

Quality Council

July 15, 2021



Call to Order

Agenda

<u>Time</u>	<u>Topic</u>
4:00 p.m.	Call to Order
4:05 p.m.	Public Comment
4:15 p.m.	Approval of June 17, 2021 Meeting Minutes
4:20 p.m.	Continue Discussion of Quality Benchmarks
4:55 p.m.	Break
5:00 p.m.	Continue Discussion of Quality Benchmarks
5:45 p.m.	RELD Measure Follow-Up
5:55 p.m.	Wrap-up & Next Steps
6:00 p.m.	Adjourn

Public Comment

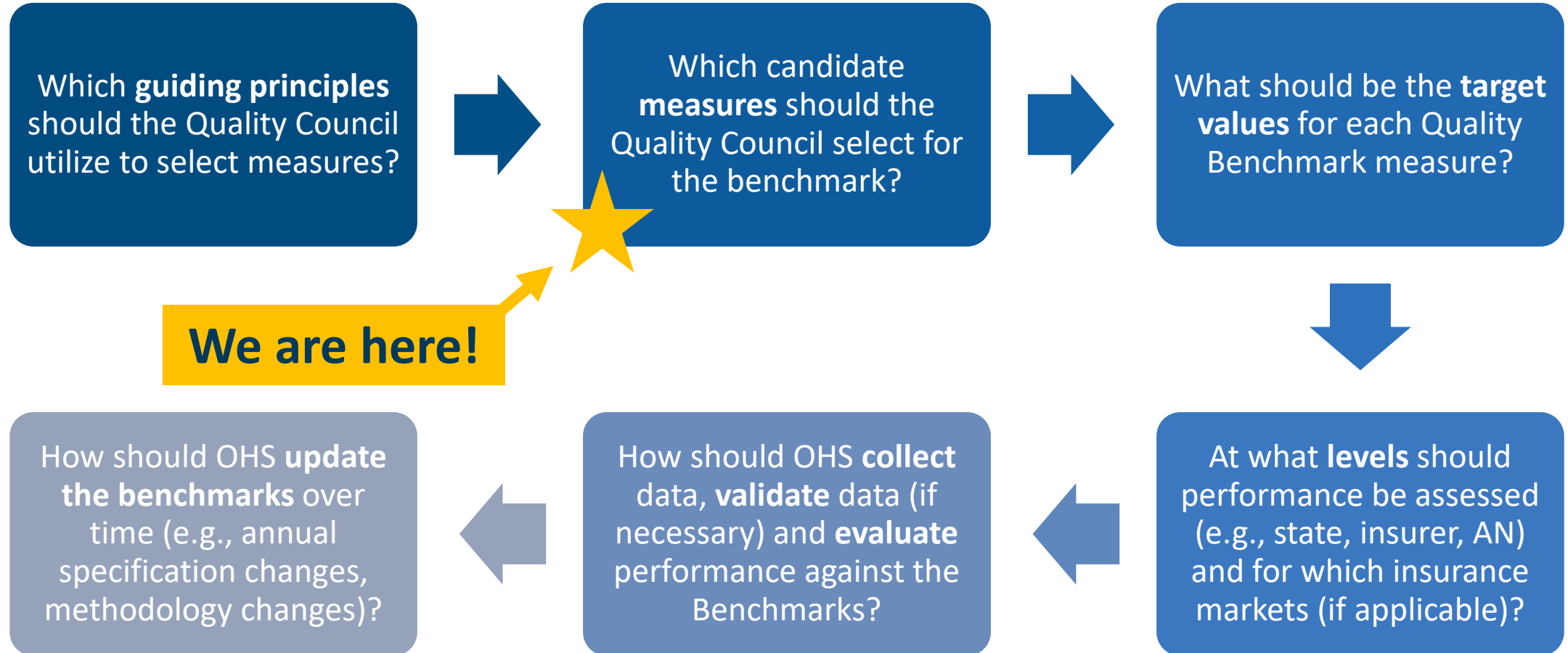
Approval of June 17, 2021 Meeting Minutes

Continue Discussion of Quality Benchmarks

Revised Guiding Principles

- At the last meeting, the Council recommended adding a new guiding principle (in red):
 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.
 6. **Prioritizes measures that are not receiving attention** from national entities.

Roadmap of Quality Benchmark Questions to Consider



Access to Care – Healthcare Measures

- The group previously tentatively added “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).”
- It asked for information on other survey measures from Quality Compass.
 - The following rates are from CAHPS 5.0H.
 - They are specific to the commercial population.

Access to Care – Healthcare Measures

Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement
Getting Care Quickly Composite	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 87.59% National 90th: 90.83%
Getting Needed Care Composite	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 87.80% National 90th: 92.06%
How often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 85.30% National 90th: 88.29%
How often did you get an appointment to see a specialist as soon as you needed?	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 84.28% National 90th: 89.78%

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 <ul style="list-style-type: none"> • CT obesity: 29.1% • National: 32.1% • CT overweight: 36.6% • National: 34.6%
Obesity Equity Measure – Weight classification by BMI	BRFSS	Other	Survey	Adult	Yes, due to inequalities in performance by race/ethnicity

- The obesity equity measure is focused on reducing the gap in obesity rates between the best-performing and worst-performing race/ethnicity groups.

BRFSS: Behavioral Risk Factor Surveillance System

*For these measures, a lower rate indicates better performance.

Obesity – Health Status Measures (Cont'd)

Measure Name	Steward	Measure Type	Data Source	Population	Opp. for Improvement
Consumed vegetables less than one time per day	BRFSS	Other	Survey	Adult	Yes, due to high absolute rate <ul style="list-style-type: none"> • CT rate: 19.6% • National rate: 20.3%
Consumed fruit less than one time per day	BRFSS	Other	Survey	Adult	Yes, due to high absolute rate <ul style="list-style-type: none"> • CT rate: 33.9% • National rate: 39.3%

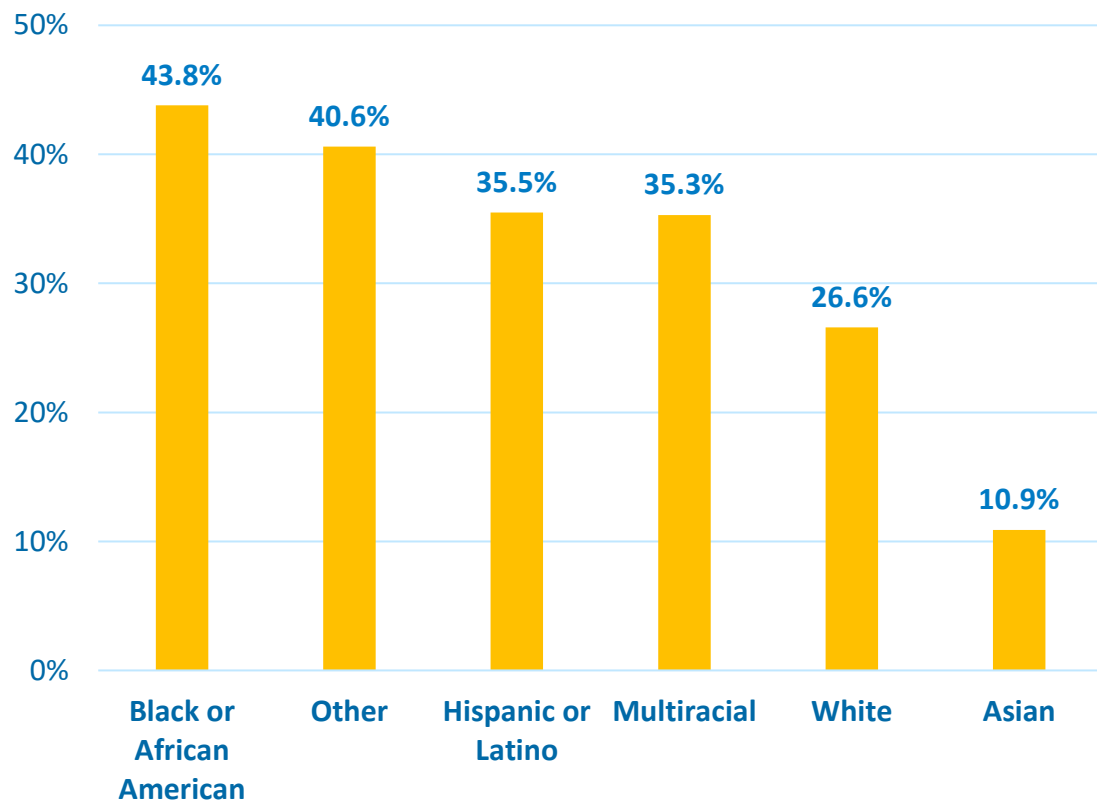
Note: These measures can be modified to be obesity equity measures as well.

BRFSS: Behavioral Risk Factor Surveillance System

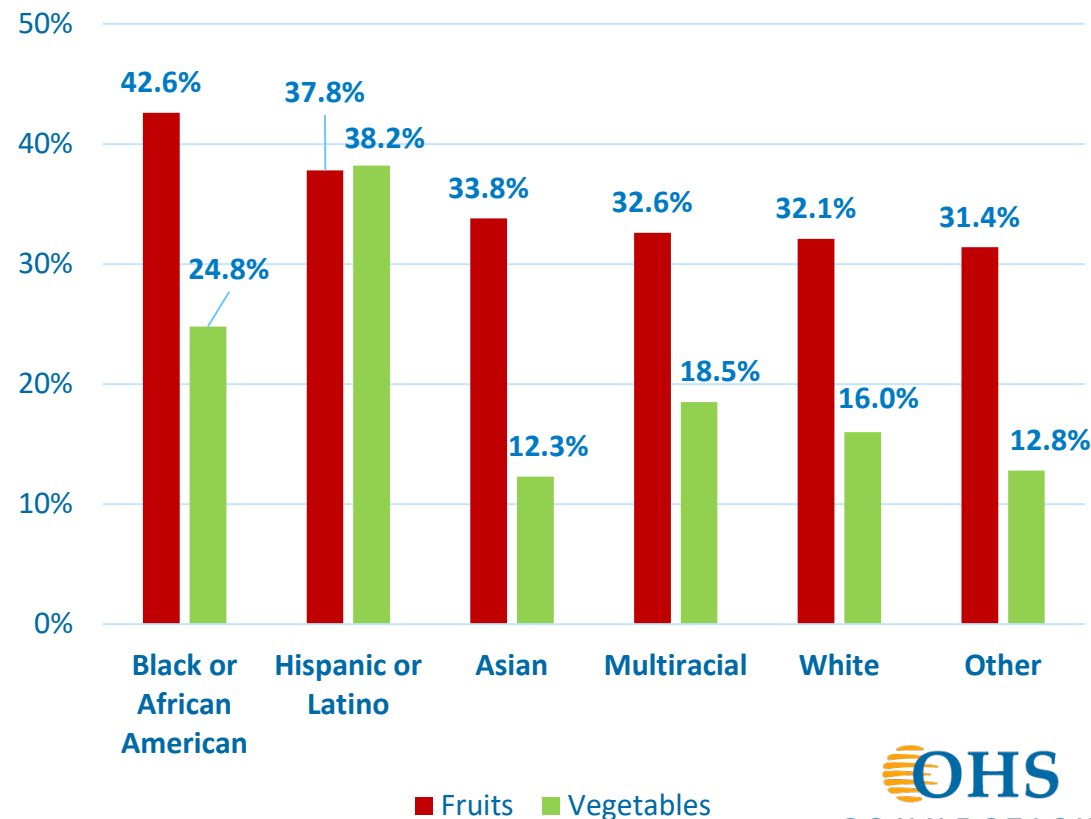
*For these measures, a lower rate indicates better performance.

Obesity – Health Status Measures (Cont'd)

**Obesity Rate Among Adults¹
(2019 CT Rates)**



**Adults Who Consumed Fruits/Vegetables
Less Than 1x/Day¹
(2019 CT Rates)**



¹ A lower rate indicates better performance.

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.

Oral Health – Health Status Measures

- Unfortunately, we could not find any oral health-related health status measures.

Oral Health – Healthcare Measures

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement
NA	Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20	CMS	Process	Claims	Pediatric	No	Somewhat, due to low absolute rate: <ul style="list-style-type: none"> • CT rate: 61.5% • National 90th rate: 55.9%
NA	Percentage of Adults who Visited the Dentist or Dental Clinic within the Past Year	BRFSS	Other	Survey	Adult	No	Somewhat, as absolute rate is low: <ul style="list-style-type: none"> • CT rate: 76.5% • National rate: 67.6%

Oral Health – Healthcare Measures (Cont'd)

- The Dental Quality Alliance recommended several additional oral health measures for consideration. We could not include them here as there are no data currently available to assess opportunity for improvement or to set target values.

Patient Experience – Health Status Measures

- Patient experience, by definition, is about a patient's experience with healthcare processes. Therefore, there are no health status measures focused on patient experience.

Patient Experience – Healthcare Measures

Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement*
Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never listened carefully to them , Medicaid	AHRQ (CAHPS 5.0H)	Patient Experience (CAHPS)	Survey	Adult	No	Yes, as CT rate > national rate <ul style="list-style-type: none"> • CT rate: 10.2% • National rate: 8.4%
Rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade) by adults who had a doctor's office or clinic visit in the last 6 months, Medicaid	AHRQ (CAHPS 5.0H)	Patient Experience (CAHPS)	Survey	Adult	No	Yes, as CT rate > national rate <ul style="list-style-type: none"> • CT rate: 15.1% • National rate: 14.6%

*For these measures, a lower rate indicates better performance.

Patient Experience – Healthcare Measures (Cont’d)

- The following measures are from the CAHPS 5.0H survey and are specific to the commercial population.

Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement
Rating of All Health Care (Scores 9-10)	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 55.8% National 90th: 63.4%
Rating of Health Plan (Scores 9-10)	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 49.3% National 90th: 58.9%
Rating of Personal Doctor (Scores 9-10)	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 70.1% National 90th: 77.5%
Rating of Specialist Seem Most Often (Scores 9-10)	NCQA (CAHPS 5.0H)	Patient Experience	Survey	Adult	No	Yes, as CT rate < national 90 th <ul style="list-style-type: none"> CT rate: 68.8% National 90th: 75.8%

Patient Safety – Health Status Measures

- Patient safety, by definition, is about a healthcare process. Therefore, there are no health status measures focused on patient safety.

Patient Safety – Healthcare Measures

- There are several measures available through CMS focused on patient safety, including measures focused on:
 - complications and deaths,
 - hospital-acquired infections,
 - timely and effective care and
 - transitions of care for inpatient psychiatric facilities.
- The measures, however, are (1) inpatient-focused and (2) already receive a lot of national attention because they are included in several CMS hospital-focused programs.

Patient Safety – Healthcare Measures (Cont'd)

- The following measures are focused on medication management, a component of medication safety, for specific conditions.

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement
0108 (Endorsed)	Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	NCQA	Process	Claims	Pediatric	Yes	Yes, as CT rate < national rate: <ul style="list-style-type: none"> CT rate: 43.73% National 90th: 48.08%
0108 (Endorsed)	Follow-Up Care for Children Prescribed ADHD Medication – Continuation & Maintenance Phase	NCQA	Process	Claims	Pediatric	Yes	Yes, as CT rate < national rate: <ul style="list-style-type: none"> CT rate: 51.29% National 90th: 58.00%

Readmissions – Health Status Measures

- Readmissions assess a healthcare process. Therefore, there are no health status measures focused on readmissions.

Readmissions – Healthcare Measures

- There are two readmission measures the Council can consider. Both, however, are already receiving national attention.

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population	In Core Measure Set?	Opp. for Improvement*
1768 (No longer endorsed)	Plan All-Cause Readmission (Observed-to-Expected Ratio)	NCQA	Outcome	Claims	Adult	Yes	Yes, as CT rate > national 90 th <ul style="list-style-type: none"> • CT rate: 0.4747 • National 75th: 0.3471
1789 (Endorsed)	Hospital-wide Readmit (READM-30-HOSPWIDE)	CMS	Outcome	Claims	Older Adult	No	Yes, as CT rate > national rate <ul style="list-style-type: none"> • CT rate: 16.22% • National rate: 15.71%

*For these measures, a lower rate indicates better performance.

Social Determinants of Health (SDOH)

- We could not find any health status or healthcare measures with published results focused on SDOH.
 - As a reminder, we need a reliable data source that publishes measure performance on an annual basis for us to use the measure as a Quality Benchmark.
 - Therefore, we cannot adopt a SDOH-related homegrown measure.
- The Council is revisiting SDOH in 2022 once NCQA publishes its measure focused on SDOH screening and referral to services after a positive screen.

Health Equity

- The only health equity-related health status measures we could find were the obesity measures discussed earlier in today's meeting.
- We could not find any healthcare measures with published results focused on health equity.
 - As a reminder, we need a reliable data source that publishes measure performance on an annual basis for us to use the measure as a Quality Benchmark.
 - Therefore, we cannot adopt a health equity-related homegrown measure.

RELD Measure Follow-Up

REL Measure Follow-Up

- OHS requested feedback on its proposal for the Race, Ethnicity and Language (REL) Measure for the Core Measure Set
 - It received responses from 11 Council members.
- As a reminder, the REL Measure is a “measure of measures,” meaning that it identifies several measures within the Core Measure Set that should be stratified by REL.
 - It is a measure that could be applied in contracts between Advanced Networks (ANs) and payers in Connecticut.

REL Measure Survey Results

- **Data Source:** All members agreed with OHS' proposal to use EHR data from ANs for the measure.
- **Measures:** All members agreed with OHS' proposal to stratify performance for *Child and Adolescent Well-Care Visits, Comprehensive Diabetes Care: HbA1c Control, Prenatal and Postpartum Care and Screening for Depression and Follow-up Plan.*
 - One member expressed hesitation about including *Controlling High Blood Pressure* as it was unclear how patient self-reported readings would be incorporated into the measure.
 - OHS will include the measure and ensure that the specifications include language on how to incorporate patient self-reported readings that aligns with NCQA.

REL Measure Survey Results (Cont'd)

- **Additional REL Information:** One member expressed hesitation about including an additional component that asks ANs to identify the percentage of patients for which it has complete REL data.
 - The member noted there are various reasons why patients may refuse to self-report REL information.
 - OHS agrees that there are many reasons why a patient may not report REL information. However, one commonly-used REL category is “patient refused to answer.”
 - This category is a valid data field that would count towards the overall data completeness rate.
 - Also, this is proposed as a P4R measure, so there would be no negative provider consequences for performance.
 - OHS will include this component in the measure specifications.

REL Measure Next Steps

- OHS will develop a draft set of specifications for the REL Measure based on the Council's input.
- It will circulate the specifications for comment before including the specifications with the rest of the documentation for the 2022 Core Measure Set.

Wrap-up & Next Steps

Meeting Wrap-Up & Next Steps



- 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
- Begin discussion of which levels at which to assess performance



- Discuss for how to collect data, evaluate performance and update the Quality Benchmarks over time
- Finalize Quality Benchmarks

Appendix

Sources for Quality Benchmarks

- 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.