Quality Council
November 19, 2020

OHS
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Office *of* Health Strategy

Agenda

Time	Topic
4:00 p.m.	Call to Order and Introductions
4:05 p.m.	Public Comment
4:15 pm	Approval of October 1, 2020 Meeting Minutes
4:20 pm	Vote on Adoption of Bylaws and Charter
4:30 p.m.	Review of Executive Order #5
4:40 p.m.	Overview of Quality Benchmark Design Decisions
5:10 p.m.	Review of Delaware's Quality Benchmarks
5:30 p.m.	Update on Scorecard
5:50 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

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Call to Order and Introductions

Public Comment

Approval of October 1, 2020 Meeting Minutes

Vote on Adoption of Bylaws and Charter

Process for Facilitating Discussion via Zoom

1. We will mute everyone to avoid background noise.
2. We invite members of the Quality Council to "raise your hand" to ask a question or make a comment. Just click on the "Participants" button at the bottom of your screen.
   - Click the hand icon to "raise" your hand; click it again to "lower" your hand.
3. When we call on you, please click the microphone icon to unmute yourself. Please mute your microphone when you are done speaking.
4. You may send us a comment at any time in the Zoom chat box at the bottom of your screen.

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To Ask a Question... Raise your Hand!

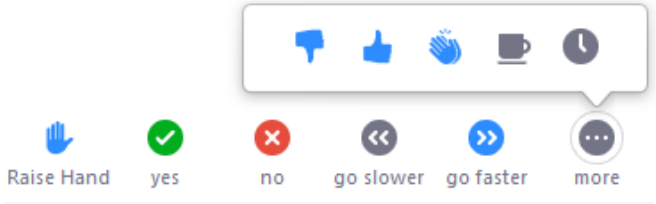
Providing Nonverbal Feedback During Meetings (Attendees)

To provide nonverbal feedback to the host of the meeting:

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

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

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



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

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Review of Executive Order #5

Executive Order #5 Directs OHS to:

1		**Cost Growth Benchmark**	Develop recommendations for a cost growth benchmark that covers all payers and all populations for 2021-2025.
2		**Primary Care Target**	Develop recommendations for getting primary care spending across all payers and populations to qual 10% of total healthcare expenditures by 2025, including interim targets for 2021-2024.
3		**Quality Benchmarks**	Develop quality benchmarks to apply to all public and private payers beginning January 1, 2022.
4		**Monitor Market Trends and Performance**	Monitor and report annually on healthcare spending growth across public and private payers, and monitor ACOs and the adoption of alternative payment models.

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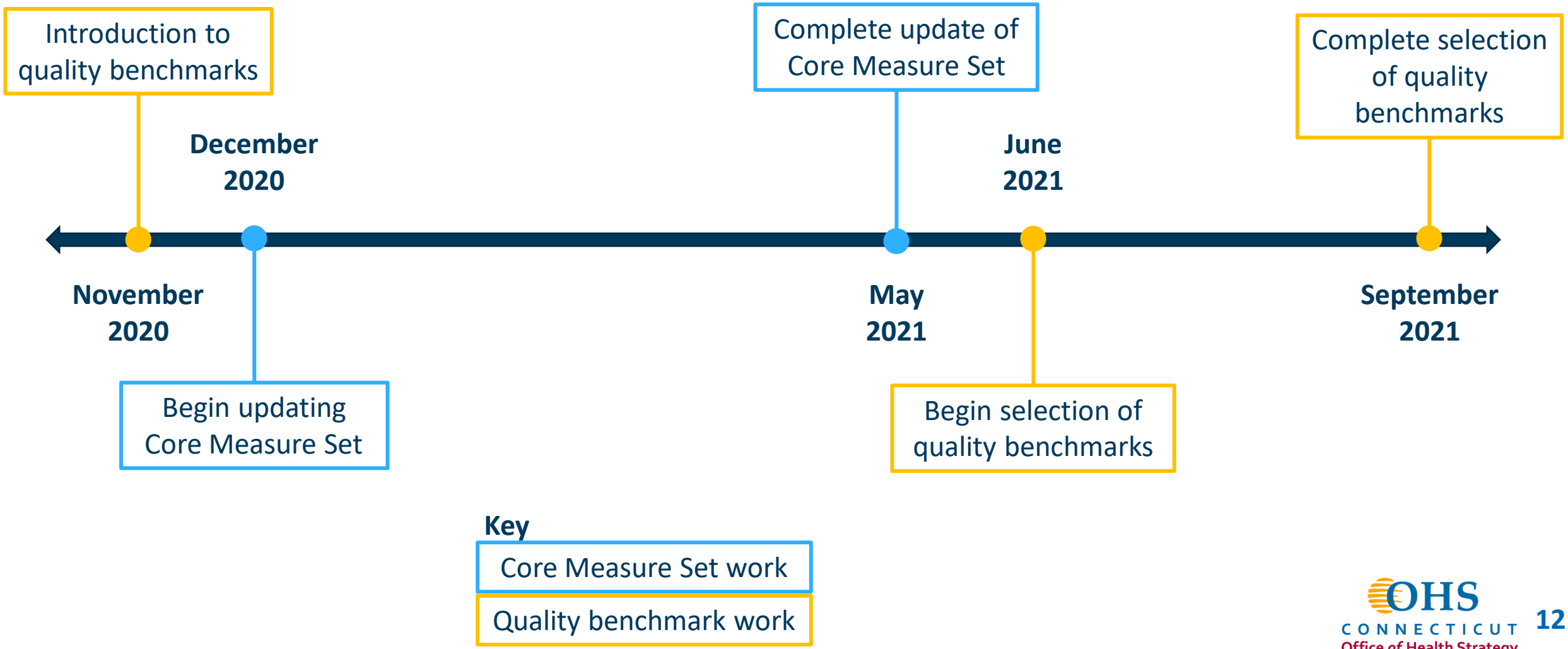
The Quality Council's Charge re: Benchmarks

- Executive Order #5 charges the Quality Council's with developing healthcare quality benchmarks to become effective January 1, 2022. The benchmarks:
  - shall ensure the maintenance and improvement of healthcare quality;
  - shall be applied across all public and private payers, and
  - *may* include clinical quality, over- and under-utilization, and patient safety measures.
- This work must be informed by input from DSS, DPH and CID. OHS's Technical Team also wishes to provide input.
- OHS and DSS wish to coordinate with work under EO #6 to develop a public transparency strategy for Medicaid cost and quality reporting.

Timeline for Developing Quality Benchmarks



Overview of Quality Benchmark Design Decisions

Quality Benchmark Design Decisions

- There are three key design decisions that the Quality Council will need to consider in order to develop the quality benchmarks:
  1. What criteria should the Quality Council utilize to select measures?
  2. Which measures should the Quality Council select for the quality benchmarks?
  3. What values should the Quality Council adopt for the quality benchmarks?

1. What criteria should the Quality Council utilize to select measures?

- The Quality Council will need to have a set of criteria with which to select measures for consideration, and then assess the individual candidate measures as well as the measure set as a whole.
- These criteria will allow the Quality Council to ensure that the measures selected for the quality benchmarks align with the Executive Order's charge.
- *Example criteria include: aligned across programs, presents an opportunity for performance improvement, operationally feasible, actionable by providers, benchmarks should not exceed x in number*

2. Which candidate measures should the Quality Council select for the benchmark? (1 of 2)

- There are several sources from which the Quality Council can select measures for consideration, including but not limited to:
  - Connecticut's Core Measure Set
  - Measures in use by major Connecticut payers
  - NCQA's HEDIS measure set
  - AHRQ's Patient Safety Indicators
  - CMS' Medicare Shared Savings Program and Next Generation ACO contracts
  - CDC's population health measures from the BRFSS and YBRS

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

2. Which candidate measures should the Quality Council select for the benchmark? (2 of 2)

- To select candidate measures, the Quality Council will:

1. **indicate which sources** from which it wants to select measures,
2. **consider proposed measures** from these sources identified by OHS and its contractor,
3. **select measures from the proposed list** for further consideration and
4. **finalize which measures should be used to define quality benchmarks** after scoring measures against the previously selected criteria.

3. What methodology should the Quality Council adopt for the benchmarks? (1 of 2)

- Once the Quality Council identifies which measures, it will need to consider the following additional questions:

1. What data should be used to inform the benchmark values?
2. Should there be long-term goals as well as annual benchmark values for each measure?
3. What should be the benchmark values?
4. At what levels should the benchmark values be applied (e.g., state, insurer, provider organization) and for which insurance markets (if applicable)?

3. What methodology should the Quality Council adopt for the benchmarks? (2 of 2)

5. How should the benchmarks be set at each level (e.g., best practice, significant improvement)?
6. What is the timeline for organizations to submit quality data to evaluate performance against the benchmarks (if required)?
7. How will OHS validate data (if necessary) and assess performance against the benchmarks?
8. What should be the process for updating the benchmarks on an ongoing basis (for annual specification changes and to review the methodology overall)?

Delaware's Quality Benchmarks

History of Delaware's Healthcare Quality Benchmarks

- Delaware created cost and quality benchmarks during 2018 in response to Governor Carney's Executive Order #25.
- Delaware's healthcare quality benchmarks are divided into two categories:
  - **Health status measures**, which quantify certain population-level characteristics of Delaware residents.
  - **Healthcare measures**, which quantify performance on healthcare processes or outcomes and are assessed at the state, market, insurer and provider levels.

Delaware's Health Status Benchmark Measures

Measure	Description	Data Source	Level of Performance Assessment
Adult obesity	Percentage of adults with a BMI ≥30	CDC BRFSS	State
High school students who were physically active	Percentage of high school students who were doing any kind of physical activity that increased their heart rate for at least 60 minutes/day for five or more days	CDC YRBS	State
Opioid-related overdose deaths	Number of opioid-related overdose deaths per 100,000 persons	CDC – Wonder: MCD Data	State
Tobacco use	Percentage of adults who report they are current smokers	CDC BRFSS	State

BRFSS: Behavioral Risk Factor Surveillance System
YRBS: Youth Risk Behavior Survey
MCD: Multiple cause of death

Delaware's Healthcare Benchmark Measures

Measure	Description	Data Source	Level of Performance Assessment
Opioid-related measure	TBD (initial measure was dropped after baseline exceeded benchmark)	TBD	TBD
ED utilization	Risk-standardized measure of ED visits	Claims (HEDIS)	Commercial market, insurers and providers
Persistence of beta-blocker treatment after a heart attack	Percentage of members who were hospitalized with a diagnosis of a heart attack and received beta blocker treatment for six months after discharge	Claims (HEDIS)	Commercial and Medicaid markets, insurers and providers
Statin therapy for patients with cardiovascular disease	Percentage of males 21-75 years and females 40-75 years who have cardiovascular disease and who remained on a high or moderate intensity statin medication for at least 80%	Claims (HEDIS)	Commercial and Medicaid markets, insurers and providers

Delaware's CY 2019 – 2021 Benchmark Values

- For each measure, DHCC defined an aspirational benchmark (a performance goal for five years) as well as individual annual benchmarks for 2019 – 2021.
- Annual quality benchmark values were determined by comparing baseline data to the aspirational value and dividing by five, with the annual quality benchmark value being adjusted annually by the quotient.

Delaware's CY 2019 – 2021 Benchmark Values: Health Status Measures

Measure	Aspirational Goal & Source	Baseline Rate	2019 Goal	2020 Goal	2021 Goal
Adult obesity	27.4% (75th nat'l percentile, 2016 BRFSS)	30.7%	30%	29.4%	28.7%
High school students who were physically active	48.7% (75th nat'l percentile, 2017 YRBS)	43.5%	44.6%	NA*	46.8%
Opioid-related overdose deaths	13.3 deaths per 100,000 (50th percentile, 2016 CDC)	16.9 per 100,000	16.2 per 100,000	15.5 per 100,000	14.7 per 100,000
Tobacco use	14.6% (75th percentile, 2016 BRFSS)	17.7%	17.1%	16.4%	15.8%

*There is no benchmark for 2020 performance as the federal government administers the survey every other year.

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Delaware's CY 2019 – 2021 Benchmark Values: Healthcare Measures

Measure	Aspirational Goal & Source*	Baseline Rate	2019 Goal	2020 Goal	2021 Goal
ED utilization	Commercial: 165.9 visits per 1,000 risk standardized rates (nat'l commercial 75th percentile)	196 per 1,000	190 per 1,000	183.9 per 1,000	177.9 per 1,000
Persistence of beta-blocker after heart attack	Commercial: 91.9% (nat'l commercial 90th percentile)	80.2%	82.5%	84.9%	87.2%
	Medicaid: 83.9% (nat'l Medicaid 75th percentile)	77.6%	78.8%	80.1%	81.3%
Statin therapy for patients with cardiovascular disease	Commercial: 82.1% (nat'l commercial 90th percentile)	79.4%	79.9%	80.5%	81.0%
	Medicaid: 68.3% (nat'l Medicaid 75th percentile)	56.9%	59.2%	61.5%	63.7%

*Source for all measures was NCQA 2018 Quality Compass (CY 2017 data).

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Data Collection and Reporting for Delaware's Quality Benchmarks

- **Health status measures**: Delaware staff obtain data from the CDC.
- **Healthcare measures**: Insurers report provider-level data in the fall for their ten largest providers and for those measures which meet the minimum size and denominator thresholds.
  - Delaware has developed an Insurer Quality Data Reporting Manual and Quality Benchmark Performance Submission Template to aid reporting.
  - Insurers attest to the accuracy and completeness of their data submission.
- Delaware **calculates final performance against the benchmark by October 31 each year** for all measures except for "Opioid-related Overdose Deaths", which is calculated by February 1 due to a delay in data availability.

Review of Delaware's Quality Benchmarks

- Delaware conducts an annual review of the specifications to determine if any changes have been made that may have an impact on performance rates as compared to the benchmark year. If changes are substantive, Delaware can:
  - remove the measure's benchmark for the affected and future years;
  - reset the measure's benchmark for the affected and future years, or
  - maintain the original benchmark and re-evaluate after the next measurement year.
- In addition, Delaware will review the quality benchmark methodology every three years to determine whether changes should be made to the measures or benchmark values.

Update on Scorecard

Agenda: Online Healthcare Scorecard

Status Update

Status Update

- Second set of Medicare measures are complete (2016 & 2017)
  - Organizations received reports for review on 11/12 and get two-week review of their results- UConn Health is available for discussion
  - Results will be final on 11/30 unless organizations raise concerns or ask for additional time
- Further analysis requires:
  - New data extract (OHS)
  - Updated provider lists (UConn Health)

Medicare Results

Preliminary Medicare Results

- Second set of Medicare results includes:
  - 2016 measures that required pharmacy data
  - 2017 measures that did not require pharmacy data
  - Re-calculation of All Cause Readmissions for 2016 (not previously published)
- Ratings go from 1(lowest) to 5 (highest)

Preliminary Medicare Ratings: Advanced Networks (2016)

Organization	All Cause Readmissions	Annual Monitoring for Persistent Meds- Total	Diabetes: HbA1c Testing	Diabetes: Attention for Nephropathy	Diabetes: Eye Exam	Initiation of Treatment for Alcohol and Other Drug Dependence	Engagement of Treatment for Alcohol and Other Drug Dependence
A	4	3	3	2	2	4	2
B	3	1	3	3	3	3	5
C	3	3	3	1	3	3	5
D	3	5	5	5	5	3	1
E	3	4	4	4	2	2	4
F	3	3	3	3	4	3	3
G	3	5	5	3	5	2	3
H	4	3	3	3	3	3	1
I	4	5	5	5	5	2	3
J	4	3	4	4	5	3	3
K	4	5	3	4	3	4	3
L	5	3	3	1	3	4	3
M	4	3	3	3	1	5	3
N	5	5	5	5	5	2	2
O	5	1	2	4	3	3	5
P	3	4	4	3	3	5	2
Q	5	3	1	4	3	5	3
R	1	3	2	3	1	5	3

Preliminary Medicare Ratings: FQHCs (2016)

Organization	All Cause Readmissions	Annual Monitoring for Persistent Meds- Total	Diabetes: HbA1c Testing	Diabetes: Attention for Nephropathy	Diabetes: Eye Exam
1	5	2	1	5	1
2	2	3	4	3	1
3		3	3	4	1
4		5	5	5	3
5	4	1	3	3	1
6	3	1	5	5	2
7	5	3	5	5	2
8	4	2	1	3	2
9	5	3	5	4	2
10	3	5	5	3	5
11	5	3			
12	4	3	2	5	1
13	4	2	4	3	1
14	4	5	4	5	1
15		3	3	5	3
16	1	4	3	1	1

Preliminary Medicare Ratings: Advanced Networks (2017)

Organization	Hospital Readmissions	Follow-Up after Hosp. for Mental Illness- 7 days	Follow-Up after Hosp. for Mental Illness- 30 days	Breast Cancer Screening	Cervical Cancer Screening
A	3	3	1	3	3
B	4	4	3	3	3
C	4	4	5	4	1
D	3	3	3	3	1
E	5	4	3	3	5
F	3	4	3	3	3
G	3	5	5	5	3
H	4	4	3	4	3
I	4	5	5	5	3
J	4	1	3	5	2
K	3	3	1	5	3
L	5	3	3	1	2
M	3	5	5	4	5
N	4	3	3	5	3
O	5	2	1	3	1
P	3	4	4	3	5
Q	3			2	5
R	1	1	3	1	4

Preliminary Medicare Ratings: FQHCs (2017)

Organization	Hospital Readmissions	Breast Cancer Screening	Cervical Cancer Screening
1	5	3	5
2	4	3	
3	3	2	
4	4	3	4
5	4	5	4
6	4	5	4
7	4	3	3
8	5	4	5
9	5	2	3
10	2	4	3
11		5	
12	5	4	4
13	3	1	3
14	5	3	3
15	3	1	1
16	1		

Next Steps

Next Steps

- Publication of second set of Medicare results
- Update provider lists for 2018 and 2019
- Receive new data extract with updated data

Meeting Wrap-Up & Next Steps