CONNECTICUT
Health Strategy

Quality Benchmark Initiative

2022 Performance

A Report Pursuant to C.G.S. 19a-754h

Deidre S. Gifford, MD, MPH

Executive Director

May 13, 2024

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Acronym Glossary

CT	Connecticut
DSS	Department of Social Services
NCQA	National Committee of Quality Assurance
OHS	Office of Health Strategy
PCMH	Person-Centered Medical Home

Acknowledgements

The Office of Health Strategy (OHS) expresses its gratitude to the Connecticut (CT) Department of Social Services (DSS), Aetna, Cigna, ConnectiCare, Anthem Blue Cross and Blue Shield and UnitedHealthcare for submitting data for this initiative. OHS also thanks the Advanced Networks for their cooperation and collaboration on this initiative and the Quality Council members for their guidance and input (see Appendix A for Quality Council membership).

This work was made possible through technical assistance provided by Bailit Health.

Authors

Grace Flaherty, Bailit Health

Michael Bailit, Bailit Health

Contributors

Olga Armah, OHS

Cindy Dubuque-Gallo, OHS

Tina Hyde, OHS

Krista Moore, OHS

Hanna Nagy, OHS

Alexander Reger, OHS

Lisa Sementilli, OHS

Section 1. Introduction

High-quality healthcare is essential for improving the overall health and well-being of Connecticut (CT) residents and for ensuring optimal health outcomes. Quality care not only enhances individual patient experiences but also plays a pivotal role in improving population health by promoting healthier lifestyles, preventing diseases, managing chronic illness, and advancing health equity.[1]

CT is among the healthier states in the nation and delivers high-quality care, and ranks seventh in the nation for prevention and treatment (e.g., adults receiving appropriate cancer screening) and for health outcomes (e.g., premature deaths from treatable or preventable causes).[2] Yet, CT still has meaningful room for improvement in healthcare quality and health outcomes.

A close look at CT quality data reveals deep disparities in healthcare quality and outcomes by race and ethnicity, including for the health conditions addressed by OHS' Quality Benchmark measures. For example:

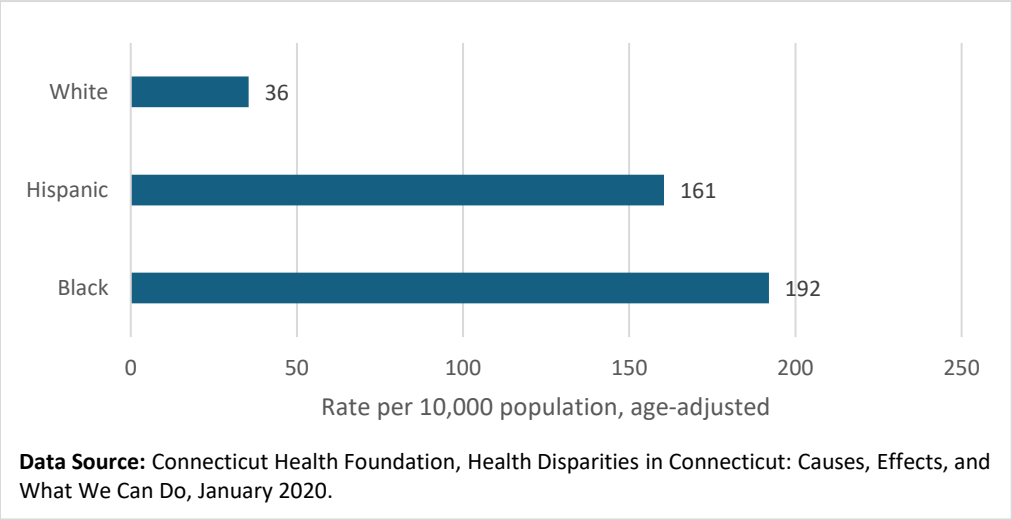
1. Compared to their White peers, Black children and teens are nearly 5.5 times more likely to go to the emergency department because of asthma, a chronic condition that can be managed through medication and monitoring, while Hispanic children and teens are 4.5 times as likely (see **Figure 1**).
2. Black residents are nearly four times as likely as White residents to have a diabetes-related lower-extremity amputation (a preventable

[1] National Roundtable on Health Care Quality, Institute of Medicine. (1999). Measuring the quality of health care. Retrieved March 26, 2024, from https://nap.nationalacademies.org/catalog/6418/measuring-the-quality-of-health-care.
[2] Commonwealth Fund. (2023). 2023 Scorecard on State Health System Performance. Retrieved March 6, 2024, from https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

complication) and among Hispanic residents, the rate is nearly three times higher than among White residents (see **Figure 2**).[3]

3. Black residents have higher heart disease mortality rates (454 per 100,000 residents) than White residents (352 per 100,000 residents), an outcome that can be prevented through blood pressure control (see **Figure 3**).[4]

Figure 1: Connecticut Emergency Department Visit Rate for Asthma per 10,000

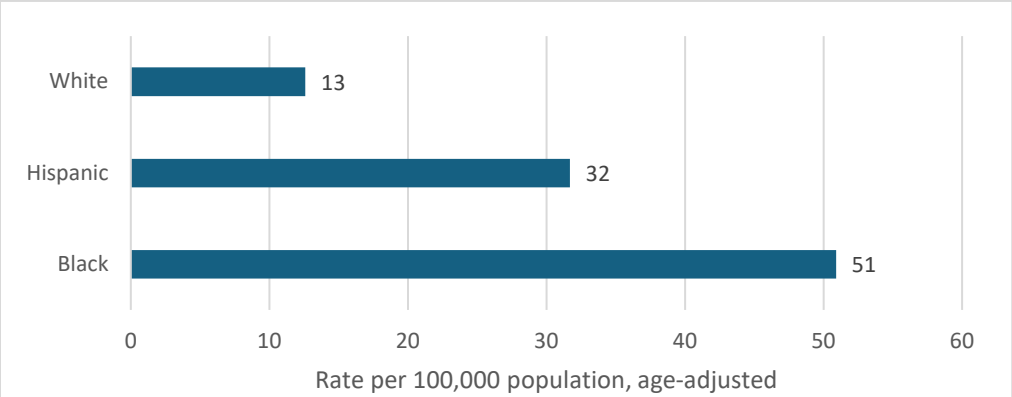


Data Source: Connecticut Health Foundation, Health Disparities in Connecticut: Causes, Effects, and What We Can Do, January 2020.

[3] Connecticut Department of Public Health. (2023). Diabetes inpatient hospitalizations Connecticut residents. Retrieved March 26, 2024, from https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/chronic_dis/FactSheets/Diabetes_Hospitalizations_2021.pdf.

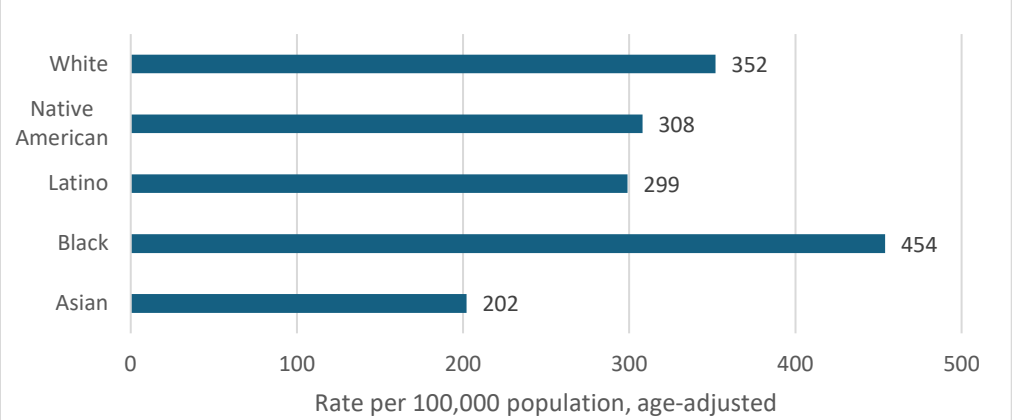
[4] DataHaven. (2023). Health equity in Connecticut 2023. Retrieved March 6, 2024, from https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%202023%20Health%20Equity%20Report%20082323.pdf.

Figure 2: Connecticut Hospital Discharge Rate for Nontraumatic Lower Extremity Amputation per 100,000



Data Source: Connecticut Department of Health, Diabetes Inpatient Hospitalizations Connecticut Residents, June 2023.

Figure 3: Connecticut Mortality Due to Heart Disease per 100,000



Data Source: DataHaven, Health Equity in Connecticut 2023, August 2023.

In addition to disparities in healthcare quality and outcomes, access to quality healthcare services due to cost is also a critical concern. In a 2022 statewide survey of more than 1,300 CT adults, nearly half (46%) of all respondents reported delaying or going without healthcare due to cost during the prior 12 months.[5] The quality of care is limited if half of the state's residents cannot access healthcare because of cost.

[5] Healthcare Value Hub. (2022). Connecticut residents struggle to afford high healthcare costs; worry about affording healthcare in the future; support government action across

To improve healthcare quality for all CT residents, Governor Lamont signed Executive Order No. 5 in 2020, directing OHS to develop annual Quality Benchmarks. The Quality Benchmarks complement the OHS' Cost Growth Benchmark program by offering a balanced perspective on health system performance, safeguarding against potential stinting of care and protecting patients' interests in the context of a spending growth benchmark.

In 2021, OHS selected seven Quality Benchmark measures and values for two-phase implementation. OHS set separate Benchmark values for the commercial, Medicaid and Medicare Advantage markets, per the recommendation of the OHS's Quality Council, which is an advisory body on quality measurement.[6] The Phase 1 measures became effective on January 1, 2022 and the Phase 2 measures became effective on January 1, 2024.[7]

During the 2022 legislative session, Public Act 22-118 §§ 217-223 codified Executive Order No. 5's provisions into law (C.G.S. 19a-754f et seq.) and created new reporting requirements for the Quality Benchmarks, including requiring that OHS collect and report on payer and provider entity performance on the Quality Benchmarks. This report presents the results of the analysis of 2022 quality performance data collected under the Healthcare Benchmarks Initiative, including performance against the 2022 Quality Benchmark values by market, by payer and by Advanced Network[8].

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party lines. Retrieved March 6, 2024, from https://www.healthcarevaluehub.org/advocate-resources/publications/connecticut-residents-struggle-afford-high-healthcare-costs-worry-about-affording-healthcare-future-support-government-action-ac.

[6] For a summary of OHS' process for selecting the Quality Benchmark measures for phased implementation, please see: Connecticut Office of Health Strategy. (2022). Connecticut quality benchmarks. Retrieved March 10, 2024, from https://portal.ct.gov/-/media/OHS/Quality-Council/Quality-Benchmarks/Quality-Benchmarks-Report-May-2022.pdf.

[7] For a list of Phase 1 and Phase 2 Quality Benchmark measures and values, please see: Connecticut Office of Health Strategy. (n.d.). Quality benchmarks. Retrieved March 11, 2024, from https://portal.ct.gov/OHS/Pages/Quality-Council/Quality-Benchmarks.

[8] "Advanced Network" is OHS' term for an organized group of clinicians that come together for the purposes of contracting, or are an established billing unit that, at a minimum, includes

Section 2. Quality Performance in Connecticut

Quality Benchmark Measures

The Phase 1 Quality Benchmark measures are listed and described below.

- ***Asthma Medication Ratio*** reports the percentage of patients (ages 5-18 and ages 19-64) who were identified as having persistent asthma and had a ratio of controller medications to total medications of 0.50 or greater.
- ***Controlling High Blood Pressure*** reports the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg).
- ***Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)*** reports the percentage of patients ages 18-75 years with diabetes who had hemoglobin A1c > 9.0% (i.e., whose hypertension was poorly controlled).

Table 1 outlines the benchmarks and the current target values for 2022. The measures have separate benchmark values for the commercial, Medicare Advantage and Medicaid markets.[9] *Asthma Medication Ratio* does not apply to the Medicare Advantage market and thus is only reported for the commercial and Medicaid markets.

Table 1: 2022 Phase 1 Quality Benchmark Values

primary care providers, and that collectively, during any given calendar year, has enough attributed lives to participate in total cost of care contracts, even if the entity is not engaged in a total cost of care contract. The term "Advanced Network" as used in this report is equivalent to the term "provider entity" as used in Public Act 22-118.

[9] For a summary of OHS' process for setting the 2022 Quality Benchmark values, please see: Connecticut Office of Health Strategy. (2022). Connecticut quality benchmarks. Retrieved March 10, 2024, from https://portal.ct.gov/-/media/OHS/Quality-Council/Quality-Benchmarks/Quality-Benchmarks-Report-May-2022.pdf.

Quality Benchmark Measure	2022 Quality Benchmark Value			
	Preferred Performance	Commercial	Medicare Advantage	Medicaid
Asthma Medication Ratio (Ages 5-18)	Higher	79.0%	--	66.0%
Asthma Medication Ratio (Ages 19-64)	Higher	78.0%	--	63.0%
Controlling High Blood Pressure	Higher	61.0%	73.0%	61.0%
*HbA1c Control for Patients with Diabetes: HbA1c Poor Control**	Lower	27.0%	20.0%	37.0%

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

It is important to note that the Medicaid market includes comparatively lower income populations with more social risk factors than the commercial and Medicare Advantage markets. These social risk factors can be a barrier to accessing care and to chronic disease management.

Methodology

To assess performance against the Quality Benchmarks, OHS collected commercial and Medicare Advantage quality performance data from five insurers (Aetna, Cigna, ConnectiCare, Anthem Blue Cross and Blue Shield ["Anthem"], and UnitedHealthcare) and Medicaid quality performance from the Department of Social Services (DSS). The insurers and DSS submitted performance by market (e.g., the insurer's overall commercial performance) and for thirty (30) Advanced Networks.[10]

For the commercial and Medicare Advantage market, OHS asked insurers to submit performance for Advanced Networks when the insurer included the given Quality Benchmark measure in its 2022 contract with and had the

[10] For detailed Quality Benchmark data specifications, please see: Connecticut Office of Health Strategy. (2023). Connecticut Quality Benchmark Initiative Implementation Manual. Retrieved March 11, 2024, from https://portal.ct.gov/-/media/OHS/Cost-Growth-Benchmark/Guidance-for-Payer-and-Provider-Groups/Posted-6-26-23/CT-Quality-Benchmark-Implementation-Manual-v20-06-26-23.pdf.

requisite data to calculate performance for an Advanced Network. *Asthma Medication Ratio* is a claims-based measure and thus only requires claims to calculate performance. *Controlling High Blood Pressure* and *HbA1c Poor Control* are hybrid measures, meaning they require insurers to utilize both claims and clinical data (e.g., blood pressure reading from a member's medical record and HbA1c test result) to calculate performance.

Advanced Network performance on each measure was aggregated across insurers and performance was included in this report only when the aggregated measure denominator was of minimally acceptable size using National Committee for Quality Assurance (NCQA) guidelines.

Limitations

Data reporting was inconsistent amongst insurers when reporting Advanced Network performance for *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*, which require both claims and clinical data to calculate. In some instances, insurers did not report Advanced Network performance data for *Controlling High Blood Pressure* and *HbA1c Poor Control*. In addition, some reported populations were too small to meet the minimally acceptable denominator threshold.

Additionally, there were limitations due to missing or incomplete data. Two insurers did not submit complete quality performance data to OHS, therefore these data were not included in the analysis. Anthem's Advanced Network commercial and Medicare Advantage quality performance data for *Controlling High Blood Pressure* and *HbA1c Poor Control* were excluded from the analysis because the Advanced Network performance rates indicated that Anthem did not include all relevant clinical data. Another limitation is incomplete Medicare Advantage data from UnitedHealthcare, which only provided insurer overall data for its Medicare Advantage population and did not provide OHS with Advanced Network quality performance data for its Medicare Advantage population for *Controlling High Blood Pressure* and *HbA1c Poor Control*. The omission of UnitedHealthcare's Advanced Network data is significant because of UnitedHealthcare's large share of the Medicare

Advantage market in Connecticut (See Appendix B for a summary of payer data included in the analysis). These limitations significantly impacted OHS' ability to comprehensively report on Quality Benchmark performance at the Advanced Network level.

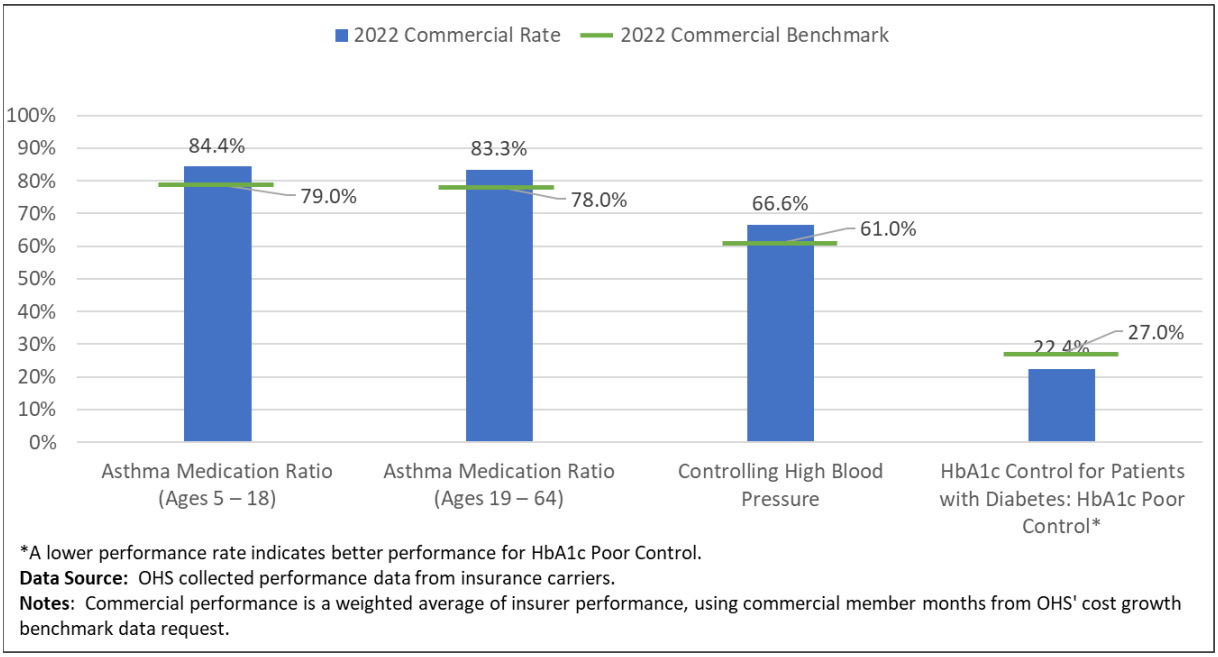
Market Level Performance on the Quality Benchmark Measures

This section presents 2022 market level performance on the Quality Benchmark measures for the commercial, Medicare Advantage and Medicaid markets.

Commercial Performance

Connecticut met the 2022 commercial Quality Benchmarks for all three measures (*Asthma Medication Ratio, Controlling High Blood Pressure, and HbA1c Control for Patients with Diabetes: HbA1c Poor Control)* (see **Figure 4**).

Figure 4: 2022 Statewide Commercial Performance on Quality Benchmark Measures

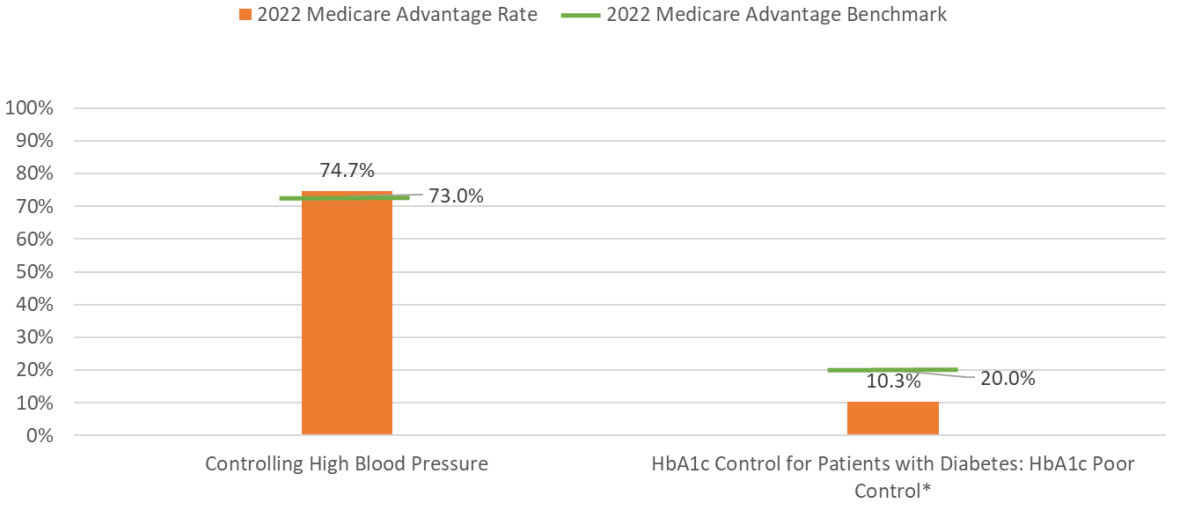


*A lower performance rate indicates better performance for HbA1c Poor Control.
Data Source: OHS collected performance data from insurance carriers.
Notes: Commercial performance is a weighted average of insurer performance, using commercial member months from OHS' cost growth benchmark data request.

Medicare Advantage Performance

Connecticut met the Quality Benchmarks for both Medicare Advantage measures – *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* (see **Figure 5**).

Figure 5: 2022 Statewide Medicare Advantage Performance on Quality Benchmark Measures

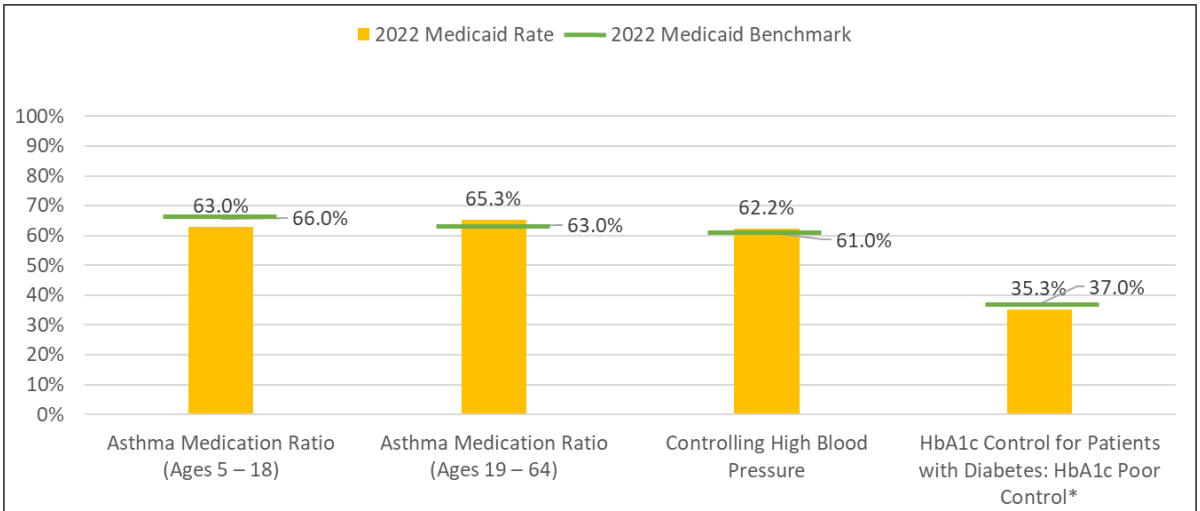


*A lower performance rate indicates better performance for HbA1c Poor Control.
Data Source: OHS collected performance data from insurance carriers.
Notes: Medicare Advantage performance is a weighted average of insurer performance, using Medicare Advantage member months from OHS' cost growth benchmark data request.

Medicaid Performance

Connecticut met the 2022 Medicaid Quality Benchmarks for *Asthma Medication Ratio (Ages 19-64), Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* but not for *Asthma Medication Ratio (Ages 5-18)* (see **Figure 6**).

Figure 6: 2022 Statewide Medicaid Performance on Quality Benchmark Measures



*A lower performance rate indicates better performance for HbA1c Poor Control.
Data Source: OHS collected performance data from the Department of Social Services (DSS).
Notes: Medicaid performance includes HUSKY A/B, HUSKY C, and HUSKY D but excludes Medicare/Medicaid dual eligible members. Medicaid performance for the hybrid measures (Controlling High Blood Pressure and HbA1c Poor Control) are a weighted average of HUSKY A/B, HUSKY C and HUSKY D.

Insurer Performance on the Quality Benchmark Measures

This section presents 2022 insurer performance on the Quality Benchmark measures for the commercial and Medicare Advantage markets.

Commercial Performance

OHS collected quality performance from five commercial insurers on all three of the Quality Benchmark measures. All five insurers met the 2022 Quality Benchmark for *Asthma Medication Ratio (Ages 5-18).* All except UnitedHealthcare met the 2022 Quality Benchmark for *Asthma Medication Ratio (Ages 19-64).* All but Aetna met the 2022 Quality Benchmark for *Controlling High Blood Pressure.* The measure with most room for improvement was *HbA1c Poor Control*, for which only three out of five insurers met the 2022 Quality Benchmark - Cigna and ConnectiCare did not meet the benchmark (see **Table 2**).

Table 2: 2022 Insurer Commercial Performance on Quality Benchmark Measures

Quality Benchmark Measure	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	79.0%	78.0%	61.0%	27.0%
Insurer Performance				
Aetna	80.4% ^	85.0% ^	56.2% x	19.8% ^
Anthem	85.1% ^	82.0% ^	67.2% ^	19.7% ^
Cigna	87.4% ^	87.7% ^	67.9% ^	29.4% x
ConnectiCare	89.1% ^	89.7% ^	72.3% ^	28.3% x
UnitedHealthcare	81.8% ^	77.1% x	72.2% ^	22.2% ^

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

^ Met benchmark

X Did not achieve benchmark

Data Source: OHS collected performance data from insurance carriers.

Medicare Advantage Performance

OHS requested quality performance from four Medicare Advantage insurers for the two applicable measures – *Controlling High Blood Pressure* and *HbA1c Poor Control*. Only Anthem did not meet the 2022 Quality Benchmarks for either measure (see **Table 3**).

Table 3: 2022 Insurer Medicare Advantage Performance on Quality Benchmark Measures

Quality Benchmark Measure	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	73.0%	20.0%
Insurer Performance		
Aetna	74.3% ^	10.0% ^
Anthem	64.7% x	27.3% x
ConnectiCare	79.6% ^	17.8% ^
UnitedHealthcare	75.5% ^	7.1% ^

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

^Met benchmark

X Did not achieve benchmark

Data Source: OHS collected performance data from insurance carriers.

Advanced Network Performance on the Quality Benchmark Measures

This section presents 2022 Quality Benchmark performance for Advanced Networks for the commercial, Medicare Advantage and Medicaid markets. OHS collected Advanced Network commercial and Medicare Advantage quality performance data from the five insurers and Medicaid performance data from DSS. Insurers submitted performance for Advanced Networks:

(a) when the insurer included the given Quality Benchmark measure in its contract with the Advanced Network, and

(b) if the insurer had the requisite data to calculate performance for the Advanced Network.

OHS only publicly reports Advanced Network performance when the combined denominator across insurer data submissions was a minimum of 30.

As noted in the Methodology section above, data availability for *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*, which require both claims and clinical data, was particularly challenging for all markets. OHS excluded Advanced Network commercial and Medicare Advantage performance data from two large insurers. OHS excluded Anthem's Advanced Network commercial and Medicare Advantage quality performance data for *Controlling High Blood Pressure* and *HbA1c Poor Control* because of concerns about data completeness (i.e., Anthem's inclusion of all relevant clinical data) and UnitedHealthcare declined to provide OHS with Advanced Network quality performance data for the Medicare Advantage population. These data collection challenges prevented OHS from reporting quality performance for all Advanced Networks.

In the commercial market, Medicare Advantage and Medicaid performance sections that follow, OHS has used green and red color coding to indicate whether Advanced Networks met (green) or did not meet (red) the 2022 Quality Benchmark values. OHS has <u>not</u> used color coding to indicate whether Advanced Networks met or did not meet the 2022 Quality Benchmark values

for *Controlling High Blood Pressure* and *HbA1c Poor Control* because Advanced Network performance rates suggest that insurers may not have collected all clinical data that could have been used to calculate performance against the Quality Benchmark values.

Commercial Performance

For the commercial market, five of the thirty Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 5-18)* and all five met the commercial 2022 Quality Benchmark value for this measure. Twelve Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 19-64)* and all but one Advanced Network (UConn Medical Group) met the commercial 2022 Quality Benchmark value for the measure. Six Advanced Networks had denominators large enough to report performance for *Controlling High Blood Pressure* and *HbA1c Poor Control.* Performance on *Controlling High Blood Pressure* ranged from 43.2% to 82.0% and performance on *HbA1c Poor Control* ranged from 60.3% to 12.5% (a lower percentage indicates better performance for *HbA1c Poor Control*), suggesting that some Advanced Network rates were calculated by insurers without clinical data for augmentation of claim data (see **Table 4**).

Table 4: 2022 Advanced Network Commercial Performance on Quality Benchmark Measures

Quality Benchmark Measure	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	79.0%	78.0%	61.0%	27.0%
Advanced Network Performance				
Charter Oak Health Center	NR	NR	NR	NR

Quality Benchmark Measure	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	79.0%	78.0%	61.0%	27.0%
Advanced Network Performance				
CIFC Greater Danbury Community Health Center	NA	NR	NR	NR
Community Health and Wellness Center of Greater Torrington	NA	NA	NR	NR
Community Health Center	NA	NR	NR	NR
Community Health Services	NR	NR	NR	NR
Community Medical Group	83.2% ^	86.0% ^	79.8%	46.5%
Connecticut Children's Care Network	79.1% ^	NR	NR	NR
Connecticut State Medical Society IPA	NR	78.5% ^	NR	NR
Cornell Scott Hill Health Center	NR	NR	NR	NR
Fair Haven Community Health Center	NR	NR	NR	NR
Family Centers	NA	NA	NR	NR
First Choice Community Health Centers	NA	NR	NR	NR
Generations Family Health Center	NA	NR	NR	NR
Integrated Care Partners	90.0% ^	81.7% ^	68.2%	56.9%
Northeast Medical Group	NR	86.6% ^	67.5%	41.1%

Quality Benchmark Measure	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	79.0%	78.0%	61.0%	27.0%
Advanced Network Performance				
Norwalk Community Health Center	NR	NR	NR	NR
Optimus Health Care, Inc.	NA	NR	NR	NR
OptumCare Network of Connecticut	89.3% ^	81.0% ^	NR	NR
ProHealth	84.5% ^	83.3% ^	70.5%	12.5%
Prospect Connecticut Medical Foundation Inc.	NR	90.0% ^	43.2%	60.3%
SONE Health	NR	84.4%^	82.0%	38.4%
Southwest Community Health Center, Inc.	NA	NR	NR	NR
Stamford Health Medical Group	NR	85.9% ^	NR	NR
Starling Physicians	NR	89.0% ^	NR	NR
UConn Medical Group	NA	65.5% x	NR	NR
United Community and Family Services	NR	NR	NR	NR
Value Care Alliance	NR	80.0% ^	NR	NR
WestMed Medical Group	NR	NR	NR	NR
Wheeler Clinic	NR	NR	NR	NR
Yale Medicine	NR	NR	NR	NR

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

^Met benchmark

X Did not achieve benchmark

Data Source: OHS collected performance data from insurance carriers.

Notes:

1. NA = Not Available. Insurers did not submit performance for the Advanced Network.
2. NR = Not Reported. The Advanced Network did not meet the minimum denominator size required for public reporting.
3. OHS did not include Anthem's Advanced Network quality performance data for *Controlling High Blood Pressure* and *HbA1c Poor Control* because of concerns about data validity.

Medicare Advantage Performance

For the Medicare Advantage market, eight Advanced Networks had denominators large enough to report performance for *Controlling High Blood Pressure* and nine Advanced Networks had denominators large enough to report performance for *HbA1c Control for Patients with Diabetes: HbA1c Poor Control.* There was significant variation in Advanced Network performance rates for the Medicare Advantage market across both measures – performance on *Controlling High Blood Pressure* ranged from 30.5% to 90.6% and performance on *HbA1c Poor Control* ranged from 51.4% and 14.7% (a lower percentage indicates better performance for *HbA1c Poor Control*) (see **Table 5**). Similar to commercial performance rates for these measures, OHS believes that insurers calculated some Advanced Network Medicare Advantage rates without all clinical data that could have been used for augmentation of claims data.

Table 5: 2022 Advanced Network Medicare Advantage Performance on Quality Benchmark Measures

Quality Benchmark Measure	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	73.0%	20.0%
Advanced Network Performance		
Charter Oak Health Center	NA	NR
CIFC Greater Danbury Community Health Center	NA	NA
Community Health and Wellness Center of Greater Torrington	NA	NA
Community Health Center	NA	NA
Community Health Services	NA	NA

Quality Benchmark Measure	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	73.0%	20.0%
Advanced Network Performance		
Community Medical Group	NR	NR
Connecticut Children's Care Network	NA	NA
Connecticut State Medical Society IPA	NR	22.9%
Cornell Scott Hill Health Center	NR	NR
Fair Haven Community Health Center	NA	NA
Family Centers	NA	NA
First Choice Community Health Centers	NA	NR
Generations Family Health Center	NR	NA
Integrated Care Partners	76.3%	20.0%
Northeast Medical Group	68.3%	26.9%
Norwalk Community Health Center	NA	NA
Optimus Health Care, Inc.	NR	NA
OptumCare Network of Connecticut	NR	NR
ProHealth	69.0%	50.3%
Prospect Connecticut Medical Foundation Inc.	30.5%	39.5%
SONE Health	81.0%	19.6%
Southwest Community Health Center, Inc.	NA	NA
Stamford Health Medical Group	NR	NR
Starling Physicians	58.8%	40.8%
UConn Medical Group	NR	NR
United Community and Family Services	NA	NA
Value Care Alliance	90.6%	14.7%
WestMed Medical Group	NR	NR
Wheeler Clinic	NA	NA
Yale Medicine	50.8%	51.4%

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

Data Source: OHS collected performance data from insurance carriers.

Notes:

1. NA = Not Available. Insurers did not submit performance for the Advanced Network. UnitedHealthcare's Medicare Advantage performance is not included because UnitedHealthcare did not provide this data to OHS.
2. NR = Not Reported. The Advanced Network did not meet the minimum denominator size required for public reporting.

3. OHS did not include Anthem's Advanced Network quality performance data for *Controlling High Blood Pressure* and *HbA1c Poor Control* because of concerns about data validity.

Medicaid Performance

OHS obtained Medicaid Quality Benchmark performance data for Advanced Networks from DSS, which reported performance for *Asthma Medication Ratio* for those Advanced Networks that participated in DSS' patient-centered medical home (PCMH) program. Eighteen (18) Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 5-18)* and twenty-four (24) Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 19-64).* Medicaid performance was significantly worse for the Ages 5-18 rate, with only five Advanced Networks meeting the Medicaid 2022 Quality Benchmark. All but three Advanced Networks (Optimus Health Care, Southwest Community Health Center and United Community and Family Services) met the Medicaid 2022 Quality Benchmark value for the Ages 19-64 rate (see **Table 6**).

Table 6: 2022 Advanced Network Medicaid Performance on Quality Benchmark Measures

Quality Benchmark Performance	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)
Quality Benchmark Value	66.0%	63.0%
Advanced Network Performance		
Charter Oak Health Center	65.6% x	65.2% ^
CIFC Greater Danbury Community Health Center	52.3% x	71.8% ^
Community Health and Wellness Center of Greater Torrington	NA	72.3% ^
Community Health Center	54.5% x	67.9% ^
Community Health Services	33.3% x	63.7% ^
Community Medical Group	NA	NA
Connecticut Children's Care Network	63.7% x	68.7% ^

Quality Benchmark Performance	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)
Quality Benchmark Value	66.0%	63.0%
Advanced Network Performance		
Connecticut State Medical Society IPA	NA	NA
Cornell Scott Hill Health Center	68.1% ^	67.0% ^
Fair Haven Community Health Center	61.6% x	65.1% ^
Family Centers	NR	NA
First Choice Community Health Centers	70.7% ^	66.9% ^
Generations Family Health Center	63.5% x	66.3% ^
Integrated Care Partners	70.8% ^	67.5% ^
Northeast Medical Group	57.3% x	66.6% ^
Norwalk Community Health Center	NR	82.9% ^
Optimus Health Care, Inc.	49.8% x	61.8% x
OptumCare Network of Connecticut	NA	NA
ProHealth	65.9% x	68.6% ^
Prospect Connecticut Medical Foundation Inc.	82.8% ^	65.0% ^
SONE Health	NR	67.2% ^
Southwest Community Health Center, Inc.	53.5% x	49.3% x
Stamford Health Medical Group	NR	66.4% ^
Starling Physicians	76.6% ^	66.9% ^
UConn Medical Group	NR	67.3% ^
United Community and Family Services	57.5% x	52.3% x
Value Care Alliance	NA	NA
WestMed Medical Group	NA	NR
Wheeler Clinic	54.5% x	66.2% ^
Yale Medicine	NR	67.2% ^

Data Source: OHS collected performance data from the Department of Social Services (DSS).

^Met benchmark

X Did not achieve benchmark

Notes:

1. NA = Not Available. DSS did not submit performance for the Advanced Network.

2. NR = Not Reported. The Advanced Network did not meet the minimum denominator size required for public reporting.
3. Medicaid includes performance for HUSKY A/B, HUSKY C, and HUSKY D; excludes Medicare/Medicaid dual eligible members and Third-Party Liability (TPL) policies.

Section 3. Conclusion

The analysis of Connecticut's 2022 Quality Benchmark performance, as outlined in Section 2, offers insights into the state of healthcare quality in Connecticut. While commendable progress has been made, particularly in meeting Quality Benchmarks for *Asthma Medication Ratio* and *Controlling High Blood Pressure* in certain market segments, notable gaps persist, especially concerning diabetes management as indicated through *HbA1c Poor Control* performance. Furthermore, the 2022 data suggests significant performance variation across Advanced Networks on these measures, especially *HbA1c Poor Control,* which highlights opportunities for improvement. These findings underscore the importance of continued collaboration and targeted interventions to address these healthcare quality priority areas.

This report also illuminates significant challenges in quality performance data collection, particularly at the Advanced Network level, as noted in Section 2. Despite efforts to gather performance data from insurers, OHS encountered significant challenges with collecting complete and valid data, impacting the comprehensive assessment of Advanced Network performance against Quality Benchmark measures. To address these challenges and ensure more reliable monitoring of performance, there is a crucial need for insurers to integrate Quality Benchmark measures into value-based contracts with Advanced Networks and to collect the requisite clinical data to accurately report performance against the Quality Benchmark values. By incorporating these measures into contractual agreements, insurers can incentivize Advanced Networks to prioritize quality improvement initiatives and facilitate more accurate assessment of healthcare outcomes. This approach not only

fosters transparency and accountability but also enhances the effectiveness of quality improvement efforts, ultimately leading to better healthcare outcomes for Connecticut residents.

It is also important to acknowledge that the measures discussed in this report represent only a fraction of the myriad factors contributing to healthcare quality in Connecticut. Therefore, caution must be exercised in drawing generalized assessments of quality by market, insurer, or Advanced Network. However, OHS selected these benchmark measures as priorities for state health improvement based on the advice of its Quality Council, which underscores the importance of collective effort from stakeholders to generate improvement in these priority areas.

Finally, stakeholders should be aware of upcoming changes to the Quality Benchmark values and measures. The Phase 1 Quality Benchmarks values will progress annually, reflecting the ongoing pursuit of excellence in healthcare quality and which will necessitate continuous improvement efforts to keep pace with evolving performance expectations. OHS will also begin collecting performance data on the Phase 2 Quality Benchmark measures (OHS will collect calendar year 2024 performance on the Phase 2 Measures in 2025).

Connecticut's Quality Benchmarks were one of the first such benchmarks developed by any state, following only Delaware. They provide attainable targets for improving health care and population health in high priority areas. This initial report indicates commendable progress on some measures in the program's first year. Ongoing achievement of the Quality Benchmarks will rely upon committed collective action.

Appendix

Appendix A. Quality Council Members

Rohit Bhalla, Stamford Hospital

Ellen Carter, CT Health Foundation

Elizabeth Courtney, Consumer Representative

Monique Crawford / Stephanie DeAbreu, UnitedHealthcare

Sandra Czunas, Office of the State Comptroller

Petrina Davis, Department of Public Health

Lisa Freeman, Connecticut Center for Patient Safety

Amy Gagliardi, Community Health Center of Connecticut, Inc.

Karin Haberlin, Dept. of Mental Health and Addiction Services

Danyal Ibrahim, Trinity Health of New England

Michael Jefferson, Anthem

Phil Roland / Doug Nichols, Cigna

Joseph Quaranta, Community Medical Group

Brad Richards, Department of Social Services

Andrew Selinger, Quinnipiac

Marlene St. Juste, Consumer Representative

Daniel Tobin, Yale

Heather Tory, Connecticut Children's Medical Center

Alison Vail, Connecticut Hospital Association

Steve Wolfson, Cardiology Associates of New Haven, PC

Appendix B. Payer Data Used in Quality Benchmark Analysis

Payer	Commercial		Medicare Advantage		Medicaid	
	Payer Performance	Advanced Network Performance	Payer Performance	Advanced Network Performance	Payer Performance	Advanced Network Performance
Asthma Medication Ratio						
Aetna	✓	✓	NA	NA	NA	NA
Anthem	✓	✓	NA	NA	NA	NA
Cigna	✓		NA	NA	NA	NA
ConnectiCare	✓	✓	NA	NA	NA	NA
UnitedHealthcare	✓	✓	NA	NA	NA	NA
DSS	NA	NA	NA	NA	✓	✓
Controlling High Blood Pressure						
Aetna	✓	✓	✓	✓	NA	NA
Anthem	✓		✓		NA	NA
Cigna	✓	✓	NA	NA	NA	NA
ConnectiCare	✓	✓	✓	✓	NA	NA
UnitedHealthcare	✓	✓	✓		NA	NA
DSS	NA	NA	NA	NA	✓	
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)						
Aetna	✓	✓	✓	✓	NA	NA
Anthem	✓		✓		NA	NA
Cigna	✓		NA	NA	NA	NA
ConnectiCare	✓	✓	✓	✓	NA	NA
UnitedHealthcare	✓	✓	✓		NA	NA
DSS	NA	NA	NA	NA	✓	

NA = Not Applicable.

✓ = Payer data included in analysis