payers**;
  - may include **clinical quality, over- and under-utilization** and **patient safety measures**, and
  - shall become effective on **January 1, 2022**.

# Recap of the May 20, 2021 Meeting

## How does the use of Quality Benchmarks and Core Measure differ?

- Quality Benchmarks can comprise of two types of measures:
  - **health status measures**, which quantify certain population-level characteristics of CT residents (e.g., statewide obesity rate, opioid-related overdose deaths) and are assessed at the state level
  - **healthcare measures**, which quantify performance on healthcare processes or outcomes and are assessed at the state, market, insurer and provider levels (e.g., Core Measure Set measures)
- OHS will set **one statewide target for each Quality Benchmark for 2025**, as well as **interim annual targets**.
  - In contrast, payers and ANs are responsible for setting contractual targets for Core Measure Set measures.

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# Recap of the May 20, 2021 Meeting (Cont'd)

- The Council made the following initial recommendations:
  - Include both *health status* measures (to be applied at the state and market levels) and *healthcare* measures (to be applied at the state, market, insurer and provider levels).
  - Include measures focused on access to care, behavioral health (including tobacco), care coordination, obesity, oral health, patient experience, patient safety and SDOH/health equity.
    - **Does the Council wish to focus on inpatient-related patient safety measures, or outpatient-related patient safety measures? Most measures apply to the latter.**

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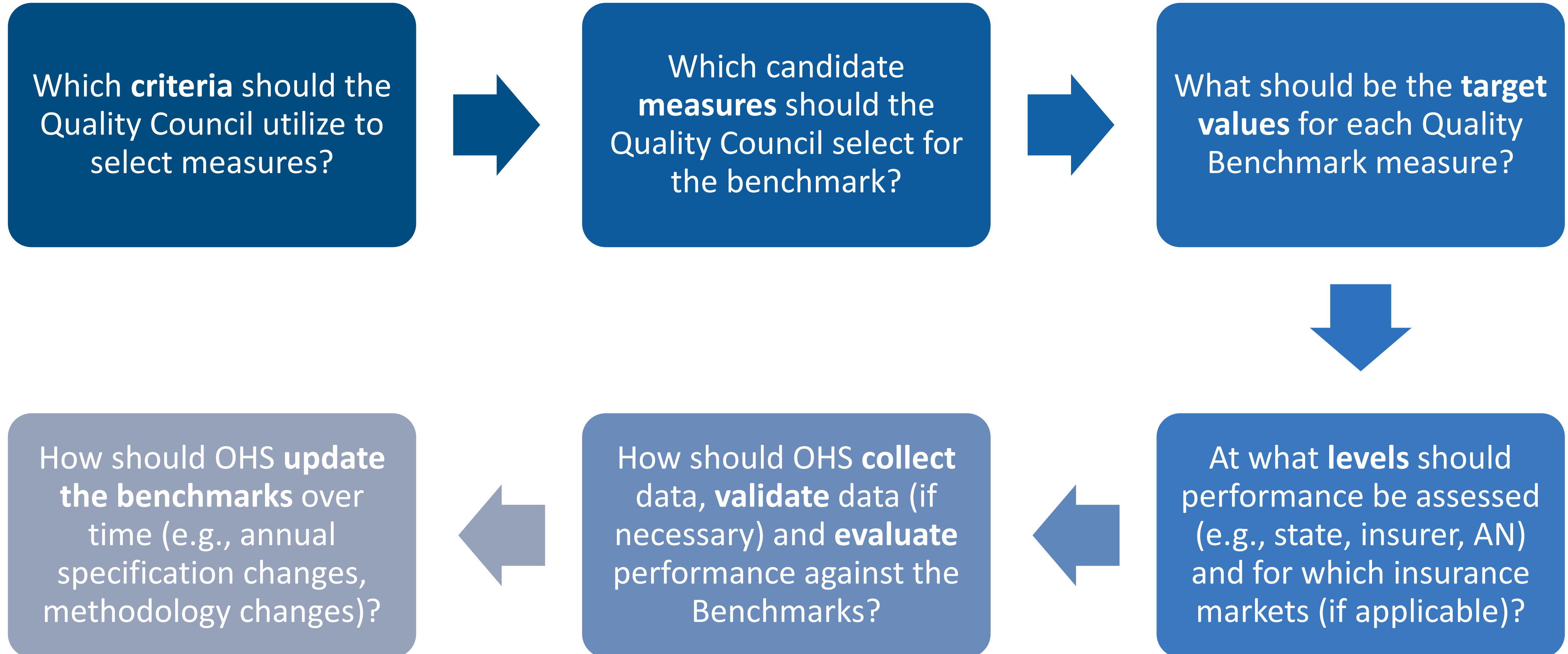
# Roadmap of Quality Benchmark Questions to Consider

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# Proposed Guiding Principles

- The Council did not express any preference for which guiding principles to use to aid selection of measures for the Quality Benchmarks.

- Therefore, Bailit Health developed the following guiding principles for the Council to consider.
  - The proposed principles are informed by the measure selection criteria for the Core Measure Set.

# Proposed Guiding Principles (Cont'd)

1. Addresses the most significant health needs of CT residents, with attention to the following areas of special priority: behavioral health, health equity, patient safety and care experience.
2. 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, and other important demographic and cultural characteristics.
3. Represents an opportunity for improvement in quality of care or the health status of the population.
4. Draws from the Core Measure Set whenever possible.
5. Associated performance data are produced annually and are published no later than two years after the end of the performance period.

# Discussion of Which Measures to Select for the Quality Benchmarks

- We will now begin our discussion of which measures to select for the Quality Benchmarks. **For each focus area, the Council will first consider health status measures before reviewing healthcare measures**.

- For ***health status measures***, we researched measures using the following sources:
  - Behavioral Risk Factor Surveillance System
  - Centers for Disease Control and Prevention
  - CDC Wonder — Multiple Cause of Death
  - Youth Risk Behavior Survey
  - Agency for Healthcare Research and Quality National Healthcare Quality and Disparities Report

- For ***healthcare measures***, we defaulted to presenting Core Measure Set measures whenever available. If there were no Core Measure Set measures on the topic, we looked for other measures.

# Access to Care – Health Status Measures

| Measure Name | Steward | Measure Type | Data Source | Population | Opp. for Improvement |
|---|---|---|---|---|---|
| Adults who had an appt. for routine health care in the last 6 months who sometimes or never got appts. for routine care as soon as wanted, Medicaid | AHRQ | Patient Experience (CAHPS) | Survey | Adult | Yes, due to high absolute rate<br>• CT rate: 20.1%<br>• National rate: 21.2% |

AHRQ: Agency for Healthcare Research and Quality

CAHPS: Consumer Assessment of Healthcare Providers and Systems

# Access to Care – Healthcare Measures

- Unfortunately, the only access-focused healthcare measure we could find does not have any meaningful opportunity for improvement.

- For reference, we considered the "Adults' Access to Preventive/ Ambulatory Health Services" measure from NCQA. Current CT and national performance is above 90 percent.

# Behavioral Health – Health Status Measures

| Measure Name | Steward | Measure Type | Data Source | Population | Opp. for Improvement |
|---|---|---|---|---|---|
| Alcohol use disorder in the past year | SAMHSA | Other | Survey | Adults | Yes, as CT rate > national rate<br>• CT rate: 6.60%<br>• National rate: 5.71% |
| Substance use disorder in the past year | SAMHSA | Other | Survey | Adults | Yes, as CT rate > national rate<br>• CT rate: 8.43%<br>• National rate: 7.74% |
| Tobacco product use in the past month | SAMHSA | Other | Survey | Adolescent and Adults | Yes, due to the high absolute rate<br>• CT rate: 20.27%<br>• National rate: 23.01% |
| Drug overdose deaths involving any opioids per 100,000 resident population per year | CDC Wonder | Outcome | Claims | All ages | Yes, as CT rate > national rate<br>• CT rate: 31.7<br>• National rate: 15.3 |

SAMHSA: Substance Abuse and Mental Health Services Administration

# Behavioral Health – Health Status Measures (Cont'd)

| Measure Name | Steward | Measure Type | Data Source | Population | Opp. for Improvement |
|---|---|---|---|---|---|
| High School Students Who Seriously Considered Attempting Suicide | YRBS | Other | Survey | Adolescent | Yes, due to the high absolute rate<br>• CT rate: 5.52%<br>• National rate: 5.83% |

YRBS: Youth Risk Behavior Surveillance System

# Behavioral Health – Healthcare Measures

| NQF # / Status | Measure Name | Steward | Measure Type | Data Source | Population | In Core Measure Set? | Opp. for Improvement |
|---|---|---|---|---|---|---|---|
| 0576 (Endorsed) | Follow-Up After Hospitalization for Mental Illness | NCQA | Process | Claims | Adult and Pediatric | Yes | Yes, due to low absolute rate<br>• CT: 56.32%<br>• National 90th: 55.43% |
| 3489 (Endorsed) | Follow-Up After ED Visit for Mental Illness | NCQA | Process | Claims | Adult and Pediatric | Yes | Yes, due to low absolute rate<br>• CT: 56.32%<br>• National 90th: 55.43% |
| 2800 (Endorsed) | Metabolic Monitoring for Children and Adolescents on Antipsychotics | NCQA | Process | Claims | Pediatric | Yes | Yes, as CT < national 75th<br>• CT: 37.45%<br>• National 75th: 40.95% |

# Care Coordination – Health Status Measures

- Unfortunately, there are currently no good health status measures focused on care coordination.

# Care Coordination – Healthcare Measures

- There are also currently no healthcare measures focused on care coordination for which we have data on current performance in CT. Therefore, we would be unable to set target values for the measures.

- The available measures we considered, for reference, include:
  - Closing the Referral Loop: Receipt of Specialist Report
  - Client Perception of Coordination Questionnaire
  - Care Coordination Quality Measures for Primary Care
  - Family Experiences with Coordination of Care

# Obesity – Health Status Measures

| Measure Name | Steward | Measure Type | Data Source | Population | Opp. for Improvement |
|---|---|---|---|---|---|
| Weight classification by Body Mass Index (BMI) | BRFSS | Other | Survey | Adult | Yes, due to high absolute rate<br>• CT obesity: 29.1%<br>• National: 32.1%<br>• CT overweight: 36.6%<br>• National: 34.6% |
| Consumed vegetables less than one time per day | BRFSS | Other | Survey | Adult | Yes, due to high absolute rate<br>• CT rate: 19.6%<br>• National rate: 20.3% |
| High school students who did not eat vegetables during the 7 days before the survey | YRBS | Other | Survey | Adolescent | Yes, as CT rate > national rate<br>• CT rate: 8.6%<br>• National rate: 7.9% |

BRFSS: Behavioral Risk Factor Surveillance System
YRBS: Youth Risk Behavior Surveillance System

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# Obesity – Health Status Measures (Cont'd)

| Measure Name | Steward | Measure Type | Data Source | Population | Opp. for Improvement |
|---|---|---|---|---|---|
| Consumed fruit less than one time per day | BRFSS | Other | Survey | Adult | Yes, due to high absolute rate<br>• CT rate: 33.9%<br>• National rate: 39.3% |
| High school students who did not eat fruit or drink 100% fruit juices during the 7 days before the survey | YRBS | Other | Survey | Adolescent | Yes, as CT rate > national rate<br>• CT rate: 7.1%<br>• National rate: 6.3% |

BRFSS: Behavioral Risk Factor Surveillance System
YRBS: Youth Risk Behavior Surveillance System

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# Obesity – Healthcare Measures

- Unfortunately, there are currently no good healthcare measures focused on obesity.
- The existing measures are weak process measures that do not have evidence of impacting obesity.
- The National Quality Forum (NQF) is currently developing new obesity-focused measures. Bailit Health has reached out to NQF to inquire when these measures will be ready.

# Wrap-up & Next Steps

# Meeting Wrap-Up & Next Steps

- Continue discussion of which measures to include in the Quality Benchmarks

- Continue discussion of which measures to include in the Quality Benchmarks
- Begin discussion of which values to set for the Benchmarks

- Continue discussion of which values to set for the Quality Benchmarks