Quality Council
November 18, 2021

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Time	Topic
4:00 p.m.	Call to Order
4:05 p.m.	Public Comment
4:15 p.m.	Approval of October 21, 2021 Meeting Minutes
4:20 p.m.	Follow-up from the October 21, 2021 Meeting
4:35 p.m.	Continue Discussion of Quality Benchmark Values
4:55 p.m.	Break
5:00 p.m.	Finalize Discussion of Quality Benchmark Values
5:30 p.m.	Begin Discussion on Data Collection and Performance Evaluation
5:40 p.m.	Begin Discussion on Updating Benchmarks Over Time
5:55 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

Call to Order

Public Comment

Approval of October 21, 2021 Meeting Minutes

Follow-up from the October 21 Meeting

Quality Benchmark Measures

- During the October Quality Council meeting, OHS proposed a new approach for the Quality Benchmarks that is focused on measuring performance by Advanced Network. It proposed two phases of Quality Benchmark introduction:
  - **Phase 1 (beginning in 2022)**: *Asthma Medication Ratio*, *Child and Adolescent Well-Care Visits*, *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*
  - **Phase 2 (beginning in 2024)**: *Follow-up After ED Visit for Mental Illness (7-day)*, *Follow-up After Hospitalization for Mental Illness (7-day)*, *Obesity Equity Measure*

HbA1c: Hemoglobin A1c (a measure of blood sugar)

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Quality Benchmark Measures (Cont'd)

- OHS proposes making the following changes to that proposal:

1. **Move *Child and Adolescent Well-Care Visits* to Phase 2.**
   - Rationale: 2022 performance data (which hopefully will not be impacted by COVID-19) will not be available until winter 2023.
2. **Remove *Asthma Medication Ratio* from the Quality Benchmarks.**
   - Rationale: The Council recommended reconsidering inclusion of this measure because its inclusion may disincentivize writing prescriptions for multiple inhalers for different care settings.
3. **Move *Follow-up After Hospitalization for Mental Illness* to Phase 1.**
   - Rationale: The number of measures in each phase will be more balanced based on the above changes. OHS surveyed insurance carriers before the meeting and found that *Follow-up After Hospitalization for Mental Illness*, on average, has a larger denominator size than *Follow-up After ED Visit for Mental Illness* at the AN level.

Quality Benchmark Measures (Cont'd)

- Revised Quality Benchmarks (if OHS adopts the proposals on the previous slide):

Phase 1: Beginning for 2022

- Controlling High Blood Pressure
- Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control
- Follow-up After Hospitalization for Mental Illness (7-day)

Phase 2: Beginning for 2024

- Child and Adolescent Well-Care Visits
- Follow-up After ED Visit for Mental Illness (7-day)
- Obesity Equity Measure

Quality Benchmark Values

- During the October Quality Council meeting, OHS proposed setting Benchmark values for the commercial and Medicaid markets. It recommended against setting Benchmark values for the Medicare market given:
  - the market's small population size relative to the commercial and Medicaid markets, and
  - challenges associated with obtaining clinical data for the Medicare FFS population.
- Council members expressed interest in setting Benchmark values for Medicare given the medically complex needs for the population.

FFS: Fee-for-Service

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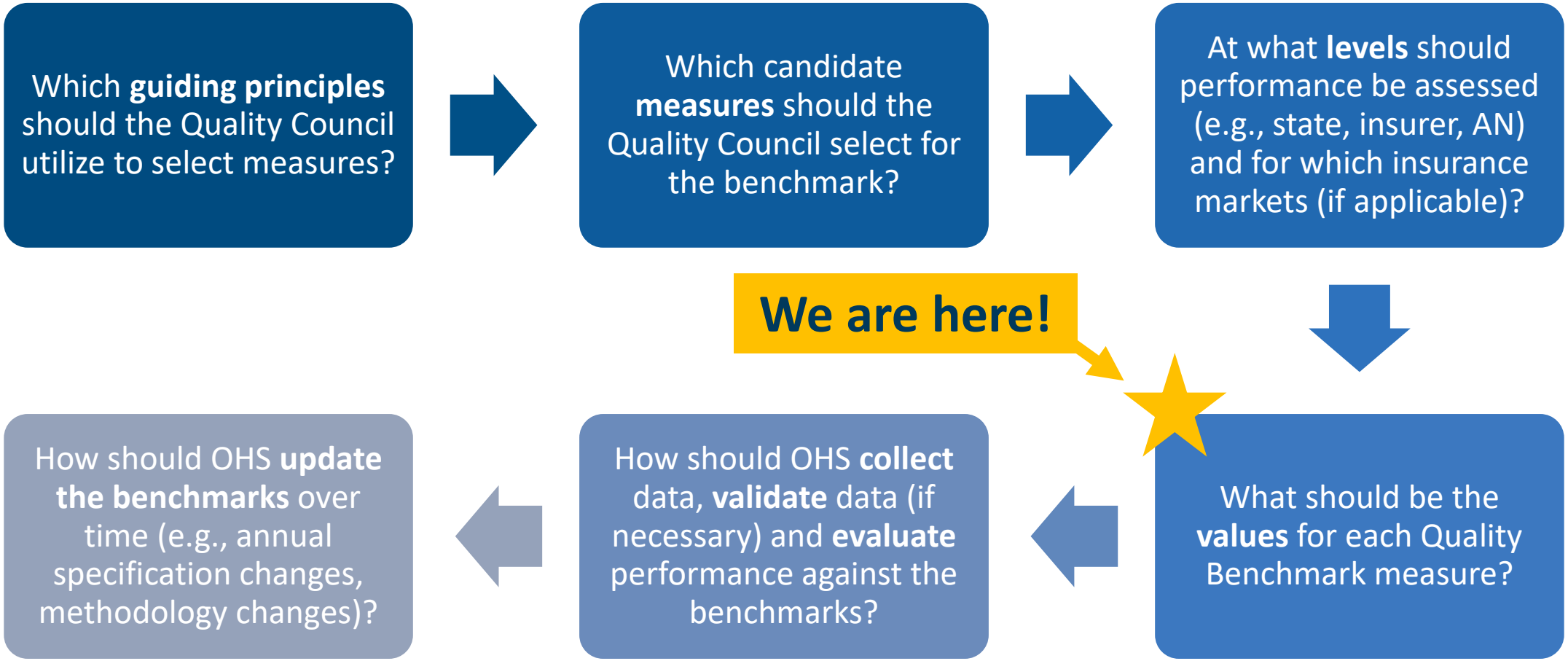
Quality Benchmark Values (Cont'd)

- OHS proposes making the following changes to the markets included in the Quality Benchmarks:

1. **Exclude Benchmarks for the Medicare FFS market.**
   - Rationale: OHS is unable to obtain timely data for this market at the AN level. There is an 18-month day in the availability of claims data from the APCD, and CMS will not provide clinical quality data at the AN level.
2. **Include Benchmarks for the Medicare Advantage market, specifically *Controlling High Blood Pressure* and *Hemoglobin A1c Control: Poor Control (>9.0%).***
   - Rationale: OHS learned that one insurance carrier is using these measures in its Medicare Advantage contracts. OHS believes other carriers are also using these measures in Medicare Advantage contracts because they are used for CMS Medicare Part C Star Ratings.

Resume Discussion of Quality Benchmark Values

Roadmap of Quality Benchmark Questions to Consider



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Recap of the October 21, 2021 Meeting

- At the last meeting, the Quality Council recommended the following benchmarks for the commercial market.

Quality Benchmark Measure	2019 CT Performance	Recommended 2025 Value	Reference Source
Child and Adolescent Well-Care Visits	N/A – revisit in winter 2023 when 2022 data (which hopefully will not be impacted by COVID-19) are available		
Controlling High Blood Pressure	61%	65%	Between the New England 50th and 75th percentiles
HbA1c Control for Patients with Diabetes: HbA1c >9%*	27%	23%	Between the national 75th and 90th percentiles
Follow-up After ED Visit for Mental Illness (7-Day)	60%	71%	New England 75th percentile

*A lower rate indicates higher performance.

Follow-Up After Hospitalization for Mental Illness (7-Day)

Commercial

Description	Steward	Measure Type	Data Source	Population
Percentage of discharges for members 6+ hospitalized for treatment of mental illness or intentional self-harm diagnoses with a follow-up visit with a mental health provider within 7 days after discharge	NCQA	Process	Claims	Adult and Pediatric

- CT performance

2019	56
2018*	54
2017*	55

A higher rate indicates better performance

- NE commercial performance (2019)

NE 25th	47
NE 50th	53
NE 75th	59
NE 90th	64

CT performance is a weighted average of four commercial plans' performance.
NE: New England
*NCQA indicated that trending from 2017-2018 should be considered with caution due to specification changes.

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Medicaid Quality Benchmark Values

- We will now turn our attention to recommending Quality Benchmark values for the Medicaid market.
- Following today's meeting, DSS and its Transparency Council will review the Quality Council's recommendations and provide their feedback to OHS.
- OHS will then finalize the Benchmark values for the Medicaid market.

Medicaid

Child and Adolescent Well-Care Visits

Description	Steward	Measure Type	Data Source	Population
Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner	NCQA	Process	Claims	Pediatric and Adolescent

- NCQA implemented this measure beginning in 2020. Therefore, current CT and national performance data are heavily impacted by COVID-19.
- Similar to the commercial market, the Quality Council will revisit setting Benchmark values for this measure in winter 2023 once 2022 data (which hopefully will not be impacted by COVID-19) are available.

Medicaid

Controlling High Blood Pressure

Description	Steward	Measure Type	Data Source	Population
Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg)	NCQA	Outcome	Claims and Clinical Data	Adult

- CT DSS performance

2019	61
2018	60
2017	62

A higher rate indicates better performance

- Nat'l Medicaid performance (2019)

Nat'l 25th	55
Nat'l 50th	62
Nat'l 75th	68
Nat'l 90h	73

CT DSS performance is a weighted average of HUSKY A/B, C and D performance.
Nat'l: National

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Medicaid

Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)

Description	Steward	Measure Type	Data Source	Population
Percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was >9.0%	NCQA	Outcome	Claims and Clinical Data	Adult

- CT DSS performance

2019**	37
2018**	
2017	39

A lower rate indicates better performance

- Nat'l Medicaid performance (2019)

Nat'l 25th	46
Nat'l 50th	37
Nat'l 75th	33
Nat'l 90h	28

CT DSS performance is a weighted average of HUSKY A/B, C and D performance.
Nat'l: National
**DSS re-reported MY 2018 performance for MY 2019 due to COVID-19. Commercial health plans were permitted to do the same for HEDIS reporting.

Medicaid

Follow-Up After Emergency Department Visit for Mental Illness (7-Day)

Description	Steward	Measure Type	Data Source	Population
Percentage of ED visits for members 6+ with a principal diagnosis of mental illness or intentional self-harm diagnoses who had a follow-up visit for mental illness within 7 days of the ED visit	NCQA	Process	Claims	Adult and Pediatric

- CT DSS performance

2019	50
2018***	54

A higher rate indicates better performance

- Nat'l Medicaid performance (2019)

Nat'l 25th	30
Nat'l 50th	39
Nat'l 75th	50
Nat'l 90h	65

CT DSS performance is a weighted average of HUSKY A/B, C and D performance.
Nat'l: National
***NCQA indicated that 2018 performance cannot be compared to 2017 performance due to substantive specification changes.

Follow-Up After Hospitalization for Mental Illness (7-Day)

Medicaid

Description	Steward	Measure Type	Data Source	Population
Percentage of discharges for members 6+ hospitalized for treatment of mental illness or intentional self-harm diagnoses with a follow-up visit with a mental health provider within 7 days after discharge	NCQA	Process	Claims	Adult and Pediatric

- CT DSS performance

2019	48
2018*	46
2017*	51

A higher rate indicates better performance

- NE Medicaid performance (2019)

NE 25th	42
NE 50th	46
NE 75th	54
NE 90h	55

CT DSS performance is a weighted average of HUSKY A/B, C and D performance.
NE: New England
*NCQA indicated that trending from 2017-2018 should be considered with caution due to specification changes.

Medicare Advantage Quality Benchmark Values

- The Quality Council will set Quality Benchmark values for the Medicare Advantage market at the next meeting once OHS obtains current and historical performance data from NCQA.

Statewide Quality Benchmark Values

- OHS will assess performance for one Quality Benchmark at the state level only.
- Therefore, the Quality Council will only recommend one statewide 2025 value for this Quality Benchmark, rather than recommending separate Benchmark values for each market.

Statewide

Obesity Equity Measure – Weight Classification by BMI, Stratified by Race/Ethnicity

Description	Steward	Measure Type	Data Source	Population
Difference in the obesity rate of the majoritized (i.e., White, non-Hispanic) and minoritized (i.e., Black, non-Hispanic) race/ethnicity populations	BRFSS	Other	Survey	Adult

- CT performance

2019	17
2018	10
2017	10
2016	15
2015	13

- National performance (2019)

Nat'l **White**, non-Hispanic, and **Black**, non-Hispanic difference	10

A lower rate indicates better performance

BRFSS: Behavioral Risk Factor Surveillance System

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Interim Quality Benchmark Values

- As we mentioned at the last meeting, **it is unlikely that there will be notable improvement towards the Benchmark values in 2022** because the Benchmarks are being finalized a few months before the start of the measurement year.
  - Therefore, we have kept the 2022 Benchmark value in the following slides at the same value as the baseline rate.

Interim Quality Benchmark Values (Cont'd)

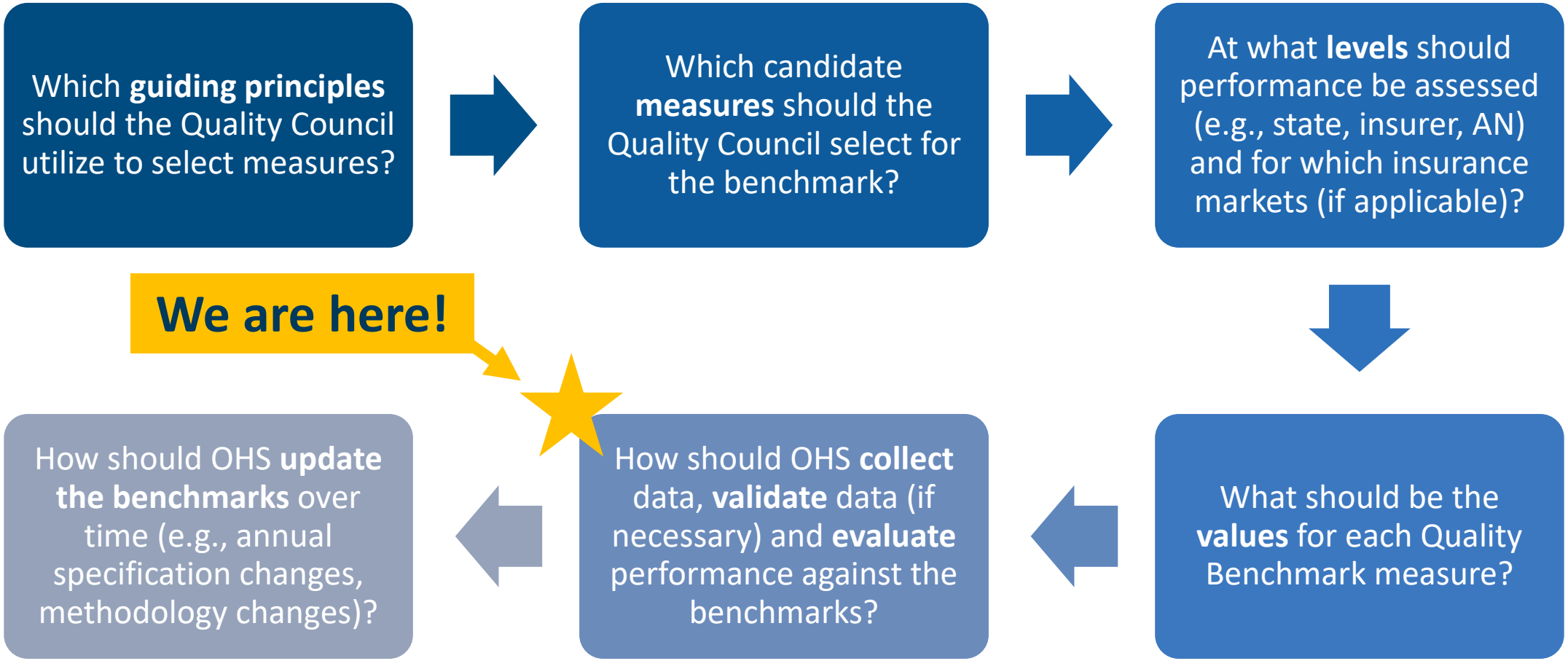
- **For measures with data that are published annually**: Should each interim benchmark value be 1/3rd of the distance between the baseline rate and the 2025 value, or should there be a gradual ramp-up over time?
  - ***Gradual Ramp-up***: Each year, the Benchmark value can grow using a CAGR, which is based on the baseline rate, the 2025 Benchmark value and the number of years over which performance can change.

$$Compound\ Annual\ Growth\ Rate\ (CAGR) = \frac{Final\ Rate}{Baseline\ Rate}^{\frac{1}{\#\ years}} - 1 = \frac{80\%}{50\%}^{\frac{1}{3}} - 1 = 16.95\%$$

	Baseline Rate	2022	2023	2024	2025
Equal Annual Values	50%	50%	60%	70%	80%
Ramp-up Values	50%	50%	58%	68%	80%

Begin Discussion on Data Collection and Performance Evaluation

Roadmap of Quality Benchmark Questions to Consider



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Proposed Data Collection Methodology

- The table below summarizes our proposed approach to Quality Benchmark data collection by data source.

Measure(s)	Data Source	Proposed Annual Reporting Date	Proposed Data Collection Timeline
Claims-based measures: • Child and Adolescent Well-Care Visits • Follow-Up After Emergency Department Visit for Mental Illness (7-Day) • Follow-Up After Hospitalization for Mental Illness (7-Day)	• Insurance carrier reporting by AN and for the commercial and Medicare Advantage markets • DSS reporting by AN and for the Medicaid market	Insurance carriers and DSS submit data to OHS by August 31 the year following the MY	OHS validates and uses data from insurance carriers and DSS to aggregate performance by AN, payer, market and state by December 31 the year following the MY

AN: Advanced Network
HIE: Health Information Exchange

DSS: Department of Social Services
MY: Measurement Year

Proposed Data Collection Methodology (Cont'd)

Measure(s)	Data Source	Proposed Annual Reporting Date	Proposed Data Collection Timeline
Clinical data-based measures: • Controlling High Blood Pressure • Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control	**Beginning in 2022**: • Same methodology for claims-based measures	**Beginning in 2022**: • Same reporting date as claims-based measures	• OHS validates and uses data from insurance carriers, DSS and/or Connie to aggregate performance by AN, payer, market and state by December 31 the year following the MY
	Beginning in or after 2024: • Insurance carrier reporting for the commercial and Medicare Advantage markets • DSS reporting for the Medicaid market • Connie, the statewide HIE, for AN data	**Beginning in or after 2024:** • Insurance carriers and DSS submit payer data to OHS by August 31 the year following the MY • OHS obtains AN data from Connie by August 31 the year following the MY	

AN: Advanced Network
HIE: Health Information Exchange
DSS: Department of Social Services
MY: Measurement Year

Proposed Data Collection Methodology (Cont'd)

Measure(s)	Data Source	Proposed Annual Reporting Date	Proposed Data Collection Timeline
Obesity Equity Measure – Weight Classification by BMI, Stratified by Race/ Ethnicity	Centers for Disease Control and Prevention (CDC) – Behavioral Risk Factor Surveillance System (BRFSS) for state-level data	CDC releases data by August of the year following the MY	OHS validates and uses data from the CDC, insurance carriers, DSS and/or Connie to aggregate performance by AN, payer, market and/or state by December 31 the year following the MY

AN: Advanced Network
HIE: Health Information Exchange

DSS: Department of Social Services
MY: Measurement Year

Proposed Data Evaluation Methodology

- By December 31 of the year after the measurement year, OHS should have collected and validated data for all of the Quality Benchmarks.
- We propose that OHS evaluate and report performance against the Quality Benchmark values in the late winter/early spring two years following the measurement year to align with Cost Growth Benchmark reporting.
  - OHS will aggregate data submitted by payers to obtain and report AN, payer, market and state rates.
  - OHS will evaluate and report whether individual ANs and payers met the commercial, Medicaid and/or Medicare Advantage Quality Benchmark values.

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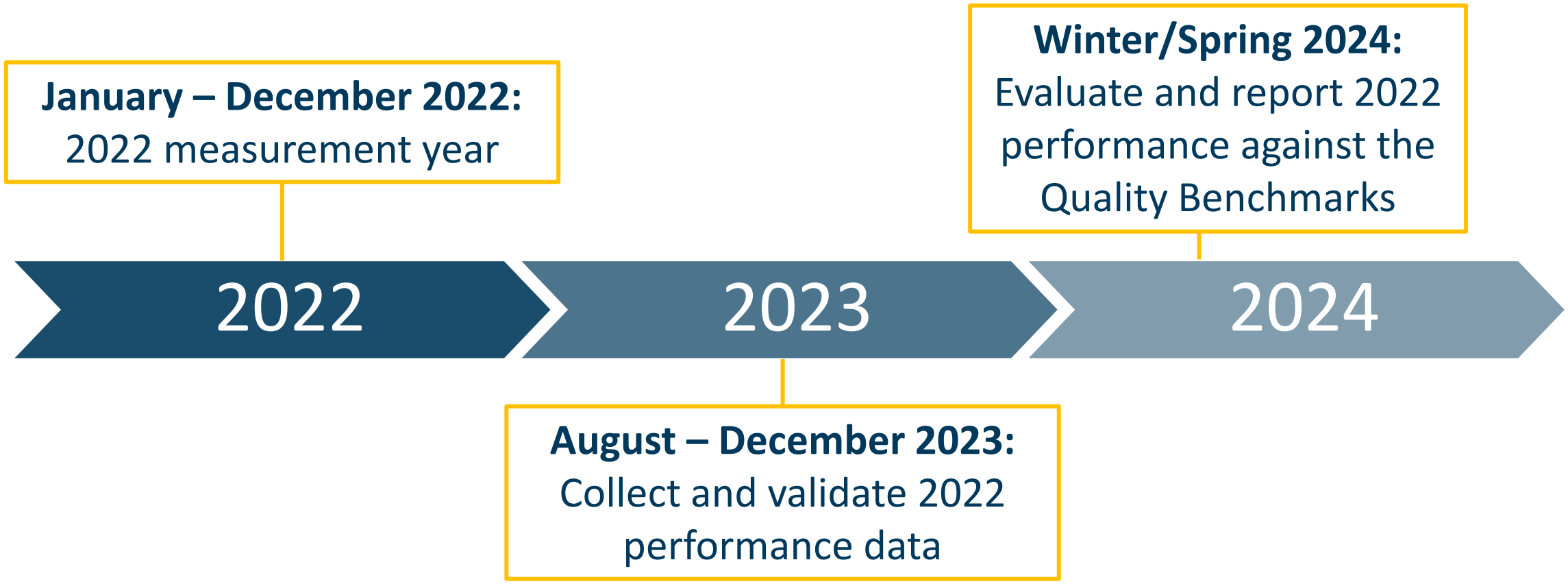
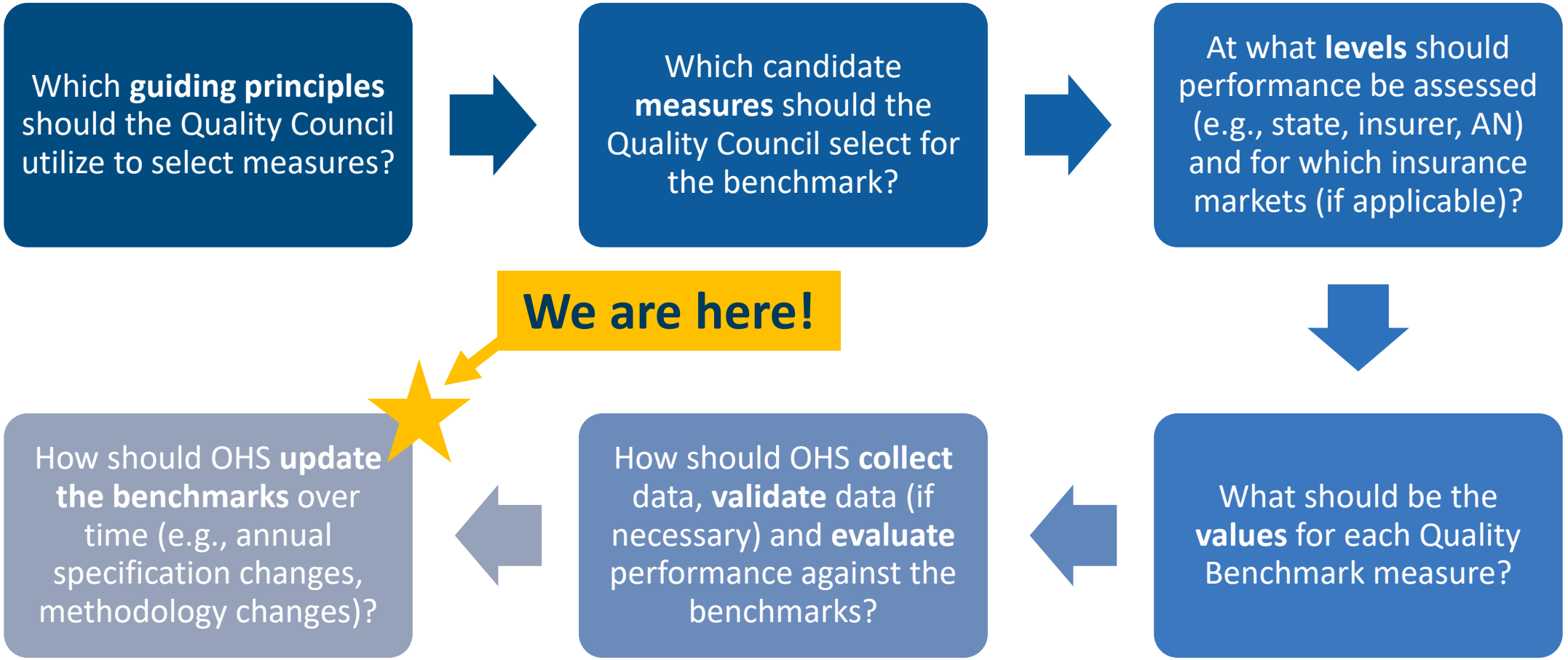
Proposed Timeline for the 2022 Measurement Year



Begin Discussion on Updating Benchmarks Over Time

Roadmap of Quality Benchmark Questions to Consider



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Updating Benchmarks Over Time

- OHS will conduct an annual review of the specifications for the Quality Benchmark measures to determine if there have been major changes that could impact performance rates.
- If there are substantive specification changes, OHS will solicit feedback from the Quality Council on how to move forward.

Proposed Methodology to Update Benchmarks

1. OHS staff will review measure specifications in September of the measurement year.
    - For HEDIS measures, OHS should review **NCQA's measure specifications** (released by August 1 the year preceding the measurement year) and **measure trending determinations** (released in the summer of each measurement year).
    - For the *Obesity Equity Measure*, OHS should review the **BRFSS survey questions**, the **method of distribution**, the **population receiving the survey**, or any other difference that might affect the comparison.

BRFSS: Behavioral Risk Factor Surveillance System

Proposed Methodology to Update Benchmarks (Cont'd)

2. OHS staff will identify if there have been any major changes in September of the measurement year.
    - If there are **no major changes**, **no further action** is needed.
    - If there are **substantive changes**, move to **Step 3**.
        - *For NCQA HEDIS measures*: A substantive change is when NCQA indicates that there should be a "break in trending."
        - For the *Obesity Equity Measure*: A substantive change is one that does not allow performance to be compared to prior years. OHS will solicit feedback from the Quality Council before identifying if the change is substantive.
            - Note: OHS can confirm whether the change is substantive in September the year following the measurement year by comparing the year-over-year trend in national median performance for the measurement year in which the substantive change occurred to prior measurement years.

Proposed Methodology to Update Benchmarks (Cont'd)

3. If the change is considered substantive, OHS will solicit feedback from the Quality Council in October of the measurement year on the following options:
   - **Remove the Quality Benchmark measure** for the affected and future measurement years and discuss including an alternate measure instead.
   - **Reset the Quality Benchmark value** for the affected and future measurement years (using the same methodology in place to develop the initial values).
   - **Maintain the original Quality Benchmark measure and value** and re-evaluate after the next measurement period.

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Proposed Methodology to Update Benchmarks (Cont'd)

4. OHS will make a decision, using feedback from the Quality Council, on how to address the substantive change by November of the measurement year.
    - It will communicate the change to all ANs and payers.

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Proposed Timeline for Reviewing and Updating Quality Benchmarks

September:
OHS will review measure specifications and identify if there have been substantive changes.

November:
OHS will make a final decision on how to how to address substantive changes.

Measurement Year

October:
OHS will solicit feedback from the Quality Council on potential actions.

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps

- Finalize Quality Benchmark recommendations
- Discuss strategies to generate action to meet Quality Benchmarks